

<Plan Header>

<Date>

<Name>

<Address>

<City>, <State>, <Zip>

NOTICE OF INTENTION TO DISENROLL FROM MLTC MEDICAID PLAN

Dear <Member Name>:

This letter is to tell you the process to disenroll you from [Plan Name], your Managed Long Term Care (MLTC) Medicaid plan, has been started. Because you have been in a long term nursing home stay (LTNHS) for more than three months, you must be disenrolled from your MLTC Medicaid Plan. You will be disenrolled from [Plan Name] on [Plan Disenrollment Effective Date].

Will Medicaid still pay for my nursing home care?

Yes. After [Plan Disenrollment Effective Date], you may remain in your nursing home and your nursing home care will be paid by regular fee-for-service Medicaid. If you have been paying some of your monthly income toward the cost of your nursing home care, you must continue to pay the income directly to the nursing home where you are residing.

Does my Medicaid eligibility change when I am disenrolled from my MLTC Medicaid plan?

No. Your Medicaid eligibility is not based on whether you are in an MLTC Medicaid plan. It is based on the type of services you need coverage for: community-based or long-term care services.

What is a long term nursing home stay (LTNHS)?

A long term nursing home stay decision is made between you, your doctor, and your nursing home. It means that based on an assessment of your medical needs, you are not expected to return home or to another community setting. A long term nursing home stay decision does not

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prevent you from changing your mind and returning to the community if it is safe for you to do so.

Why is Long Term Nursing Home Stay (LTNHS) important to me?

[Plan Name] will cover three months of long-term nursing home care. If you are in a long-term nursing home stay for more than three months, you will be disenrolled from your plan. The three months start at the time you, your doctor and nursing home together determine that your nursing home stay is long-term. MLTC Medicaid plans will still pay for temporary stays in a nursing home.

Can I return home or to another community setting?

Yes. Being in a LTNHS does not prevent you from returning to the community if it is safe for you to do so.

You can call your [Plan Name] care team at [insert plan phone number, extension], for assistance in scheduling an assessment. Your assessment will be completed within 30 days of receiving your call. You can also check your [Plan Name] Member Handbook for more information on assessments, care planning and your rights and responsibilities.

If you ask for an assessment before [Plan Disenrollment Effective Date], you can remain enrolled in your plan until your assessment is complete and you are notified of your MLTC Medicaid plan's decision.

You can also talk to the social worker in your nursing home or call Open Doors at 844-545-7108. Open Doors helps people return to their homes from a nursing home.

What happens if I do nothing?

If you take no action, you will be sent a Notice of Disenrollment 10 days before [Plan Disenrollment Effective Date] from New York Medicaid Choice, the State's managed care enrollment broker.

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Questions or concerns?

Please feel free to reach out to Member Services at [Insert Plan Name], [Insert Plan Member Service Phone Number], [Insert Plan Member Service Hours of Operation]. [Insert TTY/TDD Information].

You may contact the Independent Consumer Advocacy Network (ICAN).

ICAN is the ombudsman program for health plan members. ICAN can answer your questions and give you free, independent advice about your coverage, complaints, and appeal options. All services are free.

Independent Consumer Advocacy Network (ICAN)
Community Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017
Phone: 1-844-614-8800 (TTY Relay Service: 711)
Web: www.icannys.org | Email: ican@cssny.org

Sincerely,