

**HOME AND COMMUNITY-BASED SERVICES MEDICAID WAIVER  
FOR  
NURSING HOME TRANSITION AND DIVERSION (NHTD)**

---

**NOTICE OF INTENT TO  
DISCONTINUE FROM THE WAIVER PROGRAM**

Name & Address of Waiver Participant:
---------------------------------------

Client Identification Number (CIN): \_\_\_\_\_  
Notice Date: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

This is to inform you that your participation in the Home and Community-Based Services Medicaid Waiver for Nursing Home Transition and Diversion (NHTD) is being **DISCONTINUED** as of the Effective Date above.

Your participation in the waiver is being **DISCONTINUED** because:

- You are determined to no longer be eligible for nursing home level of care, per H/C Patient Review Instrument and SCREEN.
- Waiver services cannot safely maintain you in the community.
- You do not have a current Service Plan.
- Other: \_\_\_\_\_

Explanation:

\_\_\_\_\_

\_\_\_\_\_

The laws that allows us to do this are:  
Section 1915(c) of the Social Security Act and, Section 366 (6-a) of the Social Services Law.

**IF YOU DO NOT AGREE WITH THIS DECISION, YOU CAN ASK FOR A CONFERENCE, A FAIR HEARING, OR BOTH. PLEASE READ THE BACK OF THIS NOTICE TO FIND OUT HOW YOU REQUEST A CONFERENCE AND/OR A FAIR HEARING.**

\_\_\_\_\_  
Regional Resource Development Specialist (Signature)

\_\_\_\_\_  
Regional Resource Development Specialist (Print)

\_\_\_\_\_  
Name of Regional Resource Development Center (RRDC)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

cc: Legal Guardian  
Authorized Representative  
Service Coordinator  
NYS DOH NHTD Waiver Program  
Social Services District with fiscal responsibility  
Social Services District in county of residence (If different from county of fiscal responsibility)

**RIGHT TO CONFERENCE:** You may have a conference with the Regional Resource Development Specialist (RRDS) to review these actions. If you want a conference you should ask for one as soon as possible. At the conference, if the RRDS discovers that the wrong decision has been made, or if, because of information you provide, the RRDS decides to change the decision, corrective action will be taken. You will receive a new Notice of Decision. You may ask for a conference by calling the RRDS at the telephone number listed on the first page of this notice or by sending a written request to the address listed on the first page of this notice. ***This is not the way to request a fair hearing.*** If you ask for a conference, you are still entitled to a fair hearing. Read below for fair hearing information.

If you only ask for a Conference, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a fair hearing. (See Continuing Your Benefits)

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

1. **Telephone:** You may call the statewide toll free number at 1-800-342-3334. (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **OR**
2. **Fax:** Complete and fax a copy of this notice to (518) 473-6735 **OR**
3. **On-Line:** Complete and send the online request form at: <https://www.otda.state.ny.us/oah/forms.asp> **OR**  
If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax, or on-line, please write to ask for a fair hearing before 60 days from the date of this notice.
4. **Mail:** Complete and send a copy of this notice to the Fair Hearing Section, New York State Office of Temporary Disability Assistance, P. O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.
5. **New York City ONLY:** You may also walk-in to the Office of Administrative Hearings, of the Office of Temporary & Disability Assistance, 14 Boerum Place, Brooklyn, New York **or** 330 West 34<sup>th</sup> Street, 3<sup>rd</sup> Floor, NY, NY. Bring a copy of this notice with you.

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING.**

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

I want a fair hearing. The decision is wrong because: \_\_\_\_\_

**CONTINUING YOUR BENEFITS:** If you request a Fair Hearing before the Effective Date stated in this notice, you will continue to receive your Medical Assistance benefits unchanged until the Fair Hearing decision is issued. However, if you lose the Fair Hearing, you may have to pay back any Medical Assistance benefits you should not have received while waiting for the decision.

I want to continue my Medical Assistance benefits until the Fair Hearing decision is issued.

If you do not want your Medical Assistance benefits to continue until the Fair Hearing decision is issued, you must tell the State when you call for a Fair Hearing, **or** if you send back this notice, check the box below:

I do not want to continue my Medical Assistance benefits until the Fair Hearing decision is issued.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the yellow pages of your telephone book under "lawyers."

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your file. If you call or write to the RRDS, they will provide you with free copies of the documents from your file, which we will give to the hearing officer at the fair hearing. Also, if you call or write to the RRDS, they will provide you with free copies of other documents from your file, which you think you may need for your fair hearing. To ask for documents or to find out how to look at your file, call or write to the RRDS at the telephone number and address listed on the front page of this Notice. If you want copies of documents from your file, you should ask for them within a reasonable time before the date of the fair hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your file, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, please call or write the RRDS at the telephone number and address listed on the front page of this Notice.

Print Name \_\_\_\_\_ Client Identification Number (CIN) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_