

**NOTICE OF DECISION TO DISCONTINUE PARTICIPATION IN THE CARE AT HOME I AND II  
WAIVER PROGRAM**

NOTICE DATE:		EFFECTIVE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE				
CASE NUMBER		CIN NUMBER						
CASE NAME (And C/O Name if Present) AND ADDRESS								
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <span style="position: absolute; top: 5px; left: 5px;">┌</span> <span style="position: absolute; top: 5px; right: 5px;">┐</span> <span style="position: absolute; bottom: 5px; left: 5px;">└</span> <span style="position: absolute; bottom: 5px; right: 5px;">┘</span> </div>				GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP				
				<b>OR</b> Agency Conference _____ Fair Hearing Information and Assistance _____ Record Access _____ Legal Assistance Information _____				
				OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

Your enrollment in the NYS DOH Medicaid Care at Home I or II (circle one) Waiver Program will be **DISCONTINUED** effective \_\_\_\_\_ for the reasons stated below.

We intend to take this action because:

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This decision was made pursuant to Section 366(6) of the New York State Social Services Law.

*REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS.*

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
READ THE BACK OF THIS NOTICE FOR DETAILS ON HOW TO APPEAL.**

cc: \_\_\_\_\_, Case Management Agency

**Right to A Conference (Informal meeting with us):** If you think our decision was wrong or if you do not understand our decision, please call us at \_\_\_\_\_, or write to us at \_\_\_\_\_, to arrange a meeting. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you ask for a fair hearing. If you ask for a conference, you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. Read below for fair hearing information.

### STATE FAIR HEARING INFORMATION

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

#### HOW TO REQUEST A FAIR HEARING

You can ask for a fair hearing **in writing, by phone, by fax or in person.**

**TELEPHONING:** (Please have this notice with you when you call.)

**If you live in:** Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, or Wyoming County: (716) 852-4868

**If you live in:** Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, or Yates County: (845) 266-4868

**If you live in :** Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County: (315) 422-4868

**If you live in:** Albany, Clinton, Columbia Delaware, Dutchess, Essex Franklin, Fulton, Greene, Hamilton, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, or Westchester County: (518) 474-8781

**If you live in:** Nassau or Suffolk county: (516) 739-4868

**OR WRITE:** Send a complete copy of this notice (all three pages) to the Office of Administrative Hearings, New York State Office of Temporary Disability and Assistance (NYS OTDA), P. O. Box 1930, Albany, NY 12201. Please keep a copy for yourself.

**Fax:** Sending a copy of this notice (all three pages) to **(518) 473-6735.**

**Walk-In:** \_\_\_\_\_

I want a fair hearing. I do not agree with the decision. (You may explain why you disagree below, but you do not have to include a written explanation.)

\_\_\_\_\_

Waiver Applicant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGNATURE OF CLIENT/PARENT/GUARDIAN** \_\_\_\_\_

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

### HEARING INFORMATION

**WHAT TO EXPECT AT A FAIR HEARING:** The State will send you a notice, which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend, or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why the decision is wrong and a chance to give the hearing officer written papers which explain why the decision is wrong.

To help you explain at the hearing why you think the decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have that you think may help you.

At the hearing, you and your lawyer or other representatives can ask questions of witnesses which may help your case.

**Continuing Your Benefits:** If you request a fair hearing before the effective date stated in this notice, you will continue to receive your benefits unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, we may recover the cost of any Medical Assistance benefits that you should not have received. If you want to avoid this possibility check the box below to indicate that you do not want your aid continued, and send this page along with your hearing request. If you do check the box, the action described above will be taken on the effective date listed above.

I agree to have the action taken on my Medial Assistance benefits, as described in this notice, prior to the issuance of the fair hearing decision.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your Local Legal Aid Society or other legal advocate group.

**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. They will provide you with free copies of the documents from your file, which will be given to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file, which you think you may need to prepare for your fair hearing.

If you want copies of documents from your file, you should ask for them ahead of time by calling us at the number on the front of this notice or by writing us at the address on the front of this notice. Usually they will be sent to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, please call us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.