

**UPSTATE-NOTICE OF DECISION ON CLASS MEMBERSHIP:
ALIESSA/ADAMOLEKUN V. NOVELLO**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE							
CASE NUMBER		CIN/RID NUMBER							
CASE NAME AND ADDRESS									
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> [</div>				GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____					
				OR Agency Conference _____ Fair Hearing Information and Assistance _____ Record Access _____ Legal Assistance Information _____					
				OFFICE NO.		UNIT NO.		WORKER NO.	
				UNIT OR WORKER NAME		TELEPHONE NO.			

You have asked us to decide if you are a class member in Aliessa/Adamolekun v. Novello (a court case about Medicaid eligibility for lawful aliens), and if so, can Medicaid pay your old doctors' and other medical bills for care you received from September 12, 1997, until August 5, 2004. Please see below for our decision on whether you are a class member in this case:

ACCEPTED. You are a class member in Aliessa/Adamolekun v. Novello for one or more of the following time periods and we have authorized you for Medicaid for these period(s):

From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____

This means that we might be able to pay doctors' and other medical bills that you sent us for care you received during these period(s). Please see the attached "Upstate-Notice of Decision on Paid and Unpaid Medical Bills" for our decision on whether these bills can be paid.

DENIED. You are not a class member in Aliessa/Adamolekun v. Novello for the following time period(s) and we have not authorized you for Medicaid for these period(s).

From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____

We have decided that you are not a class member because:

This means that we will not pay the doctors' and other medical bills that you sent us for medical care you received during these period(s).

THE LAW, REGULATION OR COURT DECISION THAT ALLOWS US TO DO THIS IS 18 NYCRR SECTION 360-7.5 AND COURT ORDER IN ALIESSA/ADAMOLEKUN V. NOVELLO.

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

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the front page of this notice. This number is used only for asking for a conference. ***It is not the way you request a fair hearing.*** If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

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 state wide toll free number 1- 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **OR**
- 2) **Fax:** Send a copy of this notice to fax no. (518) 473-6735 **OR**
- 3) **On-Line:** Complete and send the online request form at: <http://www.otda.state.ny.us/oah/forms.asp> **OR**
- 4) **Write:** Send a copy of this notice **completed**, to the Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. The Agency's action is wrong because: _____

Print Name: _____ Case Number _____

Address: _____ Telephone: _____

Signature of Client: _____ Date: _____

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 a 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.

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. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the front of this notice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we 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 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. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of the front of this notice or write us at the address printed at the top of the front of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically 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, call us at the telephone numbers listed at the top of the front of this notice or write to us at the address printed at the top of the front of this notice.

IF YOU WOULD LIKE MORE INFORMATION WITH RESPECT TO THIS NOTICE, PLEASE CALL:
LEGAL AID SOCIETY at 212-577-3575 or toll free at 1-888-500-2455;
NEW YORK LEGAL ASSISTANCE GROUP at 212 -613-5001; or
GREATER UPSTATE LAW PROJECT toll free at 1-800-724-0490

ATTENTION: Children under 19 years of age who are not eligible for Child Health Plus A or other health insurance may be eligible for the Child Health Plus B Insurance Plan (Child Health Plus B). The plan provides health care insurance for children. Call 1-800-522-5006 for information.