

**ATTACHMENT XII (English)**

**FAMILY HEALTH PLUS ACCEPTANCE**

We have accepted your application dated \_\_\_\_\_ for Family Health Plus.

This is because your gross income of \$\_\_\_\_\_ is under the Family Health Plus income level of \$\_\_\_\_\_.

Please look at the budget calculation section to see how we figured your income.

Family Health Plus provides health insurance coverage for a limited service package for certain individuals who are age 19 through 64, and who cannot get Medical Assistance because their income or resources are too high.

The services which are not covered under Family Health Plus, but are covered under Medical Assistance include: hospice, long term home health care, institutional long term care, personal care and non-emergency transportation.

Under Family Health Plus, you must enroll in a health plan to receive your medical services. You have chosen \_\_\_\_\_ as your health plan. The health plan will notify you of the date that you can start using the medical services provided by the plan. You will have 90 days from this date to change your plan for any reason. You can only do this if there is another health plan available in your area. After 90 days, you will not be able to change your health plan for the next 9 months, unless you have a good reason.

*(Note: If you become pregnant after your enrollment in Family Health Plus is effective, you have a choice of remaining in Family Health Plus or enrolling in Medical Assistance. You should discuss this choice with you doctor and the local department of social services office so that you can make the decision that best meets your needs.)*

We also evaluated your eligibility for the full Medical Assistance service package. You were not eligible for full Medical Assistance because:

Your net income (gross income less Medical Assistance deductions) of \$\_\_\_\_\_ is over the Medical Assistance income limit of \$\_\_\_\_\_. The amount over the income limit is called excess income or spenddown.

You told us your countable resources are over the Medical Assistance resource limit of \$\_\_\_\_\_. The amount over the resource limit is called excess resources or spenddown.

**SPENDDOWN ELIGIBLES ONLY:**

At the time of your interview for medical insurance coverage, the options of Family Health Plus and Medical Assistance with a spenddown were explained to you. You chose to participate in Family Health Plus rather than Medical Assistance with a spenddown. If you decide that you want to change to Medical Assistance with a spenddown, contact your worker. If you choose spenddown, you must verify your resources, if you have not already done so, since there is a resource limit.

Your gross income of \$\_\_\_\_\_ is over 185% of the Public Assistance Standard of Need of \$\_\_\_\_\_.

Your net income (gross income less Medical Assistance deductions) of \$\_\_\_\_\_ is over the Public Assistance Standard of Need of \$\_\_\_\_\_.

Persons who are age 21 through 64, and are not pregnant or certified blind or disabled or caring for their related children under 21 years of age, must meet the requirements of the Public Assistance Program in order to be eligible for Medical Assistance.

This decision is based on Section 369-ee of the Social Services Law.

**BE SURE TO READ THE ATTACHED NOTICE ON HOW TO APPEAL THIS DECISION**