

**FAMILY HEALTH PLUS
NOTICE OF ACTION TAKEN
AFTER YOUR PLAN ASKED TO DROP YOU AS A MEMBER (FH #235)**

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER DISTRICT OFFICE		
CASE NUMBER	CIN/RID NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		

		OR	Agency Conference	_____
			Fair Hearing Information and Assistance	_____
			Records Access	_____
		Legal Assistance Information	_____	
OFFICE NO	UNIT NO	WORKER NO	UNIT OR WORKER NAME	TELEPHONE NO

We have a copy of the notice, which your health plan sent you on _____, telling you that the plan has asked that you no longer belong to their plan. After looking over the plan's request, we have:

DENIED your health plan's request. You will stay on as a member of _____ health plan and will still get your health care from this plan.

APPROVED your plan's request. You will no longer be a member of _____ health plan because: _____

You must pick another health plan to get Family Health Plus. Facts about other health plans in your county are included with this notice. Please read about these plans, and pick a new plan. If you have a provider you would like to see, please make sure he or she belongs to the health plan you want to choose and that he or she is accepting new patients.

Complete and return the enclosed ENROLLMENT FORM to:

If we don't hear from you by _____, your case will be closed.

B. Since there are no other Family Health Plus plans available in your area, **your case is being closed, effective _____.**

This action is taken under Social Services Law 369-ee. If you wish, you can have a meeting (conference) to talk about this action. If you think this action is wrong, you may ask for a "State Fair Hearing". To learn how to do this, please read the back of this sheet that says: "RIGHT TO CONFERENCE OR FAIR HEARING".

Family Health Plus
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RIGHT TO CONFERENCE OR FAIR HEARING

RIGHT TO A CONFERENCE: You may have a meeting to review these actions. If you want a meeting, you should ask for one as soon as you can. Your health care will not stay the same because you ask for a meeting. At the meeting, if we learn that we took a wrong action, or if because of facts you tell us we decide to change our action, we will correct the action and give you a new notice. You may ask for a meeting by calling us at the number on the front page of this notice, or by sending a letter to the address on the top of the front page of this notice. This phone number is used only to ask for a meeting. It cannot be used to set up a fair hearing.

If you ask for a meeting, you still have a right to a fair hearing. If you want to have your health care stay the same until the fair hearing ruling is given, you must ask for a fair hearing in the way described below. If you only ask for a meeting, your health care will not stay the same until the fair hearing ruling is given.

RIGHT TO A FAIR HEARING: If you believe that the action we have taken is wrong, you can ask for a State fair hearing by phone or by writing. To phone, find the closest city to your home and use the phone number shown. Please have this notice with you when you call.

(716) 852-4868 Buffalo (716) 266-4868 Rochester (516) 739-4868 Hempstead
(315) 422-4868 Syracuse (518) 474-8781 Albany

To write for a fair hearing: Fill in the space below and send a copy of this notice to:

Fair Hearing Section
NYS Office of Temporary and Disability Assistance
Fair Hearings
P.O. Box 1930
Albany, New York 12201

Please keep a copy for yourself.

I want a fair hearing. This action is wrong because

Client Signature:

Client print name here:

Client Address:

Phone Number: Case Number: CIN Number:

YOU MUST ASK FOR A FAIR HEARING WITHIN 60 DAYS FROM THE DATE OF THIS NOTICE

IF YOU ASK FOR A FAIR HEARING, the State will send you a notice with the time and place of the hearing. You have a right to bring a person to help you like a lawyer, a friend, a relative or someone else. At the hearing, this person can give the hearing officer something in writing or just tell why the action should not be taken. This person can also ask questions of any other people at the hearing. Also, you have a right to bring people to speak in your favor. If you have any papers that will help your case - pay stubs, receipts, health care bills, doctor's letters - bring them with you.

YOUR HEALTH CARE WILL NOT CHANGE until the fair hearing ruling is given if you ask for a fair hearing before the effective date of this notice. But, if you lose the fair hearing, the State can make you pay back the cost of any health care you got while you were waiting for the ruling. If you don't want this to happen, check below to show that you do not want your care to stay the same, and send the State a copy of this notice along with your hearing request. If you check the box, action will be taken on you health care benefits as of the effective date on the front page of this notice.

I agree that the agency can take action on my health care, as described on the front of this notice, before my fair hearing decision is issued.

IF YOU NEED FREE LEGAL HELP, you may be able to get such help by calling your local Legal Aid Society or advocate group. To locate a lawyer, check your Yellow Pages under "Lawyers or call the number on the front of this notice.

YOU HAVE A RIGHT TO SEE YOUR CASE FILE to help you get ready for the hearing. If you call or write to us we will give you free copies of the documents from your files which we will give to the hearing officer. Also, if you call or write to us we will give you free copies of other documents from your file, which you may want for your fair hearing. To ask for these documents or to find out how to see your file, call the Records Access number on the front page or write to us at the address at the top of the front page. You should ask for them before the date of your fair hearing. Documents will be mailed to you only if you ask that they be mailed.

FOR MORE INFORMATION ON YOUR CASE, if you want to see your file, to find out how to ask for a fair hearing or to find

ATTACHMENT XIV

out how to ask for copies of your file, call the number or write to the address on the top of the front page of this notice.