

COUNTY DSS  
 ADDRESS 1  
 ADDRESS 2  
 CITY, NY 11111

NOTICE OF DECISION ON YOUR  
 MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS  
 EN ESPANOL, POR FAVOR PONGASE EN CONTACTO  
 CON SU TRABAJADOR(A).

NOTICE NUMBER: U#####		DATE: JUNE 30, 2023		CASE NUMBER: CASENBRO	
OFFICE OFC	UNIT UNIT#	WORKER WRKR#	UNIT OR WORKER NAME WORKER NAME	TELEPHONE NO. ###-###-####	

<p><b>AGENCY TELEPHONE NUMBERS</b></p> <p>GENERAL TELEPHONE NO. ###-###-####                  FOR QUESTIONS OR HELP</p> <p>-----</p> <p>OR Agency Conference ---</p> <p>Fair Hearing information and assistance      ###-###-####</p> <p>Record Access      ###-###-####</p> <p>Child/Teen Health Plan      ###-###-####</p>	<p><b>CASE NAME / AND ADDRESS</b></p> <p>OFC/UNIT/WRKR#</p> <p><b>CASE NAME</b></p> <p><b>CASE ADDRESS</b></p> <p><b>CITY, NY 12345</b></p>
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IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

**MEDICAL ASSISTANCE**

We will continue Medicaid coverage unchanged for:

<u>Name</u>	<u>Client I.D. #</u>
CASE MEMBER	XX#####XX
CASE MEMBER	XX#####XX
CASE MEMBER	XX#####XX

This is because we used data sources to determine that your Medicaid coverage could be continued unchanged.

Also, if we are paying your Medicare Part B premium, we will continue to pay your premium payments.

Report any changes in income, health insurance, resources or other changes for:

- o Any person receiving Medicaid
- o Spouse

Income changes we must know about:

- o Any change in earned income or pay from retirement, pensions, annuities or Veterans benefits
- o Any new income

Resource changes we need to know about:

- o Any new resource (banks accounts, stocks, bonds, annuities, property, burial contracts)

- o Any resource that you have received, sold, opened or closed.

**Health Insurance changes we need to know about:**

- o If you have a new health insurance, including Medicare supplements
- o Any changes in premium that you pay for health insurance
- o Any health insurance coverage that has been cancelled

**Other changes that need to be reported:**

- o name
- o marital status
- o pregnancy
- o immigration status
- o home address, mailing address or phone number

If you have any questions, please contact your local Department of Social Services.

This decision is based on Section 366-a of Social Services Law.

SAMPLE