

<Date>

<Case Name>

<Address>

<City, State> <Zip Code>

Important Medicaid Notice

<Dear Consumer Name.>

<CIN#>

This is an important notice from the Medicaid Program. We are writing because you get home care or other long-term care services. The way you get these services will change in the next several months. To keep receiving your services, you will be required to join a Managed Long Term Care Plan.

The requirement that you must join a Plan is subject to approval by the federal Centers for Medicare & Medicaid Services (CMS). **You do not need to do anything at this time.** This letter is to tell you what this change means to you and how it will happen.

What this change means

We have enclosed a list of Managed Long Term Care Plans. These Plans are for people who have a long-lasting health problem or disability. You will be asked to choose one of these Plans. The Plan you select will arrange for all your long-term care services - not just home care but also the other services listed on the enclosed Plan List.

After you join a Plan, your Medicaid CASA office or local Social Services office will no longer be in charge of approving your services. Your Plan will do this for you.

(Please turn this page over)

What Happens Next

When federal approval is received, you will get another letter and more information from *New York Medicaid Choice*. This State program can help you choose a Plan. You have 60 days after you receive that letter to choose a Plan. If you do not select a Plan, the Medicaid Program will select a Plan for you.

What You Can Do Now

- Share this letter with your family or someone who knows about your health care needs.
- You may also speak to your CASA office or local Social Services office. They also know about this change and can keep you informed.
- Call *New York Medicaid Choice*. Counselors can answer any questions you may have about joining a Plan. **They can tell you which Plan works with your home care agency or other providers.** Please have the name of your home care agency or other providers handy when you call.

If you have trouble reading or understanding this letter or if you have questions - call *New York Medicaid Choice*:

Phone Number: 1-888-401-MLTC or 1-888-401-6582

TTY Service: 1-888-329-1541

Monday to Friday, 8:30 am – 8:00 pm

Saturday, 10:00 am – 6:00 pm

Thank you.