<<August>> XX, 2026

<First & Last Name>
<Address>
<Address 2>
<City>, <State>, <Zip>

Dear <<First Name>> <<Last Name>> <<CIN>>

Our records indicate you have been in a nursing home for three months or longer. A recent change to New York State law, **SSL § 364-j(3)(d-4)**, requires people who have been permanently placed in a nursing home to be disenrolled from their Medicaid managed care plan after three months. You will be disenrolled from your plan on <<DATE>>.

As an undocumented non-citizen, you only will qualify for Medicaid coverage of services for the treatment of an emergency medical condition, only. Nursing home coverage is not a covered service under Medicaid for the treatment of an emergency medical condition. Federal regulation 42 Code of Federal Regulations (CRF) §440.255 defines emergency medical services as "services required after the sudden onset of a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily function; or
- Serious dysfunction of any bodily organ or part."

The care and services related to an organ transplant procedure are not included in the definition of treatment for an emergency medical condition.

To be eligible for New York State Medicaid Programs, an individual must be a U.S. citizen, national, Native American, or have satisfactory immigration status (either qualified non-citizen or permanently residing in the U.S. under color of law [PRUCOL])]. Because you are not a U.S. citizen, national, Native American, qualified non-citizen or PRUCOL non-citizen, you may receive Medicaid coverage only for the treatment of emergency medical conditions or for medical services provided to pregnant women, if otherwise eligible.

Will I receive all the same benefits?
No. After this change, you will not have coverage through the Medicaid managed care plan you are currently enrolled in. Your eligibility will be redetermined and you will only be eligible for Medicaid for the treatment of an emergency medical condition. Long term care, such as nursing home care, is not covered.

Questions?
If you have questions about this letter, you can call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220).

If you think we made a mistake.
If you think we made a mistake about your eligibility, you can call us to discuss your concerns. Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220).

You can appeal a decision:

- That you do not meet the rules to buy a health plan for yourself or your family through NY State of Health. Example: You do not live in New York State, or are incarcerated;
- That you do not meet the rules for getting help paying for a health plan you want to purchase;
- On how much you must pay for your monthly premium if you applied for financial help;
- That you do not meet the rules for coverage under Medicaid, Essential Plan or Child Health Plus;
- On how much money you must pay for Child Health Plus coverage if your children are eligible for this program;
- On how much money you must pay for Essential Plan coverage if you or a household member are eligible for this program;
- That you do not meet the rules for signing up for insurance through NY State of Health during "open enrollment" or a "special enrollment period;"
- Delayed by NY State of Health. Example: You did not get a notice telling you if you meet the rules for Medicaid coverage within the required 45 days.
- NY State of Health has a coordinated appeals process, which means that its Appeals Unit will hear all the issues listed above. You can find the general process for NY State of Health appeals and the details for premium tax credit, cost-sharing reductions, qualified health plans, and enrollment periods at 45 Code of Federal Regulations (CFR) part 155, subpart F. Additionally, you can find the Medicaid fair hearing rules at 42 CFR part 431, subpart E and the Child Health Plus rules at 42 CFR § 457.348(b). For Essential Plan appeals, NY State of Health follows the process and rules at 45 CFR part 155, subpart F; however, appellants cannot appeal their Essential Plan eligibility to the Federal Department of Health and Human Services.

How to Request an Appeal and Additional Information
An appeal is your request to NY State of Health to review and change a decision we have made about your eligibility.

Contact us if you have any questions about this Notice. Let us know if you need help applying for or accessing your health insurance coverage.

Call us at: 1-855-355-5777 (TTY: 1-800-662-1220)

Fax your response to: 1-855-900-5557

Mail request to:
NY State of Health
PO Box 11729
Albany, NY 12211

How and When to Ask for an Appeal

You have 60 calendar days from the date on this notice to ask for an appeal. You will receive a letter from NY State of Health saying that we received your request. We will send you a letter telling you the date and time of your appeal hearing.

Asking for Your Coverage to Continue

If you have coverage, you can ask to keep it while you go through the appeals process. You must ask for this when you ask for an appeal. This means that your current insurance program will continue until a decision is made about your appeal. If you have Medicaid coverage, we will continue your coverage if you request it within 10 days from the date of this notice OR before the eligibility effective date listed in this notice, whichever is later.

The Appeal Hearing

The hearing is your chance to explain why you disagree with the NY State of Health's decision. A hearing officer will make a decision about your appeal. The hearing officer will not take sides and will not favor you or NY State of Health. The officer will conduct the hearing by phone. Here is what you need to do before, during, and after the hearing.

Understand your Appeal

Before the hearing:
Look at the documents NY State of Health used to make a decision about your eligibility. You can send us information that might help us.
You can request specific policy materials necessary to help you decide whether to ask for an appeal or to help you prepare for your appeal hearing. We may try to resolve your issues through an informal dispute resolution process.
During the hearing:
You can have someone with you during your telephone hearing if you want to. That person can be a friend, relative, lawyer, or other individual. Or you can participate in your hearing on your own.
After the hearing:
The outcome of an appeal could change the eligibility of other people on your account even if they do not ask for an appeal. If the appeal is not resolved in your favor, you may be responsible for the cost of the health coverage that you used while your appeal was being processed. Here are some examples of what you may have to do when the appeal is not resolved in your favor:

- If you received coverage through Medicaid while your appeal is being determined, you may have to pay back the cost of Medicaid benefits you received.

- If you were enrolled in the Essential Plan or Child Health Plus while your appeal was being determined, you may have to pay back your premium, if you have a premium.
- If your appeal found that you are not qualified for tax credits, the IRS will reconcile your tax credits when you file your federal tax return, which may result in a tax penalty.

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)
Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Podemos proporcionarle gratuitamente un intérprete en el idioma que habla.

繁體中文 (Traditional Chinese)
這是一份重要文件。如果您在理解這份文件上需要幫助， 請撥打電話：1-855-355-5777。
我們可為您免費提供一名會講您的語言的口譯人員。

简体中文 (Simplified Chinese)
这是一份重要文件。如果您在理解这份文件上需要帮助，请拨打电话：1-855-355-5777。
我们可为您免费提供一名会讲您的语言的口译人员。

Русский (Russian)
Это важный документ. Если вам нужна помощь, чтобы понять его, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить вам переводчика на ваш родной язык.

Kreyòl Ayisyen (Haitian Creole)
Sa a se yon dokiman enpòtan. Si ou bezwen èd pou w konprann li, tanpri rele 1-855-355-5777. Nou ka ba ou yon entèprèt gratis nan lang ou pale a.

বাংলা (Bengali)
এ□ট এক□ট গুরুত্বপূণ □নিথ। যিদ এ□ট বুঝেত আপনার সাহা◌েয□র প্রেয়াজন হয় তেব অনুগ্রহ কের 1-855-355-5777 এ কল করুন। আপিন □য ভাষায় কথা বেলন আমরা আপনা◌েক ি◌বনামূ◌ল□ □স ভাষায় □দাভাষী প্রদান করেত পা◌ির।

اللغة العربية (Arabic)
هذه الوثيقة مهمة. وإذا كنت بحاجة إلى مساعدة لفهم الوثيقة، يُرجى الاتصال على الرقم 1-855-355-5777. ويمكننا أن نوفر لك مترجمًا فوريًا باللغة التي تتحدثها مجانًا.

한국어 (Korean)
중요 문서입니다. 이해하는 데 도움이 필요하시면, 1-855-355-5777번으로 전화하십시오. 귀하가 사용하는 언어의 무료 통역사를 제공해드릴 수 있습니다.

Français (French)
Ceci est un document important. Si vous avez besoin d’aide pour le comprendre, appelez le 1-855-355-5777. Nous pouvons vous offrir gratuitement les services d’un interprète qui parle votre langue.

Polski (Polish)
Ten dokument jest ważny. Jeśli potrzebuje Pan(i) pomocy w jego zrozumieniu, proszę zadzwonić pod

numer 1-855-355-5777. Możemy zapewnić bezpłatne usługi tłumacza w Pana(i) języku.

□हन्दी (Hindi)
यह एक महत्वपूण□ दस्तावेज है। य□द आपको इसे समझने के िलए सहायता क□ आवश्यकता हेतो कृपया 1-855-355-5777 पर कॉल कर□। हम आपको आप जो भाषा (□हदी) बोलते ह□उसम□ िनःशुल्क दुभाि◌षया सेवा प्रदान कर सकते ह□।

اردو (Urdu)
یہ اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے میں مدد درکار ہے، تو براہِ کرم 1-855-355-5777پر کال کریں۔ ہم آپ کو آپ کی زبان میں مُفت ترجمان فراہم کر سکتے ہیں۔

shqip (Albanian)
Ky është një dokument i rëndësishëm. Nëse ju nevojitet ndihmë për ta kuptuar, ju lutemi të telefononi në 1-855-355-5777. Mund t'ju caktojmë një përkthyes pa pagesë, në gjuhën tuaj.

नेपाली (Nepali)
यो एउटा महत्त्वपूण□ कागजात हो। य□द तपाईंलाई यसलाई बुझ्नमा मद्दत आवश्यक प□ भने ह1-855-355-5777 मा फोन गनु□होस्। हामी तपाईंले बोल्ने भाषामा तपाईंलाई िन:शुल्क रूपमा दोभाषे उपलब्ध गराउन सक्छ□।

Tiếng Việt (Vietnamese)
Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

Italiano (Italian)
Questo è un documento importante. Se ha bisogno di assistenza per capirlo, chiami il numero 1-855-355-5777. Possiamo fornirle gratuitamente un interprete per la lingua da lei parlata.

日本語 (Japanese)
これは重要な書類です。理解するのにアシスタンスが必要な場合は1-855-355-5777までお電話下さい。お客様のお話しになる言語の通訳を無料でお付け致します。

Ελληνικά (Greek)
Αυτό είναι ένα σημαντικό έγγραφο. Αν χρειάζεστε βοήθεια με την κατανόησή του, καλέστε στο 1-855-355-5777. Μπορούμε να σας παρέχουμε δωρεάν διερμηνέα στη γλώσσα που μιλάτε.

Tagalog (Tagalog)
Ito ay isang mahalagang dokumento. Kung kailangan mo ng tulong upang maunawaan ito, mangyaring tawagan ang 1-855-355-5777. Maaari ka naming bigyan ng isang interpreter ng libre sa wika na sinasalita mo.

Soomaali (Somali)
Kani waa dokumenti muhiim ah. Haddi aad caawimaad ugu baahantahay fahamkiisa, fadlan wac 1-855-355-5777. Waxaan si bilaash ah kuugu siin karnaa adeeg turjumaan luuqadda aad ku hadasha ah.

ייִדיש (Yiddish)
דאס איז א וויכטיקער דאקומענט. אויב איר דארפט הילף דאס צו פארשטיין, ביטע רופט 1-855-355-5777.
מיר קענען אייך צוליגן א טייטשער אומזיסט אינעם שפראך וואס איר רעדט.

Kiswahili (Swahili)
Hii ni hati muhimu. Ikiwa unahitaji msaada wa kuielewa, tafadhali piga simu kwa 1-855-355-5777. Tunaweza kukupa mkalimani bila malipo kwa lugha unayozungumza.

Akan kasa (Twi)
Wei yɛ nhomaa ɛho sombo. Sɛ wobɛ hia mboa de ateasie a, yɛ srɛ frɛ 1-855-355-5777. Yɛ bɛ tumi ama wo nkyerɛkyerɛmuni a yɛn gye ho hwee wɔ kasa wo ka mu.