

New York

**Medicaid Choice**

New York State's Medicaid managed care enrollment program

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1-888-401-6582

P.O. Box 5009, New York, NY 10274-5009

Ask ▪ Choose ▪ Enroll

<Date>

<Barcode> <Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

**IMPORTANT! Reminder to Join a Managed Long Term Care Plan <or Medicaid Managed Care Plan>**

Dear <Consumer Name>:

<CIN>

We are writing to remind you that you must select a Managed Long Term Care Plan <or Medicaid Managed Care Plan> (also called a Plan) to get Nursing Home Transition and Diversion (NHTD)/Traumatic Brain Injury (TBI) Waiver services.

Please choose a Plan by <**choose date**>. If we do not hear from you by this date, the Medicaid Program will choose a Plan for you.

Share this letter with your family or someone who knows about your health care needs. If you have any trouble reading or understanding this letter or if you have any questions – we can help. Please call ***New York Medicaid Choice***. Our counselors will also be happy to help you enroll in a Plan **over the phone or TTY**.

**Call: 1-888-401-MLTC or 1-888-401-6582.**

**Monday – Friday, from 8:30 am – 8:00 pm and Saturday, from 10:00 am – 6:00 pm.**

**TTY Service: 1-888-329-1541.**