

COUNTY DSS
 COUNTY
 ADDRESS
 CITY, STATE ZIP

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER: U000000000		DATE: December 1, 2022	CASE NUMBER: AB00000	
OFFICE OFC ID	UNIT UNIT ID	WORKER WKER ID	UNIT OR WORKER NAME DEFAULT MA	TELEPHONE NO. ###-###-####

<p><u>AGENCY TELEPHONE NUMBERS</u></p> <p>GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP <u>###-###-####</u></p> <p>-----</p> <p>OR Agency Conference <u>###-###-####</u></p> <p>Fair Hearing information and assistance <u>###-###-####</u></p> <p>Record Access <u>###-###-####</u></p> <p>Child/Teen Health Plan <u>###-###-####</u></p>	<p>CASE NAME / AND ADDRESS</p> <p>OFC/UNIT/WORKER</p> <p>CONSUMER NAME CONSUMER ADDRESS CITY, STATE ZIP</p>
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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

Dear Medicaid Member,

This letter is being sent to you to let you know that as part of the New York State 2023 Budget, the Medically Needy Income level will increase beginning in January 2023, when it will be based on 138% of the Federal Poverty level. **This is good news!**

What does this change mean?

It means that Medicaid enrollees who have their Medicaid through their local social services district (including the Human Resources Administration (HRA) in New York City) and who have their monthly income compared to the Medically Needy income level **may be able to keep more of their monthly income** under this change beginning in 2023.

Why am I getting this letter?

If you or someone in your household has excess income under current Medicaid rules **and lives in the community** - for example, someone in your household living in the community has a "Spenddown" or a community-based income contribution called "Net Available Monthly Income" contribution (known as a "NAMI" contribution) - this change could lower the amount of income you or your household member may have to contribute on a monthly basis in order to get Medicaid coverage.

Do I need to do anything?

No, you don't have to do anything - this change will be applied to your case at your Medicaid renewal. BUT if you want to see if you can start contributing less **of your income towards your Medicaid coverage sooner than your next Medicaid renewal**, you can request that your local social services district review your budget after January 1, 2023, to see if you can start contributing less of your income before your next Medicaid renewal.

How do I ask for a budget review before my next Medicaid renewal if I want one?

After January 1, 2023, you can contact your local social services district at the address or agency telephone number listed above. You will need to have the following information ready to tell your local social services district:

- o your current gross income (before taxes and deductions):\$_____
- o your total allowable deductions (like health insurance premiums, Medicare premiums, etc.):\$_____

You can provide this information to your district via fax, using NYDocSubmit, a mobile application for your Apple iOS or Android device*, mail, or over the phone. If you call, you may have a brief wait while the district helps other callers with questions and budget reviews. But you will get the help you need.

What do I do if I have questions about this letter?

You can contact your local social services district at the address or agency telephone number list above.

Thank you!

New York State Medicaid

*NYDocSubmit" is available through the Apple App Store or Google Play Store, for use with an Apple iOS or Android phone or tablet with a working camera and data or Wi-Fi connectivity.

SAMPLE