

**NOTICE OF DECISION TO APPROVE OR DENY ENROLLMENT IN THE CARE AT HOME I AND II
WAIVER PROGRAM
(NYC-ONLY)**

NOTICE DATE:		EFFECTIVE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE					
CASE NUMBER		CIN NUMBER							
CASE NAME (And C/O Name if Present) AND ADDRESS									
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> [</div>				GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP					
				OR Agency Conference _____ Fair Hearing Information and Assistance _____ Record Access _____ Legal Assistance Information _____					
				OFFICE NO.		UNIT NO.		WORKER NO.	
				UNIT OR WORKER NAME		TELEPHONE NO.			

CHECK ONE:

- Your application for enrollment in the NYS DOH Medicaid Care at Home Waiver I or II (circle one) Program has been **APPROVED** effective _____. Your care needs will be reassessed every 120 days.
- Your application for enrollment in the NYS DOH Medicaid Care at Home I or II (circle one) Waiver Program has been **DENIED** for the reasons stated below.

We intend to take this action because:

This decision was made pursuant to Section 366(6) of the New York State Social Services Law.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
READ THE BACK OF THIS NOTICE FOR DETAILS ON HOW TO APPEAL.**

cc: _____, Case Management Agency

Right to A Conference (Informal meeting with us): If you think our decision was wrong or if you do not understand our decision, please call us at _____, or write to us at _____, to arrange a meeting. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you ask for a fair hearing. This is not the way to request a fair hearing. If you ask for a conference, you are still entitled to a fair hearing.

STATE FAIR HEARING INFORMATION

RIGHT TO A FAIR HEARING: If you believe the above action is wrong, you may request a State fair hearing.

HOW TO REQUEST A FAIR HEARING

You can ask for a fair hearing **in writing, by phone, by fax or in person.**

CALL: (212) 417-6550 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

OR WRITE: Send a complete copy of this notice (all three pages) to the Office of Administrative Hearings, New York State Office of Temporary Disability and Assistance (NYS OTDA), P. O. Box 1930, Albany, NY 12201. Please keep a copy for yourself.

Fax: Sending a copy of this notice all three pages) to (518) 473-6735.

Walk-In: Bring a copy of this notice to New York State Office of Temporary and Disability Assistance at 14 Boerum Place, 1st Fl., Brooklyn, New York or 330 West 34th Street, 3rd Fl., New York, New York.

- I want a fair hearing. I do not agree with the decision. (You may explain why you disagree below, but you do not have to include a written explanation.)

Waiver Applicant's
Name: _____ Address: _____

Date: _____

SIGNATURE OF CLIENT/PARENT/GUARDIAN _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

HEARING INFORMATION

WHAT TO EXPECT AT A FAIR HEARING: The State will send you a notice, which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think the decision is wrong. You can bring a lawyer, a relative, a friend, or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why the decision is wrong and a chance to give the hearing officer written papers which explain why the decision is wrong.

To help you explain at the hearing why you think the decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have that you think may help you.

At the hearing, you and your lawyer or other representatives can ask questions of witnesses which may help your case.

LEGAL ASSISTANCE: IF YOU NEED FREE LEGAL ASSISTANCE, YOU MAY BE ABLE TO OBTAIN SUCH ASSISTANCE BY CONTACTING YOUR LOCAL LEGAL AID SOCIETY OR OTHER LEGAL ADVOCATE GROUP.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: TO HELP YOU GET READY FOR THE HEARING, YOU HAVE A RIGHT TO LOOK AT YOUR FILE. THEY WILL PROVIDE YOU WITH FREE COPIES OF THE DOCUMENTS FROM YOUR FILE, WHICH WILL BE GIVEN TO THE HEARING OFFICER AT THE FAIR HEARING. ALSO, IF YOU CALL OR WRITE TO US, WE WILL PROVIDE YOU WITH FREE COPIES OF OTHER DOCUMENTS FROM YOUR FILE, WHICH YOU THINK YOU MAY NEED TO PREPARE FOR YOUR FAIR HEARING.

If you want copies of documents from your file, you should ask for them ahead of time by calling us at the number on the front of this notice or by writing us at the address on the front of this notice. Usually they will be sent to you within three working days of when you asked for them. If your hearing is within five working days of when you ask for them, your documents may be given to you within three working days of the request or at the hearing.

INFORMATION: IF YOU WANT MORE INFORMATION ABOUT YOUR CASE, HOW TO ASK FOR A FAIR HEARING, HOW TO SEE YOUR FILE, OR HOW TO GET ADDITIONAL COPIES OF DOCUMENTS, PLEASE CALL US AT THE PHONE NUMBERS ON THE FRONT OF THIS NOTICE OR WRITE TO US AT THE ADDRESS ON THE FRONT OF THIS NOTICE.