



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

INFORMATIONAL LETTER

TRANSMITTAL: 03 OMM/INF-01

TO: Commissioners of
Social Services

DIVISION: Office of Medicaid
Management

DATE: August 14, 2003

SUBJECT: New Statewide manual notice "DOH-4272 NOTICE OF ACCEPTANCE FOR FAMILY HEALTH PLUS"

SUGGESTED

DISTRIBUTION: Local District Commissioners
Medical Assistance Staff
Public Assistance Staff
Staff Development Coordinators

CONTACT PERSON: Local District Liaison
Upstate: (518) 474-8216
New York City: (212) 268-6855

ATTACHMENTS: I: DOH-4272, NOTICE OF ACCEPTANCE FOR FAMILY HEALTH PLUS
II: DOH-4272S, NOTICE OF ACCEPTANCE FOR FAMILY HEALTH PLUS (Spanish)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 OMM/ADM-6					

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This INF introduces the following new Statewide mandated form: DOH-4272
NOTICE OF ACCEPTANCE FOR FAMILY HEALTH PLUS.

Previously, districts were instructed to reproduce locally the Family Health Plus Notice of Acceptance, Attachment XII of Administrative Directive, 01 OMM/ADM-6. This notice has since been produced on NCR paper for use by local districts. It has been renamed "NOTICE OF ACCEPTANCE FOR FAMILY HEALTH PLUS" and assigned the form number DOH-4272.

Districts were also instructed to attach the LDSS-3622, "Notice of Decision on your Medical Assistance Application", to the FHPlus Notice of Acceptance in order to provide the recipient with fair hearing language. This is no longer necessary when using the NOTICE OF ACCEPTANCE FOR FAMILY HEALTH PLUS, as fair hearing language is printed on the back of the notice.

Minor revisions were made in the text of the Family Health Plus Notice of Acceptance. Included in the changes are:

- A new sentence, "As explained below, you will be eligible for Family Health Plus when your plan enrollment has been completed", has been added in the first paragraph.
- A new sentence, "We are processing your enrollment in this plan", has been added in the sixth paragraph.
- A new bullet and sentence was added above the last paragraph, which reads: "You told us your countable resources are over the Public Assistance limit of \$ _____".
- Several paragraphs were reordered.

The NOTICE OF ACCEPTANCE FOR FAMILY HEALTH PLUS informs the new applicant of approval of eligibility for FHPlus and the name of the Managed Care Organization (MCO) selected by the applicant. It includes the reason(s) for ineligibility for Medical Assistance, and information on spenddown can be checked when appropriate. It also contains language to notify enrollees of their right to transfer to another MCO within 90 days after their effective date of enrollment. This notice must be sent manually.

Upstate districts will be sent an initial supply of the new NOTICE OF ACCEPTANCE FOR FAMILY HEALTH PLUS. Upon receipt of these forms, any previous versions of the Family Health Plus Notice of Acceptance should be destroyed. Districts with approved local equivalents of Attachment XII of 01 OMM/ADM-6, must duplicate the language changes provided in this notice in order to continue using such forms.

This notice is available in English and Spanish.

Instructions for re-ordering additional forms will be forthcoming.

Kathryn Kuhmerker
Deputy Commissioner
Office of Medicaid Management