

Co-Payment Fair Hearing Notice

**RIGHT TO A CONFERENCE:** You may have a conference to review this action. If you want a conference as soon as possible. At the conference, if we discover that we made the wrong decision or if we determine to change our decision, we will take corrective action and give you a new conference by calling your worker or by sending a written request to your local social service used only for asking for a conference. **It is not the way you request a fair hearing.** If you ask for a conference, you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid-aided fair hearing decision, you must request a fair hearing in the way described below. A request **not** result in continuation of benefits. Read below for fair hearing information.

**FAIR HEARING REQUEST:** These changes in your Medical Assistance coverage are based on a change in your right to have a fair hearing if you think we made a mistake about your date of birth or whether you are in a program or HMO or one of the other exceptions listed in the attached letter, but not just because the change is unfair. The hearing officer at the hearing may decide that you do not have a right to a fair hearing. Medical Assistance without a co-payment, if the only issue at the hearing is the change in State fair hearing by:

(1) Telephoning: (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

- If you live in: **New York City** (Manhattan, Bronx, Brooklyn, Queens, Staten Island): (212) 875-5200
- If you live in: **Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans or Wyoming County:** (716) 852-2200
- If you live in: **Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates** (716) 266-4868.
- If you live in: **Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, St. Lawrence, Tompkins or Tioga County:** (315) 422-4868.
- If you live in: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington or Westchester County: (518) 474-8781
- If you live in: Nassau or Suffolk County: (516) 739-4868.

OR

(2) Writing: By sending a copy of both pages of this notice, to the Fair Hearing Section, New York State Social Services, P.O. Box 1930, Albany, New York 12201. **PLEASE KEEP A COPY FOR YOURSELF.**

I want a fair hearing. The Agency's action is wrong because:

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Signature of Client \_\_\_\_\_ Date \_\_\_\_\_ Case # \_\_\_\_\_

Address: \_\_\_\_\_ CIN # \_\_\_\_\_

Telephone # \_\_\_\_\_

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

If you request a fair hearing, the State will send you a notice informing you of the time and date of the hearing. You will have the right to be represented by legal counsel, a relative, a friend or other person or to have your attorney or other representative will have the opportunity to present written evidence to demonstrate why the action should not be taken, as well as an opportunity to question any witnesses at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring such as this notice, and medical verification that may be helpful in presenting your case.

**CONTINUING YOUR BENEFITS:** If you request a fair hearing before the effective date stated in this notice, you will continue to receive your benefits unchanged until the fair hearing decision is issued. Check the box not if you do not want your aid continued, and send this page along with your hearing request. If you do not check the box described above will be taken on the effective date listed above.

+++ I agree to have the action taken on my Medical Assistance benefits, as described