

## MEDICAID RECIPIENT CO-PAYMENTS (252/SP29)

**RIGHT TO A FAIR HEARING:** If you believe that you are wrongfully being required to make Medicaid co-payments, you can ask for a State Fair Hearing.

If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below.

**Telephone:** Statewide toll-free request number is 800-342-3334. Please have this notice with you when you call.

**Online:** Complete online request form at <http://www.otda.state.ny.us/oah/forms.asp>

**In writing:** Fill in the space below and send a copy of this notice to:

Fair Hearing Section  
NYS Office of Temporary and Disability Assistance  
Fair Hearings  
P.O. Box 22023  
Albany, New York 12201-2023

***Please keep a copy for yourself.***

**Fax:** Send a copy of this notice to (518) 473-6735.

If you live in NYC, you may also make your request in person by walking into the offices listed below.

**Walk-In (NYC ONLY):** Bring a copy of this notice to the Office of Administrative Hearings, of the Office of Temporary & Disability Assistance, 14 Boerum Place, Brooklyn, New York or 330 West 34<sup>th</sup> Street, 3<sup>rd</sup> Floor, New York, NY.

**I want a Fair Hearing.** This action is wrong because \_\_\_\_\_  
\_\_\_\_\_

Client Signature: \_\_\_\_\_ Client print name here: \_\_\_\_\_

Client Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Case Number: \_\_\_\_\_ CIN Number: \_\_\_\_\_

### YOU MUST ASK FOR A FAIR HEARING WITHIN 60 DAYS FROM THE DATE OF THIS NOTICE.

**IF YOU ASK FOR A FAIR HEARING**, the State will send you a notice with the time and place of the hearing. You have a right to bring a person to help you like a lawyer, a friend, a relative or someone else. At the hearing, this person can give the hearing officer something in writing or just tell why the action should not be taken. This person can also ask questions of any other people at the hearing. Also, you have the right to bring people to speak in your favor. If you have any papers that will help your case (e.g. birth certificate), you should bring them with you.

**IF YOU NEED FREE LEGAL HELP**, you may be able to get such help by calling your local Legal Aid Society or advocate group. To locate a lawyer, check your Yellow Pages under "Lawyers."

**YOU HAVE A RIGHT TO SEE YOUR CASE FILE** to help you get ready for the hearing. You may call or write for free copies of the documents from your files which we will give to the hearing officer. Also, if you call or write to us we will give you free copies of other documents from your file, which you may want for your Fair Hearing. To ask for these documents or to find out how to see your file, contact your local Department of Social Services or, in New York City, the New York City Human Resources Administration. You should ask for these documents before the date of your Fair Hearing. They will be provided to you within a reasonable time before the date of the Hearing. Documents will be mailed to you only if you ask that they be mailed. For questions concerning the Medicaid Recipient Co-Payment Program, you may call 1-800-541-2831.

**FOR MORE INFORMATION ON YOUR CASE**, if you want to see your file, to find out how to ask for a Fair Hearing or to find out how to ask for copies of your file, contact your local Department of Social Services or, in NYC, contact the NYC Human Resources Administration.

**NOTE:** *A Medicaid recipient has the right to have a hearing scheduled; however, the hearing officer at the hearing may determine that the recipient did not have a right to a hearing or continuation of assistance if the sole issue is a Federal or State law requiring an automatic change adversely affecting some or all medical assistance recipients.*