

XL0218 (09/97)

COUNTY DSS
 COUNTY ADDRESS
 CITY, STATE ZIP

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 ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER: U000000000	DATE: December 1, 2022	CASE NUMBER: AB000000
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OFFICE OFC ID	UNIT UNIT ID	WORKER WKER ID	UNIT OR WORKER NAME DEFAULT MA	TELEPHONE NO. ###-###-####
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AGENCY TELEPHONE NUMBERS	CASE NAME / AND ADDRESS
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP <u>###-###-####</u> ----- OR Agency Conference <u>###-###-####</u> Fair Hearing information and assistance <u>###-###-####</u> Record Access <u>###-###-####</u> Child/Teen Health Plan <u>###-###-####</u>	OFC/UNIT/WKER CONSUMER NAME CONSUMER ADDRESS CITY, STATE ZIP

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

Good News, as part of the New York State 2023 Budget, individuals who have been eligible for the Medicare Savings Program only, may now be eligible to enroll in NY Medicaid which covers many health care services not covered by Medicare.

You, or someone in your household, is currently enrolled in the Medicare Savings Program. Some categories of the Medicare Savings Program do not provide any Medicaid benefits. As of January 1, 2023, you may be eligible for Medicaid as well as the Qualified Medicare Beneficiary (QMB) Medicare Savings Program. QMB will cover your Medicare premiums and cost-sharing.

If you, or someone in your household, would like to be considered for Medicaid eligibility, you must submit a fully completed Medicaid application, along with a Supplement A form. The application can be obtained from your local department of social services or downloaded from the internet at <https://www.health.ny.gov/forms/doh-4220.pdf>. The Supplement A form is also available from your local department of social services or downloaded from the internet at <https://www.health.ny.gov/forms/doh-5178a.pdf>.

If you, or someone in your household, would like to be considered for only the Medicare Savings Program, please complete the Medicare Savings Program Application. This application can be obtained from your local department of social services or downloaded from the internet at <https://www.health.ny.gov/forms/doh-4328.pdf>.

Once you complete and submit the application and documentation to your local department of social services, you will receive notification regarding your eligibility for these programs based on the changes that take effect January 1, 2023.

Questions regarding the application, general Medicaid information, or the Medicare Savings Programs may be directed to your social services district at the agency

telephone number listed above.

SAMPLE