STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: September 21, 2017

NY State of Health Account ID:
Appeal Identification Number: AP000000016750

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On September 7, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 13, 2016 eligibility determination notice and February 1, 2017 eligibility determination notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:

  NY State of Health Appeals
  P.O. Box 11729
  Albany, NY 12211

- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the NY State of Health Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: September 21, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000016750

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

> Did NY State of Health properly determine that you were not eligible for Medicaid for October 1, 2016 through October 31, 2016?
>
> Should NY State of Health have determined you fully eligible for Medicaid, effective October 1, 2016?

Procedural History

On July 1, 2016, you updated your application to reflect that you were pregnant with one child with a due date of [redacted].

On July 2, 2016, NYSOH issued a notice of eligibility determination, based on the July 1, 2016 application, stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective August 1, 2016.

On August 17, 2016, you updated your application for financial assistance. Specifically, you updated your household income.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

On August 18, 2016, NYSOH issued a notice of eligibility determination, based on the August 17, 2016 application, stating that you were newly eligible to receive $0.00 per month in advance payments of the premium tax credit (APTC), effective October 1, 2016.

On August 24, 2016, NYSOH issued a notice of enrollment confirmation, based on your plan selection on August 23, 2016, stating that you were enrolled in a qualified health plan as of October 1, 2016.

Also on August 24, 2016, you updated your application for financial assistance. Specifically, you added your mother to your account and indicated that she was your dependent.

On August 25, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to $260.00 per month in APTC, effective October 1, 2016.

Also on August 25, 2016, NYSOH issued a notice of cancellation stating that your coverage in your qualified health plan would end effective October 1, 2016. This was because you were no longer eligible to enroll in this qualified health plan.

On August 26, 2017, you updated your application for financial assistance. Specifically, you updated your household's income.

Also on August 26, 2017, income documentation was uploaded to your NYSOH account.

On August 27, 2017, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective October 1, 2016. This notice directed you to submit documentation of your household's income by September 10, 2016 in order to confirm your eligibility for financial assistance.

On August 31, 2016, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the income inconsistency in your account.

On September 1, 2016, NYSOH issued a notice advising you that the income documentation you submitted did not confirm the information in your application and that additional income documentation was required to be submitted by September 25, 2017 in order for your eligibility to be confirmed.

On September 12, 2016, you updated your application for financial assistance. Specifically, you updated your household's income.

On September 13, 2016, NYSOH issued a notice of eligibility determination, based on the September 12, 2016 application, stating that you remained conditionally eligible for Medicaid, effective October 1, 2016.

On September 21, 2017, income documentation was uploaded to your NYSOH account.

On September 27, 2016, you updated your household's application for financial assistance. Specifically, you updated your household's income.

On September 28, 2016, NYSOH issued a notice of disenrollment stating that your Medicaid coverage through NYSOH would be discontinued as of October 31, 2016. This was because you were no longer eligible to remain enrolled in your current health insurance.

On October 7, 2016, NYSOH issued a notice of eligibility determination, based on the September 27, 2016 application, stating that you were eligible for up to $151.00 per month in APTC for a limited time, effective November 1, 2016. This notice directed you to produce proof of your household income by December 26, 2016 in order to confirm your eligibility for financial assistance.

On September 30, 2016, you updated your household's application for financial assistance. Specifically, you updated your household's income.

On October 8, 2016, NYSOH issued a notice of eligibility determination, based on the September 30, 2016 application, stating that you were eligible for up to $311.00 per month in APTC, effective November 1, 2016.

On October 26, 2016, you updated your household's application for financial assistance. Specifically, you added your newborn child to your account.

On October 27, 2016, NYSOH issued a notice of eligibility determination, based on the October 26, 2016 application, stating that you were eligible for up to $377.00 per month in APTC as well as cost-sharing reductions if you enrolled in a silver level qualified health plan, effective December 1, 2016.

On December 14, 2016, you updated your household's application for financial assistance with health insurance and indicated that you were seeking help paying for medical bills for October 2016.

On December 15, 2016, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed to confirm the information in your application. The notice directed you to submit income documentation for your household by December 29, 2016 in order for your eligibility to be determined.

On December 19, 2016, income documentation was uploaded to your NYSOH account.

On January 4, 2017, you updated your household's application for financial assistance and indicated that you were seeking help paying for medical bills for October 2016.

On January 5, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to receive up to $553.00 per month in APTC and cost-sharing reductions if you enrolled in a silver level qualified health plan for a limited time, effective February 1, 2017. This notice directed you to submit proof of your household's income by April 4, 2017 in order to confirm your eligibility for financial assistance.

On January 6, 2017, income documentation was uploaded to your NYSOH account.

On January 12, 2017, you updated your household's application for financial assistance and indicated that you were seeking help paying for medical bills for October 2016. You also updated your household's income.

On January 13, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources and that additional information was needed to confirm the information in your application. The notice directed you to submit income documentation for your household by January 27, 2017 in order for your eligibility to be determined.

On January 17, 2017, income documentation was uploaded to your NYSOH account.

On January 31, 2017, NYSOH reviewed the income documentation that was uploaded to your NYSOH, redetermined your household's income based on this documentation, updated the income information in your application, and submitted an application on your behalf.

On February 1, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective January 1, 2017.

Also on February 1, 2017, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid for October 1, 2016 through December 31, 2016 because the monthly household income of $3,500.00 is over the allowable monthly income limit of $3,271.00.

On March 9, 2017, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as you had not been found fully eligible for Medicaid for the month of October 2016.

On September 7, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [redacted] acted as your attorney. The record was developed during the hearing and held open for seven days to allow you the opportunity to submit supporting documents.

On September 13, 2017, the Appeals Unit received via fax copies of five of your spouse's paystubs and your newborn's birth certificate. These documents were collectively marked as Appellant's Exhibit #1 and incorporated into the record. The record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

1) Your attorney stated that you are seeking full Medicaid from [redacted] as you have outstanding bills associated with the birth of your newborn from that month.

2) You testified that you filed your 2016 tax return as married filing jointly and claimed your one child and your parent as dependents on that return.

3) Your attorney stated that you were in a household of four during the month of October 2016 and that your tax household consisted of yourself, your spouse, your one child, and the child you gave birth to in [redacted] and that you did not claim your parent as a dependent for 2016.

4) The record reflects that you reported your pregnancy to NYSOH on July 1, 2016.

5) You testified that your newborn was born on [redacted].

6) You testified that you last worked on September 2, 2016 and have not returned to work since that time.

7) You testified that you had no income in October 2016.

8) You testified that your spouse is paid on a biweekly basis.

9) You testified that your spouse's income varies based on how many hours per week he works. You testified that your spouse earns $30.00 per hour and works between thirty and forty hours per week.

10) You testified that your spouse was working in October 2016. You could not recall how much your spouse earned in October 2016.

11) You testified that in October 2016 you lived in [redacted], that you were not incarcerated, and that you did not have coverage outside of NYSOH.

12) The application that was submitted on December 14, 2016 indicates that you had no income and that your spouse had income of $4,081.75 in October 2016.

13) The application that was submitted on January 4, 2017 indicates that you had no income and that your spouse had income of $4,081.75 in October 2016.

14) The application that was submitted on January 12, 2017 indicates that you had no income and that your spouse had income of $3,500.00 in October 2016.

15) Your attorney asserted that your Medicaid eligibility for the month of October 2016 should be calculated based on a household of four with a monthly income of $3,500.00.

16) On August 26, 2016 a letter from your employer indicating that your last day of employment would be September 2, 2016 was uploaded to your NYSOH account.

17) On September 21, 2016 income documentation was uploaded to your NYSOH account consisting of two of your spouse's paystubs. The first is for pay date August 22, 2016 for a gross pay amount of $3,075.00 with a gross year to date amount of $33,333.00; the second is for pay date September 7, 2016 for a gross pay amount of $3,690.00 and shows a gross year to date amount of $37,020.00.

18) On December 19, 2016 income documentation was uploaded to your NYSOH account consisting of two of your spouse's paystubs as well as one of your paystubs. The first of your spouse's paystubs is for pay date November 22, 2016 for a gross pay amount of $2,790.00 and shows a gross year to date amount of $4,470.00; the second is for pay date of December 7, 2016 for a gross pay amount of $2,160.00 and shows a gross year to date amount of $51,202.50. The paystubs for your former employer is for pay date August 17, 2016 for a gross pay

amount of $230.40 and a year to date gross pay amount of $16,092.14.

19) On January 6, 2017 income documentation was uploaded to your NYSOH account consisting of your 2015 tax return.

20) On January 17, 2017 income documentation was uploaded to your NYSOH account consisting of two of your spouse's paystubs. The first is for pay date December 22, 2016 for a gross pay amount of $1,144.38 and showing a gross year to date pay amount of $50,066.88; the second is for pay date January 6, 2017 for a gross pay amount of $1,560.00 and showing a year to date gross pay amount of $1,560.00.

21) You testified that you did not take any deductions on your 2016 tax return.

22) On September 13, 2017, you faxed copies of five of your spouse's paystubs to the NYSOH appeals unit. The first is for pay date October 21, 2016 for a gross pay amount of $3,442.50 and showing a gross year to date amount of $47,340.00; the second is for pay date November 7, 2016 for a gross pay amount of $1,702.50 and showing a gross year to date amount of $49,042.50; the third is for pay date November 22, 2016 for a gross pay amount of $2,790.00 and showing a gross year to date amount of $4,470.00; the fourth is for pay date December 7, 2016 for a gross pay amount of $2,160.00 and showing a gross year to date amount of $51,202.50; and the fifth is for pay date December 22, 2016 for a gross pay amount of $2,280.00 and showing a gross year to date amount of $54,626.88.

23) The application that you submitted on July 1, 2016 listed annual expected income for your household of $35,334.00 consisting of $19,734.00 you expected to earn in wages and $15,600.00 your spouse expected to earn in wages. Only your son is listed as a dependent on that application.

24) The application that you submitted on August 17, 2016 listed annual expected income for your household of $54,201.00 consisting of $12,201.00 you earned in wages and $42,000.00 your spouse expected to earn in wages. Only your son is listed as a dependent on that application.

25) The application that you submitted on August 24, 2016 listed annual expected income for your household of $65,345.19 consisting of $16,380.00 you earned in wages and $48,965.19 your spouse

expected to earn in wages. Your son and your mother are listed as dependents on that application.

26) The application that you submitted on August 26, 2016 listed annual expected income for your household of $61,581.19 consisting of $12,616.00 you earned in wages and $48,965.19 your spouse expected to earn in wages. Your son and your mother are listed as dependents on that application.

27) The application that you submitted on September 12, 2016 listed annual expected income for your household of $62,386.00 consisting of $0.00 you earned in wages and $62,386.00 your spouse expected to earn in wages. Your son and your mother are listed as dependents on that application.

28) The application that you submitted on September 27, 2016 listed annual expected income for your household of $72,786.00 consisting of $10,400.00 you earned in wages and $62,386.00 your spouse expected to earn in wages. Your son and your mother are listed as dependents on that application.

29) The application that you submitted on September 30, 2016 listed annual expected income for your household of $61,581.00 consisting of $12,600.00 you earned in wages and $48,981.00 your spouse expected to earn in wages. Your son and your mother are listed as dependents on that application.

30) The application that you submitted on October 26, 2016 listed annual expected income for your household of $61,581.00 consisting of $12,600.00 you earned in wages and $48,981.00 your spouse expected to earn in wages. Your son, your daughter, and your mother are listed as dependents on that application.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Household Composition

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Medicaid for Pregnant Women

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) for the applicable family size (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). In the month during which you are seeking retroactive coverage, that was the 2016 FPL, which is $24,300.00 for a four-person household (81 Fed. Reg. 4036).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Presumptive Eligibility for Pregnant Women

In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination. A pregnant woman does not need to provide documentation of income for the presumptive eligibility determination. Pregnant women are also not required to document citizenship/immigration status for presumptive eligibility or for ongoing Medicaid eligibility. Citizenship/immigration status is not an eligibility requirement for a pregnant woman throughout her pregnancy and for 2 months after the month in which the pregnancy ends (N.Y. Soc. Serv. Law § 366 (4)(b)). Medicaid pays providers during the presumptive eligibility period for care provided to pregnant women; however, as a matter of Medicaid Program policy, labor and delivery services are excluded from payment.

Legal Analysis

The first issue is whether NYSOH properly determined that you were not eligible for Medicaid for October 1, 2016 through October 31, 2016.

The record reflects that you file your taxes with a tax filing status of married filing jointly. Your applications consistently state that you claim your son as a dependent. Although you initially testified that you also claimed your parent as a dependent in 2016, your attorney corrected this, to state that in 2016 you claimed only your two children as dependents, and not your parent.

When calculating family size for Medicaid purposes, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman but also the number of children she expects to deliver. Therefore, in October 2016 you were part of a four-person household.

You submitted applications for financial assistance on December 14, 2016, January 4, 2017, and January 12, 2017 requesting help in paying for medical bills for September 2016 to November 2016.

When an individual, files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether or not that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through

NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

Your attorney stated that you are seeking Medicaid from October 1, 2016 to October 31, 2016.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in October 2016, you would have needed to meet the non-financial criteria and have an income no greater than 223% of the FPL, which was $4,516.00 per month in 2016. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during October 2016.

You testified that you could not recall what your household income was for the month of October 2016. You testified that you had no income in October 2016. You submitted a letter showing that your last day of employment was September 2, 2016.

You testified that your spouse was employed in October 2016 and that he was paid on a biweekly basis. You testified that your spouse earns $30.00 per hour and works between thirty and forty hours per week, which would yield between $1,800.00 and $2,400.00 per biweekly pay period.

The Hearing Officer directed you to submit your spouse's paystubs for pay dates in October 2016. You only submitted one paystub for the month of October 2016, that being the paystub dated October 21, 2016 which shows a gross pay amount of $3,442.50 and a year to date gross pay amount of $47,340.00.

The applications that you submitted on December 14, 2016 and January 4, 2017 listed income for your spouse for the month of October 2016 as $4,081.75 and the application that you submitted on January 12, 2017 listed income for your spouse for the month of October 2016 as $3,500.00.

The paystub that you produced proceeding the October 21, 2016 paystub is the September 7, 2016 paystub which shows a gross pay amount of $3,690.00 and a gross year to date pay amount of $37,020.00.

From the paystubs available, the record reflects that your spouse earned a total of $6,877.50 between the final pay period of September 2016 and the first pay period of October 2016.

Even assuming that your spouse only worked thirty hours per week in the pay period which would have been issued on pay date October 7, 2016, as per your testimony, for a gross pay amount of $1,800.00, when added to the pay received on the October 21, 2016 pay date, which was a gross pay amount of $3,442.50, this yields a gross income amount of $5,242.50 for October 2016, which is more than the monthly Medicaid limit of $4,516.00 for October 2016 for a pregnant woman in a four-person household.

Although your attorney urged that your eligibility for Medicaid in the month of October 2016 should be calculated based on a household income of $3,500.00. The information available in the record does not support that your household income for October 2016 was $3,500.00. The applications that were submitted on December 14, 2016 and January 4, 2017 indicated a different household income for the month of October 2016 and the paystubs you submitted also do not support your assertion on the January 12, 2017 application that your household income for the month of October 2016 was only $3,500.00.

Therefore, there is insufficient evidence to disturb the February 1, 2017 eligibility determination that you are ineligible for Medicaid from October 1, 2016 through October 31, 2016. The February 1, 2017 eligibility determination is AFFIRMED.

The second issue is whether NYSOH should have determined you fully eligible for Medicaid, effective October 1, 2016.

According to your testimony as well as statements by your attorney, you and your spouse filed your 2016 tax return with a tax filing status of married filing jointly and claimed two dependents, your two children, on that return. The record reflects that you reported your pregnancy to NYSOH on July 1, 2017 and that you gave birth to your daughter on [redacted]

According to your NYSOH account, you had conditional (presumptive) Medicaid in October 2016, which does not cover labor and delivery charges. You attorney explained that you are seeking to have your Medicaid changed to “full” Medicaid coverage for the month of October 2016, so that the labor and delivery charges related to your newborn daughter’s birth can be covered.

In cases of presumptive eligibility, full Medicaid benefits can be made effective from the first day of the month than an individual is found fully eligible for Medicaid, in your case, October 2016.

To be eligible for Medicaid in October 2016, since you were pregnant that month, you would have needed to meet the non-financial criteria and have an income no greater than 223% of the 2016 FPL, which was $54,189.00 for a four-person household. Since you were pregnant in October 2016 and had presumptive Medicaid coverage, you might have been eligible for full Medicaid in that month

provided you met the nonfinancial and financial requirements. There is no indication in the record that you would not have been eligible for Medicaid based on non-financial criteria during the month of October 2016. Therefore, the analysis turns to the financial requirements of Medicaid.

The record reflects that on September 12, 2016 you submitted your household's updated application for health insurance. You were found presumptively eligible for Medicaid on September 13, 2016. However, NYSOH was unable to confirm the income information in your application at that time.

Since NYSOH was unable to determine whether you were eligible for full Medicaid benefits for the month of October 2016, the September 13, 2016 eligibility determination is AFFIRMED.

Following the September 12, 2016 application, you submitted income documentation.

You submitted a letter showing that your last day of employment was September 2, 2016. You also submitted a paystub from your former employer showing that as of the August 17, 2016 pay date your year to date gross pay was $16,092.14.

Additionally, you submitted paystubs for your spouse. There are two paystubs for pay date December 22, 2016, the first indicates a year to date gross pay of $50,066.88 and the second indicates a year to date gross pay of $54,625.88.

Therefore, the record reflects that your household's gross income for 2016 was at least $66,159.02.

Medicaid can be provided through NYSOH to pregnant individuals who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 223% of the FPL for the applicable family size. On the date of your application, the relevant FPL was $54,189.00 for a four-person household. Since $66,159.02 is 272.26% of the 2016 FPL, no further action will be taken on the issue of your eligibility for full Medicaid for the month of October 2016 at this time.

Decision

The February 1, 2017 eligibility determination is AFFIRMED.

The September 13, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: September 21, 2017

How this Decision Affects Your Eligibility

You are not eligible for Medicaid in the month of October 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

  Health Insurance Marketplace
  Attn: Appeals
  465 Industrial Blvd.
  London, KY 40750-0061

- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:

  NY State of Health Appeals
  P.O. Box 11729
  Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The February 1, 2017 eligibility determination is AFFIRMED.

The September 13, 2016 eligibility determination is AFFIRMED.

You are not eligible for Medicaid in the month of October 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

A Copy of this Decision Has Been Provided To:

[redacted]

[redacted]

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。 如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية(Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা **(Bengali)**

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu)اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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