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

# Notice of Decision

Decision Date: February 02, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000023728

[redacted]

[redacted],

On December 21, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's October 25, 2017 eligibility determination and October 27, 2017 enrollment confirmation notices.

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 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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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).

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

# Decision

Decision Date: February 02, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000023728

[redacted]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

> Did NY State of Health (NYSOH) fail to issue a timely Medicaid eligibility determination for your June 28, 2017 application?

## Procedural History

On May 8, 2017, NYSOH issued a notice stating that your Medicaid coverage through Albany County Department of Social Services would end on July 31, 2017. You were advised to log into your NYSOH account and renew your coverage by updating the information in your account between June 16, 2017 and July 15, 2017.

On June 28, 2017, NYSOH received your application for financial assistance with your health insurance. On that date, you uploaded to your NYSOH account a single check from [redacted] for $36.00 dated June 23, 2017.

On June 30, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by July 28, 2017.

Also on June 30, 2017, you submitted an updated application for financial assistance with your health insurance. Also on June 30, 2017, you uploaded to

your NYSOH account a copy of the same check you uploaded on June 28, 2017 and your signed undated note stating you work for [redacted] since June 17, 2017 and this was the only check you had received and that you are paid bi-weekly.

On July 3, 2017, you submitted an updated application for financial assistance with health insurance.

On July 4, 2017, NYSOH issued a notice stating that your application dated July 3, 2017 had been reviewed but more information was needed to make a determination. The notice explained the income information in your application did not match what NYSOH received from state and federal data sources. More information was required to confirm your eligibility. You were requested to provide proof of household income by July 28, 2017.

Also on July 4, 2017, NYSOH issued a notice stating the documentation you submitted had been reviewed but did not confirm the information in your application. The notice stated more information was needed to make a determination. You were asked to submit more proof of your household income documentation by July 28, 2017.

On July 5, 2017, you submitted an updated application for financial assistance with health insurance.

On July 6, 2017, NYSOH issued a notice stating that your application dated July 5, 2017 had been reviewed but more information was needed to make a determination. The notice explained the income information in your application did not match what NYSOH received from state and federal data sources. More information was required to confirm your eligibility. You were requested to provide proof of household income by July 28, 2017.

On July 12, 2017, you submitted an updated application for financial assistance with health insurance. Also on that date, you uploaded to your NYSOH account a single check from [redacted] for $144.00 dated July 7, 2017.

On July 13, 2017, NYSOH issued a notice stating that your application dated July 12, 2017 had been reviewed but more information was needed to make a determination. The notice explained the income information in your application did not match what NYSOH received from state and federal data sources. More information was required to confirm your eligibility. You were requested to provide proof of household income by July 28, 2017.

Also on July 13, 2017, NYSOH issued a notice stating the documentation you submitted had been reviewed but did not confirm the information in your application. The notice stated more information was needed to make a

determination. You were asked to submit more proof of your household income documentation by July 28, 2017.

On July 19, 2017, you submitted an updated application for financial assistance with health insurance. Also on July 19, 2017, you uploaded to your NYSOH account a document titled “Support Summary” from [redacted] for the months of June 2017 and July 2017. You also submitted a NYS Department of Health “Self-Declaration of Income” form DOH-4444 dated July 19, 2017 in which you attested that you have no other way to document your sources of income. On that form you attested that you do not get pay stubs and cannot attain a letter of employment from [redacted] because you are an [redacted].

On July 20, 2017, NYSOH issued a notice stating that your application dated July 19, 2017 had been reviewed but more information was needed to make a determination. The notice explained the income information in your application did not match what NYSOH received from state and federal data sources. More information was required to confirm your eligibility. You were requested to provide proof of household income by July 28, 2017.

Also on July 20, 2017, NYSOH issued a notice stating the documentation you submitted had been reviewed but did not confirm the information in your application. The notice stated more information was needed to make a determination. You were asked to submit more proof of your household income documentation by July 28, 2017.

During the period between July 20, 2017 and October 24, 2017 you submitted several updated applications for financial assistance as well as documentation substantially the same as you had submitted by July 19, 2017. In each case, NYSOH issued notices stating the documentation you provided does not confirm the information in your application or the documentation you submitted had been reviewed but did not confirm the information in your application.

On October 24, 2017, NYSOH reviewed documentation you had submitted on August 25, 2017 and validated that documentation as proof of income. At that time your account was updated and an application for financial assistance was submitted on your behalf.

On October 25, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective October 1, 2017.

On October 26, 2017, you contacted NYSOH and selected a Medicaid Managed Care plan with a plan enrollment start date of December 1, 2017.

Also on October 26, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin August 1, 2017.

On October 27, 2017, NYSOH issued an enrollment confirmation notice confirming your selection of a Medicaid Managed Care plan on October 26, 2017. The notice confirmed your enrollment in a plan starting December 1, 2017.

On December 19, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## Findings of Fact

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

1) You testified that you are appealing to have your enrollment start date of your Medicaid Managed Care plan changed to August 1, 2017.

2) According to your NYSOH account, your Medicaid coverage through Albany County Department of Social Services ended effective July 31, 2017.

3) According to your NYSOH account, NYSOH received your initial application for financial assistance on June 28, 2017.

4) On June 28, 2017 and June 30, 2017, you submitted a single check from [redacted] for $36.00 dated June 23, 2017 and a signed note stating you worked for [redacted] since June 17, 2017 and this was the only check you had received and that you are paid bi-weekly.

5) On July 3, 2017, July 5, 2017, July 12, 2017 and July 19, 2017 you submitted applications to NYSOH for financial assistance with your health insurance. You also submitted supporting documentation for your income during this time frame.

6) On July 4, 2017, July 6, 2017, July 13, 2017 and July 20, 2017, NYSOH issued notices stating that you needed to submit additional income documentation by July 28, 2017.

7) On July 19, 2017, you uploaded to your NYSOH account a document titled "Support Summary" from [redacted] for the months of June 2017 and July 2017. You also submitted a NYS Department of Health form DOH-4444; "Self-Declaration of Income" dated July 19, 2017 in which you attested that you have no other way to document your sources of income.

On that form you attested that you do not get pay stubs and cannot attain a letter of employment from, [redacted] because you are an [redacted]. The DOH form-4444 was also co-signed by an [redacted], who uploaded the document for you to your NYSOH account [redacted].

8) During the period between July 20, 2017 and October 24, 2017 you submitted several updated applications for financial assistance as well as documentation substantially the same as you had submitted by July 19, 2017. In each case, NYSOH issued notices stating the documentation you provided had been reviewed but did not confirm the information in your application.

9) You testified that you spoke to NYSOH customer service representatives on numerous occasions during this process. You testified that every time you received different and sometimes conflicting directions on what your needed to submit to prove your income.

10) You testified that you do not have a 2016 income tax return to submit.

11) You testified that in mid-June 2017, you began earning income as an [redacted] as sales "[redacted]" for [redacted]. You testified that you get a commission based on sales made. You testified that you do not really have any expenses associated with this business.

12) On August 25, 2017 you submitted a financial status form indicating gross income of $200.00 in June 2017, $400.00 in July 2017 and $400.00 in August 2017. The form indicated no expenses.

13) You testified that the checks and statements you submitted are the only documentation you could produce to substantiate your income from this work.

14) According to your NYSOH account, on October 24, 2017, documentation you submitted on August 25, 2017 was reviewed and validated as proof of income.

15) According to your NYSOH account, you were determined eligible for Medicaid effective October 1, 2017.

16) According to your NYSOH account and your testimony, you selected a Medicaid Managed Care plan on October 26, 2017 with a plan start date of December 1, 2017.

17) You testified that you went to the doctors in August 2017 and had a $175.00 office visit bill and a related $50.00 prescription bill. You also have $30.00 prescription bills for the months of September 2017, October 2017 and November 2017.

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

## Applicable Law and Regulations

Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; *see* 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that

applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

## Legal Analysis

The issue under review is whether NYSOH failed to provide you with a timely determination of eligibility after your June 28, 2017 application for Medicaid.

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.

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.

You submitted application for financial assistance to NYSOH on June 28, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On June 28, 2017 and June 30, 2017, you submitted a single check from [redacted] for $36.00 dated June 23, 2017 and a signed note stating you had work for [redacted] since 6/17/17 and this was the only check you had received and that you are paid bi-weekly. On July 3, 2017, July 5, 2017, July 12, 2017 and July 19, 2017 you submitted updated applications to NYSOH for financial assistance with your health insurance. You also submitted supporting documentation for your income during this time frame. On July 4, 2017, July 6, 2017, July 13, 2017 and July 20, 2017, NYSOH issued notices in response to these applications stating that you needed to submit additional income documentation by July 28, 2017.

On July 19, 2017, you uploaded to your NYSOH account a document titled "Support Summary" from [redacted] for the months of June 2017 and July 2017. You also submitted a NYS Department of Health form DOH-4444; "Self-Declaration of Income" dated July 19, 2017 in which you attested that you have no other way to document your sources of income. On that form you attested that you do not get pay stubs and cannot attain a letter of employment from [redacted] because you are an [redacted] That DOH form 4444 was also co-signed by [redacted] who uploaded the document to your NYSOH account.

The record reflects that during the period between July 20, 2017 and October 24, 2017 you submitted several updated applications for financial assistance as well as documentation substantially the same as you had submitted by July 19, 2017. In each case, NYSOH issued notices stating the documentation you provided did not confirm the information in your application.

You credibly testified that you spoke to NYSOH customer service representatives on numerous occasions during this process and that every time you received different and sometimes conflicting directions on what your needed to submit for proof of income. You testified that you do not have a 2016 income tax return to submit. You testified that in mid-June 2017, you began earning income as [redacted] as sales [redacted] for [redacted]. You testified that you get a commission based on sales made and you don't really have any expenses associated with this business.

On August 25, 2017 you submitted a financial status form indicating gross income of $200.00 in June 2017, $400.00 in July 2017 and $400.00 in August 2017 and that you had no related expenses. The record reflects that at the time that document was also invalidated as proof of income.

The record reflects that on October 24, 2017, NYSOH reviewed and validated the August 25, 2017 financial status form indicating you had gross income of $200.00 in June 2017, $400.00 in July 2017 and $400.00 in August 2017 and no related business expenses. Your NYSOH account was updated at that time and an application for financial assistance was submitted on your behalf.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

On October 25, 2017 you were determined eligible for Medicaid effective October 1, 2017. You selected a Medicaid Managed Care plan on October 26, 2017. On October 27, 2017 NYSOH issued an enrollment notice stating that your Medicaid Managed Care plan would start effective December 1, 2017.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

Generally, a plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since the record reflects that you selected a Medicaid Managed Care plan on October 26, 2017, your plan coverage should have begun at December 1, 2017.

However, the Appeals Unit finds that NYSOH provided you with conflicting information on the documentation needed to confirm your eligibility. Further, that the notices sent to you did not explain specifically what was wrong with the documentation you had provided on your numerous submissions. Had NYSOH representatives and the notices that were issued clearly explained to you what was required, you could have been eligible for Medicaid and your Medicaid Managed Care plan prior to July 15, 2017. As such, you could have selected a plan prior to July 15, 2017 and your enrollment in a Medicaid Managed Care plan could have begun on August 1, 2017.

Therefore, we find that NYSOH did not issue a timely eligibility determination following your June 28, 2017 application and nor did it issue timely determinations following your subsequent efforts to provide the necessary documentation to complete your applications.

The October 25, 2017 eligibility determination notice is MODIFIED to stated that you were eligible for Medicaid effective August 1, 2017. The October 27, 2017 enrollment notice is MODIFIED to state that your Medicaid Managed Care plan coverage was effective August 1, 2017.

Your case is RETURNED to NYSOH to effectuate the above changes to your Medicaid Managed Care plan enrollment start date and to notify you accordingly.

## Decision

The October 25, 2017 eligibility determination notice is MODIFIED to stated that you were eligible for Medicaid effective August 1, 2017.

The October 27, 2017 enrollment notice is MODIFIED to state that your Medicaid Managed Care plan coverage was effective August 1, 2017.

Your case is RETURNED to NYSOH to effectuate the above changes to your Medicaid Managed Care plan enrollment start date and to notify you accordingly.

## Effective Date of this Decision: February 02, 2018

## How this Decision Affects Your Eligibility

Your Medicaid eligibility through NYSOH began August 1, 2017.

Your case is being RETURNED to NYSOH to effectuate the start date of your Medicaid Managed Care plan to August 1, 2017 and to notify you accordingly.

## If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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):

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 October 25, 2017 eligibility determination notice is MODIFIED to stated that you were eligible for Medicaid effective August 1, 2017.

The October 27, 2017 enrollment notice is MODIFIED to state that your Medicaid Managed Care plan coverage was effective August 1, 2017.

Your case is RETURNED to NYSOH to effectuate the above changes to your Medicaid Managed Care plan enrollment start date and to notify you accordingly.

Your Medicaid eligibility through NYSOH began August 1, 2017.

Your case is being RETURNED to NYSOH to effectuate the start date of your Medicaid Managed Care plan to August 1, 2017 and to notify you accordingly.

## Legal Authority

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

## A Copy of this Decision Has Been Provided To:

[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 नि:शुल्क 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.

**اردو (Urdu)**

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.

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).