

Attachment 2

Standardized Letter, Upstate/LDSS version

Date

Name:

Address:

Dear _____,

This letter has important information for you regarding your right to continue to receive Medicaid. Medicaid is help for people who cannot pay for their medical care. Under the New York State Chafee Foster Care Independence Program, because you were in foster care on your eighteenth (18th) birthday, you are eligible for Medicaid until the end of the month in which you turn twenty-one (21). This is true regardless of your income and/or resources as long as you continue to live in New York State.

In order to receive Medicaid you must be a United States citizen or national, Native American, or have satisfactory immigration status. The local Department of Social Services (LDSS) may ask you to submit papers that prove you meet this requirement. They may also request your Social Security Number. It is very important that you submit this information if it is requested. If you do not, you may lose your Medicaid coverage.

You will need a Benefit (Medicaid) Card in order to receive Medicaid services. You will give this card to the doctor, pharmacist, or other medical provider. Your bills will be sent to the State to be paid. If you do not have a Benefit (Medicaid) card, you should contact LDSS. They will send you a new Benefit (Medicaid) Card. If you need assistance, you can also contact the person listed on the slip below.

It is very important that you let LDSS know if you change your address. You risk losing your Medicaid coverage if your current address is not on file. Every year LDSS will send you a form that you will need to complete and return. **If the Post Office returns this form undeliverable, you may lose your Medicaid coverage.**

Many counties have a Medicaid Managed Care program. When you join a Managed Care health plan, you use the providers and hospitals that are in your plan. You choose your own doctor who will keep track of all of your health care. This person is called a Primary Care Provider. Your Primary Care Provider will send you to a specialist if you need one. LDSS may send you a letter asking that you choose a Managed Care program. If you do not choose a Managed Care program, one may be chosen for you. Once you have a Managed Care program, the program will send you an insurance card. This Health Insurance card, along with your Benefit (Medicaid) Card, must be used to access medical services.

If you are receiving any other health insurance benefits, possibly from an employer or parent, you must tell LDSS. LDSS may be able to help pay for the cost of this health insurance.

You will not lose your Medicaid coverage if you have other health insurance, but you must notify your medical providers of your coverage so they can bill your health insurance before they bill Medicaid.

Keep this letter for your records and remove the contact slip below to keep with you. If you need help getting Medicaid services or have any questions regarding this letter, you should call the contact person at the number listed.

Sincerely,

As a Medicaid eligible youth age 18 to 21, keep this slip for your records.

Name _____

CIN _____

Contact Person:

Name _____

Address _____

Phone _____