<Date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

You will continue to be in <plan name>.

On <enter date of notice of request>, we wrote to tell you that we asked Medicare and New York Medicaid for permission to remove you from <Plan Name> because of your disruptive behavior.

Medicare and New York Medicaid decided that you can stay in <Plan Name>.

This means you will keep getting all of your Medicare and Medicaid services, including nursing home care, adult day care, and home care, as well as medicines (prescription drugs) from <plan name>.

[*Plan may insert CMT pre-approved language indicating that the plan still expects to see improved behavior and may describe specifically what the plan would like to see*.]

**If you need help understanding this letter or have questions about your rights**, please call the ombudsman office through the Independent Consumer Advocacy Network (ICAN) at the phone number in the enclosed List of Resources.

Thank you,

<Plan Name>

<Plan’s legal or marketing name> is a managed care plan that contracts with both Medicare and the New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.

You can get this information for free in other languages. Call <toll-free number> and <TTY/TDD numbers> during <hours of operation>. The call is free. [This disclaimer must be placed in both English and all non-English languages that meet the Medicare and state thresholds for translation. The non-English disclaimer must be placed below the English version and in the same font size as the English version.]

You can ask for this notice in other formats, such as Braille or large print. Call [insert Participant Service phone and TTY/TDD numbers, and hours of operation]*.*

The State of New York has created a participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by <plan name>. ICAN may be reached toll-free at 1-844-614-8800 or online at icannys.org.

**List of Resources**

|  |  |  |
| --- | --- | --- |
| **<Plan Name>**  For questions about your plan coverage |  | Call: <toll-free number>  TTY users: <TTY number>  <hours of operation>  The call and the help are free.  Online: <website> |
| **New York Medicaid Choice**  For questions about the FIDA program and your Medicaid benefits |  | Call: 1-855-600-3432  TTY users: 1-888-329-1541  A free interpreter: 1-855-600-3432  Monday-Friday, 8:30 am – 8:00 pm  Saturday, 10:00 am – 6:00 pm  The call and the help are free.  Online: [www.nymedicaidchoice.com](http://www.nymedicaidchoice.com/) |
| **Medicare**  For questions about your Medicare benefits |  | Call: 1-800-MEDICARE (1-800-633-4227)  TTY users: 1-877-486-2048  24 hours a day, 7 days a week  The call and the help are free.  Online: [www.medicare.gov](http://www.medicare.gov) |
| **Independent Consumer Advocacy Network (ICAN)**  For questions about your rights |  | Call: 1-844-614-8800  A free interpreter: 1-844-614-8800  Monday-Friday, 8:00 am – 8:00 pm  The call and the help are free.  Online: [www.icannys.org](http://www.icannys.org) |