



# FAMILY INDEPENDENCE ADMINISTRATION



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## **POLICY BULLETIN #15-69-OPE** (This Policy Bulletin Obsoletes PB #15-36-OPE)

### **REVISIONS TO THE MEDICAID CHOICE / MANAGED CARE REFERRAL FORM (M-42V)**

<b>Date:</b> August 6, 2015	<b>Subtopic(s):</b> Forms, Medicaid
<p> This procedure can now be accessed on the FIAweb.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform all Job Center staff that the Medicaid Choice/ Managed Care Referral form <b>(M-42v)</b> has been revised. Language on the form has been clarified and the time-frame which clients are locked into a managed care plan has changed.</p> <p>Center Directors must ensure that staff utilize the current version of the <b>(M-42v)</b>, and that all previous versions are removed from circulation and recycled.</p> <p>A sample of the revised form is attached.</p> <p><i>Effective Immediately</i></p> <p><b>Attachments:</b></p> <p><b>M-42v</b> Medicaid Choice/Managed Care Referral (Rev. 8/6/15)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or  
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

### Medicaid Choice/Managed Care Referral

You have not selected a Managed Care Plan (medical assistance). New York Medicaid Choice Counselors are available in almost every Job Center for you to speak with immediately. You should speak with a counselor today to learn about your medical assistance options.

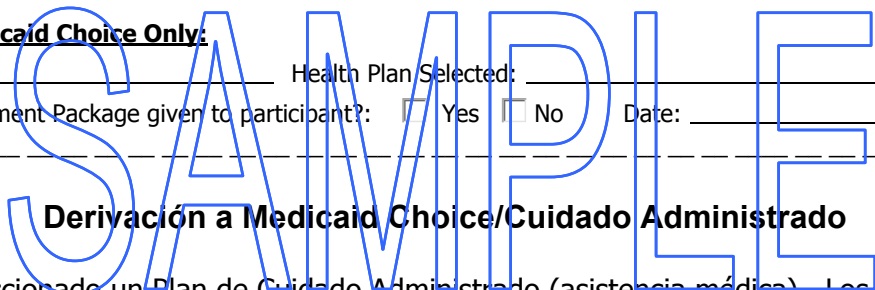
**If you do not choose a plan, one will be automatically assigned to you.**

If a New York Medicaid Choice Counselor is unavailable in your center, you can still speak to a counselor today by calling the **New York Medicaid Choice HelpLine (800) 505-5678** (Monday-Friday 8:30AM - 8:00PM, and Saturday 10:00AM - 6:00PM.) Cash Assistance (CA) applicants have to choose a plan within 10 days of case acceptance, or a plan will be automatically assigned. Once a plan is automatically assigned, you will have a 90 day grace period to switch to a different plan that better meets your needs. After the 90 day grace period, you will be locked into your plan for nine months.

Client Name: \_\_\_\_\_ CIN: \_\_\_\_\_  
Worker's Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
Center Number: \_\_\_\_\_ Caseload: \_\_\_\_\_ Case Number: \_\_\_\_\_

**For New York Medicaid Choice Only:**

FEC ID: \_\_\_\_\_ Health Plan Selected: \_\_\_\_\_  
Managed Care Enrollment Package given to participant?:  Yes  No Date: \_\_\_\_\_ Time: \_\_\_\_\_



### Derivación a Medicaid Choice/Cuidado Administrado

Usted no ha seleccionado un Plan de Cuidado Administrado (asistencia médica). Los asesores de New York Medicaid Choice están disponibles en casi todos los Centros de Trabajo, para hablar con usted de inmediato. Usted debería consultar a un asesor el día de hoy para averiguar sus opciones de asistencia médica. **Si usted no elige un plan, se le asignará uno automáticamente.**

Si no hay Asesor de New York Medicaid Choice disponible en su centro, usted aún puede consultar a un asesor el día de hoy al llamar a la **Línea Informativa de New York Medicaid Choice al (800) 505 5678** (de lunes a viernes 8:30AM - 8:00PM, y sábado 10:00AM - 6:00PM.) Los solicitantes de Asistencia en Efectivo (CA) tienen que elegir un plan dentro de 10 días a partir de la aceptación de su caso, o si no se les asignará uno automáticamente. Una vez se asigne un plan automáticamente, usted tendrá un período de gracia de 90 días para cambiar a otro plan que mejor corresponda a sus necesidades. Al terminarse el período de gracia de 90 días, usted deberá permanecer en su plan por nueve meses.

Nombre del Cliente: \_\_\_\_\_ CIN: \_\_\_\_\_  
Nombre del Trabajador: \_\_\_\_\_ Fecha de la Derivación: \_\_\_\_\_  
Número del Centro: \_\_\_\_\_ Unidad de Casos: \_\_\_\_\_ Número del Caso: \_\_\_\_\_

**Sólo para New York Medicaid Choice:**

Identificación de FEC: \_\_\_\_\_ Plan de Salud Seleccionado: \_\_\_\_\_  
¿Paquete de Inscripción de Cuidado Administrado dado al participante?:  Sí  No Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_