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Governor

NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES
52 WASHINGTON STREET
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Gladys Carrión, Esq.
Commissioner

Administrative Directive

Transmittal:	09-OCFS-ADM-15
To:	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
Issuing Division/Office:	Strategic Planning and Policy Development
Date:	August 4, 2009
Subject:	Medicaid Coverage for Final-Discharged Youth 18 to 21 Years of Age
Suggested Distribution:	Directors of Service Child Welfare Supervisors
Contact Person(s):	Any questions concerning this release should be directed to the appropriate Regional Office. Buffalo Regional Office – Mary Miller (716) 847-3145 Mary.Miller@ocfs.state.ny.us Rochester Regional Office – Linda Kurtz (585) 238-8201 Linda.Kurtz@ocfs.state.ny.us Syracuse Regional Office – Jack Klump (315) 423-1200 Jack.Klump@ocfs.state.ny.us Albany Regional Office – Kerri Barber (518) 486-7078 Kerri.Barber@ocfs.state.ny.us Spring Valley Regional Office – Pat Sheehy (845) 708-2498 Patricia.Sheehy@ocfs.state.ny.us NYC Regional Office – Patricia Beresford (212) 383-1788, ext. 4708 Patricia.Beresford@ocfs.state.ny.us Native American Services – Kim Thomas (716) 847-3123 Kim.Thomas@ocfs.state.ny.us
Attachments:	yes
Attachment Available Online:	Will be available as part of the Working Together, Health Services for Children in Foster Care manual (expected to be posted by 8/14)

Filing References:

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
08 OHIP/INF-1 08 OHIP/LCM-1 09OHIP/ADM-1 GIS #09-001 GIS #09-12			ChafeeAct (FCIA) Of 1999(P.L. 106-169) NYS SSL 366(1)(a)(3-a)		

I. Purpose

The purpose of this Administrative Directive (ADM) is to make standardized letters available to Local Departments of Social Services (LDSS) and voluntary authorized agencies. The standardized letters (Attachments 1, 2, 1A, and 2A) provide youth discharged from foster care with information about Medicaid provisions under the federal Chafee Act and New York law.

A recent amendment to New York State law requires Medicaid services be made available for youth until the end of the month of their twenty-first birthday, when 18 years of age or older at the time of discharge from foster care. The letters must be distributed to such youth upon their discharge from custody (final discharge) of the Commissioner of LDSS or the Commissioner of the Office of Children and Family Services (OCFS).

This ADM also highlights the responsibility of the case manager/planner/child's caseworker and an identified contact person to provide assistance in obtaining documents related to a youth's eligibility for Medicaid. Both the case manager/planner/child's caseworker and the identified contact person must also provide resources for the youth for identified service needs as part of a transition plan.

II. Background

The federal Foster Care Independence Act of 1999 was enacted in December 1999. The John H. Chafee Foster Care Independence Program (Chafee program) offers assistance to help current and former foster care youth achieve self-sufficiency. The Chafee program provides individual states with the option of allowing these young people to remain eligible for Medicaid up to age 21.

New York State law was amended by Chapter 58 of the Laws of 2008 (Chafee Amendment) to add a new subparagraph 366(1)(a)(3-a) of the Social Services Law (SSL). This provision is effective January 1, 2009 and provides Medicaid coverage to youth under age 21 who were in foster care on or after their eighteenth birthday, without

an income or resource test. This change makes Medicaid available to such youth discharged from foster care in New York State until their twenty-first birthday if eligibility otherwise is maintained.

The letters and processes in this ADM serve as a follow-up to the State Department of Health directive, ADM-09-OHIP-01 “Chafee Amendment – Medicaid Coverage for Youth 18 to 21 years old final-discharged from foster care,” which provided information regarding procedures to authorize and renew Medicaid coverage.

http://www.health.state.ny.us/health_care/medicaid/publications/docs/adm/09adm-1.pdf

III. Program Implications

In accordance with SSL 366(1)(a)(3-a), a youth in the custody of the Commissioner of LDSS or the Commissioner of OCFS, on or after his/her eighteenth birthday, will continue to receive Medicaid up to age 21, whether the youth remains in care or is final discharged. The youth must be a United States citizen or national, Native American, or have satisfactory immigration status, and have residency in New York State to have his/her Medicaid continued.

Youth discharged from care often face obstacles surrounding planned housing, employment, ongoing education, and health insurance. The standardized letters, the directions to provide assistance in obtaining Medicaid coverage, and the identification of service providers are an effort to assist youth in securing Medicaid coverage, which is imperative to their health and well-being.

IV. Required Action

The case manager/planner/child’s caseworker must give the attached letter to an eligible youth who is final discharged on or after his/her eighteenth birthday and up to age 21. The appropriate letter must be sent by the LDSS to the discharge address, if known, in the event of an unplanned final discharge.

There are two versions of the standardized letter that are translated into Spanish. Agencies must reproduce the appropriate letter on their agency letterhead with the content unchanged from the attached letters. They are:

- New York City Version
- Upstate Version (LDSS)

Youth discharged to an address in New York City must be given the NYC version of the letter. Youth discharged to an address in an upstate district must be given the Upstate (LDSS) version of the letter. Each letter includes a detachable section that lists a contact person in the event that the youth needs assistance in obtaining Medicaid services. The identified contact person must be responsible for assisting youth in obtaining the necessary documents and Medicaid services. The contact information must include a name, telephone number, and an address and e-mail address.

The discharged youth's Medicaid case record must contain documentation to continue Medicaid services upon discharge. This includes identity, citizenship and/or immigration status, and residency. A youth must be informed verbally before discharge that whenever he or she moves to a new address, the youth should notify the Medicaid unit within LDSS/HRA. This will avoid any disruption of the Medicaid coverage.

In advance of any discharge and as part of transition planning, the case manager/planner/child's caseworker must obtain any of the following documents that are not available and notify the Medicaid worker of the discharge address:

- **Proof of Citizenship.** Certified copy of Birth Certificate (must have a raised seal) may be obtained via the Bureau of Vital Statistics. See the following link for forms and instructions:

http://www.health.state.ny.us/vital_records/

- **Immigration Status.** Status can be obtained from Form I-485 Application to Register Permanent Residence or Adjust Status, which is available on the U.S. Citizen and Immigration Services website. See the following link for the form and instructions:

<http://www.uscis.gov/files/form/i-485.pdf>

- **Social Security Number.** Although the youth may remember his/her Social Security number, it is preferable to have a Social Security card. A card can be obtained by using Form SS-5 Application for a Social Security Card, which is available on the Social Security Administration website. See the following link for the form and instructions:

<http://www.ssa.gov/online/ss-5.pdf>

Eligible youth must be informed that if they are pregnant or parenting they should contact the Medicaid Department under LDSS/HRA to obtain Medicaid benefits for their unborn or minor children.

Youth Released from OCFS Custody

The youth's OCFS case manager/planner/caseworker must provide the youth the standardized letters, as indicated above, upon final discharge. The contact person identified in the letters shall be from the LDSS to which the youth is returning. The youth's OCFS case manager/planner/caseworker also must take all required actions as set forth in this section, including obtaining any of the listed documents related to eligibility for Medicaid that are not available and informing the youth of the need to keep his/her address current.

- Upstate

The OCFS Federal Resource Unit (FRU) will notify the LDSS designated contact person when an eligible youth is no longer in the custody of the Commissioner of OCFS. A completed and signed Medicaid application (LDSS-2921) must be submitted to the LDSS designated contact person if the youth is not currently in receipt of Medicaid.

- New York City – Youth Discharged from OCFS Facilities

The OCFS Federal Resource Unit (FRU) will notify the HRA designated contact person when a youth is no longer in the custody of OCFS. A completed and signed Medicaid application (LDSS-2921) must be submitted to the LDSS designated contact person if the youth is not currently in receipt of Medicaid. Form LDSS-2921 is available at:

<http://www.otda.state.ny.us/main/apps/2921.pdf>

- New York City – Youth Discharged from Voluntary Authorized Agencies

The OCFS Federal Resource Unit (FRU) will notify the Administration for Children Services' (ACS) designated contact when a youth is no longer in the custody of the Commissioner of OCFS. Medicaid must be authorized until the end of the month in which the youth turns 21 so long as he/she continues to live in New York State.

- For All Youth Released from OCFS Custody

The FRU will notify the local district if the youth is covered by the Chafee Amendment and will include the youth's discharge address.

V. Systems Implications

The New York State Department of Health has developed system support that will identify youth who meet the eligibility requirements of the Chafee program. OCFS GIS-#09-12 (Attachment 3) provides detailed instructions for the Department of Health system supports and can be located at:

All Public Folders/dfa.state.ny.us/OCFS/TSU/ ***Services systems Reference Documents/ GIS (system change notices)

For more information about these system changes, please see WMS/CNS Coordinator Letter dated May 29, 2009, attachment II, Sect X:

<http://health.state.nyenet/rev2009coord.htm>

Future system updates from the Department of Health are forthcoming.

VI. Effective Date

This law went into effect January 1, 2009.

/s/ Nancy Martinez

Issued By:

Name: Nancy Martinez

Title: Director

Division/Office: Strategic Planning and Policy Development

Attachment 3

GIS # 09-12

TO: Directors of Services

FROM: Paul Gavry

SUGGESTED

DISTRIBUTION: Directors of Services, Foster Care Supervisors, Directors of Medicaid

SUBJECT: WMS System Instructions - Chafee Amendment

EFFECTIVE DATE: June 22, 2009

CONTACT: OCFS-IT Customer Support at 1-800-342-3727

The purpose of the General Information System (GIS) message is to provide local departments of social services (LDSS) with an explanation of the WMS enhancement, affecting youth covered by the Chafee Amendment, which became operational on Upstate WMS on June 22, 2009.

Effective January 1, 2009, the Chafee Amendment provides that a youth who was in the custody of the Commissioner of the local department of social services or the Commissioner of the Office of Children and Family Services on or after his or her 18th birthday will receive Medicaid until the youth's 21st birthday without regard to income or resources. The youth must still meet Medicaid citizenship/immigration status requirements and be a resident of NYS.

To support this change, a new Special Population (SP) Field indicator has been added to Screen 4 for both inquiry and update. Youth covered by the Chafee Amendment will be identified with a "C" in this field. This new Special Population Field will appear on the clearance report in the upper right hand corner next to the MCR (Medicare Indicator) Field. The Special Population Field, with a heading of "SP", will also appear on the Application Turnaround Documents and next to the CSD on the MA Coverage History Screen. The Continuous Save Date (CSD) will be set to the last day of the month in which the youth turns 21.

At the next undercare/recertification transaction, the Chafee Indicator - "C" must be manually entered in the SP Field when a youth is at least 18 but not yet 21 years of age and has any of the following foster care Individual Category Codes (ICC) – 32, 77, 78, 79, 80 or 81.

If the Chafee Indicator has not already been manually entered, the SP Field will be automatically populated by a monthly file that contains a record of any youth reported to CCRS as discharged from foster care during the previous month who, at the time of discharge, was at least 18 but not yet 21 years of age. A report of youth successfully updated by the automated file will be supplied to the LDSS. The report will also include youth that failed update. Records that failed update will need to be manually reviewed by LDSS staff.

For further information regarding these system changes, please see WMS/CNS Coordinator

Letter dated May 29, 2009 (attachment II, Sect X): <http://health.state.nyenet/rev2009coord.htm>

For systems questions, please contact OCFS-IT Customer Support at 1-800-342-3727.

GIS messages are available in public folders:

*All Public Folders/dfa.state.ny.us/OCFS/TSU/ ***Services systems Reference Documents/ GIS
(system change notices)*

Attachment 1
Standardized Letter, NYC 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 Human Resource Administration (HRA) 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 HRA to request a new Benefit (Medicaid) Card. The HRA Info Line phone number is 1-877-472-8411. If you need assistance, you can also contact the person listed on the slip below.

It is very important that you let HRA know if you change your address. You risk losing your Medicaid coverage if your current address is not on file. Every year HRA 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. HRA 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 HRA. HRA 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 _____

Attachment 1A

Standardized Letter in Spanish, NYC Version

Date:

Name:

Address:

Estimado(a) _____,

Esta carta contiene información importante para usted con respecto a su derecho de continuar recibiendo beneficios de Medicaid. Medicaid provee ayuda a las personas que no pueden cubrir el costo de su cuidado médico. Bajo el Programa Independiente de Cuidado de Crianza Chafee del Estado de Nueva York (*New York State Chafee Foster Care Independence Program*), y debido a que usted estaba bajo cuidado de crianza (o cuidado sustituto) cuando cumplió 18 años de edad, usted es elegible para recibir beneficios de Medicaid hasta el final del mes en el que cumpla 21 años de edad. Estos beneficios no toman en cuenta su ingreso y/o recursos, siempre y cuando usted continúe viviendo en el Estado de Nueva York.

Para recibir cobertura de Medicaid, usted debe ser un ciudadano de los Estados Unidos de Norteamérica (EE.UU.), un indígena o nativo de Norteamérica o debe tener un estado inmigratorio satisfactorio. Puede ser que la Administración de Recursos Humanos (*Human Resource Administration—HRA*) le pida pruebas para documentar que usted satisface este requisito, incluyendo su número de Seguro Social (*Social Security Number*). Es muy importante que usted presente esta información si se la solicita. Si usted no provee esta información, es probable que usted pierda la cobertura de Medicaid.

Usted necesitará una Tarjeta de Beneficios de Medicaid (*Benefit Medicaid Card*) para recibir servicios de Medicaid. Usted le entregará esta tarjeta a su médico, farmacéutico u otra persona de la cual requiere ayuda. Sus facturas serán enviadas al estado para ser pagadas. Si usted no tiene la Tarjeta de Beneficios de Medicaid, usted debe contactar a HRA. La Línea de Información de HRA es 1-(877)-472-8411. HRA le enviará a usted una nueva Tarjeta de Beneficios de Medicaid. Si necesita ayuda, usted también puede contactar a la persona cuyo nombre aparece en el recorte de la siguiente página.

Es muy importante que usted notifique a HRA si usted cambia de dirección. Usted corre el riesgo de perder la cobertura de Medicaid si su dirección actual no está en los registros apropiados. Cada año, HRA le enviará un formulario que deberá completar y devolver. **Si este formulario es devuelto por la oficina de correos debido a que no pudo ser entregado, es posible que usted pierda la cobertura de Medicaid.**

Muchos condados tienen un programa de Cuidado Administrado de Medicaid (*Medicaid Managed Care*). Cuando usted se une al plan de Cuidado Administrado, usted utiliza proveedores y hospitales que están en su plan. Usted escoge su propio médico, quien seguirá el cuidado de su salud. A esta persona se la llama Proveedor(a) de Cuidado Primario (*Primary Care*

Provider). Su Proveedor(a) de Cuidado Primario le referirá a un especialista si su condición lo requiere. Es posible que HRA le envíe una carta pidiéndole que escoja un programa de Cuidado Administrado. Si usted no selecciona un programa de Cuidado Administrado, es posible que se le escoja uno. Una vez que usted participe en un programa de Cuidado Administrado, se le enviará una Tarjeta de Seguro de Salud. Esta Tarjeta de Seguro de Salud, junto con su Tarjeta de Beneficios de Medicaid, debe ser usada para obtener servicios médicos.

Si usted está recibiendo cualquier otro beneficio de salud, ya sea de un empleador(a) o bajo el seguro de su padre/madre, usted debe notificar a HRA. Es posible que HRA pueda ayudar en pagar el costo de este seguro de salud. Usted no perderá su cobertura de Medicaid si usted tiene otro seguro de salud, pero usted debe notificar a los proveedores de salud médica acerca de su cobertura de manera que éstos puedan enviar sus facturas a su seguro médico antes de enviárselas a Medicaid.

Por favor **guarde esta carta en su archivo de documentos importantes y recorte la información de contacto que aparece abajo para guardarla**. Si usted necesita ayuda en obtener servicios de Medicaid o tiene alguna pregunta respecto a esta carta, usted debería llamar a la persona de contacto cuyo número se provee abajo.

Atentamente,

Como joven elegible para Medicaid de 18 a 21 años de edad, guarde esta información con sus documentos importantes.

Nombre _____

CIN o Número de Identificación del Cliente _____

Persona de contacto:

Nombre _____

Dirección _____

Teléfono _____

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 _____

Attachment 2

Standardized Letter, Upstate/LDSS version

Date

Name:

Address:

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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 _____

Attachment 2A

Standardized Letter in Spanish, Upstate/LDSS version

Date:

Name:

Address:

Estimado(a) _____,

Esta carta contiene información importante para usted con respecto a su derecho de continuar recibiendo beneficios de Medicaid. Medicaid provee ayuda a las personas que no pueden cubrir el costo de su cuidado médico. Bajo el Programa Independiente de Cuidado de Crianza Chafee del Estado de Nueva York (*New York State Chafee Foster Care Independence Program*), y debido a que usted estaba bajo cuidado de crianza (o cuidado sustituto) cuando cumplió 18 años de edad, usted es elegible para recibir beneficios de Medicaid hasta el final del mes en el que cumpla 21 años de edad. Estos beneficios no toman en cuenta su ingreso y/o recursos, siempre y cuando usted continúe viviendo en el Estado de Nueva York.

Para recibir cobertura de Medicaid, usted debe ser un ciudadano de los Estados Unidos de Norteamérica (EE.UU.), un indígena o nativo de Norteamérica o debe tener un estado inmigratorio satisfactorio. Puede ser que el Departamento de Servicios Sociales Local (*Local Department of Social Services—LDSS*) le pida pruebas para documentar que usted satisface este requisito, incluyendo su número de Seguro Social (*Social Security Number*). Es muy importante que usted presente esta información si se la solicita. Si usted no provee esta información, es probable que usted pierda la cobertura de Medicaid.

Usted necesitará una Tarjeta de Beneficios de Medicaid (*Benefit Medicaid Card*) para recibir servicios de Medicaid. Usted le entregará esta tarjeta a su médico, farmacéutico u otra persona de la cual requiere ayuda. Sus facturas serán enviadas al estado para ser pagadas. Si usted no tiene la Tarjeta de Beneficios de Medicaid, usted debe contactar al LDSS. Este le enviará a usted una nueva Tarjeta de Beneficios de Medicaid. Si necesita ayuda, usted también puede contactar a la persona cuyo nombre aparece en el recorte de la siguiente página.

Es muy importante que usted notifique al LDSS si usted cambia de dirección. Usted corre el riesgo de perder la cobertura de Medicaid si su dirección actual no está en los registros apropiados. Cada año, el LDSS le enviará un formulario que deberá completar y devolver. **Si este formulario es devuelto por la oficina de correos debido a que no pudo ser entregado, es posible que usted pierda la cobertura de Medicaid.**

Muchos condados tienen un programa de Cuidado Administrado de Medicaid (*Medicaid Managed Care*). Cuando usted se une al plan de Cuidado Administrado, usted utiliza proveedores y hospitales que están en su plan. Usted escoge su propio médico, quien seguirá el cuidado de su salud. A esta persona se la llama Proveedor(a) de Cuidado Primario (*Primary Care Provider*). Su Proveedor(a) de Cuidado Primario le referirá a un especialista si su condición lo requiere. Es posible que el LDSS le envíe una carta pidiéndole que escoja un programa de

Cuidado Administrado. Si usted no selecciona un programa de Cuidado Administrado, es posible que se le escoja uno. Una vez que usted participe en un programa de Cuidado Administrado, se le enviará una Tarjeta de Seguro de Salud. Esta Tarjeta de Seguro de Salud, junto con su Tarjeta de Beneficios de Medicaid, debe ser usada para obtener servicios médicos.

Si usted está recibiendo cualquier otro beneficio de salud, ya sea de un empleador(a) o bajo el seguro de su padre/madre, usted debe notificar al LDSS. Es posible que el LDSS pueda ayudar en pagar el costo de este seguro de salud. Usted no perderá su cobertura de Medicaid si usted tiene otro seguro de salud, pero usted debe notificar a los proveedores de salud médica acerca de su cobertura de manera que éstos puedan enviar sus facturas a su seguro médico antes de enviárselas a Medicaid.

Por favor **guarde esta carta en su archivo de documentos importantes y recorte la información de contacto que aparece abajo para guardarla.** Si usted necesita ayuda en obtener servicios de Medicaid o tiene alguna pregunta respecto a esta carta, usted debería llamar a la persona de contacto cuyo número se provee abajo.

Atentamente,

Como joven elegible para Medicaid de 18 a 21 años de edad, guarde esta información con sus documentos importantes.

Nombre _____

CIN o Número de Identificación del Cliente _____

Persona de contacto:

Nombre _____

Dirección _____

Teléfono _____