<Date>

<Name> <Address> <Address> <City>, <State>, <ZIP>

**Dear <MMC Member>**:

Starting **May 16, 2022**, the way Personal Care Services and Consumer Directed Personal Assistance Services (PCS/CDPAS) are initially assessed will be changing. New York State is making this change in the initial assessment process to make it easier to get the services you need.

The initial assessment process is to set up PCS/CDPAS for the first time. This helps us:

* see what kind of help you need,
* see if you qualify for PCS/CDPAS, and
* create your plan of care

Changes to the initial assessment process include:

* An assessment for PCS/CDPAS will be done by a nurse from the New York Independent Assessor (NYIA)
* A clinical exam and Practitioner Order will be done by a clinician from the NYIA after the assessment
* A separate visit to your doctor to get a Physicians Order form is no longer needed
* The NYIA Independent Review Panel (IRP) will review your plan of care if it has more than 12 hours of care per day on average for the first time

**What if something changes? Can I get another assessment?**

You will get a reassessment at least every 12 months. You may also ask for a new assessment if you have a significant change in your medical condition or your need for assistance. Your care manager will work with you to make sure your needs continue to be met.

**MetroPlusHealth Medicaid Managed Care is here for you.**

Please call member services at 1-800-303-9626 (TTY: 711) if you have any questions about this letter or want to get these services.

Sincerely,

MetroPlus Health Plan

MBR 22.168

**NOTICE OF NON-DISCRIMINATION**

**MetroPlus Health Plan** complies with Federal civil rights laws. **MetroPlus Health Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**MetroPlus Health Plan** provides the following:

* Free aids and services to people with disabilities to help you communicate with us, such as:

○ Qualified sign language interpreters

○ Written information in other formats (large print, audio, accessible electronic formats, other formats)

* Free language services to people whose first language is not English, such as:

○ Qualified interpreters

○ Information written in other languages

If you need these services, call **MetroPlus Health Plan** at 1-800-303-9626. For TTY/TDD services, call 711.

If you believe that **MetroPlus Health Plan** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **MetroPlus Health Plan** by:

|  |  |
| --- | --- |
| Mail: | 50 Water Street, 7th Floor, New York, NY 10004 |
| Phone: | 1-800-303-9626 (for TTY/TDD services, call 711) |
| Fax: | 1-212-908-8705 |
| In person: | 50 Water Street, 7th Floor, New York, NY 10004 |
| Email: | Grievancecoordinator@metroplus.org |

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

|  |  |
| --- | --- |
| Web: | Office for Civil Rights Complaint Portal at  <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> |
| Mail: | U.S. Department of Health and Human Services  200 Independence Avenue SW., Room 509F, HHH Building  Washington, DC 20201  Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html> |
| Phone: | 1-800-368-1019 (TTY/TDD 800-537-7697) |

**Language Assistance**

|  |  |
| --- | --- |
| ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-303-9626 (TTY: 711). | English |
| ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-303-9626 (TTY: 711). | Spanish |
| 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-303-9626 (TTY: 711). | Chinese |
| ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم TTY:711(رقم هاتف الصم والبكم1-800-303-9626( | Arabic |
| 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다1-800-303-9626 (TTY: 711) 번으로 전화해 주십시오. | Korean |
| ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-303-9626 (телетайп: TTY: 711). | Russian |
| ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-303-9626 (TTY: 711). | Italian |
| ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-303-9626 (TTY: 711). | French |
| ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-303-9626 (TTY: 711). | French Creole |
| אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-303-9626 (TTY: 711). | Yiddish |
| UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-303-9626 (TTY: 711) | Polish |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-303-9626 (TTY: 711). | Tagalog |
| লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-1-800-303-9626 (TTY: 711) | Bengali |
| KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-303-9626 (TTY: 711). | Albanian |
| ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-303-9626 (TTY: 711). | Greek |
|  | Urdu |