

From: New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201 - 1930

TRANSMITTAL OF FAIR HEARING DISPOSITION
TO REPRESENTATIVE

Fair Hearing Number: [REDACTED]
Disposition Date: 03/10/25
Case Number: [REDACTED]
Category/Subcategory: MA/PHD

Agency: [REDACTED]
Appellant: [REDACTED]

* ENCLOSED IS THE DISPOSITION OF THE FAIR *
* HEARING REQUEST FOR THE ABOVE APPELLANT *
* FOR WHOM YOU SERVED AS REPRESENTATIVE *

TO: NYLAG

[REDACTED]

* PLEASE NOTE: *
* A FAIR HEARING WILL NOT BE SCHEDULED *
* FOR THE ACTIONS OF WHICH REVIEW WAS REQUESTED *
* BECAUSE THEY WERE ALL RESOLVED *
* IN THE APPELLANT'S FAVOR *

VNS CHOICE NY is required to comply with the Fair Hearing Disposition document forthwith (as quickly as possible), and is required to notify the Appellant of its compliance. The Appellant has been advised to notify the State Office of Temporary and Disability Assistance if the Agency fails to comply with the Disposition within 10 days after receipt of the Disposition document. Our address and phone number are:

New York State Office of Temporary and Disability Assistance
Office of Administrative Hearings
Compliance Unit
P. O. Box 1930
Albany NY 12201 - 1930

1-800-342-3334

A copy of this Disposition has been mailed to the Appellant.

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STATE OF NEW YORK
DEPARTMENT OF HEALTH

REQUEST: January 29, 2021

CASE #: [REDACTED]

FH #: [REDACTED]

In the Matter of the Appeal of

:
: **DISPOSITION**
: **OF**
: **FAIR**
: **HEARING**
: **REQUEST**

[REDACTED]
from a determination by [REDACTED]
(Managed Long Term Care Plan, Managed Care Plan,
or Social Services District)

A fair hearing was requested on January 29, 2021 to review your Medicaid benefits or services provided by your Managed Long Term Care (MLTC) Plan, Managed Care Plan, or Social Services district (Agency).

All the issues for this hearing were resolved in your (the Appellant's) favor.

For hearings involving discontinued or reduced benefits or services, the Agency must retroactively restore any assistance and benefits lost by you from the notice(s) associated with this fair hearing request. The Agency will take no further action on the notice(s) in question.

For hearings involving claims that services received were insufficient and you have received increased services under an order from the hearing office, the Agency agrees to continue these services at the increased level.

Since the issue(s) are resolved in your favor, a fair hearing will NOT be scheduled unless you still want a fair hearing for the issues resolved by this disposition notice. If so, please contact the Office of Administrative Hearings by:

Calling 800-342-3334;

Visiting www.otda.ny.gov/oah;

Mailing The Office of Administrative Hearings, 40 North Pearl Street, 15th Floor, Albany, NY 12201;

Faxing to 518-473-6735; or

Visiting 5 Beaver Street, NY, NY 10004 or 40 North Pearl Street, Albany, NY 12201

This disposition does not affect any other fair hearings that the Appellant may have requested.

By: NYS OTDA - Office of Administrative Hearings Dated: 03/10/2025

Nigel Mink
