



Date

[Member Name]

[Address]

[Suite]

[City, State Postal Code]

Dear [Member]:

This is an important notice about your Medicaid managed care plan benefits. Please read it carefully. If you have any questions, please call us at 1-800-556-0689, TTY 711.

Starting **November 1, 2020**, Amida Care will cover medically tailored home delivered meals.

Medically Tailored Meals are meals created to improve your health and well-being, based on your medical needs. The meals are approved by a Registered Dietitian Nutritionist (RDN) after a nutritional assessment and a referral from your provider. Medically Tailored Meals are delivered to the home. This benefit is voluntary. If you are interested in receiving these services, continue reading to see if you are eligible.

Eligibility

To be eligible to receive Medically Tailored Meals your provider must provide a referral and you must:

- Be diagnosed with one or more serious or long-lasting illness
- Be unable to complete day-to-day tasks
- Receive or be eligible to receive 20 hours/week or more of Personal Care Assistant (PCA) care with time assigned for meal preparation*

*This service will be in the place of PCA meal preparation, which will result in a reduction in the amount of PCA hours received each week, for a 6-month period.

Amida Care will review the request and will have a nurse come to your home to conduct an assessment.

The process to receive Medically Tailored Meals will also include a meeting with a Registered Dietitian Nutritionist (RDN) and a review of your nutrition needs.

We have updated your member handbook to add these benefits. This update is available on our website at: www.amidacareny.org/for-members/member-handbook/



Amida Care is here for you

Please call member services at 1-800-556-0689, TTY 711, if you:

- have any questions about this information;
- cannot access the internet to view this update; or
- want to have this update mailed to you.

Sincerely,

Amida Care
Member Services Department

NOTICE OF NON-DISCRIMINATION

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

Amida Care 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 Amida Care at 1-800-556-0689. For TTY/TDD services, call TTY 711.

If you believe that Amida Care 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 Amida Care by:

Mail: 14 Penn Plaza, 2nd Floor, New York, NY 10122
Phone: 1-800-556-0689 (for TTY/TDD services, call TTY 711)
Fax: 1-646-786-1802
In person: 234 West 35th St., New York, NY 10123
Email: member-services@amidacareny.org

You can also file a civil rights complaint with the U.S. Dept. 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)

AVISO SOBRE NO DISCRIMINACIÓN

Amida Care cumple con lo dispuesto en las leyes federales de derechos civiles. Amida Care no excluye a las personas ni las trata distinto por su raza, color, origen nacional, edad, discapacidad o sexo.

Amida Care proporciona lo siguiente:

- Ayudas y servicios gratuitos para personas con discapacidades, para ayudarlos a que se comuniquen con nosotros, tales como:
 - Intérpretes de lenguaje de señas cualificados
 - Información escrita en otros formatos (letras grandes, audio, formatos electrónicos accesibles, otros)
- Servicios lingüísticos gratuitos para personas cuyo idioma materno no es el inglés, tales como:
 - Intérpretes cualificados
 - Información escrita en otros idiomas

Si necesita estos servicios, llame a Amida Care al (1-800-556-0689). Para obtener los servicios para usuarios de teletipo (TTY)/dispositivos de telecomunicación para sordos (TDD), llamar al (TTY: 711).

Si cree que Amida Care no le ha proporcionado estos servicios o lo ha tratado distinto debido a su raza, color, origen nacional, edad, discapacidad o sexo, puede presentar un reclamo ante Amida Care por:

Correspondencia: 14 Penn Plaza, 2nd Floor, New York, NY 10122
Teléfono: 1-800-556-0689 (para servicios de TTY/TDD, llame al TTY 711)
Fax: 1-646-786-1802
En persona: 234 West 35th St., New York, NY 10123
Correo electrónico: member-services@amidacareny.org

También puede presentar una denuncia de derechos civiles ante el Departamento de Salud y Servicios Sociales de los Estados Unidos, en la Oficina para los Derechos Civiles, a través de:

La web: Portal para las denuncias de la Oficina para los Derechos Civiles en

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Correspondencia: U.S. Department of Health and Human Services,
200 Independence Avenue SW., Room 509F, HHH
Building,

Washington, DC 20201.

Los formularios para denuncias están disponibles en

<http://www.hhs.gov/ocr/office/file/index.html>

Teléfono: 1-800-368-1019 (TTY/TDD 800-537-7697)

LANGUAGE ASSISTANCE

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-556-0689 TTY:711	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-556-0689 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 1-800-556-0689 TTY:711	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-556-0689 وارقم هاتف الصم والبك TTY:711	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-556-0689 TTY:711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-556-0689(телетайп: TTY:711.	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-556-0689 TTY:711	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-556-0689 TTY:711	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-556-0689 TTY:711	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-556-0689 TTY:711.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-556-0689 TTY:711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-556-0689 TTY:711	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৫৫৬-০৬৮৯ TTY:711	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-556-0689 TTY:711	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-556-0689 TTY:711	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں-1.800-556-0689 TTY:711	Urdu