



<Date>

<Barcode><Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

Dear <MMC Member>:

Starting July 1, 2022, Amida Care began covering a no-cost Medically Tailored Meals (MTM) program that provides healthy meals straight to your home. Due to Federal requirements, the allowable number of meals provided per day has been changed from three meals per day to two meals per day.

What Will Change?

- If you are currently receiving 3 meals per day, you will continue to receive these meals until your current 6-month authorization period ends. After this authorization period ends, you will no longer be able to receive 3 meals per day.
- Beginning on October 1, 2023, if you are still eligible to receive MTM, Amida Care will instead authorize you to receive up to two meals per day.
- If you received MTM in place of personal care hours, where appropriate, your number of personal care hours may be increased to meet your needs.

Are you interested in Receiving MTM?

Through this program, you and other members who qualify can get:

- Help from a registered dietitian and nutritionist. This person is a food and nutrition expert and will help give guidance and support in choosing healthy foods.
- Up to two meals per day delivered to your home for six months at a time. You may be able to continue receiving meals as long as you are eligible for this program. These meals are tailored for your specific health needs and can help you gain access to healthy, nutritious foods.

This program is offered to Amida Care Medicaid members who are 18 years of age or older. Members must have a secure place to store and heat meals, and:

- Receive personal care services. Member must choose to replace some of their meal preparation and food shopping hours while getting a medically tailored meal. The change in hours will depend on the number of meals you receive, **or**
- Have cancer, diabetes, heart failure, or HIV/AIDS, and a certain number of inpatient hospital stays and/or emergency room (ER) visits within the last 12 months related to these conditions.

If you think you are eligible for this program and want to join, call Member Services at 1-800-556-0689 to learn more about this program.

Also, a Amida Care agent may call you to ask if you are interested in receiving services from this program. On the call, the agent will tell you more about the program and help you to join if you choose to participate. You may also receive a recommendation for MTM from your provider.

Joining this program is up to you. If you decide not to join, it will not affect your Medicaid eligibility or benefits.

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

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 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 10001
Email: member-services@amidacareny.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)

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 TTY:711 رقم هاتف الصم والبك 1-800-556-0689	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 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
אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר איין שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-556-0689:711 TTY	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