

Return Address

**NYC**™ Human Resources  
Administration  
Department of  
Social Services

MAP-3185a (E) 12/30/2024

DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

If you have any questions call: HRA Medicaid Helpline  
at 888-692-6116.

## Act Now! Medicaid Renewal Rules Have Changed (Cover Letter)



You are receiving this letter because you or someone in your household will need to submit a Medicaid renewal in order to continue to be eligible to receive services. Be sure to read the enclosed MAP-3185 Act Now! – Medicaid Rules Have Changed and follow the steps needed to renew your Medicaid coverage. **If you do not submit your renewal by the date listed on it, you will lose your coverage and will need to reapply.**

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **888-692-6116**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.