



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
TRENTON, NJ 08625-0712

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Governor

JAMES W. SMITH, JR.
Acting Commissioner
DEBORAH C. BRADLEY
Acting Director
TELEPHONE 1-800-356-1561

MEDICAID COMMUNICATION NO: 02-10

DATE: February 22, 2002

TO: County Welfare Agency Directors

SUBJECT: Required Spanish Sentence In All Future Client Communication

As stated in MEDICAID COMMUNICATION NO: 01-26, all Fair Hearing Request forms are to include the following sentence: **Importante: Si usted no entiende este aviso, pongase en contacto con un representante de esta oficina _____.** This sentence advises Spanish-speaking clients to contact your office if they have questions regarding the process.

Please be advised that all client letters that are not prepared in Spanish are to include this Spanish sentence and the appropriate phone number where clients' questions can be answered.

Questions concerning this communication should be referred to the field staff assigned to your county.

Sincerely,

Deborah C. Bradley
Acting Director

DCB:lp

c: Clifton R. Lacy, Acting Commissioner
William Conroy, Deputy Commissioner
Department of Health and Senior Services

David C. Heins, Director
Division of Family Development

Charles Venti, Director
Division of Youth and Family Services