

DSS-4357EL

WGIUPD

GENERAL INFORMATION SYSTEM

03/23/00

**DIVISION:** Office of Medicaid Management

**PAGE 1**

GIS 00 MA/002

**TO:** Local Commissioners, Medicaid Directors

**FROM:** Betty Rice, Director  
Division of Consumer and Local District Relations

**SUBJECT:** Reminder for Required Information - Evans v. Wing et al.

**EFFECTIVE DATE:** Immediately - Please respond to this message as soon as possible but no later than April 24, 2000.

**CONTACT PERSON:** Frieda Anolik at (518) 473-5319

This is a reminder that any social services district which has not yet provided the information that was requested in GIS 99 MA/024 concerning the Evans v. Wing et al. lawsuit should please forward the data as soon as possible. As a result of a court order in the Evans v. Wing et al. lawsuit, the Department is required to provide information concerning the number of class members identified by social services districts as well as relevant budgeting/reimbursement information.

For districts who have not yet responded, the Department is requesting the following information:

1. The total number of class members identified from the State's report (Attachment to Local Commissioners Memorandum 98 OMM LCM-010). Please indicate the number of class members identified and whether this number is based on your agency's review of the report or responses received;

NOTE: A class member is a Long Term Home Health Care Program (LTHHCP) participant who was budgeted with a \$50 personal needs allowance (PNA) during any part of the period of January 1, 1995 through August 21, 1996.

2. The name and address of each class member;
3. The number of class members with excess income for the affected time period; and
4. For each class member with excess income, the monthly excess income amount and the specific time period involved (i.e., \$200 excess income for the period of January 1, 1995 through June, 1995). In addition, please indicate whether verification of paid/unpaid bills has been submitted and the status of any reimbursement/payment (i.e., documentation submitted and referral made to the State for payment/reimbursement).

DSS-4357EL  
WGIUPD

GENERAL INFORMATION SYSTEM  
**DIVISION:** Office of Medicaid Management

03/23/00  
**PAGE 2**

**GIS** 00 MA/002

The required information should be mailed (or faxed) to the State as soon as possible but no later than April 24, 2000.

The mailing address is: New York State Department of Health  
Office of Medicaid Management  
Attn: Frieda Anolik  
One Commerce Plaza  
P.O. Box 118  
Albany, New York 12260

A fax can be sent to the attention of Frieda Anolik at (518) 473-0601.