TO: Local District Commissioners, Medicaid Directors

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

SUBJECT: 05 OMM/INF-1 Pooled Trusts and Disability Determinations for Individuals 65 years of Age and Over

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Liaison Upstate: 518-474-9130
NYC: 212-268-6855

The purpose of this GIS is to inform local districts that the revised LDSS-654 Transmittal Sheet (2/05) referred to in 05 OMM/INF-1 is not currently available from the DOH warehouse. Please continue to use the old forms until a supply of revised Transmittal Sheets are available.

When using the old LDSS-654 form, please indicate the case type (i.e., MA Only, PA Only, Audit Case, MBI-WPD, Over 65 or Child Case) in red on the top of each Transmittal Sheet. Submissions should be sorted according to case type (i.e., one cover sheet on all MA-Only cases). Remember to attach two copies of the transmittal sheet to each batch submitted.