

GENERAL INFORMATION SYSTEM

10/12/05

DIVISION: Office of Medicaid Management

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TO: Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, and CNS Coordinators

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

SUBJECT: Long Term Home Health Care Program (LTHHCP) Upstate Fair Hearing Notice Forms

EFFECTIVE DATE: Immediately

CONTACT PERSON: Bureau of Long Term Care
Diane Jones (518) 474-6580

The purpose of this GIS message is to inform you that Fair Hearing Notices for the LTHHCP **upstate** are printed and available for ordering. Refer to 02 OMM/ADM-4 dated 5/28/02 for direction on issuance of Fair Hearing Notices in the LTHHCP. Effective immediately discontinue use of the photocopied attachments as directed in 02 OMM/ADM-4 and begin use of the printed notices listed below.

The Human Resources Administration has elected to produce a local equivalent for use in New York City (NYC). Therefore, NYC will continue to use the photocopied version of the "NYC only" notices attached to 02 OMM/ADM-4 until the local equivalent is approved and printed. Please refer to GIS 05 MA/005 for instructions regarding the substitution of updated Fair Hearing information on the reverse side of the forms designated as NYC only.

The following **upstate** notices for the LTHHCP are available (including the Spanish version):

DOH-4322 Notice of Intent to Discontinue Participation in LTHHCP
DOH-4322S Notice of Intent to Discontinue Participation in LTHHCP- Spanish
DOH-4324 Notice of Intent to Authorize/Reauthorize or Deny Participation LTHHCP
DOH-4324S Notice of Intent to Authorize/Reauthorize or Deny Participation LTHHCP- Spanish
DOH-4326 Notice of Intent to Reduce SNF Level Budget to HRF Budget Level
DOH-4326S Notice of Intent to Reduce SNF Level Budget to HRF Budget Level- Spanish
DOH-4338 Notice of Intent to Reduce or Discontinue Services in LTHHCP Contrary to Physician's Orders
DOH-4338S Notice of Intent to Reduce or Discontinue Services in LTHHCP Contrary to Physician's Orders - Spanish
DOH-4340 Notice of Intent to Deny Services in the LTHHCP Contrary to Physician's Orders
DOH-4340S Notice of Intent to Deny Services in the LTHHCP Contrary to Physician's Orders - Spanish

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Requests for **upstate** forms may be faxed to Michael Margiasso at (518) 486-1432. The request should include the following:

- DOH Number and title of form;
- Number of copies for each form;
- Address where the forms are to be sent; and
- Name and phone number of a contact person at the local district.

Any questions concerning the content of this message should be directed to Diane Jones at (518) 474-6580.