

TO: Local District Commissioners, Medicaid Directors

FROM: Linda LeClair, Director
Bureau of Medicaid/FHP Enrollment, Division of Coverage and Enrollment

SUBJECT: Forms and Notices

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Liaison
Upstate: (518)474-8887 New York City: (212)417-4500

The purpose of this GIS is to inform social services districts and users of the Department of Health (DOH) intranet that additional forms have been added to the DOH, Office of Health Insurance Programs website: <http://health.state.nyenet/revldssforms.htm>. Please see the attachment for a listing of all forms and notices which are available on the intranet.

As forms/notices become available on the intranet, they will no longer be available for ordering through the warehouse.

Districts must reproduce "Action Taken Notices" as legal size and two-sided (not two-paged) notices. It is particularly important that these notices be two-sided to ensure the recipient is properly identified when the notice is received by the Office of Temporary and Disability Assistance for fair hearing purposes.

Both the English and Spanish "Action Taken Notices" should be printed on legal size paper (8½ inches x 14 inches). At this time, the Spanish version of some documents is not available, on the intranet. As they become available you will be notified.

06 OMM/ADM-5: "Deficit Reduction Act of 2005 - Long-Term Care Medicaid Eligibility Changes" provided you with copies of the following notices and stated that districts should reproduce and use these documents until further notice. These documents are now updated and available on the intranet. All copies of the previous documents should be destroyed.

- DOH-4319: "Long-Term Care Change In Need Resource Checklist"
- LDSS-4144: "Notice of Decision on Your Medical Assistance Application, Limited Coverage (Transfer of Assets Penalty)"
- LDSS-4145: "Notice of Decision on Your Request for Coverage of Nursing Facility Service, Limited Coverage (Transfer of Assets Penalty)"
- LDSS-4294: "Explanation of the Effect of Transfer of Asset(s) on Medical Assistance Eligibility"
- OHIP-0001: "Notice of Decision on Your Request For Undue Hardship - Transfer of Asset(s) Penalty"

If you have any concerns or questions, please contact your local district liaison.