

WGIUPD

**GENERAL INFORMATION SYSTEM**

03/11/11

**DIVISION:** Office of Health Insurance Programs

**PAGE 1**

**GIS 11 MA/003**

**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Judith Arnold, Director  
Division of Coverage and Enrollment

**SUBJECT:** Transmittal Form from Local Departments of Social Services to  
Child Health Plus

**ATTACHMENTS:** Transmittal Form

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Support Unit  
Upstate: (518)474-8887 NYC: (212)417-4500

The purpose of this General Information System (GIS) message is to introduce local departments of social services (LDSS) to the transmittal form to be completed when forwarding applications to Child Health Plus (CHPlus).

Effective with the release of this GIS, the attached transmittal form must be used by an LDSS when processing applications for children who are denied Medicaid coverage due to excess income and/or immigrations status, and who are potentially eligible for CHPlus. The transmittal form should be used in conjunction with the instructions provided to LDSS in GIS 10 MA/015, "Processing Medicaid Applications for Children Potentially Eligible for Child Health Plus."