

WGIUPD

GENERAL INFORMATION SYSTEM
DIVISION: Office of Long Term Care

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TO: Local District Commissioners, Medicaid Directors

FROM: Mark Kissinger, Deputy Commissioner
Office of Long Term Care

SUBJECT: Revisions to Long Term Home Health Care Program/AIDS Home Care
Program (LTHHCP/AHCP) Notices of Decision

EFFECTIVE DATE: Immediately

CONTACT PERSON: Laura Fiato at 518-474-5271

The purpose of this General Information System (GIS) message is to advise local departments of social services (LDSS) of revisions made to the Long Term Home Health Care Program/AIDS Home Care Program (LTHHCP/AHCP) fair hearing notices.

Revisions include:

- The number of days for reassessment has been increased from every 120 to every 180 days on all versions of the DOH-4324, "Notice of Intent to Authorize/Reauthorize or Deny Your Participation in the Long Term Home Health Care Program (LTHHCP)/AIDS Home Care Program (AHCP)";
- The program title and contact information for Child Health Plus Insurance listed on the bottom of page two (2) of the Fair Hearing notice has been corrected; and
- DOH-4337, the Physician Confirmation Form, has been reformatted.

Revised forms include all versions (English and Spanish) of the LTHHCP/AHCP listed below:

- DOH-4322 - "Notice of Intent to Discontinue Your Participation in the Long Term Home Health Care Program/AIDS Home Care Program (LTHHCP/AHCP)".
- DOH-4324 - "Notice of Intent to Authorize/Reauthorize or Deny Your Participation in the Long Term Home Care Program/AIDS Home Care Program (LTHHCP/AHCP)".
- DOH-4326 - "Notice of Intent to Reduce Your SNF Level Budget to HRF Budget in the Long Term Home Health Care Program (LTHHCP)".
- DOH-4337 - "Physician Confirmation Form"
- DOH-4338 - "Notice of Intent to Reduce or Discontinue Services in the Long Term Home Health Care Program/AIDS Home Care Program Contrary to Physician's Orders (LTHHCP/AHCP)".
- DOH-4340 - "Notice of Intent to Deny Services in the Long Term Home Health Care Program/AIDS Home Care Program Contrary to Physician's Orders (LTHHCP/AHCP)".

The AHCP forms were previously released as attachments to 09 OLTC/ADM-1. LDSS staff must now access these mandated notices by downloading them from the New York State Office of Health Insurance Programs intranet website at:

<http://health.state.nyenet/revlibrary2.htm>, under Library of Official Documents, Forms, Bureau of Medicaid Long Term Care Forms or from CentraPort by selecting "Medicaid" from functional areas and then by going to "ADMs", rather than using the attachments to the previously released Administrative Directive.

Note: Districts must reproduce English and Spanish "Action Taken Notices" on letter size (8½ inches x 11 inches) paper, as a two-sided notice. It is particularly important that the fair hearing language be printed on the back of the notice (two-sided) to ensure the recipient is properly notified of fair hearing rights.