

List of Revised Manual Eligibility Notices

LDSS Forms:

- [DOH 4289](#) - Notice of Decision on Your Medical Assistance Application (Family Planning Benefit Program Acceptance)
- [DOH 4313](#) - Notice of Decision to Approve or Deny NYC Enrollment in the CAH I & II Waiver Program (NYC ONLY)
- [DOH 4314](#) - Notice of Decision to Discontinue Participation in the Care at Home I & II Waiver Program
- [DOH 4315](#) - Notice of Decision to Discontinue Participation in the CAH I & II Waiver Program (NYC)
- [LDSS 4578](#) - Notice of Intent to Change Medical Assistance to Transitional Medical Assistance Coverage
- [OHIP 0033](#) - Notice of Action on The Medicare Part B Buy-in Program (NYC)
- [OHIP 0040](#) - Notice of Medical Assistance Disability Determination

Bureau of Medicaid Long-Term Care Forms:

- [LDSS 4007](#) - Notice of Decision of Initial Authorization/Reauthorization/or Denial Personal Care Services
- [LDSS 4008](#) - Notice of Intent to Increase, Reduce or Discontinue Personal Care Services
- [LDSS 4263](#) - Notice of Decision to Authorize, Reauthorize, Deny or Discontinue Personal Emergency Response Services (PERS)
- [LDSS 4271](#) - Notice of Decision to Approve/Deny Personal Care Services Under the Shared Aide Program
- [LDSS 4273](#) - Notice of Intent to Discontinue Personal Care Services Under the Shared AIDE Program
- [LDSS 4274](#) - Notice of Intent to Continue/Increase/Decrease Personal Care Services Under the Shared AIDE Program
- [DOH 4322A](#) - Notice of Intent to Discontinue your Participation in the AIDS Home Care Program (AHCP)
- [DOH 4324A](#) - Notice of Intent to Authorize/Reauthorize or Deny your participation in the Aids Home Care Program(AHCP)
- Notice of Decision to Deny or Discontinue Home Care Services from the Assisted Living Program (ALP)
- [DOH-CDPAP-01](#) Notice of Decision of initial Authorization/Reauthorization/or Denial Consumer directed Personal Assistance Program Services
- [DOH-CDPAP-02](#) Notice of Intent to Increase, Reduce or Discontinue Consumer directed Personal Assistance Program Services
- [LDSS 4008-2](#) - Notice of Intent to Reduce Personal Care Services (Level I only) to 8 Hours per Week Due to State Law Requiring Automatic Change

- LDSS 4008-2a - Notice of Intent to Reduce Consumer Directed Personal Assistance Program Participants Receiving Nutritional and Environmental Support Functions Only to 8 Hours per Week Due to State Law Requiring Automatic Change
- LDSS 4008-2a - Notice of Intent to Reduce Consumer Directed Personal Assistance Program Participants Receiving Nutritional and Environmental Support Functions Only to 8 Hours per Week Due to State Law Requiring Automatic Change
- Notice of Decision to Authorize/Reauthorize Increase or Deny Home Care Services through the Limited Licensed Home Care Services Agency(LLHCSA)(B1-NYC)
- Notice of Decision to Discontinue/Decrease Home Care Services through the Limited Licensed Home Care Services Agency(LLHCSA)(B2-NYC)
- Notice of Decision to Authorize/Reauthorize Increase or Deny Home Care Services through the Limited Licensed Home Care Services Agency(LLHCSA)(B-3)
- Notice of Decision to Discontinue/Decrease Home Care Services through the Limited Licensed Home Care Services Agency(LLHCSA)(B-4)