

TO: Local District Commissioners, Medicaid Directors

FROM: Lisa Sbrana, Director
Division of Eligibility and Marketplace Integration

SUBJECT: Manual LDSS-3183, "Provider or Managed Long-Term Care Plan and Recipient Letter"

EFFECTIVE DATE: Immediately

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

The purpose of this GIS message is to notify Local Departments of Social Services (LDSS) of changes to the existing manual LDSS-3183, "Provider or Managed Long-Term Care Plan and Recipient Letter."

For clarity and ease of use, the existing manual LDSS-3183, "Provider or Managed Long-Term Care Plan and Recipient Letter" has been redesigned, re-titled and a new manual letter created as follows:

- 1) OHIP-3183, "Provider and Recipient Letter"
- 2) OHIP-0128, "Managed Long-Term Care Plan and Recipient Letter"

Districts are reminded of the requirement to issue the appropriate acceptance, redetermination or change notice with a copy of the manual OHIP-3183, "Provider and Recipient Letter" when an incurred bill is used to achieve eligibility (87 ADM-4, "Excess Income Program Information and Administrative Controls").

Since certain out-of-pocket medical expenses (e.g., co-insurance charges) and expenses for necessary and remedial medical expenses that are recognized under State law but are not covered by Medicaid, which are responsibility of the enrollee, must be used first to meet a spenddown liability, the amount owed to the managed long-term care (MLTC) plan must be reduced by these costs. Districts continue to be required to advise the MLTC enrollee and the plan when such expenses have been applied toward the monthly spenddown. The newly created OHIP-0128, "Managed Long-Term Care Plan and Recipient Letter" is for use in providing such notification.

The revised and newly created letters are available to LDSS through the Health Commerce System at: <https://ohipdocs.health.ny.gov/ohipdocs/web/>

Please direct any questions to your local district support liaison.