

DSS-4357EL

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GENERAL INFORMATION SYSTEM

03/08/96

DIVISION: Health & Long Term Care

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GIS 96 MA/009

TO: Local District Commissioners, MA Directors

FROM: Richard T. Cody, Deputy Commissioner, Division of Health & Long
Term Care

SUBJECT: Community Coverage Option Notices

EFFECTIVE DATE: Immediately

CONTACT PERSON: Robin Johnson 1-800-343-8859, ext. 67454

It has come to our attention that Administrative Directive 95 ADM-17, "Community Coverage Option", has an error that has created some confusion. On page 4 of the ADM there is a reference to DSS-4146 as an attachment to the ADM. The proper reference should be the DSS-4500, "Notice of Decision on Your Medical Assistance Application" that is attached to the ADM. This form is to be used instead of DSS-4146 which will be discontinued. The form DSS-4500, as well as other forms, are being revised to include language concerning the partial month penalty for transfer of assets.

In addition, forms DSS-4489 and DSS-4488, which were also included in the "Community Coverage Option" ADM, are being revised for upstate districts to include the standard heading at the top and also to include fair hearing language on the reverse side. Until the forms are revised, districts must provide language on how to request a fair hearing.

We apologize for any inconvenience this may have caused.