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| LOCAL COMMISSIONERS MEMORANDUM |  
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Transmittal No: 90 LCM-145

Date: September 10, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Revised DSS 4150, Medicaid Presumptive Eligibility for  
Pregnant Women Screening Checklist.

ATTACHMENTS: There are no attachments to this LCM.

The DSS-4150, Medicaid Presumptive Eligibility for Pregnant Women Screening Checklist has been revised to reflect increases in the federal poverty level which took place on July 1, 1990. Local districts are responsible for providing these forms to qualified providers who determine presumptive eligibility for pregnant women.

An initial supply will be sent to you shortly. If you wish to order additional forms, please do so by using the name and number of the form and writing to:

New York State Department  
of Social Services  
Forms and Publications Unit  
40 North Pearl Street  
Albany, New York 12243

If you have any questions, please call Claire Malone at 1-800-342-4100, extension 3-5564.

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Jo-Ann A. Costantino  
Deputy Commissioner  
Division of Medical Assistance