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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 91 LCM-121

Date: June 28, 1991

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Utilization Threshold (UT) Revised Notification Forms.

ATTACHMENTS: See Attachment I for list of attachments (list available on-line)

The Department's proposed Administrative Directive entitled "Medical Assistance Utilization Threshold Program" has been provided to all local social services districts through the Executive Clearance Process. This Directive will be released in its final form in the near future.

However, since it is critical that client notification be provided, this is to notify you that all Program procedures applicable to local districts referenced in the proposed Directive must be implemented as of July 1, 1991. In addition, all forms contained as attachments to the proposed Directive should be utilized as of July 1, 1991 for persons subject to the Utilization Threshold Program. The attached copies of the notices will need to be reproduced locally for such persons until a printed supply is available. Please type the name of your county in the top righthand corner of page 2. You should continue to use the current printed supply for all other persons until a printed supply of the revised notice is available.

Should you have any questions regarding this matter, please contact Jim Donnelly of my staff at (518) 473-5602.

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

LIST OF ATTACHMENTS

Attachment I List of Attachments
(available on-line)

Attachment II Revised "Notice of Decision on your Medical Assistance Application", DSS-3622
(available on-line)

Attachment III "Medicaid Utilization Thresholds Home Relief Recipients Fact Sheet", DSS-4277
(not available on-line)

Attachment IV Revised "Action Taken on Your Application: Public Assistance, Food Stamps and Medical Assistance Coverage", DSS-4013
(not available on-line)

Attachment V "Notice of Intent to Change Medical Assistance Coverage (Utilization Threshold Program)", DSS-4276
(not available on-line)

Attachment VI Revised "Notice of Intent to Change Benefits: Public Assistance, Food Stamps and Medical Assistance Coverage and Services (Timely and Adequate)", DSS-4015
(not available on-line)

Attachment VII Revised "Notice of Intent to Change Benefits: Public Assistance, Food Stamps, Medical Assistance Coverage and Services (Adequate Only)", DSS-4016
(not available on-line)

Attachment VIII Revised "Action Taken on Your Recertification": Public Assistance, Food Stamps, Medical Assistance Coverage and Services", DSS-4014
(not available on-line)

Attachment IX "Local District Procedures for UT-HR Verification"
(not available on-line)

Attachment X "Clinic Speciality Codes Included in Utilization Thresholds for Home Relief Adults"
(not available on-line)

Attachment XI "Dear Home Relief Client" Letter regarding Managed Care Plans
(not available on-line)