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| LOCAL COMMISSIONERS MEMORANDUM |  
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Transmittal No: 92 LCM-74

Date: May 12, 1992

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Medical Assistance Reference Guide (MARG)

ATTACHMENTS: MARG Survey Form (available on-line)

At the March meeting of the Division of Medical Assistance's (DMA) local district advisory group, the Medical Assistance Reference Guide (MARG), its availability and use was discussed. The MARG is intended for use at the eligibility worker's desk, as a reference tool to assist in the eligibility process. Several districts indicated that due to increased workloads and staffing shortages, workers are no longer able to keep their the MARGs up to date. To respond to this problem, the districts are maintaining one updated copy in a "library". This approach ensures that examiners are accessing updated material.

While DMA continues to encourage districts to provide each examiner with an updated copy of the MARG, we must nevertheless address the practical and fiscal issues of this policy. Since the districts present at the advisory meeting indicated that two copies of the MARG (one as a master and one that could be used for reproduction) may be sufficient to meet their needs, we are asking subscribers to evaluate their districts' current use of the MARG. A district may want to continue receiving a MARG for each worker; one copy for each unit; or some other combination.

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Please complete and return the attached form to: NYS DSS/DMA, 40 North Pearl Street, Albany, NY 12243, ATTN: Beth Babcock (OME330).

THIS FORM WILL DETERMINE THE NUMBER OF UPDATES YOUR DISTRICT WILL RECEIVE. IF THIS FORM IS NOT RETURNED BY JUNE 1, 1992, YOUR DISTRICT'S ALLOCATION WILL BE REDUCED TO TWO COPIES OF EACH NEW TRANSMITTAL UPDATE.

This request is not intended to deter or restrict the use of the MARG, but to insure that all copies are updated and being used.

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

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| MARG SURVEY FORM |  
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District: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_

Attention: \_\_\_\_\_

Quantity of each new Transmittal update needed: \_\_\_\_\_

Telephone #: \_\_\_\_\_