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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 92 LCM-20

Date: February 5, 1992

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Revised Medicaid Presumptive Eligibility for Pregnant Women
Screening Checklist (DSS-4150) and updated list of qualified
providers

ATTACHMENTS: I. Revised DSS-4150 (not available on-line)
II. Updated list of qualified providers (available on-
line)

This form is used by Prenatal Care Assistance Programs (PCAP) and other qualified providers to determine presumptive eligibility for Medicaid for pregnant women. This form has been revised to reflect new monthly income levels effective January 1, 1992. A supply of these forms is being sent to you so that you may make them available to PCAPs and qualified providers within your district.

Also attached is an updated list of qualified providers. These providers have been approved to determine presumptive eligibility for Medicaid.

Please share this information with Medical Assistance staff. If you have any questions regarding this release, you may contact Susan Brownell at 1-800-342-3715, extension 3-5567.

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