

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE  
Commissioner



(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

NO  
ATTACHMENTS

**Transmittal No:** 92 LCM-130

**Date:** August 27, 1992

**Division:** Administration

**TO:** Local District Commissioners

**SUBJECT:** Mentally Disabled Long Term Care Payment for the First Quarter of 1992

**ATTACHMENTS:** Attachments are listed below  
Attachments are not available on-line

Your district will receive a check which represents the distribution of funds for the Mentally Disabled for the period January 1, 1992 to March 31, 1992 as provided by the Long Term Care Legislation. These funds should be recorded in the Revenue Account A-3602.

Attached please find the following items:

- 1) A computation sheet that provides the details of the calculations of the amount eligible for relief (MR064) prior to adjustments, if any.
- 2) Computer printout sheets for your district listing the recipient identification number of Mentally Disabled clients and the amount of claims paid for those individuals during January - March 1992 (MR-065).
- 3) Notice of Claim Settlement (DSS-907).
- 4) A copy of the Medicaid Long Term Mentally Disabled Relief Local Share Dollars Calendar Year 1992 (Shares Report).

Date August 27, 1992

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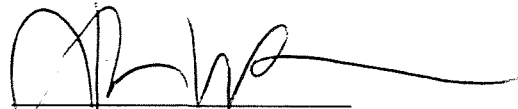
Page No. 2

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The total local share on the MR-065 sheets should equal the amount on line 3 of the Shares Report.

Please note that there may be small differences between the reports due to rounding.

If you have any questions on the above, please call either Roland Levie at 1-800-342-3715, extension 4-7549 or Marvin Gold (212) 804-1108.



Nelson Weinstock  
Deputy Commissioner  
for Administration