

+-----+
| LOCAL COMMISSIONERS MEMORANDUM |
+-----+

DSS-4037EL (Rev. 9/89)

Transmittal No: 94 LCM-18

Date: February 22, 1994

Division: Management Support
and Quality
Improvement

TO: Local District Commissioners

SUBJECT: Mentally Disabled Long Term Care Payment for the Third
Quarter of 1993

ATTACHMENTS: Attachments are listed below
(Not Available On-Line)

Your district's check which represents the distribution of funds for the Mentally Disabled for the period July 1, 1993 to September 30, 1993 as provided by the Long Term Care Legislation, has been either deposited into your local district's MMIS Escrow Account, or has been sent to your district for deposit into 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 (MR-064) 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 July - September, 1993 (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 1993 (Shares Report).

Date February 22, 1994

Trans. No. 94 LCM-18

Page No. 2

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 fiscal questions, please contact the Bureau of Local Financial Operations:

Region 1-4 - Roland Levie at 1-800-343-8859, extension 4-7549 or dial direct at (518) 474-7549; USER ID FMS001.

Region 5 - Marvin Gold at (212) 383-1733; USER ID OFM270.

John M. Sweeney
Assistant Commissioner
Office of Financial Management