

County of _____

_____ DEPARTMENT OF SOCIAL SERVICES

Commissioner

Date:

Mr. Michael Cody
NYS OTDA
Division of Budget, Finance and Data Management
40 N. Pearl Street – 14th Floor
Albany, New York 12243

Dear Mr. Cody:

This letter is to notify the Office of Temporary and Disability Assistance (OTDA) that the _____ County Department of Social Services will be using the services of the NYS OTDA Consultative Examination Contract to provide consultative medical examinations. These examinations will provide our agency with the medical information necessary to make decisions regarding the following:

- _____ Exemption of clients from work requirements/independent living plans and/or
- _____ Referrals for Social Security Administration disability determinations and/or
- _____ Medicaid Aid to Disabled Determinations (until new DOH contract starts).

I authorize OTDA to intercept up to \$_____ from my RF-2 or RF-2A federal or state settlement in order to fund this activity through December 31, 2018. I understand that the charge back will represent 100% of the costs on behalf of our County, and may be claimed by us for appropriate federal and/or state reimbursement, such reimbursement being subject to customary caps/ceilings.

OTDA will be provided with a 30 day advance notice if this agency determines to withdraw from this initiative.

Sincerely,

Commissioner