| Transmittal 1 Office of Administrative Hearings (OAH) Number: 97-32 +-----| | Date: October 6, 1997 Procedures Transmittal | Page: 1 of 1 +____l |Distribution: ALB OAH Staff [x] UPS ALJS/ [] Upstate LDSS [x] | Subject: SUP ALJS [] OMR1 & NYS1 Only | Change of Contact for | | OMR1 and NYS1 Hearing | NYC OAH Staff [x] NYC ALJs/ [] NYC Agencies []| Notification SUP ALJS [] | +-----+

Effective immediately, there has been a change in contact person for issues involving agency designations OMR1 used for discontinuances or denials related to the Home and Community-Based Services Waiver program for individuals with developmental disabilities and NYS1 used for MA cases for residents of Office of Mental Health (OMH CIS1) or Office of Mental Retardation and Developmental Disabilities (OMRDD CIS2) facilities whose MA benefits are authorized by the New York State Department of Health. Please note the following change:

Former Contact Person

New Contact Person

NYSDSS Division of Health	NYS Department of Health
and Long Term Care	Att: Eileen Lombardo
Att: Betty Rice, Cooperative Inst.	Office of Medicaid Eligibility
40 North Pearl Street (TT Room 606)	P.O. Box 118, One Commerce Plaza
Albany, New York 12243	Albany, New York 12260
	Telephone: (518) 473-5452

If you have any questions regarding this transmittal, please contact Sue Fiehl at (518) 473-4779 or via e-mail 90J029.

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