

TO: Local District Commissioners, Medicaid Directors

FROM: Linda LeClair, Director
Bureau of Medicaid/FHP Enrollment, Division of Coverage and Enrollment

SUBJECT: Forms and Notices

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Liaison
Upstate: (518)474-8887 New York City: (212)417-4500

The purpose of this GIS is to inform social services districts and users of the Department of Health (DOH) intranet that additional forms have been added to the DOH, Office of Health Insurance Programs website: <http://health.state.nyenet/revldssforms.htm>. Please see the attachment for a listing of all forms and notices which are available on the intranet.

As forms/notices become available on the intranet, they will no longer be available for ordering through the warehouse.

Districts must reproduce "Action Taken Notices" as legal size and two-sided (not two-paged) notices. It is particularly important that these notices be two-sided to ensure the recipient is properly identified when the notice is received by the Office of Temporary and Disability Assistance for fair hearing purposes.

Both the English and Spanish "Action Taken Notices" should be printed on legal size paper (8½ inches x 14 inches). At this time, the Spanish version of some documents is not available, on the intranet. As they become available you will be notified.

06 OMM/ADM-5: "Deficit Reduction Act of 2005 - Long-Term Care Medicaid Eligibility Changes" provided you with copies of the following notices and stated that districts should reproduce and use these documents until further notice. These documents are now updated and available on the intranet. All copies of the previous documents should be destroyed.

- DOH-4319: "Long-Term Care Change In Need Resource Checklist"
- LDSS-4144: "Notice of Decision on Your Medical Assistance Application, Limited Coverage (Transfer of Assets Penalty)"
- LDSS-4145: "Notice of Decision on Your Request for Coverage of Nursing Facility Service, Limited Coverage (Transfer of Assets Penalty)"
- LDSS-4294: "Explanation of the Effect of Transfer of Asset(s) on Medical Assistance Eligibility"
- OHIP-0001: "Notice of Decision on Your Request For Undue Hardship - Transfer of Asset(s) Penalty"

If you have any concerns or questions, please contact your local district liaison.

FORM NUMBER	FORM TITLE
DOH-4272	Notice of Acceptance For Family Health Plus
DOH-4272S	Notice of Acceptance For Family Health Plus (Spanish)
DOH-4282	Family Planning Benefit Program Application
DOH-4282S	Family Planning Benefit Program Application (Spanish)
DOH-4283	Notice of Decision on Your Family Planning Application (Acceptance)
DOH-4283S	Notice of Decision on Your Family Planning Application (Acceptance) (Spanish)
DOH-4284	Applicant Release Agreement English
DOH-4284S	Applicant Release Agreement (Spanish)
DOH-4286	Family Planning Benefit Program Application (Instructions)
DOH-4286S	Family Planning Benefit Program Application (Instructions) (Spanish)
DOH-4287	Continuing Your Medicaid/Family Health Plus
DOH-4287S	Continuing Your Medicaid/Family Health Plus (Spanish)
DOH-4289	Notice of Decision on Your Medical Assistance Application (Family Planning Acceptance)
DOH-4289S	Notice of Decision on Your Medical Assistance Application (Family Planning Acceptance) (Spanish)
DOH-4290	Notice of Decision on Your Medical Assistance Application Medicaid/Family Health Plus Denial/Family Planning Benefit Program Declination
DOH-4290S	Notice of Decision on Your Medical Assistance Application Medicaid/Family Health Plus Denial/Family Planning Benefit Program Declination (Spanish)
DOH-4312	Notice of Decision To Approve Or Deny Enrollment In The Care At Home I And II Waiver Program
DOH-4313	Notice of Decision To Approve Or Deny Enrollment In The Care At Home I And II Waiver Program
DOH-4314	Notice Of Decision To Discontinue Participation In The Care At Home I And II Waiver Program
DOH-4315	Notice Of Decision To Discontinue Participation In The Care At Home I And II Waiver Program (NYC-ONLY)
DOH-4315S	Notice Of Decision To Discontinue Participation In The Care At Home I And II Waiver Program (NYC-ONLY) (Spanish)
DOH-4319	Long-Term Care Change In Need Resource Checklist
DOH-4319S	Long-Term Care Change In Need Resource Checklist (Spanish)
DOH-4320	Authorization For Short-Term Rehabilitative Nursing Home Care
DOH-4320S	Authorization For Short-Term Rehabilitative Nursing Home Care (Spanish)
DOH-4321	Notice of Acceptance of Your Medical Assistance Application (Community Coverage Without Long-Term Care)
DOH-4321S	Notice of Acceptance of Your Medical Assistance Application (Community Coverage Without Long-Term Care) (Spanish)
DOH-4328	Medicare Savings Program Application
DOH-4328S	Medicare Savings Program Application (Spanish)
DOH-4418	Identity, Citizenship and/or Immigration Status for the Medical Assistance Program
DOH-4418S	Identity, Citizenship and/or Immigration Status for the Medical Assistance Program (Spanish)
LDSS-0486	Medical Report for Determination of Disability
LDSS-0486T	Medical Report for Determination of Disability
LDSS-0639	Disability Review Team Certificate
LDSS-0654	Transmittal Sheet Disability Forms
LDSS-0901	Authorization for Medical Examination and Payment Request
LDSS-0939	MA Questionnaire - Responsible Relative
LDSS-0939S	MA Questionnaire - Responsible Relative (Spanish)
LDSS-1151	Disability Interview

LDSS-1151.1	Disability Interview Continuation Sheet
LDSS-1348	Authorization - Voucher for Medical, Travel and Incidental Expenses
LDSS-2284	SDX Change Form
LDSS-2353	Eye-Exam Clearance - Blind Applicant for MA
LDSS-2400	Request for Child/Teen Health Program Services
LDSS-2831A	Temporary Medicaid Authorization (3-Part)
LDSS-3139	Home Assessment Abstract
LDSS-3183	Provider/Recipient Letter (Financial Obligation of Recipient Toward Medical Expenses)
LDSS-3286	Information Concerning Medical Assistance for SSI Beneficiaries (Spanish on Reverse)
LDSS-3377	Mandatory Eye Exam Report
LDSS-3451	CBVH Medical Eye Report
LDSS-3457	Budget Worksheet - MA - SSI Related Budgeting and Monthly Deeming Worksheet
LDSS-3477	Principal Provider Data Input Form
LDSS-3478	Restriction/Exception Data Input Form
LDSS-3622	Notice of Decision on Your Medical Assistance Application
LDSS-3622S	Notice of Decision on Your Medical Assistance Application (Spanish)
LDSS-3623	Notice of Intent to Discontinue/Change Medical Assistance
LDSS-3623S	Notice of Intent to Discontinue/Change Medical Assistance (Spanish)
LDSS-3817	Mental Residual Functional Capacity Assessment
LDSS-3818	Psychiatric Review Technique
LDSS-3827	Burial Fund Acknowledgement
LDSS-3827S	Burial Fund Acknowledgement (Spanish)
LDSS-3868	Notice of Medical Assistance Review
LDSS-3868S	Notice of Medical Assistance Review (Spanish)
LDSS-3869	Notice of Decision on Reimbursement of Medical Bills by MA Program
LDSS-3869S	Notice of Decision on Reimbursement of Medical Bills by MA Program (Spanish)
LDSS-3955	Certification of Treatment of Emergency Medical Condition
LDSS-3973	Notice of Decision on Your MA Application (Excess Income/Resources)
LDSS-3973S	Notice of Decision on Your MA Application (Excess Income/Resources) (Spanish)
LDSS-4021	Notice of Intent to Change the Contribution Toward Chronic Care Costs
LDSS-4021S	Notice of Intent to Change the Contribution Toward Chronic Care Costs (Spanish)
LDSS-4022	Notice of Intent to Establish a Liability Toward Chronic Care
LDSS-4022S	Notice of Intent to Establish a Liability Toward Chronic Care (Spanish)
LDSS-4023	Notice of Intent to Discontinue for Failure to Comply With Recertification Procedures
LDSS-4023S	Notice of Intent to Discontinue for Failure to Comply With Recertification Procedures (Spanish)
LDSS-4038	Explanation of the Excess Income Program
LDSS-4038S	Explanation of the Excess Income Program (Spanish)
LDSS-4040	Notice of Decision on Eligibility for the Medicare Buy-In Program (Active MA Only Recipients)
LDSS-4040S	Notice of Decision on Eligibility for the Medicare Buy-In Program (Active MA Only Recipients) (Spanish)
LDSS-4141	Notice of Medical Assistance Disability Determination
LDSS-4141S	Notice of Medical Assistance Disability Determination (Spanish)
LDSS-4144	Notice of Decision On Your Medical Assistance Application, Limited Coverage (Transfer of Assets Penalty)
LDSS-4144S	Notice of Decision On Your Medical Assistance Application, Limited Coverage (Transfer of Assets Penalty) (Spanish)
LDSS-4145	Notice of Decision on Your Medical Assistance Application for Nursing Facility Services, Limited Coverage (Transfer of Assets Penalty)

LDSS-4145S	Notice of Decision on Your Medical Assistance Application for Nursing Facility Services, Limited Coverage (Transfer of Assets Penalty) (Spanish)
LDSS-4146	Notice of Decision of MA Application (Transfer of Resources)
LDSS-4146S	Notice of Decision of MA Application (Transfer of Resources) (Spanish)
LDSS-4147	Notice of Intent to Discontinue/Change MA Coverage (Transfer of Assets)
LDSS-4147S	Notice of Intent to Discontinue/Change MA Coverage (Transfer of Assets) (Spanish)
LDSS-4150	Medical Presumptive Eligibility for Pregnant Women Screening Checklist
LDSS-4198	Third Party Data Sheet
LDSS-4294	Explanation of the Effect of Transfer of Asset(s) on Medical Assistance Eligibility
LDSS-4294S	Explanation of the Effect of Transfer of Asset(s) on Medical Assistance Eligibility (Spanish)
LDSS-4306	Notice of Acceptance for Medical Assistance with Limited Coverage (Spousal Refusal Community Cases)
LDSS-4306S	Notice of Acceptance for Medical Assistance with Limited Coverage (Spousal Refusal Community Cases) (Spanish)
LDSS-4307	Notice of Action on Application/Benefit for Medical Assistance Payment of the COBRA Continuation Coverage Premium
LDSS-4307S	Notice of Action on Application/Benefit for Medical Assistance Payment of the COBRA Continuation Coverage Premium (Spanish)
LDSS-4321	Explanation of the Excess Resources Program
LDSS-4321S	Explanation of the Excess Resources Program (Spanish)
LDSS-4329	Notice of Action on Application/Benefit for Medical Assistance Payment of Health Insurance Premiums Under the AIDS Health Insurance Program
LDSS-4329S	Notice of Action on Application/Benefit for Medical Assistance Payment of Health Insurance Premiums Under the AIDS Health Insurance Program (Spanish)
LDSS-4345	Budget Worksheet - MA Legally Responsible Relative (LRR) Income Contribution
LDSS-4346	Budget Worksheet - MA Institutionalized Spouse Budget Worksheet
LDSS-4362	Pediatric Patient Review Instrument for Care at Home Waiver Program
LDSS-4368	Notice of Intent to Change Your Medical Assistance Coverage (SSI Recipient)
LDSS-4368S	Notice of Intent to Change Your Medical Assistance Coverage (SSI Recipient) (Spanish)
LDSS-4369	Bank Inquiry & Clearance Report Medicaid/FHP Only
LDSS-4384	Third Party Health Insurance
LDSS-4411	Recertification for Medical Assistance (Chronic Care)
LDSS-4454EL	LDSS Quarterly Estate and Casualty Recovery Report
LDSS-4466	Notice of Intent to Impose a Lien on Real Property (Institutionalized Individual)
LDSS-4489	Notice of Decision on Your Medical Assistance Application (Community Coverage)
LDSS-4489S	Notice of Decision on Your Medical Assistance Application (Community Coverage) (Spanish)
LDSS-4528	Notice of Change in Limited Coverage Period for An Institutionalized Person
LDSS-4528S	Notice of Change in Limited Coverage Period for An Institutionalized Person (Spanish)
LDSS-4544	Notice of Credit Due to Uncovered Expenses (Pay-In Program)
LDSS-4544S	Notice of Credit Due to Uncovered Expenses (Pay-In Program) (Spanish)
LDSS-4545	Notice of Refund Due to Uncovered Expenses (Pay-In Program)
LDSS-4545S	Notice of Refund Due to Uncovered Expenses (Pay-In Program) (Spanish)
LDSS-4546	Notice of Credit Due to Review of Medical Assistance Claims (Pay-In Program)
LDSS-4546S	Notice of Credit Due to Review of Medical Assistance Claims (Pay-In Program) (Spanish)
LDSS-4547	Notice of Refund Due to Review of Medical Assistance Claims (Pay-In Program)
LDSS-4547S	Notice of Refund Due to Review of Medical Assistance Claims (Pay-In Program) (Spanish)

LDSS-4548	Optional Pay-In Program for Individuals with Excess Income
LDSS-4578	Notice of Intent to Change Medical Assistance to Transitional Medical Assistance Coverage
LDSS-4578S	Notice of Intent to Change Medical Assistance to Transitional Medical Assistance Coverage (Spanish)
LDSS-4750	Important Notice Concerning Your Contribution Toward Chronic Care
LDSS-4750S	Important Notice Concerning Your Contribution Toward Chronic Care (Spanish)
LDSS-4807	Health Care Programs for New Yorkers (English and Spanish)
OHIP-0001	Notice of Decision on your Request for Undue Hardship (Transfer of Assets Penalty)
OHIP-0001S	Notice of Decision on your Request for Undue Hardship (Transfer of Assets Penalty) (Spanish)
OHIP-0002	Notice of Action on Application/Benefit for Medical Assistance Payment of Medicare Premiums
OHIP-0002S	Notice of Action on Application/Benefit for Medical Assistance Payment of Medicare Premiums (Spanish)
OHIP-0002(NYC)	Notice of Action on Application/Benefit for Medical Assistance Payment of Medicare Premiums (NYC)
OHIP-0002(NYC)S	Notice of Action on Application/Benefit for Medical Assistance Payment of Medicare Premiums (NYC) (Spanish)
OHIP-0003	Notice of Medical Assistance Payment of the Medicare Part A and/or Part B Premium
OHIP-0003S	Notice of Medical Assistance Payment of the Medicare Part A and/or Part B Premium (Spanish)
OHIP-0003(NYC)	Notice of Medical Assistance Payment of the Medicare Part A and/or Part B Premium (NYC)
OHIP-0003(NYC)(S)	Notice of Medical Assistance Payment of the Medicare Part A and/or Part B Premium (NYC) (Spanish)