

WGIUPD

GENERAL INFORMATION SYSTEM

03/11/11

DIVISION: Office of Health Insurance Programs

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GIS 11 MA/003

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Coverage and Enrollment

SUBJECT: Transmittal Form from Local Departments of Social Services to
Child Health Plus

ATTACHMENTS: Transmittal Form

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Support Unit
Upstate: (518)474-8887 NYC: (212)417-4500

The purpose of this General Information System (GIS) message is to introduce local departments of social services (LDSS) to the transmittal form to be completed when forwarding applications to Child Health Plus (CHPlus).

Effective with the release of this GIS, the attached transmittal form must be used by an LDSS when processing applications for children who are denied Medicaid coverage due to excess income and/or immigrations status, and who are potentially eligible for CHPlus. The transmittal form should be used in conjunction with the instructions provided to LDSS in GIS 10 MA/015, "Processing Medicaid Applications for Children Potentially Eligible for Child Health Plus."

Transmittal Form

To Be Completed by the Local Department of Social Services (LDSS)

LDSS Name:	LDSS Contact Person
Address:	Print Name: _____
	Signature: _____
	Form Transmittal Date:

LDSS Phone Number:	Transmittal Form Sent To:
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Name in Section A	Status <small>(Check If Rec'd)</small>	Name in Section A	Status <small>(Check If Rec'd)</small>
1.	<input type="checkbox"/>	21.	<input type="checkbox"/>
2.	<input type="checkbox"/>	22.	<input type="checkbox"/>
3.	<input type="checkbox"/>	23.	<input type="checkbox"/>
4.	<input type="checkbox"/>	24.	<input type="checkbox"/>
5.	<input type="checkbox"/>	25.	<input type="checkbox"/>
6.	<input type="checkbox"/>	26.	<input type="checkbox"/>
7.	<input type="checkbox"/>	27.	<input type="checkbox"/>
8.	<input type="checkbox"/>	28.	<input type="checkbox"/>
9.	<input type="checkbox"/>	29.	<input type="checkbox"/>
10.	<input type="checkbox"/>	30.	<input type="checkbox"/>
11.	<input type="checkbox"/>	31.	<input type="checkbox"/>
12.	<input type="checkbox"/>	32.	<input type="checkbox"/>
13.	<input type="checkbox"/>	33.	<input type="checkbox"/>
14.	<input type="checkbox"/>	34.	<input type="checkbox"/>
15.	<input type="checkbox"/>	35.	<input type="checkbox"/>
16.	<input type="checkbox"/>	36.	<input type="checkbox"/>
17.	<input type="checkbox"/>	37.	<input type="checkbox"/>
18.	<input type="checkbox"/>	38.	<input type="checkbox"/>
19.	<input type="checkbox"/>	39.	<input type="checkbox"/>
20.	<input type="checkbox"/>	40.	<input type="checkbox"/>