

DEPARTMENT OF SOCIAL SERVICES

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner



(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

**NO
ATTACHMENTS**

Transmittal No: 92 LCM-89

Date: June 16, 1992

Division: Administration

TO: Local District Commissioners

SUBJECT: Mentally Disabled Long Term Care Payment for the Fourth Quarter of 1991

ATTACHMENTS: Attachments are listed below
Attachments are not available on-line

Your district will receive a check which represents the distribution of funds for the Mentally Disabled for the period October 1, 1991 to December 31, 1991 as provided by the Long Term Care Legislation. These funds should be recorded in the 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 (MR064) 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 October - December 1991 (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 1991 (Shares Report).