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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 93 LCM-125

Date: September 17, 1993

Division: Health and Long Term
Care

TO: Local District Commissioners

SUBJECT: Implementation of Co-Payments for Medicaid Recipients on
November 1, 1993. English/Spanish copies of the Medicaid
Payment Fact Sheet.

ATTACHMENTS: Medicaid Co-payment Fact Sheet English/Spanish (Not On-
Line)

Pursuant to Local Commissioners Memorandum 93-LCM-119 attached is the Spanish translation of the Medicaid Co-payment Fact Sheet. Also attached is a professionally formatted English version which was previously sent to you as an attachment to 93-LCM-119. As explained in 93-LCM-119 effective September 20, 1993 these notices (English/Spanish) are to be included in the Client Application Packets for all Medical Assistance Only and Public Assistance Applicants. The Department is in the process of updating the Client Booklets. When you receive these updated Client Booklets, distribution of the Fact Sheets may cease.

NOTE: These Co-payment Fact Sheets, English and Spanish have been professionally designed. The English copy attached to this LCM should be used in place of the copy received by you as part of 93-LCM-119. These more readable copies should be included in the Client Application Packets beginning September 20, 1993.

Further questions should be directed to program staff at 1-800-342-4100, extension 35983. Electronic mail should be directed to Richard Nussbaum at User I.D. #DMA041.

Sue Kelly
Deputy Commissioner