TO: Local District Commissioners

SUBJECT: Mentally Disabled Long Term Care Payment for the Fourth
Quarter of 1990

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, 1990 to December 31, 1990 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 and the actual payment;

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 1990.

3) A copy of the Shares Report for the Mentally Disabled for your district.
The local share of the Long Term Care computation worksheets should equal the amount on line 3 of the Shares Report.

Please note that there may be small differences between the reports due to rounding.

If you have any questions on the above, please call either Upstate Field Office at 1-800-342-3715, extension 4-7549 or Marvin Gold (212) 804-1108.

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Richard Radzyminski
Director
Local Financial Operations
Office of Financial Management