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

Transmittal No: 92 LCM-185

Date: December 1, 1992

Division: Management Support &
Quality Improvement

TO: Local District Commissioners

SUBJECT: Mentally Disabled Long Term Care Payment for the Second
Quarter of 1992

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 April 1, 1992 to June 30, 1992 as provided by the Long Term Care Legislation. These funds should be recorded in 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 (MR-064) 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 April - June 1992 (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 1992 (Shares Report).

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The total local share on the MR-065 sheets 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 Roland Levie, Upstate Office at 1-800-342-3715, extension 4-7549 or Marvin Gold, Metropolitan Office at (212)804-1108.

Nelson M. Weinstock