TO: Local District Commissioners

SUBJECT: Mentally Disabled Long Term Care Payment for the Third and Fourth Quarters of 1995

ATTACHMENTS: Attachments are listed below

Your district's checks which represents the distribution of funds for the Mentally Disabled for the periods July 1, 1995 to September 30, 1995 and October 1, 1995 to December 31, 1995 as provided by the Long Term Care Legislation, has been either deposited into your local district's MMIS Escrow Account, or has been sent to your district for deposit into 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 July 1, 1995 to September 30, 1995 and October 1, 1995 to December 31, 1995 (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 1995 (Shares Report).
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 fiscal questions, please contact the Bureau of Local Financial Operations:

Regions I-IV – Roland Levie at 1-800-383-8859, extension 4-7549 or dial direct at (518) 474-7549; User ID# FMS001.

Region V – Marvin Gold at (212) 383-1733; User ID# OFM270.

Stephanie O'Connell
Acting Director
Office of Financial Management