

DATE:	Date Notification is being sent
TO:	County Point of Contact; County Name
FROM:	New York Health Options
CASE NAME and NUMBER:	
TOTAL PAGES (including coversheet) :	

Please Check I/EDR for Additional Case Documentation

	Reason for Notification	Notes
	IV-D Referral	
	TPHI: Assessment and Follow Up	
	TPHI: Update Premium Payment	
	Luberto Case	
	Documentation received on a Renewed Case - Case was successfully renewed, but documentation may affect continuing eligibility	
	LDSS Documents sent to NY Health Options	
	Renewal received for non- NY Health Options case	
	Personal Injury Report	
	Individual alleged a new disability; case was renewed with the same or better coverage.	
	Individual recently released from jail disclosed that he/she did not return to his/her family (continues as a S/CC)	
	Managed Care Disenrollment	
	Fair Hearings – client request for reimbursement	