

Transmittal No: 98 OMM LCM-004

Date: March 25, 1998

Division: Office of Medicaid
Management

TO: Local District Commissioners

SUBJECT: Reorganization of the Disability Review Unit

ATTACHMENTS: Attachment A - County Responsibility
Attachment B - Disability Manual Request

The purpose of this transmittal is to notify you of a change that will impact your agency. The responsibility for the Disability Review Unit has been transferred from the Department of Social Services to the Bureau of Medicaid Eligibility in the Office of Medicaid Management (OMM) within the Department of Health (DOH). As part of the transition, official communications, such as this Local Commissioners Memorandum, will be transmitted by OMM.

DOH assumed responsibility for the unit on January 8, 1998. Doreen Sharp has accepted responsibility as Project Director of the unit. Please note the following new telephone numbers, all of which are in area code 518:

Doreen Sharp (Project Director)	473-0194
Ellen Bayewitz (Policy)	473-0185
Peggy Ethier (Supervisor)*	474-0154
Frieda Anolik*	473-0195
Joan Sicard*	473-5491
David Bacheldor*	473-2279
Janet Dyer*	474-9852
Marge Cotazino	473-5606

The fax number is (518) 486-6984.

*See attachment A for LDSS assignments. Date: March 25, 1998

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Continue to use existing forms until further notice. Correspondence should be directed to the new address at:

New York State Department of Health
Office of Medicaid Management
Disability Review Unit

1 Commerce Plaza
P.O. Box 118
Albany, New York 12260

Revised Medicaid Disability Manuals will soon be available. To order manuals for your district, complete both sections of Attachment B. Return the completed request form to Doreen Sharp, Project Director at the above address.

Should you have any questions concerning this memorandum, please contact Doreen Sharp at (518) 473-0194.

Ann Clemency Kohler, Deputy Commissioner
Office of Medicaid Management

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Attachment A

LDSS ASSIGNMENTS

Frieda Anolik 3-0195

*Chemung
*Chenango
Cortland
Columbia
*Dutchess
Greene
Orange
*Putnam
*Rensselaer
Rockland
Steuben
*Sullivan
Tioga
*Ulster

Janet Dyer 4-9852

*Broome
Essex
Franklin
*Livingston
*Ontario
Otsego
*Oswego
*St. Lawrence
Warren
Washington
*Wayne
*Wyoming
*Yates

Joan Sicard 3-5491

*Allegany
*Cattaraugus
Chautauqua
Clinton
Delaware
Fulton
*Genesee
*Herkimer
Jefferson
*Niagara
Saratoga
Schoharie
*Schuyler

D. Bachelidor 3-2279

Albany
Cayuga
Erie
*Hamilton
Lewis
*Madison
Montgomery
Oneida
Onondaga
Orleans
*Schenectady
*Seneca
Tompkins

Peggy Ethier 4-0154

Monroe
Nassau
Onondaga
Suffolk
Westchester
NYC

*Reviews done by State Disability Review Team

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ATTACHMENT B

NEW YORK STATE DEPARTMENT OF HEALTH
MEDICAID DISABILITY MANUAL

Local Medicaid Disability Contact

County _____

Name _____

Office Location _____

Telephone Number _____

Disability Manual Request

Number Requested: _____

Send Manuals to: _____

Return request form to:

New York State Department of Health
Office of Medicaid Management
Disability Review Unit
Attn: Doreen Sharp, Project Director
1 Commerce Plaza
P.O. Box 118
Albany, New York 12260