

**GENERAL INFORMATION SYSTEM**

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**DIVISION:** Office of Medicaid Management

**PAGE 1**

**GIS 04 MA/005**

**TO:** Local Commissioners, Medicaid Directors

**FROM:** Betty Rice, Director  
Division of Consumer and Local District Relations

**SUBJECT:** Correction to DMS-1 Clarifications issued on July 1, 2003

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Suzanne Barg  
(518) 474-6580

In July 2003 the Office of Medicaid Management issued "Clarifications Regarding Use of the DMS-1 for the Long Term Home Health Care Programs (LTHHCP)". The Clarifications were attached to a letter dated July 1, 2003, signed by Betty Rice, Director, Division of Consumer and Local District Relations.

This is to inform local districts of a correction to the Clarifications. There is an error in the last sentence of the paragraph with the heading "Short term rehabilitation therapy plan". The Clarification should read, "Recipients who receive a therapy evaluation or may need long term maintenance therapy should be scored."

Please begin to notify your LTHHCP providers of this change. We will also be sending a letter to all LTHHCP providers shortly notifying them of this correction.