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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 93 INF-23

TO: Commissioners of  
 Social Services

DIVISION: Economic  
 Security

DATE: June 11, 1993

SUBJECT: Revision of Mandated "Public Assistance  
 Recertification - Medical Assistance Status"  
 (DSS-2114)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors  
 Food Stamp Directors  
 Medical Assistance Directors  
 WMS Coordinators  
 Staff Development Coordinators  
 Forms Coordinators

CONTACT PERSON: Maria Eckhardt  
 1-800-342-3715, extension 4-6501

ATTACHMENTS: Attachment - DSS-2114: "Public Assistance  
 Recertification - Medical Assistance  
 Status" (Rev. 2/93) - not available  
 on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
84 ADM-20 92 INF-30	92 INF-30			PASB VI-F-4 FSSB VI-A-1, VII-B-4- all	

This INF introduces the revised mandated DSS-2114: "Public Assistance Recertification - Medical Assistance Status". This form is used to notify Public Assistance recipients that they are scheduled for a recertification interview to determine whether they are still eligible for Public Assistance and/or Medical Assistance. The revisions to this form are outlined below.

Note: For cases receiving Food Stamps, the DSS-3153: "Continuing Your Food Stamps" must continue to be issued as follows:

- o For cases certified for Food Stamps one month beyond the Public Assistance certification period, the DSS-3153 must be issued to cases which are not recertified for Public Assistance so that the household receives it no earlier than the first day of the second to the last month of the certification period and no later than one day before the last month of the certification period (see FSSB VII-B-4).
- o For Public Assistance/Food Stamp cases with certification periods that end the same month (e.g., both 12 months), the DSS-3153 must be sent at the time the DSS-2114 is sent.

#### REVISIONS TO THE DSS-2114

- I. The Revision Date was changed to "2/93".
- II. In the fourth paragraph, third sentence, "recertification review" was changed to "recertification interview".
- III. In the paragraph above the checkboxes:
  - A. In the second sentence, "... you may be able to receive Medical Assistance..." was changed to "you may be able to still get Medical Assistance...".
  - B. In the third sentence, "You may also qualify for transitional child care" was changed to "You may also be able to get transitional child care".
  - C. The fourth sentence was changed to "Sign, date and return the top (white) copy of this form in the enclosed self-addressed return envelope after you have checked the box below showing what benefits you no longer want."

Delivery of these forms to the Albany Warehouse should be in May 1993. Your district will not automatically receive copies. The Spanish version of the DSS-2114 will not be printed, but a clear master will be available to those districts who may need to photocopy it.

Note: Since this is a mandated form, all requests for approval of local equivalent forms must be submitted in accordance with the procedures described in 89 INF-53 and pages 12-1 through 12-7 of the Local District Manager's Guide.

In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the previous (03/92) version until your stock is depleted, or until August 31, 1993, whichever occurs first. Reorders will be filled with the 2/93 version.

Requests for the DSS-2114 and the camera-ready copy of the DSS-2114-S should be submitted on Form WMS-47 (Rev. 9/89): "WMS Order Form" and should be sent to:

New York State Department of Social Services  
Welfare Management System  
P.O. Box 1990  
Albany, New York 12201  
Attention: Office of Systems Development

Questions concerning ordering forms should be directed to the Office of Systems Development (OSD) by calling 1-800-342-3715, extension 6-6223.

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Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Economic Security