

DSS-4357EL

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**GENERAL INFORMATION SYSTEM**  
**DIVISION:** Office of Medicaid Management

06/13/00

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**GIS 00 MA/009**

**TO:** Local Commissioners, Medicaid Directors, Temporary Assistance  
Directors

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

**SUBJECT:** Request for Newborn Project Liaison

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** David Bacheldor at (518)402-3750

The purpose of this GIS is to request that local districts provide the State Department of Health (SDOH) with the name, phone number, and address of a local district contact person to act as a liaison with SDOH for the Newborn Enrollment Project.

Recently passed legislation (Chapter 412 of the Laws of 1999, Section 366-g) requires SDOH to establish a new process to ensure Medicaid eligibility for newborns whose mothers are receiving Medicaid on the date of the birth of the newborn. Provisions of this statute become effective July 1, 2000.

With the implementation date so near, it will be helpful to have a point of contact in each district so that information may be readily disseminated as it becomes available.

Please send the name, address, phone number, fax number, and e-mail address (if available) of the appropriate person to:

David Bacheldor  
New York State Department of Health  
Office of Medicaid Management  
Division of Consumer and Local District Relations  
7th Floor, Room 727  
1 Commerce Plaza  
Albany, New York, 12260

This information may also be e-mailed to: deb05@health.state.ny.us or faxed to the attention of David Bacheldor at (518) 473-0601.