



# MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE  
January 28, 2005

EFFECTIVE DATE  
Immediately

NUMBER  
00-04-14

SUBJECT:  
Determining Medical Assistance Eligibility for Families of Infants and Toddlers Who Apply for Supports and Services Authorized by a County Mental Health/Mental Retardation Program

BY:

Handwritten signature of Kevin T. Casey in black ink.

Kevin T. Casey  
Deputy Secretary for Mental Retardation

## SCOPE:

County Mental Health/Mental Retardation Administrators  
Base Service Units

## PURPOSE:

The purpose of this bulletin is to inform County Mental Health/Mental Retardation (MH/MR) Programs that the Office of Mental Retardation is rescinding MR Bulletin #00-04-09 - *"Determining Medical Assistance Eligibility for Families of Infants and Toddlers Who Apply for Supports and Services Authorized by a County Mental Health/Mental Retardation Program"*. The Office of Mental Retardation will not be reissuing this bulletin.

## Obsolete Bulletin:

Office of Mental Retardation Bulletin #00-04-09 issued May 10, 2004, titled *"Determining Medical Assistance Eligibility for Families of Infants and Toddlers Who Apply for Supports and Services Authorized by a County Mental Health/Mental Retardation Program"*.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

**The Appropriate Regional Program Office**