

CHANGE NOTICE FOR MANUAL NO. 14-10, SERIES # 1 OF CORRECTIONS, ADDITIONS, DELETIONS AND/OR UPDATES

DATE: 09-24-2010

Manual: Aged, Blind, and Disabled Medicaid

Change No: 14-10

To: County Directors of Social Services

Effective: 10-01-2010

I. BACKGROUND

This is the first of a series of change notices being compiled containing various ABD Medicaid manual section corrections, additions, deletions and/or updates that were not included or not updated within the Medicaid policy at publication.

II. CONTENT OF CHANGE

The **Table of Contents** is updated to include all manual sections.

The manuals sections are revised as follows:

A. MA-2306, Application Processing-Corrective Action Procedures, is revised to:

Correct the fax number and mailing address for the Medicaid Application Monitoring Unit.

B. MA-2352, Terminations/Deletions, is revised to:

1. Delete the reference to evaluating for QI-2 individuals.
2. Correct section III. C., to reference MA-2304, Processing The Application, in reference to reopening cases.

C. MA-2395, Corrective Action and Responsibility for Errors, is revised to:

1. Present a section background and a rewritten format.
2. Change the name of the Medicaid Contractor to HP (formerly EDS).
3. To correct the DMA Claims and Medicaid Eligibility Unit phone numbers.
4. To correct the DMA Claims supervisor's name.
5. To clarify when to reopen cases within 5 days.
6. Remove references to HMOs.
7. Remove reference to MA-3395 on figures (formerly Corrective Actions and Responsibility for Errors).

III. EFFECTIVE DATE

This policy is effective 10/01/2010. Apply this policy to Medicaid applications taken on or after 10/01/2010 as well as to those presently in process.

IV. MAINTENANCE OF THE MANUAL

A. Remove: Table of Contents, pages 1-3.

B. Insert: [Table of Contents](#), pages 1-4 revised 10/01/10.

C. Remove: MA-2306, Application Processing-Corrective Action Procedures, pages 3, 4, 5, and 6.

D. Insert: [MA-2306](#), Application Processing-Corrective Action Procedures, pages 3, 4, 5, and 6 dated 10/01/10.

E. Remove: MA-2352, Terminations/Deletions, pages 1 through 4, and pages 9 and 10.

F. Insert: [MA-2352](#), Terminations/Deletions, pages 1 through 4, and pages 9 and 10, dated 10/01/10.

G. Remove: MA-2395, Corrective Action and Responsibility for Errors, pages 1 through 16 and Figures 1, 2, and 3.

H. Insert: [MA-2395](#), Corrective Action and Responsibility for Errors, pages 1 through 16 and Figures [1](#), [2](#), and [3](#) dated 10/01/10.

If you have any questions, please contact your Medicaid Program Representative.

Craigian L. Gray, MD, MBA, JD,
Director

CLG:skm

(This material was researched and written by Sandi Morrow, Medicaid Policy Consultant, Medicaid Eligibility Unit).