

## CHANGE NOTICE FOR MANUAL, NO. 07-02, Four Months Transitional Medicaid

**DATE: September 14, 2001**

**Manual:** Family and Children's Medicaid  
**Change No:** 07-02  
**To:** County Directors of Social Services  
**Effective:** October 1, 2001 **Make the following changes:**

### I. BACKGROUND

The Centers for Medicare and Medicaid Services (CMA), formerly known as HCFA, issued guidance to ensure that eligible families continue to receive Medicaid benefits. Instructions regarding ex parte reviews were issued in an April 7, 2000 letter to the State. As a result of this letter, several changes to different policies have been issued. Now Ma-3356 will change to accommodate the requirements in the April 7<sup>th</sup> letter.

### II. CONTENT OF CHANGE

Currently, at the end of the four months transitional Medicaid period, EIS automatically terminates the Medicaid benefits. MA-3356, Four Months Transitional Medicaid, is revised to incorporate EIS modifications to no longer allow automatic terminations at the end of the four monthss transitional period. This ensures that all families are appropriately evaluated for all categories of Medicaid prior to termination of benefits.

Beginning with four months transitional Medicaid cases ending October 31, 2001, EIS will not automatically terminate at the end of the four months transitional period. EIS will automatically transfer the case to MAF-C for two months when the redetermination and program transfer have not been completed or the worker has not terminated the case by the Work First cut-off in the 4<sup>th</sup> month.

Example: A redetermination is completed on a four months transitional Medicaid Case. No assistance unit member is eligible under any aid program/category. The caseworker must document and propose termination using the appropriate reason code with a timely notice to end no later than the Work First cut-off in the 4<sup>th</sup> month. Otherwise the case will transfer to MAF-C for two months.

The transitional case can be terminated by the caseworker when: the redetermination is completed prior to the end of the transitional period; ineligibility for all Medicaid programs has been established and the appropriate notice has been sent in time to terminate at the end of the transitional period.

There is also a new report, entitled Transitional Cases Due Review. Four months transitional cases that are in the second month of the transitional period will appear on this report. A redetermination is needed on these cases prior to the end of the four months transitional period. The Transitional Cases Due Review report is available in XPTR and counties will also receive a paper copy. The report is listed in XPTR as "DHREJ TRANS CASES DUE Review."

If a redetermination and program transfer are not completed or a case termination is not completed by Work First regular run, these cases will be transferred to MAF-C for two months. These cases will then display on the Case Management Report as review due.

### **III. EFFECTIVE DATE**

This change is effective October 1, 2001 for four months transitional Medicaid cases whose 4<sup>th</sup> month is October 2001 or later.

### **IV. IMPLEMENTATION**

#### **A. Four-Month Transitional Medicaid Cases Ending September 30, 2001**

Any transitional Medicaid Cases (pay type 4) that are in the 4<sup>th</sup> month of transitional in September 2001 and are not transferred to another aid program category prior to Work First regular run, will terminate the night of Work First regular run.

1. On September 4, 2001, EIS will produce and mail timely notices to these transitional Medicaid families to notify them that their Medicaid will stop.
2. On September 21, 2001, EIS will terminate these transitional Medicaid (pay type 4) cases that are in their 4<sup>th</sup> month. This is appropriate as families were sent timely notices on September 4<sup>th</sup> and these cases are not subject to automatic transfer until the end of October.

#### **B. Four Month Transitional Medicaid Cases Ending October 31, 2001 or Later**

Follow the policy and procedures transmitted in this Change Notice for four month transitional Medicaid cases whose 4<sup>th</sup> month is October 2001 or later.

### **IV. MAINTENANCE OF MANUAL INSTRUCTIONS**

Remove MA-3356, pages 1-4.

Insert attached MA-3356, pages 1-5, effective October 1, 2001.

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

Nina M. Yeager  
Director

[This material was researched and prepared by Cinnamon Narron, Policy Consultant, Medicaid Eligibility Unit.]