



# STATE OF NEW YORK DEPARTMENT OF HEALTH

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**TRANSMITTAL:** 08 OHIP/ADM-3

**TO:** Commissioners of  
Social Services

**DIVISION:** Office of Health  
Insurance Programs

**DATE:** April 21, 2008

**SUBJECT:** Maintaining Medicaid Eligibility for Incarcerated Individuals

**SUGGESTED  
DISTRIBUTION:**

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**ATTACHMENTS:**

See Attachment I for a list of Appendices - Available On-Line

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
GIS 05 MA/008 01 OMM LCM 4 GIS 01 MA/017 95 ADM-5		360-3.4(a)(1) 360-3.4(c)	1905 (a)(A) of the SSA 42 CFR 435.1008 & 435.1009  SSL 366 (1-a) Correction Law Section 2		

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**I. PURPOSE**

This Administrative Directive (ADM) advises social services districts of the provisions of Chapter 355 of the Laws of 2007 regarding maintaining Medicaid eligibility for inmates. Section 366 of the Social Services Law was amended by adding a new subdivision (1-a) which requires that State and local correctional facility inmates in receipt of Medicaid immediately prior to incarceration shall have their Medicaid eligibility maintained. Upon release from such facility, the former inmate shall have their Medicaid coverage reinstated.

**II. BACKGROUND**

Currently, when a local department of social services (LDSS) receives notification that a Medicaid recipient is incarcerated, the LDSS discontinues coverage. In cases where the incarcerated individual is a member of a multi-person household, the LDSS also determines ongoing eligibility for the remaining household members.

Chapter 355 of the Laws of 2007 amended Section 366 of Social Services Law (SSL) by adding a new subdivision (1-a) which requires that a State Department of Correctional Services or local correctional facility inmate in receipt of Medicaid immediately prior to incarceration on or after April 1, 2008, shall have eligibility maintained during incarceration. Further, upon release from the correctional facility, the former inmate shall have Medicaid coverage reinstated.

In accordance with Chapter 20 of the Laws of 2001, the Revenue Maximization Project and SSL 366 (1-a), retroactive Federal Financial Participation (FFP) reimbursement remains available to local districts for inpatient hospitalization services provided off the grounds of a local correctional facility to inmates in receipt of Medicaid at the time of their incarceration. Eligibility, claiming and reimbursement policies and procedures provided in 01 OMM LCM-4, "Retroactive Federal Financial Participation (FFP) Reimbursement for Inpatient Medical Costs for Involuntarily Confined Individuals", issued May 3, 2001; GIS 01 MA/017, issued June 22, 2001; and GIS 05 MA/008, issued February 15, 2005, remain in effect.

**III. PROGRAM IMPLICATIONS**

**A. DEFINITIONS**

**1. Department Identification Number (DIN)**

A number assigned and used by the New York State Department of Correctional Services (NYS DOCS) to identify an incarcerated individual held in their custody. The DIN is subject to change upon re-incarceration.

Note: A DIN is required on notices to an inmate of a NYS DOCS facility.

**2. Local Correctional Facility (Jail)**

In accordance with Section 2 of New York State Correction Law, a "Local Correctional Facility" means any place operated by a New York State county or the City of New York as a place for the confinement of persons duly committed to secure their attendance as witnesses in any criminal case, charged with a crime and committed for trial or examination, awaiting the availability of a court, duly committed for any contempt or upon civil process, convicted of any offense and sentenced to imprisonment therein or awaiting transportation under sentence to imprisonment in a correctional facility, or pursuant to any other applicable provisions of law. (See Appendix 1 for a listing of upstate local correctional facilities. See Appendix 2 for a listing of New York City Department of Correction (NYC DOC) facilities.)

**3. New York State Correctional Facility (Prison)**

In accordance with Section 2 of New York State Correction Law, a "State Correctional Facility" means any place operated by the NYS DOCS and designated by the commissioner of correctional services as a place for the confinement of persons under sentence of imprisonment or persons committed for failure to pay a fine. (See Appendix 3 for a listing of NYS DOCS facilities.)

**4. New York State Identification Number (NYSID)**

A number assigned by the New York State Division of Criminal Justice Services (DCJS) and used by criminal justice agencies to identify the individual's criminal record.

**5. Permanent Absence Status**

For the purpose of implementing Medicaid suspension and reinstatement provisions of SSL 366 (1-a), an active Medicaid recipient incarcerated in a NYS DOCS facility (prison) shall be considered permanently absent.

**6. Temporary Absence Status**

For the purpose of implementing Medicaid suspension and reinstatement provisions of SSL 366 (1-a), an active Medicaid recipient incarcerated in a local correctional facility (jail) shall be considered temporarily absent unless the district has information that the absence will be permanent, i.e., the inmate states that he/she is not returning to the household.

**B. Medicaid Suspension and Reinstatement**

Effective April 1, 2008, Section 366 (1-a) of the SSL requires Medicaid eligibility to be maintained for those recipients who are incarcerated in a NYS DOCS or local correctional facility and coverage reinstated upon release from such facility.

In accordance with the provisions of Section 366 (1-a) of the SSL, Medicaid shall be suspended for Case Type 20 (MA) recipients who at incarceration have Coverage Code 01 (Full), 02 (Outpatient Coverage), 06 (Provisional), 10 (All Services Except Nursing Facility Services), 11 (Legal Alien), 15 (Perinatal), 18 (Family Planning Services Only), 19 (Community Coverage With Community-Based Long-Term Care), 20 (Community Coverage Without Long-Term Care), 21 (Outpatient Coverage With Community-Based Long-Term Care), 22 (Outpatient Coverage Without Long-Term Care), 23 (Outpatient Coverage With No Nursing Facility Services), 24 (Community Coverage Without Long-Term Care, Legal Alien During Five-Year Ban), and 30 (Pre-paid Capitation Plan). Also, Family Health Plus (FHPlus) will be suspended for Case Type 24 (FHPlus) recipients who at incarceration have Coverage Code 06 (Provisional, not yet enrolled), Coverage Code 20 (Community Coverage Without Long-Term Care) or Coverage Code 34 (FHPlus).

At incarceration, Medicaid coverage shall be discontinued for recipients with Coverage Code 07 (Emergency Services only). Also, Medicaid shall be discontinued for Case Type 20 (MA) recipients who at incarceration have Coverage Code 09 (Medicare Savings Program) or Coverage Code 17 (Health Insurance Continuation Only - COBRA, AHIP), because Medicaid payment of these premiums is not cost effective.

Also, individuals with Coverage Code 31 or 36 (active for guarantee coverage only) at incarceration shall have their managed care guarantee coverage discontinued with appropriate notice. (See Section V.C.) These individuals will need to be disenrolled in accordance with current local district procedures.

In addition, Medicaid and FHPlus shall be discontinued with appropriate notice for recipients who are incarcerated out-of-state or in a federal penitentiary within New York State, because the Medicaid suspension and reinstatement provisions of SSL 366 (1-a) are limited to NYS DOCS and local correctional facilities in New York State.

See Appendix 5, "Suspending/Reinstating Medicaid Coverage for State and Local Correctional Facility Inmates", which can be used as a desk aid by districts.

#### **1. Suspension**

To facilitate the process of suspending Medicaid/FHPlus coverage, the New York State Office of Temporary and Disability Assistance (NYS OTDA), on behalf of the New York State Department of Health (DOH), will continue to receive monthly electronic notifications of incarcerations from the NYS DOCS and NYS DCJS. These files will be run monthly against the Welfare Management System (WMS) to identify active Medicaid/FHPlus recipients who became incarcerated in a NYS DOCS or local correctional facility on or after April 1, 2008. As a result of this match, WMS will generate reports to the Upstate and New York City State Interim Units and local districts for appropriate action.

## 2. Reinstatement

For the purpose of reinstating Medicaid coverage at release, WMS will provide a monthly file to the NYS DOCS identifying Medicaid/FHPlus recipients who have had their Medicaid/FHPlus suspended. NYS DOCS will incorporate this information into a file to the New York State Division of Parole (NYS DOP) when the inmate is released.

NYS DOP will incorporate in this file the parole office's address for any inmate released to DOP. (See Appendix 6 for a list of parole offices' addresses.) On a daily basis, NYS DOP will provide a file to OTDA, on behalf of the Department, identifying inmates who are released. Upon receipt of NYS DOP's file, Medicaid coverage will be reinstated for former inmates who are paroled or have completed their sentence without community supervision. Former NYS DOCS inmates who are: released to immigration (United States Immigration and Customs Enforcement); the federal government; other state law enforcement; or are deceased will have their MA/FHPlus discontinued with appropriate notice. Former NYS DOCS inmates who are released to a New York State local correctional facility, an Office of Mental Health (OMH) facility, or Office of Children and Family Services (OCFS), formerly known as the Division for Youth (DFY), facility or other agency will continue to have eligibility suspended.

Currently, local correctional facilities are not required to report inmate specific admission or release information to the NYS DCJS. Consequently, admission information received electronically by OTDA, on behalf of the Department, about individuals incarcerated in local correctional facilities is incomplete. Therefore, districts must continue to utilize existing relationships or develop relationships with their sheriff/local jail(s) to ensure that active Medicaid/FHP recipients who are incarcerated in a local correctional facility have their Medicaid/FHP suspended. A Memorandum of Understanding (MOU), Appendix 4, has been included for local departments of social services to use to exchange client-specific confidential Medicaid/FHPlus information with their local correctional facility to support the Medicaid/FHPlus suspension and reinstatement provisions of SSL 366 (1-a).

As a resource to obtain information about an offender, the Victim Information and Notification Everyday (VINE) system is available to districts. The VINE system was enacted in New York State in 1998, in accordance with Jenna's Law, to provide more stringent parole eligibility requirements for violent felons and allow crime victims to request notification about an inmate's release. VINE is an on-line system that may be utilized by any person to search for information regarding an offender incarcerated in a NYS DOCS, NYC DOC or one of the 60 upstate county correctional facilities. Although notification may be received via telephone or e-mail, districts are encouraged to register for e-mail notification of an inmate's release through VINELink at [www.vinelink.com](http://www.vinelink.com).

Suspending and reinstating coverage will be a shared responsibility between the State and local departments of social services. Initially, the Upstate and NYC State Interim Units will be established to manually process certain suspensions and reinstatements until these processes can be automated.

**C. STATE RESPONSIBILITIES AT INCARCERATION**

**1. Upstate**

**a. TA-MA Single Individual**

Upon receipt of notification from NYS DOCS/DCJS that an active, single TA-MA recipient is incarcerated, WMS shall automatically close the TA-MA case (Reason Code F63) and generate an MA-only extension case (Case Type 20) for the inmate with an Individual Status of 08 (inactive) and Coverage Code of 04 (no coverage), and an "authorization to date" of 12/31/49. WMS will generate a Client Notice Subsystem (CNS) suspension notice (Reason Code 752) to the individual at his/her last known residence address and the appropriate NYS DOCS or local correctional facility address. The notice will include the DIN on the CNS notice to an individual in a NYS DOCS facility. The DIN will appear on the notice as the last eight digits of the case name.

The Upstate Interim Unit shall process disenrollments from managed care manually. Disenrollments shall be processed the first of the month following incarceration using Disenrollment Code 93.

**b. Medicaid or FHPlus Single Individual**

For Medicaid or FHPlus single individuals incarcerated in a NYS DOCS or local correctional facility, the Upstate Interim Unit will change the recipient's Individual Status/Coverage Code to 08/04 (MA suspension) with an "authorization to date" of 12/31/49. The Upstate Interim Unit will also disenroll the individual from managed care, when appropriate. The Upstate Interim Unit shall issue a suspension notice (Reason Code C55) to the individual at his/her last known residence address and the appropriate NYS DOCS or local correctional facility address. The DIN shall be included in the case name field on the CNS notice generated to an individual in a NYS DOCS facility. If appropriate, the Medicare Part A and/or B premium payments will be discontinued by the Upstate Interim Unit. In addition, prospective premium payments for third-party health insurance coverage shall be discontinued.

**c. MA-SSI Cash Recipient**

**1. State Data Exchange (SDX) Notification of Incarceration**

Upon receipt of SDX notification that an active MA-SSI recipient is incarcerated in a NYS DOCS or local correctional facility (Payment Status Code N22 and State is NY), the MA-SSI case (Case Type 22) will remain closed by the SDX. The Upstate Interim Unit will open an MA-only case (Case Type 20) for the inmate with an Individual Status/Coverage Code 08/04 (MA suspension) and an "authorization to date" of 12/31/49. If appropriate, the Medicare Part A and/or B premium payments will be discontinued by the Upstate Interim Unit. In addition, prospective premium payments for third-party health insurance coverage shall be discontinued. The Upstate Interim Unit will also

generate the CNS suspension language (Reason Code C55) with the appropriate notice and shall process disenrollments from managed care manually.

A report of cases suspended by the Upstate Interim Unit will be provided to the appropriate LDSS on a monthly basis.

When the Department is notified that an active MA-SSI recipient is incarcerated in a federal penitentiary located within New York State (Payment Status Code N22, State is NY and the address is a federal penitentiary located within New York State) or a correctional facility outside New York State (Payment Status Code N22, State is not NY), the MA-SSI case will remain closed and a separate MA-only case will not be opened. The Auto SDX will discontinue Medicaid coverage using Reason Code 922. If appropriate, Medicare Part A and/or B premiums will be discontinued by the Upstate Interim Unit. In addition, prospective premium payments for third-party health insurance shall be discontinued.

## **2. NYS DOCS/DCJS Notification of Incarceration**

Upon receipt of NYS DOCS/DCJS notification that an active MA-SSI recipient is incarcerated in a NYS DOCS or local correctional facility, the NYS Upstate DOIT SDX Unit will follow the current procedures for notifying the Social Security Administration. Once SDX closes the MA-SSI case, the Upstate Interim Unit will open an MA-only case (Case Type 20) for the inmate with an Individual Status/Coverage Code 08/04 (MA suspension) and an "authorization to date" of 12/31/49, and follow the procedures above for disenrolling from managed care. The Upstate Interim Unit will also generate suspension language (Reason Code C55) with appropriate notice. If appropriate, Medicare Part A and/or B premium payments will be discontinued by the Upstate Interim Unit. In addition, prospective premium payments for third-party health insurance coverage shall be discontinued.

In the event that a recipient is in suspend status and an SDX opening record is received in a C01 Current Pay Status (SDX Open), an MA-SSI Case Type 22 will not be opened for this individual. These cases will be reported to the NYS Upstate DOIT SDX staff for appropriate action.

If an individual's Medicaid is suspended in error, i.e., the individual is not incarcerated, a new individual Reason Code C56 (Re-opening Case Closed as Incarcerated in Error) will be available to reopen the Medicaid/FHPlus case. In addition, premium payments for third-party health insurance coverage, including Medicare, shall be reinstated.



**2. New York City****a. TA-MA Single Individual**

Upon receipt of notification from NYS DOCS/DCJS that an active TA-MA single individual is incarcerated in a NYS DOCS or local correctional facility, WMS will automatically discontinue the TA-MA case using system generated Reason Code 939. The NYC State Interim Unit will authorize an MA-only case (Case Type 20) for the inmate in suspend status (IC) with an "authorization to date" of 12/31/49. The individual shall be disenrolled from managed care in accordance with existing procedures. A CNS suspension notice will be generated to the individual at the last known residence address, and the NYC State Interim Unit will generate a suspension notice (Reason Code A03) to the individual at the appropriate NYS DOCS or local correctional facility address. The NYC State Interim Unit will include the DIN on a notice to the individual in a NYS DOCS facility.

**b. Medicaid-FHPlus Single Individual**

Upon receipt of notification from NYS DOCS/DCJS that a Medicaid/FHPlus individual is incarcerated in a NYS DOCS or local correctional facility, WMS will automatically discontinue the existing case using system generated Reason Code 939. The NYC State Interim Unit will authorize an MA-only or FHPlus case, as appropriate, in suspend status (IC) with an "authorization to date" of 12/31/49. The individual will be disenrolled from managed care in accordance with existing procedures. A CNS suspension notice will be generated to the individual at the last known residence address, and the NYC State Interim Unit will generate a CNS suspension notice (Reason Code A03) to the individual at the appropriate NYS DOCS or local correctional facility address. The NYC State Interim Unit will include the DIN on a notice to an individual in a NYS DOCS facility. If appropriate, the Medicare Part A and/or B premium payments shall be discontinued by the NYC State Interim Unit. In addition, prospective premium payments for third-party health insurance coverage shall be discontinued.

**c. MA-SSI Cash Recipient**

Upon receipt of SDX notification of incarceration of an active MA-SSI recipient in a NYS DOCS or local correctional facility (Payment Status Code N22), the MA-SSI case will continue to be closed by SDX and the NYC State Interim Unit will open an MA-only case (Case Type 20) for the inmate with IC status (MA suspension) and an "authorization to date" of 12/31/49. The NYC State Interim Unit will generate suspension language with appropriate notice. The individual will be disenrolled from managed care in accordance with existing procedures. If appropriate, the NYC State Interim Unit will discontinue the Medicare Part A and/or B premium payments. In addition, prospective premium payments for third-party health insurance coverage shall be discontinued.

If the NYS DOCS/DCJS files report that an active MA-SSI recipient is incarcerated and the SDX reports that the active MA-SSI recipient is not incarcerated, an exception report will be generated to the NYC Human Resources Administration (HRA) for appropriate action. NYC HRA shall not suspend the inmate's Medicaid eligibility, but should follow the current procedures for notifying the Social Security Administration (see 95 ADM-5).

In the event that a recipient is in suspend status and an SDX opening record is received in a C01 Current Pay Status (SDX Open), an MA-SSI Case Type 22 will not be opened for this individual. These cases will be reported to NYC HRA for appropriate follow-up with the Social Security Administration (SSA).

If an individual's Medicaid is suspended in error, i.e., the individual is not incarcerated, the case will be reopened using existing manual opening reason codes. In addition, premium payments for third-party health insurance coverage, including Medicare, shall be reinstated.

Information about reports to NYC HRA will be issued under separate cover.

**D. STATE RESPONSIBILITIES AT RELEASE**

In accordance with SSL 366(1-a), inmates whose Medicaid/FHPlus was suspended because they were a Medicaid/FHPlus recipient immediately prior to incarceration on or after April 1, 2008, shall have their Medicaid reinstated upon release.

As inmates of NYS DOCS facilities are generally sentenced for at least one year, releases from NYS DOCS facilities of inmates incarcerated on or after April 1, 2008, should be minimal prior to April 1, 2009.

The general responsibilities of the State agencies are outlined below:

- NYS OTDA/DOH will provide to NYS DOCS on a monthly basis a list of inmates whose Medicaid/FHPlus eligibility has been suspended.
- NYS DOCS will incorporate in the release file to NYS DOP any inmate identified as a Medicaid recipient who:
  - o is paroled;
  - o has completed his/her sentence without community supervision;
  - o has been released to immigration (United States Immigration and Customs Enforcement);
  - o has been released to the federal government;
  - o has been released to other state law enforcement;
  - o has been released to local law enforcement;
  - o has been released to the Office of Children and Family Services (OCFS), formerly Division for Youth (DFY), facility or other agency;
  - o has been released to a NYS Office of Mental Health (OMH) facility; or
  - o is deceased.
- NYS DOP will incorporate in the NYS DOCS' release file the parole office's address for any inmate released to NYS DOP and provide this daily file to NYS OTDA/DOH.

- Upon receipt of NYS DOP's file, Medicaid coverage will be reinstated for the parolee and the appropriate notice issued in care of the field parole office. Coverage will be reinstated in the inmate's district of fiscal responsibility immediately prior to incarceration. Since SSL 366(1-a) states that the time during which the inmate is incarcerated shall not affect his/her authorization period, the balance of authorization periods for releasees will vary. As a general practice, reinstatement of Medicaid coverage for a four-month period, until eligibility can be redetermined pursuant to the renewal process, will ensure releasees' access to medical care. Former NYS DOCS inmates who have completed their sentence without community supervision will also have their Medicaid coverage reinstated. The appropriate notice of reinstatement will be issued to the inmate who has completed his/her sentence without community supervision. (See Section V.E for information about notices.) NYS DOCS inmates who are released to the federal government, other state law enforcement, immigration (United States Immigration and Customs Enforcement) or are deceased will have their Medicaid discontinued. Former NYS DOCS inmates who are released to a New York State local correctional facility, an Office of Mental Health (OMH) facility or Office of Children and Family Services (OCFS), formerly known as the Division for Youth (DFY), facility or other agency will continue to have eligibility suspended.
- The parolee's reinstatement notice will be mailed to the recipient in care of the appropriate parole office. If the parolee does not have a Common Benefit Identification Card (CBIC), the LDSS must be contacted to request a temporary Medicaid Authorization (DOH 2831A) and a permanent CBIC card for the parolee.

Note: If an updated address is not provided for an inmate, who has completed his/her sentence without community supervision or has been released to: immigration (United States Immigration and Customs Enforcement); the federal government; or other state law enforcement, the appropriate notice will be sent to the NYS DOCS facility address on WMS for the inmate. A CNS notice discontinuing coverage for a deceased inmate will also be sent to the NYS DOCS facility address on WMS for the inmate.

IV. REQUIRED ACTION

A. LDSS RESPONSIBILITIES AT INCARCERATION

1. UPSTATE

a. TA-MA or MA-Only/FHPlus Recipient of a Multi-Member Household

Upon receipt of notification of incarceration of an active TA-MA or MA-only/FHPlus recipient of a multi-member household, WMS will generate a report to the LDSS.

The LDSS must delete the incarcerated individual from the existing TA/MA case using TA/MA Individual Reason Code F63. TA will be discontinued and Medicaid suspension language issued to the last known residence address using insert Reason Code 752. The LDSS must authorize an MA-only case with no budget for the inmate with an Individual Status/Coverage Code of 08/04 (MA suspension), an "authorization to date" of 12/31/49, and generate suspension language using Reason Code C57 to the individual in a NYS DOCS or local correctional facility. The LDSS will also disenroll the inmate from managed care, as appropriate.

For an MA-only/FHPlus case, the LDSS will delete the incarcerated individual from the existing case using Reason Code Y99. The LDSS must authorize a MA-only or FHPlus case, as appropriate, with no budget for the inmate with an Individual Status/Coverage Code of 08/04 (MA suspension) and an "authorization to date" of 12/31/49, and generate suspension language using Reason Code C57 to the last known residence address and the NYS DOCS or local correctional facility address. (See Section V.D for information about notices.) The LDSS will include the DIN on correspondence generated to individuals in a NYS DOCS facility by including the DIN in the case name field. The LDSS shall also disenroll the inmate from managed care, if appropriate. In addition, prospective premium payments for third-party health insurance coverage, including Medicare, shall be discontinued.

Note: It may not be appropriate to discontinue payment of third-party health insurance premiums which cover other household recipients.

The LDSS must determine the remaining household's ongoing eligibility in accordance with procedures for determining temporary/permanent absence status as outlined below.

- Permanent Absence: When a recipient is incarcerated in a NYS DOCS facility, the individual shall be considered permanently absent. The incarcerated individual shall be removed from the existing case, and a new MA-only or FHPlus case for the inmate shall be authorized, as appropriate, according to the instructions provided above.

- Temporary Absence: When a recipient is incarcerated in a local correctional facility (jail), the individual shall be considered temporarily absent unless the district has information that the absence will be permanent, i.e., the inmate states that he/she is not returning to the household.

For upstate residents who are inmates of a local correctional facility and for whom verification has been received that the recipient will remain incarcerated for at least 30 days, the inmate shall remain in the existing household count for the purpose of determining ongoing eligibility for the remaining household members. A new MA-only or FHPlus case for the inmate shall be authorized in suspend status, as appropriate, according to the instructions provided above.

**b. Emergency Services Only (Coverage Code 07)**

Pursuant to receipt of an exception report to districts of individuals with Coverage Code 07 (Emergency Services only) at incarceration, Medicaid shall be discontinued, not suspended. A closing notice is not required, because Paragraph No: Y0051/Reason Code S77, "Accept Non-Immigrant/Undocumented Immigrant Emergency Coverage" serves as the opening and closing notice.

**c. Medicare Savings Program (Coverage Code 09)**

An exception report of individuals with Coverage Code 09 at incarceration will be provided to districts. Medicaid coverage shall be discontinued for individuals who will be incarcerated for at least 90 days with appropriate notice, because it is not cost effective. CNS Reason Code C59 has been developed to use with this coverage code. (See Section V.D. for appropriate notice information.)

**d. Health Insurance Continuation Only - COBRA, AHIP (Coverage Code 17)**

An exception report of individuals with Coverage Code 17 at incarceration will be provided to districts. Medicaid coverage shall be discontinued for individuals who will be incarcerated for at least 90 days with appropriate notice, because it is not cost effective. CNS Reason Code C58 has been developed to use with this coverage code. (See Section V.D. for appropriate notice information.)

Note: It may not be appropriate to discontinue payment of Health Insurance Continuation premiums which cover other household recipients.

**e. Presumptively Eligible Pregnant Women**

An exception report of presumptively eligible pregnant women (Coverage Codes 13, 14) will be provided to districts for review and appropriate action. If the district determines that the pregnant woman is not eligible for Medicaid, the pregnant woman's Medicaid coverage shall be denied with appropriate notice. If the district determines the pregnant woman is eligible for Medicaid, retroactive coverage shall be authorized and the district shall suspend the pregnant woman's Medicaid coverage prospectively with an Individual Status/Coverage Code of 08/04 (MA suspension) and an "authorization to date" of 12/31/49. The LDSS must also generate a CNS suspension notice (Reason Code C55) to the individual at his/her last known residence address and the appropriate NYS DOCS or local correctional facility address.

**Note:** An infant born to an incarcerated pregnant woman in suspend status is eligible for Medicaid coverage until the end of the month of the infant's first birthday.

**f. Presumptively Eligible Home Care Individuals**

Although it is unlikely that a recipient presumptively eligible for nursing home care, hospice, or home care provided by a Certified Home Health Care Agency would be incarcerated, in the event that this does occur, an exception report will be provided to the LDSS for review and appropriate case action. If the district determines that the individual is not eligible for Medicaid, the presumptively eligible individual's Medicaid coverage shall be denied with appropriate notice. If the district determines that the recipient is eligible for Medicaid coverage, the district shall authorize retroactive coverage and suspend the recipient's Medicaid prospectively with an Individual Status/Coverage Code of 08/04 and an "authorization to date" of 12/31/49. The LDSS must also generate a CNS suspension notice (Reason Code C55) to the individual at his/her last known residence address and the appropriate NYS DOCS or local correctional facility address.

**g. Direct Notification of Incarceration from Local Correctional Facility**

If a local district is informed that an active Medicaid recipient is incarcerated in a local correctional facility for at least 30 days on or after April 1, 2008, the district shall suspend the recipient's Medicaid/FHPlus in accordance with procedures outlined in Sections III.C.1 and IV.A.1 of this ADM.

If a local district is informed that an active MA-SSI recipient is incarcerated for at least 30 days, the district should **NOT** suspend the recipient's coverage but follow current procedures for notifying the Social Security Administration (see 95 ADM-5).

In the event that an individual's Medicaid/FHPlus is suspended in error, i.e., the individual is not incarcerated, a new Individual Reason Code C56 shall be used to restore the Medicaid/FHPlus case. If appropriate, premium payments for third-party health insurance coverage, including Medicare, shall be reinstated.

**2. New York City**

**a. TA-MA and MA-Only/FHPlus Multi-Member Household**

Upon receipt of notification that an active TA-MA or MA-only/FHP member of a multi-member household is incarcerated, WMS will generate a report to NYC HRA.

NYC HRA must delete the incarcerated individual from the TA/MA household, using TA Individual Reason Code F63, which will discontinue TA and append a Medicaid suspension paragraph. This notice to the inmate will be sent to his/her last known residence address. If it is an MA-only/FHPlus case, NYC HRA will delete the incarcerated individual from the household, as appropriate, using MA-only Individual Reason Code F63. This notice to the inmate will be sent to his/her last known residence address.

The NYC State Interim Unit will authorize an MA-only or FHPlus case, as appropriate, in suspend status (IC) with an "authorization to date" of 12/31/49 and generate suspension language (Reason Code A03) to the inmate at the appropriate correctional facility address. The NYC State Interim Unit will include the DIN on notices generated to an individual in a NYS DOCS facility. Disenrollment from managed care will occur automatically at the next pulldown. If appropriate, the Medicare Part A and/or B premium payments shall be discontinued by the NYC State Interim Unit. In addition, prospective premium payments for third-party health insurance coverage shall be discontinued.

Note: It may not be appropriate to discontinue payment of third-party health insurance premiums which cover other household recipients.

NYC HRA will determine the remaining household's ongoing eligibility in accordance with temporary/permanent absence status as outlined below.

- Permanent Absence: When a recipient is incarcerated in a NYS DOCS facility, the individual shall be considered permanently absent. The incarcerated individual will be removed from the existing case. Ongoing eligibility for the rest of the household will be determined by the district and the appropriate notice issued.

- Temporary Absence: When a recipient is incarcerated in a local correctional facility, the individual shall be considered temporarily absent, unless the district has information that the absence will be permanent, i.e., the inmate states he/she is not returning to the household.

For a NYC resident who is an inmate of a NYC DOC or upstate local correctional facility, the inmate remains in the existing household count for the purpose of determining ongoing eligibility for the remaining household members.

**b. Emergency Services Only (Coverage Code 07)**

NYC HRA will receive an exception report of Case Type 20 recipients with Coverage Code 07 at incarceration. Medicaid coverage shall be discontinued, not suspended, with MAP 2087C: "Notice of Intent to Discontinue Medical Assistance Coverage for the Treatment of Emergency Medical Condition."

**c. Medicare Savings Program (Coverage Code 09)**

NYC HRA will receive an exception report of individuals with Coverage Code 09 at incarceration. If the inmate is incarcerated for at least 90 days, NYC HRA shall discontinue Medicaid with appropriate notice, because it is not cost effective. OHIP-0003 (NYC), "Notice of Medical Assistance Payment for Medicare Part A and/or Part B Premiums", has been revised to use with this coverage code.

**d. Health Insurance Continuation Only - COBRA, AHIP (Coverage Code 17)**

NYC HRA will receive an exception report of individuals with Coverage Code 17 at incarceration. If the inmate is incarcerated for at least 90 days, NYC HRA shall discontinue Medicaid coverage with the appropriate notice, because it is not cost effective. (See Section V.D.4.)

Note: It may not be appropriate to discontinue payment of Health Insurance Continuation premiums which cover other household recipients.

**e. Direct Notification of Incarceration from Local Correctional Facility**

If NYC HRA is informed that an active Medicaid/FHPlus recipient is incarcerated in a local correctional facility, the district will follow the procedures as outlined in Section IV.A.2.a and generate a suspension notice to the inmate at his/her last known residence address. However, for MA-only/FHPlus single individuals, MA-only Case Level Reason Code F63 or F64 will be used, as appropriate. The NYC State Interim Unit will authorize an MA-only or FHPlus case, as appropriate, for an inmate in IC status with an "authorization to date" of 12/31/49, and generate suspension language to the inmate at the appropriate correctional facility address.



If NYC HRA is informed that an active MA-SSI recipient is incarcerated, NYC HRA should **NOT** suspend the recipient's eligibility but follow current procedures for notifying the Social Security Administration (see 95 ADM 5).

**f. Infants Born to Incarcerated Mothers in Suspend Status**

An infant born to an incarcerated pregnant woman in suspend status (IC) is eligible for Medicaid coverage until the end of the month of the infant's first birthday.

In the event than an individual's Medicaid/FHPlus is suspended in error, i.e., the individual is not incarcerated, coverage shall be restored using existing manual opening reason codes. If appropriate, premium payments for third-party health insurance coverage, including Medicare, shall be reinstated.

Note: Separate instructions will be issued regarding suspension and reinstatement procedures with the NYC DOC.

**B. LDSS RESPONSIBILITIES AT RELEASE**

In order to facilitate Medicaid suspension and reinstatement for inmates who had Medicaid/FHPlus coverage immediately prior to incarceration, Section III.B advised that districts should continue to utilize existing relationships or develop a relationship with their sheriff/local jail(s) to ensure that Medicaid/FHPlus is suspended for inmates who had coverage immediately prior to incarceration.

Note: In the event that an LDSS receives notification of incarceration/release of a Medicaid/FHPlus recipient whose district of fiscal responsibility is another LDSS, the LDSS with this information shall contact the inmate's district of fiscal responsibility to provide this information.

The NYS DCJS does not provide release information for inmates of local correctional facilities. It is important for LDSS to establish relationships with their local sheriff/local jail(s) to ensure that an inmate whose Medicaid/FHPlus was suspended is reinstated. An MOU (Appendix 4) has been included for the LDSS to use to exchange client specific confidential Medicaid/FHPlus information with their local correctional facility to support the Medicaid/FHPlus suspension and reinstatement provisions of SSL 366 (1-a).

Another resource available to local districts to obtain release information about an offender is the VINE system. (See Section III.B.) Although notification may be received via telephone or e-mail, districts are encouraged to register for an e-mail notification of an inmate's release through VINELINK at [www.vinelink.com](http://www.vinelink.com).

Districts may also register for telephone notification through VINE by dialing **1-888-VINE-4-NY** (1-888-846-3469). To obtain information about an inmate in a: New York City Department of Correction facility, the LDSS should choose option 1; New York State Department of Correctional Services facility, the LDSS should choose option 2; a county correctional facility, the LDSS should choose option 3; and provide the inmate's DIN, New York State Identification Number (NYSID) or name and date of birth. The LDSS should register the phone number the district wants to be called to be notified of the inmate's release from custody. A four-digit Personal Identification Number (PIN) must be selected by the LDSS. The district will need to enter the PIN number at the time the call is received to confirm that the district has received the notification call. No name or address is collected on the VINE system. The telephone number registered to receive the notification call is confidential.

Medicaid coverage will be reinstated for inmates who are released to the community and the appropriate notice issued (see Section V.E) at the releasee's address. Since the balance of authorization periods for releasees will vary, as a general practice, reinstatement of Medicaid coverage for a four-month period until eligibility can be redetermined pursuant to the renewal process will ensure releasees' access to medical care. Coverage will be reinstated in the inmate's district of fiscal responsibility immediately prior to incarceration.

Inmates who are released to: immigration (United States Immigration and Customs Enforcement); the federal government; other state law enforcement, or are deceased will have their Medicaid discontinued with appropriate notice.

Generally, releasees will have their Medicaid reinstated with the coverage they had prior to incarceration with the following exceptions:

- Case Type 20, Coverage Code 30 (PCP Full Coverage): Reinstated to fee-for-service Coverage Code 01 (Full); Coverage Code 11 (Legal Alien); Coverage Code 19 (Community Coverage With Community-Based Long-Term Care); or Coverage Code 20 (Community Coverage Without Long-Term Care) or Coverage Code 24 (Community Coverage Without Long-Term Care/Legal Alien During Five-Year Ban) depending on the Alien Citizenship Indicator (ACI) AND the Resource Verification Indicator (RVI) at time of incarceration, i.e., RVI 1 (Resources Verified for 36 months); RVI 2 (Resources Verified Only for the Current Month); RVI 3 (Resources Not Verified); RVI 4 (Prohibited Transfer); or RVI 9 (Exempt from Resource Verification).

- Case Type 20, Coverage Code 06 (Provisional Eligibility): Reinstated to Coverage Code 02 (Outpatient Coverage); Coverage Code 21 (Outpatient Coverage With Community-Based Long-Term Care); Coverage Code 22 (Outpatient Coverage Without Long-Term Care); Coverage Code 23 (Outpatient Coverage With No Nursing Facility Services) depending on the RVI at the time of incarceration.

Incarceration	Program	Release
Case Type 20/ Coverage Code 06	Provisional Eligibility	Coverage Code 02, 21, 22 or 23 based on RVI
Case Type 20/ Coverage Code 30	PCP Full Coverage	Coverage Code 01, 11, 19, 20 or 24 based on RVI AND ACI

Note: Due to system constraints in identifying the spend-down amount an inmate had prior to incarceration when releasees are reported to NYS OTDA/DOH by NYS DOP, all of the coverage codes listed above in the second bullet will have a zero spenddown amount for the period of reinstatement. To maintain equitable treatment of inmates from NYS DOCS and local correctional facilities, inmates who had a spenddown immediately prior to incarceration will also be reinstated with a zero spenddown amount. No MBL budget is required for reinstatement.

- Case Type 20, Coverage Code 15 (Perinatal Coverage): Reinstated to Coverage Code 01 (Full). Use Categorical Code (21) ADC-related Adult (Deprivation) EXCEPT when recipient is still pregnant at release, use Categorical Code 42 (ADC-related Pregnant Woman).
- Case Type 24, Coverage Code 06 (Provisional Eligibility-Not Yet Enrolled in Plan), Coverage Code 20 (Community Coverage Without Long-Term Care) or Code 34 (Family Health Plus): Reinstated to Case Type 20, Coverage Code 20 (Community Coverage Without Long-Term Care) to ensure that former inmates with FHPlus coverage prior to incarceration will have access to medical care upon release in accordance with the intent of SSL 366 (1-a). Use Categorical Code (09) FA/SN/LIF Child (No Deprivation) or SCC, Single Individual or Childless Couple, EXCEPT when recipient is still pregnant at release, use Categorical Code 42 (ADC-related Pregnant Woman).

Incarceration	Program	Release
Case Type 24/ Coverage Code 06	Provisional Eligibility/Not Yet Enrolled in FHP Plan	Case Type 20/ Coverage Code 20
Case Type 24/ Coverage Code 20	Community Coverage Without Long-Term Care	Case Type 20/ Coverage Code 20
Case Type 24/ Coverage Code 34	Family Health Plus	Case Type 20/ Coverage Code 20

It is not expected that a Medicaid recipient in a nursing facility with Coverage Code 10 (All Services Except Nursing Facility

Services) will be incarcerated and subsequently released. In the event that this does occur, please call your local district liaison for instructions. In addition, call your local district liaison for instructions regarding reinstatement of Medicaid coverage for a recipient who had Coverage Code 23 (Limited Coverage Due to Prohibited Transfer) at incarceration.

See Appendix 5, "Suspending/Reinstating Medicaid Coverage for State and Local Correctional Facility Inmates", which can be used as a desk aid by districts.

**V. SYSTEMS IMPLICATIONS**

**A. UPSTATE WMS**

Systems support will be available April 28, 2008, to support suspension of Medicaid eligibility for inmates of New York State DOCS or local correctional facilities who are incarcerated on or after April 1, 2008, and who had Medicaid or FHPlus coverage immediately prior to incarceration.

If the inmate had Coverage Code 01, 02, 06, 10, 11, 15, 18, 19, 20, 21, 22, 23, 30 or 34 immediately prior to incarceration, the inmate's Medicaid/FHPlus eligibility will be suspended with the MA Individual Status Code of 08 (inactive), the MA Individual Coverage Code equal to 04 (no coverage) and the MA "authorization to date" equal to 12/31/49. The Upstate Interim Unit will manually suspend Medicaid/FHPlus eligibility for single individual cases upon notification resulting from a file match between DOCS/DCJS and WMS. The LDSS will manually suspend Medicaid/FHPlus eligibility for inmates upon notification of incarceration from the local jail/sheriff.

The Upstate Interim Unit will provide the LDSS with a monthly list of MA-only/FHPlus cases that have been suspended and disenrolled from managed care. The original 3209 shall be included. A monthly report of the following cases will be sent to the LDSS for appropriate action: 1) multi-member MA-only/FHPlus and TA/MA cases (Case Types 11, 12, 16, 17); 2) Medicare Savings Program cases (Coverage Code 09); 3) Health Insurance Continuation Only - COBRA, AHIP cases (Coverage Code 17); 4) Emergency Services only cases (Coverage Code 07); and 5) Presumptively Eligible cases (Coverage Code 08, 13, 14).

Upon notification of release, Medicaid will be reinstated for four months or appropriately discontinued. See the April 2008 WMS/CNS Coordinator Letter for more detailed systems information.

**B. NYC WMS**

NYC WMS implications will be forwarded to HRA under separate cover.

**C. MANAGED CARE IMPLICATIONS**

Individuals who become incarcerated will need to be disenrolled from Medicaid Managed Care or Family Health Plus. In NYC the disenrollment will be done automatically at next pulldown. In upstate districts, the disenrollment shall be processed manually the first of the month following incarceration either by the Upstate Interim Unit or the LDSS. The current rules regarding retroactive disenrollment and recovery of payments from plans still apply.

When an individual is covered under guarantee coverage only (MA Coverage Code 31 or 36) at the time of incarceration, the

guarantee shall be discontinued. Also, the case must be closed upstate. The managed care guarantee notice is being modified to include language regarding the ending of the guarantee due to incarceration. Issuance of this notice will be forthcoming under separate cover.

For disenrollments from managed care, use Disenrollment Code 93 and INCAR in the worker field in PCP to specifically identify this population.

**D. NOTICE IMPLICATIONS AT INCARCERATION**

**1. Upstate CNS**

Effective April 1, 2008, Medicaid coverage can no longer be discontinued due to incarceration. Therefore:

- MA-only line level Reason Code E79: "Discontinue MA/FHPlus, Not Provided in Current Living Arrangement" has been revised to eliminate "Prison" from the listed examples of public institutions where Medicaid/FHPlus is discontinued; and
- TA case/line level Reason Code F63: "In Prison" has been revised to inform TA-MA recipients who become incarcerated that TA is being discontinued and Medicaid eligibility is being suspended.

In addition, CNS notices have been developed to accommodate the policies in this ADM as follows:

Paragraph No: U0173/Reason Code C55: "Suspend Coverage for Inmate of NYS or Local Correctional Facility" must be used to inform a single MA-only/FHPlus recipient who is incarcerated in a NYS DOCS or local correctional facility that Medicaid has been suspended. This notice will also be used when a local correctional facility has notified the LDSS directly of incarceration.

Paragraph No: Y0070/Reason Code C57: "Suspend MA Coverage for Inmate of NYS/Local Correctional Facility" must be used to inform a TA-MA or MA-only/FHPlus recipient of a multi-person household who has become incarcerated that Medicaid has been suspended. An incarcerated individual determined permanently absent should be deleted from the household using Reason Code Y99.

Paragraph No: U0176/Reason Code C56: "Reopening Case Closed as Incarcerated in Error" must be used to inform the Medicaid recipient that coverage has been restored. This notice shall be issued when verification that the recipient is not incarcerated has been received.

Paragraph No: C0289/Reason Code C59: "Discontinue Medicare Savings Program of Inmate of NYS or Local Correctional Facility" must be used to inform the Medicaid recipient with Coverage Code 09 (Medicare Savings Program) who will be incarcerated for at least 90 days that Medicaid payment for his/her Medicare Part A and/or B premium is being discontinued, because it is not cost effective. The use of this reason code is limited to the inmate population.

Paragraph No: C0283/Reason Code C58: "Discontinue Medicaid Payment of Health Insurance Premiums of Inmate of NYS or Local Correctional Facility" must be used to inform the Medicaid recipient with Coverage Code 17 (Health Insurance Continuation Only - COBRA, AHIP) who will be incarcerated for at least 90 days that Medicaid payment for his/her premium is being discontinued, because it is not cost effective. The use of this Reason Code is limited to the inmate population.

Paragraph No: C0282/Reason Code C53: "Discontinue Medicaid/FHPlus Incarceration Out-of-State" must be used to inform a Medicaid/FHPlus recipient who has become incarcerated out-of-state or in a federal penitentiary located within New York State that Medicaid/FHPlus coverage is being discontinued.

**2. Upstate Manual**

OHIP-0011 "Notice of Decision for Family Health Plus: Premium Assistance Program" must be used to inform the Family Health Plus recipient with Coverage Code 20 (Community Coverage Without Long-Term Care) at incarceration that Medicaid payment for his/her premium is being discontinued, because it is not cost effective.

**3. New York City CNS**

Effective April 1, 2008, Medicaid coverage can no longer be discontinued due to incarceration. Therefore:

- MA-only line level Reason Code E72: "Discontinue MA/FHPlus, Not Provided in Current Living Arrangement" has been revised to eliminate "Prison" from the listed examples of public institutions where Medicaid/FHPlus is discontinued;
- MA-only line level Reason Code F63 has been revised to no longer discontinue but suspend Medicaid/FHPlus eligibility;
- MA-only case level Reason Code F63 has been revised to inform an MA/FHPlus recipient who has become incarcerated that Medicaid/FHPlus has been suspended; and
- PA case/line level Reason Code F63: "In Prison" has been revised to inform TA-MA recipients who become incarcerated that TA is being discontinued and Medicaid is being suspended.

In addition, the following CNS notice has been developed to accommodate the policy in this ADM:

Paragraph No: C0286/Reason Code F64: "Discontinue Medicaid/FHPlus Incarceration Out-of-State or Federal Penitentiary Within NYS" must be used to inform a recipient who has become incarcerated out-of-state or in a federal penitentiary located within NYS that Medicaid/FHPlus coverage is being discontinued.

**4. New York City Manual**

The following existing manual notices have been revised to include a checkbox for "Not Cost Effective":

OHIP 0003 (NYC)/Reason Code Y99 "Discontinue Medicare Savings Program of Inmate of NYS or Local Correctional Facility" must be used to inform a recipient with Coverage Code 09 who will be incarcerated for at least 90 days that Medicaid payment for his/her Medicare Part A and/or B premium is being discontinued, because it is not cost effective.

MAP-2088N/Reason Code Y99 "Notice of Action on Application/Benefit for Medicaid Payment of the COBRA Continuation Coverage Premium" must be used to inform an individual who will be incarcerated for at least 90 days and who has COBRA (Coverage Code 17) at incarceration, that Medicaid payment for his/her premium is being discontinued, because it is not cost effective.

MAP-2088Q/Reason Code Y99 "Notice of Action on Application/Medicaid Payment of Health Insurance Premiums" must be used to inform an individual who will be incarcerated for at least 90 days and who has AIDS Health Insurance Program (AHIP), Coverage Code 17, at incarceration, that Medicaid payment for his/her premium is being discontinued, because it is not cost effective.

OHIP-0011 "Notice of Decision for Family Health Plus: Premium Assistance Program" must be used to inform the Family Health Plus recipient with Coverage Code 20 (Community Coverage Without Long-Term Care) at incarceration that Medicaid payment for his/her premium is being discontinued, because it is not cost effective.

**E. NOTICE IMPLICATIONS AT RELEASE**

**1. Upstate CNS**

Paragraph No: U0178/Reason Code C67: "Reinstate Medicaid, Incarcerated Individual Released" must be used to inform a recipient who had Coverage Code 01 (Full), Coverage Code 02 (Outpatient Coverage), Coverage Code 06 (Provisional), Coverage Code 11 (Legal Alien), Coverage Code 15 (Perinatal), Coverage Code 19 (Community-Based Coverage with Community-Based Long-Term Care), Coverage Code 20 (Community Coverage Without Long-Term Care), Coverage Code 21, (Outpatient Coverage With Community-Based Long-Term Care), Coverage Code

22 (Outpatient Coverage Without Community-Based Long-Term Care) or Coverage Code 30 that Medicaid Coverage has been reinstated, subject to any limitations listed in the notice with a spenddown amount of zero.

Paragraph No: U0184/Reason Code C68: "Reinstate FPBP, Incarcerated Individual Released" must be used to inform a recipient who had Coverage Code 18 (Family Planning Benefit Program) at incarceration that the coverage has been reinstated to the same.

Paragraph No: U0175/Reason Code C66: "FHPlus to MA, Incarcerated Individual Released" must be used to inform a recipient with Case Type 24 (Family Health Plus) at incarceration that coverage has been reinstated to Case Type 20 (Medicaid) with Coverage Code 20 (Community Coverage Without Community Based Long-Term Care).

Paragraph No: C0292/Reason Code C69: "Discontinue MA/FHPlus, Incarcerated Individual Released to Custody of United State Immigration and Customs Enforcement" must be used to inform a recipient who is being released from NYS DOCS to the custody of the United States Immigration and Customs Enforcement that Medicaid is being discontinued.

2. **New York City CNS**

CNS notices are currently being developed.

3. **New York City Manual**

MAP No: U0177/Reason Code A24 "Reinstate Medicaid, Incarcerated Individual Released" must be used to inform a recipient who had Coverage Code 01 (Full), Coverage Code 02 (Outpatient Coverage), Coverage Code 11 (Legal Alien), Coverage Code 15 (Perinatal), Coverage Code 19 (Community-Based Coverage With Community-Based Long-Term Care), Coverage Code 20 (Community Coverage Without Long-Term Care), Coverage Code 21 (Outpatient Coverage With Community-Based Long-Term Care), Coverage Code 22 (Outpatient Coverage Without Community-Based Long-Term Care), Coverage Code 24 (Community Coverage Without Long-Term Care, Legal Alien During Five-Year Ban), or Coverage Code 30 that Medicaid coverage has been reinstated, subject to any limitations listed in the notice with a spenddown amount of zero.

MAP No: U0181/Reason Code A26 "FHPlus to MA, Incarcerated Individual Released" must be used to inform recipients who had Case Type 24 (FHPlus) prior to incarceration that they will receive Case Type 20 (MA) Coverage Code 20 (Community Coverage Without Community-Based Long-Term Care).



MAP No: U0182/Reason Code A25 "Reinstate FPBP, Incarcerated Individual Released" must be used to inform a recipient who had Coverage Code 18 (Family Planning Benefit Program) at incarceration that the coverage has been reinstated to the same.

These notices will be issued under separate cover.

VI. EFFECTIVE DATE

The provisions of this ADM are effective for incarcerations on or after April 1, 2008.

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Deborah Bachrach  
Deputy Commissioner  
Office of Health Insurance Programs