

**TO:** Local Commissioners, Medicaid Directors

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

**SUBJECT:** District of Fiscal Responsibility for Medical Assistance

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Bureau of Local District Support:  
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This is to inform social services districts of a change in law regarding district of fiscal responsibility when a Medicaid recipient moves from one district to another within the State. Social Services Law Section 62.5(a) has been amended by Chapter 150 of the Laws of 2001 to provide that when a recipient moves from one district to another and continues to be eligible, the "from" district remains responsible for providing Medicaid for the month in which the move takes place and for the month following the month of move, provided the individual has not become a recipient of Public Assistance and/or Medicaid in the district to which he/or she has moved.

Therefore, effective immediately, it is no longer optional for a district to continue to be responsible for providing Medicaid to an otherwise eligible individual for the month following the month of a move out of district, provided the individual has not become a recipient of Public Assistance and/or Medicaid in the new district. This change regarding district of fiscal responsibility only affects moves where a recipient otherwise gains residence in the new district.

Medicaid coverage may be provided for a case for the required time period by extending or shortening the Authorization and Coverage "TO" dates to the end of the month following the month of move. For an individual in a case, who moves out of county, the Medicaid Coverage "TO" date should be extended or shortened to the end of the month following the month of move. For Public Assistance cases where there is a move out of county, the cases are currently extended out to the end of the month following the month of move. When a district is informed of a move at the end of the month following the month of move out of county, or later, a 10-day notice must be provided.

This change supports our efforts to ensure that Medicaid coverage continues without interruption when an otherwise eligible individual moves from one county to another within the State.

Further information regarding transition cases will be forthcoming.