

WGIUPD

GENERAL INFORMATION SYSTEM

07/27/12

DIVISION: Office of Health Insurance Programs

PAGE 1

GIS 12 MA/021

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Health Reform and Health Insurance Exchange Integration

SUBJECT: Time Periods for Determining Medicaid Eligibility for Applicants
Denied Temporary Assistance

EFFECTIVE DATE: April 1, 2012

CONTACT PERSON: Local District Liaison
Upstate (518)474-8887 NYC (212)417-4500

The purpose of this General Information System (GIS) message is to inform local departments of social services that the Department will be amending Regulation 18 NYCRR 360-2.4 to remove the reference to districts having an additional 30 days to issue a Medicaid decision after an applicant, who applies for both Temporary Assistance (TA) and Medicaid on the common application form, is determined ineligible for TA.

The current regulation is worded to conform with the terms of a 1981 litigation settlement, which is no longer applicable because of the subsequent delinking of Medicaid from the cash assistance programs by the Welfare Reform Act of 1997.

The normal 30-day, 45-day, and 90-day timeframes apply to all Medicaid applications, regardless of whether a TA application is also being processed. If administrative constraints do not allow a district to process TA and Medicaid applications simultaneously, the district should complete the Medicaid determination and issue a decision as soon as possible after the TA denial.