

TO: Local District Commissioners

FROM: Ann Clemency Kohler, Deputy Commissioner
Office of Medicaid Management

SUBJECT: Medicaid Eligibility Changes for January 1, 1999

EFFECTIVE DATE: January 1, 1999

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The federal Balanced Budget Act of 1997 contains a number of new Medicaid provisions. Chapter 2 of the laws of 1998 was enacted to implement the new provisions in New York State. This GIS advises districts of the applicable changes to the Medicaid program that must be implemented effective January 1, 1999. Training for these changes was provided at the recent regional meetings and is outlined below.

1. Expanded Eligibility for Older Children

Prior to these changes, only children born on or after October 1, 1983 were allowed to have their Medicaid eligibility determined at 100% of federal poverty without a resource test. Effective January 1, 1999, all children under the age of 19 must, as appropriate, have eligibility determined at the higher poverty level without consideration of resources, and their eligibility may be determined using the one page Growing Up Healthy application unless other family members are applying who are not allowed to use this application. MBL currently will calculate the 100% FPL by the use of "D" or "B" for the Expanded Eligibility Code (EEC). MBL screen changes have not been made at this time. WMS changes, including several new categorical codes, have not been completed. Thus, in the interim, when establishing eligibility under the poverty levels, please use a categorical code of 44 for these children.

2. Continuous Coverage for Children

Effective January 1, 1999, children determined eligible under low income family (LIF) budgeting or using federal poverty levels (FPLs) are to be provided 12 continuous months of Medicaid coverage regardless of any changes in income or circumstances. This is true for both Medicaid only cases and for combination Public Assistance and Medicaid cases. It does not apply to children whose eligibility is determined using the "standard" medically needy Medicaid income level, or to nonqualified aliens seeking coverage for emergency medical treatment.

Children are guaranteed 12 months of continuous coverage every time eligibility is determined or redetermined. Continuous coverage can run concurrently with an extension, such as Transitional Medical Assistance (TMA). If a child becomes ineligible for Medicaid, the child will receive the longest available period of additional coverage, whether provided by the extension or by continuous coverage.

If a child moves to another district during a period of continuous coverage, the child remains the responsibility of the originating district until such time as a new Medicaid application is made for the child, and the child is determined eligible in the new district. At that time, a new period of continuous eligibility begins for children eligible at LIF or expanded levels, and the new district becomes responsible for the child's Medicaid. If a Medicaid application is made for the child in the new district, and the child is determined ineligible for Medicaid, the child remains the responsibility of the originating district until the period of continuous eligibility ends.

Systems support for continuous coverage is not yet available.

Prior to the expiration of a period of continuous eligibility, a recertification notice should be sent to the family, in the event that circumstances had changed which could affect eligibility.

We will advise you when the WMS changes are available. Additional instructions will be provided in an upcoming administrative directive and WMS/CNS coordinator letter.