

DSS-4357EL

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GENERAL INFORMATION SYSTEM

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TO: Local District Commissioners

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

SUBJECT: CAP/Medicaid Guarantee Continuation

EFFECTIVE DATE: Immediately

CONTACT PERSON: Sharon Burgess at (518) 473-0899

Chapter 20 of the Laws of 1999 extended the guarantee of Medicaid for up to 12 months for current or former Child Assistance Program (CAP) participants who complete Transitional Medicaid (TMA) and who are ineligible for Medicaid solely due to earned income. The legislation continues the provisions described in GIS 98MA033 and requires that TMA end before April 1, 2001.

Up to 12 months of Medicaid is guaranteed if the following conditions are met:

1) Prior to April 1, 2001, CAP participants/former participants must be ineligible for Medicaid solely due to increased earnings from employment.

2) Transitional Medical Assistance (TMA) must be granted initially, and terminate before April 1, 2001.

3) CAP participants/former participants will remain eligible for Medicaid for each month in the subsequent 12 months in which they would otherwise be ineligible for Medicaid solely due to earnings from employment.

4) Medicaid may not be provided under this provision for any period that is more than 12 months after CAP participation ends.

Once TMA ends, these provisions guarantee up to 12 months of Medicaid to CAP participants/former participants who would otherwise be ineligible for Medicaid due to earnings from employment during all or part of those 12 months. This extension of Medicaid is only available to persons who comply with TMA requirements.

The guarantee does not apply to CAP participants who become ineligible for Medicaid for reasons other than increased earnings. Usual procedures regarding Medicaid eligibility apply to such recipients. CAP cases that become ineligible for Medicaid for any reasons other than earnings must have a separate Medicaid eligibility review by the district's Medicaid unit or a CAP case manager trained in Medicaid eligibility guidelines.

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CAP participants in receipt of the CAP/Medicaid guarantee should be coded with an Individual Categorical Code of 35 to ensure correct identification and claiming. With respect to former CAP cases completing TMA in Medicaid units and qualifying for the guarantee, LIF categorical codes should continue to be used; districts must track these Medicaid-Only cases receiving the guarantee until districts are notified that requested systems enhancements are available.