

CHANGE NOTICE FOR MANUAL NO. 07-02, Terminations/Deletions

DATE: SEPTEMBER 1, 2001

Manual: Aged, Blind and Disabled Medicaid

Change No. 07-02

To: County Directors of Social Services

Effective: September 1, 2001

I. BACKGROUND

The Center for Medicare and Medicaid Services (CMS), formerly Health Care Financing Administration (HFCA), issued guidance in the April 7, 2000, State Medicaid Director letter to conduct an evaluation when an individual is determined ineligible for Medicaid in any aid program/category including Work First.

Effective February 1, 2001, and May 1, 2001, Family and Children's Medicaid Manual Section MA-3355 was reissued to clarify policy regarding Medicaid, including Work First, terminations and deletions. MA-3355 states an "ex parte review" must be conducted to evaluate Medicaid and Work First terminations and deletions for ongoing Medicaid eligibility. The guidance in the April 7, 2000, letter also applies to Aged, Blind and Disabled Medicaid categories as well as Family and Children's categories. Continuing Medicaid for eligible individuals is a top priority at the federal and state level.

This new section is added to the Aged, Blind and Disabled Medicaid Manual to ensure that caseworkers are aware that whenever an individual is determined ineligible for Medicaid in any aid program/category, including Aged, Blind and Disabled (MAABD), Work First (AAF) and State/County Special Assistance (SAA or SAD), the individual is to be evaluated for Medicaid or NC Health Choice. The ex parte review is to also include Qualified Medicare Beneficiary (MQB-Q, MQB-B, MQB-E, QI-2 and Qualified Working Disabled). Medicaid should not be terminated until a determination is made and a timely notice period has expired.

Refer to Family and Children's Medicaid Manual, Section 3355, for steps a county must take to determine ongoing Medicaid eligibility regarding Family and Children Medicaid and Work First/Benefit Diversion cases that terminate.

II. CONTENT OF CHANGE

An ex parte review is required for an individual who is determined ineligible for Medicaid in any aid program/category due to a change in situation. A full review (redetermination) is completed at the end of the certification period. When completing the ex parte review, information in other agency records may be used as verification, provided it is current. "Current" does not include information in a terminated or closed

case. The information can only be used if the case is active and the information was obtained and verified by the other program within the time frames for redeterminations of eligibility for the Medicaid coverage group being considered.

An individual determined ineligible for ongoing Medicaid must be terminated as soon as possible following timely notice. Document the reason for the termination in the case record.

III. EFFECTIVE DATE

This policy is effective for any terminations with an effective date of October 31, 2001, or later.

However, in September Medicaid staff will begin working reviews and changes in situations that could result in terminations effective October 31, 2001. So that Medicaid staff will have the policy in time to complete the evaluation for other ongoing Medicaid prior to terminations effective October 31, 2001, the Manual is updated effective September 1, 2001.

IV. MAINTENANCE OF MANUAL

Insert new section MA-2352, pages 1-10, effective September 1, 2001.

Please refer questions to your Medicaid Program Representative.

Nina M. Yeager
Director

[This material was researched and written by Denise Rogers, Policy Consultant, Medicaid Eligibility Unit.]