

CHANGE NOTICE FOR MANUAL NO. 08-10, US CITIZENSHIP REQUIREMENTS/ALIEN REQUIREMENTS

DATE: JUNE 25, 2010

Manual: Family and Children's Medicaid
Change No: 08-10
To: County Directors of Social Services
Effective: July 01, 2010

I. BACKGROUND

Notification was given via Change Notice 06-10 that MA-3330, Citizenship/Alien Requirements, is restructured and renamed Alien Requirements and that the material pertaining to US Citizens is separated into a new manual section titled, MA-3332, US Citizenship Requirements.

This change notice provides the changes made to links pertaining to the updated and new manual sections MA-3330, Alien Requirements and MA-3332, US Citizenship Requirements.

II. CONTENT OF CHANGE

The following manual sections are revised to update links.

- A. MA-3210, Verification Requirements for Applications.**
- B. MA-3230, Eligibility of Individuals Under Age 21.**
- C. MA-3235, Caretaker Relative Eligibility.**
- D. MA-3240, Pregnant Woman Coverage.**
- E. MA-3250, Breast and Cervical Cancer Medicaid.**
- F. MA-3265, Medicaid Family Planning Waiver.**
- G. MA-3305, MAF, MIC, HSF Budgeting.**
- H. MA-3313, Sponsor Deeming.**

I. MA-3335, State Residence.

J. MA-3355, Enumeration.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective July 01, 2010. Apply this policy to any applications or redeterminations taken or in process on or after July 01, 2010.

IV. MAINTENANCE OF MANUAL

A. Remove: MA-3210 pages 1-4.

Insert: [MA-3210](#) pages 1-4

B. Remove: MA-3230 pages 1-8 and pages 23-24.

Insert: [MA-3230](#) pages 1-8 and pages 23-24.

C. Remove: MA-3235 pages 1-2.

Insert: [MA-3235](#) pages 1-2.

D. Remove: MA-3240 pages 1-4.

Insert: [MA-3240](#) pages 1-4.

E. Remove: MA-3250 pages 3-4.

Insert: [MA-3250](#) pages 3-4.

F. Remove: MA-3265 pages 1-2.

Insert: [MA-3265](#) pages 1-2.

G. Remove: MA-3305 pages 1-4.

Insert: [MA-3305](#) pages 1-4.

H. Remove: MA-3313 pages 1-10.

Insert: [MA-3313](#) pages 1-10.

- I. **Remove:** MA-3335 pages 3-4.
Insert: [MA-3335](#) pages 3-4.

- J. **Remove:** MA-3355 pages 1-2.
Insert: [MA-3355](#) pages 1-2.

If you have any questions, please contact your Medicaid Program Representative.

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