

CHANGE NOTICE FOR MANUAL, NO. 11-04, FOUR MONTHS TRANSITIONAL MEDICAID

DATE: JANUARY 1, 2004

Manual: Family and Children's Medicaid
Change No: 11-04
To: County Directors of Social Services
Effective: January 1, 2004

I. CONTENT OF CHANGE

MA-3400, Four Months Transitional Medicaid, changed to:

- Reflect correct references to MA-3405, Twelve Months Transitional Medicaid,
- Reword the introduction and expand on IV-D definition

In addition, the Table of Contents is revised to reflect new title for MA-3405, Twelve Months Transitional Medicaid.

II. EFFECTIVE DATE OF IMPLEMENTATION

This change is effective January 1, 2004. However, this represents no change in policy.

III. MAINTENANCE OF MANUAL

Remove: Table of Contents, pages 1-3.

Insert: [Table of Contents, pages 1-3.](#)

Remove: MA-3400, Four Months Transitional Medicaid, pages 1-5.

Insert: [MA-3400, Four Months Transitional Medicaid, pages 1-5.](#)

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

Gary Fuquay
Acting Director

[This material was prepared by Angela Lassiter, Medicaid Program Consultant, Medicaid Eligibility Unit.]