CHANGE NOTICE FOR MANUAL NO. 18-02, SSI Terminations

DATE: MAY 10, 2002

Manual:  Family and Children’s Medicaid
Change No:  18-02
To:  County Directors of Social Services
Effective:  June 1, 2002

I. CONTENT OF CHANGE

A. To ensure consistency between MA-3410, Terminations and Deletions, and MA-3120, SSI Terminations, the definition for “current” verification has been revised. Current information is information obtained and verified in another program within the time frames for redetermination of eligibility for the Medicaid coverage group being considered.

B. MA-3120 is changed to be consistent with MA-3410 which allows individuals 10 calendar days to provide verifications when additional information is needed for an ex parte review.

C. Instructions for the counties to shred Medicaid cards have been added to MA-3120.

D. Reference to the word “deprivation” has been deleted from IV-D procedures in MA-3120.

II. EFFECTIVE DATE

Apply this policy to ex parte reviews begun on or after June 1, 2002.

III. MAINTENANCE OF THE MANUAL

Remove MA-3120, pages 11-12, 15-16.
Insert MA-3120, pages 11-12, 15-16.

Please refer questions to your Medicaid Program Representative.

Nina M. Yeager
Director

[This material was researched and prepared by Dora Boissy, Policy Consultant, Medicaid Eligibility Unit.]

MA-3120