

**NEW YORK**  
state department of  
**HEALTH**

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Commissioner

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**ADMINISTRATIVE DIRECTIVE**

**TRANSMITTAL:** 12 OHIP/ADM-3

**TO:** Commissioners of  
Social Services

**DIVISION:** Office of Health  
Insurance Programs

**DATE:** 07/11/12

**SUBJECT:** Automated Process for Maintaining Medicaid Eligibility for  
Individuals Admitted to a Psychiatric Center

<b>SUGGESTED DISTRIBUTION:</b>	Medicaid Staff Temporary Assistance Directors Staff Development Coordinators Fair Hearing Staff
<b>CONTACT PERSON:</b>	Local District Liaison: Upstate - (518) 474-8887 New York City - (212) 417-4500 NYS Office of Mental Health - (518) 473-8234
<b>ATTACHMENTS:</b>	None

**FILING REFERENCES**

Previous ADMs/Infs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc.Ref.
11 OHIP/ADM-3 89 INF-43			SSL sections 365.2 (a)&(b) 366(1) (c)&(d) 18 NYCRR 360-3.4(a)(2)		

**I. PURPOSE**

This Office of Health Insurance Programs (OHIP) Administrative Directive (ADM) informs local departments of social services (LDSS) of the automated process for suspending and reinstating Medicaid coverage for individuals aged 21-64 who are admitted to a New York State Office of Mental Health (OMH) operated psychiatric center.

**II. BACKGROUND**

To improve individuals' access to Medicaid upon discharge from public institutions and psychiatric facilities, the Centers for Medicare and Medicaid Services (CMS) issued a letter on May 25, 2004, to State Medicaid Directors encouraging states to suspend and not terminate Medicaid benefits while an individual is in a public institution or psychiatric center. New York State began suspending Medicaid benefits for incarcerated individuals on April 1, 2008. On April 1, 2011, New York State began suspending Medicaid benefits for individuals aged 21-64 who were admitted to a State operated psychiatric center. This was a manual process, requiring the local district to suspend and reinstate coverage. With the release of this OHIP ADM, the Department is automating the process for suspending and reinstating coverage for individuals aged 21-64 who are admitted to a State operated psychiatric center.

**III. PROGRAM IMPLICATIONS**

As instructed in 11 OHIP/ADM-3, "Maintaining Medicaid Eligibility for Individuals Admitted to a Psychiatric Center," coverage must be suspended for certain active Medicaid recipients aged 21-64 who are admitted to a State operated psychiatric center. Upon discharge from such facility, the individual must have Medicaid coverage reinstated.

To facilitate the process of automatically suspending Medicaid/FHPlus coverage, the New York State (NYS) Office of Temporary and Disability Assistance (OTDA), on behalf of the New York State Department of Health (DOH), will receive a monthly electronic notification from OMH of 21-64 year old individuals who have been admitted to a State operated psychiatric center for at least 30 days. These files will be run monthly against the Welfare Management System (WMS) to identify active Medicaid/FHPlus individuals.

Medicaid coverage will be discontinued rather than suspended for individuals who have emergency services only, managed care guarantee, FHPlus guarantee, or Health Insurance Continuation Only - COBRA/AHIP. These cases will be automatically processed Upstate and manually in NYC.

Medicaid coverage will not be suspended for Temporary Assistance (TA)/Medicaid recipients if the individual continues to receive TA benefits based on the individual's temporary admission to a psychiatric center. For these individuals, Medicaid coverage will continue. Also, Supplemental Security Income (SSI) beneficiaries will continue to receive Medicaid coverage based on the receipt of SSI. In addition,

Medicare Savings Program only coverage will continue and the Buy-In span will not be closed for individuals with Coverage Code 09 at admission.

For the purpose of reinstating Medicaid coverage at discharge from the psychiatric center, OMH will provide to OTDA/DOH a daily electronic discharge file of Medicaid/FHPlus individuals whose coverage was suspended.

Medicaid coverage will be automatically reinstated, barring certain exceptions. Medicaid coverage will not be reinstated for individuals who are deceased, have been discharged to immigration, the Federal Bureau of Prisons, another state's law enforcement or an out-of-state psychiatric center. These cases must be manually closed. Individuals who have turned 65 and remain in the psychiatric center must be manually closed. Individuals discharged to a NYS or local correctional facility will continue to have coverage suspended, however, worker action is required to re-suspend Medicaid benefits.

The electronic notification process for admission and discharge information has been established with the OMH for individuals who enter a State operated psychiatric center. If a district becomes aware that an individual age 21-64 has entered a private (non-State operated) psychiatric hospital, Medicaid coverage must be suspended and reinstated in accordance with the policies outlined in this directive.

**IV. REQUIRED ACTION**

Beginning June 18, 2012, Medicaid coverage will be automatically suspended by the State for single 21-64 year old individuals who have resided in a State operated psychiatric center for at least 30 days. Monthly reports will be generated to the district of fiscal responsibility (DFR) through BICS. These reports will be sorted by single individuals and individuals from multi-person households. Cases requiring district review and appropriate action will be identified on these reports, e.g., individuals from a multi-member household. For a detailed list of Upstate and NYC disposition/exception codes and definitions, see sections IV.A.1. and IV.A.2., respectively. Upon receipt of the monthly reports, the LDSS must take action to suspend, discontinue or re-suspend Medicaid benefits, as appropriate.

For individuals who are identified as part of a multi-member household, to determine the ongoing eligibility for the remaining household members, the psychiatric center resident must remain in the household count, unless the district receives notification from OMH that the resident's stay is other than temporary.

Daily discharge reports will be generated to the district of fiscal responsibility through BICS. Cases requiring district review and appropriate action will be identified on these reports. For a detailed list of Upstate and NYC disposition/exception codes and definitions see sections IV.B.1. and IV.B.2., respectively. Upon receipt of the daily reports, the LDSS must take action to reinstate, discontinue or re-suspend Medicaid benefits, as appropriate.

To ensure access to medical care after the individual is discharged from a psychiatric center to community, the individual's coverage will be reinstated for five months (the month of discharge, plus four months).

#### **A. Notification of Admissions**

Based on a monthly match with WMS, recipients with the following case types and coverages will have their Medicaid benefits suspended. Medicaid will be suspended for Case Type 20 (MA) recipients who at admission have Coverage Code 01 (Full), 02 (Outpatient Coverage), 06 (Provisional), 10 (All Services Except Nursing Facility Services), 11 (Legal Alien), 15 (Perinatal), 18 (Family Planning Services Only), 19 (Community Coverage With Community-Based Long-Term Care), 20 (Community Coverage Without Long-Term Care), 21 (Outpatient Coverage With Community-Based Long-Term Care), 22 (Outpatient Coverage Without Long-Term Care), 23 (Outpatient Coverage With No Nursing Facility Services), 24 (Community Coverage Without Long-Term Care, Legal Alien During Five-Year Ban), and 30 (Pre-paid Capitation Plan). Also, Family Health Plus (FHPlus) will be suspended for Case Type 24 (FHPlus) recipients who at admission have Coverage Code 06 (Provisional, not yet enrolled), Coverage Code 20 (Community Coverage Without Long-Term Care) or Coverage Code 34 (FHPlus).

#### **1. Upstate District Responsibilities at Admission**

As a result of the monthly matching process, a monthly WINR6224 report will be generated to Upstate LDSS identifying individuals whose coverage has been automatically suspended by the State. Cases requiring district review and appropriate action will be included in this report.

The following chart outlines the exception codes and their definitions.

<b>Exception Code</b>	<b>Definition</b>
A	Case Automatically Suspended Through Process - No Action Required by District.
B	Case With Coverage Code 17, 31 or 36 Automatically Closed Through Process - No Action Required by District.
C	Case Currently in Suspended Status as a 21-64 Year Old Individual - No Action Required by District.
D	Case Currently Closed - Requires District Review to Determine Whether the Case was Closed Due to Admission to the Psychiatric Center. If So, the District is Required to Re-open the Case with Suspended Coverage.
E	Case with Coverage End-Date in the Past - Requires District Review to Determine Whether Case Should be Closed or Suspended with Timely Notice.

F	Case that Errors - Requires District Review and Action, as Appropriate.
G	Case with Coverage Code 13 or 14 - Requires District to Determine Ongoing Eligibility and Close or Suspend, as Appropriate.
H	Individual from a Multi-Member Household with Coverage Code 17 - Requires District to Assess the Appropriateness of On-Going Premium Payments if the Policy Covers Other Household Members.
I	CIN Associated with Currently Active and Currently Suspended Coverage on 2 Separate Cases - Requires District Review and Action, as Appropriate.
J	Case With Coverage Code 07 Automatically Closed through Process - No Action Required by District.
K	Medicaid Case w/MSP - Requires District Review and Action, as Appropriate.
06	Member of Multi-Person Household - Requires District to Suspend Patient and Redetermine Ongoing Eligibility of Household Members.

Upstate individuals enrolled in managed care will be automatically disenrolled at the next pulldown.

Medicare Part A and/or Part B premium payments must be discontinued and the Buy-In span closed in eMedNY for Medicaid cases with MSP.

Upstate individuals whose coverage is suspended will have their premium payments for third party health insurance paid through BICS or eMedNY discontinued. Districts should assess the appropriateness of on-going premium payments if the policy covers other Medicaid eligible members.

#### Medicaid or FHPlus Single Individual

For single individuals who fail the automated process (Disposition Code F) and require Medicaid suspension, the LDSS must manually suspend coverage using Individual Status 08 (inactive); Coverage Code 04 (no coverage); a Source Code value of 4 (OMH) on Screen 2 in the Other Name field; and an authorization "To" date of 12/31/49. The effective "From" date of the suspension is date specific and must be 10 days from the transaction date. Timely notice must be sent to the individual at the last known residence address on WMS and the psychiatric center identified on the BICS report using undercare Client Notice Subsystem (CNS) Reason Code C54, "Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center." The facility's name and address must be entered in the Care of Name and Mailing Address fields on Screen 1 of WMS. The individual's last known residence address must be entered in the Associated Name and Address fields on Screen 7 of

WMS Using Associated Name Code 20 to ensure a notice is sent to both the facility and the last known residence address. The effective date of the suspension is date specific following timely notification (transaction date plus 10 days).

#### Medicaid or FHPlus Individual of a Multi-Member Household

For individuals identified as being part of a multi-member household (Disposition Code 06), the LDSS must delete the individual from the existing case using Reason Code Y99 (other). The LDSS must authorize an MA-only or FHPlus case as appropriate for the individual admitted to the psychiatric center, with no budget using an Individual Status code 08 (inactive); Coverage Code 04 (no coverage) and a Source Code value of 4 (OMH) on Screen 2 in the "Other Name" field; and an authorization "To" date of 12/31/49. The effective authorization "From" date of the opening is date specific and must be 10 days from the transaction date. To provide timely notification of the Medicaid status change, notification must be sent to the individual using opening CNS Reason Code C51, "Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center." The effective date of the notice, which is worker fill, must be at least 10 days from the date the notice is sent. The notice will be sent to the last known residence address and the psychiatric center identified on the WINR6224 report.

## **2. New York City Reponsibilities at Admission**

As a result of the monthly matching process, single individuals will have their cases automatically closed and re-opened in IC (suspended) status by the State. Timely notice will be issued to the individual at his/her last known residence address and immediate notice provided to the individual at the psychiatric center.

A monthly WINR1057 report of cases requiring review and appropriate action will be generated to NYC. DOH will provide NYC with annotated Turn Around Documents for the actions to be taken on matched individuals.

The following chart outlines the exception codes, their descriptions and action required by NYC.

<b>Exception Code</b>	<b>Description/Required Action</b>
E1	Pending Status - Requires Review and Appropriate Action.
E2	Clock Down/Fair Hearing - Requires Review After Fair Hearing Decision and Appropriate Action.
E3	Household Size Greater than 1 - Case Reviewed, CIN Closed with Line Level Reason Code EF4. New Case Opened in IC (Suspended) Status for Individual.
E4	AP (Application) or IC (Suspended) Status - Requires Review and Appropriate Action.

E5	Coverage Code 07, 17, 31, 36 - Coverage Code 07 Cases Require a Manual Closing Using Closing Reason Code E72 at the Line Level and Closing Reason Code E62 at the Case Level. Coverage Code 17 Requires Manual Closing with Reason Code EF6. Coverage Codes 31 and 36 will be Auto-Disenrolled.
E6	Multiple Case Numbers Matched in CL (Closed) Status - Requires Review and Appropriate Action.

NYC individuals enrolled in managed care will be automatically disenrolled at the next pulldown.

Medicare Part A and/or Part B premium payments must be discontinued and the Buy-In span closed in eMedNY for Medicaid cases with MSP.

NYC individuals with premium payments for third-party health insurance coverage must be discontinued. The district should assess the appropriateness of on-going premium payments if the policy covers other Medicaid eligible members.

#### Medicaid or FHPlus Individual of a Multi-Member Household

For individuals identified as being part of a multi-member household, NYC must delete the individual from the existing case by using CNS Reason Code EF4, "Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center." The notice must be sent to the individual's last known residence address found on WMS. Once the 14-day clockdown is completed, an MA-Only or FHPlus case, as appropriate, must be authorized for the individual in IC (suspended) status with an authorization "To" date of 12/31/49. CNS line level Reason Code A41, "Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center" must be used to notify the individual at the psychiatric center address provided on the monthly report. The effective date of this notice will provide for immediate notification.

### **3. Exceptions to Suspension (Upstate and New York City)**

Medicaid eligibility will be discontinued rather than suspended for individuals with the following coverages:

Emergency Services Only (Coverage Code 07) - For Upstate districts, coverage will be automatically discontinued. No notice is required to be sent when discontinuing coverage for a Medicaid recipient with Coverage Code 07. In NYC, the individual requires a manual closing using Closing Reason Code E72, "Disc MA/FHPlus, Not Provided in Current Living Arrangement" at the line level and Closing Reason Code E62, "Disc MA/FHPlus, Between 21-64 Years Old in a Psychiatric Center" at the case level.

Health Insurance Continuation Only - COBRA, AHIP (Coverage Code 17)- Closing Reason Code C90, "Disc MA Payment of Health Insurance Premiums of Individual Admitted to Psychiatric Center 21-64 Years Old" will be used Upstate to automatically discontinue a Medicaid

recipient with Coverage Code 17. NYC must manually discontinue coverage using case and line level Reason Code EF6, "Disc Medicaid Payment of Health Insurance Premiums for An Individual Admitted to a Psychiatric Center."

**Note:** If the COBRA/AHIP policy covers other eligible household members, it may not be appropriate to discontinue payment of health insurance premiums. Districts should assess the appropriateness of on-going premium payments if the policy covers other household members.

Guarantee Coverage Only (Coverage Codes 31 or 36) - Both Upstate and in NYC, individuals with Coverage Code 31 or 36 (guarantee coverage only) at admission will be automatically disenrolled from Medicaid Managed Care or FHPlus. Upstate the disenrollment from managed care will be done when the monthly match is performed. In NYC the disenrollment from managed care will be done automatically at next pulldown.

Medicaid eligibility will not be suspended for:

Medicare Savings Program Only (Coverage Code 09) - Coverage for these individuals will continue and the Buy-In span will not be closed for individuals with Coverage Code 09 at admission.

Temporary Assistance (TA)/Medicaid recipients - Medicaid coverage will not be suspended if the individual continues to receive TA benefits based on the individual's temporary admission to a psychiatric center.

MA-SSI Cash State Data Exchange (SDX) Notifications - These individuals will continue to receive Medicaid coverage based on their receipt of SSI.

**B. Notification of Discharges**

Beginning June 18, 2012, Upstate districts will receive daily BICS reports for individuals whose coverage was automatically reinstated or discontinued by the State. Cases requiring district review and appropriate action will be included on these reports.

In general, Upstate individuals discharged from the psychiatric center to the community or a skilled nursing facility will have their Medicaid automatically reinstated with the coverage they had immediately prior to admission. For a list of Upstate exceptions to reinstatement of coverage other than the what the individual had at admission, please see 11 OHIP/ADM-3, "Maintaining Medicaid Eligibility for Individuals Admitted to a Psychiatric Center", pages 9 - 10.

NYC individuals with a suspended New York City case who are discharged from the psychiatric center to the community or skilled nursing facility will have their Medicaid automatically reinstated with full coverage.



The following chart outlines the discharge codes and their definitions.

Discharge Code	Definition
01	Discharge to Community With Known Address
02	Discharge to Skilled Nursing Facility (SNF)
03	Discharge to Immigration
04	Discharge to State or Local Law Enforcement
05	Discharge to Another State's Law Enforcement
06	Discharge to Federal Bureau of Prisons
07	Discharge to OMH Living Arrangement
08	Deceased
09	Turned 65 and Remains in Psychiatric Center
10	Discharge to Community with Unknown Address
11	Discharge to OPWDD Living Arrangement*
12	Move to Another State
13	Discharge to Out-of-State Psychiatric Center

\*Individuals Discharged to a Voluntary Operated Intermediate Care Facility (VOICF) - For Chapter 621 eligible individuals, the LDSS will need to close the district case and notify the appropriate OPWDD Revenue Support Field Office. For non-621 eligible individuals, the district case must remain open.

#### 1. Upstate Responsibilities at Discharge

Districts will receive a daily WINR6225 report identifying individuals whose coverage was automatically reinstated or discontinued by the State. Cases requiring district review and appropriate action will be included on this report. The report will include the following information: Last name, first name, CIN, case number, admission date, discharge date, discharge code, release disposition code and discharge address, if provided by OMH. Upon receipt of these reports, districts are required to review and take appropriate action.

The following chart outlines the disposition codes and their definitions.

Disposition Code	Definition
A	Automatically Reinstated Coverage (Discharge Code 01, 02 and 10) - No Action Required by District for Discharge Codes 01 and 10. Medicaid Eligibility Redetermination May be Required for Discharge Code 02.
B	Automatically Discontinued Case (Discharge Code 03, 05, 06, 07, 08, 09, 11, 12 or 13) - No Action Required.
C	Automatically Continued Suspension (Discharge Code 04) - No Action Required.
D	No Action Taken by System/Active Case (Discharge Code 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, or 13) - Requires Coverage to be Reinstated/Resuspended as Appropriate.
E	No Action Taken by System/Closed Case (Discharge Code 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, or 13) - Requires District Review to Determine Whether Case was Closed in Error. If Closed in Error, the District is Required to Re-Open the Case With Coverage Reinstated as Appropriate.
F	No Action Taken by System/No Match on WMS - Requires Review and Appropriate Action.

## 2. NYC Responsibilities at Discharge

Upon receipt of the daily notification of discharge from OMH, NYC recipients who are being discharged from the psychiatric center to the community or a skilled nursing facility with Discharge Codes 01, 02 or 10 will have their coverage automatically reinstated with full coverage by the State. This will occur when the New York City individual has a suspended New York City case. Individuals with Discharge Code 01, 02 or 10 and Coverage Code 18 (Family Planning Benefit Program) at admission will require manual reinstatement.

Note: Prior to June 18, 2012, New York City individuals who were admitted to a State operated psychiatric center had a suspended Medicaid case opened in District 97 (OMH). When these individuals are discharged, Medicaid coverage cannot be automatically reinstated until a Medicaid case is re-opened in NYC. Upon receipt of the daily discharge report, DOH Division of Information Technology (DOIT) (NYC) staff will notify OMH to close their case. DOH DOIT staff will provide NYC with annotated Turn Around Documents for the opening of these cases.

NYC will receive a daily WINR1057 report of cases requiring review and appropriate action. The report will include the following information: FAC-CONSEC Number, CIN, Case Number, Discharge Date, Discharge Code, Facility Name, Mailing Address, Mailing City,

Mailing State, Mailing Zip, Location Office code. DOH DOIT (NYC) staff will provide NYC with annotated Turn Around Documents to take actions to discontinue or continue to suspend coverage, as appropriate.

The following chart outlines the exception codes and their definitions.

Exception Code	Definition
A	CIN in IC (Suspend) Status and has AP (Application) or AC (Active) Status With a Different Case Number (Discharge Code 01 or 10) - Requires Review and Appropriate Action.
B	Discharge to SNF (Discharge Code 02) - May Require Medicaid Eligibility Redetermination.
C	Discharge to Immigration (Discharge Code 03) - Requires Case to be Closed with Timely Notice.
D	Discharged to NYS or Local Law Enforcement (Discharge Code 04) - Requires Continuation of Suspended Coverage as an Inmate.
E	Discharge to Another State's Correctional Facility (Discharge Code 05) - Requires Case to be Closed with Timely Notice.
F	Discharge to Federal Bureau of Prison) (Discharge Code 06) - Requires Case to be Closed with Timely Notice.
G	Discharge to NYS OMH (Discharge Code 07) - May Require a Medicaid Eligibility Redetermination when Individual is Discharged to an OMH Chronic Care Living Arrangement.
H	Deceased (Discharge Code 08) - Requires Case to Be Closed with Timely Notice.
I	Turned 65 and remains in Psychiatric Center (Discharge Code 09) - Requires Case to be Closed.
J	Discharge to OPWDD (Discharge Code 11) - May Require Medicaid Redetermination if Individual is Discharged to an OPWDD Chronic Care Living Arrangement.
K	Move to another State (Discharge Code 12) - Requires Case to be Closed with Timely Notice.
L	Discharge to Out-of-State Psychiatric Facility (Discharge Code 13) - Requires Case to be Closed with Timely Notice.
M	Invalid Discharge Code - Requires Review and Appropriate Action.
N	Discharge Code 01 or 10 and Coverage Code 18 at Admission - Requires Manual Reinstatement

### 3. OMH Responsibilities at Discharge

For individuals who have turned 65 and remain in a psychiatric center, OMH will redetermine eligibility for the individual, as appropriate, and open a State Medicaid case once the district case is closed.

For individuals who are discharged from the psychiatric center to an OMH chronic care living arrangement, OMH will redetermine eligibility for the individual, as appropriate, once the district case is closed.

#### 4. OPWDD Responsibilities at Discharge

For 621 eligible individuals who are discharged from a psychiatric center to a State Operated Intermediate Care Facility (SOICF), OPWDD will contact the district of fiscal responsibility to request the district case be closed. Once the case is closed, OPWDD will redetermine Medicaid eligibility, as appropriate, and open a State Medicaid case for the individual.

For individuals who are discharged from the psychiatric center to an OPWDD chronic care living arrangement, OPWDD will redetermine eligibility for the individual, as appropriate, once the district case is closed.

#### 5. Reinstatement Notices

Medicaid - The Upstate automated reinstatement process will use Reason Code C93, "Reinstate MA Coverage, 21-64 Year Old Discharged from a Psychiatric Center" to reinstate Medicaid coverage. The NYC automated process will use Reason Code A28, "Reinstate MA Coverage, 21-64 year old Discharged from a Psychiatric Center."

FHPlus to Medicaid - The Upstate automated reinstatement process will use Reason Code C91, "FHPlus to MA, 21-64 Year Old Discharged from Psychiatric Center" to inform a former FHPlus recipient that coverage has been reinstated to Community Coverage Without Community-Based Long-Term Care. The NYC automated process will use Reason Code A29, "FHPlus to MA, 21-64 year old Discharged from Psychiatric Center."

FPBP - The Upstate automated reinstatement process will use Reason Code C92, "Reinstate FPBP, 21-64 Year Old Individual Discharged from Psychiatric Center" to inform a recipient who had Coverage Code 18 (Family Planning Benefit Program) at admission that the coverage has been reinstated. NYC must use Reason Code A44, "Reinstate FPBP, 21-64 Year Old Individual Discharged from Psychiatric Center."

#### 6. Exceptions to Reinstatement

Medicaid coverage will not be reinstated for individuals who are discharged under the following circumstances. Districts must take the following actions.

Discharge to United States Immigration and Customs Enforcement (ICE) (Discharge Code 03) - Coverage Upstate will be automatically discontinued using Reason Code C69, "Incarcerated Individual Released to Custody of United States Immigration and Customs Enforcement." In NYC, coverage must be manually discontinued using Reason Code EF7 and manual notice LDSS-3623, "Notice of Intent to Discontinue/Change Medical Assistance." For Upstate and NYC, the

notice must be sent to the individual's last known residence address with the inclusion of the following language: "We will discontinue Medicaid because you have been discharged to the custody of the United States Immigration and Customs Enforcement."

Discharge to State or Local Correctional Facility (Discharge Code 04) - NYC and Upstate must manually continue to suspend coverage by issuing timely notice to the individual at the correctional facility. Upstate must use CNS Reason Code C97, "Continue Suspension as Inmate of a NYS or Local Correctional Facility." NYC must use CNS Reason Code C55, "Suspend MA for Inmate of a State or Local Correctional Facility."

Discharge to Another State's Law Enforcement (Discharge Code 05) - The Upstate process will automatically discontinue coverage using Reason Code C53, "Disc MA/FHPlus Incarceration Out-of-State or Federal Penitentiary Within NYS." NYC must manually discontinue coverage using Reason Code EF8, "Disc MA/FHPlus Incarceration Out-of-State or Federal Penitentiary Within NYS."

Discharge to Federal Bureau of Prisons (Discharge Code 06) - The upstate process will automatically discontinue coverage using CNS Reason Code C53, "Disc MA/FHPlus Incarceration Out-of-State or Federal Penitentiary Within NYS." NYC must manually discontinue coverage using CNS Reason Code EM8, "Disc MA/FHPlus Incarceration Out-of-State or Federal Penitentiary Within NYS."

Discharge to OMH Living Arrangement (Discharge Code 07) - Upstate districts must manually discontinue coverage using CNS Reason Code U77, "Disc MA/FHPlus Concurrent Intra-State (Within State) Benefits." Once the district case is closed, OMH will determine eligibility, as appropriate, for the individual. In NYC, coverage will continue to be suspended.

Deceased (Discharge Code 08) - The upstate process will automatically discontinue coverage for these individuals using CNS Reason Code E95, "Disc MA/FHPlus Deceased." In NYC coverage must be manually discontinued for individuals who have died while residing in the psychiatric center using CNS Reason Code E95, "Disc MA/FHPlus Deceased."

Turned 65 and Remains in Psychiatric Center (Discharge Code 09)- Upstate districts must manually discontinue coverage using CNS Reason Code U77, "Disc MA/FHPlus Concurrent Intra-State (Within State) Benefits." In NYC, CNS Reason Code M98, "Concurrent Benefits Intra-State (Within State)" must be used to manually discontinue coverage. Once the district case is closed, OMH will determine eligibility, as appropriate, for the individual.

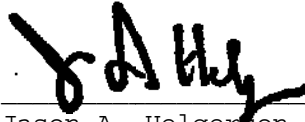
Discharge to OPWDD Living Arrangement (Discharge Code 11) - Upstate districts must manually discontinue coverage using CNS Reason Code U77, "Disc MA/FHPlus Concurrent Intra-State (Within State) Benefits." Once the district case is closed, OPWDD will determine eligibility, as appropriate, for the individual. In NYC, coverage will continue to be suspended.

Move to Another State (Discharge Code 12) - In NYC and Upstate, CNS Reason Code E63, "Discontinue MA/FHPlus Not a State Resident" must be used to manually discontinue coverage for individuals who have moved to another state.

Discharge to an Out-of-State Psychiatric Center (Discharge Code 13) - Upstate districts must use CNS Reason Code C87, "Discontinue MA/FHPlus Not a State Resident" to manually discontinue coverage. In NYC, CNS Reason Code E63, "Not a State Resident" must be used to manually discontinue coverage for individuals who are discharged to an out-of-state psychiatric center.

V. EFFECTIVE DATE

The provisions of this Administrative Directive are effective June 18, 2012.



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Jason A. Helgerson  
Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs