

DSS-4357EL

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GENERAL INFORMATION SYSTEM

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TO: Local District Commissioners, Medicaid Directors, CAP Coordinators

FROM: Betty Rice, Director
Division of Consumer and Local District Relations
Office of Medicaid Management

SUBJECT: CAP Medicaid Guarantee Legislation

EFFECTIVE DATE: Immediately

CONTACT PERSON: Sharon Burgess (518) 473-5536

This is to advise you that Chapter 564 of the Laws of 1998, signed on August 5, 1998, provides a guarantee of up to 12 months of Medicaid eligibility to certain Child Assistance Program (CAP) participants. Up to 12 months of Medicaid is guaranteed if the following conditions are met:

- 1) Prior to April 1, 1999, the CAP participant/former participant must be ineligible for Medicaid solely due to increased earnings from employment.
- 2) Transitional Medical Assistance (TMA) must be granted initially, and terminate before April 1, 1999.
- 3) CAP participants/former participants will remain eligible for Medicaid for each month in the subsequent 12 months in which he/she would otherwise be ineligible for Medicaid solely due to earnings from employment.
- 4) Medicaid may not be provided under this provision for any period that is more than 12 months after CAP participation ends.

Once TMA ends, these provisions guarantee up to 12 months of Medicaid to CAP participants/former participants who would otherwise be ineligible for Medicaid due to earnings from employment during all or part of those 12 months. This extension of Medicaid is only available to persons who comply with TMA requirements.

The guarantee does not apply to CAP participants who become ineligible for Medicaid for reasons other than increased earnings. Usual procedures regarding Medicaid eligibility apply to such recipients. CAP cases that become ineligible for Medicaid for reasons other than earnings must have a separate Medicaid eligibility review by the district's Medicaid unit or a CAP case manager trained in Medicaid eligibility guidelines.

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Since TMA for CAP cases began no earlier than December 1997, few cases are expected to fall under these provisions. Systems enhancements including a new individual categorical code have been requested to identify affected individuals. CAP participants in receipt of the CAP/Medicaid guarantee should be coded with an Individual Categorical Code of 35 to ensure correct identification and claiming. Until the systems enhancements become available, for former CAP participants now receiving Medicaid-Only (Case Type 20), districts are instructed to contact Sharon Burgess at 518-473-5536 for systems processing instructions. An administrative directive including more specific instructions is under development.