CHANGE NOTICE FOR MANUAL, NO. 04-92, Reviewing Ongoing Eligibility at End of Newborn Protection

DATE: JULY 20, 2001

Manual:	Families and Children
Change No.	04-02
То:	County Directors of Social Services
Effective:	September 1, 2001

I. CONTENT OF CHANGES

A. Newborn Coverage

MA-3450, Newborn Coverage, is revised to include requirements for conducting a redetermination when newborn protection ends. When a Medicaid recipient ceases to be eligible for Medicaid under his aid program/category at the end of a certification period, evaluate the recipient for ongoing eligibility in all other aid program/categories when completing the redetermination. The revised MA-3450 provides these instructions.

B. Change to MA-3220 Pregnant Woman Coverage

MA-3220 IV.E was revised effective May 1, 2001, to require counties to evaluate all terminated recipients who are pregnant for MPW (Change Notice 13-01). Section IV.E.4. stated that a timely notice is required to terminate current coverage before authorizing MPW.

These instructions are corrected to require a timely termination notice only when the pregnant woman goes from Work First to MPW. In this case, Medicaid only is considered a lesser benefit. If the pregnant woman goes from another Medicaid category to MPW, no timely termination notice is required as this is not a lesser benefit. In this situation, send an approval notice to advise the recipient that her Medicaid will continue because she is pregnant.

II. EFFECTIVE DATE AND IMPLEMENTATION FOR NEWBORN COVERAGE

These changes are effective September 1, 2001. Apply the new policy to children whose automatic newborn coverage ends September 30, 2001 or later.

III. MAINTENANCE OF MANUAL

- A. Remove section MA-3450, pages 1-5. Insert attached section MA-3450, pages 1-8.
- B. Remove MA-3220, pages 7 and 8. Insert MA-3220, pages 7 and 8.

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

Nina M. Yeager Director

[This material was researched and written by Dora Boissy and Jackie Franklin, Policy Consultants, Medicaid Eligibility Unit.]