

DSS-4357EL  
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**GENERAL INFORMATION SYSTEM**  
**DIVISION:** Office of Medicaid Management

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**GIS 01 MA/026**

**TO:** Local District Commissioners  
Medicaid Directors

**FROM:** Kathryn Kuhmerker, Deputy Commissioner  
Office of Medicaid Management

**SUBJECT:** Aliessa, et al. v. Novello

**EFFECTIVE DATE:** June 1, 2001

**CONTACT PERSON:** Local District Support Unit (518)474-9130 (Upstate)  
(212)268-6855 (Downstate)

THIS GIS MUST BE DISTRIBUTED TO ALL MEDICAID ELIGIBILITY WORKERS AND SUPERVISORS

GIS 01-MA-015 advised districts of the New York Court of Appeals decision regarding alien status and eligibility for Medicaid. Pursuant to this decision full State and local Medicaid coverage cannot be denied if an otherwise eligible alien is permanently residing in the United State under color of law (PRUCOL) or is a lawfully admitted permanent resident.

Therefore, effective June 1, 2001, State and local Medicaid eligibility, for otherwise eligible aliens, is no longer dependent on whether the alien is a qualified or non-qualified alien and the date on which the alien entered the United States.

Aliens who are qualified aliens as defined on pages 2 through 4 of 00 OMM/ADM-9, "Citizenship and Alien Status Requirements for Medicaid" and who meet certain conditions as specified on pages 5 and 10 of that directive will continue to be eligible for full Medicaid benefits with Federal Financial Participation (FFP).

Otherwise eligible qualified aliens who entered the United States on or after August 22, 1996 and are subject to the five year ban can be eligible for full Medicaid benefits with State and local funds. In addition, otherwise eligible Medicaid non-qualified aliens who are PRUCOL can be eligible for full Medicaid benefits with State and local funds. Non-qualified aliens who are not PRUCOL continue to be limited to Medicaid coverage for care and services necessary for the treatment of an emergency medical condition.

Districts must accept and process new and pending Medicaid applications submitted by or on behalf of PRUCOL aliens or qualified aliens who are subject to the five year ban. These Medicaid applications must be processed within the time frames specified in 18 NYCRR 360-2.4, which requires the social services district to make a Medicaid eligibility determination within 30, 45 or 90 days depending upon the applicant's eligibility category, and Section 365-a(6) of the Social Services Law, which directs the district to provide prenatal care assistance program Medicaid benefits presumptively to eligible pregnant women.

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The alien/citizenship Indicator Code N and the Individual Categorical Code 37, defined as FNP Alien, must be used to identify State Medicaid eligible PRUCOL aliens and qualified aliens who enter the United States on or after August 22, 1996, and who do not meet the conditions for FFP specified on pages 5 and 10 of 00 OMM/ADM-9. These codes are needed to ensure appropriate claiming. Districts must keep a list of these aliens, in order to identify and appropriately code them when system support is available.

Pending the development and programming of appropriate language into the Client Notices System to support the New York State Court of Appeals decision, districts must use manual notices DSS-3622 (Rev. 3/98) "Notice of Decision of your Medical Assistance Application" and the revised DSS-3622(A)(6/01) "Notice of Eligibility for Coverage for the Treatment of an Emergency Medical Condition".

Attached to a copy of this GIS, which will be sent to all local department of social services commissioners, will be those pages of 00 OMM/ADM-9 referenced in this GIS, a listing of PRUCOL categories, and the first page of the revised DSS-3622(A)(6/01). The DSS-3622(A)(6/01) must be locally produced without modification until it is available from New York State Office of Temporary and Disability Assistance, Document Services.

Additional information will be forthcoming when it is available.