

INTRODUCTION TO THE MEDICAID REFERENCE GUIDE AND INSTRUCTIONS FOR USE

The Medicaid Reference Guide (MRG) was designed for local social services districts in New York State. Its purpose is to assist districts in determining eligibility for applicants/recipients of Medicaid.

It is not intended to be a thorough training course in Medicaid, but a reference book, like a dictionary or an almanac. It is not intended to be read from cover to cover, but used at a worker's desk, consulted as needed. It is not intended to replace eligibility workers or supervisors, but to increase their effectiveness and improve their job performance.

The Medicaid Reference Guide is arranged in five sections: Categorical Factors; Income' Resources; Other Eligibility Requirements and Reference. Marked tabs separate the sections. At the end of each section there is also an index to that section. Within each of the five sections there are subsections, the titles are in bold print at the top of each page. The pages are numbered consecutively through all five sections. A Glossary is found at the front of the manual and a cumulative/master index at the end of the book.

The subsections contain some or all of the following headings in the left margin of each page:

Description: A statement of the subject covered in the subsection. This may include a definition, means of identification or other statements, which generally describe and set the subject apart from other subjects.

Policy: A brief statement of the policy governing the situation. This may be derived from one or more sections of the Law or Department Regulations.

References: A listing of the Laws and Regulations consulted when determining the policy, which applies to the situation. For more information refer to these sections of Law or Regulations.

Interpretation: A statement of what to do when confronted by a specific situation. An expansion of policy as it relates to case situations and why certain policies are applied as they are.

When to Verify: The case circumstances when information must be verified. This relates to the application form, the case record and the circumstances of the applicant/ recipient.

Verification: Acceptable sources of verification in the order of acceptability and advice on the type of information to be recorded. References to specific documents

may be made. Verification is the dual responsibility of the applicant and the local district.

Documentation: The information included in the case record to support the statements made in the applications. Documentation should always be sufficient to establish an audit trail; an auditor reviewing the eligibility determination process should be able to obtain the documents upon which the decision was based (in all cases, photocopies constitute acceptable documentation).

Disposition: What to do once the facts are established and a decision is made. What action is to be taken?

Exception: (May occur anywhere in the text.) Individual situations in which the general policy does not apply.

Note: (May occur anywhere in the text.) Points to remember, references to other sections, helpful hints and rules of thumb.

Standard abbreviations are used throughout, such as A/R (Applicant/Recipient), LRR (Legally Responsible Relative), PA (Public Assistance), RSDI (Retirement Survivors Disability Insurance), etc.

The Medicaid Reference Guide is intended only to express Department policies and Interpretations. The final authority remains Book 52A of McKinney's Consolidated Laws of New York and Title 18 of the Codes, Rules and Regulations of the State of New York.

In addition to this document, other resource materials are available to local social services districts. The Medicaid New Worker Training Manual is a training tool for new examiners. Information concerning the use of the WMS System Medical Assistance Budget Logic (MBL) for budget calculations is found in the MBL manual.

Information in the Medicaid Reference Guide is revised and updated on a regular basis. The electronic version can be found at http://www.health.state.ny.us/health_care/medicaid/reference/index.htm. Replacement pages for the paper version are issued to Medicaid staff and other persons on the Medicaid Reference Guide mailing list. The date on the left top of each page will indicate the date of printing or revision. The pace of change within the Medicaid programs makes such periodic replacement essential for the continued validity of the Medicaid Reference Guide. Between issuances of replacement pages, Administrative Directives, Regulations, General Information System (G.I.S.) messages and MBL transmittals will provide necessary notification of changes affective Medicaid eligibility.

Wherever a conflict arises between the Regulations, Social Services Law, Administrative Directives, G.I.S. messages or a MBL Transmittal, local district staff

should contact their Medicaid County Representative or their New York City Representative for guidance.