

**CATEGORICAL FACTORS
MEDICAID EXTENSIONS/CONTINUATIONS**

SEPARATE MEDICAID DETERMINATIONS

Policy: When a SSI or Public Assistance (PA) recipient is discontinued, his/her Medicaid is continued until a separate Medicaid eligibility determination is made. The only exception is when the reason to suspend, or terminate PA is also a proper basis for the reduction or termination of Medicaid.

References:

Dept. Reg.	360-2.2
ADMs	90 ADM-30
	82 ADM-5
	80 ADM-84
	80 ADM-19

Interpretation: When a SSI or PA recipient loses eligibility, Medicaid is continued until a separate Medicaid determination is made. The determination for Medicaid is completed by the end of the calendar month following the month in which cash assistance was terminated. A separate statement is made in the Notice of Intent advising the recipient of the action to be taken on his/her Medicaid case, the reasons for the action and the supporting regulations.

When the PA case is closed, the separate Medicaid determination is made from information in the PA case record. If additional information is required, the district requests it from the recipient (Rosenberg court decision).

When a SSI cash benefit is discontinued, a separate Medicaid determination is made from information provided by the Social Security Administration on the SDX. If additional information is required, the local district requests the information from the recipient (Stenson court decision).

NOTE: When an application for both PA and Medicaid is made and PA is denied, a separate Medicaid determination is completed, unless the reason to deny PA is also a proper basis for the denial of Medicaid.