

GENERAL INFORMATION SYSTEM

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DIVISION: Office of Medicaid Management

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TO: Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, and Children Services Staff

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

SUBJECT: Manual Renewal Form for Medicaid/Family Health Plus/
Child Health Plus A

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Support Liaison
Upstate (518) 474-8216 NYC (212) 268-6855

Administrative Directive 03 OMM/ADM-2 introduced a system generated Medicaid/Family Health Plus/Child Health Plus A renewal form. A manual form was also created for situations in which the system generated form was not appropriate.

The manual renewal form for use by Upstate districts, "Continuing Your Medicaid, Family Health Plus, Child Health Plus A Benefits" has been assigned form number DOH-4287 (10/03) and is now available from the Department of Health. Examples of when the manual renewal form may be useful include: when renewing Medicaid for certain foster care children through the district's Children's Services Unit; or, when obtaining needed information to determine on-going eligibility for Supplemental Security Income (SSI) recipients whose SSI payments are terminating. Districts are reminded that such recipients should only be required to complete a Medicaid renewal when the information on the State Data Exchange (SDX) is insufficient to make a valid eligibility determination, in accordance with 80 ADM-19.

Requests for the English version of this form can be faxed to Michael Margiasso at (518) 486-1432. Spanish forms will be printed upon request. Your request should include the following:

- Number and title of form
- How many forms are needed
- Address where the forms are to be sent
- Name and phone number of a contact person at the local district

Any questions concerning the content of the document should be directed to your local district support liaison.