

WGIUPD

GENERAL INFORMATION SYSTEM

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DIVISION: Office of Health Insurance Programs

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**TO:** Local District Commissioners, Medicaid Directors

**FROM:** Judith Arnold, Director  
Division of Health Reform and Health Insurance Exchange Integration

**SUBJECT:** Time Periods for Determining Medicaid Eligibility for Applicants  
Denied Temporary Assistance

**EFFECTIVE DATE:** April 1, 2012

**CONTACT PERSON:** Local District Liaison  
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The purpose of this General Information System (GIS) message is to inform local departments of social services that the Department will be amending Regulation 18 NYCRR 360-2.4 to remove the reference to districts having an additional 30 days to issue a Medicaid decision after an applicant, who applies for both Temporary Assistance (TA) and Medicaid on the common application form, is determined ineligible for TA.

The current regulation is worded to conform with the terms of a 1981 litigation settlement, which is no longer applicable because of the subsequent delinking of Medicaid from the cash assistance programs by the Welfare Reform Act of 1997.

The normal 30-day, 45-day, and 90-day timeframes apply to all Medicaid applications, regardless of whether a TA application is also being processed. If administrative constraints do not allow a district to process TA and Medicaid applications simultaneously, the district should complete the Medicaid determination and issue a decision as soon as possible after the TA denial.