

+-----+  
| LOCAL COMMISSIONERS MEMORANDUM |  
+-----+

Transmittal No: 94 LCM-84

Date: July 20, 1994

Division: Health &  
Long Term Care

TO: Local District Commissioners

SUBJECT: Relief to Social Service Districts in the  
Reauthorization Review Process for SSI-Related  
Medical Assistance Cases

ATTACHMENTS: None

Increasing Medical Assistance (MA) caseloads, complexity in rules and regulations and workforce downsizing are causing many social service districts to experience difficulty in maintaining required timeframes for case processing. These conditions are affecting some districts' productivity and efficiency.

The purpose of this memorandum is to assist social service districts in targeting staff activities related to the reauthorization review of MA-only cases in a meaningful way and to ensure continued eligibility for MA-eligible recipients. To accomplish these goals and, at the same time, reduce district workloads, the Department is offering an optional, streamlined method of extending the authorization period for an additional 12 months for those Supplemental Security Income (SSI)-related MA recipients who meet the following conditions which are associated with low potential risk for error:

- SSI-related category
- Household of 1 or 2 persons
- Community or Chronic Care cases excluding Spousal Impoverishment cases
- Unearned income only e.g., SSA, VA, pensions, etc.
- Income within the MA Income level (i.e., no excess income cases)
- Resources within the MA Resource level (i.e., no excess resources cases)
- No unresolved RFI (QUIS in NYC) hit
- No known transfer of resources
- No Disability-Group II cases

Districts may be more (not less) restrictive in applying the above criteria. For example, some districts may wish to set the resource limit for this process below the MA Resource level. It should be noted that most of the cases selected have been and will continue to be selected for Mass Rebudgeting based on Social Security cost-of-living increases and updated MA Income and Resource Exemption levels. In addition, all such cases have been and will continue to be matched against IRS-1099, WRS, UIB, and the Social Security Bendex data bases via RFI (QUIS in NYC). Any change in circumstances reported to the district by the client or other source should continue to be evaluated to determine any impact on eligibility. All notice requirements remain in effect.

Initially cases that meet the above criteria and which are selected for this streamlined processing will have to be identified by the district from the monthly list/file of cases due for recertification. Selected cases are to be removed from the regular recertification process. Necessary action is to be taken to extend the authorization period for 12 months in WMS. System support is being developed to accommodate this process in an automated fashion in the future. A list of cases processed in this manner should be maintained by districts.

Districts must notify the Division of Health & Long Term Care if they choose this option, and within the criteria specified on page 1 of this memorandum, to whom they are applying it. Districts selecting this option should submit their written request to:

Mr. Barry T. Berberich  
Assistant Commissioner  
Division of Health and Long Term Care  
Bureaus of Eligibility & Resources and Long Term Care  
6th Floor, Room 607  
40 North Pearl St.  
Albany, NY 12243

Questions regarding this memorandum may be directed to your MA Regional contact person (OME070), or 1-800-342-3009, extension 4-9130 or (518) 474-9130. In New York City, call 212-383-2512/3.

---

Sue Kelly  
Deputy Commissioner  
Division of Health & Long Term Care