

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

**FROM:** Judith Arnold, Director  
Division of Coverage and Enrollment

**SUBJECT:** Verification of New Address for in County Move

**EFFECTIVE DATE:** March 3, 2009

**CONTACT PERSON:** Local District Support Unit  
Upstate (518)474-8887 NYC (212)417-4500

The purpose of this General Information System (GIS) message is to provide local departments of social services (LDSS) with information regarding address changes for recipients who move within the county.

If the district receives correspondence returned by the U.S. Postal Service (USPS) for a recipient, including the Medicaid/FHP renewal, with a change of address, the district must make an effort to confirm the new address. In order to get confirmation from the recipient of the new address, Attachment I of this GIS must be included when the returned mail is forwarded to the individual. However, if the individual fails to return Attachment I verifying the new address after an established period of time (a minimum of ten days should be given) and the mail is not returned by the USPS, the LDSS will conclude that the recipient is living at the new address and must update WMS to reflect the new address.

If the district receives correspondence returned by the USPS without a forwarding address, but staff learns of an updated address within the county, e.g., associated with the recipient's food stamp case, the returned mail and Attachment I must be forwarded to the individual at the updated address. However, if the individual fails to return Attachment I verifying the new address after the established period of time and the mail is not returned by the USPS, the LDSS will conclude that the recipient lives at the address and must update WMS to reflect the new address. In accordance with the managed care contract, if a Managed Care Contractor informs the local district of a new address, this is sufficient information to update the address in WMS.

In accordance with 08 OHIP/LCM-1, "Continued Medicaid Eligibility for Recipients Who Change Residency (Luberto v. Daines)", individuals who move out of the district must confirm their new address in order to have coverage transferred to the new district of residence. 08 OHIP/LCM-1 includes a verification of new address form to be used when mail is returned by the USPS with a forwarding address in another county.

To be produced on Agency letterhead

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

**VERIFICATION OF NEW ADDRESS  
(For In County Change of Address)**

The U.S. Postal Service returned the enclosed mail that we sent you with a forwarding address. You must verify that this is your new address.

The Post Office has informed us that your new address is:

Another program area within the department of social services has informed us that your new address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To verify your new address, please check the box below and sign and return this letter by \_\_\_\_\_.

(Date)

Yes, the address shown above is my new address.

To help us update your Medicaid case, please tell us who moved with you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you do not want your Medicaid to continue, please check the box below and sign and return this letter by \_\_\_\_\_.

(Date)

I do not want Medicaid to continue. Please close my case.

\_\_\_\_\_

(Signature)

(Date)