

| MANUAL MATERIAL TRANSMITTED | | | | | |
|---|---------|-------|--------------------|---------|-------|
| MANUAL: INCOME MAINTENANCE | | | CHANGE NUMBER: 246 | | |
| DELETE | | | INSERT OR CHANGE | | |
| PAGES | CHAPTER | DATED | PAGES | CHAPTER | DATED |
| 53 - 54 | 16 | 7/98 | 53 - 54 | 16 | 4/02 |
| 55 - 56 | 16 | 7/98 | 55 - 56 | 16 | 4/02 |
| 57 - 58 | 16 | 4/01 | 57-58 | 16 | 4/02 |
| 58a | 16 | 4/01 | 58a | 16 | 4/02 |
| 58b | 16 | 4/99 | 58b | 16 | 4/99 |
| DATE: APRIL 1, 2002 TO: ALL INCOME MAINTENANCE MANUAL HOLDERS | | | | | |

This change is being made to the policy for Women with Breast or Cervical Cancer (BCC) to add information concerning the annual redetermination of this Medicaid coverage group.

BCC coverage is currently located in a RAPIDS group that does not require a redetermination date (MP G). The Office of Maternal, Child and Family Health (OMCFH) will send a manual letter notifying the covered individual that a review is necessary. OMCFH will also provide a BCC Medicaid Continuation Form and a OFS-BCC-1 to be completed and mailed to the appropriate district office.

A face-to-face interview is not necessary unless it appears from information provided on the OFS-BCC-1 that the woman may be eligible for a mandatory Medicaid coverage group. BCC coverage is continued during the eligibility process.

Failure to cooperate in the Medicaid eligibility process results in closure of the BCC coverage group.

A sample copy of the BCC Medicaid Continuation Form used by CDC facilities is available from the Policy Unit upon request.

Minor changes have been made to other pages in Section 16.7 to correct terminology and spacing problems.

Policy questions should be directed to the OFS Policy Unit.

Questions regarding RAPIDS procedures should be directed to the RAPIDS Help Desk.