

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
THE GOVERNOR NELSON A. ROCKEFELLER EMPIRE STATE PLAZA  
CORNING TOWER  
ALBANY, NEW YORK 12237

Barbara A. DeBuono, M.D., M.P.H.  
Commissioner of Health

Dennis P. Whalen  
Executive Deputy Commissioner

October 21, 1997

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the CNS enhancements for Medicaid scheduled to become operational on the Production System on November 3, 1997. These enhancements are a result of Welfare Reform programmatic changes.

The attached summaries detail the specifics of these changes:

Attachment II:	CNS System/Edit Changes (MA)	Page 1 of 9
Attachment II A:	MA CNS Language Changes	Page 1 of 9
Attachment II B:	Budget Page	Page 8 of 9
Attachment II C:	MA Reason Code Deletion	Page 9 of 9

In addition, this letter will address Medicaid processing for Application and Undercare transactions. The description will include the processing prior to November 1, 1997, the period between November 1, 1997 - November 28, 1997 and the processing after systems enhancements scheduled for December 1, 1997. As you know, Welfare Reform programmatic changes are effective November 1, 1997. However, WMS and MBL enhancements for Welfare Reform will not be available until December 1, 1997.

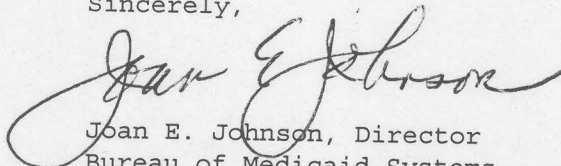
The attached summaries detail the specifics of these changes:

Attachment I:	Case Processing	Page 1 of 3
Attachment III:	PA-MA Extension Matrices	Page 1 of 5
Attachment IV:	Medicaid Coverage Code 04	Page 1 of 1

For questions regarding the attached changes, please contact the following individuals at:

Attachment I:	Dennis DiMuria @ (518) 473-5614
Attachment II:	Patti Buttino @ (518) 474-4710
	Michele Leonard @ (518) 473-5337
Attachment III:	Bob Decker @ (518) 473-6206
Attachment IV:	Bob Decker @ (518) 473-6206

Sincerely,

  
Joan E. Johnson, Director  
Bureau of Medicaid Systems  
Office of Medicaid Management

cc: Commissioner  
IM Director  
MA Director

### Case Processing

The Welfare Reform programmatic changes are effective November 1, 1997. Systems support for these changes will not be available on WMS, or the MBL system, until 12/1/97. Therefore, for the period between November 1, 1997 and November 28, 1997, the following procedures are recommended to ensure proper case processing. A matrix is attached outlining processing for cases which are in application status as well as for recertification/ undercare transactions.

#### Applications:

For actions taken on Applications prior to 11/1/97, the rules in effect prior to Welfare Reform should be used regardless of the final decision, eligible or ineligible. The system will continue to support pre-Welfare Reform rules.

For actions taken on new applications which are between 11/1/97 and 11/28/97 and where the Effective TO date is 11/1/97 or greater the processing should be completed using pre-Welfare Reform rules.

- o If the decision results in eligibility, the case should be processed. The cases which are found eligible and processed through WMS prior to 11/28/97 will be Mass Rebudgeted using Welfare Reform rules.
- o For the following applications, the final decision should be pended until full systems support is available on 12/1/97:
  - ADC-related (Budget types 01, 05 and 09) which have earned income and are determined ineligible due to excess income; or
  - those applications treated as HR-related (Budget types 02, 06 and 10); and are found ineligible due to excess resources.

Those applications which are pended will appear on the Mass Rebudgeting Exception Report with an "Application Status" message. We suggest a list of these applications be maintained so they will be easily identified from the Exception Report. These applications will need to be rebudgeted using MBL on or after 12/1/97.

For actions processed after 11/30/97, full systems support will be available using rules as a result of Welfare Reform. The details of these changes will be identified in a forthcoming WMS/CNS Coordinator letter and MBL Transmittals associated with the 12/1/97 implementation.

#### Recertifications/Undercare Transactions

For Recertification/Undercare Transactions completed with effective FROM or TO dates for any period prior to 11/1/97, the rules in effect prior to Welfare Reform should be used regardless of the final decision, eligible or ineligible. The system will continue to support pre-Welfare Reform rules.

For Recertification/Undercare Transactions completed with effective FROM dates between 11/1/97 and 11/28/97, the processing should be defined based on the decision using pre-Welfare Reform rules.

- o If the decision results in eligibility, the case should be processed. These cases will be Mass Rebudgeted using Welfare Reform rules.
- o For the following recertification/undercare transactions, the final decision should be pended until after full systems support is available on 12/1/97:
  - ADC-related which have earned income and are determined ineligible due to excess income; or
  - those cases treated as HR Related which are found ineligible due to excess resources.

Although these pended cases will be Mass Rebudgeted, they ALL must be reviewed for appropriate budgeting methodology. We suggest a list of these cases be maintained so they will be easily identified for your review.

For Recertification/Undercare Transactions with effective FROM or TO dates after 11/30/97 full systems support will be available using rules as a result of Welfare Reform. The details of these changes will be identified in a forthcoming WMS/CNS Coordinator letter and MBL Transmittals associated with the 12/1/97 implementation.

Case Processing Recommendations Prior  
To System Support\*

Applications Action Taken	Prior to 11/1/97	11/1/97 to 11/28/97	Post 11/30/97
Found Eligible	Use pre-Welfare Reform Rules	Use Pre-Welfare Reform	Welfare Reform Rules
Found Ineligible (due to excess income in case with earned income or excess resources)	Use pre-Welfare Reform Rules	Pend final decision until after system support 12/1/97 Maintain List.	Welfare Reform Rules

Recerts/Undercare	Effective From or To Dates Prior to 11/1/97	Effective From Date 11/1/97 through 11/28/97	Effective From or To Dates of 12/1/97 or greater
Eligible	Use pre-Welfare Reform Rules	Use pre-Welfare Reform Rules	Welfare Reform Rules
Ineligible (Due to excess income in case with income or excess resources)	Use pre-Welfare Reform Rules	Pend final decision until after system support 12/1/97 Maintain List.	Welfare Reform Rules

\* System Support will be available 12/1/97 and Welfare Reform changes will be defined in WMS/CNS Coordinator Letter and MBL Transmittals.

**CNS Systems (MA)**

**A. MA CNS LANGUAGE CHANGES**

1. Due to policy changes as a result of Welfare Reform, the following reason codes have had language changes in the notice. The reason code and the previous language as well as the new language are included.

These changes will be available on ELIB (ELIB CNLANG) on 11/3/97.

Z30	Community Recertification-Scheduled Interview
Z32	Community Recertification-Call-In for an Interview
Z34	Community Recertification-SSI Related Mail-In
Z36	Community Recertification-Scheduled MA Group Recert

Previous Language: "If a Public Assistance case has recently been opened for you or you are in receipt of Supplemental Security Income (SSI) Benefits, you do not have to come in for a recertification interview. You will continue to receive Medical Assistance as long as you receive Public Assistance or SSI. Please call your worker if you receive Public Assistance or SSI."

New Language: "If you are in receipt of Supplemental Security Income (SSI) Benefits, you do not have to come in for a recertification interview. You will continue to receive Medical Assistance as long as you receive SSI. Please call your worker if you receive SSI."

**U65 Not a Resident of District**

Message 1:

Previous Language: "You will be eligible for Medical Assistance until \_\_\_\_\_ if you apply in your new county because you are currently receiving a four month extension because you lost Aid to Dependent Children (ADC) cash assistance due to receipt of or an increase in child or spousal support. If you want Medical Assistance to continue, you should show this NOTICE to your new worker when you apply."

New Language: "You will be eligible for Medical Assistance until \_\_\_\_\_ if you apply in your new county because you are currently receiving a four month extension because you lost Medical Assistance due to receipt of or an increase in child or spousal support. If you want Medical Assistance to continue, you should show this NOTICE to your new worker when you apply."

**U59 Denial, Excess Income and Excess Resources**

Previous Language: "This is because both your income and countable resources are over the allowable Medical Assistance limits. Your countable resources are over the limit by \$ \_\_\_\_\_. Your income is over the limit by \$ \_\_\_\_\_. The amounts over the limit are called excess resources and excess income. Also you do not have unpaid medical bills nor do you have paid medical bills within three months before the month of your application that are equal to or more than the total amount your resources and income are over the limit. In addition, we told you that you could spend your excess resources to establish or add to an existing burial fund up to \$1500.00 or to pay for burial space items. You did not do so within the time period you were allowed."

New Language: "This is because your income (less Medical Assistance deductions) and countable resources are over the allowable Medical Assistance limits. The amount over the limit is called excess income and excess resources or spenddown. Your monthly excess income amount is \$ \_\_\_\_\_. Your excess resource amount is \$ \_\_\_\_\_. Also, we have not received documentation that you have unpaid medical expenses not covered by insurance that are equal to or more than your excess resource amount and your excess income amount or that you have spent your excess resources by establishing or adding to a burial trust fund."

**E59 Pregnant Women Denied, Income is Over 185% of Poverty, Bills Do Not Meet Spenddown**

Previous Language: "This is because your net family income of \$ \_\_\_\_\_ is more than 185% of the Federal Poverty Level of \$ \_\_\_\_\_ which is the income limit for a pregnant woman. Your income is also \$ \_\_\_\_\_ more than the Medical Assistance limit of \$ \_\_\_\_\_. The amount over the Medical Assistance limit is called excess income. Also, you do not have unpaid medical bills nor do you have paid medical bills within three months before the month of your application that are equal to or more than the amount your income is over the limit."

New Language: "This is because your income (less Medical Assistance deductions) of \$ \_\_\_\_\_ is more than 185% of the Federal Poverty Level of \$ \_\_\_\_\_ which is the income limit for a pregnant woman. Since your income is over 185% of the the Federal Poverty Level, we compare your income to the Medical Assistance limit and there is now a resource limit."

Your income is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$ \_\_\_\_\_. Also, you do not have unpaid medical expense not covered by insurance that are equal to or more than your excess income amount."

E56

**Denial, Excess Income and Excess Resources, Children Age 1-5  
Years of Age**

Previous Language: "This is because your net family income of \$ \_\_\_\_ is more than 133% of the Federal Poverty Level of \$ \_\_\_\_ which is the income limit for children between the ages of one and five. Since your net family income is over 133% of the Federal Poverty Level, we compare your income to the Medical Assistance limit and there is now a resource limit.

Your income and countable resources are over the allowable Medical Assistance limits. Your countable resources are over the limit by \$ \_\_\_\_\_. Your income is over the limit by \$ \_\_\_\_\_. The amounts over the limit are called excess resources and excess income. Also you do not have unpaid medical bills nor do you have paid medical bills within three months before the month of your application that are equal to or more than the total amount your resources and income are over the limit. In addition, we told you that you could spend your excess resources to establish or add to an existing burial fund up to \$1500.00 or to pay for burial space items. You did not do so within the time period you were allowed."

New Language:

"This is because your income (less Medical Assistance deductions) of \$ \_\_\_\_ is more than 133% of the Federal Poverty Level of \$ \_\_\_\_ which is the income limit for children between the ages of one and five. Since your income is over 133% of the Federal Poverty Level, we compare your income to the Medical Assistance limit and there is now a resource limit.

Your income and countable resources are over the allowable Medical Assistance limits. The amounts over the limits are called excess income and excess resources or spenddown. Your monthly excess income amount is \$ \_\_\_\_\_. Your excess resource amount is \$ \_\_\_\_\_. Also, we have not received documentation that you have unpaid medical expenses not covered by insurance that are equal to or more than your excess resource amount and your excess income amount or that you have spent your excess resources by establishing or adding to a burial trust fund."

E58

Denial, Excess Income and Excess Resources, Children Born  
After 9/30/83 at Least 6 Years of Age

Previous Language: "This is because your net family income of \$ \_\_\_ is more than 100% of the Federal Poverty Level of \$ \_\_\_ which is the income limit for children born after September 30, 1983 who are at least six years old. Since your net family income is over 100% of the Federal Poverty Level, we compare your income to the Medical Assistance limit and there is now a resource limit.

Your income and countable resources are over the allowable Medical Assistance limits. Your countable resources are over the limit by \$ \_\_\_. Your net income is over the limit by \$ \_\_\_\_\_. The amounts over the limit are called excess resources and excess income. Also, you do not have unpaid medical bills nor do you have medical bills within three months before the month of your application that are equal to or more than the total amount your resources and income are over the limit. In addition, we told you that you could spend your excess resources to establish or add to an existing burial fund up to \$1500.00 or to pay for burial space items. You did not do so within the time period you were allowed."

New Language:

"This is because your income (less Medical Assistance deductions) of \$ \_\_\_ is more than 100% of the Federal Poverty Level of \$ \_\_\_ which is the income limit for children born after September 30, 1983 who are at least six years old. Since your income is over 100% of the Federal Poverty Level, we compare your income to the Medical Assistance limit and there is now a resource limit.

Your income and countable resources are over the allowable Medical Assistance limits. The amounts over the limits are called excess income and excess resources or spenddown. Your monthly excess income amount is \$ \_\_\_. Your excess resource amount is \$ \_\_\_\_\_. Also, we have not received documentation that you have unpaid medical expenses not covered by insurance that are equal to or more than your excess resource amount and your excess income amount or that you have spent your excess resources by establishing or adding to a burial trust fund."

**E20 Disc., Excess Income, Infant to Age 1, Over 185% of FPL, No MA During Pregnancy**

Previous Language: " This is because your net family income of \$ \_\_\_ is more than 185% of the Federal Poverty Level of \$ \_\_\_ which is the income limit for a child less than one year old.

Your income is \$ \_\_\_ more than the Medical Assistance limit of \$ \_\_\_. The amount over the Medical Assistance limit is called excess income. You also do not have unpaid medical bills nor do you have paid medical bills incurred in the three months prior to the month of your application that are equal to or more than the amount your income is over the Medical Assistance income limit."

New Language: "This is because your income (less Medical Assistance deductions) of \$ \_\_\_ is more than 185% of the Federal Poverty Level of \$ \_\_\_ which is the income limit for a child less than one year old.

Your income is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$ \_\_\_."

**X50 COBRA Continuation Coverage of Group Health Insurance Premiums, Regular Disc.**

Message 2:

Previous Language: "This is because your household's net income of \$ \_\_\_ is over the net income limit of \$ \_\_\_."

New Language: "This is because your income (less Medical Assistance deduction) of \$ \_\_\_ is over the income limit of \$ \_\_\_."

Message 3:

Previous Language: " This is because your household's countable resources of \$ \_\_\_ are over the resource limit of \$ \_\_\_."

New Language: " This is because your countable resources of \$ \_\_\_ are over the resource limit of \$ \_\_\_."

Supervisory Review Report Denial

Message 4:

Previous Language: "No longer cost effective"

New Language: "Not cost effective"

**U31 FNP Parents, Over Income and/or Resource (Disc. and Denial)**

Message 1:

Previous Language: "This is because your household's net income of \$ \_\_\_ is more than the Medical Assistance income limit of \$ \_\_\_ for your household size."

New Language: "This is because your income (less Medical Assistance deductions) of \$ \_\_\_ is over the income limit of \$ \_\_\_\_."

Message 2:

Previous Language: "This is because your household's countable resource of \$ \_\_\_ are more than the Medical Assistance Resource limit of \$ \_\_\_ for your household size."

New Language: "This is because your countable resources of \$ \_\_\_ are over the resource limit of \$ \_\_\_\_."

Message 3:

Previous Language: "This is because your household's net income of \$ \_\_\_ is more than the Medical Assistance income limit of \$ \_\_\_ and your household's countable resources of \$ \_\_\_ are more than the Medical Assistance Resource Limit of \$ \_\_\_ for your household size."

New Language: "This is because your income (less Medical Assistance deductions) of \$ \_\_\_ is over the income limit of \$ \_\_\_ and your countable resources of \$ \_\_\_ are over the resource limit of \$ \_\_\_\_."

2. Due to policy changes to clarify notices, the following reason codes have had changes to the language. These changes are currently available on ELIB (ELIB CNLANG).

**E67 Denial, Child Up to Age One, Excess Income**

Previous Language: "Please look at the budget calculation to see how we figured your net and excess income."

New Language: "Please look at the budget calculation to see how we figured your excess income."

**E55 Denial, Excess Income, Children Age 1-5**

Previous Language: "Please look at the budget calculation to see how we figured your net and excess income."

New Language: "Please look at the budget calculation to see how we figured your excess income."

**E68 Disc., Excess Income and Excess Resources, Children Turning 1 Year**

Previous Language: "Please read the Sections: "Explanation of the Excess Income Program", "Explanation of the Excess Income Program" and "Optional Pay-in Program".

New Language: "Please read the Sections: "Explanation of the Excess Income Program", "Explanation of the Excess Resources Program" and "Optional Pay-in Program".

**E57 Disc., Excess Income, Children Born After 9/30/83 at Least 6 Years of Age**

Added Language: "Please look at the budget calculation section to see how we figured your excess income."

**X52 Medicare Buy-In Program, QMBs (Disc. and Denial)**

**X53 Medicare Buy-In Program, SLIMBs. (Disc. and Denial)**

Previous Language: Message 5 "Because \_\_\_\_\_."

New Language: Message 5 "This is because: \_\_\_\_\_"

CNS System (MA)

B. BUDGET PAGE

Effective with this migration, the following changes will be made to the Budget portion of the Notice for all financial reason codes.

Section titled "General monthly disregards from income are:"

Bullet #1 will be changed from "FP/Non-SSI and FNP Budget Types" to "Non SSI Budget Types".

In addition, the Budget Type mnemonics will be changed as follows:

BUDGET TYPE	FROM	TO
"01"	"FP/Non-SSI"	"LIF/ADC-Related" (Spanish - LIF/Relativo AL ADC)
"02"	"FNP"	"S/CC" (Spanish - S/CC)
"05"	"SSI Related/FP"	"SSI Rel & LIF/ADC-Rel" (Spanish - Rel SSI & LIF/Rel ADC)
"06"	"SSI Related/FNP"	"SSI Related & S/CC" (Spanish - Relativo AL SSI & S/CC)
"09"	"Chronic Care/FP"	"Chronic Care & LIF/ADC Related" (Spanish - Cuidado Cronico LIF/ADC)
"10"	"Chronic Care/FNP"	"Chronic Care & S/CC" (Spanish - Cuidado Cronico & S/CC)

CNS system (MA)

C. MA REASON CODE DELETION

Due to policy changes as a result of Welfare Reform, the following Reason Codes have been deleted:

- |     |  |
|-----|--|
| F41 | Failure to register with NYS Employment Services-<br>HR Related.     |
| F42 | Failure to register with NYS Employment Services-<br>ADC-U Related.  |
| 766 | Denial-HR failure to comply with a PA employment<br>requirement.     |
| 767 | Discontinue HR failed to comply with PA<br>Employment requirement.   |
| 768 | Denial ADU failed to comply with PA employment<br>requirement.       |
| 769 | Discontinue ADU failure to comply with PA<br>employment requirement. |

These Reason Codes have been deleted because work rules no longer apply to any Medicaid applicant or recipient, including those applying for assistance under Low Income Family (LIF) and Single/Childless Couples (S/CC). Additionally, sanctions or denials due to failure to comply with employment requirements under Public Assistance (PA) no longer apply to Medicaid applicants or recipients. Medicaid eligibility must be determined for those cases denied PA and continued for those cases sanctioned from PA due to employment requirements, if the individual is otherwise eligible for Medicaid.

## PA-MA Extension Matrices

### PA REASON CODE - MA LANGUAGE MATRICES

The PA-MA Extension matrices have been enhanced as a result of Welfare Reform. These enhancements will be in effect as of 11/3/97.

#### Language Changes:

763 - "Combined PA/MA Support Extension" title changed to "MA Support Extension"

Previous Language: "This is because recipients in an Aid to Dependent Children (ADC) case..."

New Language: "This is because recipients in a Medical Assistance case"...

#### New Language:

800 - "PA Application - Do Not Want MA Cat Code 04".

802 and 803 - "Ineligible Alien"  
Denial and Discontinuance.

804 and 805 - "New Resident - Ineligible 12 Months"  
Denial and Discontinuance.

This is an interim change. The matrices will be redesigned to reflect the usage of Categorical Codes that will be migrated to Production 12/1/97. You will be notified of these changes in a WMS/CNS Coordinator letter.

The major changes to the matrices are:

- Parents of intact households are now eligible under Family Assistance. This changes their eligibility for Medicaid in most situations. Because intact families (no deprivation) are currently identified on case type 14, the matrices will reflect MA policy as a result of Welfare Reform.
- Work rules do not apply to any Medicaid applicant or recipient, including those applying for assistance under LIF and S/CC. Sanctions or denials due to failure to comply with employment requirements under PA do not apply to Medicaid applicants or recipients. Medicaid eligibility must be determined for those cases denied PA and continued for those cases sanctioned from PA due to employment requirements, if the individual is otherwise eligible for Medicaid.

The following pages show the four matrices listing the reason codes that were affected. The changes are in bold type.

PA DENIAL CASE RC - MA INSERT RC

<u>PA RC</u>	<u>PA Case Type</u>	<u>MA Insert RC</u>
F81	ALL	753
M25	11, 12 14, 16, 17	753 754/P
N13	ALL	754/P
N14	All	753
N15	ALL	753
W11	ALL	753
W40	ALL	753

CLOSINGS - CASE REASON CODE (RC) LIST

<u>PA</u> <u>RC</u>	<u>PA</u> <u>Case Type</u>	<u>MA Insert</u> <u>RC</u>
E32	11, 12, 14 16, 17	763/758 761/E
E38	11, 12 14, 16, 17	758 761/E
E39	11, 12, 14 16, 17	758 761/E
F11	ALL	761/X
F38	11, 12, 14, 16, 17	758 761/E
F81	All	758
M25	11, 12 14, 16, 17	758 790/E
N13	ALL	761/E
N14	All	758
N15	All	758
N51	11, 12, 14 16, 17	758 761/E
N53	11, 12, 14 16, 17	758 761/E
U43	All	761
U44	11, 12	758
UI6	11, 12 14, 16, 17	758 761/E
W11	All	758
W40	All	758

PA DENIAL INDIVIDUAL RC - MA INSERT RC

<u>PA RC</u>	<u>PA Case Type</u>	<u>MA Insert RC</u>
E21	All	754/P
F35	ALL	753
F44	11, 12 14, 16, 17	753 754/P
F45	11, 12 14, 16, 17	753 754/P
F46	11, 12 14, 16, 17	753 754/P
F75	All	753
F76	All	753
F84	ALL	753
F92	All	802
M97	All	753
N20	All	753
N42	ALL	753
P93	ALL	804
NX1	14, 16, 17	755
NX2	14, 16, 17	755
NX3	14, 16, 17	755
WE0	14, 16, 17	753
WE1	All	753
WE2	All	753
WE3	All	753
WH1	16, 17	754/P
WH2	16, 17	754/P
WH3	16, 17	754/P
WH4	16, 17	754/P

CLOSINGS - Individual Reason Code (RC) List

<u>PA RC</u>	<u>PA Case Type</u>	<u>MA Insert RC</u>
E21	All	761/X
F35	All	758
F44	11, 12 14, 16, 17	758 761/E
F45	11, 12 14, 16, 17	758 761/E
F46	11, 12 14, 16, 17	758 761/E
F75	All	758
F76	All	758
F84	All	758
F92	All	803
M97	All	758
N20	All	758
N41	All	758
N42	All	758
P93	All	805
EX1	14, 16, 17	758
EX2	14, 16, 17	758
EX3	14, 16, 17	758
NX1	14, 16, 17	758
NX2	14, 16, 17	758
NX3	14, 16, 17	758
WE0	14, 16, 17	758
WE1	All	758
WE2	All	758
WE3	All	758

### Medicaid Coverage Code 04

The edits for WMS Screen 05 now allow for the entry of a Recipient Medicaid Coverage Code of 04 (No-Coverage) when the Case Type is PA (11-14, 16, 17) and the Individual Status is 07 (Active). This change supports the delinkage of Cash Assistance and Medicaid.

In addition, the use of 04 coverage supports Citizenship/Alien situations where an individual is ACTIVE for cash but not receiving Medicaid. This new combination of 07-04 will require the presence of MA Coverage Dates. For opening transactions, if blank, the system will generate the First Day of the Authorization From Date Month/Year to the Last Day of the Authorization To Date Month/Year. If entered, the From Date must be the First Day of the month and not prior to the First Day of the Third Month prior to Application. The To Date must be the Last Day of the Authorization To Date Month. For Recertification transactions, if the Dates are unchanged, the same logic as opening transactions apply. The only entry of dates will be necessary for Undercare Maintenance since the system needs to determine when someone is going from Full Coverage to No Coverage. When changed the From date must be at least 10 days into the future.

The Automatic Closings procedure has been revised to assure that an individual who has Medicaid coverage in a Medicaid Case (Case Type 20) is not closed or deleted because they are in a cash assistance case with an Medicaid Coverage Code of 04. In this circumstance, case involvement will be reported and no action to delete or close will be taken. Specifically, when the NEW Case is PA (Case Type 11-14, 16, 17), the individual(s) have a MA Coverage Code of 04, and the CURRENT (TARGET) case is MA (Case Type 20) no action will be taken. Only individuals with MA Coverage in a cash assistance case will be Closed or Deleted.