

NEW YORK STATE
OFFICE OF TEMPORARY & DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001

BRIAN J. WING
Commissioner

PATRICIA A. STEVENS
Deputy Commissioner
Division of Temporary Assistance

November 18, 1997

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements scheduled for migration to the Training System on December 1, 1997 and to become operational on the Production System on December 15, 1997. These changes are a result of Federal and State Welfare Reform reporting requirements.

The attached summaries detail the specifics of these changes. For questions regarding the changes, please contact the individuals listed below each summary at 1-800-343-8859:

Attachment I:	CITIZENSHIP/ALIENS Dennis DiMuria @ extension 3-5614
Attachment II:	CATEGORICAL CODES Dennis DiMuria @ extension 3-5614
Attachment III:	TMA Bob Decker @ extension 3-6206
Attachment IV:	CNS (MA) Patti Buttino @ extension 4-4710 Michele Leonard @ extension 3-5337
Attachment V:	PA NOTICE-MA INSERT LANGUAGE Bob Decker @ extension 3-6206
Attachment VI:	WMS/CNS Reason Code Changes (PA) Bob Markham @ extension 4-2166
Attachment VII:	CAP EDITS/EAF EDIT/FAP PAY TYPE EDITS
#1, 2	Mike Zostant @ extension 4-7239
#3	Tully Lenihan @ extension 4-8749
Attachment VIII:	NEW PA CASE TYPE DEFINITIONS Tully Lenihan @ extension 4-8749

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

-2-

Revisions to the CNS Code Cards are being updated electronically, and will be available on ELIB (ELIB SYS001/File Name - CNS CODE CDS).

Please make the necessary pen and ink changes to the 10/95 version of the WMS Code Cards (DSS-4398).

Sincerely,

WD

Wendy Dmitri
Division of Temporary Assistance/WMS

J EJ

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

cc: Commissioner
IM Director
FS Director
MA Director

CITIZENSHIP/ALIENS

The Welfare Reform Act restricts the provision of Medicaid to individuals who are qualified aliens. Certain qualified aliens must receive full Medicaid benefits, if otherwise eligible. Other qualified aliens may receive full Medicaid benefits, depending on their date of entry into the United States. Aliens who are not qualified aliens may be provided Medicaid coverage only when care and services are necessary for the treatment of an emergency medical condition.

WMS has been enhanced to accommodate this new legislation. These enhancements will be available on Production 12/1/97. Page 5 of this attachment contains a guide for the new Citizenship/Alien Status Indicator Codes and associated edits.

Citizenship/Alien Status Indicator (DE 03180)

- o Citizenship/Alien Status Indicator Codes are required for each individual at Opening (02), Reopening (10) and Recertification (06). **The exceptions to this requirement are unborns (all Case Types) and pregnant women (Case Type 20).** The unborn is identified by the Sex Code of U and the pregnant woman is identified by the Individual Categorical Code of 15, 36, 42, 43 or 48.

- o New values have been added to the Citizenship/Alien Status Indicator.
 - A - Person granted asylum

 - B - Battered Alien/dependent

 - C - Citizen

 - E - Alien only eligible for emergency Medicaid

 - F - Person granted conditional entry

 - G - Person paroled into the U.S. for at least one year

 - H - Cuban and Haitian entrant

 - J - Person whose deportation is withheld

 - K - Lawful Permanent Resident without 40 qualifying quarters or 40 quarters not determined

 - M - Qualified alien on active duty in the Armed Forces/spouse/dependent

 - N - Non-qualified PRUCOL alien in residential facility on 8/4/97

 - O - Non-qualified PRUCOL alien eligible for Safety Net/State Food Assistance Program (FAP)

 - R - Person admitted as a refugee/Amerasian immigrant

CITIZENSHIP/ALIENS

- S - Lawful Permanent Resident with 40 qualifying quarters
- T - Person paroled into the U.S. for less than one year
- V - Veteran of the Armed Forces/spouse/dependent
- o The existing Citizenship/Alien Status Indicator Code C (Citizen), I (Illegal Alien) and L (Legal Alien) will continue as valid values for Undercare transactions.
- o A new Individual Categorical Code 37 (defined as FNP alien) has been added to support State only Medicaid claiming for certain alien statuses. Attachment II, Individual Categorical Codes, addresses the use of Individual Categorical Code 37 in detail.

Alien Number (DE03171)

- o The Alien Number is a required field when the Citizenship/Alien Status Indicator equals:

A, B, F, G, H, J, K, M, O, R, S, T or V

- o The Alien Number is an optional field when the Citizenship/Alien Status Indicator equals:

E or N

- o The Alien Number is not allowed when the Citizenship/Alien Status Indicator equals:

C

Date of Entry/Date of Status (DE03172)

- o The Date of Entry field has been redefined to Date of Entry/Date of Status. This field must contain a logical date of Month/Year.

- o The Date of Entry/Date of Status is a required field when the Citizenship/Alien Status Indicator equals:

A, B, F, G, H, J, K, M, O, R, S, T or V

- o The Date of Entry/Date of Status is an optional field when the Citizenship/Alien Status Indicator equals:

E or N

- o The Date of Entry/Date of Status is not allowed when the Citizenship/Alien Status Indicator equals:

C

CITIZENSHIP/ALIENS

- o If the Citizenship Status Indicator N is used in Case Type 20, the Date of Entry/Date of Status must be less than 9/97, and the Categorical Code must equal 37 (FNP Alien).

Case Types (DE01060)

- o Citizenship/Alien Status Indicators E and N are not valid in Case Type 11, 12, 14, 16, 17, 19, 31 or 32.
- o Citizenship/Alien Status Indicator O is not valid for Case Type 20.
- o Citizenship/Alien Status Indicators A, C, H, J, M, R, S and V are valid for Case Types 31 and 32 when a FAP Indicator is not present.
- o Citizenship/Alien Status Indicators A, F, G, H, J, K, O and R are valid for Case Types 31 and 32 when a FAP Indicator is present.
- o If the Case Type equals 14, 16 or 17, and the Citizenship/Alien Status Indicator is O, the MA Coverage Code must be 04 (No Coverage-Ineligible) or 07 (Emergency Services Only).
- o If the Case Type equals 11, 12, or 19, the Citizenship/Alien Status Indicators are B, F, G, K or S, and the Date of Entry/Date of Status is greater than or equal to 9/96, the PA Authorization FROM date and the MA Coverage FROM date must be greater than or equal to the Date of Entry/Date of Status plus 5 years.
- o If the Case Type equals 14, 16, or 17, the Citizenship/Alien Status Indicator is B, F, G, K or S, and the Date of Entry/Date of Status is greater than or equal to 9/96, and the PA Authorization FROM date is less than 5 years from the Date of Entry/Date of Status, the MA Coverage Code must be 04 (No Coverage-Ineligible) or 07 (Emergency Services Only).
- o If the Case Type is equal to 20 and the Citizenship/Alien Status Indicator is N, the Date of Entry/Date of Status must be less than 9/97.
- o If the Case Type equals 31 or 32, the Citizenship/Alien Status Indicator is S and the Date of Entry/Date of Status is greater than or equal to 9/96, the FS Authorization FROM date must be greater than or equal to the Date of Entry/Date of Status plus 5 years.
- o If the Case Type equals 31 or 32, and the Citizenship/Alien Status Indicators are A, H, J or R and the FAP Indicator is not present, the FS Authorization TO date must be less than or equal to the Date of Entry/Date of Status plus 5 years. This applies only if all the individuals in the case meet the criteria.

MA Coverage Codes (DE21090)

- o If Citizenship/Alien Status Indicator E or T is used in Case Type 20, the MA Coverage code must equal 07 (Emergency Services Only).

CITIZENSHIP/ALIENS

- o If Citizenship/Alien Status Indicator O or T is used in Case Type 11, 12, 14, 16, 17, or 19, the MA Coverage Code must equal 04 (No Coverage - Ineligible) or 07 (Emergency Services Only).
- o MA Coverage 07 (Emergency Services Only) is now allowed for Case Types 14, 16 or 17 with a Citizenship/Alien Status Indicator of O or T, and when qualified alien is only eligible for emergency services.
- o If the Citizenship/Alien Status Indicator B, F, G, K or S is used for individuals in a Case Type 20 and the Date of Entry/Date of Status is 9/96 or later, and the MA Coverage FROM Date is less than 5 years from the Date of Entry/Date of Status, the MA Coverage Code must equal 07 (Emergency Services Only).
- o If the Citizenship/Alien Status Indicator A, C, H, J, M, N, R or V is used for any Case Type, the MA Coverage Code may not equal 07 (Emergency Services Only).

Citizenship/Alien Status Indicator Codes

FA = Family Assistance

FS = Food Stamps (Federal)

SNA = Safety Net Assistance

FAP = Food Assistance Program (State)

MA = Medicaid

Citizenship/Alien Status*	Code	Valid Entry for:						Date of Entry/Date of Status	Alien Number	MA Coverage Codes**
		FA	SNA	FS	FAP	MA				
Person Granted Asylum	A	Y	Y	Y	Y	Y	Required	Required	All Except 07	
Battered Alien	B	Y	Y	N	N	Y	Required	Required	04 or 07 during 5 year ban.	
Citizen	C	Y	Y	Y	N	Y	Not Allowed	Not Allowed	All Except 07	
Alien only eligible for emergency MA	E	N	N	N	N	Y	Optional	Optional	07 only	
Person granted conditional entry	F	Y	Y	N	Y	Y	Required	Required	04 or 07 during 5 year ban.	
Person paroled into the US for at least one year	G	Y	Y	N	Y	Y	Required	Required	04 or 07 during 5 year ban.	
Cuban and Haitian entrant	H	Y	Y	Y	Y	Y	Required	Required	All Except 07	
Person whose deportation is being withheld	J	Y	Y	Y	Y	Y	Required	Required	All Except 07	
Lawful Permanent Resident w/o 40 quarters or 40 quarters not determined	K	Y	Y	N	Y	Y	Required	Required	04 or 07 during 5 year ban.	
Qualified Alien on active duty in Armed Forces (including spouse & dependent children)	M	Y	Y	Y	N	Y	Required	Required	All Except 07	
Non-qualified PRUCOL alien in residential facilities on 8/4/97	N	N	N	N	N	Y	Optional	Optional	All Except 07	
Non-qualified PRUCOL eligible for SN/FAP	O	N	Y	N	Y	N	Required	Required	04 or 07 only	
Person admitted as refugee/Amerasian	R	Y	Y	Y	Y	Y	Required	Required	All Except 07	
Lawful Permanent Resident with 40 qualifying quarters	S	Y	Y	Y	N	Y	Required	Required	04 or 07 during 5 year ban.	
Person paroled into the US for less than one year	T	N	Y	N	N	Y	Required	Required	04 or 07 only	
Veteran of the Armed Forces (inc. spouse & dependent child)	V	Y	Y	Y	N	Y	Required	Required	All Except 07	

*Citizenship/Alien Status Indicator Codes are required for each individual at Opening (02), Reopening (10) and Recertification (06) except unborns (all Case Types) and Pregnant Women (Case Type 20).

**Edits related to MA Coverage Codes are bypassed for Individual Categorical Codes 15, 36, 42, 43, and 48 (Pregnant Woman).

INDIVIDUAL CATEGORICAL CODES

For proper reporting and Medicaid claiming, the definition of certain Individual Categorical Codes on Screen 3 has been changed. In addition, some new Individual Categorical Codes have been added. Other codes still exist with no change to the definitions. A majority of the former ADC cases will now be Family Assistance cash cases with Low Income Families (LIF) Medicaid eligibility. Therefore the current ADC-Related Individual Categorical Codes (01-08, 13) have been redefined for use for MA-Only (Case Type 20) eligibility under LIF, Family Assistance (Case Type 11) and Safety Net (Case Type 16 or 17) cases. Even though deprivation is no longer considered for cash eligibility, it still must be recorded for Medicaid claiming and reporting.

The following are the new definitions for the ADC-Related Individual Categorical Codes which existed before Welfare Reform. They should be used for Family Assistance and Safety Net cases where a deprivation exists, as well as Medicaid cases eligible based on Low Income Family Budgeting.

01	FA/SN/LIF	Child Death of Parent (Deprivation)
02	FA/SN/LIF	Child Incapacity of Parent (Deprivation)
03	FA/SN/LIF	Child Imprisonment of Parent (Deprivation)
05	FA/SN/LIF	Child Divorce, Annulment, or Legally Separated Parents (Deprivation)
06	FA/SN/LIF	Child Abandonment or Desertion by Parent (Deprivation)
07	FA/SN/LIF	Child Removed by Court Order (Deprivation)
08	FA/SN/LIF	Child Unemployed Principal Wage Earner (Deprivation)
09	FA/LIF/SN/SCC	Child (No deprivation) and Singles/Childless Couples This code is used for children where no deprivation exists (FA, LIF, SN) <u>AND</u> for Single Individuals or Childless Couples (SCC).
13	FA/SN/LIF	Dependent Relative
15	FA/SN/LIF	Pregnant Woman (without deprivation) This code is used for Pregnant Woman where no other deprivation exists.

New Individual Categorical Codes have been added to identify the affected populations. The following are allowable entries for Family Assistance, Safety Net, and MA cases using Low Income Family Budgeting.

26	FA/SN/LIF	Adult Intact Family (no deprivation). This code is entered for the Adult(s) in these cases where there are children but no deprivation exists.
48	FA/SN/LIF	Pregnant Woman (deprivation). This code is entered for a Pregnant Woman and some deprivation already exists (i.e., Absent Parent, etc.).

INDIVIDUAL CATEGORICAL CODES

Note: Due to two definitions for a minor child, one for Public Assistance and one for Medicaid, it is necessary the Public Assistance worker apply the Medicaid definition of a minor child when assigning Individual Categorical Codes. Any individual under the age of 21 must be assigned an Individual Categorical Code of 01-08 or 09 according to the deprivation status. Likewise, the parents of a minor child must also be assigned an Individual Categorical Code of 13 or 26, or if pregnant 48 or 15.

The following new codes are used for Medicaid Only cases when ADC-Related Budgeting is used.

21 ADC-Related Adult (deprivation).

Replaces Code 13 - Dependent Relative.

22 ADC-Related Child (deprivation).

Replaces Codes 01-08 for ADC Deprivation.

25 ADC-Related Child (no deprivation).

Entered for a child in an intact Family eligible at the Medically Needy Level.

42 ADC-Related Pregnant Woman (MA Level).

Entered for a Pregnant woman eligible at the MA Level.

43 Pregnant Woman (Expanded Level).

Entered for a Pregnant Woman eligible at the Expanded Level.

A new Individual Categorical Code 37 (FNP Alien) is used in Medicaid Only cases for Non-Qualified aliens who, on August 4, 1997 were residing in Nursing Facilities or Residential Facilities licensed, operated or funded by the Office of Mental Health or the Office of Mental Retardation and Developmental Disabilities. These individuals were also in receipt of Medicaid based on a determination that they were permanently residing in the United States under color of law (PRUCOL). This code will support FNP claiming for these individuals.

Note: The proper Individual Categorical Codes must be entered, even for closing transactions, to assure appropriate claiming, Medicaid extensions and Medicaid notices.

TMA (MA)

Welfare Reform legislation provides that certain Medicaid Only (Case Type 20) cases will be entitled to Transitional Medical Assistance (TMA). WMS will now support the Medicaid TMA processing.

A new Undercare (Transaction Types 05, 06) Reason Code has been developed for Case Type 20. This reason code is:

E08 - MA TMA Acceptance - 1st Six Months

When appropriate, new reason code E08 should be entered.

- o WMS edits will prohibit the use of E08 unless the Coverage TO Date is at least 6 months in the future.
- o E08 is not valid with Individual Categorical Codes 21, 22, 25, 39, 42 or 43.
- o E08 requires that there be at least two individuals in the case at least one of whom is under 21.
- o The case must have been active under LIF for at least 3 of the past 6 months. The 3 of 6 month test will be performed by WMS based on that case number only. The edit testing 3 of 6 is an overrideable error to be used when the MA worker is aware that the appropriate individuals had been Medicaid eligible in a different case, e.g., a PA case.
- o RC E08 will be used to begin the TMA mailer process as MA Code 088 will continue to do. When Undercare Maintenance is performed 088 should continue to be used to ensure the case remains in the TMA mailer process, if appropriate.

Since CNS Undercare notices have not yet been implemented, a new manual notice for Medicaid cases is now required. This notice is under development and will be forwarded to the districts upon completion.

TMA will continue to be generated from closings of appropriate PA cases with MA coverage when PA Case RC E31 is entered.

CNS (MA)

A. NEW MA REASON CODES

The following MA Reason Codes have been added to CNS.

- o **E01 (C0120) Non-Qualified PRUCOL Alien Ineligible For full MA (Timely) (TAD Based)**

Discontinuance - Recipient is not a citizen or a qualified alien.

- o **E02 (C0121) Non-Qualified Alien End of Medical Emergency (Timely) (TAD Based)**

Discontinuance - Recipient is not a citizen or a qualified alien and no longer has an emergency medical condition.

- o **E03 (C0122) Non-Qualified Alien End of 60 Day Postpartum (Timely) (TAD Based)**

Discontinuance - Recipient is no longer pregnant, and the sixty day postpartum period has ended. The recipient is not a citizen or a qualified alien.

- o **E04 (C0123) Qualified Alien Five Year Ban - End of 60 Day Postpartum (Timely) (TAD Based)**

Discontinuance - Recipient is no longer pregnant, and the sixty day post-partum period has ended. The recipient is a qualified alien who entered the United States on or after August 22, 1996.

- o **E05 (C0124) Qualified Alien Five Year Ban - End of Medical Emergency (Timely) (TAD Based)**

Discontinuance - Recipient no longer has an emergency medical condition. The recipient is a qualified alien who entered the United States on or after August 22, 1996.

- o **U63 (X0127) Non-Qualified Alien/Emergency Medical Condition/Excess Income (Fill)**

Denial - Recipient is not a citizen or a qualified alien. The emergency medical care/services is denied because the recipient has excess income.

- Enter medical emergency FROM date
- Enter medical emergency TO date
- Enter the monthly excess income amount

- o **U74 (X0128) Non-Qualified Alien/Emergency Medical Condition/Excess Resources (Fill)**

CNS (MA)

Denial - Recipient is not a citizen or a qualified alien. The emergency medical care/services is denied because the recipient has excess resources.

- Enter the medical emergency FROM date
- Enter the medical emergency TO date
- Enter the monthly excess resource amount

o **U67 (X0129) Non-Qualified Alien/Emergency Medical Condition/Excess Income & Resources (Fill)**

Denial - Recipient is not a citizen or a qualified alien. The emergency medical care/services is denied because the recipient has excess income and excess resources.

- Enter the medical emergency FROM date
- Enter the medical emergency TO date
- Enter the monthly excess income amount
- Enter the monthly excess resource amount

o **U68 (X0130) Qualified Alien Five Year Ban/Emergency Medical Condition/Excess Income (Fill)**

Denial - Recipient is a qualified alien who entered the United States on or after August 22, 1996. The emergency medical care/services is denied because the recipient has excess income.

- Enter the medical emergency FROM date
- Enter the medical emergency TO date
- Enter the monthly excess income amount

o **U69 (X0131) Qualified Alien Five Year Ban/Emergency Medical Condition/Excess Resources (Fill)**

Denial - Recipient is a qualified alien who entered the United States on or after August 22, 1996. The emergency medical care/services is denied because the recipient has excess resources.

- Enter the medical emergency FROM date
- Enter the medical emergency TO date
- Enter the monthly excess resources amount

o **U70 (X0132) Qualified Alien Five Year Ban/Emergency Medical Condition/Excess Income & Excess Resources (Fill)**

Denial - Recipient is a qualified alien who entered the United States on or after August 22, 1996. The emergency medical care/services is denied because the recipient has excess income and excess resources.

- Enter the medical emergency FROM date
- Enter the medical emergency TO date
- Enter the monthly excess income amount
- Enter the monthly excess resources amount

CNS (MA)

o E06 (D0060) Non-Qualified Alien - No Emergency (TAD Based)

Denial - Recipient is not a citizen or a qualified alien. The recipient does not have an emergency medical condition.

o E07 (D0061) Qualified Alien Five Year Ban - No Emergency (TAD Based)

Denial - Recipient is a qualified alien who entered the United States on or after August 22, 1996. The recipient does not have an emergency medical condition.

o U73 (D0065) FNP Related Non-Qualifying Alien/Emergency Medical Condition/Excess Income/Resources (Fill)

Denial - Recipient is not a citizen or a qualified alien. The emergency medical care/services is denied because the recipient has excess income, excess resources, or excess income and excess resources.

Worker chooses one message.

Message 1 Enter gross amount and 185% of the PA Standard of Need.

Message 2 Enter the net income and the MA Level or the PA STD whichever is higher.

Message 3 Enter the countable resources and the resource limit amount.

Message 4 Enter the net income; the MA Level or the PA STD, whichever is higher; the countable resources; and the resource limit amount.

o X16 (P0004) FNP Mother Over Income/Resources - End of Postpartum - No Infant (Timely) (Fill)

Discontinuance - Recipient is at the end of the 60 day postpartum period and there is no live birth. The recipient is closed because of excess income, or excess resources, or excess income and resources.

Worker chooses one message.

Message 1 Enter the net income amount and the MA Level or the PA STD, whichever is higher.

Message 2 Enter the countable resources and the resource limit amount.

Message 3 Enter the net income amount, the MA Level or the PA STD whichever is higher, the countable resources and the resource limit amount.

o X17 (P0005) Single/CC Over Income/Resources - End of Postpartum - No Infant (Timely) (Fill)

CNS (MA)

Discontinuance - Recipient is at the end of the 60 day postpartum period and there is no live birth. The recipient is closed because of excess income; or excess resources; or excess income and excess resources.

Worker chooses one message.

Message 1 Enter gross amount and 185% of the PA Standard of Need.

Message 2 Enter the net income amount and the MA Level or the PA STD, whichever is higher.

Message 3 Enter the countable resources and the resource limit amount.

Message 4 Enter the net income amount; the MA Level or the PA STD, whichever is higher; the countable resources; and the resource limit amount.

- o **X15 (P0003) Eligible During Pregnancy/After 60 Day Postpartum/Excess Income/Resource - No Infant (Timely) (Fill)**

Discontinuance - Recipient is at the end of the 60 day postpartum period and there is no live birth. Recipient receives spenddown information. The recipient is closed because of excess income; or excess resources; or excess income and excess resources.

Worker chooses one message.

Message 1 Enter the monthly excess income amount.

Message 2 Enter the monthly excess resource amount.

Message 3 Enter the monthly excess income amount and the monthly excess resources amount.

- o **E09 (C0126) Discontinuance - Photo ID Refusal (Timely) (TAD Based)**

Discontinuance - Recipient failed or refused to have their picture taken for a photo identification card.

- o **E09 (D0064) Denial - Photo ID Refusal (TAD Based)**

Denial - Recipient failed or refused to have their picture taken for a photo identification card.

- o **U71 (C0137) Discontinuance - Failure To Comply With Drug/Alcohol Requirements (Timely) (Fill)**

Discontinuance - Recipient failed to comply with drug/alcohol requirements.

CNS (MA)

Worker chooses one message.

Message 1 Recipient did not take part in or complete the screening requirements.

Message 2 Recipient did not take part in or complete the assessment requirement.

Message 3 Recipient did not sign or revoked the consent for release of treatment information.

Message 4 Recipient did not accept or complete treatment program.

o **U71 (D0066) Denial - Failure To Comply With Drug/Alcohol Requirements (Timely) (Fill)**

Denial - Recipient failed to comply with drug/alcohol requirements.

Worker chooses one message.

Message 1 Recipient did not take part in or complete the screening requirements.

Message 2 Recipient did not take part in or complete the assessment requirement.

Message 3 Recipient did not sign or revoked the consent for release of treatment information.

Message 4 Recipient did not accept or complete treatment program.

o **U72 (C0136) Excess Income COLA Single/Childless Couples (Timely) (Fill)**

Discontinuance - Recipient is being closed because of excess income due to the cost-of-living adjustment (COLA) in a social security benefit.

- Enter the net income
- Enter the PA Standard of Need

B. CHANGES TO MA REASON CODES

The following MA Reason Codes have been changed.

1a. U30 (D0017) HR Related Single or Childless Couple, Denial Over Income and/or Resources

CNS (MA)

Old Language:**Message 1 (Over 185% of State Standard)**

This is because you are in the Home Relief category and your gross income of \$_____ is over the gross income limit of \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Home Relief category.

Please look at the budget at the budget section to see how we figured your gross income.

This decision is based on Department Regulation 360-2.2.

Message 2 (Over Net Income Limit)

This is because you are in the Home Relief category and your net income of \$_____ is over the limit of \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Home Relief category.

Please look at the budget section to see how we figured your net income.

This decision is based on Department Regulation 360-2.2.

Message 3 (Over Resource Limit)

This is because you are in the Home Relief category and your countable resources of \$_____ are over the resource limit of \$1000.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Home Relief category.

Please look at the budget section to see how we figured your resources.

This decision is based on Department Regulation 360-2.2

Message 4 (Over Net Income and Resource Limit)

This is because you are in the Home Relief category and your net income and countable resources are over the Medical Assistance limits. Your net income is \$_____. The income limit is \$_____. Your countable resources are \$_____. The resource limit is \$1000.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Home Relief category.

CNS (MA)

Please look at the budget section to see how we figured your net income and resources.

This decision is based on Department Regulation 360-2.2

1b. U30 (D0017) Denial, Single/Childless Couples, Over Income/Resources

New Language:

Message 1 (Over 185% of State Standard)

This is because your gross income of \$_____ is over the income limit of \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program.

Please look at the budget section to see how we figured your gross income.

This decision is based on Social Services Law 366(1)(a)(1).

Message 2 (Over Income Limit)

This is because your income (less Medical Assistance deductions) of \$_____ is over the income limit of \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program.

Please look at the budget section to see how we figured your income.

This decision is based on Social Services Law 366(1)(a)(1).

Message 3 (Over Resource Limit)

This is because your countable resources of \$_____ are over the resource limit of \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program.

Please look at the budget section to see how we figured your resources.

This decision is based on Social Services Law 366(1)(a)(1).

CNS (MA)

Message 4 (Over Income and Resource Limit)

This is because your income (less Medical Assistance deductions) of \$_____ is over the income limit of \$_____ and your countable resources of \$_____ are over the limit of \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program.

Please look at the budget section to see how we figured your income and resources.

This decision is based on Social Services Law 366(1)(a)(1).

2a. U30 (C0018) HR Related Single or Childless Couple, Discontinuance, Over Income and/or Resources

Old Language:

Message 1 Over 185% of State Standard

This is because you are in the Home Relief category and your gross income of \$_____ is over the gross income limit of \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Home Relief Category.

Please look at the budget section to see how we figured your gross income.

This decision is based on Department Regulation(s) 360-2.2.

Message 2 Over Net Income Limit

This is because you are in the Home Relief category and your net income of \$_____ is over the income limit of \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Home Relief Category.

Please look at the budget section to see how we figured your net income.

This decision is based on Department Regulation(s) 360-2.2.

Message 3 Over Resource Limit

This is because you are in the Home Relief category and your countable resources of \$_____ are over the resource limit of \$1,000.

CNS (MA)

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Home Relief Category.

Please look at the budget section to see how we figured your resources.

This decision is based on Department Regulation(s) 360-2.2.

Message 4 Over Net Income and Resource Limit

This is because you are in the Home Relief category and your net income and countable resources are over the Medical Assistance limits. Your net income is \$_____. The income limit is \$_____. Your countable resources are \$_____. The resource limit is \$1,000.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Home Relief Category.

Please look at the budget section to see how we figured your net income and resources.

This decision is based on Department Regulation(s) 360-2.2.

2b. U30 (C0018) Single or Childless Couples, Disc., Over Income/Resources

New Language:

Message 1 Over 185% of State Standard

This is because your gross income of \$_____ is over the income limit of \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under 21 years of age must meet the requirements of the Public Assistance Program.

Please look at the budget section to see how we figured your gross income.

This decision is based on Social Services Law 366(1)(a)(1).

Message 2 Over Income Limit

This is because your income (less Medical Assistance deductions) of \$_____ is over the income limit of \$_____.

CNS (MA)

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under 21 years of age must meet the requirements of the Public Assistance Program.

Please look at the budget section to see how we figured your income.

This decision is based on Social Services Law 366(1)(a)(1).

Message 3 Over Resource Limit

This is because your countable resources of \$_____ are over the resource limit of \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children 21 years of age must meet the requirements of the Public Assistance Program.

Please look at the budget section to see how we figured your resources.

This decision is based on Social Services Law 366(1)(a)(1).

Message 4 Over Income and Resource Limit

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 \$_____.

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under 21 years of age must meet the requirements of the Public Assistance Program.

Please look at the budget section to see how we figured your income and resources.

This decision is based on Social Services Law 366(1)(a)(1).

3a. U53 (D0033) HR Related-Transfer of Resources

Old Language:

This is because you are in the Home Relief category and on (Date) you transferred a (Resource) worth \$_____ for \$_____. You did not give us a good reason for doing this. These person(s) will not be eligible for Medical Assistance until (Date).

Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under 21 years of age must meet the requirements of the Home Relief category.

CNS (MA)

Home Relief category applicants are not eligible for Medical Assistance for 12 months from the date they transfer a resource for less than it was worth unless they can show that the transfer was not made for the purpose of qualifying for Medical Assistance.

This decision is based on Department Regulation(s) 360-4.4.

3b. U53 (D0033) Singles/Childless Couples Transfer of Resources

New Language:

This is because on (Date) you transferred a (Resource) worth \$_____ for \$_____. You did not give us a good reasons for doing this. These person(s) will not be eligible for Medical Assistance until (Date).

Because you are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for related children under 21 years of age, you must meet the requirements of the Public Assistance Program.

This decision is based on Department Regulation(s) 360-4.4.

4a. 764 (I0014) Combined PA/MA TMA Acceptance - 1st Six Months

Old Language:

Your Public Assistance case has been closed; however your Medical Assistance will continue for 6 months until _____ for the following persons as long as you have a dependent child under age 21 living with you:

Name	Client I.D. #
------	---------------

This is because your Public Assistance case was closed due to increased earnings, new employment or loss of earned income disregards.

4b. 764 (I0014) Combined PA/MA, MA to TMA - 1st Six Months

New Language:

Your Medical Assistance coverage will continue under Transitional Medical Assistance for 6 months until _____ for the following persons as long as you have a dependent child under age 21 living with you:

Name	Client I.D. #
------	---------------

This is because your income (less Medical Assistance deductions including child support costs) is over the Family Assistance income limit due to increased earnings, new employment or loss of earned income disregards.

CNS (MA)

C. MA REASON CODES DELETION

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

- E96 (D0024) Illegal/Undocumented Alien Without Emergency Medical Condition (Not Admitted for Permanent Residence).
- E97 (D0025) Illegal/Undocumented Alien Without Emergency Medical Condition (Lawful Temporary Resident).
- U93 (X0030) Denial, FP Related Illegal Undocumented Alien Denied For The Treatment of an Emergency Medical Condition, Excess Income.
- U94 (X0031) Denial, FP Related Illegal Undocumented Alien Denied for the Treatment of an Emergency Medical Condition, Excess Resources.
- U95 (X0032) Denial, FP Related Illegal Undocumented Alien Denied for the Treatment of an Emergency Medical Condition, Excess Income and Excess Resources.
- F43 (C0024) Discontinuance, Failure to Accept Treatment for Alcoholism and Drugs.
- F14 (D0030) Failure to Accept Treatment for Alcoholism and Drugs.
- E17 (D0037) Verification of SSN Failed, Incorrect or Fraudulent SSN.

D. NOTICE KILLER

One Component of the Production migration is to **remove selected pending notices** from the database after completion of the WMS Batch Update process on Friday, November 28, 1997. This process will affect **ANY** pending notice (with a reason code listed below) that was NOT included in a WMS transaction that successfully completed Friday night's, November 28, 1997, WMS Batch Update. As with previous migrations, a report (CNS-00920) will be generated listing the cases that are affected. The reason codes are:

- U30 (D0017) HR Related Single or Childless Couple, Denial Over Income and/or Resources
- U30 (C0018) HR Related Single or Childless Couple, Discontinuance, Over Income and/or Resources

PA NOTICE-MA INSERT LANGUAGE

The MA Extension process has been enhanced as a result of Welfare Reform.

GENERATION OF MA COVERAGE TO-DATE AT PA CLOSING

Receipt of PA no longer automatically entitles a recipient to MA. Therefore, WMS will generate an MA Coverage TO-Date equal to today's date plus 10 days when a PA case is closed and a Notice Indicator of "A" or "T" is entered or "N" is entered and MA Coverage exists at least ten days in the future.

EXTENSION SUPPRESSION CODE FOR PA FAILURE TO VERIFY CODES

MA Extension Suppression Code 195 exists for use in conjunction with the PA Failure to Verify Closing and Denial Case Reason Codes when justified. The PA worker would enter the appropriate PA FTV RC; in addition, the worker would enter 195 in the MA EXTENSION REASON CODE field on Screen 1 of WMS.

When used with PA FTV Closing RCs V20, V22, V23, V24 or V25 it will override (prevent) the generation of a Medicaid extension case - except for pregnant women (with categorical code 15 or 48), infants up to age one and unborns who will continue to receive system generated MA extensions with the appropriate MA Insert RC language (771, 760 and 758 respectively). MA Insert RC 761 will be generated for other than those individuals described above and eligible PCP Guarantee individuals. For individuals with PCP coverage, WMS will continue to generate a PCP Guarantee MA case as now with the appropriate MA Insert RC language (765).

At closing, 195 should be used only when the LDSS has determined that everyone in the PA case, or everyone in the case with the exception of pregnant women (Cat Cd 15 or 48), infants up to age one and unborns, should have their MA discontinued for the same PA reason.

NB: For closings, this code should not be used when the PA case contains pregnant women without a Cat Cd of 15 or 48* or children born on or after 9/30/83* and the only eligibility factor that was not verified was resources, since there is usually no resource test for MA eligibility for this group. (*Since WMS will automatically generate an extension for pregnant women with Cat Cd 15 or 48, infants up to age one and unborns even when the 195 is entered, the worker may use 195 if in the PA case all pregnant women have a Cat Cd of 15 or 48 and all children are less than 1.)

When 195 is used with PA FTV Denial RCs V21, V23, V24 or V25, MA Insert RC 754 will be generated. 195 should be used only when the LDSS has determined that MA should be denied for the same reason as the PA is being denied.

NB: For denials, this code should not be used when the PA case contains children born on or after 9/30/83 or pregnant women and the only eligibility factor that was not verified was resources, since there is usually no resource test for MA eligibility for this group.

Note: This Suppression Code may be used at closing even when no MA extension would otherwise be generated; it may be used for denials even when an MA Insert RC 754 would be generated anyway.

Use of 195 with RCs other than the PA FTV codes will generate an error.

PA REASON CODE - MA LANGUAGE MATRICES

The matrices have been redesigned to reflect the usage of Categorical Codes to generate MA Extensions and MA Insert Language.

LOGIC USED TO GENERATE AN MA INSERT RC FOR PA DENIALS WHEN BOTH A PA CASE LEVEL RC (CRC) AND INDIVIDUAL LEVEL RC (IRC) ARE ENTERED IN WMS

Case RC - No Separate Determination: If the CRC generates any MA Insert RC other than 753 or 793 for an individual then that Insert RC generated by the CRC takes precedence over the Insert RC generated by any IRC present for that individual. Exception: when the IRC is E94 the Insert RC generated by E94 (756) will be generated for that individual.

Case RC - Separate Determination (753, 793): When the CRC generates Insert RC 753 or 793 for an individual, WMS defaults to the Insert RC generated by the IRC for that individual if an IRC is present.

Case RC I92: Default to IRC

LOGIC USED TO GENERATE AN MA INSERT RC FOR PA CLOSINGS WHEN BOTH A PA CASE LEVEL RC (CRC) AND INDIVIDUAL LEVEL RC (IRC) ARE ENTERED IN WMS:

Case RC Generates neither an MA Extension nor PCP Guarantee: CRC takes precedence over all IRCs. Exception: WMS Defaults to IRC if:

- o IRC is E94.

Case RC Does Not Generate an MA Extension; Generates PCP Guarantee: CRC takes precedence over all IRCs. Exceptions: WMS defaults to IRC if:

- o IRC generates no extension and no PCP Guarantee; or
- o IRC is E94.

Case RC Generates an MA Extension: WMS defaults to IRC unless:

- o IRC generates an MA extension and IRC is not E94.
- o CRC generates 6 or 4 month extension. When CRC generates a 6 month (E31, M92 or M93) or 4 month (E32) extension, WMS will not default to IRC unless IRC is E95, F63, E60 or E90. (If no 6 or 4 month extension is generated, standard CRC logic is used).
- o CRC is E34.

Case Level Reason Code I92: WMS default to IRC unless:

- o no IRC is present AND Categorical Code = 41. A 1 month extension and MA Insert RC 760 will be generated for that individual.

THE FOLLOWING PAGES SHOW THE FOUR MATRICES:

- o PA Denial Case Reason Codes - MA Insert Reason Codes
- o PA Closing Case Reason Codes - MA Insert Reason Codes
- o PA Denial Individual Reason Codes - MA Insert Reason Codes
- o PA Closing Individual Reason Codes - MA Insert Reason Codes

Column headings explained in **Notes** below.

<u>PA</u> <u>RC</u>	<u>SEP DET</u> <u>CAT CD</u>	<u>SEP DET</u> <u>INS RC</u>	<u>NO-SEP</u> <u>DET INS</u>	<u>EXCEPT</u>
E10	NONE	NA	754	
E30	OTHER THAN 09	753	754	<21
E34	ALL	756	NA	NA
E60	NONE	NA	754	
E61	NONE	NA	754	
E63	NONE	NA	754	
E64	NONE	NA	754	
F33	OTHER THAN 09	753	754	<21
F81	01-08 10-12	753	754	<21
I92	See individual codes			
M15	ALL	753	NA	NA
M18	OTHER THAN 09, 26	753	790	<21
M25	OTHER THAN 09	753	754	<21
M35	ALL	753	NA	NA
M37	ALL	753	NA	NA
M48	ALL	753	NA	NA
M66	NONE	NA	754	
M67	NONE	NA	754	
M88	OTHER THAN 09	753	754	<21
M90	ALL	793	NA	NA
M91	ALL	793	NA	NA
M94	ALL	753	NA	NA
M95	ALL	753	NA	NA
N10	NONE	NA	754	
N13	01-08 10-12 15 48	753	754	<21

<u>PA RC</u>	<u>SEP DET CAT CD</u>	<u>SEP DET INS RC</u>	<u>NO-SEP DET INS</u>	<u>EXCEPT</u>
N14	ALL	753	NA	NA
N15	15 48	753	754	
N16	15 48	753	754	
N17	15 48	753	754	
N19	ALL	753	NA	NA
U40	OTHER THAN 09	753	754	<21
U41	OTHER THAN 09	753	754	<21
U42	OTHER THAN 09	753	754	<21
U44	OTHER THAN 09	753	754	<21
V21	OTHER THAN 09	753	754	<21
V23	OTHER THAN 09	753	754	<21
V24	OTHER THAN 09	753	754	<21
V25	OTHER THAN 09	753	754	<21
W10	OTHER THAN 09	753	754	<21
W11	ALL	753	NA	NA
W40	ALL	753	NA	NA

Y92, Y95, Y99 are manual notice RCs. No Insert RC is generated.

NOTES:

SEP DET CAT CD= Categorical Codes which generate a separate determination
Insert RC

o **OTHER THAN=** indicates all Categorical Codes other than those specified

SEP DET INS RC= Insert RC generated for individual(s) entitled to a separate
determination

NO-SEP DET INS= Insert RC generated for individuals not entitled to a
separate determination

EXCEPT = individuals who otherwise would not get a separate determination
Insert RC because of their Categorical Code get 753 if identified here

o **<21=** individuals less than 21 years old on Denial date (incl unborns)

o **NA=** Not Applicable

PA CLOSINGS CASE Reason Codes - MA Insert Reasons Codes

Column headings explained in Notes below

<u>PA RC</u>	<u>MA EXT CAT CD</u>	<u>MA EXT INS RC</u>	<u>NO-EXT INS RC</u>	<u>EXCEPT</u>	<u>PCP GUAR</u>
E30	OTHER THAN 09	758	761	<21	Y
E31*	01-08 13 26	764	761	<21	Y
*	10 11 12 15 48	764/758			
E32*	01-08 13 48	763/758	761	<21	Y
	15 26 10 11 12	758			
E34 ++	ALL	756	NA	NA	Y
E38	OTHER THAN 09 26	758	761	<21	Y
E39	OTHER THAN 09	758	761	<21	Y
E40	OTHER THAN 09	758	761	<21	Y
E50	OTHER THAN 09	758	761	<21	Y
E51	OTHER THAN 09	758	761	<21	Y
E52	OTHER THAN 09	758	761	<21	Y
E53	OTHER THAN 09	758	761	<21	Y
E54	OTHER THAN 09	758	761	<21	Y
E60	NONE	NA	761	NONE	Y
E66	NONE	NA	761	NONE	N
F11	OTHER THAN 09	758	761	<21	Y
F19	OTHER THAN 09	758	761	<21	Y
F33	OTHER THAN 09	758	761	<21	Y
F38	15 48	771	761	U, <1	Y
F81	01-08 10 11 12	758	761	<21	Y
G61	NONE	NA	761	NONE	N
I92	41^	758	OTHERWISE DEFAULTS TO IRC		
M10	15 48	771	761	U, <1	Y
M11	15 48	771	761	U, <1	Y
M12	15 48	771	761	U, <1	Y
M15	ALL	758	NA	NA	NA
M18	OTHER THAN 09 26	758	761	<21	Y

PA CLOSINGS CASE Reason Codes - MA Insert Reasons Codes

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<u>PA RC</u>	<u>MA EXT CAT CD</u>	<u>MA EXT INS RC</u>	<u>NO-EXT INS RC</u>	<u>EXCEPT</u>	<u>PCP GUAR</u>
M25	OTHER THAN 09	758	761	<21	Y
M48	ALL	758	NA	NA	NA
M62	NONE	NA	761	NONE	N
M63	NONE	NA	761	NONE	N
M68	NONE	NA	ALL	NONE	N
M88	OTHER THAN 09	758	795	<21	Y
M90	NONE	NA	794		Y
M91	NONE	NA	794		Y
M92*	01-08 13	764	761	<21	Y
*	10 11 12 15 26 48	764/758			
M93*	01-08 13	764	761	<21	Y
*	10 11 12 15 26 48	764/758			
M94	ALL	758	NA	NA	NA
M95	ALL	758	NA	NA	NA
N13	01-08 10-12 15 48	758	761	<21	Y
N14	ALL	758	NA	NA	NA
N15	15 48	771	761	U, <1	Y
N16	15 48	771	761	U, <1	Y
N17	15 48	771	761	U, <1	Y
N19	ALL	758	NA	NA	NA
N51	OTHER THAN 09	758	761	<21	Y
N53	OTHER THAN 09	758	761	<21	Y
U40	OTHER THAN 09	758	761	<21	Y
U41	OTHER THAN 09	758	761	<21	Y
U42	OTHER THAN 09	758	761	<21	Y
U43	NONE	NA	761		N
U44	OTHER THAN 09	758	761	<21	Y
UI6	OTHER THAN 09	758	761	<21	Y

<u>PA RC</u>	<u>MA EXT CAT CD</u>	<u>MA EXT INS RC</u>	<u>NO-EXT INS RC</u>	<u>EXCEPT</u>	<u>PCP GUAR</u>
V20	OTHER THAN 09	758	761	<21	Y
V22	OTHER THAN 09	758	761	<21	Y
V23	OTHER THAN 09	758	761	<21	Y
V24	OTHER THAN 09	758	761	<21	Y
V25	OTHER THAN 09	758	761	<21	Y
W10	OTHER THAN 09	758	761	<21	Y
W11	ALL	758	NA	NA	NA
W40	ALL	758	NA	NA	NA
Y95	NONE	NA	761	NA	NA
Y98	OTHER THAN 09	758	761	<21	Y
Y99	ALL	758	NA	NA	NA

NOTES:

MA EXT CAT CD = Categorical Codes which generate an extension.

o **OTHER THAN** = indicates all other Categorical Codes other than those listed

MA EXT INS RC = Insert RC for individual(s) receiving extension.

NO-EXT INS RC = Insert RC for individuals not receiving extension

EXCEPT = individuals who otherwise would not get an extension because of their Categorical Code get extension if identified here

o **U**= unborns.

o **<21**= individuals less than 21 years of age at time of closing (incl unborns).

o **<1**= individuals less than 1 year of age

o **NA**= Not Applicable

PCP GUAR: Y = if otherwise ineligible for extension, extension given to individual if Managed Care Guarantee Thru Date exceeds Cov To-Date. **N** = Not Given - No PCP Guarantee extension is given regardless of the IRC. **NA** occurring in this column indicates that the individual would be eligible for a non-PCP MA extension based on the PA Case Closing RC; therefore a PCP Guarantee extension would not be generated. However, if the PA Case RC defaults to the Individual RC, then the NA does not preclude a PCP extension. PCP Guarantee Extensions generate Cov Code 31 (PCP Cov Only) or 33 (PCP Guarantee/HR) with an MA COV TO-Date equal to the PCP Guar Date on the PCP Subsystem. These extensions apply only to individuals who have Cov Code 30 (PCP Full Cov) or 32 (PCP/HR) at the time of the PA Case Closing and who will not receive any other MA Extension and who have a PCP Guar Date beyond the COV TO-Date of the PA Case Closing. Cov Codes 31 and 33 will be generated for the balance of the period ending with the PCP Guar Date. The MA Opening Code is 710. MA Insert RC 765 will be generated.

All MA extensions are for 1 month and the MA Opening RC is 700 unless otherwise indicated.

No MA Insert RC nor extension will be generated for any individual with MA Cov C8 = 04.

++ WMS will generate MA extension case with Case Type = 22, Coverage To-Date = 12/31/99, Categorical Code = 12 and will change Coverage Code to 01 if 16 exists and to 30 if 32 exists. The MA Extension Opening RC = 093.

* For Categorical Codes listed in the first line of the EXT CAT CD column: to receive a 6 month (CRC E31, M92, M93/MA Opening RC 088) or 4 month (CRC E32/MA Opening RC 090) extension, the PA case must have been active for at least 3 of the past 6 months prior to the PA case closing. If it fails the 3 of 6 check, the MA Insert RC defaults to 758 and a 1 month MA extension case is generated.

CRC E31, M92, M93 - For Categorical Codes listed in the second line of EXT CAT CD column: to receive the 6 month (088) extension, the PA case must have been active for at least 3 of the past 6 months prior to the PA case closing AND the case must include at least two individuals, at least one of whom must be under age 21. If both conditions are not met, the MA Insert RC defaults to 758 and a 1 month MA extension is generated.

CRC E31, M92, M93 - For Categorical Code 09: to receive the 6 month (088) extension, the PA case must have been active for at least 3 of the past 6 months prior to the PA case closing AND the 09 individual must be under age 21 AND the case must include at least one individual with a Categorical Code other than 09. If the conditions are not met, MA Insert RC 761 will be generated for that individual unless he is an "Except" individual in which case 758 will be generated for him.

^ I92 defaults to the IRC; if no IRC exists and the Categorical Code is 41 for that individual, generate a 1 month extension and MA RC 760.

The system hierarchy logic when searching for **EXCEPT** individuals is

1. An unborn (MA Insert RC 758 is generated).
2. An infant up to age 1 (MA Insert RC 760 is generated).
3. An individual under age 21 (MA Insert RC 758 is generated).

WMS will not allow entry of a Reason Code in the MA Extension field on screen WKUM01 of the PA Closing except for Suppression Code 195 with V20, V22, V23, V24, or V25. See Suppression Code explanation in the CNS Manual for details.

Column headings explained in **Notes** below.

<u>PA</u> <u>RC</u>	<u>SEP DET</u> <u>CAT CD</u>	<u>SEP DET</u> <u>INS RC</u>	<u>NO-SEP</u> <u>DET INS</u>	<u>EXCEPT</u>
E21	15 48	753	754	
E72	ALL	753	NA	
E73	ALL E90	753 ALL	NA 753	NA
E94	ALL	756	NA	
E95	ALL	753	NA	
F12	OTHER THAN 09	753	754	<21
F17	15 48	753	754	
F21	15 48	753	754	
F35	ALL	753	NA	
F40	01-08 15 48	753	754	<21
F43	OTHER THAN 09 26	753	755	<21
F44	OTHER THAN 09 26	753	755	<21
F45	OTHER THAN 09 26	753	755	<21
F46	OTHER THAN 09 26	753	755	<21
F60	ALL	753	NA	
F63	NONE	NA	754	
F75	ALL	753	NA	
F76	ALL	753	NA	
F84	ALL	753	NA	
F88	OTHER THAN 09 26	753	755	<21
F92	15 48	753	802	
F93	15 48	753	754	
M33	OTHER THAN 09	753	754	<21
M97	ALL	753	NA	
M98	NONE	NA	754	

<u>PA RC</u>	<u>SEP DET CAT CD</u>	<u>SEP DET INS RC</u>	<u>NO-SEP DET INS</u>	<u>EXCEPT</u>
M99	NONE	NA	754	
MX1	OTHER THAN 09 26	753	755	<21
MX2	OTHER THAN 09 26	753	755	<21
MX3	OTHER THAN 09 26	753	755	<21
N20	ALL	753	NA	
N42	ALL	753	NA	
N49	ALL	753	NA	
N50	ALL	753	NA	
N66	NONE	NA	754	
NX1	OTHER THAN 09 26	753	755	<21
NX2	OTHER THAN 09 26	753	755	<21
NX3	OTHER THAN 09 26	753	755	<21
P93	NONE	NA	804	
U44	OTHER THAN 09	753	754	<21
V30	15 48	753	754	
WA1	ALL	753	NA	
WA2	ALL	753	NA	
WA3	ALL	753	NA	
WAX	ALL	753	NA	
WD1	ALL	753	NA	
WD2	ALL	753	NA	
WD3	ALL	753	NA	
WDX	ALL	753	NA	
WE0	ALL	753	NA	
WE1	ALL	753	NA	
WE2	ALL	753	NA	
WE3	ALL	753	NA	

PA DENIAL INDIVIDUAL Reason Codes - MA Insert Reasons Codes

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<u>PA RC</u>	<u>SEP DET CAT CD</u>	<u>SEP DET INS RC</u>	<u>NO-SEP DET INS</u>	<u>EXCEPT</u>
WH1	OTHER THAN 09 26	753	754	<21
WH2	OTHER THAN 09 26	753	754	<21
WH3	OTHER THAN 09 26	753	754	<21
WH4	OTHER THAN 09 26	753	754	<21
WHX	OTHER THAN 09 26	753	754	<21
WP1	OTHER THAN 09 26	753	754	<21
WP2	OTHER THAN 09 26	753	754	<21
WP3	OTHER THAN 09 26	753	754	<21
WP4	OTHER THAN 09 26	753	754	<21
WP5	OTHER THAN 09 26	753	754	<21
WP6	OTHER THAN 09 26	753	754	<21
WP7	OTHER THAN 09 26	753	754	<21
WP8	OTHER THAN 09 26	753	754	<21
WR1	ALL	753	NA	
WR2	ALL	753	NA	
WR3	ALL	753	NA	
WR4	ALL	753	NA	
WRX	ALL	753	NA	
WS1	OTHER THAN 09 26	753	754	<21
WS2	OTHER THAN 09 26	753	754	<21
WS3	OTHER THAN 09 26	753	754	<21
WS4	OTHER THAN 09 26	753	754	<21
WS5	OTHER THAN 09 26	753	754	<21
WS6	OTHER THAN 09 26	753	754	<21
WS7	OTHER THAN 09 26	753	754	<21
WS8	OTHER THAN 09 26	753	754	<21
Y98	MANUAL NOTICE - no MA IRC generated			
Y99	MANUAL NOTICE - no MA IRC generated			

PA DENIAL INDIVIDUAL Reason Codes - MA Insert Reasons Codes

NOTES:

SEP DET CAT CD = Categorical Codes which generate a separate determination
Insert RC

o **OTHER THAN** = indicates all Categorical Codes other than those specified
SEP DET INS RC = Insert RC generated for individual(s) entitled to a
separate determination

NO-SEP DET INS = Insert RC generated for individuals not entitled to a
separate determination

EXCEPT = individuals who otherwise would not get a separate determination
Insert RC because of their Categorical Code get 753 if identified here

o **<21** = individuals less than 21 years old on Denial date (incl unborns)

Column headings explained in Notes below

<u>PA RC</u>	<u>MA EXT CAT CD</u>	<u>MA EXT INS RC</u>	<u>NO-EXT INS RC</u>	<u>EXCEPT</u>	<u>PCP GUAR</u>
E21	15 48	771	761	U, <1	Y
E72	ALL	758	NA	NA	NA
E73	ALL	758	NA	NA	N
(Though Ins RC 758 is generated, no MA extension case is generated for E73.)					
E90	ALL	758	NA	NA	NA
E94+	ALL	756	NA	NA	NA
E95	NONE	NA	761		N
EX1	OTHER THAN 09 26	758	762	<21	Y
EX2	OTHER THAN 09 26	758	762	<21	Y
EX3	OTHER THAN 09 26	758	762	<21	Y
F12	OTHER THAN 09	758	761	<21	Y
F17	15 48	771	761	U, <1	Y
F21	15 48	771	761	U, <1	Y
F35	ALL	758	NA	NA	NA
F40	01-08 15 48	758 771	761	<21	Y
F43	OTHER THAN 09 26	758	762	<21	Y
F44	OTHER THAN 09 26	758	762	<21	Y
F45	OTHER THAN 09 26	758	762	<21	Y
F46	OTHER THAN 09 26	758	762	<21	Y
F60	ALL	758	NA	NA	NA
F61	ALL	758	NA	NA	NA
F63	NONE	NA	761		N
F66	NONE	NA	761		N
F75	ALL	758	NA	NA	NA
F76	ALL	758	NA	NA	NA
F84	ALL	758	NA	NA	NA

<u>PA RC</u>	<u>MA EXT CAT CD</u>	<u>MA EXT INS RC</u>	<u>NO-EXT INS RC</u>	<u>EXCEPT</u>	<u>PCP GUAR</u>
F88	OTHER THAN 09 26	758	762	<21	Y
F92	15 48	771	803	U, <1	Y
F93	15 48	771	761	U, <1	Y
GX1	OTHER THAN 09 26	758	762	<21	Y
GX2	OTHER THAN 09 26	758	762	<21	Y
GX3	OTHER THAN 09 26	758	762	<21	Y
M33	OTHER THAN 09	758	761	<21	Y
M97	ALL	758	NA	NA	NA
M98	NONE	NA	761		N
M99	NONE	NA	761		N
MX1	OTHER THAN 09 26	758	762	<21	Y
MX2	OTHER THAN 09 26	758	762	<21	Y
MX3	OTHER THAN 09 26	758	762	<21	Y
N20	ALL	758	NA	NA	NA
N41	ALL	758	NA	NA	NA
N42	ALL	758	NA	NA	NA
N49	ALL	758	NA	NA	NA
N50	ALL	758	NA	NA	NA
N66	NONE	NA	761		N
NX1	OTHER THAN 09 26	758	762	<21	Y
NX2	OTHER THAN 09 26	758	762	<21	Y
NX3	OTHER THAN 09 26	758	762	<21	Y
P91	ALL	758	NA	NA	NA
P93	NONE	NA	805		Y
U44	OTHER THAN 09	758	761	<21	Y
V30	15 48	771	761	U, <1	Y

<u>PA RC</u>	<u>MA EXT CAT CD</u>	<u>MA EXT INS RC</u>	<u>NO-EXT INS RC</u>	<u>EXCEPT</u>	<u>PCP GUAR</u>
WA1	ALL	758	NA	NA	NA
WA2	ALL	758	NA	NA	NA
WA3	ALL	758	NA	NA	NA
WAX	ALL	758	NA	NA	NA
WD1	ALL	758	NA	NA	NA
WD2	ALL	758	NA	NA	NA
WD3	ALL	758	NA	NA	NA
WDX	ALL	758	NA	NA	NA
WE0	ALL	758	NA	NA	NA
WE1	ALL	758	NA	NA	NA
WE2	ALL	758	NA	NA	NA
WE3	ALL	758	NA	NA	NA
WH1	OTHER THAN 09 26	758	761	<21	Y
WH2	OTHER THAN 09 26	758	761	<21	Y
WH3	OTHER THAN 09 26	758	761	<21	Y
WH4	OTHER THAN 09 26	758	761	<21	Y
WHX	OTHER THAN 09 26	758	761	<21	Y
WP1	OTHER THAN 09 26	758	761	<21	Y
WP2	OTHER THAN 09 26	758	761	<21	Y
WP3	OTHER THAN 09 26	758	761	<21	Y
WP4	OTHER THAN 09 26	758	761	<21	Y
WP5	OTHER THAN 09 26	758	761	<21	Y
WP6	OTHER THAN 09 26	758	761	<21	Y
WP7	OTHER THAN 09 26	758	761	<21	Y
WP8	OTHER THAN 09 26	758	761	<21	Y
WR1	ALL	758	NA	NA	NA

PA CLOSING INDIVIDUAL Reason Codes - MA Insert Reasons Codes

<u>PA RC</u>	<u>MA EXT CAT CD</u>	<u>MA EXT INS RC</u>	<u>NO-EXT INS RC</u>	<u>EXCEPT</u>	<u>PCP GUAR</u>
WR2	ALL	758	NA	NA	NA
WR3	ALL	758	NA	NA	NA
WR4	ALL	758	NA	NA	NA
WRX	ALL	758	NA	NA	NA
WS1	OTHER THAN 09 26	758	761	<21	Y
WS2	OTHER THAN 09 26	758	761	<21	Y
WS3	OTHER THAN 09 26	758	761	<21	Y
WS4	OTHER THAN 09 26	758	761	<21	Y
WS5	OTHER THAN 09 26	758	761	<21	Y
WS6	OTHER THAN 09 26	758	761	<21	Y
WS7	OTHER THAN 09 26	758	761	<21	Y
WS8	OTHER THAN 09 26	758	761	<21	Y
Y98	OTHER THAN 09	758	761	<21	Y
Y99	ALL	758	NA	NA	NA

NOTES:

MA EXT CAT CD = Categorical Codes which generate an extension.

o OTHER THAN = indicates all other Cat Codes other than those listed

MA EXT INS RC = Insert RC for individual(s) receiving extension.

NO-EXT INS RC = Insert RC for individuals not receiving extension

EXCEPT = individuals who otherwise would not get an extension because of their Cat Code get extension if identified here

o U= unborns.

o <21= individuals less than 21 years of age at time of closing (include unborns).

o <1= individuals less than 1 year of age

All MA extensions are for 1 month unless otherwise indicated.

No MA Insert RC nor extension will be generated for an individual with MA Cov Cd = 04.

PCP GUAR: Y = if otherwise ineligible for extension, extension given to individual if Managed Care Guarantee Thru Date exceeds Cov To-Date. **N** = Not Given - No PCP Guarantee extension is given regardless of the IRC. **NA** occurring in this column indicates that the individual would be eligible for a non-PCP MA extension based on the PA Individual Closing RC; therefore a PCP Guarantee extension would not be generated. However, if the PA Case RC had defaulted to the this Individual RC, then the NA does not preclude a PCP extension. PCP Guarantee Extensions generate Cov Code 31 (PCP Cov Only) or 33 (PCP Guarantee/HR) with an MA COV TO-Date equal to the PCP Guar Date on the PCP Subsystem. These extensions apply only to individuals who have Cov Code 30 (PCP Full Cov) or 32 (PCP/HR) at the time of the PA Case Closing and who will not receive any other MA Extension and who have a PCP Guar Date beyond the COV TO-Date of the PA Case Closing. Cov Codes 31 and 33 will be generated for the balance of the period ending with the PCP Guar Date. The MA Opening Code is 710. MA Insert RC 765 will be generated.

NA=Not Applicable

N=Not Given - No PCP Guarantee extension is given even if the Case RC would give one.

+ For this individual only: WMS will generate an extension case with MA Coverage = 01 when 16 exists and = 30 when 32 exists. Categorical Code will be set to 12. If all individuals in the case have this Individual RC or none of the individuals without this RC receive an extension, Case Type will = 22, Coverage To-Date will = 12/31/99 and MA Ext Opening RC will = 093; otherwise, a standard 1 month extension case will be generated.

The system hierarchy logic when searching for **EXCEPT** individuals is

1. An unborn (MA Insert RC 758 is generated).
2. An infant up to age 1 (MA Insert RC 760 is generated).
3. An individual under age 21 (MA Insert RC 758 is generated).

WMS/CNS Reason Code Changes (PA)

1. As a result of Welfare Reform, the following changes were made to the allowable case types for certain CNS/WMS reason codes:

<u>Case Level Reason Code/Definition</u>	<u>Valid Case Types</u>
F33 Excess Income - Deemed Income of Alien Sponsor (CT 11)	11
M15 Failure to Sign Repayment Agreement/ Earnings Assignment (CT 12, 14, 16, 17)	12, 14, 16, 17
M48 Parent's Offer of a Home (CT 14, 16, 17)	14, 16, 17
U41 Transfer of Resources (CT 12, 14, 16, 17)	12, 14, 16, 17
U44 Excess Resources - Deemed Resources of Alien Sponsor (CT 11)	11

<u>Individual Level Reason Code/Definition</u>	<u>Valid Case Types</u>
GX1 Failure to Take Part in Rehab - Recipient (1st Occurrence)	11, 12, 14, 16, 17
GX2 Failure to Take Part in Rehab - Recipient (2nd Occurrence)	11, 12, 14, 16, 17
GX3 Failure to Take Part in Rehab - Recipient (3rd Occurrence)	11, 12, 14, 16, 17
MX1 Failure to Take Part in Rehab - Applicant (1st Occurrence)	11, 12, 14, 16, 17
MX2 Failure to Take Part in Rehab - Applicant (2nd Occurrence)	11, 12, 14, 16, 17
MX3 Failure to Take Part in Rehab - Applicant (3rd Occurrence)	11, 12, 14, 16, 17
M33 Excess Income - Deemed Income of Alien Sponsor (HH>1) (CT 11)	11
U44 Excess Resources - Deemed Resources of Alien Sponsor (HH>1) (CT 11)	11
N49 Living Arrangements - Pregnant/Minor Parent (No Health/Safety Claim)	11, 12, 14, 16, 17
N50 Living Arrangements - Pregnant/Minor Parent (Health/Safety Claim)	11, 12, 14, 16, 17

2. As a result of recently enacted Welfare Reform legislation, it was necessary to create new individual level reason codes to identify PA Intentional Program Violations on WMS. These codes are valid for all transaction types and all PA case types. They will be used for IPV infractions that end on or after 8/20/97. Workers may continue to use existing reason codes (WA1-3, X; WD1-3, X; WH1-4, X; WR1-4, X) for infractions that start and end prior to 8/20/97. The new codes and definitions are as follows:

WMS/CNS Reason Code Changes (PA)**Code Definition** (Used to Start a PA IPV)

WS1 IPV: 6 Month Disqualification (1st Offense/Infraction < \$1000)
WS2 IPV: 12 Month Disqualification (2nd Offense/Infraction < \$3900)
WS3 IPV: 12 Month Disqualification (1st Offense/Infraction \$1000-\$3900)
WS4 IPV: 18 Month Disqualification (3rd Offense)
WS5 IPV: 18 Month Disqualification (1st Offense/Infraction > \$3900)
WS6 IPV: 18 Month Disqualification (2nd Offense/Infraction > \$3900)
WS7 IPV: 5 Year Disqualification (4th or Subsequent Offense)
WS8 IPV: Court Ordered Disqualification

Code Definition (Used to Pend a PA IPV)

WP1 IPV: 6 Month Disqualification (1st Offense/Infraction < \$1000)
WP2 IPV: 12 Month Disqualification (2nd Offense/Infraction < \$3900)
WP3 IPV: 12 Month Disqualification (1st Offense/Infraction \$1000-\$3900)
WP4 IPV: 18 Month Disqualification (3rd Offense)
WP5 IPV: 18 Month Disqualification (1st Offense/Infraction > \$3900)
WP6 IPV: 18 Month Disqualification (2nd Offense/Infraction > \$3900)
WP7 IPV: 5 Year Disqualification (4th or Subsequent Offense)
WP8 IPV: Court Ordered Disqualification

3. PA Reason Code Deletion

- a. Since alcohol/substance abuse is no longer a basis for Social Security Disability determination, the following Individual level reason codes have been deleted:

**EX1-3 HR Rehab Sanction (SSI/SSD) 1st, 2nd, and 3rd Occurrence
(TT 07, 08)**

**NX1-3 HR Rehab Sanction (SSI/SSD) 1st, 2nd, and 3rd Occurrence
(TT 03)**

- b. For PA individuals who fail to sign a release of information form regarding substance abuse treatment, the following Case Level reason code has been deleted:

**M18 Failure to Sign Release of Information Form - Substance Abuse
Treatment**

The appropriate Individual Level reason code is:

F46 Failure to Comply with Drug/Alcohol Release of Information

summaries. The following changes should be noted:

<u>Case Type</u>	<u>New Definition</u>
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11	Family Assistance (FA)
12	Safety Net Non-Cash Assistance (SN)
16	Safety Net Cash Assistance
17	Safety Net Non-Cash Assistance (SNP)

ATTACHMENT VII

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NOTE: The definitions for the following case types remain the same:
14-PA-AD, 15-AD, 15-ADP

CAP EDITS/EAF EDIT/FAP PAY TYPE EDITS

- Please refer to 97 ADM-20 and 97 ADM-21 for a further explanation of these changes.
- In response to budget legislation, WMS edits controlling entries for CAP cases have been disabled or modified with the following results:
 - For all transaction types, the only allowable entry in the Screen 1 Special Program Code field (Sp-Code), other than a blank, will be "C". The "A" and "B" values for research groups have been eliminated.
 - Those districts previously designated as control/experimental districts may now use any case numbering convention for their CAP cases. The restriction against "1" or alphabetic characters as the last digit in the case number, has been eliminated.
 - The edit that prohibits non-CAP districts from making entries in the Special Program Code field or entering "C" in the Special Claiming Code field has been disabled. CAP Payment types K1 and K3 are also allowable for those districts previously designated as non-CAP. After a CAP plan has been submitted and approved, any district may make entries in these fields as appropriate.
 - As explained in 97 ADM-20, welfare reform legislation removed the restriction from authorizing EAF more than once during a one-year period. The EAF case edit (WMS Error #176) that restricts this action has been de-activated to accommodate this change.
 - Three new Pay Type Codes -- X1, X3 and X6 were made available on Production on October 14, 1997 for districts opting to participate in the Food Assistance Program (FAP). The following new payment line edits are being added to support these three new payment types:
 - If Pay Type X1, X3 or X6 is present on a payment line, at least 1 individual in the case must have an "X" present in the newly-activated FAP Indicator field.
 - If the FAP Indicator is "X'd" for all case members, most "normal" FS Pay Types (91, 93, 94, 96, 97, F2 and F3) will be prohibited. Payment Type 95, will, however, be allowed with Payment Period TO Dates prior to 9/1/97.
 - If Case Type is 11-14 or 16-19 and Payment Type is X1, X3 or X6, PA-FS Code must be 01.
 - If more than one Payment Line has a Local Action Code of 2, and a Payment Type of X1, X3 or X6, then the Payment Periods for these lines must not overlap.
 - Additionally, X1, X3 and X6 have been added to the listed "normal" FS Pay Types (i.e. 91, 93-97) wherever existing edits reference any FS Payment Type Codes.

NEW PA CASE TYPE DEFINITIONS

As a result of Federal and New York State Welfare Reform, effective January 1, 1998, there are changes to the definitions of several public assistance case types. There are no changes to the mnemonics or report summaries. The following changes should be noted:

<u>Case Type</u>	<u>New Definition</u>
11	Family Assistance (FA)
12	Safety Net Non-Cash Assistance (FP)
16	Safety Net Cash Assistance
17	Safety Net Non-Cash Assistance (FNP)

NOTE: The definitions for the following case types remain the same:
14-PG-ADC; 18-EAA; 19-EAF.

Please refer to 97 ADM-20 and 97 ADM-21 for a further explanation of these changes.