

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

George E. Pataki
Governor

Brian J. Wing
Commissioner

February 26, 2001

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements scheduled to be migrated to the Training System on March 5, 2001 and to become operational on the Production System on March 19, 2001. These changes are a result of federal regulations or clarification related to Time Limits, Refugee Cash Assistance and FS Applications. MA changes are a result of Legislation passed in 1996 allowing the Department to use quality and cost as weights in the auto-assignment algorithm.

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

Attachment I (1-800-343-8859)	Section I
Tully Lenihan @ ext. 4-8749	1, 3, 4
Thomas Hart @ (518) 402-3101 (RCA Policy)	2
Patty Hanson @ ext. 4-8753 (WMS)	2
Mike Zostant @ ext. 4-7239	5
Attachment II (1-800-343-8859)	
Bob Markham @ ext. 4-2166	1, 2
Attachment III	
Robert Decker @ (518) 402-6682	WMS Questions
Kenneth Merkelbach @ (518) 486-7644	SDX Questions
Local District Liaison Unit @ (518) 474-9130	County Liaison
Attachment IV	
Kate Cahill @ (518) 473-0045	1, 2

Attachment V

Cindy Krueger @ (518) 402-6663

1, 2, 3, 4

Sincerely,

WD

Wendy Dmitri
Division of Temporary Assistance/WMS

DDM

Dennis DiMuria, Supervisor
Upstate Eligibility Systems
Office of Medicaid Management

Attachments

cc: Commissioner
IM Director
MA Director
FS Director

1. WMS Non-Services Case Comprehensive Inquiry Screen WINQ20, Screen 2, will now display Individual Information on case members following all PA/MA/FS Denial (03) Transactions.
2. Federal regulations issued by the DHHS Office of Refugee Resettlement (ORR) in March 2000 clarified that Refugee Cash Assistance (RCA) is a separate cash assistance program for refugees, asylees, and entrants who have been determined ineligible for Temporary Assistance for Needy Families (TANF) and who are otherwise eligible for cash assistance. There are several reasons for separately identifying RCA applicants and recipients and separately identifying RCA costs:
 - Federal RCA funds reimburse 100% of state and local costs for cash assistance to RCA cash assistance recipients incurred by these recipients during the eight-month RCA eligibility period. **OTDA needs to be able to accurately determine the RCA expenses for claiming purposes.**
 - RCA recipients are not subject to the same work requirements as TANF and Safety Net clients. **Local districts need to be able to refer RCA recipients to appropriate employment programs.**
 - RCA applicants are not subject to the same requirements for determination of resources and income as are TANF and Safety Net applicants. **Local districts need to properly identify these applicants in order to apply the correct income eligibility rules.**
 - The eight-month RCA eligibility period differs by immigration status:
 - **The RCA period for refugees and entrants is from the date of arrival into the United States through the end of the eighth month after arrival.**
 - **The RCA period for asylees is from the date that asylum is granted through the end of the eighth month from that date.**

In all other respects, RCA recipients are subject to TANF requirements. After the RCA eligibility period, a separate determination may be done to determine if they are eligible for Safety Net Assistance.

A new Special Program Code 'R - Refugee Cash Assistance' has been developed, which is entered on Screen 1 of WMS for Case Types 16 and 17 only. When the new program code of R is used, the following criteria must also be met:

- A State/Federal Charge Code of 30 (Refugees - Refugee Assistance Program), 34 (Cuban Entrants) or 36 (Haitian Entrants) must also be present for at least one individual with an Individual Status Code of 07 (Active) or 10 (Inactive - Sanctioned). The following error messages will be associated with the new edits:

Error #1016 - SP CODE OF R MUST HAVE ST/FED CODE OF 30, 34, OR 36
Error #1306 - ST/FED CODE = 30, 34, OR 36 MUST HAVE A SP CODE = R

- The use of Special Program Code 'R' will require an AFA Code of 351 (Refugees, Cuban/Haitian Entrants - CT 16, 17 - MA - 8 Months), with an AFA Date no greater than 8 months from the date of entry;
- Also, when the code of 'R' is used, the Authorization Period cannot be greater than 8 months from the date of entry. The error associated with this edit is #1017 - AUTH PERIOD CANNOT BE GREATER THAN 8 MONTHS FROM DATE OF ENTRY'.

3. The following three new Employability Codes have been added to WMS to satisfy tracking requirements for persons unable to work due to domestic violence:

- 47 Incapacitated/Disabled - Time Limit Exemption (More than 6 Months)
- 48 Needed in the Home to Care for Incapacitated Child - Time Limit Exemption
- 49 Incapacitated - Time Limit Exemption (4 to 6 Months Exemption)

These three Employability Codes identify individuals in Family Assistance (case type 11) or non-cash Safety Net Assistance/FP (case type 12) cases who have reached the sixty-month limit on the State Time Limit Count, and who are victims of domestic violence. These codes are used to indicate that the individual is exempted from the time limit because he/she is unable to work or participate in a training program due to a physical or mental disability caused by domestic violence. The disability must be medically verified and be expected to last three months or more. In addition, a parent or caretaker may have a time limit exemption if he/she is unable to work because he/she needs to care for a child who was disabled by domestic violence. **Workers must use these DV-related exemption codes wherever they are appropriate because federal rules regarding the 20% limitation on time limit exemptions allow penalty relief if the limitation is exceeded because of DV-related exemptions.**

A forthcoming Administrative directive will provide a detailed explanation on the use of these new codes.

4. In response to local district requests to remind workers to discontinue child care payments once a child turns 13 years of age, a new Anticipated Future Action Code (AFA) '117 - Individual Turning 13' has been developed. This code will be system-generated, but can also be data-entered by the worker.
5. A recent USDA policy clarification has directed NYS that Food Stamp denials for Failure to Keep/Complete an Interview (E10 and N10) may ONLY take place thirty (30) days after the application date.

In response to this clarification, two (2) new WMS edits have been developed:

Edit/error #1015 'MUST ALLOW 30 DAYS FROM APPLICATION DATE FOR FS R/C E10 OR N10':

For both food stamp and public assistance case types, this edit requires the Transaction Date to be at least 30 days past the Application Date when the Transaction Type is Denial (or equates to FS denial for PA cases) and the FS case reason code = E10 or N10.

Edit/error #1014 'FS APP DATE ENTRY REQUIRED IN RECERT DATE FIELD FOR FS R/C E10 & N10':

When the FS action during a PA change or close transaction equates to a FS Denial, the FS Application Date is required in the RECERT DATE field if the FS reason code is E10 or N10.

NOTE: This entry is required **ONLY** for the execution of these two new edits and will **NOT** be used to update the database.

PA/MA/FS (CNS Changes)

1. A new PA/MA/FS Case level and Individual Reason Code '903 - CIN Unduplication (Data Entered)' has been developed. Workers should use this code at the case and individual level, for change (05) transactions only, when deleting an individual(s) with an incorrect CIN. When using this reason code, the notice indicator must equal 'N'.

New edits have been developed that require Case Reason Code 903 be used when Individual Code 903 is used for PA, MA, or FS cases. The error message associated with this new edit is '1303 - CASE REASON CODE 903 REQUIRED FOR THIS INDIV REASON CODE'.

A new edit has been developed that requires PA/FS Case Reason Code 903 be used when the FS Individual Code 903 is used for PA cases with FS authorized. The error message associated with this new edit is '1304 - PA/FS CASE REASON CODE 903 REQUIRED FOR THIS INDIV REASON CODE'.

2. For PA case types 11-17, PA Case Reason Codes X01 - X04 (underpayment adjustments) are now also valid during Closing (07) and Recert-closing (08) transactions. Also, for PA and FS case types 11-17, 31 and 32, FS Case Reason Codes X01 - X05 (restored/supplemental benefits) are now valid during Closing (07) and Recert-Closing (08) transactions.

MA ONLY

When certain SSI recipients lose eligibility for SSI, there are various federal provisions that provide special considerations in determining on-going Medicaid eligibility. To aid with reporting and identifying such cases, a new field called the (New) Special SSI Factor Field (SSF) has been added to WMS on the Client Information Screen WINQ11. It is a viewable field only with all values system generated.

The field can be accessed by entering selection 12, WMS Case and Individual Inquiry from the WMS main menu (WMSMNU) then selecting WINQ02, Individual CIN or SSN Inquiry on the bottom half of the screen. Entering selection E, Client Information and either the CIN or SSN of the recipient will bring you to screen WINQ11. The new field "SSF" can be seen in the section titled "OTHER INDIVIDUAL INFORMATION" at the bottom right of the screen. The values in the field will be:

Value	Definition
Z*	Zebley
D	Disabled Adult Child (DAC)
E	Dual Eligible (DAC) (available at a later date)
P	Pickle
W	Widow/Widower
BLANK	

* At Zebley case closing, a warning will be generated to remind workers to use SSI-related budgeting, if necessary. It will read WARNING UPF=Z Zebley. If the Case Type changes to 22 (MA-SSI), the "Z", Zebley, will be removed.

Cases Identified by the SSI Factor Field

"D" Disabled Adult Child (DAC) - Disabled adult children who lose eligibility for SSI due to the receipt of or an increase in, Title II child insurance benefits. Such benefit or increase in such benefit is disregarded in determining on-going Medicaid eligibility. These cases are identified on the SDX with a Medicaid Eligibility Code of "D". Please refer to 95 ADM-11 for further information. The Department will generate the value "D" in the new SSI Factor Field to identify DAC cases. This process will be on going.

"E" Dual Eligible (DAC) - These individuals are similar to the DACs except that they also received Social Security Disability benefits based on their own work record. Due to their dual entitlement to social security benefits, they are not identifiable on the SDX. The Department, in conjunction with SSA, will be identifying dual eligible DACs. Please refer to 01 OMM LCM-2 for further information. When implemented, the value "E" will be used to identify this population on WMS. Once initiated, this process will be on going.

"P" Pickle - former SSI recipients who received social security benefits and SSI and would be eligible for SSI if all social security COLAs were disregarded (see MRG pp. 50 and 51). Such individuals are identified on the SDX. The Department will use this identification to place a new value "P" in the Special SSI Factor Field to identify potential Pickle cases. This process will be on going.

"W" Widow(ers) - Persons 60 years or older who apply for and receive early widow's or widower's insurance benefits and who become ineligible for SSI as a result of receiving such benefits. Provided the individual would be eligible for SSI if she or he were not receiving such benefits and is not entitled to Medicare Part A benefits, the individual would be eligible for Medicaid (see MRG pp. 52 and 53). Such individuals are identified on the SDX. The Department will use this identification to place a new value "W" in the Special SSI Factor Field on WMS. This process will be on going.

"Z" Zebley cases - Children who lost SSI eligibility due to more stringent disability criteria. These children may continue to be treated as certified disabled for purposes of their Medicaid eligibility determination. If a child is not found eligible under an ADC-related budget or one of the federal poverty levels, his or her Medicaid eligibility must be determined under the SSI-related budgeting methodology.

A one-time match is being made against a Federal tape of Zebley Children. For both active and inactive cases (all Case Types except Case Type 22) the value "Z" will be entered in the Special SSI Factor Field. Identification in this new field means that the individual was once identified on the Federal Zebley tape.

A comprehensive report of Zebley children identified on the Federal tape will be forwarded under separate cover. Districts will be asked to ensure that all cases have been budgeted in accordance with the provisions outlined in 98 OMM LCM-002. More information will be forthcoming.

Managed Care

1. Currently individuals are auto assigned to a Managed Care provider based upon the provider's status (preference, enrollment vs capacity etc.). Another table will be added to give some providers preference based on quality of service. These providers will get preference after the current table of providers with preferential status.

2. When an MA case (Case Type 20) is closed with an effective date prior to the PCP Guarantee Thru Date on file in the PCP subsystem, the system will change the recipient's MA coverage code from 30/32 to 31/33 and generate an MA To Date to the Guarantee Thru Date. This will be done for all case closing except for the following reasons: "E63-Not a State Resident", "U78-Receiving Concurrent Benefits Inter-State", "X15-Eligible During Pregnancy, After 60 Day Post Partum", "E95-Death" and "E79-MA Not Provided in Current Living Arrangement".

Note: Client notices should be produced manually for MA closing with an effective closing date prior to the PCP Guarantee Thru Date.

MA ONLY (CNS Changes)

The following language changes have been made to CNS notices (both Spanish and English) and are currently in Production:

Language Changes

1. **(Denial) Reason Code H16 Paragraph # D0051 Failed to Provide a Medical Statement**

Old Language:

"This is because you failed to provide documentation needed to determine if you are incapacitated or disabled.

Individuals between the ages 21 and 65 who are either believed to have a medical condition that would make them certified disabled or parents in an intact household where one or both of the parents has a medical incapacity which would place them in a federal category of assistance, must provide medical documentation to determine incapacity/disability as a condition of Medical Assistance eligibility."

New Language:

"This is because you failed to provide documentation needed to determine if you are disabled.

Individuals between the ages of 21 and 65 who are believed to have a medical condition that would make them certified disabled, which would place them in a federal category of assistance, must provide medical documentation to determine disability as a condition of Medical Assistance eligibility."

2. **(Denial) Reason Code U83 Paragraph #D0076 Qualified Individual QI-2 Accepted for Partial Payment of Medicare Part B Premium**

The new partial payment amount is \$3.09 and is reflected in the notice.

3. **Recertification Notices**

Reason Code Z30 R0001 Scheduled Interview
Reason Code Z32 R0002 Call-In for an Interview Date and Time
Reason Code Z36 R0004 Scheduled MA Group Recert

Old Language:

"Resource information generally is not needed for pregnant women, and children born on or after October 1, 1983."

New Language:

"Resource information generally is not needed for pregnant women, and children under 19 years of age."

4. **Managed Care**

Effective 2/12/01 all MA CNS Closing notices, except for Death (E95), will have the following statement under the SERVICES AND OTHER INFORMATION section of the notice:

Managed Care: If you are enrolled in a Medical Assistance managed care health plan, you can use your Health Plan Card to get health plan services until the end of the month in which your Medical Assistance is discontinued.