



George E. Pataki
Governor

New York State
Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, NY 12243-0001

Brian J. Wing
Commissioner

March 12, 2002

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements, which are scheduled to be migrated to the Training System on March 11, 2002 and to become operational on the Production System on March 25, 2002. These changes are a result of Federal Welfare Reform Time Limits Tracking and reporting requirements, as well as the new MA Case Type 24-Family Health Plus (FHP).

For questions regarding the attached changes, please contact the following individuals at 1-800-343-8859:

Attachment A

Section

Patty Hanson @ extension 4-8753
Tully Lenihan @ extension 4-8749
Wayne Marquit @ extension 3-9779

1, 3, 5
2
4

Attachment B

Patty Hanson @ extension 4-8753

Attachment C

Bob Markham @ extension 4-2166

1, 2

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Attachment D

Dennis DiMuria @ (518) 402-6667	1, 2
Or	
Bob Decker @ (518) 402-6682	
James Carroll @ extension 4-7576	3
Patricia Buttino @ (518) 402-6665	4, 5

Attachment E

Kathie Hahn @ (518) 474-2080	1, 2, 3
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Sincerely,

Wendy Dmitri

Wendy Dmitri
Division of Temporary Assistance/WMS

DDM

Dennis DiMuria, Supervisor
Upstate Eligibility Systems
Office of Medicaid Management

Cc: Commissioner
TA Director
FS Director
MA Director
Heap Liaison

1. In order to improve accuracy of Time Limit Tracking, two new edits have been created:

If the Safety Net Indicator = 'S – Safety Net Limit', then the Case SNA Count must be greater than or = 22 months. The Error Message associated with this edit is # 1036 – 'SNA IND "S" REQUIRES 22 MONTH COUNT';

If the Safety Net Indicator = 'C – Cash Limit', then the Case State Count must be greater than or = 58 months. The Error Message associated with this edit is # 1037 – 'SNA IND "C" REQUIRES 58 MONTH COUNT.

2. Effective March 25, 2002, WMS will begin editing entries in the Case Reason Code field for EAA and HEAP Case Types (CT18, 60). Prior to this, the field was unedited, sometimes resulting in the storage of "garbage" characters or typos in that field.

For EAA cases, no entries will be retained in the Case Reason Code field.

For HEAP cases, entries will only be retained in the Case Reason Code field if the Transaction Type is Denial, Change or Closing (Tx Type 03, 05 or 07). Only valid Reason Codes will be accepted in that field. Depending on the Transaction Type, entry of invalid reason codes will result in "Error #0093-REASON CODE INVALID FOR BENEFIT CATEGORY" or "Error #0133-REASON CODE IS INVALID".

3. In order to ensure proper Case Type assignment and claiming, an edit involving Case Type 18 (EAA) has been revised. If Payment Type '70 – Cash Replacement for Lost, Stolen or Mismanaged SSI Grant' is entered, then the Case Type must be 18 or the Special Claiming Category Code must be 'A-Emergency Assistance to Adults'. The revised edit Error # 763 will now read "PAY TYPE C0 THRU C5 OR 70 REQUIRES CASE TYP 18 or SPC CLM CODE A".

4. In order to capture all HEAP payments on the tracking (WRTS) database for display on the HEAP Individual History Inquiry Screen (WTRK17), it was necessary to modify the following HEAP on-line edits in WMS:

If Case Type = 60 (HEAP), for transaction types 02, 05, 09, 10, 11 and 14, the Case Authorization Period To Date (on Screen 1) must = the end of the current HEAP season (i.e. 9/30/02). Previous to this migration, the Auth Period To Date had to be = or less than 9/30/02.

If Case Type = 11, 12, 16, 17, 31 or 60, and the Special Claiming Category Code = H (HEAP), then the Payment Period To Date for the HEAP payline on Screen 6 must = the end of the current HEAP Season (i.e. 9/30/02). Previous to this migration, the Payment Period To Date had to be = or less than 9/30/02.

5. In the September 4, 2001 WMS migration, several edits were created to allow childcare paylines on Screen 9 for MA (CT 20) and NPA-FS (CT 31) cases. With this migration, childcare paylines can also be authorized for FS-MIX (CT 32) Cases. Attachment B is a copy of the page from the August 23, 2001 “Dear WMS/CNS Coordinator” letter showing the childcare edits with changes marked in bold.

(Page is from August 23, 2001 “Dear WMS/CNS Coordinator” letter)

- 5 - Self Support – Transitional Child Care (SS-TCC)
- 6 - Self Care – Illness (SC-ILL)
- 7 - Self Care – Incapacity (INCAP)
- 8 -Self Care – Absence (SC-ABSNC)

These eight codes are only allowed on Screen 9 of WMS (not Screen 6). Codes 1 through 8 apply to the reason why the parent or caretaker is unavailable or unable to care for the child. Cases transitioning from temporary assistance that are receiving the 12 month guarantee of child care subsidy services should be encoded using Code 5- Transitional Child Care Services. The Transitional Code supercedes the other codes listed. After the 12 month period of guarantee expires, the district should change the reason for childcare to another appropriate code.

The following new edits have been developed to authorize childcare payment lines in FS and MA cases:

- a. Since Services requires income information for Federal reporting, if the Case Type = 20 (MA) and childcare is being authorized on Screen 9, a stored MABEL budget must be present. The Error Message associated with this edit is #1902 – ‘CHILDCARE IN CT 20 REQUIRES MBL BUDGET’.
- b. If Case Type = 20 (MA), ~~01~~ 31 (NPA-FS) or **32 (NPA-FS)** and childcare is being authorized on Screen 9, an entry must be present in Marital Status for the case member coded as Applicant/Payee (Relationship Code 01). The Error Message associated with this edit is #1903 – ‘CHILDCARE REQUIRES MARITAL STATUS ENTRY’.
- c. If Case Type = 20, ~~01~~ 31 or **32** and child care is being authorized on Screen 9, the child care Payment Period TO Date Month cannot exceed the Payment Period FROM Date Month by more than 11 months, effectively limiting the payment period to no more than 12 months. The Error Message associated with this edit is #1904 – ‘PAY PERIOD CANNOT EXCEED 12 MONTHS’.
- d. If Case Type = 20, ~~01~~ 31 or **32** and child care is being authorized on Screen 9, the child care Payment Period TO DATE Month cannot exceed the Authorization Period TO DATE Month. The Error Message associated with this edit is #1905 – ‘PAY PERIOD CANNOT EXCEED AUTH PERIOD’.
- e. If Case Type = 20, ~~01~~ 31 or **32** and child care is being authorized on Screen 9, the child care Payment Period FROM Date Month cannot be more than two months earlier than the Authorization Period FROM Date month. The Error Message associated with this edit is #1906 – ‘PAY PD FROM MM CANNOT BE > TWO MONTHS PRIOR TO AUTH PD FROM MM’.
- f. If Case Type = 20, ~~01~~ 31 or **32** and child care is being authorized on Screen 9, one of the eight new Special Claiming Category Codes must be entered for each payline, and all newly authorized paylines must have the same Claiming Code. The Error Message associated with this edit is #1907 – ‘SPC CLM CD REQUIRED’.

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PA/FS (CNS CHANGES)

1. As a result of Department of Labor (DOL) instructions to delete the worker fill from the associated language, PA Individual/Reason Codes VE1-3 (Intentional Misrepresentation of a Disability: 90/150/180 Day Sanction) have been changed to BE1-3. Since these reason codes are now classified as no fill, only the prefix has changed, with the definitions remaining the same.
2. The definition of PA Case Reason Code R15 has changed from 'Restriction(s) Begins or Shelter Restriction Indicator Increases From an 'X' to E, Q, R, S or P' to 'Restriction(s) Begins, Ends or is Denied'. Also, R15 is now valid for transaction type 00 if the worker only wants to notify the client that a request for a restriction is being denied. Please refer to Attachment C, pages 2-5, for further details and examples for the use of reason code R15.

As a result of discussions with State and local district staff, significant changes have been made to the **PA Restrictions Data Collection Screen, WCN119**, and associated CNS language (R0007). The function of reason code **R15** and the WCN119 screen have been expanded to include their use when a restriction ends or is denied, in addition to the ongoing function when a restriction begins. Consequently, a new ACTION field has been added to the screen along with fields for use when the expense, or the money to cover the expense, is not in the budget. Fields near the bottom of the screen related to Section 8 certificate mismanagement have been deleted since this is no longer appropriate. The number of “ALLOW/BILLED” columns has been reduced from two to one and is now used in combination with both the voluntary and agency decision selections when beginning a restriction of fuel for heating or utilities.

Generally, workers should use the R15 reason code to explain why a particular budget item is, is not, or is no longer, being restricted. The worker needs to provide both the action (Begin, Deny or End) and the reason for the action; voluntary, agency decision, cash mismanagement, client no longer has the expense, or there is not enough money in the budget to cover the expense. One action and one reason are entered per item, although it is possible to indicate one action for a given item and another action for a different item on the same screen.

If the worker needs to only explain the denial of a request that one or more items be restricted, the R15 reason code may be used with a “00” transaction type on CNS. In this situation, a modified, abbreviated version of WCN119, **PA Restrictions Denial Entry Screen**, is presented. Only the “AGENCY DECISION” and the “\$\$ NOT IN BGT” fields are presented, since these are the only two valid reasons to deny a restriction request. No action code is necessary.

Please see the following examples.

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Example 2: A client requests that her fuel for heating allowance be restricted. However, when the worker looks at the ABEL budget, there is not enough money available after income is budgeted to cover the restriction of the heating expense. No new budget is stored, but the worker uses R15 and transaction type “00” to access screen WCN119, and makes the following entry:

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WCN119                WMS/Client Notice Subsystem                Date 99/99/99
                        PA Restrictions Denial Entry                Time 99:99:99
CASE NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx                CASE REASON R15 : RESTRICTION
CASE NUMBER xxxxxxxxxxxx
  
```

ITEM	AGENCY DECISION	\$\$ NOT IN BGT
SHELTER	-	-
HEATING	-	X
UTILITIES	-	-
WATER	-	-
OTHER	-	-
	SERVICE _____	
OTHER	-	-
	SERVICE _____	

XMIT_

1. Since the implementation of Family Health Plus (FHP) we have received numerous calls from local districts regarding the processing of cases for individuals who are established as FHP eligible in the future and then later report to the local district that they met their spend-down in a current or previous month. The system generates error 522 and subsequent eligibility stacking problems could occur.

WMS Edit 522 has been revised so that if the MA Coverage To Date, associated with the Medicaid eligibility, is prior to the FHP PCP Begin Date the 522 Error will not occur. In addition, since it is still necessary to re-establish the FHP eligibility on the top of the eligibility stack the system will, under certain circumstances, restack the FHP coverage. Specifically:

- a) Error 522 occurred when a prospective FHP Prepaid Capitation Plan (PCP) record was established and then later Full (01 or 16) or Outpatient (02) Coverage was entered for a current or previous month. The edit stated that Coverage Code 04, 05, 30, 31, 32, 33, 34, or 36 is required if an ACTIVE Prepaid Capitation Plan (PCP) record exists even if the enrollment date is in the future. This edit has been revised so that it only occurs if the PCP enrollment is active in the current month. Therefore, this change will now allow 01, 16, or 02 Coverage if FHP enrollment begins in the future.
- b) If a FHP (Case Type 24) case exists and then it is subsequently determined that retroactive Medicaid should be provided either the FHP case could be changed to MA-Only (Case Type 20) or a separate MA-Only Case opened. If the option of changing the Case Type is taken another transaction is necessary to return the Case Type to 24 for the proper FHP coding (Authorization Period, Individual Categorical Code, MA Coverage Code). However WMS eligibility processing has been revised if a separate MA- Only case is opened. If there is future FHP coverage on file, and Full (01 or 16) or Outpatient (02) coverage is established, which does not overlap the future FHP coverage, the system will automatically re-establish the 34 Coverage on top of the individual's eligibility record. This will save the districts from performing another transaction on the FHP case to restore the FHP eligibility.
- c) When an individual is to be deleted from an active Medicaid case, delete the individual from the Medicaid case first, then open the FHP case. Likewise, if the Medicaid case is to be closed, close the case before the FHP case is opened. If processing occurs in the opposite order an additional FHP eligibility transaction must be performed.

2. A new Individual Categorical Code 60 (Child 6-18 years of age 100-133% FPL) has been added to WMS Screen 3. This code is allowed for Case Type 20 (MA) only.

Anticipated Future Action Codes 102 (Individual Turning 3 (PA) 6 (MA)) and 113 (Individual Turning 19 Years) are system generated and appear on the Notice of Anticipated Future Action Report (WINR4137). The appearance of these Codes on the report will indicate when the Individual Categorical Code 60 should be entered or changed if the child is eligible between 100%-133% FPL.

A new Aid Category (71), derived from the Individual Categorical Code 60, has been added as well to reflect the proper federal and state claiming. There is no local share for these children.

Some CNS notices have been expanded to incorporate the children who are between the ages of 6 and 18. Therefore, codes specific to children turning 6 and children 6 through 18 will be deleted. All of these changes will be outlined in a separate WMS/CNS Coordinator Letter.

3. WMS Non-Services Special Claiming Code “Q” (133% Medicaid Expansion) identifies the Medicaid portion of expenditures for services provided under the State Children’s Health Insurance Program (SCHIP). This program is intended to provide targeted low-income children who are currently uninsured with health insurance coverage through a combination of expansion of the Medicaid Program and through a separate Children’s Health Insurance Program.

MA payment lines to authorize SCHIP amounts should be written on MA Case Type 20, with MA Payment Types 19, 24, M1-M9, P1-P9, L1-L6, or A1-A3, and a Special Claiming Category of Q.

The new WMS Error # 1608 ‘SPC CLM CODE Q NOT VALID FOR CASE TYPE, PAY TYPE’ will appear on WMS Screen 6 when the Special Claiming Category Q is not being entered on an MA Case and for one of the allowable MA payments.

WMS Error # 796 (SPECIAL CLAIMING CODE IS INVALID/REQUIRED FOR PAYMENT TYPE) has been revised to include Special Claiming Category Q.

The mnemonic for reporting Special Claiming Category Q is ‘INFT 6-18’.

4. The Medicaid Budget Logic (MBL) has also been revised to indicate if a child is eligible at 133% of the Federal Poverty Level.

The Processing for the MBL Expanded Eligibility Code (EEC) D has been changed from “D – CHILD(REN) 6 AND OLDER BORN AFTER 9/30/83” to “D – CHILD(REN) 6 TO 18 YEARS”

When the EEC is “D” or “B” and the child is greater than or equal to 6 but less than 19, financial eligibility will be calculated as follows:

- If the Budget Effective To Date is less than 4/01/02, eligibility will be determined at 100% FPL.
- If the Budget Effective From Date is 4/01/02 or greater, eligibility will be determined at 100% or 133% of the FPL

The MA Budget Screen will display one of the following messages:

ELIGIBLE 100% (AMOUNT)
ELIGIBLE 133% (AMOUNT)
INELIGIBLE 133% (AMOUNT)

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5. Effective 5/01/02 the Resource test has been eliminated for the Qualified Individual Program. Therefore, any MBL Budgets with an Effective From Date of 5/01/02 or greater AND a Buy-In Code of "S" will not have a resource test applied for the QI 1 and QI 2's. If the income is at the SLIMB Level (between 100% and 120% FPL) and there are excess resources, the budget will reflect QI 1 eligible.

The purpose of this appendix is to provide local districts with an explanation of new CNS enhancements to notices to support the expansion of 133% of the Federal Poverty Level to include children six to nineteen years of age.

These notice changes will be available on the production environment effective 4/1/02.

Notice changes have been divided into three sections:

- 1.) Language/Description Changes.
- 2.) Deletion of Codes.
- 3.) Changes to S19 screen.

Section 1 : Language / Description Changes

Denial / Discontinuance :

The language change below applies to the following reason codes:

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>New Description</u>
E55	X0060 / X0077	Child 1-19, Excess Income
E56	X0061 / X0078	Child 1-19, Excess Income & Resources

Old 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.

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 nineteen.

Discontinuance :

The language change below applies to the following reason code :

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Description</u>
U33	X0170	Turning 19, Excess Income, Not FHP Eligible

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Old Language :

Until you turned nineteen years of age, we compared your income to 100% of the Federal Poverty Level and there was no resource limit.

New Language :

Until you turned nineteen years of age, we compared your income to 133% of the Federal Poverty Level and there was no resource limit.

Section 1, continued

Undercare

The description and language change below applies to the following reason code :

Reason Code	Paragraph Number	New Description
E23	X0123	Child 1-19, Ex Inc to 133% FPL Full Coverage

Old Language :

This is because your income (less Medical Assistance deductions) is at or below 133% of the Federal Poverty Level of \$_____ which is the income limit for children between the ages of one and five.

New Language :

This is because your income (less Medical Assistance deductions) is at or below 133% of the Federal Poverty Level of \$_____ which is the amount for children between the ages of one and 19.

The description and language change below applies to the following reason codes :

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>New Description</u>
S19 FAA	X0113	Child 1-19 @133%Over100%&MA Level-Ex Inc-Spenddown Met
S19 FAB	X0070	Child 1-19 @133%Over100%&MA Level-Ex Inc-Spenddown Not Met
S19 FAC	X0100	Child 1-19 @ 133% Over 100% & MA Level-Ex Inc-6 Mo. Spenddown Met
S19 FAF	X0119	Child 1-19 @ 133% Over 100% & MA Level-Ex Inc & Resources-Both Met
S19 FAH	X0071	Child 1-19 @133%Over100%&MA

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S19 FAI	X0107	Level-Ex Inc & Resources-Resource Spendedown Met Child 1-19 @ 133% Over 100% & MA Level-Ex Inc & Resources-Resource & 6 Mo. Spendedown Met
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Section 1, continued

Old Language :

This is because your income (less Medical Assistance deductions) is more than 133% of the Federal Poverty Level of \$_____ which is the income limit for children between the ages of one and five.

New Language :

This is because your income (less Medical Assistance deductions) is more than 133% of the Federal Poverty Level of \$_____ which is the income limit for children between the ages of one and nineteen.

The language change below applies to the following reason codes :

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Description</u>
U88	X0100	Turning 19, MA to FHP, Must Choose a Plan
U90	U0112	Turning 19, MA to FHP, Chose a Plan

Old Language :

Until you turned nineteen years of age, we compared your income to 100% of the Federal Poverty Level. Now we compare your income to the Medical Assistance income limit and the Family Health Plus income limit.

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New Language :

Until you turned nineteen years of age, we compared your income to 133% of the Federal Poverty Level. Now we compare your income to the Medical Assistance income limit and the Family Health Plus income limit.

Section 2 : Deletions

The following codes are being deleted as they are no longer needed or are incorporated into other codes.

Denial / Discontinuance

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Description</u>
E57	X0079 / X0062	Child 6-19, Ex Inc
E58	X0080 / X0063	Child 6-19, Ex Inc & Ex Resources

Discontinuance

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Description</u>
E47	X0064	Child Turning 6, Ex Inc
E48	X0065	Child Turning 6, Ex Inc & Resources

Undercare

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Description</u>
S19 FDA	X0114	Child Turning 6 @ 133% Over 100% & MA Level-Ex Inc-Spenddown Met
S19 FDB	X0094	Child Turning 6 @ 133% Over 100% & MA Level-Ex Inc-Spenddown Not Met
S19 FDC	X0101	Child Turning 6 @ 133% Over 100% & MA Level-Ex Inc-6 Mo. Spenddown Met
S19 FDF	X0120	Child Turning 6 @ 133% Over 100% & MA Level-Ex Inc & Resources Both Met
S19 FDH	X0095	Child Turning 6 @ 133% Over 100% & MA Level-Ex Inc & Resources- Resource Spenddown Met
S19 FDI	X0108	Child Turning 6 @ 133% Over 100% & MA Level-Ex Inc & Resources- Both Resources & 6 Mo. Spenddown Met
S19 GAA	X0115	Child 6-19 @ 100% Over MA Level Ex Inc-Spenddown Met
S19 GAB	X0072	Child 6-19 @ 100% Over MA Level Ex Inc-Spenddown Not Met
S19 GAC	X0102	Child 6-19 @ 100% Over MA Level Ex Inc-6 Mo. Spenddown Met

Section 2, Deletions, cont.

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Description</u>
S19 GAF	X0121	Child 6-19 @ 100 % Over MA Level Ex Inc & Resources-Both Met
S19 GAH	X0073	Child 6-19 @ 100% Over MA Level Ex Inc & Resources-Resource Spendedown Met
S19 GAI	X0109	Child 6-19 @ 100% Over MA Level Ex Inc & Resources-Both Resource & Mo. Spendedown Met
E24	X0124	Child 6-19, Spendedown to 100% FPL

The following codes are being deleted since they are not being utilized. It would be unlikely that someone turning 19 would have outstanding medical bills to meet their Spendedown since they are coming from full MA coverage. For now, choice [E] in Section II will remain on the S19 screen in case workers find that these codes are needed again.

Undercare

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Description</u>
S19 GEA	X0166	Child Turning 19, Ex Income, Spendedown Met
S19 GEB	X0168	Child Turning 19, Ex Income, Spendedown Not Met
S19 GEC	X0163	Child Turning 19, Ex Income, 6 Mo. Spendedown Met
S19 GED	X0165	Child Turning 19, Ex Resources, Spendedown Met
S19 GEF	X0164	Child Turning 19, Ex Inc & Resources-Both Met
S19 GEH	X0167	Child Turning 19, Ex Inc & Resources-Resource Spendedown Met
S19 GEI	X0162	Child Turning 19, Ex Inc & Resources-Both Resource & 6 Mo. Spendedown Met

Section 3, Changes to S19 Screen

The **bolded** areas of the S19 Screen below will be removed since there will be no reference to the 100% Federal Poverty Level test in notices.

Please be aware that MBL will still calculate at 100% FPL first, but the notice will only reflect that the applicant / recipient is eligible / ineligible at 133%.

Excess Income/Resources

CASE NAME

CASE NO

CASE REASON S19 : EXC INC/RES

__ I. ENTER LEVEL PRIOR TO CHANGE:

(A) XI (B) MA (C) 200%P (D) 100%P (E) 200%C (G) **100%C**

__ II. ENTER NEXT LEVEL NOT ELIGIBLE FOR:

(A) N/A (B) 100%P (C) 133%C (D) **100%C** (E) MA-Turning 19

__ III. CHOOSE ONLY ONE:

EXCESS INCOME : (A) MET (B) TO BE MET (C) 6 MONTH MET

EXCESS RESOURCES: (D) MET (E) CONTINUES TO BE MET

EXCESS INC & RES : (F) MET (G) (H) ONLY RESOURCES MET

(I) RESOURCES AND 6 MONTH MET

(J)

(K) INCREASE IN EXCESS INCOME AMOUNT