



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

July 10, 2003

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements which were migrated to the Training System on June 23, 2003, and scheduled to become operational on the Production System on July 21, 2003.

For questions regarding the attached changes, please contact the following individuals at 1-800-343-8859, unless the entire phone number is listed, in which case you must dial that number:

Attachment I	Section	Attachment III	Section
Patty Hanson @ ext. 4-8753	2, 4, 5	Robert Decker @ 518-402-6682	1, 2, 3, 4
Tully Lenihan @ ext. 4-8749	1, 3, 4, 6, 8		
Wayne Marquit @ ext. 3-0049	7	Attachment IV	Section
		Cindy Krueger-Farley @ 518-402-6663	All
Attachment II	Section	Kathie Hahn @ 518-474-2080	All
Bob Markham @ ext. 4-2166	1		
Robert Decker @ 518-402-6682	2		
Mike Zostant @ ext. 4-7329	3		

Sincerely,

Wendy Dmitri

Wendy Dmitri
Division of Temporary Assistance/WMS

Dennis DiMuria

Dennis DiMuria, Supervisor
Upstate Eligibility Systems
Office of Medicaid Management

Attachments

Cc: Commissioner
TA, FS & MA Director
HEAP Liaison

Attachment I

Section

1. To ensure compliance with MOE requirements, a new edit has been created which will require that there be a child in the household that is receiving assistance. If the Case Type is 11, 12, 16 or 17, and the State/Federal Charge Code = 63 (TANF Individual Exceeding 5 Year Limit) or 64 (TANF Native American on NYS Reservation Exceeding 5 Year Limit), there must be at least one active individual (Ind. Status Code = 07, 08 or 10) who is less than 19 years of age and has a Relationship Code **Not** = 01 (App/Payee), 02 (Legal Spouse) or 30 (Non-Legal Union, Child in Common). The error message associated with this edit is '#1916 – MOE IND REQUIRES CHILD IN CASE'.
2. When the Special Program Code on Screen 1 of WMS is 'R' (Refugee Cash Assistance – RCA), and the Citizenship/Alien Indicator Code on Screen 3 is 'D' (Trafficking Victims), the Date of Entry on Screen 4 is required. The error message associated with this edit is '#425 – DATE OF ENTRY REQUIRED FOR THIS CITIZENSHIP IND'. (See GIS 03 TA/DC012 message dated 6/17/03 for a more detailed explanation of the use of Citizenship/Alien Indicator Code 'D' for alien victims of severe forms of trafficking.)
3. In the past, if a TA recoupment or a FS claim was present on a stored ABEL budget, and a worker authorized a corresponding recurring (Pay Type 05, 96) payment line, WMS would move the recoupment/claim amount from the ABEL budget to the bottom of Screen 6, where it would be picked up by CAMS and used to reduce the recoupment/claim balance on that System. When writing single issue payment lines, workers needed to remember to manually write the recoupment/claim amount on the bottom of Screen 6 so it could be accessed by CAMS.

A new process has been developed to automatically bring over the recoupment/claim amount from a stored ABEL budget for single issue payment lines. While there is no requirement to have a stored ABEL budget for a single issue payline, **if** there is a stored ABEL budget present, the recoupment/claim amount will be brought over to the bottom of Screen 6 if:

- a. The Payment Type is 69 for TA paylines or 91, 93 or 94 for FS paylines, and
- b. The Local Action Code is 1 (Check Issued), 2 (Prepare and Issue Check), or 6 (Other), and
- c. The Payment Period dates fall within the associated Budget Effective dates, and
- d. The Payment Amount matches the benefit amount in the stored ABEL budget, and
- e. There is a recoupment/claim amount present on the stored ABEL budget.

If the above criteria are met, WMS will move the recoupment/claim amount to the bottom of Screen 6, as is currently done for recurring paylines. (Amounts are only visible if case is in error status.) (See Attachment IB for a chart entitled 'Summary of Recoupment Ability on FS Payment Types'.)

NOTE:

For TA single issues, i.e. Pay Type 69, whose pay periods cover more than one month, if the payment amount is a multiple of the semi-monthly grant amount, the system will bring over a multiple of the semi-monthly recoupment amount. For example, if the monthly PA grant = \$100 (\$50 semi-monthly grant) and the PA recoupment amount = \$10 monthly (\$5 semi-monthly) and the payment period = 01/16/03 – 3/31/03, the grant amount will be \$250 (5 multiples of \$50) and the recoupment amount to be brought over will be \$25 (5 multiples of the semi-monthly recoupment amount). If the payment amount is not a multiple of the semi-monthly amount on the stored budget, the system will **not** bring over the recoupment amount.

If a FS single issue payment (Pay Type 91, 93 or 94) period covers two months, and the Payment Period From Date is the first of the month, e.g. 6/1/03 – 7/31/03, the FS Claim Amount brought over to Screen 6 will equal the monthly amount of the claim multiplied by 2. For example, if the pay period is 6/1/03 – 7/31/03, the monthly FS benefit = \$90, and the monthly FS claim amount = \$10, if the payment amount = \$180, and the Budget Effective Dates encompass 6/1/03 - 7/31/03, a \$20 amount will be brought over to Screen 6.

If a worker attempts to reference a payline that has already been referenced by the system, Error ‘#669 – RECOUP LINE LACKS DATA’ will be generated.

In order to help workers know when, and for which paylines, an amount has been brought over, the following **Warning** will be generated: ‘#1611 - RECOUP/CLAIM AMT HAS BEEN TRANSFERRED FROM STORED BUDGET’.

Workers will continue to have the ability to enter recoupment/claim amounts manually for single issues in instances when a stored budget is not present, when budget amounts are prorated, where multiple single issue paylines are written, etc. If workers are writing more than two single issue paylines (reduced by a recoupment/claim), the claim can only be brought over to Screen 6 if it's present on the current or cloned budget.

This enhancement will help eliminate those instances where CAMS is not updated due to workers failing to enter recoupment/claim amounts on Screen 6. If a payment line covers a partial month and a second month, the claim from the full month is brought over.

4. As a result of one-time only emergency TA payments becoming more commonplace, in large part due to the utilization of diversion strategies, local districts will now have the option to issue specific one-time only emergency TA payments, including burial payments, on active MA cases (Case Types 20, 22,24), NPA-FS cases (CT 31) and TA denials transactions (CT 11, 12, 16, 17). (See the forthcoming ADM entitled ‘Issuing Nonrecurring Temporary Assistance Emergency Payments and TANF Services Block Grant Payments on an Active Non-Temporary Assistance Food Stamp Case, an Active Medicaid Case or at the Time of a TA Application Denial’ for a detailed explanation on issuing these payments.)

This option cannot be used to issue TA payments for any applicant who is requesting ongoing TA benefits or, on behalf of any recipient of ongoing TA benefits. No Safety Net Assistance (SNA) payments will be allowed when issuing these TA payments on MA, NPA-FS cases or TA denials. The Payment lines on Screen 6 of WMS must be written as a single issue. All Local Action Codes, Methods of Payment and Pick-Up Codes are acceptable. The only allowable Issuance Code is ‘2 – Once Only’, and the Payment Schedule Code field must be blank. The Payment Period ‘From Date Month’ cannot be more than six months prior to the Transaction Month. The Payment Period ‘To Date Month’ cannot be greater than six months from the Transaction Month.

None of the Payments Types allowed will have any implications for TA Time Limit Tracking. (See Attachment IA for the ‘Diversion Payment Table’, with a complete listing of allowable Payment Types.)

5. A new field has been added to the WMS Clearance Report labeled ‘\$CASH’ that will indicate to the worker a ‘Diversion Payment’ that was previously authorized. The new field heading is located below the ‘Case Type’ heading, and the Diversion Pay Type is listed on the Clearance Report, directly below these headings. (See Attachment IA for the ‘Diversion Payment Table’)

6. As a result of the process developed for issuing TA emergency benefits, as described in Section #5 above, there has been a revision of existing edits for Diversion Payment Types 'D7, D9, F5 and F6'. In the past, these Pay Types were allowed at TA opening and undercare transactions. The following edits now apply to these Diversion Payments:
- For Case Types 11, 12, 16 & 17, Pay Types 'D9, F5 & F6' will only be allowed for Transaction Types 03 (Denial) or 09 (Open/Close);
 - For Case Types 11, 12, 16, 17 & 19, Pay Type 'D7' will only be allowed with Transaction Types 07 (Closing), 08 (Recert. Closing) and 09 (Open/Close);
 - For Case Types 16 & 17, if pay type is 'D7', then a State/Federal Charge Code of 63 (TANF Individual Exceeding 5 Year Limit) or 64 (TANF Native American on NYS Reservation Exceeding 5 Year Limit) must be present on Screen 3 of WMS. The Error message associated with this edit is '1919 - PAY TYPE D7 REQUIRES ST/FED CHARGE CODE 63 OR 64'.
7. Due to a local district request, a payment line will no longer be required when opening a HEAP case (CT 60). This will facilitate the correction of wrongly-assigned case numbers.
8. The Food Assistance Program (FAP) Indicator was disabled when changes in federal law made most FAP recipients eligible for federal food stamp benefits effective April 1, 2003. The FAP Indicator is being reactivated, to be used by FAP districts for individuals who are eligible for FAP because they meet **all** of the following criteria:
- Qualified alien not eligible for federal FS solely because of the alien rules (could be Citizenship/Alien Indicator code B, G or K who does not meet the federal alien eligibility criteria – for example, gained qualified status less than five years ago);
 - Living in the FAP district on 8/22/96;
 - A domestic violence victim **OR**, under 18 **OR** over 60 (but born after 8/22/31);
 - Not absent from U.S. more than 90 days in the 12 months preceding FS app date;
 - Must apply for U.S. citizenship within 30 days of FS application or, if not then eligible to apply for citizenship, apply within 30 days of becoming eligible to apply for citizenship.

Districts are reminded that, effective October 1, 2003, qualified aliens under age 18 are eligible for federal food stamp benefits.

The following FAP Payment Types and related payline edits are being reinstated:

- X1 Expedited FAP Benefit
- X3 Single Issue FAP Benefit
- X6 Ongoing FAP Benefit

<i>DIVERSION PAYMENT TABLE</i>				
TRANS TYPE	REQUIRED CLAIMING CODE	Case Types 11, 12 16, 17	Case Types 20, 22, 24	Case Type 31
		PAY TYPES	PAY TYPES	PAY TYPES
03	A	C0 C1 C3 C4 C5 70	N/A	N/A
03	F	C9 D7 D9 F5 F6	N/A	N/A
03	A or F	C2 Q5 41 43 44 45 47 51 52 57 60 65 66 67 68 71 72 73 74 75 76 77 78 79 83 84 86 88 90	N/A	N/A
03	Prohibited	T5	N/A	N/A
03	Allowed but not required D P N	85	N/A	N/A
02 05 06 07 08 10	A	N/A	C0 C1 C3 C4 C5 70	C0 C1 C3 C4 C5 70
02 05 06 07 08 10	F	N/A	C9 D7 D9 F5 F6	C9 D7 D9 F5 F6
02 05 06 07 08 10	A or F	N/A	C2 Q5 41 43 44 45 47 51 52 57 60 65 66 67 68 71 72 73 74 75 76 77 78 79 83 84 86 88 90	C2 Q5 41 43 44 45 47 51 52 57 60 65 66 67 68 71 72 73 74 75 76 77 78 79 83 84 86 88 90
02 05 06 07 08 10	Prohibited	N/A	T5	T5
02 05 06 07 08 10	Allowed but not required D P N	N/A	85	85

ERROR 1910 CONFLICTING PAYLINE VALUES

(For questions regarding the Division Payment Table, please contact the following individuals at 1-800-343-8859:

Patty Hanson @ ext. 4-8753 or Tully Lenihan @ ext. 4-8749)

1. Temporary Assistance Approval Notices - CNS

New WMS/CNS reason codes for Temporary Assistance case openings were introduced in an earlier Coordinator letter, dated March 11, 2003. As described in that letter, these codes produced CNS notices only in the pilot districts of Washington and Ulster, but have been operational for all districts since March 24, 2003. The pilot phase is coming to an end; effective **July 21, 2003 CNS approval notices will be automatically produced and mailed for TA case openings for ALL Upstate districts, unless an "N" is entered in the Notice Indicator on WMS Screen 1.**

The case reason codes listed below will be valid for all Temporary Assistance case types (11, 12, 16 & 17) and will produce notices for opening (02) and reopening (10) transactions.

PLEASE NOTE: Codes A30, A31 and A32 will also be valid **and produce approval notices** for change (05) and recertification (06) transactions when the value of the Emergency Indicator is changed from "X" to blank, since these actions are equivalent to openings. This means that an "emergency" TA case may be "opened" (transaction type of 02 or 10) using reason code A20, and an "approval" notice sent at a later date, when ongoing eligibility is determined, using reason codes A30, A31 or A32 during the change (05) transaction in which the emergency indicator is removed.

PLEASE ALSO NOTE: The transaction that causes the CNS approval notice to be produced should be done when eligibility is determined. Approval notices for Safety Net cases (Case Types 12, 16 and 17) may be sent prior to the 45th day following application, when the decision to approve the case is made. This notice would address eligibility for Food Stamps and Medical Assistance, as appropriate. It is not necessary to wait until the 45th day to process the case. The TA budget dates and associated payment lines will dictate when Safety Net Assistance actually begins.

TA Approval Reasons

A20: TA Case Opened - TA Determination Pending.

This code is used to open a TA case for emergency benefits, including expedited Food Stamps. The client notice will explain that a decision concerning ongoing eligibility has not yet been made, and that another notice will be sent. Based on the FS case reason code used, the notice will explain the case approval for Food Stamps benefits.

There are no checks for TA ABEL budgets. WMS edits require that the Emergency Indicator is equal to "X".

A30: TA Approval - Same Deficit Each Month (1 Budget Stored).

This code is used to open a TA case when it is anticipated that the client will receive the same amount of Temporary assistance each month during the certification period.

WMS edits require that an ABEL deficit budget is stored. If the case type is equal to 11 (FA), the Authorization FROM date must equal the TA Budget FROM date. The stored budget FROM date must be the first day of the month. The Emergency Indicator must be blank.

A31: TA Approval - Two Budgets Stored with Different Effective Dates.

This code is used to open a TA case when two budgets have been stored to cover different periods during the certification period.

WMS edits require that two ABEL deficit budgets are stored. If the case type is equal to 11 (FA), the Authorization FROM date must equal the first (cloned) TA Budget FROM date. The first (cloned) budget FROM date must be the first day of the month. The second budget stored must be consecutive with the first. The Emergency Indicator must be blank.

A32: TA Approval - First Month Prorated.

This code is used to open a TA case when the first day of eligibility is other than the first day of the month, and it is anticipated that the client will receive the same amount of Temporary assistance each month during the remainder of the certification period.

WMS edits require that two ABEL deficit budgets are stored. If the case type is equal to 11 (FA), the Authorization FROM date must equal the first (cloned) TA Budget FROM date. The cloned budget FROM date must not be the first day of the month. The second stored budget must be consecutive with the first. The Emergency Indicator must be blank.

Note: Until such time that ABEL can be modified, an "N" must be entered in the notice indicator on Screen 1 of WMS, and a manual notice sent, if the shelter type on the ABEL TA budget is equal to 04, 09, 10, 12, 15, 16, 17, 19, 21 or 22.

A36: TA Approval - First Period Denied - Eligible in Succeeding Months with Same Deficit.

This code is used to open a TA case after an initial period of ineligibility, and it is anticipated that the client will receive the same amount of Temporary assistance each month during the remainder of the certification period.

WMS edits require that an ABEL deficit budget is stored. If the case type is equal to 11 (FA), the Authorization FROM date must equal the TA Budget FROM date. The stored budget FROM date must be the first day of the month. The Emergency Indicator must be blank.

Prior to initiating the WMS opening transaction, workers must create a CNS pending notice with a separate denial reason code, used in conjunction with A36, on the WCN011 reason code entry screen. CNS edits will enforce the requirement that a valid denial reason code be entered together with A36 in order to explain the denial of benefits for the initial period. This pending notice number must be entered on Screen 1 of the WMS opening transaction.

Please note: If the reason for the first period denial is due to excess income, workers must store the excess income (surplus) budget before storing the deficit budget for ongoing benefits.

Related Reason Codes

The following reason codes may also be used as part of opening and reopening transactions, in conjunction with those described above:

F36 - Responsibility of Former District

This code should be used on CNS in conjunction with A36 when the case is being opened following a move from another district. The language associated with F36 will explain that the former district of residence is responsible for providing assistance during the period immediately prior to the case opening in the new district.

L92 - Restart Previously Notified Recoupment
R15 - Restriction(s) Begins, Ends or is Denied
R30 - Recoupment Pended
Most individual reason codes.

Note: All individuals listed on the DSS-3209 Authorization with an individual status other than 07-Active, must have a PA individual reason code entered, including those individuals with a status of 08 - Inactive-Excess Restricted Income/Non-Applying HH Member (PA Only) in order for them to be included in the CNS notice. For example, "08 individuals" may have an individual reason code of E90 - Client's Request - Declined TA, E94 - Receiving SSI, F92 - Ineligible Alien, etc.

Vendor Letters

Letters to shelter and fuel/utility vendors will be produced and mailed concurrent with approval notices when the following criteria are met:

- District has selected this option *
- Payment type equal to any of the following values:
Shelter - A6, D8, Q1, Q2, Q4, Q6, 10, 40, 46, 47, 48, 49, 50, 62
Fuel/Utility - E6, E7, 11, 12, 23, 28, 58, 59, 63
- Payment FROM date is greater than or equal to the TA Authorization FROM date
- Provider ID is not blank

* Note: Districts were surveyed earlier this year concerning vendor letter preferences. Districts may contact Bob Markham by telephone at 518-474-2166 or email at bob.markham@dfa.state.ny.us to change or confirm their choices.

Sample TA Approval Notice

A sample approval notice addressing Temporary Assistance, Food Stamps and Medical Assistance is a separate attachment to this letter. This notice was produced using TA case reason code A32 - TA Approval - First Month Prorated. CNS language for the remaining opening reason codes may be viewed at <http://sdssnet5/dta/cns/cnscodes.htm>

2. Medical Assistance

Appropriate MA language will be inserted into TA CNS Approval notices.

When the Case Type is 11, 12, 16 or 17, and the Transaction Type (TT) is 02 (Opening) or 10 (Reopening); or if the TT = 05 (Undercare) or 06 (Recert) and the Emergency Indicator is removed and a Medicaid Coverage Code is entered, an MA Insert Reason Code (RC) will be generated as follows:

1. When the TA Approval Reason Code is other than A36-
 - a. If the individual has an MA Coverage Code of 01, 11 or 16 then MA Insert RC 839 (MA Approval) is generated.
 - b. If the individual has an MA Coverage Code of 30 or 32 then MA Insert RC 840 (MA Approval) is generated.
 - c. If the individual has an MA Coverage Code of 04 or 05 and has a TA Individual RC field then MA Insert RC 841(MA Denied) is generated.
 - d. If the individual has an MA Coverage Code of 04 or 05 and has no TA Individual RC field then no MA Insert RC is generated.
 - e. If no value is present in the MA Coverage Code field then no MA Insert RC is generated.
2. When the TA Approval Reason Code is A36 -
 - a. If the MA Coverage From Date is less than the Authorization Period From Date then the logic in 1. above applies;
 - b. When the MA Coverage From Date is not less than the Authorization Period From Date, and
 - 1) If the individual has an MA Coverage Code of 01, 11 or 16 then MA Insert RC 842 (Ongoing MA Approval, Initial Period Denied) is generated.
 - 2) If the individual has an MA Coverage Code of 30 or 32 MA Insert RC 843 (Ongoing MA Approval, Initial Period Denied) is generated.
 - 3) If the individual has an MA Coverage Code of 04 or 05 and has a TA Individual RC then MA Insert RC 844 (Initial MA Denied and Ongoing MA Denied) is generated.
 - 4) If the individual has an MA Coverage Code of 04 or 05 and has no the TA Individual RC then no MA Insert RC is generated.
 - 5) If no value is present in the MA Coverage Code field then no MA Insert RC is generated.

3. FS OPENING REASON CODES:

The following list of food stamp opening transaction case reason codes are valid (and required) for TA case openings when food stamps are authorized.

A30 - FS Approval: Same Benefit Each Month

A31 - FS Approval: Two Different Benefit Amounts in Certification Period

A32 - FS Approval: 1st Month Prorate - Applied BEFORE the 16th

A33 - FS Approval: 1st Month Prorate - Applied AFTER the 15th

A34 - FS Approval: 1st Month Prorate - Proof Provided in SECOND Thirty Days (BEFORE the 16th of Month)

A35 - FS Approval: 1st Month Prorate - Proof Provided in SECOND Thirty Days (AFTER the 15th of Month)

A36 - FS Approval: First Month Denied - Eligible in Succeeding Months (Same Benefit Each Month)

A38 - FS Approval: Same Benefit Amount Each Month - Different Budget Dates

B10 - PA OP/CL/CHG - FS Continue Unchanged (PA Case Types Only)

F36 - Responsibility of Former District

L10 - PA OP/CL/CHG - FS Continue Unchanged - Worker Name Included (PA Case Types Only)

L11 - PA OP/CL/CHG - FS Increase (PA Case Types Only)

L12 - PA OP/CL/CHG - FS Decrease (PA Case Types Only)

L13 - PA OP/CL/CHG - FS Increase - Worker Name Included (PA Case Types Only)

L14 - PA OP/CL/CHG - FS Decrease - Worker Name Included (PA Case Types Only)

L92 - Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 10%

L94 - Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 20%

Q21 - FS Expedited Approval: Pended Verification; Cert Period = 1 Month

Q22 - FS Expedited Approval: Pended Verification; Cert Period > 1 Months

Z15 - Continuing Your Food Stamps: Short Certification Period

New System Requirements and Capabilities:

- A FS case reason code entry is now **required** for TA case types during Transaction Types 02 and 10. A Notice Indicator entry of 'N' does not eliminate this requirement.
- FS Opening transaction reason codes are now allowable entries for TA case types during CHANGE and RECERTIFICATION transactions when FS are being newly authorized.
- A **blank** PA/FS Indicator value is no longer allowed when opening a TA case type with the Emergency Indicator = 'X'.

Commonly Used Opening Transaction PA/FS Indicator and FS Reason Code Entries for Tx Type 02 or 10:

<u>PA/FS Indicator</u>	<u>FS Reason Code(s)</u>
01 AUTHORIZED FS	A30-36, A38, Q21-22, L92, L94 (FS newly authorized) B10, L10-L14 (NTA/FS case closing, FS now authorized w/ TA)
02 DECLINE FS	A02
03 DENIED FS	ALL DENIAL R/C
04 NON-PA IN HH	A04
05 PENDING DETERM.	J05, V19
06 FS ISSUED CO-OP CS	L02

Special Considerations for PA/FS Indicator and FS Case Reason Code Entries for PA Change and Recertification Transactions (Types 05 & 06):

- During Change or Recertification transactions, when CHANGING the PA/FS Indicator from blank, 02, 03, 05 or 09 to 01, the FS Opening reason codes A30-36, A38, Q21-22, (L92, L94) must be used.
- During CHANGE transactions, when CHANGING the PA/FS Indicator from 04, 06 or 09 to 01, the FS Change reason codes B20, B22, B24, B25, (V19, R21-26, L92, L94) must be used.
- During RECERTIFICATION transactions, when CHANGING the PA/FS Indicator from 04, 06 or 09 to 01, the FS Recertification reason codes B30-35, (V19, R21-26, L92, L94) must be used.
- During CHANGE transactions, when CHANGING the PA/FS Indicator from 01 to 09, the FS Change reason codes B10, L10, L11, L12, L13, L14 may also be used. This may be necessary when a *non-TA* individual has been added to the TA case and a FS-Mixed case is to be opened. Usage of these reason codes will allow districts to explain the change to the FS benefit in the PA change notice and free districts from having to prepare another notice when opening the FS-Mixed case.
- **Special attention** must be paid to the FS reason code used when changing the PA/FS Indicator from 09 to 01 during either transaction. If the prior "Close FS" action was taken to open a FS-Mixed case, it is appropriate to enter a Change or Recertification reason code (depending on the transaction). If the prior "Close FS" action resulted in a termination of FS benefits for the entire household (no NTA/FS was opened), a FS Opening reason code should be entered.
- Districts are reminded that the system will automatically force-close and notice the NTA/FS case when FS are re-authorized in the TA case.

1. Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD)

Two new Individual Categorical Codes and corresponding Recipient Aid Categories have been created to provide interim support for the Medicaid Buy-In for Working People with Disabilities (MBI-WPD) program.

a.) The two Individual Categorical Codes are:

70	Medicaid Buy-In – Disabled Basic Group
71	Medicaid Buy-In – Medically Improved

b.) The two Recipient Aid Categories are:

82	Medicaid Buy-In – Disabled Basic Group
83	Medicaid Buy-In – Medically Improved

(Shares funding is the same for both groups 50/25/25.)

The following edits apply:

- If the Individual Categorical Code is 70 or 71, the MA Coverage Code must be 01, 10, 11, 30, or 31.
- If the Individual Categorical Code is 70 or 71, the individual must be at least 16 years of age and less than 65 plus 6 months.
- Individuals in this program are not required to enroll in Managed Care Plans. However, an eligible individual whose income is below 150% of the Federal Poverty Level (FPL) may choose Managed Care. An eligible individual whose income is between 150% and 250% FPL is not allowed to enroll in Managed Care. Also excluded from enrolling are all MBI-WPD individuals in receipt of Medicare, regardless of their income. Districts should enter one of the following Exception Codes in the Restriction/Exception Subsystem as appropriate.

For individuals excluded from enrolling in Managed Care as described above, enter:

90 Managed Care Excluded

For those individuals with a net income below 150% who *choose* not to be enrolled in Managed Care, enter:

91 Managed Care Exempt

For both of these Codes, enter a Begin Date equal to the first day of MBI-WPD eligibility.

MBL Transmittal 03-2 explains new Expanded Eligibility Codes and budgeting methodology to support the interim phase of this program.

CNS changes are detailed in Attachment IV of this Coordinator Letter.

These changes detail interim systems support for this program. They support budgeting at the MBI-WD levels and the WMS coding necessary to identify individuals eligible for this program. Systems support to calculate, collect, and track the Buy-In premiums is planned for Spring 2004.

For a more detailed explanation regarding the policy behind these changes, and a further explanation of how to select the proper codes, see GIS 03 MA/009 (4/3/03) and the Administrative Directive (03 OMM/ADM-4 issued 6/9/03) titled “Interim Implementation of Medicaid Buy-In Program for Working Persons with Disabilities”.

2. No Spenddown for Family Planning FNP

Eligible individuals in a Case Type 20 (MA-Only) Medicaid case with an Individual Categorical Code of 69 (Family Planning – FNP) are not eligible for Medicaid spenddown coverage. MA Coverage Code 18 (Family Planning Services Only) is now the only Coverage Code allowed with the Individual Categorical Code 69.

3. New AFA Code, 529 “Managed Care/Family Health Plus Guarantee Ending; Authorize Family Planning Services”

This Anticipated Future Action (AFA) Code has been added to WMS to identify individuals who are moving from a Managed Care or a Family Health Plus Guarantee period to Family Planning. This AFA Code will remind workers that at the end of the Guarantee period the case should not be closed, rather Family Planning Coverage should be provided.

This new AFA Code is valid for Case Types 20 (MA-Only) and 24 (FHP) only. With a 529 an AFA Date is required. The Date must be in the future, but less than Today plus 6 months (the Maximum guarantee period).

4. Revision to WMS Clearance Report

The WMS Clearance Report will now display in the **Cat Cd** field on Line 3 the last Individual Categorical Code that the individual had while receiving MA (in an MA Case).

CNS notices are being modified/added for this migration. Enhancements cover the following topics:

- Section 1- Language change to Reason Code U37 (FHP to MA, Pregnant, MA Eligible, Chose MA), language and title change to Reason Code S31 (200% MA, 60 Day Postpartum, Limited Service Package to Spenddown, Not FHP Eligible or Chose Spenddown)
- 2- Deletion of CNS Codes X40 and U36
- 3- New Denial and Discontinuance Codes for Equivalent Health Insurance
- 4- New Codes for the MBI-WPD (Medicaid Buy-In for Working People with Disabilities) Program
- 5- Language Change to MA Program Availability Insert
- 6- Language Change to Reason Code C17 (Continuous Eligibility for Children)

Section #1: Language Change to Reason Code U37 and Language and Title change to Reason Code S31

Reason code U37 (Pregnant Chose To Go From FHP to MA)

The sentence, "You or your representative will need to come to this office for a face-to-face interview" has been changed to, "We will mail you a renewal application" to meet the requirements for recertification.

Reason Code S31 (200% MA, 60 Day Postpartum, Limited Service Package to Spenddown, Not FHP Eligible or Chose Spenddown)

Title Change as follows: Add at the end: "Infant Continues"

A new paragraph, which reads as follows; "Even though you are no longer eligible for Medical Assistance, your baby is eligible for full Medical Assistance coverage until age one. If you have not yet told us the baby's name and birth date, you should do so right away. If you do not give us your baby' name and birth date it may be hard for us to pay any additional medical bills for your baby." This new paragraph is inserted after "Please look at the budget calculation....." . Also, the first sentence " At the time of your last interview for Medical Assistance" of Message 3 has been removed.

Section #2: Deletion of Reason Codes X40 and U36

Reason Code X40, paragraph #C0185, will be deleted effective with this migration. The title of the reason code is FHP Discontinuance, Recipient has Equivalent Health Insurance, Not MA Eligible and is no longer needed as it is incorporated into the new codes below.

Reason Code U36, paragraph #D0117, will be deleted effective with this migration. The title of the reason code is Not MA Eligible, FHP Eligible But Has Equivalent Health Insurance and is no longer needed as it is incorporated into the new codes below.

Section #3: New Codes for Equivalent Health Insurance

Denials:

Reason Code	Paragraph #	Description	Notice Ind.
V32	D0126	Deny MA/FHP Equivalent Health Insurance, FNP Parent	A

Worker will choose one of the following messages and enter:

Message #1- Over Income

- Net Income Amount
- MA Income Limit

Message #2- Over Resources

- MA Resource Limit

Message #3- Over Income and Resources

- Net Income Amount
- MA Income Limit
- MA Resource Limit

Reason Code	Paragraph #	Description	Notice Ind.
V33	D0127	Deny MA/FHP Equivalent Health Insurance, S/CC	A

Worker will choose one of the following messages and enter:

Message #1- Over 185% of the PA Standard of Need

- Gross Income Amount
- PA Standard of Need

Message #2- Over PA Standard of Need

- Net Income Amount
- PA Standard of Need

Message #3- Over Resources

- PA Resource Limit

Message #4- Over Income and Resources

- Net Income Amount
- PA Standard of Need
- PA Resource Limit

Reason Code	Paragraph #	Description	Notice Ind.
V34	D0117	Deny MA/FHP Equivalent Health Insurance, FP	A

Worker will choose one of the following messages and enter:

Message #1- Over Income

- Net Income Amount
- MA Income Limit
- Monthly Excess Income Amount

Message #2- Over Resources

- MA Resource Limit

Message #3- Over Income and Resources

- Net Income Amount
- MA Income Limit
- Monthly Excess Income Amount
- MA Resource Limit

Discontinuances:

Reason Code	Paragraph #	Description	Notice Ind.
V27	C0212	Discontinue FHP, Equivalent Health Insurance, FNP Parent	T

Worker will choose one of the following messages and enter:

Message #1 – Over Income

- Net Income Amount
- MA Income Limit

Message #2- Over Resources

- MA Resource Limit

Message #3- Over Income and Resources

- Net Income Amount
- MA Income Limit
- MA Resource Limit

Reason Code	Paragraph #	Description	Notice Ind.
V28	C0215	Discontinue FHP, Equivalent Health Insurance, S/CC	T

Worker will choose one of the following messages and enter:

Message #1- Over 185% of the PA Standard of Need

- Gross Income Amount
- 185% PA Standard of Need

Message #2- Over PA Standard of Need

- Net Income Amount
- PA Standard of Need

Message #3- Over Resources

- PA Resource Limit

Message #4- Over Income and Resources

- Net Income Amount
- PA Standard of Need
- PA Resource limit

Reason Code	Paragraph #	Description	Notice Ind.
V29	C0210	Discontinue FHP Equivalent Health Insurance, FP	T

Worker will choose one of the following messages and enter:

Message #1- Over Income

- Net Income Amount
- MA Income Limit
- Monthly Excess Income Amount

Message #2- Over Resources

- MA Resource Limit

Message #3- Over Income and Resources

- Net Income Amount
- MA Income Limit
- Monthly Excess Income Amount
- MA Resource Limit

Reason Code	Paragraph #	Description	Notice Ind.
V35	C0213	Discontinue MA Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FNP Parent	T

Worker will choose one of the following messages and enter:

Message #1- Over Income

- Net Income Amount
- Net Income Limit

Message #2- Over Resources

- MA Resource Limit

Message #3- Over Income and Resources

- Net Income Amount
- MA Income Limit
- MA Resource Limit

Reason Code	Paragraph #	Description	Notice Ind.
V36	C0214	Discontinue MA Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, S/CC	T

Worker will choose one of the following messages and enter:

Message #1- Over 185% of the PA Standard of Need

- Gross Income Amount
- 185% of the PA Standard of Need

Message #2- Over PA Standard of Need

- Net Income Amount
- PA Standard of Need

Message #3- Over Resources

- PA Resource Limit

Message #4- Over Income and Resources

- Net Income Amount
- PA Standard of Need
- PA Resource Limit

Reason Code	Paragraph #	Description	Notice Ind.
V37	C0211	Discontinue MA Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FP	T

Worker will choose one of the following messages and enter:

Message #1- Over Income

- Net Income Amount
- MA Income Limit
- Monthly Excess Income Amount

Message #2- Over Resources

- MA Resource Limit

Message #3- Over Income and Resources

- Net Income Amount
- MA Income Limit
- Monthly Excess Income Amount
- MA Resource Limit

(All Discontinuance codes are available for use at the individual level for undercare transactions. If a code is used on a 05 or 06 transaction type, the individual status must 15.)

Section # 4 Medicaid Buy-In Program for the Working Disabled

Denials:

Reason Code	Paragraph #	Description	Notice Ind.
U19	D0152	Deny MBI-WPD Excess Income and/or Resources	A

Worker will choose one of the following messages and enter:

Message #1- Over Income

- Net Income Amount
- MBI-WPD Income Limit

Message #2- Over Resources

- Total Countable Resources

Message #3- Over Income and Resources

- Net Income Amount
- MBI-WPD Income Limit
- Total Countable Resources

Reason Code	Paragraph #	Description	Notice Ind.
U47	D0153	Deny MBI-WPD Non - Financial Reasons	A

Worker will choose one or more of the following messages:

- Message #1- Not Currently Employed
- Message #2- Not Certified Disabled
- Message #3- Failure to submit Proof of Employment
- Message #4- Less than 16 or over 65 Years

Reason Code	Paragraph #	Description	Notice Ind.
*B43	D0147	Deny MBI-WPD Not a State Resident	A
*B44	D0149	Deny MBI-WPD Failure To Provide a Medical Statement	A
*B45	D0150	Deny MBI-WPD Death Before Determination, Insufficient Info to Make Determination	A
*B46	D0151	Deny MBI-WPD Death Before Determination, No Med Bills in Retro Period	A

**No-Fill Reason Codes*

Discontinuance:

Reason Code	Paragraph #	Description	Notice Ind.
U46	C0245	Disc MBI-WPD Non- Financial Reasons	T

Worker will choose one or more of the following messages:

- Message #1- No Longer Employed
- Message #2- Medical Improvement: No Longer has a Severe Impairment
- Message #3- Employed Less than 40 Hours a Month
- Message #4- Turned 65
- Message # 5- Failure to Pay Premium
- Message #6- In Receipt of Assistance

Reason Code	Paragraph #	Description	Notice Ind.
U18	C0188	Disc MBI-WPD Excess Income and /or Resources	T

The Worker will choose one of the following messages and enter:

Message #1- Over Income

- Net Income Amount
- MBI-WPD Income Limit

Message #2 – Over Resources

- Total Countable Resources

Message #3- Over Income and Resources

- Net Income Amount
- MBI-WPD Income Limit
- Total Countable Resources

Reason Code	Paragraph #	Description	Notice Ind.
*B42	C0238	Disc MBI-WPD Client Request	T
*B43	C0237	Disc MBI-WPD, Not a State Resident	T

**No-Fill Reason codes*

Undercare:

Reason Code	Paragraph #	Description	Notice Ind.
U16	U0145	MBI-WPD to Ma Limited Coverage	T

The Worker will choose one of the following messages and enter:

Message #1- No Longer Employed, Under MA Income Limit

- Net Income Amount
- MA Income Limit

Message #2 – Net Income under MA Income Limit

- Net Income Amount
- MA Income Limit

Reason Code	Paragraph #	Description	Notice Ind.
*B47	U0146	MA to MBI-WPD, Limited Coverage	T
*B51	U0127	MA to MBI-WPD, Full Coverage	T
U17	U0125	MBI-WPD to MA, Full Coverage	T

The Worker will choose one of the following messages and enter:

Message #1- No Longer Employed, Under MA Income Limit

- Net Income Amount
- MA Income Limit

Message#2- Net Income under MA Income Limit

- Net Income Amount
- MA Income Limit

Reason Code	Paragraph #	Description	Notice Ind.
*B52	X0224	Spendedown to MBI-WPD, Limited Coverage	T
*B53	X0222	Spendedown to MBI-WPD, Full Coverage	T

**No-Fill Reason Codes*

Section #5: Language Change to MA Program Availability Insert

The last sentence has been changed from "If you need health care coverage, contact your local Department of Social Services or a facilitated enroller." to "If you need health care coverage, contact your local Department of Social Services or the Human Resources Administration in New York City." This is so it can be used statewide.

Section #6: Language Change to Reason Code C17

Reason Code C17 (Continuous Eligibility for Children)

The first paragraph which reads as follows: "Even though the individual(s) listed below are no longer eligible for Medical Assistance as explained in this notice, we will continue/extend the Medical Assistance until ____ for:" has been changed to: "We will continue/extend the Medical Assistance until ____ for:"

Also, the Second paragraph, in the first sentence "This is because children up to age nineteen who have been determined eligible for Medical Assistance remain eligible for benefits for twelve continuous months from the date that they were determined eligible or until they reach the age of nineteen, whichever is earlier." the word "certain" will be added, after because and before children.