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	IV	Guarantee FHP Coverage
	V	Prisoner Auto-Reactivation
Lisa Parker@518-408-0001	VI	Deletion of WMS Edit 0220

### **Section I - OMRDD HCBS At Home Residential Habilitation (AHRH) R/E codes 44-45**

On 03/12/09, WMS is implementing a reconfiguration of OMRDD's HCBS Waiver - At Home Residential Habilitation Program (AHRH). The purpose of the waiver is to better serve consumers in their own homes and to reduce demand for more costly residential placements. To accommodate this, WMS is establishing two new Exception Codes, R/E 44 and 45 to identify these recipients. eMedNY is also establishing 12 new rate codes (4737-4748) and redefining 7 existing rate codes (4719-4725 under COS 0269) to accommodate the system changes.

Currently, the AHRH program reimburses providers on a per diem basis and State Operated providers on either an hourly or quarter hour basis. This will be changed with the introduction of the new exception codes and re-defined rate codes.

#### **WMS CHANGES**

HCBS At Home Residential Habilitation Restriction/Exception Codes 44 and 45 are being added. Neither code is provider ID specific. Value 44 is defined as Non - Intensive AHRH while 45 will be used for Intensive AHRH. These new R/E codes will be used to restrict payment of service to specifically authorized consumers and to prevent payment of conflicting services. Initially, the new exception codes 44 and 45 will be **tape entered** into WMS with a Restriction/Exception From Date of 02/01/09. After the initial load, data entry of R/E 44 and 45 will be **limited to input by State Staff from Transaction District 98 (OMRDD)**.

#### **WMS R/E SUBSYSTEM EDITS**

Additions to Existing Edits 057 and 058:

- 057 – IN ORDER TO PUT UP AN EXCEPTION CODE 44, 45 47, 48 OR 49, AN EXCEPTION CODE 46 MUST EXIST.  
If the MA Restriction Type Code 44, 45, 47, 48 or 49 is to be entered, another restriction Type Code 46 must already exist on the recipient's file.
- 058 – IN ORDER TO CLOSE AN EXCEPTION CODE 46, EXCEPTION CODE(S) 44, 45, 47, 48, AND/OR 49 MUST ALSO BE CLOSED.  
If the MA Restriction Type Code 46 is end dated or deleted, an associated Restriction Type 44, 45, 47, 48, and /or 49, must also be end dated or deleted.

#### **New WMS Subsystem Edits**

- 066 - EXCEPTION BEGIN DATE MUST NOT BE PRIOR TO 02/01/09 FOR THE HCBS WAIVER RESTRICTION/EXCEPTION CODES 44 AND 45.  
If MA Exception Type is 44-45, the Exception Begin Date must not be prior to 02/01/09.
- 067 –ONLY DISTRICT OMRDD (District 98) MAY ENTER CODES 44-45.  
The only district that is allowed to data enter restriction/exception codes 44 or 45 is District 98 - OMRDD.

Managed Care

Recipients with R/E codes of 44-45 will be excluded from the auto assignment process based on these exception codes. Both online and batch voluntarily enrollment in MA managed care will be allowed for these recipients.

Also, recipients with R/Es 44-45 should be excluded from enrollment in all managed long term care plans (based upon the plans listed on the LCTP Table).

**Section II - R/E 24 CHRONIC ILLNESS DEMONSTRATION PROJECT (CIDP)**

Starting 01/30/09, NYS Office of Health Insurance Programs (OHIP) Division of Financial Planning & Policy (DFPP) is requiring a WMS Restriction/Exception code (R/E 24 ) to identify recipients in the Chronic Illness Demonstration Projects (CIDP).

The new exception code 24 will link the recipient to the provider ID of the CIDP providing service coordination for the client's medical/ behavioral health for the From-Thru date. The client's enrollment in the CIDP will not preclude access or payment for other necessary health care service.

**\*Enrollment/Disenrollment of recipients with the new exception code will be handled by a Demonstration Unit in the Health Department and cannot be entered by the LDSS.**

**The recipients with R/E 24 must :**

1. have medical and/or behavioral health issues
2. be at least 19 years old
3. NOT be a dual eligible Medicare/Medicaid recipient
4. MUST be a fee-for-service beneficiary (CANNOT be in Managed Care, a managed LTC plan, FHP, or Special Needs plan)
5. CANNOT have other waiver services (HCBS, LTHHC, TBI, OMRDD HCBS, OMH HCBS)
6. CANNOT be in a mental health facility, an ICF or SNF, hospice or OASAS Intensive residential program.

Reports

A monthly report of any recipient with an open active R/E 24 who also has an open active PP Code of value 01, 02, 03, 04, 05, 06, 10, OR 12 on file. The report will be listed by District, by CIN, by PP Code and will be sent to the State Input Staff.

New WMS Subsystem Edits

- 069 – IF THERE IS AN OPEN, ACTIVE PP CODE OF 01, 02, 03, 04, 05, 06, 10, OR 12, THE ENTRY OF R/E CODE 24 IS NOT ALLOWED.  
R/E/ 24 is not allowed on a CIN with a current active PP of 01, 02, 03, 04, 05, 06, 10, or 12 on file.
- 062 – EXCEPTION BEGIN DATE MUST NOT BE PRIOR TO 01/01/09 FOR EXCEPTION TYPE 24  
If MA Exception Type is 24, Begin Date must be on or after 01/01/09.

Managed Care

Recipients with a R/E 24 on file will be prohibited from enrollment into Managed Care or Managed LTC.

### **Section III - Change to Alcohol & Substance Abuse Code R/E 83 Starting 02/17/09**

In the 2008-2009 NYS Budget, Alcohol and Substance abuse services (e.g. drug & alcohol screenings, assessments, mandated drug and alcohol treatment and monitoring of compliance with such treatment) are no longer conditions of Medicaid eligibility. In order to comply with this legislation, changes were made to WMS Restriction/Exception code value 83 to be in compliance with the legislation.

1. For Case Types 20 – MA, 21 – Medicaid Presumptive Eligibility, 22 – MA-SSI and 24 – Family Health Plus, if the From Date is greater than 2/19/09, Restriction/Exception Code Value 83 – Alcohol & Substance Abuse can ONLY be entered with a From Date prior to the current date AND the Case Type on the From Date must have been 11, 12, 13, 16, 17, 18, or 19 AND the case must have been active on the From Date.
2. For recipients with Case Types 11, 12, 13, 16, 17, 18, 19, 20, 21, 22, or 24, when a worker enters a Restriction/Exception 83, systemically generate an automatic Thru Date equal to 90 days from the Exception 83 From Date.
3. For recipients with Case Types 11, 12, 13, 16, 17, 18, 19, 20, 21, 22, or 24 and a Restriction/Exception 83 Thru Date greater than 2/19/09 systemically end date the Exception Code 83 with an R/E Thru Date equal to 5/20/09.

Examples:

On 5/1/09, case type is 20:

- a. If start date is 5/1/09, give error 068 - EXCEPTION CODE 83 NOT VALID FOR CASE TYPES 20, 21, 22, AND 24.
- b. If start date is 4/15/09, check case type and status on 4/15/09. If Case type is 11, 12, 13, 16, 17, 18 or 19, allow entry of the code 83 with From Date 4/15/09 and Thru Date 7/14/09.
- c. If start date is 4/15/09, check case type and status on 4/15/09. If Case type is 20, 21, 22 or 24, give error 068 - EXCEPTION CODE 83 NOT VALID FOR CASE TYPES 20, 21, 22, AND 24.

#### **New WMS Subsystem Edits**

- 068 - EXCEPTION CODE 83 NOT VALID FOR CASE TYPES 20, 21, 22, AND 24.  
If the Case Type is 20, 21, 22, or 24, data entry of Exception Code 83, with a From Date greater than 2/19/09, is not allowed.

#### **DIRECTIONS TO THE LATEST WMS R/E SUBSYSTEM ERROR MESSAGES:**

##### **From CentraPort:**

Under "FUNCTIONAL AREAS" select **MEDICAID - ADMs, LCMs, INFs, GIS, WMS and CNS DOCS, DOH OMM Intranet**

Under **OHIP INTRANET**

##### **WMS Documents**

click on "**Restriction/Exception Error Messages**"

### **Section IV - Guarantee FHP Coverage to the End of the Month of T+10 Days**

Recent Budget initiatives emphasize the importance of preventive health care in NY State. In an effort to ensure that all recipients enrolled with Family Health Plus coverage receive all benefits to which they are entitled, a process has been developed to assure coverage to the end of the month in which coverage is being terminated. WMS will calculate and system generate the Recipient Coverage To Date as the final day of the month in which T(transaction) + 10 days occurs when:

The Case Type is 20 or 24

The Transaction Type is 05, 06, 07, or 08

The Individual Categorical Codes 56, 57, 58, or 59

At batch update warning 0571 – MA Coverage To Date was System Generated, will be displayed.

\*The following CNS Codes are exceptions to the End of the Month Guarantee:  
C53, C58, E60, E62, E63, E79, E85, E90, E95, U66, U77, U78, V17, V31.

## **Section V - Prisoner Auto-Reactivation**

A process has been developed to automate the reinstatement of MA coverage for Prison Releasees whose MA/FHP coverage was suspended at the time of Incarceration. Recent Legislation requires that under certain circumstances, prison releasees, who had MA/FHP at the time of incarceration, have MA reinstated at the time of their release from prison. This legislation was put in place in order to avoid interruption of necessary medical services for releasees.

At the time of incarceration, a prisoner's MA coverage is suspended and information entered on the WMS Data Base indicating the Source Code (Source of incarceration information). The Department of Parole (DOP) issues a daily file of Parolees from NYS DOCS (Division of Correctional Services), Source Code 1 (one). The DOP file will be matched with WMS to identify former MA recipients, by DIN, CIN and Case Number.

The DOP file includes a Release Code (two Numeric characters) identifying the Release Status of each Parolee. The Chart (below) indicates the correct Release Code and the WMS Action required for each Releasee. Cases will be Closed, Reactivated, Exceptioned and/or Referred to the Local Districts for appropriate action, or No Action Taken. A file will be generated for each LDSS to advise of actions taken and actions required.

The mailing address to be supplied on the DOP Release File will be the Address of the Prison (also called the "Owning Facility"). The Owning Facility address will be used in the manner described below when the Release Code is 01.

In the instance that the Release Code is 02 and the Parole Officer and Office Address are supplied, the mailing address will be entered in the manner specified below.

For MA Recipients in Suspend Status with Release Codes 01 or 02 ALL of the following values will be system generated by WMS.

### Reactivation of Case Type 20

- Transaction Type 05
- Reason Code
  - If Individual Categorical Code is 68 or 69, Reason Code C68 will be generated.
  - If Individual Categorical Code is NOT 68 or 69, Reason Code C67 will be generated.
- CNS Indicator A
- RVI as follows:
  - Values 1, 2, 3 will not change
  - Blank will change to 1
  - If 9 and ICC is not 68 or 69 and Releasee age is equal to or greater than 19 years, RVI will change to 1
- Mailing Address as detailed Below
- Authorization From Date = the first day of the month of Release from DOP file
- Authorization Through Date = the last day of the fourth month following the Month of Release
- ICC as follows
  - ICC 15 or 48 will change to ICC 21
  - If RVI was changed from 9 to 1, then ICC will be 21.

- Individual Status will change to 07
- Coverage
  - If ICC was 15 or 48, 01 coverage will be generated
  - If ICC is 68 or 69, 18 coverage will be generated
  - If ICC was set to 21 and RVI was changed from 9 to 1, 01 coverage will be generated
  - Appropriate Coverage as indicated in Chart below if ICC IS NOT 68 or 69 or WAS NOT 15 or 48 or RVI was NOT changed from 9 to 1

<b>If Coverage Code at Incarceration was:</b>	<b>Coverage Code at Release Shall Be:</b>
01	01
02	02
06 with RVI 1	02
06 with RVI=1 and ACI=O, or T	11
06 with RVI=1 and ACI=B,F,G,K,S and DEC within 5 Year Ban	11
06 with RVI=1 and ACI=B,F,G,K,S and DEC more than 5 year ban	02
06 with RVI 2	21
06 with RVI 3	22
11	11
19	19
20	20
21	21
22	22
30 with RVI 1	01
30 with RVI 1 and ACI=O,T	11
30 with RVI 1 and ACI=B,F,G,K,S and DEC within 5 Year Ban	11
30 with RVI 1 and ACI=B,F,G,K,S and DEC more than 5 Year Ban	01
30 with RVI 2	19
30 with RVI 3	20

- Recipient Medicaid Coverage From Dates = first day of the month of release from the DOP file
- Recipient Medicaid Coverage Through Date = the last day of the fourth month after the Month of Release

Reactivation of Case Type 24

- Case Type 20
- RVI 3
- Transaction Type 05
- Reason Code C66
- CNS Indicator A
- Mailing Address as detailed Below
- Authorization From Date = the first day of the month of release in DOP file
- Authorization Through Date = the end of the fourth month after the month of release
- Individual Categorical Code 09
- Individual Status 07
- Coverage to 20
- Recipient Medicaid Coverage From Date = the first day of the month of release from the DOP file
- Recipient Medicaid Coverage To Date = the last day of the fourth month after release from the DOP file

EXCEPTIONS to Release Process

IF Release Code is 01 or 02, and CIN is already associated with Individual Status 07  
Then Exception to Disposition List with Code D.

IF Release Code is 03, 05, or 06 and CIN is already associated with Individual Status 20  
Then Exception to Disposition List with Code E.

IF Release Code is 08 and CIN is already associated with Individual Status 13  
Then Exception to Disposition List with Code E.

IF a Release File is Matched to WMS Case Number and there is no CIN Match  
Then Exception to Disposition List with Code F.

If Release Code is 01 or 02 with RVI = 4, then Exception to Disposition List with  
Code G.

IF Release Code is 02 and Case Type is 20 or 24 and Parole Address is not included  
on Release File OR Parole Address is NOT in NY State, then Exception to  
Disposition List with Code H.

Automated Closing of Prisoner Suspend Cases

For MA recipients in Suspend Status with Release Codes 03, 05, 06, or 08, WMS will create the following  
Closing transaction:

- Transaction Type 07
- Reason Code:
  - C69 if Release Code is 03
  - C53 if Release Code is 05
  - C53 if Release Code is 06
  - E95 if Release Code is 08
- CNS Indicator T
- Authorization To Date = Transaction Input Date plus 10 days
- Mailing Address = Owing Facility Address as detailed below
- Release Codes = 03, 05, or 06,
  - Individual Status 20

- MA Recipient Coverage To Date = Transaction Input Date plus 10 days
- Release Code = 08
  - Individual Status 13
  - Client Status Effective Date = Release Date from DOP file
  - MA Recipient Coverage To Date = Transaction Input Date plus 10 days
  - Bypass edit 0055 – AT LEAST ONE INDIVIDUAL STATUS MUST BE 20 FOR CLOCKDOWN CLOSING

Release Codes To be Assigned to DOP Releasees

Release Code	Release Status	Required WMS Action
01	Released to Street	Reactivate MA
02	Released to Parole	Reactivate MA
03	Released to Immigration	Close case with Reason Code C69
04	Released to Local Law Enforcement	No Action – Case Remains in Suspend status
05	Released to other state	Close case with Reason Code C53
06	Released to federal government	Close case with Reason Code C53
07	Released to OMH	No Action - Case remains in Suspend status
08	Deceased	Close case with Reason Code E 95
09	Released to DFY or other Agency	No Action - Case remains in Suspend status

Procedure for Setting Appropriate Address from DOP File:

Mailing Address for Releasees will be entered in the following manner:

- Release Code 01, 3, 4, 5, 6, 7, 8, or 9, then Owing Facility (Prison) Mailing information from Release File will be entered in the following manner:
  - Owing Facility Name on Release File = In Care of Name
  - Owing Facility Street = Mailing Street
  - Owing Facility City = Mailing City/Town
  - Owing Facility State = Mailing State
  - Owing Facility Zip = Mailing Zip
- Release Code 02 when Parole Officer and Parole Office are included on DOP release file Mailing Address will be entered in the following manner:
  - Parole Officer Last Name = In Care of Name (characters 1-12)
  - Parole Office = In Care of Name (characters 15-28)
  - Parole Office Street = Mailing Street
  - Parole Office City = Mailing City/Town
  - Parole Office State = Mailing State
  - Parole Office Zip = Mailing Zip

Reports to be Generated:

A set of Reports will be generated for the Local Districts of Social Services and sent via BICS queue sorted by Dist. The purpose of the reports is to capture the Disposition of each Releasee. They will include information regarding the Recipient as follows:

Name: First and Last

CIN from WMS Data Base

Case Number from WMS Data Base

DIN from Release File

Mailing Information:

Owning Facility and Address from Release File, OR

Parole Officer, Parole Office and Address from Release File

Release Code

Disposition Codes as detailed below:

Disposition Code	Description
A	Auto Reactivated Through Process Release Codes 01 and 02
B	Closed Through Process (Released to ICE, Prison NOT in NY State, Federal Government, Death) Release Codes 03, 05, 06, 08
C	No Action - Released to Other Agency (OMH, DFY, Other Law Enforcement IN NY State) Release Codes 04, 07, 09
D	No Action - Already Active Release Codes 01 and 02
E	No Action – Already Closed Release Codes 03, 05, 06, 08
F	No Action - No Match on WMS
G	Exception – RVI 4 – To be processed by LDSS
H	Exception – Release Code 02 – Parole Office Address not in NY State or not included on File - To be Processed by LDSS

**Section VI – Deletion of WMS Edit 0220**

Due to New York State's acknowledgement of same sex marriages, **EDIT 0220-OTHER NAME CODE M SEX MUST BE F** will be deleted. This will allow either a Male or Female to use code M (Maiden name) in the Other Name area on Screen 2, App. Reg. in WMS and in the Auto App process.