

July 6, 2012

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements, schedule change and elimination of a code which was listed in the June Coordinator letter. The date these are to become operational on the Production System are listed in the sections below. For questions regarding these changes, please contact Cindy Krueger-Farley at (518) 402-9830.

- Effective June 29, 2012, two new errors, “1379 – Pregnancy ICC Requires Unborn” and “1438 – Unborn on Case Requires PW Ind Cat Cd” were temporarily suspended. These new errors are currently under review and future modifications are anticipated. If a case exists with this error, districts should perform zero maintenance (step through data entry screens and make no changes) to clear it.
- Effective July 02, 2012, reason Code C89 (Discontinue MSP of 21-64 Year Old Admitted to a Psychiatric Facility) will be removed from production. This is because individuals between the ages of 21-64 years with Coverage Code 09 (Medicare Savings Program Only) who are admitted to a psychiatric center will not have their coverage discontinued.
- Effective August 27, 2012, individual category code 67 “Continuous Only Coverage for Children 6-18 who were eligible over 100% FPL but below 133% FPL” will be reinstated. This code is necessary for these children who lose their eligibility for Medicaid but still have a continuous save date. Existing ICC 54, used for children in continuous only period, does not have the correct funding for this newly expanded group. ICC 67 was used previously for this same population of children and the funding is the same, therefore, a new aid category does not need to be created. Aid category 81 “Child Continuous Coverage 6-18 (100%-133% FPL) (FP)” was previously used with ICC 67 and can be reactivated.
- Due to required software updates the following IAF forms, that were scheduled to release with the June 18th migration, will now be released with the October 2012 migration.
 - LDSS 4007 - Notice of Decision of Initial Authorization/Reauthorization/or Denial Personal Care Services
 - LDSS 4008 - Notice of Intent to Increase, Reduce or Discontinue Personal Care Services
 - LDSS 4263 - Notice of Decision to Authorize, Reauthorize, Deny or Discontinue Personal Emergency Response Services (PERS)

- LDSS 4271 - Notice of Decision to Approve/Deny Personal Care Services Under the Shared Aide Program
 - LDSS 4273 - Notice of Intent to Discontinue Personal Care Services Under the Shared AIDE Program
 - LDSS 4274 - Notice of Intent to Continue/Increase/Decrease Personal Care Services Under the Shared AIDE Program
 - DOH-CDPAP-01 - Notice of Decision of Initial Authorization/Reauthorization/or Denial Consumer Directed Personal Assistance Program Services
 - DOH-CDPAP-02 - Notice of Intent to Increase, Reduce or Discontinue Consumer Directed Personal Assistance Program Services
- As of August 29, 2012, any reference to the Food Stamp Program in any client notice shall be called the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamp benefits or Food Stamps (FS) shall mean SNAP benefits.
- Effective in June 2012, Automated Renewal Cases were processed for QI. Below is information related to cases that were over QI level based on Mass Rebudgeting that may have been impacted by the Auto Renewal process:
- When a client is found ineligible for MSP (over QI level) based on the updated budget due to COLA Mass Rebudgeting (MRB), and a worker has not yet updated the case in WMS, this may result in the case being selected for auto renewal when it should not have been. In these instances, workers will need to deny/close these cases and send out a manual notice since the automated notice was incorrect.
 - When the next MRB occurs, we envision auto closing QI individuals who are found MSP Ineligible/over the income limit. If that does not occur, we will be populating those cases with a "1" in the RCRT SRC field to exclude them from the automated renewal process.
 - Also, as a reminder, if a case contains a "1" *Case Excluded from DAB Auto-Recert (system generated)* in the RCRT SRC field on Screen 1 based on MRB, this "1" will now disappear when an "05" *Change* transaction occurs. If a worker performs a "05" *Change* transaction on a case and chooses to have the case continue to be excluded from automated renewals, they may enter a "2" *Exclude from Auto Renewal (Worker Entered)* in this field.

Sincerely,

Bambi Murphy

Bambi Murphy, Manager
Upstate Eligibility Systems
Office of Health Insurance Programs

cc: Commissioner
TA & FS Director
MA Director