

# **NEW YORK STATE WELFARE MANAGEMENT SYSTEM**

## **AUTHORIZATION OF MEDICAL ASSISTANCE**

**NEW YORK STATE DEPARTMENT OF HEALTH**

**Office of Health Insurance Programs**

**Bureau of Downstate Eligibility**

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**INTRODUCTION**

Medical Assistance (MA) benefits are authorized to enable recipients, who meet statewide standards of need, to have their medical expenses paid by the State of New York. This manual gives instructions for completion of all forms necessary to issue benefits to eligible recipients. A complete list of the codes used in completing these forms is found in the [Worker's Guide to Codes](#).

An individual seeking MA benefits must complete an application. The information is keyed into a terminal to register the case on the Welfare Management System (WMS) computer file. The computer automatically generates a DSS-3517, Turnaround Document (TAD) at a printer near the terminal. Completion of this form enables workers to open or reject new cases, and close or change information on active cases. A Clearance Report for each case member is produced at the same time as the TAD, at a different printer. The Eligibility Specialist uses the Clearance Report to determine if the case members have been previously registered in another center or program, or are receiving benefits on another case.

The TAD received from the successful registration shows the case in "AP" (Applying) status. This means that the client is not receiving benefits on this case and the Eligibility Specialist must determine if the applicant is eligible for assistance. Corrections to information on the TAD should be made before making the eligibility determination. This is done by writing the changes on the TAD and having them data entered by the designated clerk. A new TAD is automatically generated at a printer each time a change is made. If the change is made to individual information (name, date of birth, social security number, or sex) a new Clearance Report will also be automatically generated.

**ELIGIBILITY ACTIONS**

The Eligibility Specialist must determine eligibility for each case in AP (Applying) status within thirty (30) days of receipt of the application. The worker must calculate a budget and review all documentation to determine if the case should be accepted or rejected. The TAD showing the case in AP status must be completed for the Eligibility action.

*Case Rejection* - If the client is not eligible for assistance the case must be rejected. To reject a case the status code on the TAD must be changed from AP (Applying) to RJ (Rejected) for MA. If, after reviewing the Clearance Report, it is determined that this case was previously known to WMS, the re-used case number may be entered on the eligibility transaction rejecting the case. A rejection Reason Code and From Date must be entered. Individual information must also be entered for each line on the TAD.

*Case Acceptance* - If the client is eligible for assistance the case must be activated. To make a case active the Eligibility Specialist must calculate and save a budget. This is done by choosing Option 04, MABEL, from the Host System Menu Screen (NWM00) and entering the appropriate household and individual information. When the worker saves the budget the computer will assign a unique budget number that is sequential. The budget is authorized by entering the stored number on the TAD in data element 015. The Eligibility Specialist must also change the MA status codes on the TAD to a status of AC. An opening Reason Code, From and To date must be entered for MA TAD elements 241, 242, and 243. Individual information must also be entered for each line on the TAD. In addition, the Eligibility Specialist must prepare the Notice of Decision on Your Medical Assistance Application (form MAP-2087), and other related forms.

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**INTRODUCTION**

**UNDERCARE ACTIONS**

Once a case is active, the TAD is used to change case information, authorize new budgets, and to close a case. Changes to case information and case status transactions are recorded directly on the TAD. No other form is required for data entry.

Changes to active cases are Undercare actions. Each time the Eligibility Specialist changes a case a new TAD must be requested and used to ensure that the printed information is the most current. A new TAD is available through the Inquiry Subsystem. The Undercare worker chooses Option 9 on the Case Inquiry Menu Screen (NQCS00) and a TAD is printed immediately. This manual gives examples for preparation of the TAD for common Undercare actions.

The following is a list of the forms that will be described:

DSS-3517	Turnaround Document (TAD)
DSS-3477	Principal Provider Data Input Form
DSS-3478	Restriction/Exception Data Input Form
DSS-3722	Fair Hearing Update Data Entry Form
DSS-4198	Third Party Health Insurance Data Sheet
DSS-4384	Third Party Health Insurance Data Medicare Coverage Update
MAP648B	Medicare Savings Program Batch Transmittal

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**PREPARATION OF TURNAROUND DOCUMENT - DSS-3517 (TAD)**

Most case actions require that the Eligibility Specialist complete the DSS-3517, Turnaround Document (TAD). The TAD has preprinted information that was data entered at Application Registration, from a previous TAD, or from other input documents. This information remains on the computer file. After completion by the Eligibility Specialist and supervisory review, the copy is filed in the case record.

Each section of the TAD contains different levels of information. The sections are distinguished by large gray numbers and bold blue lines separating the sections. The individual boxes in each section are elements, which are referred to by both names and item numbers. The three sections are:

05 - Case Level Data

10 - Suffix Level Data

15 - Individual Line Data

A current TAD must be used to record new or changed information. To generate a current TAD, the Eligibility Specialist chooses Option 9 on the WMS Case Inquiry Menu. The TAD will be generated immediately at a nearby printer.

The following rules must be followed when making entries on the TAD:

- All entries must be made in ink.
- All entries must be printed.
- No punctuation is to be used.
- Changed information is entered on the line directly above the existing information.
- New information is entered directly on the line in each element.
- When deleting information enter a '#' sign above the information that has been crossed out.
- Indicate the type of action in the upper right hand corner of the TAD, as follows:

E/AC                      Eligibility/Activates Case - authorizes initial MA benefits.

E/RJ                      Eligibility/Reject Case - reject an application for MA benefits.

U/AC                      Undercare/Activates Line - authorizes MA benefits.

U/MAINT                Undercare/Maintenance - changed or add new information on an active case.

U/REOP                Undercare/Reopening - reopens a closed case.

U/CL                      Undercare/Closing - closes an active case.

Page 4 shows a sample TAD, and is followed by description of each element on the TAD



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**TAD SECTION 5 - CASE LEVEL INFORMATION**

**REGISTRY NUMBER/CASE NUMBER**

This element has no item number. The registry or case number will be preprinted on the TAD by the computer. To re-use a case number, write the number of the closed case above the printed registry number and square the entire element. The case number will be reactivated and the registry number will be purged. The case number of the closed case is taken from the Clearance Report.

**BUDGET NUMBER/VERSION NO. - 015**

When a budget is calculated and saved in the MABEL subsystem, the computer assigns a unique number to the stored budget. Enter the number of the budget to be authorized in element 015. Whenever a budget is changed, the system will assign, in sequential order, a new budget number.

**NOTICE BUDGET NO. - 016**

This field is used for an ineligible budget number when closing or rejecting a case for excess income through the Client Notices System (CNS).

**PA/MA CTR. - 020**

The Center identification is a three-digit code that identifies the MA center that registered the application. The center code is preprinted on the TAD after registration. This element can be changed but it can not be deleted.

**PA/MA UNIT WORKER - 021**

The Unit Worker Identification is a five character code that identifies the worker that registered the application. This code is preprinted on the TAD after registration. It should be changed to the three character identifying code of the Eligibility Specialist who opens or rejects the case, or the code of the Undercare worker who updates an active case.

**FS CTR (CENTER) - 022**

Leave Blank

**FS UNIT WORKER - 023**

Leave Blank

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**TAD SECTION 5 CASE LEVEL INFORMATION**

**M3E - 053**

The **M3E** indicator is used when closing active cases or when indicating adequate/timely notices. A code "1" or "A" will generate an immediate closing for both timely and adequate closing reason codes. The closing code entered, in TAD element 241 or the CNS subsystem determines whether a timely (10 day) or an adequate (immediate) notice of closing is sent to the recipient. The [Worker's Guide to Codes](#) indicates which reason codes generate adequate closing notices.

1 - Client agrees to initial action. (Adequate Notice)

2 - Client doesn't agree to initial action. (Timely Notice)

A - Adequate Closing - CNS notice is suppressed, and a manual notice may be required.

T - Timely Closing - CNS notice is suppressed, and a manual notice may be required.

**NYCHA PROJ. NO. - 030**

Not a required field. This element may contain a four digit numeric code indicating the client's New York City Housing Authority (NYCHA) Project. A value in this element will be displayed only if the authorized Temporary Assistance budget has a shelter type code of '02' or '24'. It will not display on MA cases.

**NYCHA ACCT. NO. - 031**

Not a required field. This element may contain a six digit numeric code indicating the client's New York City Housing Authority (NYCHA) Account Number. A value in this element will be displayed only if the authorized Temporary Assistance budget has a shelter type code of '02' or '24'. It will not display on MA cases.

**TI - 061**

The Exception Trust Indicator is a one character field valid for case types MA (20) and MSSSI (22). It is used for clients who have exception trust such as a Pooled Trust. This field is manually entered by the worker and contains only two values.

Y - Yes

N - NO

**APP SRC - 062**

The Application Source indicator is a one character field used to track the source of online food stamp applications. These values will be system generated, but workers can enter them if online application fail.

E - Application registered through MY Benefits (NYS System).

N - Application registered through ACCESS NYC (NYS System).

Blank - Application filed in person.

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**TAD SECTION 5 CASE LEVEL INFORMATION**

**ADDRESS**

The address is preprinted on the TAD. A complete address consists of House Number (041), Street Name (042), Apartment Number (043), City Town (045), State (046) and Zip (047). Any part of the address may be changed as long as a complete address always appears. Applicants with no permanent address may designate a mailing address to be entered in items 051, 052, 055, 056, and 057. (See the Appendix of Address Abbreviations) Note that "Care-of" (c/o) designations should follow the street name in element 042.

**HSE (HOUSE) NO. - 041**

The House Number is preprinted on the TAD with the information entered at Application Registration. It may be changed but can not be deleted.

**ST (STREET) NAME - 042**

The Street Name is preprinted on the TAD with the information entered at Application Registration. It may be changed but can not be deleted. A "care of" (c/o) designation may follow the street name, if applicable.

**APT NO. - 043**

The Apartment Number is preprinted on the TAD with the information entered at Application Registration. It may be added, changed, or deleted. Enter no more than five characters.

**CITY TOWN - 045**

The City or Town is preprinted on the TAD with the information entered at Application Registration. It may be changed but not deleted.

**STATE - 046**

The State is preprinted on the TAD with the information entered at Application Registration. It may be changed but not deleted.

**ZIP - 047**

The Zip Code is preprinted on the TAD with the information entered at Application Registration. It may be changed but not deleted. Either a five or a nine digit code may be used.

**PHONE NUMBER - 049**

This element will be preprinted on the TAD if a phone number was previously entered. It may be added, changed, or deleted. If entered, an area code is required.

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**TAD SECTION 5 CASE LEVEL INFORMATION**

Elements 051, 052, 055, 056, and 057 will only appear on the TAD if the client designated a mailing address different from the residence address. An applicant without a permanent residence address may designate the address of a friend, relative, organization, or a post office box as the mailing address to which mail is sent. If the mailing address is present all agency correspondence will be sent to the mailing address. The mailing address may be changed or deleted from an active case. In order to delete a mailing address, enter a pound (#) sign only in element 051. Descriptions of these elements are the same as those shown above for elements 041, 042, 043, 045, and 046.

MAILING ADDRESS - 051

APT. NO. - 052

CITY TOWN - 055

ST - 056

ZIP - 057

B/CD

Do not enter anything in the Borough Code/Community District element. A code will be pre-printed on the TAD by the computer.

Manhattan	1
Brooklyn	2
Bronx	3
Queens	4
Staten Island	5

CDC - 024

The Community District code will appear as a two-digit number, 01 - 18.

UTILITY GUAR - 044

Leave Blank. This element is not applicable for MA cases. The Utility Guarantee indicator is used on Temporary Assistance cases to identify cases for which payment of bills to the Utility Company are guaranteed until the end of the month in which the TA case is closed.

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**TAD SECTION 10 - SUFFIX LEVEL INFORMATION**

Although Section 10 contains information for up to three (3) suffixes, Medicaid cases are always a single suffix. The element names and item numbers are identical for each suffix. The suffixes are distinguished by the circled number 1, 2, or 3 that appears in the gray box at the left side of the TAD.

**CASE NAME - 208**

This element is preprinted with the Name of the Addressee of the Common Benefit Identification Card (CBIC) that was previously entered for each suffix at Application Registration. It may be changed. Enter the last name, space, first name, and where applicable, space and middle initial. The name in this element is the addressee that will appear on all correspondence.

**SUF - 201**

This element is preprinted with the Suffix ID number assigned at Application Registration. Since all MA cases have only one suffix, the preprinted Suffix ID will always be '01'. This element may not be changed.

**FS SUF -212**

Not applicable to MA cases. This element will be preprinted with the Food Stamp Suffix ID number.

**CAT - 209 (CATEGORY)**

The Category of Assistance code, preprinted in this element, identifies the category of assistance the case receives. If the category code on the TAD is no longer correct it may be changed.

**Medical Assistance Categories**

MA	Medical Assistance
MPE	Presumptive Eligibility
MSSI	Medicaid/Supplemental Security Income
FHP	Family Health Plus

**Temporary Assistance & Food Stamps Categories**

FA	Family Assistance (Former ADC, ADCU and HR Family cases)
SNFP	Safety Net Assistance Federally Participating.
SNCA	Safety Net Cash
SNNC	Safety Net Non-Cash
EAA	Emergency Assistance to Adults
EAF	Emergency Assistance to Families

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**TAD SECTION 10 - SUFFIX LEVEL INFORMATION**

**LANG - 255 (LANGUAGE)**

This element will only be preprinted if a Language Code was entered at Application Registration. It is not a required field. It may be changed, added, or deleted. The code indicates that a client speaks only that language and will be assigned a translator.

**LANG READ - 281**

This element will be preprinted on the TAD with the code entered at Application Registration. It is a required field. The code indicates the language which the recipient reads.

Language/Language Read Codes

A	Arabic	N	Hindi	Y	Yiddish
C	Chinese-Mandarin	E	Other	Z	Portuguese
D	French Creole	P	Polish	1	African Languages
F	French	Q	Farsi	2	Chinese - Cantonese
G	Greek	R	Russian	3	Chinese - Other
H	Hebrew	S	Spanish	4	Native American
I	Italian	T	Thai	5	Serbo - Croatian
J	Japanese	B	Urdu	6	Swedish
K	Korean	V	Vietnamese	7	Tagalog
L	Albanian	W	Khmer	9	Sign Language <sup>a</sup>
M	German	8	Laotian		

a. Not to be entered in element 281

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**TAD SECTION 10 - SUFFIX LEVEL INFORMATION**

RVI 282

The Resource Verification Indicator (RVI) will be preprinted on the TAD if previously entered. It is a required entry for cases designated as MA category of assistance, case type (20) category codes 10 (Aged), 11 (Blind), 12 (Disabled), 70 (Medicaid Buy-In- Disabled Basic Group) and 71 (Medicaid Buy-In - Medically Improved), at both initial eligibility, undercare reactivation, and recertification. It is not required for MPE, MSSI or FHP categories of assistance. The value in this element indicates whether the recipient attested to or verified resources. The valid values are:

Value	Definition
1	Resources verified for thirty-six (36) months.
2	Resources verified for the current month.
3	No resources verified - recipient attests.
4	Transfer of resources
9	Exempt from resource test <sup>a</sup> - system generated only.

- a. Will be generated by the computer only when all individuals on the case are either pregnant, children under 19 (excluding categorical codes 11 and 12), unborn, post-partum women, or those in receipt of Family Planning Benefits only.

***Note: RVI is not required for budget type (01) LIF and (02) SSC.***

HMBD - 220

The Homebound indicator is used to indicate that all members of the suffix are homebound for medical reasons. It should be left blank unless all case members are homebound. Enter 'Y' for yes if this is a Homebound case.

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**TAD SECTION 10 - SUFFIX LEVEL INFORMATION**

**MA RESP - 219**

The MA Responsible Area element indicates specific areas within MICSA that are responsible for case processing. This element must always contain one of the values that are listed below.

AN	Acute Long Term Hospital Care	MC	CED/Managed Long Term Care
AS	Acute Long Term Hosp Care Surplus	MP	Qualified Individual 1
CC	Community Care	MS	Special Low Income Med Beneficiaries
CS	Community Care Surplus	NA	Home Health Aid
DN	Dialysis Case	OF	Assisted Living Program
DS	Dialysis Surplus	OM	Office of Mental Retardation
FD	Foster Discharge	PA	Home Attendant Care
FH	Fair Hearing - Aid to Continue	PC	Presumptive Eligibility for Children
GP	Protective Services-Guardian Pending	PD	Home Care Working Disabled
HC	Hospital Care Catastrophic	PK	Housekeeper Care
HN	Hospital Care	PM	Homemaker Care
HS	Hospital Care Surplus	PS	Protective Services
IC	Medicaid Suspension	PU	Undefined Home Care Program
LB	Luberto Vs. Novello	QM	Qualified Medicare Beneficiaries
LC	Long Term Care	SA	Home Health Aid Surplus
LM	Lombardi Care	SC	Special Services for Children
LR	Long Term Regular Chronic Care	SH	Shelter Case
LT	I.S. High Risk Case	WD	Working Disabled

**MA RCT - 218**

This field will be blank after Application Registration. A date will be generated by the computer and appear in this field once the case is in 'AC' status. In Undercare this date is required only when item 243 is extended or if item 242 (date) is set back.

**EMG - 270**

Not applicable for MA cases. The Emergency Indicator is used for Temporary Assistance cases authorized to receive emergency assistance.

**FROM - 271**

Not applicable for MA cases. The Emergency From date is system generated for Temporary Assistance cases.

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**TAD SECTION 10 - SUFFIX LEVEL INFORMATION**

**TO - 272**

Not applicable for MA cases. The Emergency To date is system generated for Temporary Assistance cases.

**SP IND - 273**

This element will display the value entered through Worker Mode Application (WMA), Worker Case Update (WCU), Eligibility or Undercare transactions. An entry will be required for all new suffixes created through WMA. This code may be changed in an Eligibility or Undercare transaction, but it may not be deleted.

S Suffix will receive both Spanish and English notices.

E Suffix will receive only English notices.

**PA STATUS CODE - 221**

Not applicable to MA. This element is used to indicate the suffix status on Temporary Assistance cases.

**PA REAS - 222**

Not applicable to MA. This element identifies the reason for opening or rejecting a Temporary Assistance case.

**PA FROM - 226**

Not applicable to MA. This element is used by Temporary Assistance, and indicates the TA case authorization 'From' date.

**PA TO - 227**

Not applicable to MA. This element is used by Temporary Assistance, and indicates the TA case authorization 'To' date.

**AMP - 225**

The MA Amplification Date is required when a MA status of 'CL' is entered. Use the format MM/DD/YY. The Amplification Date is required for cases that are closed with reason codes that require a specific date.

**ROUT - 224**

Not applicable to MA.

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**TAD SECTION 10 - SUFFIX LEVEL INFORMATION**

**MA STAT - 240**

The MA Status Code indicates the (MA) case status. The TAD for an applying case is preprinted with a status code of (AP). Entering a status code of 'AC' when completing the TAD for an eligibility determination will activate the MA for all individuals on the case. A code of 'RJ' indicates that the MA case has been rejected. On active cases, the code may be changed to close (CL) a case through an Undercare action. When a MA case status code is entered, the reason code (item 241) and Authorization From date (item 242) are required. If a status of CL (closed) is entered, Amplification Date (item 225) may be required depending on the reason for closing.

<u>Status</u>	<u>Description</u>
AC	Active - Case eligible to receive MA benefit.
RJ	Reject - Application for benefits is denied.
CL	Closed - Closes an active case.
NA	Not Applying
IC	Medicaid Suspension
WD	Withdrawn - Application for assistance is withdrawn.

**MA REAS - 241**

The MA Reason Code must be entered when a MA status is entered or changed. In eligibility actions this code identifies the reason for opening or rejecting the case. If the case is being opened, enter an opening code; if it is being rejected, enter a rejection code. For closing a case, enter a closing code. When a code is data entered it will appear on all subsequent TADs until it is changed. See the *Worker's Guide to Codes* for a complete listing of reason codes.

**MA FROM - 242**

The MA Authorization (From) date is required for all MA status changes except closings (CL). Use the format MM/DD/YY. If the case is being activated to status 'AC', enter the date the case is opened. The MA Authorization From date is always the first day of the month when activating a case. If the case is being rejected (status code RJ), enter the date of rejection.

**MA TO - 243**

The MA Authorization (To) date is required when the case status is changed to 'AC'. Use the format MM/DD/YY. The MA Authorization To date should be the last day of the month. This date is not required and should be left blank when rejecting a case.

**NTC - 280**

The Notice Number is required when closing a case using a Client Notices System (CNS) code starting with a letter not equal to E, F, G, H or Y. To obtain a Notice Number, use CNS subsystem (option 12) on the WMS Host System Menu to create a notice and generate a Notice Number.

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**TAD SECTION 10 - SUFFIX LEVEL INFORMATION**

The following elements are not applicable to MA and should be left blank:

FS STAT - 230

FS REAS - 231

FS FROM - 235

FS TO - 262

FS ROUT - 233

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**TAD SECTION 15 - INDIVIDUAL INFORMATION**

This section of the TAD contains information entered for each individual on the case. Up to six lines can appear preprinted on the TAD. Additional lines for the same case will be printed on a second TAD with the case level information repeated in section 05.

When a case is registered (Application Registration) a Clearance Report is produced for each individual appearing on the TAD based on the following elements: First Name (311), Last Name (310), Birth Date (316), Sex (315) and Social Security Number (322). The Clearance Report lists individuals known to WMS, who have similar or identical demographic information, and the case number on which they appear. The Clearance Report must be examined before determining eligibility.

The individual identifying elements may not be changed when completing the TAD for an Eligibility Action as this would make the transaction error. These elements must be corrected through Application Maintenance before an Eligibility Action is done. This will generate an updated Clearance Report.

For an active case, individual elements may be changed by completing a TAD for Undercare Action. After the transaction is processed and the change is printed on the TAD, the worker must generate a new Clearance Report by choosing Option 8 on the Individual Inquiry Menu Screen (NQINOO). The report must be reviewed to determine if the client information matches other individuals on the computer file.

Certain elements must be entered when completing the TAD for an eligibility determination to activate a case. These elements are:

<u>Name</u>	<u>Number</u>	<u>Description</u>
CIN	301	Client Identification Number
CAT CD	372	Individual Categorical Code
EMP CD	375	Employability Code
ACI	382	Alien/Citizenship Indicator

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

A case cannot be activated unless the above elements are entered. In addition, depending upon the case composition, the following elements may also be required to activate a case:

<u>Name</u>	<u>Number</u>	<u>Description</u>
VALIDATE	321	SSN Validation Code
TASA	304	Teen Age Service Act Indicator
SSI	320	Supplemental Security Income Indicator
VET	324	Veteran Status
REG#	381	Alien Registration Number
BCS	328	Bureau Child Support

Following is a description of each individual element in Section 15.

**SUFFIX - 300**

The Suffix ID is the two-digit number assigned at Application Registration. This is preprinted on the TAD as (01). It may not be changed when opening or rejecting a case.

**LINE - 308**

The Line Number is the two-digit number assigned when an Application is registered, (i.e., '01', '02', etc.). A person always keeps that line number; it is never given to another individual. When a person leaves the case the line number is kept on the computer file in an inactive status. This number is preprinted on the TAD and may not be changed.

**CIN - 301**

The CIN or Client Identification Number is used to identify each person registered on the WMS computer file. The purpose of assigning these individual numbers is for the WMS system to match all of the identifying information relating to the individual, such as name, date of birth, sex, social security number, etc., against all individuals known to the WMS computer file.

For applicants, the Eligibility Specialist must examine the Clearance Report obtained for the case in order to determine if this individual is already receiving or was previously receiving benefits on another case. The Clearance Report helps the Eligibility Specialist to make this determination by assigning a "score" to each individual based on how closely the identifying demographic information matches those other individuals on the WMS computer file.

If the identifying information matches exactly the identifying information of another individual on the WMS file, a score of '106' is assigned by the computer. If the score is less than '106', it means that some but not all information matches. In this case, the worker needs to carefully review the documentation brought in by the client to determine if this is the same person.'

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**CIN - 301** (cont'd)

For eligibility determinations, the Eligibility Specialist is to check the Clearance Report to determine the action to be taken using the following criteria:

**NO MATCHES FOR THIS INDIVIDUAL**

If the Clearance Report contains the message "No Matches for This Individual" enter the system generated 8-character Client Identification Number (CIN) in element 301 and square it in red. It is found on the Clearance Report above the message.

**SCORES OF LESS THAN '106'**

If multiple matches of 102 or better appear, usage of the temporary CIN is blocked. Select a CIN with an established score.

- ***Same Individual - On PA***

If the Clearance Report indicated a score of less than '106' and it is determined that this is the same individual, enter the 8-character CIN for the individual shown on the Clearance Report in TAD element 301 and square it in red. If it is determined that the other case is still active, action must be taken to evaluate the individual's MA status on the PA case; appropriate action in accordance with current procedures must be taken.

- ***Same Individual - On MA***

If the other case is no longer active or if the CIN was assigned for a benefit other than Medical Assistance (i.e., Food Stamps) the individual may be accepted for Medical Assistance using the same CIN. The status of the other case and the type of assistance given would be indicated on the clearance report. Enter the CIN of the individual listed on the Clearance Report in TAD element 301 and square it in red.

- ***Not the Same Individual***

If the Clearance Report indicates a score of less than '106' and it is determined from comparing the information on the report with the client's identification that this is not the same individual, enter the system generated 8-character CIN found on the clearance report in element 301 and square it in red.

**SCORE OF 106**

- ***Same Individual***

If the Clearance Report indicates only one match with a score of 106, and it is determined that this is the same individual, square in red the CIN pre-printed on the TAD. If multiple 106 matches exist, the CIN will not be pre-printed on the TAD and workers must choose the appropriate one from the Clearance Report. If it is determined that the other case is still active, action must be taken to remove the individual from this case or the other case, as appropriate, in accordance with current procedure.

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

- ***Unborns***

The CIN for the unborn will **always** be selected by the system. The 8-character CIN will be pre-printed in element 301 of the TAD. It should be squared in red. The mother's Clearance Report and other documentation should be examined closely to ensure this is not a duplicate unborn. If the mother and her unborn have an active Food Stamp Case, the Food Stamp CIN for the Unborn and the mother will be printed in element 301.

Following are the possible scores that can be shown on the Clearance Report:

<u>Score</u>	<u>New Information Matches with the Following</u>
106	Last Name, First Name, Sex, Date of Birth, and SSN
104	Last Name, First Name, SSN
103	Last Name, SSN, and Year and Month of Birth
102	Date of Birth and SSN
<b><i>No Matches For This Individual</i></b>	

**CLIENT'S NAME: FIRST - 301; MI - 312; LAST - 310**

The name of each individual is preprinted with information entered at Application Registration or on a prior TAD. Do not change the name when completing the TAD for an eligibility determination. If the name is changed on an active case in an Undercare Action, a Clearance Report must be generated through Inquiry (Option 8 on the Individual Inquiry Menu Screen or Option 11 on the Case Inquiry Screen.) The report must be reviewed to identify possible matches with other individuals on the computer file.

**BIRTH - 316**

The individual's Date of Birth is preprinted on the TAD with information entered at Application Registration or on a prior TAD. Do not change the date of birth when completing the TAD for an eligibility determination. If the date of birth is changed on an active case in an Undercare Action, a Clearance Report must be generated through Inquiry (Option 8 on the Individual Inquiry Menu Screen or Option 11 on the Case Inquiry Screen.) The report must be reviewed to identify possible matches with other individuals on the computer file.

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**SEX - 315**

The individual's sex is preprinted on the TAD with the previously entered code. Do not change this element when completing the TAD for an Eligibility Action. It may be changed on active cases in an Undercare Action.

**SEX CODES**

M    Male  
F    Female  
U    Unborn

**SSN - 322**

The individual's Social Security number will appear on the TAD if it was previously entered. Do not change or add a number when completing a TAD for the eligibility determination. The SSN may be added to an active case in an Undercare Action, and the SSN Validate Code (321) will automatically be changed to '1'. A new Clearance Report must be generated through the Inquiry Subsystem after adding or changing a Social Security number.

**VALIDATE - 321**

A Social Security Number Validate Code must be entered for each individual when completing the TAD for the case acceptance or rejection. Use codes '2', '3', and '4' only when the Social Security Number element (322) is blank. Code '1' will be preprinted on TADs that contain a Social Security Number in element 322.

Whenever code '2' is entered on the TAD in this element, the Eligibility Specialist must have proof that the applicant filled out an application for a social security number. Unless the client provides proof that he/she has already applied for a social security number (e.g., enumeration at birth or a letter from SSA) the Eligibility Specialist is to prepare a Referral for Social Security Application Form M-30m. A copy of this application must be filed in the case record and the original M-30m is to be presented to the Social Security Administration (SSA) office. The SSA office will issue the client a receipt (SSA-5028) which will be acceptable documentation that the application for a Social Security number has been filed.

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

VALIDATE - 321 (CONT'D)

VALIDATE CODES

- 1 SSN Present<sup>a</sup>
- 2 SSN Applied For - Verified Application
- 3 SSN Applied For and Denied
- 4 SSN Not Applied For by Individual
- 5 SS-5 Indicator Not On ODP (Conversion Code)
- 7 SSN Assigned by SSA (System Generated)
- 8 SSN Validated by SSA (System Generated)
- 9 SSN Failed SSA Validation<sup>b</sup>
- A SSN Not On SSA File
- B No Match on Name
- C DOB, First Name Match (Different Maiden and Married Names)
- D No Match on DOB (Date of Birth)
- E Client Known to SSA by #xxx-xx-xxxx.<sup>c</sup>
- X Client Deceased

a. This may be preprinted on the TAD. If it appears make no entry.

b. SSA could not validate the number.

c. The number sent to SSA is wrong due to transposition of number, or one digit is off.  
RFI should be examined for the correct number.

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**CAT CD - 372**

The Categorical Code must be entered when completing the TAD for eligibility determination. The code is used to indicate the reason the individual is eligible to receive Medical Assistance.

**CATEGORICAL CODES**

Blank	Unborn
01	LIF <sup>1</sup> Child - Death of a Parent (Deprivation)
02	LIF Child - Incapacity of Parent (Deprivation)
03	LIF Child - Imprisonment of Parent (Deprivation)
05	LIF Child - Divorced, Annulment, or Legally Separated Parent
06	LIF Child - Abandoned/Deserted by Parent
08	LIF Child - Unemployed Principal Wage Earner
09	LIF Child or Single or Childless Couple
10	Aged (OAA)
11	Blind (AB)
12	Disabled (AD)
13	LIF Dependent Relative (Deprivation)
14	Essential Person (PA only)
15	Pregnant Woman No Deprivation
18	Emergency Shelter - Federal Participation
20	IVE Adoption Subsidy
21	FA <sup>2</sup> Related Adult (Deprivation) (MA Case Type Only)
22	FA Related Child (Deprivation) (MA Case Type Only)
25	FA Related Adult (No Deprivation) (MA Case Type Only)
26	LIF Adult Intact Family (No Deprivation)
31	Resident of Public Emergency Shelter <sup>3</sup>
32	Non-NYS IV-E Foster Care
33	Non IV-E Adoption Special Needs
34	Non-NYS IV-E Adoption
35	Presumptive Eligibility Home Care Nursing/Hospice

- 
1. Low Income Family
  2. Family Assistance
  3. Not Title xix Reimbursable

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**CATEGORICAL CODES (CONT'D)**

36	Presumptive Eligibility Pregnant Women
37	FNP <sup>1</sup> Alien
39	FNP Parent Living with his/her child(ren) <sup>2</sup>
42	FA Related Pregnant Woman at MA Level (MA Case Type Only)
43	Expanded Eligibility - Pregnant Woman
44	Expanded Eligibility at 100% of Poverty - Child less than age one
46	Expanded Eligibility less than 133% Poverty- Child age one through five
47	Expanded Eligibility less than 100% Poverty- Child age six through nineteen
48	LIF Pregnant Woman (Deprivation)
50	Special Supplement (s) Client-FNP for Medicaid (NYC only)
51	Expanded Eligibility at 200% of Poverty - Infant less than age one
56	FHP <sup>3</sup> Single, Childless Couples and Individuals age 19 through 20 not living with parent(s)
57	FHP Parent(s) Living with Minor Children, Individuals age 19 through 20 living with parent(s)
58	FHP Pregnant Woman Eligible at 100% of Poverty
59	FHP Pregnant Woman Eligible Between 100% to 200% of Poverty
65	Presumptive Eligibility Children
66	Disaster Relief <sup>4</sup> (system generated only)
68	Family Planning Coverage - FP <sup>5</sup>
69	Family Planning Coverage - FNP
70	Medicaid Buy-In - Disabled Basic Group
71	Medicaid Buy-In - Medically Improved
73	Post-Partum Woman - (system generated only)

- 
1. Federally Non Participating
  2. Must be above PA Standard of Need
  3. Family Health Plus
  4. MA Disaster Relief in response to the 9/11/01 attack on the World Trade Center
  5. Federally Participating
  6. Disabled as of 4/1/05

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

PA STAT - 330/FS STAT - 350

Not applicable to MA cases.

MA STAT - 340

The MA individual Status element indicates the status of each individual line on the case. If no entry is made in the individual status elements when completing the TAD for eligibility determination, the computer will change the Individual Status Code to match the code entered in the suffix/case status element (240). For example, if the Eligibility Specialist changes the MA suffix/case status to 'AC' and leaves the individual MA status 'AP', the new TAD generated after the transaction is processed will preprint 'AC' in the suffix/case and individual status elements. The Eligibility Specialist may enter an individual status that is different from the suffix/case status, for example, one line may be rejected (RJ) for MA. Individual Status codes may be changed on active cases in Undercare actions, but at least one line must retain the same status as the suffix/case. If an entry is made in element 340 then the corresponding reason code must also be entered.

MA INDIVIDUAL STATUS CODES

AP	APPLYING	WILL APPEAR PREPRINTED ON THE TAD FOR NEW CASES. THIS CODE MAY BE ENTERED FOR INDIVIDUALS IN 'CL', 'RJ', OR 'NA' STATUS WHEN THE CASE IS ACTIVE
AC	ACTIVE	WILL RECEIVE MA BENEFITS. CAN BE USED ONLY WHEN THE CASE STATUS IS 'AC'
CL	CLOSED	USE AT UNDERCARE TO CLOSE (REMOVE FROM CASE) AN ACTIVE INDIVIDUAL(S). <b>Do not</b> USE FOR INDIVIDUALS CLOSED BECAUSE OF DEATH.
DD	DEAD	MUST BE USED IN CONJUNCTION WITH REASON CODE E95 IN ELEMENT 341.
NA	NOT APPLYING	USE ONLY AT APPLICATION MAINTENANCE FOR INDIVIDUALS IN 'AP' STATUS.
RJ	REJECTED	USE TO REJECT AN INDIVIDUAL IN 'AP' STATUS.
SN	SANCTIONED	USE AT UNDERCARE TO SANCTION AN INDIVIDUAL IN 'AC' STATUS
IC	SUSPENDED	MEDICAID SUSPENDED
WD	WITHDRAWN	USE ONLY FOR INDIVIDUALS IN 'AP' STATUS WHO WITHDRAW THEIR APPLICATION FOR ASSISTANCE.

PA REAS - 331/FS REAS - 351

Not applicable to MA

PA DATE - 332/FS DATE - 352

Not applicable to MA.

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**MA REAS - 341**

A MA Individual Reason Code is required when a MA Individual Status Code (element 340) is entered or changed. Choose the appropriate Individual Reason Code. Refer to the Worker's Guide to Codes lists Individual Reason Codes for MA.

<u>Individual Status</u>	<u>Category of Reason Code</u>
AC	Opening Code
CL	Removal/Closing Code
DD	Removal Code (E95 for Death)
RJ	Rejection Code
SN	Sanction Code
WD	No code Entered

**MA DATE - 342**

The MA Date is required when a MA Individual Status Code (element 340) is entered. Enter the date that the status becomes valid. Use the format MM/DD/YY. No date or reason code should be entered when the Status Code 'WD' or 'AP' is entered.

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**ST/FED CODE - 307**

Enter the State/Federal Charge Code if the individual falls within one of the categories described below. If a ST/FED Code other than '88' is entered, a date must be entered in element number 325.

**STATE/FEDERAL CHARGE CODES**

- 03 Federal Charge American Repatriate
  - 05 State Charge OMH<sup>a</sup> or OMRDD<sup>b</sup> Release
  - 30 All Refugees including Indo-Chinese<sup>c</sup>
  - 34 Cuban Entrant
  - 35 Cuban, Haitian Unaccompanied Minor<sup>c</sup>
  - 36 Haitian Entrant
  - 37 Relocated Relative of Institutionalized Veteran
  - 50 Home Care - State Charge
  - 60 Maintenance of Effort (MOE) Countable Alien<sup>d</sup>
  - 63 Converted Due to 60-Month TANF Limit (MOE)
  - 67 State Charge - PRUCOL<sup>e</sup>
  - 68 Qualified Alien (No children under 18 or pregnant).
  - 88 State/Federal Charge Expired
- a. Office of Mental Health
  - b. Office of Mental Retardation & Developmental Disabilities
  - c. ACI indicator of A, H, R, or D is required for code 30
  - d. Can only be used if ACI (element 382) = B, F, T, or K.
  - e. Can only be used if ACI = G, O, S, or T. Person Residing Under Color of Law.

**DATE - 325**

A State/Federal Date is required when a State/Federal Charge Code is entered in item number 307. Use a valid non-future date using the format MM/YY. Enter the date of entry into the United States for codes 03, 30, 31, 34, 35, 36, 60, 67 and 68. For code 05 enter the date the individual entered the facility. For code 63 enter date converted to SN. Make no entry for code 88.

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**MSP - 345**

The Medicare Savings Program Indicator will be displayed in this element.

The MSP Indicators are:

- P Qualified Medicare Beneficiaries (QMB)
- L Specified Low Income Medicare Beneficiary (SLIMB)
- U Qualified Individual 1 (QI1)

**TASA - 304**

The TASA (Teen Age Service Act) Indicator is required for all individuals ages eleven (11) through twenty (20).

**TASA CODES**

- 1 Pregnant Teen - Individual Currently Pregnant<sup>a</sup>
- 2 Teen Parent - Including Fathers
- 3 Neither Pregnant nor Parenting Teens
- 4 TASA Related - Other<sup>b</sup>

a. Valid for Females only (element 315 must equal 'F')

b. Not TASA Eligible, but considered to be "at risk".

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**EMP - 375**

The Employability Code describes the employability status of the individual. A code must be entered for each individual when completing a TAD for an Eligibility action. The code for an active individual may be changed in an Undercare action. Individuals from birth through age eighteen (18) must be assigned Employability Code '30'.

**EMPLOYABILITY CODES**

17	All	Teen Parent Under Age 20 Enrolled in Secondary School
20	FA/SNCA	Non-Exempt - Employable
24	All	Pregnant
27	All	Employed Full-Time
30	All	Child From Birth Through Age 18
31	All	Exempted Caretaker of Child Under Age 1
32	All	Advanced Age - 60 Years or Older
33	FA	Caretaker of Child Under Age 3 on Same MA Case
34	All	Parent or Caretaker of Child Under Age 3, Not on Same MA Case
35	All	In School Full-Time - Age 16 through 19
36	All	Incapacitated - 30 days to 1 year
38	All	Exempt - Needed In Home to Care for Incapacitated Household Member
41	All	Temporary Illness - 3-Month Exemption
42	All	Temporarily Incapacitated - 6-Month Exemption
43	All	Incapacitated - SSI Application Filed
44	All	In Receipt of SSI and/or SSA Disability
53	All	Individual Age 18 to 21 Not Employed
60	SNCA	Age 55 or Older and Not Employed in Last 5 Years
63	All	Substance Abuser in Rehabilitation or Waiting for Rehabilitation - Exempt
64	All	Substance Abuser in Rehabilitation or Waiting for Rehabilitation - Non-Exempt
70	FA/SSI	Disability Type I
71	FA/SSI	FA Caretaker/Relative of Child Under Age 19 on Same MA Case
72	All	FA Caretaker/Relative of Child Under Age 16 - 19 Not on Same MA Case
74	FA/SSI	Disability Type II
99	All	Unborn

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**AD EX - 365**

The Aged/Disabled Expiration date field is a (6) character field and must be entered in (MMDDYY) format. This field is use to track consumers that are deemed temporarily disabled with a time limited disability. Date must be equal to or greater than MA Coverage "To" Date.

**TPHI/MCR**

The Third Party Health Insurance/Medicare Indicator will be preprinted on the TAD when the applicant/recipient has either or both Third Party Health Insurance (e.g Blue Cross/Blue Shield) and or Medicare, and is previously known to the system.

This is displayed as a combined field on the TAD with the 1st position indicating the TPHI status, and the 2nd position indicating the Medicare status.

Do not make an entry in this element. The Eligibility Specialist must record the TPHI and Medicare date on form DSS-4198 and forward the form to the Third Party Health Insurance unit for data entry into eMedNY.

**TPHI CODES**

- Y Client has TPHI
- N Client does not have TPHI

**MEDICARE CODES**

- Y Client has Medicare Part A, B or D
- N Client has no Medicare Coverage

**SSI - 320**

The Supplemental Security Income Indicator may appear on the TAD for individuals who have a history with SSI. Most often, the value in this element is generated by the computer, it may be entered by the Eligibility Specialist if applicable.

**SSI CODES**

- 1 Active in Receipt of SSI
- 2 Pending SSI Eligibility Determination
- 3 Closed, Denied or Suspended - Appeals Exhausted
- 4 Deemed Eligible
- 5 Closed SSI, continue OASDI

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**BCS - 328**

The Bureau of Child Support element should be completed when a referral is made to the Office of Child Support Enforcement (OCSE).

**BCS CODES**

- A<sup>a</sup> Appropriate for Referral to OCSE
- B<sup>a</sup> No Referral - Both Parents in Household (in-wedlock)
- D<sup>a</sup> No Referral - Deceased Absent Parent<sup>b</sup>
- G<sup>c</sup> No Referral - Good Cause<sup>d</sup>
- P<sup>c</sup> Referral - Good Cause
- T<sup>c</sup> Temporary No Referral - Good Cause
- H Individual is Head of Household
- I Referral - Individual is an Independent 16-20 year old
- K<sup>e</sup> Referral Received by OCSE - No Good Cause
- W<sup>e</sup> Referral Received by OCSE - Good Cause

- a. Applicable to individuals under 21 years of age.
- b. Death has been verified by either Public Assistance or Child Support staff.
- c. Applicable to individuals under 21 years of age when client has made a claim of "good cause".
- d. Good Cause means that the client is exempt from providing information to OCSE regarding the absent parent because the client or child is at risk of physical or emotional harm from the absent parent because the client was conceived as the result of rape or incest, or is pending adoption.
- e. Not for data entry. System generated code resulting from match between OCSE and WMS.

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**REL - 329**

The Relationship Code is an optional entry for MA at eligibility. It is a required entry for Public Assistance and Food Stamps. The code indicates the payee on a suffix and the relationship of all the other household members to that individual.

**RELATIONSHIP CODES**

01 Applicant/Payee	17 Cousin
02 Legal Spouse	18 None
03 Non-Legal Spouse	19 Parent
04 Son	20 Sister or Brother
05 Daughter	21 Step Parent
06 Step Son	22 Step Sister/Step Brother
07 Step Daughter	23 Half Sibling
08 Niece or Nephew	24 Putative Father
09 Grandson or Granddaughter	25 Acknowledging Father
10 Grandmother or Grandfather	26 Great Grandparent
11 Aunt or Uncle	27 Great Grandchild
12 Essential Person	28 Alternative Payee
13 Other FA/SNFP Relationship	29 Unknown <sup>a</sup>
14 Other Relationship	30 Non-Legal Union w/Child in Common
15 Legal Guardian	31 Unknown
16 Ward	99 Unborn

a. System Generated only.

**CBIC (COMMON BENEFIT IDENTIFICATION CARD)**

The following two elements are included under CBIC and are optional entries at Eligibility for MA. They are required entries for PA.

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**CC - 378**

The Code Card identifies the type of card associated with the clients case, that will be issued.

**CARD CODES**

- N Non Photo Identification Card.
- P Photo Identification Card.
- R No Card Requested. Client on a Medicaid Roster
- X No Card Requested

**CDC - 383**

The Card Delivery Code indicates whether the client's card can be mailed or if the client can pick up the card. Entry of a code in this element is optional.

**CARD DELIVERY CODES**

- A Agency Pick-Up
- M Mailed

**STUDENT ID NUMBER - 323**

The Student Identification Number is not a required element for MA. On TA cases it should be entered for each student on a case. The student identification number is taken from the school letter submitted for each school age child on a case. The result of entering the Student ID Number in element 323 is a system generated Student ID Code that will appear on the Client Information Inquiry Screen (NQ1N2A) in the Student ID field.

**STUDENT ID CODES**

- |  |  |
|--|--|
| 1 School Registration Verified by BOE <sup>a</sup> | D Discharged from School                                   |
| 3 Duplicate Student ID Number                      | P Pending  |
| 5 Invalid Student ID Number                        | T Transfer   |
| 6 Unknown to BOE                                   | X Individual Known to BOE, but Status Unknown              |
| 7 Name Does Not Match                              | Z Registration Verified by BOE, but Address Does Not Match |
| 8 Sex Does Not Match                               |  |
| 9 Date of Birth does Not Match                     |  |

a. Board of Education

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**CHT - 380**

Enter the Child Health Program Code (formally CHAP). This code may be entered at Eligibility or changed on individuals in 'AC' status as an Undercare Maintenance transaction.

**CHT CODES**

- 1 Requesting CHT Medical Services but not Support and Dental Services
- 2 Requesting CHT Medical Services and Support, but not Dental Services
- 3 Requesting CHT Medical Services, Support, and Dental Services
- 4 Requesting CHT Medical and Dental Services, but not Support Services
- 5 Requesting CHT Dental Services, but not Medical and Support Services
- 6 Requesting CHT Support and Dental Services, but not Medical Services
- 7 Already Receiving CHT Services
- 8 Declines CHT Services
- 9 Undecided

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**VET - 324**

The Veteran's Indicator is a required entry for all individuals 18 years of age or older, having an individual status of AC, SI, or SN in any of the three program areas (PA, MA, or FS).

**VETERAN'S INDICATOR CODES**

- 1 Special disabled Veteran (Disability of 30% or More)
- 2<sup>a</sup> Vietnam Era Veteran
- 3 Disabled Veteran
- 4<sup>b</sup> Combat Theater Veteran
- 5 Recently Separated Veteran
- 6 Other Veteran
- 7 Spouse or Dependent of a Veteran
- 9<sup>c</sup> Not a Veteran

- a. Vietnam Era Veteran is to be used for any veteran who served during the Vietnam Era (December 22, 1961 through May 5, 1975), whether or not they were actually in Vietnam.
- b. Combat Theater Veteran applies to all veterans who served during World War I, World War II and the Korean War, whether or not the veteran was actually involved in combat duty overseas. This code should also be used for veterans who were involved in Beirut Lebanon, Grenada, the Persian Gulf, or Somalia, only if the veteran was physically there.
- c. Not a Veteran should be used for those individuals who served in the Armed Forces but were Dishonorably Discharged, and for those individuals who never served in the Armed Forces.

**OTM - 379**

When appropriate, enter the proper code for the Office of Treatment Monitoring Indicator. Enter either 'A' or 'B'

- A Client is Alcohol Dependent
- D Client is Drug Dependent

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**ACI - 382**

Enter the appropriate Alien/Citizen Indicator for each individual on the case. An entry in this field is required at Eligibility with the exception of pregnant individuals. If the individual's Alien Status has changed, the indicator may be changed in an Undercare action.

Entry is not permitted for Unborns. An Alien Registration Number (element 381) is required if an ACI of 'A', 'B', 'F', 'G', 'H', 'J', 'K', 'M', 'R', 'T', or 'V' is used.

**ALIEN/CITIZENSHIP INDICATOR CODES**

- A Person granted asylum.
- B Certain battered aliens who are the immediate relative (spouse or child) of a U.S. citizen or lawful permanent resident alien who has been battered or subject to extreme cruelty by the spouse or parent.
- C Citizen
- D Federally certified victim of human trafficking
- E Non-qualified aliens eligible for emergency Medicaid.
- F Persons granted conditional entry.
- G Persons paroled into the U. S. for at least one year.
- H Cuban-Haitian entrant.
- J Persons whose deportation is being withheld.
- K Persons lawfully admitted for permanent residence
- M Persons on active duty in the U.S. Armed Forces and/or their spouse or unmarried dependent children.
- O PRUCOL<sup>a</sup> individual who may be eligible through TANF/Safety Net
- R Persons admitted as refugees, including Amerasians and victims of human trafficking.
- S Persons lawfully admitted for permanent residence who have worked or can be credited with 40 qualifying quarters of coverage as defined under Title II of the Social Security Act.
- T Persons paroled into the U.S. for less than one year.
- V Honorably discharged veterans of the U.S. Armed Forces and/or their spouse or unmarried dependent children.
- 9 Pregnant Woman (System Generated).

<sup>a</sup> Persons Residing Under Color of Law

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**ALIEN REG NUMBER - 381**

An Alien Registration Number must be entered if the ACI (element 382) is 'A', 'B', 'F', 'G', 'H', 'J', 'K', 'M', 'R', 'S', 'T', or 'V'. The alien registration number is obtained from the U.S. Immigration Service and is shown on the individual's "green" card.

**DOS - 389**

Enter the Date of Status for each individual on the case with an Alien Citizenship Indicator of 'A', 'B', 'F', 'G', 'H', 'J', 'K', 'M', 'R', 'S', 'T', or 'V'. Entry in this field is required at Eligibility. It is also required at Undercare and Recertification/Renewal if the individual's alien status has changed. Use the format MM/DD/YYYY. It is not required for Unborn.

**DEC - 347**

Enter the Date Enter Country, for each individual on the case with an Alien Citizenship Indicator of A, B, F, G, H, J, K, M, N, O, R, S, T or V. The Date of Entry is the earliest date that the individual can prove that they were in the U.S. and remained continuously thereafter.

**HISP/LAT - 395**

The Hispanic/Latino indicator will be preprinted on the TAD if previously entered at Application Registration. It is used to indicate if the individual is Hispanic or Latino. If not present, enter either a 'Y' (yes) or 'N' (no) for each individual at eligibility and when adding an applying line to an active case. It should not be entered for Unborn.

**RACE/ETHNIC**

The Race/Ethnic indicator will be preprinted on the TAD if previously entered at Application Registration. It is used to indicate the race or ethnic background of the individual. If not present, enter either a 'Y' (yes) or 'N' (no) for each individual, in each field at eligibility and when adding an applying line to an active case. It should not be entered for Unborn.

- I - 396** American Indian/Alaska Native
- A - 397** Asian
- B - 398** Black/African American
- P - 373** Native Hawaiian/Pacific Islander
- W - 374** White

**MAR - 387**

Enter the Marital Status for each individual on the case 18 years of age or older. This is not a required entry for MA. It is required for TA at Eligibility, Undercare openings, and Recertification

**MARITAL STATUS CODES**

- |   |                          |   |                       |
|---|--------------------------|---|-----------------------|
| 1 | Married, living together | 5 | Divorced              |
| 2 | Single, never married    | 6 | Widowed               |
| 3 | Married, but separated   | 7 | Annulment             |
| 4 | Informal Separation      | 8 | Abandonment/Desertion |

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**EDUC-388**

Enter the Educational Level for each individual on the case. This field is not required for MA. It is a required field for TA for Eligibility, Undercare openings, and Recertification transactions. It is not required for Unborn. The code entered refers to the highest grade level completed. If a child is in the 3<sup>rd</sup> grade, the highest level completed is '02'.

Valid codes are:

- 00        Has Not Attended School - Is Pre-Kindergarten or Kindergarten
- 01-12    Refers to Grades 1 through 12.

**HDO - 390**

Enter the Highest Degree Obtained for each individual age 16 or older on the case. This field is not required for MA. It is a required field for TA for Eligibility, Undercare openings, and Recertification transactions. It is not required for Unborn.

**HIGHEST DEGREE OBTAINED CODES**

- |   |   |
|---|---|
| 0    No Degree  | 4    Master's Degree or Higher                              |
| 1    High School Diploma, GED, or National External Diploma Program | 5    Other Credentials (Degree, Certificate, Diploma, etc.) |
| 2    Associate's Degree   | 9    Not Applicable   |
| 3    Bachelor's Degree  |   |

**MO/CHILD - 391**

Enter the Relationship of Mother to Child for all children under 18 years of age, or under 19 years of age and a full time student. This is not a required entry for MA. If the child's mother is on the case, enter the line number of the mother. Other acceptable values are:

- 98 Mother Not in Household
- 99 Mother Not in Case but Living in Same Household

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**AFIS EX - 392**

Not applicable to MA. The Automated Finger Imaging System (AFIS)- Exemption indicator is used by TA if the individual is exempt from finger imaging requirements. In most instances this indicator is system generated.

**AFIS EXEMPTION CODES**

- 1 Finger Imaged - System Generated
- 2 Exempted (left and right index fingers permanently unavailable or unusable) - System Generated
- 3 Temporarily Unavailable (one finger unusable) - System Generated
- 4 Temporarily Unavailable (two fingers unusable) - System Generated
- 5 Exempted Individual (good cause reason) - Worker Entered
- 6 Exempted Homebound Individual - System Generated
- 7 Exempted SSI Related - Worker Entered or System Generated
- 8 Exempted Congregate Care Facility - System Generated
- 9 Purged from AFIS
- A County Specific Approved Exemption - Worker Entered

**TL-EX - 393**

Not applicable to MA. The Time Limit Exemption field is used by TA to indicate if the individual is exempt from Federal or State limits on cash assistance.

X - Exempt

A - Exempt due to Fair Hearing/Aid to Continue

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**MA COVERAGE CODE - 343**

Entry of the Medicaid Coverage Code is allowed but not required at Eligibility. If no entry is made and the individual is found eligible for Medicaid (status changed to 'AC'), the coverage code will be generated by the computer based on certain demographic information, including the categorical code, age, sex, alien status, resource verification indicator, etc. Not all coverage codes will be generated by the computer. For the 'MA' category of assistance, coverage codes '01', '10', '11', '19', '20', '24', and '30', if enrolled in managed care, or '31' if entitled to managed care guarantee can be system generated. For the 'FHP' category of assistance, coverage code '06' or '34' will be generated dependent on the status of the individual's enrollment in managed care. The worker can also manually enter these codes. If the Eligibility Specialist chooses to let the computer generate the individual's Medicaid Coverage Code then the Medicaid Coverage From (376) and To (377) Dates will also be generated by the computer based on the MA case Authorization Date elements (242 and 243).

When a non-system generated code ('02', '04', '07', '08', '09', '13', '14', '15', '17', '18', '21', '22', or '23') is entered by the Eligibility Specialist, the Medicaid Coverage From Date element (376) and To Date element (377) must be entered.

**MEDICAID COVERAGE CODES**

- 01 Full Medicaid Coverage
- 02 Outpatient Coverage Only
- 04 No Coverage (TA case types only)
- 06 Provisional Coverage
- 07 Emergency Medical Coverage
- 08 Home Care Nursing/Hospice (MPE only)
- 09 Medicare Premium, Co-Insurance, and Deductible Only
- 10 All Services Except Long-Term Care
- 11 Full Medicaid Coverage (Legal Alien)
- 13 Prenatal Care A (MPE only)
- 14 Prenatal Care B (MPE only)
- 15 Prenatal Care
- 17 Payment of Health Insurance Premium Only
- 18 Family Planning Benefits Only
- 19 Comm Cov with Comm Based Long-Term Care
- 20 Community Coverage Without Long-Term Care
- 21 Outpatient Cov W/Comm Based Long-Term Care

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**MEDICAID COVERAGE CODES**

- 22 Outpatient Coverage Without Long-Term Care
- 23 Outpatient Coverage With No Nursing Facility Services
- 24 Community Coverage Without Long-Term Care (Legal Alien)
- 30 PCP - Full Coverage
- 31 PCP - Guarantee **(System Generated)**
- 34 PCP - Family Health Plus Coverage
- 36 PCP - Family Health Plus Guarantee **(System Generated)**

**MA COVERAGE FROM DATE - 376/MA COVERAGE TO DATE - 377**

These are the beginning and end dates for the individual's Medicaid coverage. An entry must be made in these elements if the MA Coverage Code was entered in element 343. The following rules apply when entering MA Coverage Codes and Dates:

- For Coverage Codes '01', '02', '09', '10', '11', '15', '19', '20', '21', '22', '23', '24', '30', and '34' the "From" Date must always be the first day of the month. The "To" Date must be last day of the month. The "From" date can only be day specific, if closing the case.
- For Coverage Codes '07', '08', '13', '14' and '18' both the "From" and "To" Dates can be day specific, i.e., it need not be the first or last of the month.
- For Coverage Code '07', the "From" Date must be in the past and the coverage period cannot exceed 60 days.
- For Coverage Codes '19', '20', '21', '22', '23' and '24', the "From" Date must be later than April 1, 2003.

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**TAD SECTION 15 - INDIVIDUAL LEVEL INFORMATION**

**OTHER NAMES - 362.363.364**

An addition of an Other Name can be made to an active individual in an Undercare transaction.

**LINE - 360**

Enter the Line Number of the related individual.

**CODE - 361**

Enter one of the following codes:

A - Also Known As (AKA)

M - Maiden Name

**FIRST - 362**

Enter the full First Name of the related individual.

**MI - 363**

Enter the middle initial of the related individual.

**LAST - 364**

Enter the full last name of the related individual.

**EPI - 344**

Employer Purchase FHP indicator. These values are used to identify FHP insurance status. Numerical values are system generated and letters are Worker generated.

**EMPLOYER PURCHASE INDICATOR**

<u>VALUE</u>	<u>DEFINITION</u>
Space	Not a member of EPI
1	1199 Employee in 1199 Managed Care Plan <b>(System Generated)</b>
2	Client no longer eligible for Employer Purchased FHP <b>(System Generated)</b>
3	Employer withdrew from plan <b>(System Generated)</b>
4	1199 Employee in non -1199 Managed Care plan <b>(System Generated)</b>
5	Client has case type 20 and coverage code not equal to 30 or 34 <b>(System Generated)</b>
F	1199 Employee in 1199 Managed Care Plan
B	Client no longer eligible for Employer Purchased FHP
C	Employer withdrew from plan
D	1199 Employee in non -1199 Managed Care Plan
E	Client has case type 20 and coverage code is not equal to 30 or 34
#	Allowed for deleting entries in error status

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**RESERVED FOR EXPANSION**

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**INTRODUCTION TO ELIGIBILITY ACTIONS**

Eligibility Actions

Initial Authorization of Medicaid Benefits  
Rejection of An Application for Medicaid Benefits  
Case Acceptance and Rejection of An Individual  
Reuse of the CIN (Client Identification Number)  
Case Acceptance of A Pregnant Minor  
Case Acceptance of A MSSI Case  
Case Acceptance of A Family Health Plus Case

Initial Authorization of Medical Assistance

When the Eligibility Specialist and Supervisor make a determination that an applicant for medical assistance is eligible, the DSS-3715 (TAD) is used to authorize Medicaid. The Eligibility Determination will depend on the family size and income. It may also depend on the amount of shelter costs and any special needs. The results of the budget deficit will be determined by using the Budgeting system, Saving the budget, and obtaining a Budget Version Number and entering the Version Number on the TAD. A supervisor will review the TAD, budget summary and any applicable ancillary forms. The TAD and ancillary forms are then data entered. This action will result in a client receiving MA benefits. A plastic Common Benefit Identification Card (CBIC) is issued after initial Eligibility for those individuals found to be eligible for Medical Assistance benefits and who do not currently have a card. Updated TADs and Temporary Medicaid cards are available on demand.

Certain cases may display the message "Unresolved RFI Data Exits for this Case", on the TAD and in the Inquiry System. For these cases the Eligibility Specialist must access the RFI system (Resource File Integration) inquiry screens to determine the RFI Status of the case.

After consulting with the applicant and /or the RFI screens, a Resolution Code must be entered on one or more of the following RFI screens: NQRF02 for wages, NQFR03 for Unemployment Insurance Benefits, NQFR04 for Social Security (WTPY/Bendex), NQRF09 Bank/FIDM Account, NQRF11 New Hires Match. Once the Resolution Code is entered the eligibility transaction may be done. An attempt to activate a case with unresolved RFI data will cause the case to go into error status. The RFI Status Codes and Resolution codes can be found in the. [Worker's Guide to Codes](#)

To authorize Medicaid benefits complete the TAD as follows:

- Enter the number of the saved budget in element 015
- Enter MA suffix Status Code (AC) in element 240, a MA case opening code in element (241), and the dates of authorization in the MA From Date (242) and MA To Date (243) elements.
- Enter the correct Client Identification Number in the CIN element (301) after examining the Clearance Report for each individual.
- Enter required individual information for each line (refer to current procedure).
- Write the action type E/AC in the upper right hand corner of the TAD.

A supervisor reviews the completed TAD and budget reports before data entry by the Worker. A MA status of "AC" authorizes MA benefits and generates a Common Benefit Identification (CBIC) Card for each active individual on the case as appropriate.

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**INTRODUCTION TO ELIGIBILITY ACTIONS**

**Rejecting A Case**

To Reject A Medicaid Case complete the TAD as follows:

- Leave element 015 blank. A budget will not be authorized since the case is not eligible for Medical Assistance.
- To reject a case enter MA Status Code: (240) RJ, a MA Rejection code (241), and the date of rejection in MA From (242)
- Enter the correct Client Identification Number (CIN) in CIN element (301) after examining the Clearance Report for each individual.
- Enter required individual information for each line.
- Write E/RJ in the upper right corner of the TAD

If the case is financially ineligible a copy of the budget calculations should be filed in the case record. The TAD is reviewed by the supervisor before data entry.

**Rejecting an Individual**

To Reject an Individual on an Accepted Case Complete the TAD as follows

- Enter the number of the saved budget
- To authorize MA Benefits enter MA suffix Status Code (240) AC, a MA opening code (241) and the dates of authorization in the MA From (242) and MA To (243) elements.
- Enter the correct Client Identification Number in the CIN element (301) after examining the Clearance Report for each individual.
- Enter required individual information for each line.
- For the rejected line enter RJ in MA Status element 340.
- For the rejected line enter an individual Rejection code in MA Reason element 341.
- Enter the date of rejection in MA Date element 342.

Following are seven (7) case examples, each case example describes a scenario and gives an explanation for each of the TAD elements required to process a particular transaction. A sample TAD and MABEL (WBMAWB) Budget Result screens are included for illustration . Each TAD is annotated showing the required information (e.g. Case/Individual Reason codes).

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**CASE EXAMPLES**

**EXAMPLE 1**

**INITIAL AUTHORIZATION OF MEDICAL ASSISTANCE**

Jane Raymond completed an application for Medical Assistance for herself and her son James. Ms Raymond is employed. Her employer does not provide medical insurance. She earns one hundred (\$100) dollars weekly and pays two hundred and seventy dollars (\$270) monthly for a one (1) bedroom unfurnished apartment. Her heat is furnished by her landlord but she must pay for utilities.

- Review the TAD and Clearance Reports produced at Application Registration.
- Determine the correct budget Type.
- Calculate a Medicaid budget in the Medicaid Automated Budget and Eligibility Logic (MABEL) subsystem by completing the MA Budget Record screen (WBMAWB) and transmitting.
- Review and save the budget by depressing the F13 key.
- Print the Budget Summary Screen for Supervisory review and the case record  
(See *Budget Summary screen on [page 50](#)*).
- Annotate the TAD with the compatible Opening, Categorical and Employability codes  
(See *annotated TAD on [page 51](#)*).
- Annotate the upper right corner E/AC to indicate this is an eligibility accept.

**SECTION 05 – CASE**

REGISTRY CASE NUMBER		Square this element
BUDGET \ VERSION NO.	015:	Enter “01” the version number of budget to be authorized. This number was assigned when the budget was calculated and saved in MABEL.
NOTICE BUDGET NO.	016:	Make no entry.
CTR	020:	Enter the 3 digit code of the Center Responsible for processing the case.
UNIT WORKER	021:	Enter the identifying code of the Eligibility Specialist processing the case.

**SECTION 10 - SUFFIX**

CAT	209:	Do not make any entries, if the MA Category has not changed as of Application Registration. For a list of MA Category Codes refer to the Worker’s Guide to Codes.
RVI	282:	Enter the appropriate Resource Verification Indicator (RVI). For our case example a “1” was entered. Refer to the <a href="#">Worker’s Guide to Codes</a> for a complete list of Resource Verification Indicators.

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**INITIAL AUTHORIZATION OF MEDICAL ASSISTANCE**

**SECTION 10- SUFFIX (Cont'd)**

MA RESP	219:	Enter the area of MA Responsibility if different from the one entered at Application Registration. Refer to the Worker's Guide to Codes for a complete list of MA Responsibility Area Indicators.
MA STAT	240:	Change the MA status to "AC" from "AP" to authorize Medical Assistance.
MA REAS	241:	Enter the MA opening code "094" – Medical Need. Refer to the Worker's the Guide to Codes for a complete listing of all MA Opening Codes.
MA FROM	242:	Enter the first month, first day of the month and the year which Medical Assistance will begin.
MA TO	243:	Enter the last month the last day of the month and the year when Medical benefits will end. This date can not be greater than 12 months from "From" date.

**SECTION 15 INDIVIDUAL**

**LINE 01**

CIN	301:	The message "No Matches for this individual" was printed on the Clearance Report. Enter the CIN printed on the Clearance Report.
VALIDATE	321:	Make no entry. A "1" is preprinted in this element because a Social Security number appears in item number 322. A Validate code must be entered when item number 322 is blank. Refer to the . <a href="#">Worker's Guide to Codes</a> . for a complete list Validate Codes
CAT	372:	Enter Categorical Code "13" "LIF Dependent Relative Deprivation for Adults". This Categorical Code was chosen because there was a star (*) on the PA Budget Summary and there is an absent or disabled parent. Refer to <a href="#">Worker's Guide to Codes</a> . for a complete listing of Categorical Codes.
MA STAT	340:	Make no entry. The computer will automatically assign the status code.
MA REAS	341:	Make no entry.
MA DATE	342:	Make no entry the computer will generate this date.
TASA	375:	Make no entry. This element is for individuals 11-20 years of age.
EMP	375:	The Employability code for employed is "27". Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of Employability codes.

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**INITIAL AUTHORIZATION OF MEDICAL ASSISTANCE**

**SECTION 15 INDIVIDUAL**

**LINE 01 (CONT'D)**

CC	378:	Enter the appropriate CBIC Code for each line. A default value of "P - Photo Card Requested" will be generated by the computer if the worker chooses not to enter a value.
CDC	383:	A default value of "M" will be generated by the computer if the worker chooses not to enter a value. In this example an "M" was entered. Enter "M" so that the CBIC will be automatically produced and mailed to the customer.
VET	324:	Enter "9 - Not a Veteran". All Veteran Indicators can be found in the Worker's Guide to Codes.
ACI	382:	Enter "C" for citizen. Refer to the Worker's Guide to Codes for all Alien/Citizenship Indicators.
MA COVERAGE	343:	Make no entry. The computer will automatically generate a coverage code for this individual.
FROM DATE	376:	The computer will generate the From Date of the coverage period for this individual.
TO DATE	377:	Make no entry. The computer will generate the date when coverage will end for this individual.

**LINE 02**

CIN	301:	The message "No Matches for this Individual" was printed on the Clearance Report. Select the CIN printed on the Clearance Report.
VALIDATE	321:	Make no entry. A "1" is preprinted in this element because a Social Security number appears in item number 322. A validate code must be entered when item number 322 is blank. Refer to the Worker's <a href="#">Guide to Codes</a> for a complete listing of Validate SSN Codes.
CAT	372:	Enter "06" for Child with deprivation on a PA Level budget.

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**INITIAL AUTHORIZATION OF MEDICAL ASSISTANCE**

**SECTION 15 INDIVIDUAL**

**LINE 02 (CONT'D)**

MA STAT	340:	Make no entry. The computer will automatically assign the status code.
MA REAS	341	Make no entry.
MA DATE	342:	Make no entry. The computer will automatically generate this date.
TASA	304:	Enter "3-Neither Pregnant Nor Parenting". Refer to the <a href="#">Worker's Guide to Codes</a> for a complete listing of Teen Age Service Act Indicators.
EMP	375:	Enter "30 Child Less Than 18 Years of Age". Refer to the <a href="#">Worker's Guide to Codes</a> for a complete listing of Employability Codes
REL	329:	The Relationship code for this individual is "04 - Son". Refer to the <a href="#">Worker's Guide to Codes</a> for all Relationship codes.
CC	378:	Enter the appropriate CBIC Code for each line. A default value of "P"- Photo Card Requested, will be generated by the computer.
CDC	383:	A default value of "M" will be generated by the computer if the worker chooses not to enter a value. In our example a "M" was entered. Enter "M" so that the CBIC will be automatically produced and mailed to the customer.
VET	324:	No entry required for individuals under 18 years of age. Refer to the Worker's Guide to codes for a complete listing of Veteran Indicators.
ACI	382:	Enter "C" for citizen. Refer to the Worker's Guide to Codes For all Alien Citizenship Indicators.

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**INITIAL AUTHORIZATION OF MEDICAL ASSISTANCE**

**SECTION 15 INDIVIDUAL**

**LINE 02(CONT'D)**

MA COVERAGE	343:	Make no entry. The computer will automatically assign a coverage code for this individual.
FROM DATE	376:	Make no entry. The computer will generate the date coverage starts for this individual.
TO DATE	377:	The computer will generate the date coverage ends for this individual.

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**INITIAL AUTHORIZATION OF MEDICAL ASSISTANCE**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record Screen.

<b>WBG</b>	<b>TMA</b>	<b>PENDING</b>	<b>MA BUDGET</b>	<b>VERSION 01</b>	<b>DISTRICT NYC</b>	<b>11/14/05</b>							
CASE NAME			CASE NO.	OFC UNIT	WRKR	TRN	BT CA	EDC1	EDC2	AI			
RAYMOND JANE			007459251A	559 USREF	KEM09	02	01 02						
-----NEEDS-----						-----EARNED INCOME-----							
TY	ACTUAL	ALLOW	*****MA SUMMARY*****				LN	SRC	PER	T	EID		
	PRE ADD	17900	TOTAL NET INCOME			16137	01	01	3	F	4		
	ENERGY	3950	CD/MONTHLY			0							
01	SHELT	27000	25000										
	WATER	0	0	CD/EX RESOURCES			0	43333	GROSS INC		0		
	FUEL	0	0				0	9000	\$90.00		0		
	ALLOW/PREG	0	0					18196	EID		0		
*	PA STD	46850						0	CHILD CR		0		
	MA LEVEL	97500						0	INSURANCE		0		
-----UNEARNED INCOME-----						--RESOURCES--							
LN	SR	P	AMOUNT	CD	EXEMPT	CD	EXEMPT	LN	CD	RES-VAL	27196	TOTAL DED	0
			0		0		0			0	TOTAL NET EARNED		16137
			0		0		0			0			
			0		0		0			0			
			0		0		0			0			
			0		0		0			0			
			0		0		0			0			
						0	TOT RES			0			
TOTAL NET UNEARNED				0	EFF PER 050105 TO 043006 DATE STORED 07/27/05								
RESOLVED RFI DATA EXISTS FOR THIS CASE													

REGISTRY CASE NUMBER <b>007459251A</b>		BUDGET/VERSION NO. 015 <b>00001</b>		NOTICE BUDGET NO. 016 <b>559</b>		P/A/M UNIT WORKER 021 <b>KEM09</b>		FS UNIT WORKER 023		M 3E 053		NYCHA PROJ. NO. 030 ACCT. NO. 031		NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION E/AC																															
HSE NO. 041 <b>23</b>		ST. NAME 042 <b>WEST 12</b>		APT 043		UTILIT Y GUAR. 044																																																	
CITY TOWN 045 <b>NEW YORK</b>		STATE 046 <b>NY</b>		ZIP 047 <b>10015</b>		PHONE 048																																																	
051 M A D I L R I E N S G S		CITY TOWN 055		STATE 056		ZIP 057		B/C/D																																															
CASE NAME 208 <b>RAYMOND JANE</b>		SUF 201		FS SUF 212		CAT 209		LANG 255 <b>MA</b>		LANG READ 281		RVI 282 <b>1</b>		HMBD 220		MA RESP 219 <b>CC</b>		MA RCT 218		EMG 270		FROM 271		TO 272		SP IND 273 <b>E</b>		60 MO		24 MO		SNET IND 274																							
P A STAT 221 <b>NA</b>		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240 <b>AC</b>		REAS 241 <b>094</b>		FROM 242 <b>050105</b>		TO 243 <b>043006</b>		F S STAT 230 <b>NA</b>		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																							
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		FROM 242		TO 243		F S STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																							
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		FROM 242		TO 243		F S STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																							
SUFFIX 300		LINE 308		CIN 301		FIRST 311		MI 312		LAST 310		BIRTH 316		SEX 315		VALIDATE 321		SSN 322		CAT CD 372		STAT 330		REAS 331		DATE 332		STAT 340		REAS 341		DATE 342		STAT 350		REAS 351		DATE 352		CODE 307		DATE MM 325 YY		FAP 353		MSP 345									
01 01		<b>TA59861M</b>		JANE		RAYMOND				10161965		F		134387912		1		<b>13</b>		NA						AP		041205		NA																									
01 02		<b>TA58861M</b>		JAMES		RAYMOND				07151990		M		134387913		1		<b>06</b>		NA						AP		041205		NA																									
SUFFIX 300		LINE 308		TASA 304		EMP 375		TPHI /MCR		SSI 320		BCS 328		REL 329		CBIC CC CDC 378 383		STUDENT ID NUMBER 323		CHT 380		VET 324		OTM 379		ACI 382		REG. NUMBER 381		DOE 389		HISP/ LAT 395		RACE /ETHNIC		MAR 387		EDUC 388		HDO 390		MO CHILD 391		AFIS EX 392		WAIVERS		TL-EX 393		CODE 343		MA COVERAGE		TO DATE 377	
01 01		<b>27</b>										01		<b>P M</b>				<b>9</b>								<b>C</b>																													
01 02		<b>3</b>		<b>30</b>								04		<b>P M</b>				<b>6</b>																																					
OTHER NAMES		FIRST 362		MI 363		LAST 364		INTERVIEW DATE 011		CED DATE 012		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE/GROUP SUPERVISOR		DATE/CONTROL OPERATOR		DATE																																			
PREPARATION DATE																																																							

INITIAL AUTHORIZATION OF MEDICAL ASSISTANCE (TAD)

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**EXAMPLE - 2**

**REJECTING A CASE**

James Peterson a single unmarried man, applied for Medical Assistance. He earns \$500 (five hundred) a week as a short order cook. His employer does not offer any medical benefits. He has \$800 (eight hundred) in savings which earns \$2 (2) monthly in interest. He rents an unfurnished 1 bedroom apartment for \$400 (400) monthly. Heat is included in the rent but he must pay for his utilities.

The Eligibility Specialist calculated a Medicaid Automated Budgeting and Eligibility Logic (MABEL) budget (see Budget Summary Screen on [page 54](#)). Mr. Peterson did not pass the 185% State Standard of Need test.

The following entries are required on the TAD (see TAD on [page 55](#)).

In the upper right corner write "E/RJ" to indicate the case is to be rejected.

**SECTION 05 CASE**

REGISTRY CASE NUMBER		Square this element.
BUDGET\		
VERSION NO	015:	Leave blank. Because the case is not financially eligible a budget will not be authorized.
NOTICE BUDGET		
NO	016:	Make no entry in this element.
CTR	020:	Enter the three-digit code of the center responsible for processing the case.
UNIT WORKER	021:	Enter the identifying code of the eligibility specialist processing the case.

**SECTION 10 SUFFIX**

CAT	209:	Do not make any entries, if the MA Category has not changed as of Application Registration. For a list of MA Category Codes refer to the <a href="#">Worker's Guide to Codes</a> .
RVI	282:	Entry is not required for rejected cases, but may be made in this case "1" was entered.
MA RESP	219:	Enter the area of MA Responsibility, if different from the one entered at Application Registration. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of MA Responsibility Area Indicators
MA STAT	240:	The status must be changed to "RJ" to deny Medical Assistance.
MA REAS	241	Enter the rejection code "217" the code for Single\ Childless Couples who do not meet the 185% Public Assistance State Standard of Need test. Refer to the Worker's Guide to Codes for a complete list of MA Rejection Codes.
MA FROM	242:	Enter the date the case is rejected.
MA TO	243:	Make no entry in this element.

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**REJECTING A CASE**

**SECTION 15 INDIVIDUAL**

**LINE 01**

CIN	301:	The message "No Matches for this Individual" was printed on the TAD. Enter the CIN selected from the Clearance Report in element 301.
VALIDATE	321:	Make no entry. A "1" is preprinted in this element because a Social Security number appears in item number 322. A validate code must be entered when item number 322 is blank. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of Validate Codes
CAT	372:	Enter "09" S/CC No Deprivation.
MA STAT:	340:	Make no entry. The computer will enter individual status.
MA RES	341:	Make no entry.
MA DATE	342:	Make no entry.
TASA	304:	No entry is required for adults over 20 years of age.
EMP	375:	This element is not required when rejecting an individual if employability codes have not been established for the case. It may be entered. Enter "27 - employed".
CC	378:	Make no entry this is a rejected case. No card will be issued.

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**REJECTING A CASE**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record screen.

<b>WBG</b>	<b>TMA</b>	PENDING	MA BUDGET	VERSION 01	DISTRICT NYC	07/08/05
CASE NAME	CASE NO.	OFC UNIT	WRKR TRN	BT CA	EDC1	EDC2 AI
JAMES PETERSON	007459253G	559 USREF	KEM09	02 02 01		N
-----NEEDS-----			-----EARNED INCOME-----			
TY	ACTUAL	ALLOW	*****MA SUMMARY*****		LN	SRC PER T EID
PRE ADD		11200	TOTAL NET INCOME	216867	01	01 3 F
ENERGY		2510	CD/MONTHLY	0		
01 SHEL	40000	21500		0		
WATER	0	0	CD/EX RESOURCES	0	216667	GROSS INC 0
FUEL		0	185% ST STD	65139	0	\$90.00 0
ALLOW/PREG		0			0	EID 0
* ST STD		35210			0	CHILD CR 0
MA LEVEL		0			0	INSURANCE 0
-----UNEARNED INCOME-----			--RESOURCES--			
LN SR P	AMOUNT	CD EXEMPT	CD EXEMPT	LN CD	RES-VAL	0 TOTAL DED 0
01 03 6	200	0	0	01 2	80000	TOTAL NET EARNED 216667
	0	0	0		0	
	0	0	0		0	
	0	0	0		0	
	0	0	0		0	
	0	0	0		0	
			0	TOT RES	80000	
TOTAL NET UNEARNED		200	EFF PER	TO		DATE STORED 06/10/05

REGISTRY CASE NUMBER <b>007459253G</b>										BUDGET/VERSION NO. 015										NOTICE BUDGET NO. 016										P/A/M										FS										M 3E 053										NYCHA										NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION E/RJ																																																																																																																																																																																													
HSE NO. 041 26										ST. NAME 042 WEST 4										APT 043 3										UTILIT Y GUAR. 044										CITY TOWN 045 NEW YORK										STATE 046 NY										ZIP 047 10018										PHONE 048										APT NO. 052										CDC 024										CITY TOWN 055										STATE 056										ZIP 057										B/C/D																																																																																																																																											
CASE NAME 208 PETERSON JAMES										SUF 201										FS SUF 212										CAT 209										LANG 255 MA										LANG READ 281										RVI 282 1										HMBD 220										MA RESP 219										CC										MA RCT 218										EMG 270										FROM 271										TO 272										SP IND 273 E										60 MO										24 MO																																																																																																													
STAT 221 NA										REAS 222										FROM 226										TO 227										AMP 225										ROUT 224										M A										STAT 240 RJ										REAS 241 217										FROM 242										TO 243										HMBD 220										MA RESP 219										MA RCT 218										EMG 270										FROM 271										TO 272										SP IND 273										60 MO										24 MO																																																																															
CASE NAME 208										SUF 201										FS SUF 212										CAT 209										LANG 255										LANG READ 281										RVI 282										HMBD 220										MA RESP 219										MA RCT 218										EMG 270										FROM 271										TO 272										SP IND 273										60 MO										24 MO																																																																																																																							
STAT 221										REAS 222										FROM 226										TO 227										AMP 225										ROUT 224										M A										STAT 240										REAS 241										FROM 242										TO 243										HMBD 220										MA RESP 219										MA RCT 218										EMG 270										FROM 271										TO 272										SP IND 273										60 MO										24 MO																																																																															
STAT 221										REAS 222										FROM 226										TO 227										AMP 225										ROUT 224										M A										STAT 240										REAS 241										FROM 242										TO 243										HMBD 220										MA RESP 219										MA RCT 218										EMG 270										FROM 271										TO 272										SP IND 273										60 MO										24 MO																																																																															
SUFFIX 300 01										LINE 308 01										CIN 301 RX81498Q										FIRST 311 JAMES										MI 312										LAST 310 PETERSON										BIRTH 316 05131975										SEX 315 M										VALIDATE 321 SSN 322 059277189										CAT CD 372 1										STAT 330 NA										REAS 331										DATE 332										STAT 340 AP										REAS 341										DATE 342 051205										STAT 350 NA										REAS 351										DATE 352										CODE 307										DATE MM 325 YY										FAP 353										MSP 345																																																	
SUFFIX 300 01										LINE 308 01										TASA 304										EMP 375 27										TPHI /MCR										SSI 320										BCS 328										REL 329										CBIC CC CDC 378 383 01										STUDENT ID NUMBER 323										CHT 380										VET 324 9										OTM 379										ACI 382										ALIEN										HISP/LAT										RACE /ETHNIC N N N N N										MAR 387										EDUC 388 2										HDO 390 12										MO CHLD 391 1										AFIS EX 392										WAIVERS DIA IVD LF TL OTH										TL-EX 393										CODE 343										MA COVERAGE FROM DATE 376										TO DATE 377									
OTHER NAMES										FIRST 362										MI 363										LAST 364										INTERVIEW DATE 011										CED DATE 012										ORIGINATOR CODE										ELIGIBILITY WORKER										DATE/GROUP SUPERVISOR										DATE/CONTROL OPERATOR										DATE																																																																																																																																																																									
LINE 360										CODE 361										FIRST 362										MI 363										LAST 364										INTERVIEW DATE 011										CED DATE 012										ORIGINATOR CODE										ELIGIBILITY WORKER										DATE/GROUP SUPERVISOR										DATE/CONTROL OPERATOR										DATE																																																																																																																																																															
PREPARATION DATE										CONTROL CLERK										DATE/CONTROL DIRECTOR										DATE																																																																																																																																																																																																																																															
STAT CLERK										DATE																																																																																																																																																																																																																																																																			

REJECTING A CASE (TAD)

**AUTHORIZATION OF MEDICAL ASSISTANCE  
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**EXAMPLE 3 -**

**REJECTING AN INDIVIDUAL AND ACCEPTING THE CASE**

Joan Hausberg applied for Medicaid for her family, her husband Carl and daughter Olga. Mrs. Hausberg operates a Family Day Care center in her home. Her Husband Carl is unemployed and looking for employment. The Eligibility Specialist calculated an "01" ADC related Medicaid Automated Budget and Eligibility Logic (MABEL) budget (see Budget Summary Screen on [page 62](#) ). The case was found ineligible. The Eligibility Specialist calculated an 01 budget using Expanded Eligibility Code "B". Joan and Carl Hausberg were found eligible for Family Planning Benefits only. They declined the Family Planning Benefits Program. The family does not have any medical bills. They will be rejected on this case. Olga was found to be eligible using expanded eligibility.

The case will be opened to accept Olga and her parents will be rejected.

The following entries are required on the TAD (see TAD [page 63](#))

In the upper right corner write E/AC

**SECTION 05 CASE**

REGISTRY CASE NUMBER            Square this element

**BUDGET\**

VERSION NO.            015:            Enter the version number of the budget to be authorized. This number was assigned when the budget was calculated and saved in the MABEL.

**NOTICE BUDGET**

NO.            016:            Make no entry.

CTR            020:            Enter the three-digit code of the center processing the case.

UNIT WORKER            021:            Enter the identifying code of the Eligibility Worker processing the case

**SECTION 10 SUFFIX**

CAT            209:            Do not make any entries, if the MA Category has not changed as of Application Registration. For a list of MA Category Codes refer to the [Worker's Guide to Codes](#).

RVI            282:            Enter the appropriate RVI indicator to reflect the case's resource verification. For our case example a "1" was entered.

MA RESP            219:            Enter the area of MA Responsibility if different from the one entered at Application Registration. Refer to the Worker's Guide to Codes for a complete list of MA Responsibility Area Indicators.

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**REJECTING AN INDIVIDUAL AND ACCEPTING THE CASE**

**SECTION 10 SUFFIX (CONT'D)**

MA STAT	240:	Change the MA status to "AC" to authorize Medical Assistance.
MA REASON	241:	Enter opening code "096"- Determined MA Eligible using Expanded Eligibility Criteria. Refer to the Workers Guide To Codes for a complete listing of Medical Assistance Opening codes.
MA FROM	242:	Enter the month, the first day of the month and the year when benefits will begin.
MA TO	243:	Enter the month, the last day of the month and the year when benefits will end.

**SECTION 15- INDIVIDUAL**

**LINE 01**

CIN	301	The message "No Matches for this Individual" was printed on the Clearance Report. Enter the CIN selected from the Clearance Report.
VALIDATE	321:	Make no entry. A "1" is preprinted in this element because a Social Security number appears in element 322. A validate Code must be entered if element number 322 is blank. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of Validate Codes
CAT CD	372:	Enter "57" "FHP Parents Living with Minor Children". Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of Categorical Codes.
MA STAT:	340:	Enter "RJ" to reject this individual.
MA RES	341:	Enter "F89" Excess Income/Resources. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of Individual Rejection Codes.
MA DATE	342:	Enter the date the individual was rejected. Enter MM/DD/YY format.
TASA	304:	This element is for individuals 11-20 years of age. Make no entry.
EMP	375:	This element is not required when rejecting an individual if employability codes have not been established for the case. It may be entered. In this example "27" - Employed is entered.

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**REJECTING AN INDIVIDUAL AND ACCEPTING THE CASE**

**SECTION 15- INDIVIDUAL**

**LINE 01 (CONT'D)**

CC:	378:	Make no entry. This individual was rejected and will not be issued a card.
CDC	383:	Make no entry. This individual was rejected and will not be issued a card
MA COVERAGE CODE	343:	Make no entry. This individual is rejected and will not be given coverage.
FROM DATE	376:	Make no entry. This individual is rejected and will not be given coverage and no coverage date will be generated.
TO DATE	377:	Make no entry. This individual is rejected and will not be given coverage and no coverage date will be generated.

**LINE 02**

CIN	301:	The message "No Matches for this Individual" was printed on the Clearance Report. Enter the CIN selected from the Clearance Report.
VALIDATE	321:	Make no entry. A "1" is preprinted in this element because a Social Security number appears in element 322. A validate code must be entered if element number 322 is blank.

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**REJECTING AN INDIVIDUAL AND ACCEPTING THE CASE**

**SECTION 15- INDIVIDUAL**

**LINE 02 (CONT'D)**

CAT CD	372:	Enter "57" "FHP Parents Living with Minor Children".
MA STAT	340:	Enter "RJ" to reject this individual.
MA RES	341:	Enter "F89" Excess Income/Resources. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete listing of Individual Rejection Codes.
MA DATE	332	Enter the date the individual was rejected. Enter MM/DD/YY.
TASA	375:	This element is for individuals 11-20 years of age make no entry.
EMP	375:	This element is not required when rejecting an individual if employability codes have not been established for the case. It may be entered. Enter "20" Employable. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete listing of Employability Codes.
CC	378:	Make no entry, this individual was rejected and will not be issued a card.
CDC	383:	Make no entry, this individual was rejected and will not be issued a card.

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**REJECTING AN INDIVIDUAL AND ACCEPTING THE CASE**

**SECTION 15 INDIVIDUAL**

**LINE 02 (CONT'D)**

MA COVERAGE	343:	Make no entry. This individual is rejected and will not be given coverage.
MA FROM	376:	Make no entry.
MA TO	377:	Make no entry.
CIN	301:	The message "No Matches for this Individual" was printed on the Clearance Report. Enter the CIN printed on the Clearance Report

**LINE 03**

CAT CD	372:	Enter "51" Expanded Coverage Infant Less than 1, Eligibility at 200% of FPL. Refer to the Worker's Guide to Code for a complete listing of Categorical Codes.
STAT	340:	Make no entry in this element. The computer will generate the individual status.
MA RES	341:	Make no entry in this element.
MA DATE	342:	Make no entry in this element. The computer will generate this date.
EMP	375:	Enter "30" - Child Under 18. Refer to the Worker's Guide to Code for a complete listing of Employability Codes.
CC	378:	Enter the appropriate CBIC Code for each line. A default value of "P"- Photo Card Requested, will be generated by the computer if the worker chooses not to enter a value. In this example a "P" was entered.
CDC	383:	A default value of "M" will be generated by the computer if the worker chooses not to enter a value. In this example an "M" was entered. Enter "M" so that the CBIC will be automatically produced and mailed to the customer. In our case example an "M" was entered.

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**REJECTING AN INDIVIDUAL AND ACCEPTING THE CASE**

**SECTION 15- INDIVIDUAL**

**LINE 03 (CONT'D)**

MA COVERAGE	343:	Make no entry the computer will generate this code.
FROM DATE	376:	Make no entry the computer will generate this date.
TO DATE	377:	Make no entry the computer will generate this date.

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**REJECTING AN INDIVIDUAL AND ACCEPTING THE CASE**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record screen.

<b>WBG</b>	<b>TMA</b>	PENDING	EXPANDED	ELIGIBILITY/FHP	VERSION 01	DISTRICT NYC	07/08/05
CASE NAME			CASE NO.	OFC	UNIT	WORKER BT	EFFECTIVE PERIOD
JOAN HAUSBERG			007459255B	559	USREF	KEM09 01	040105 TO 033106
CA: 03			EEC: B			TOTAL NET INCOME:	207667
TOTAL FHP RES:			EXC FHP RES:			TOTAL FHP INCOME:	216667
						TOTAL FP INCOME:	207667
PREGNANT WOMAN:							
INFANT:			ELIGIBLE		200%		268200
CHILD 1-5 YEARS:			INELIGIBLE		133%		178400
CHILD 6+ < 19:			INELIGIBLE		100%		134100
FHP: FAMILY			INELIGIBLE INCOME		150%		201200
FAMILY PLANNING:			ELIGIBLE		200%		268200

REGISTRY CASE NUMBER <b>007459255B</b>		BUDGET/VERSION NO. 015 <b>01</b>		NOTICE BUDGET NO. 016 <b>559</b>		P/A/M CTR 020 <b>KEM09</b>		FS CTR 022		M 3E 053		NYCHA PROJ. NO. 030 ACCT. NO. 031		NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION E/AC RJ LN 1 and 2																																	
HSE NO. 041 <b>23</b>		ST. NAME 042 <b>SPRING STREET</b>		APT 043		UTILIT Y GUAR. 044		CITY TOWN 045 <b>New York</b>		STATE 046 <b>NY</b>		ZIP 047 <b>10012</b>		PHONE 048		APT NO. 052		CDC 024		CITY TOWN 055		STATE 056		ZIP 057		B/C/D																															
CASE NAME 208 <b>HAUSBERG JOAN</b>		SUF 201		FS SUF 212		CAT 209		LANG 255 <b>MA</b>		LANG READ 281		RVI 282 <b>1</b>		HMBD 220		MA RESP 219 <b>CC</b>		MA RCT 218		EMG 270		FROM 271		TO 272		SP IND 273 <b>E</b>		60 MO		24 MO																											
P A STAT 221 <b>NA</b>		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240 <b>AC</b>		REAS 241 <b>096</b>		FROM 242 <b>040105</b>		TO 243 <b>033106</b>		F S STAT 230 <b>NA</b>		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																									
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		FROM 242		TO 243		F S STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																									
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		FROM 242		TO 243		F S STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																									
SUFFIX 300		LINE 308		CIN 301		FIRST 311		MI 312		LAST 310		BIRTH 316		SEX 315		VALIDATE 321		SSN 322		STAT 330		PA		DATE 332		STAT 340		REAS 341		DATE 342		STAT 350		REAS 351		DATE 352		CODE 307		ST/FD		DATE MM 325 YY		FAP 353		MSP 345											
01 01		<b>TA89825R</b>		JOAN		HAUSBERG				12131958		F		062738175		1		<b>57</b>		NA						<b>R</b>		<b>F89</b>		<b>040305</b>		NA																									
01 02		<b>TA89815V</b>		CARL		HAUSBERG				01241957		M		062748379		1		<b>57</b>		NA						<b>R</b>		<b>F89</b>		<b>040305</b>		NA																									
01 03		<b>TA89825R</b>		OLGA		HAUSBERG				09152004		F		073815903		1		<b>51</b>		NA		AP																																			
SUFFIX 300		LINE 308		TASA 304		EMP 375		TPHI /MCR		SSI 320		BCS 328		REL 329		CBIC CC 378 CDC 383		STUDENT ID NUMBER 323		CHT 380		VET 324		OTM 379		REG. NUMBER 381		ALIEN		DOE 389		HISP/LAT 395		RACE /ETHNIC		MAR 387		EDUC 388		HDO 390		MO CHLD 391		AFIS EX 392		WAIVERS		TL-EX 393		CODE 343		MA COVERAGE		FROM DATE 376		TO DATE 377	
01 01		<b>27</b>								<b>9</b>		<b>C</b>						N		Y		N		N		Y		1		12		1																									
01 02		<b>20</b>								<b>9</b>		<b>C</b>						N		N		N		N		Y		1		12		1																									
01 03		<b>30</b>								<b>05</b>		<b>P M</b>						N		Y		N		N		Y																															
OTHER NAMES		FIRST 362		MI 363		LAST 364		INTERVIEW DATE 011		CED DATE 012		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE/GROUP SUPERVISOR		DATE/CONTROL OPERATOR		DATE		PREPARATION DATE		CONTROL CLERK		DATE/CONTROL DIRECTOR		DATE		STAT CLERK		DATE																									

REJECTING AN INDIVIDUAL AND ACCEPTING THE CASE (TAD)

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**EXAMPLE 4**

**RE-USE OF CLIENT IDENTIFICATION NUMBER**

Donald Breia has made an application for Medical Assistance. He is a single unmarried man. He lives alone in a studio apartment. The rent is two hundred (\$200) dollars monthly. He works as a laborer and earns three hundred dollars monthly (\$300). His employer does not provide health insurance. The Clearance Report showed a possible match between Donald Breia and Donald Breis, a previously registered applicant. Since the first name, birth date and social security number are the same, the Eligibility Specialist decided they are the same person.

The old 8- character CIN and the MA case number associated with it will be reused  
(See sample Clearance Report [page 69](#)).

Calculate a budget in the Medicaid Automated Budget and Eligibility Logic (MABEL) subsystem  
(see Budget Summary Report [page 67](#)).

The following entries are required on the TAD (See TAD on [page 68](#)).

Annotate the right corner "E/AC" to indicate this is an Eligibility Action.

**SECTION 05 – CASE**

REGISTRY CASE NUMBER

Square case number in red.

BUDGET VERSION

NO                    015:            Enter "01" the version number of budget to be authorized. This number was assigned when the budget was calculated and saved in the (MABEL) subsystem.

CTR                    020:            Enter the 3 digit code of the center, processing the case

UNIT WORKER        021:            Enter the identifying code of the Eligibility Specialist processing the case.

**SECTION 10 – SUFFIX**

CAT                    209:            Do not make any entries, if the MA Category has not changed as of Application Registration. For a list of MA Category Codes refer to the [Worker's Guide to Codes](#).

RVI                    282:            Enter the appropriate RVI indicator for this case it is "1" Resource Verified for 36 Months.

MA RESP              219:            Enter the area of MA Responsibility if different from the one entered at Application Registration. Refer to the Worker's Guide to Codes for a complete list of MA Responsibility Area Codes.

MA STAT              240:            Change the status to "AC" to authorize recurring benefits.

MA REAS              241:            Enter opening Code "094" – Medical Need, Refer to the Worker's Guide to Codes for a complete list of MA Opening codes.

FROM                    242:            Enter the month, the first day of the month and the year benefits will begin.

MA TO                    243:            Enter the last month, the last day of the month, and the year when benefits will end.

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**REUSE OF CLIENT IDENTIFICATION NUMBER**

**SECTION 15 – INDIVIDUAL**

**LINE 01**

CIN	301:	This individual had a 102 match with an individual on a closed MA case. Enter the CIN associated with the 102 match.
VALIDATE	321:	Make no entry. A "1" is preprinted in this element because Social Security number appears in item number 322. A validate code must be entered when item number 322 is blank. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of Validate Codes.
CAT	372:	The individual Categorical Code for this individual is "09"- Single Childless Couple. Refer to the Worker's Guide to Codes for a complete list of Categorical Codes.
MA STAT	340:	Make no entry the computer will generate the status.
MA REAS	341:	Make no entry.
MA DATE	342:	Make no entry the computer will generate this date.
EMP	375:	Enter employability code "27"- employed. Refer to the Worker's Guide to Codes for a complete listing of Employability Codes.
CC	378:	Enter the appropriate CBIC Code for each line. A default value of "P"- Photo Card Requested, will be generated by the computer if the worker chooses not to enter a value. In this example a "P" was entered.
CDC	383:	A default value of "M" will be generated by the computer if the worker chooses not to enter a value. In our example an "M" was entered. Enter "M" so that the CBIC will be automatically produced and mailed to the customer. For this case example an "M" was entered
VET	324:	Enter "9" Not a Veteran. All Veteran Indicators can be found in the <a href="#">Worker's Guide to Codes</a> .
ACI	382:	Enter "C" for citizen. Refer to the Worker's Guide to Codes for a complete listing of Alien Citizenship Indicators.

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**REUSE OF CLIENT IDENTIFICATION NUMBER**

**SECTION 15 INDIVIDUAL**

**LINE 01 (CONT'D)**

MA COVERAGE	343	Make no entry. The computer will generate the coverage code for this individual.
FROM DATE	376:	Make no entry. The computer will generate the date when coverage for this individual will begin.
TO DATE	377:	Make no entry. The computer will generate a date when coverage for this individual will end.





CENTER 559

CLEARANCE REPORT

6/15/05

This field displays the Restriction/Exception Indicator that may determine the MA Coverage.

The information above the line is the Applicant Information that appears on the TAD.

REGISTRY #	APPLICATION DATE	UNIT/WORKER	CASE#	CASE NAME	SUFFIX	CASE TYPE	RO	S												
007460029H RE/.	6/30/05	KEM09		DONALD BRIES	01	MA	ET	OR												
							CH													
							ON													
LN	SUF	EX	FIRST NAME	MI	LAST NAME	SEX	SSN	DOB	F	CIN	CNTR	CASE/REG #	CASE	CASE	STAT	UM	60	24	E	
01	01		DONALD		BREIS	M	134-45-8110	4/20/1960		TB14719F					PA	MA	FS	PE	MO	MO
*****																				
SOCIAL SECURITY NUMBER MATCH	TOTAL	1																		
01 01	DONALD	BRIA	M	134-45-8110	4/20/1960	TB04615H	F26	007446125C	MA	NA	NA	CL	N	NA	102					

The information below the line is the Applicant Information for the previously registered client. Much of the information matches information printed above.

This is the 8 character CIN code.

\*\*END OF REPORT\*\*

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**EXAMPLE 5**

**CASE ACCEPTANCE - PREGNANT MINOR**

Sue Hill a 15 year old pregnant minor is applying for Medicaid on behalf of her unborn child only. Ms. Hill is currently living at home with her mother. She is not employed and receives free room/board. Her EDC date is September 25, 2005. The Eligibility Worker has determined that the case is fully eligible for benefits. Calculate a budget in MABEL budget system (see Budget Summary <sup>Report</sup> [page 73](#)).

The following entries are required on the TAD (see TAD [page 74](#)).

Annotate the right corner "E/AC" to indicate this is an Eligibility Action.

**SECTION 05 – CASE**

REGISTRY/CASE NUMBER		Square this element
BUDGET/VERSION		
NO	015:	Enter "01" the version number of budget to be authorized. This number was assigned when the budget was calculated and saved in the Medicaid Automated Budgeting and Eligibility Logic (MABEL) System.
CTR	020:	Enter 3- digit code of responsible center if different from the one entered at Application Registration.
UNIT WORKER	021:	Enter the identifying code of the Eligibility Specialist processing the case

**SECTION 10 – SUFFIX**

CAT	209:	Do not make any entries, if the MA Category has not changed as of Application Registration. For a list of MA Category Codes refer to the <a href="#">Worker's Guide to Codes</a> .
RVI	282:	Make no entry this element is not required for a pregnant woman.
MA RESP	219:	Make no entry, if the MA Responsibility Area has not changed since Application Registration.
MA STAT	240:	Change the MA status to "AC" to authorize Medical Assistance.
MA REAS	241:	Enter the MA opening code "094" – Medical Need. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete listing of Opening Codes.
MA FROM	242:	Enter the month, the first day of the month and the year which Medicaid benefits will begin.
MA TO:	243:	Enter the last month, the last day of the month and the year, when Medical Assistance will end. For pregnant individuals it is 2 months after the EDC date.

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**CASE ACCEPTANCE – PREGNANT MINOR**

**SECTION 15 – INDIVIDUAL**

**LINE 01**

CIN	301:	The message “No Matches for this Individual” was printed on the Clearance Report. Enter the CIN selected form the Clearance Report.
VALIDATE	321:	Make no entry. A “1” is preprinted in this element because a Social Security number appears in the item number 322. A validate code must be entered when item number 322 is blank.
CAT	372:	Enter the individual categorical code “48” Pregnant ADC Related Pregnant Woman. Refer to Worker’s Guide to Codes for a complete listing of Categorical Codes.
MA STAT	340:	Make no entry the computer will generate the status.
MA REAS	341:	Make no entry.
MA DATE	342:	Make no entry the computer will generate this date.
TASA	304:	Enter "1" meaning pregnant minor. Refer to the Worker’s Guide to Codes for a complete listing of Teen Age Service Act Indicators.
EMP	375:	Enter “24” - Pregnancy. Refer to the Worker’s Guide to Codes for a complete list of Employability Codes.
REL	329:	The Relationship Code for this individual is 01” Applicant/ Payee. Refer to the <a href="#">Worker’s Guide to Codes</a> for all Relationship codes.
CC	378:	Enter the appropriate CBIC Code for each line. A default value of “P”- Photo Card Requested will be generated by the computer if the worker chooses not to enter a value. In our example “P” was entered
CDC	383:	A default value of “M” will be generated by the computer if the worker chooses not to enter a value. In our example an “M” was entered. Enter “M” so that the CBIC will be automatically produced and mailed to the customer.
VET	324:	Make no entry. This element is not required for an individual under 18 years of age. Refer to the Worker’s Guide to Codes for a complete listing of Veteran Indicators.

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**CASE ACCEPTANCE – PREGNANT MINOR**

**SECTION 15 INDIVIDUAL**

**LINE01(CONT'D)**

ACI                      382:                      This field can be left blank for pregnant women.

**LINE 02**

As a result of Application Registration, the computer will select the CIN for the unborn and print it in item 301. The Computer will also generate the Employability Code "99" and print it in TAD element 375. The sex code will be printed in TAD element 315 as a result of worker data entry at Application Registration. The Eligibility Specialist must square and data enter these elements.

CIN                      301                      Enter the pre-printed CIN



REGISTRY CASE NUMBER <b>007459274C</b>		BUDGET/VERSION NO. 015	NOTICE BUDGET NO. 016 <b>01</b>	PA/MA CTR 020 <b>559</b>	UNIT WORKER 021 <b>KEM09</b>	FS CTR 022	UNIT WORKER 023	M 3E 053	NYCHA PROJ. NO. 030	ACCT. NO. 031	NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION E/AC													
HSE NO. 041 <b>90</b>	ST. NAME 042 <b>WILLOW ROAD</b>	CITY TOWN 045 <b>BRONX</b>			STATE 046 <b>NY</b>	ZIP 047 <b>10472</b>	PHONE 048	APT NO. 052 <b>12</b>	UTILIT Y GUAR. 044 <b>0</b>																									
CASE NAME 208 <b>HILL SUE</b>		SUF 201	FS SUF 212	CAT 209 <b>MA</b>	LANG 255 <b>AC</b>	LANG READ 281 <b>094</b>	RVI 282	HMBD 220	MA RESP 219 <b>050105</b>	MA RCT 218 <b>113005</b>	EMG 270	FROM 271	TO 272	SP IND 273 <b>E</b>	60 MO	24 MO																		
STAT 221 <b>NA</b>	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 <b>MA</b>	REAS 241	FROM 242	TO 243	STAT 230 <b>FS</b>	REAS 231 <b>NA</b>	FROM 235	TO 262	ROUT 233	NTC 280	24 MO	SNET IND 274																	
CASE NAME 208		SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO																		
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 <b>MA</b>	REAS 241	FROM 242	TO 243	STAT 230 <b>FS</b>	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	24 MO	SNET IND 274																	
CASE NAME 208		SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO																		
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 <b>MA</b>	REAS 241	FROM 242	TO 243	STAT 230 <b>FS</b>	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	24 MO	SNET IND 274																	
SUFFIX 300 <b>01</b>	LINE 308 <b>01</b>	CIN 301 <b>SA04764P</b>	CLIENTS NAME FIRST 311 <b>SUE</b>		MI 312	LAST 310 <b>HILL</b>	BIRTH 316 <b>04121990</b>	SEX 315 <b>F</b>	VALIDATE 321 SSN 322 <b>134447917</b>	CAT CD 372 <b>1</b>	STAT 330 <b>NA</b>	REAS 331	DATE 332	STAT 340 <b>AP</b>	REAS 341	DATE 342 <b>051205</b>	STAT 350 <b>AP</b>	REAS 351	DATE 352 <b>051205</b>	CODE 307	ST/FED DATE MM 325 YY	FAP 353	MSP 345											
<b>01</b>	<b>02</b>	<b>SA04754T</b>	<b>UNBORN</b>			<b>HILL</b>		<b>U</b>			<b>NA</b>			<b>AP</b>		<b>051205</b>																		
SUFFIX 300	LINE 308	TASA 304	EMP 375	TPHI /MCR	SSI 320	BCS 328	REL 329	CC 378	CCDC 383	STUDENT ID NUMBER 323	CHT 380	VET 324	OTM 379	ACI 382	REG. NUMBER 381	ALIEN	DOE 389	HISP/LAT 396	RACE/ETHNIC I 396 A 397 B 398 P 373 W 374	MAR 387	EDUC 388	HDO 390	MO CHILD 391	AFIS EX 392	WAIVERS DIA IVD LF TL OTH	TL-EX 393	CODE 343	MA COVERAGE FROM DATE 376	TO DATE 377					
<b>01</b>	<b>01</b>	<b>1</b>	<b>24</b>				<b>01</b>	<b>P</b>	<b>M</b>				<b>Q</b>					<b>N</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>N</b>	<b>Y</b>	<b>10</b>	<b>0</b>									
<b>02</b>	<b>02</b>		<b>99</b>																															
OTHER NAMES LINE 360 CODE 361		FIRST 362	MI 363	LAST 364		PA/F'S RECET INTERVIEW DATE 011		ORIGINATOR CODE CED DATE 012		ELIGIBILITY WORKER DATE		GROUP SUPERVISOR DATE		CONTROL CLERK DATE		CONTROL DIRECTOR DATE		STAT CLERK DATE																

CASE ACCEPTANCE - PREGNANT MINOR (TAD)

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**EXAMPLE 6**

**CASE ACCEPTANCE - MSSSI CASE**

Mary Murphy has come into a Medicaid center with verification that she is receiving SSI, but states she has not received a Medicaid ID card. After reviewing Ms. Murphy's documentation, it was determined that she is eligible for SSI and therefore Medicaid eligible. Her case will be eligible for a 12-month period. Since Ms. Murphy is an SSI recipient, once the application is registered the case type will be MSSSI.

A Medicaid Automated Budget and Eligibility Logic (MABEL) budget is not to be calculated for MSSSI recipients.

The following entries are required on the TAD (see TAD on [page 78](#)).

In the upper right corner "E/AC" to indicate the type of action to take place.

**SECTION 05 – CASE-**

REGISTRY/CASE NUMBER		Square this element.
BUDGET/VERSION NO.	015:	No budget is required for MSSSI cases.
NOTICE BUDGET NO.	016:	Make no entry in the element.
CTR NUMBER	020:	Enter the three digit code of the center processing the case.
UNIT WORKER	021:	Enter the identifying code of the Eligibility Specialist processing the case.

**SECTION 10 – SUFFIX**

CAT	209:	Enter MSSSI if it was not entered at Application Registration.
RVI	282:	An RVI Indicator is not required for MSSSI cases.
MA RESP	219:	Make no entry if the MA Responsibility Area has not changed since Application Registration. Refer to the Worker's Guide to Codes for a complete list of Responsibility Area Indicators
MA STAT	240:	Change the MA status to "AC" to authorize MA benefits.
MA REAS	241:	Enter the MA opening code "092" – SSI recipient not yet appearing on SDX – Determined eligible for MA-SSI. Refer to the Worker's Guide to Codes for a complete listing of MA Opening Codes.
MA FROM	242:	Enter the month, the first day of the month and the year which the case was found eligible for SSI. Enter mm/dd/yy.
MA TO	243:	For SSI cases enter 12/31/2049.

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**CASE ACCEPTANCE- MSSI CASE**

**SECTION 15 – INDIVIDUAL**

**LINE 01**

CIN	301:	The message “No Matches for this Individual” was printed on the Clearance Report. Enter the CIN selected from the Clearance Report
VALIDATE	321:	Make no entry. A “1” is preprinted in this element because a Social Security number appears in the item number 322. A validate code must be entered when item number 322 is blank.
CAT	372:	Enter the Individual Categorical code “12” Disabled. Refer to the <a href="#">Workers’ Guide to Codes</a> for a complete listing of Categorical Codes.
MA STAT	340:	Make no entry. The computer will generate the status.
MA REAS	341:	Make no entry.
MA DATE	342:	Make no entry. The computer will generate this date.
TASA	304:	Make no entry. This element is only for individuals under 20 years of age.
SSI INDICATOR	320:	Enter "1" for Active SSI case.Refer to the Worker’s Guide to Codes for a complete listing of SSI Indicators.
REL	329:	The Relationship Code for this individual is “01”Applicant/ Payee. Refer to the <a href="#">Worker’s Guide to Codes</a> for a complete list of relationship codes.
CC	378:	A default value of “P”- Photo Card Requested will be generated by the computer if the worker chooses not to enter a value.
CDC	383:	A default value of “M” will be generated by the computer if the worker chooses not to enter a value.
VET	324:	Enter "9", not a Veteran. Refer to the Worker’s Guide to Codes for a complete listing of Veteran Indicators.

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**CASE ACCEPTANCE- MSSI CASE**

**SECTION 15 – INDIVIDUAL**

**LINE 01 (CONT'D)**

ACI	382:	Enter "C" for citizen. Refer to the Worker's Guide To Codes for a complete listing of Alien Citizenship Indicators.
MA COVERAGE	343:	Make no entry. The computer will generate a coverage code for this individual.
FROM DATE	376:	Make no entry. The system will generate the date coverage will begin for this individual.
TO DATE	377:	Make no entry. The computer will generate the date when coverage will end for this individual.



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**EXAMPLE 7**

**CASE ACCEPTANCE - FAMILY HEALTH PLUS**

Sam and Sue Lee applied for Medical Assistance for themselves and their 3 year old son Charles. They were determined eligible for Family Health Plus. Sam works as a carpenter's assistant earning three hundred fifty (\$350) dollars a week. He receives no medical benefits. Sue Lee earns \$50.00 month providing after-school child care twice a month. They rent a 1 bedroom apartment for two (\$200) hundred dollars monthly, heat is include, they pay for utilities. Calculate a MABEL budget (See Budget Summary on [page 85](#) and [page 86](#)).

Mr. and Mrs. Lee selected Americhoice of New York Inc. as their HMO. The Eligibility Specialist consulted the [One-Step Data Entry Desk Reference](#), for the Provider Identification (PID) code for Americhoice of NY Inc. When the case is data entered the PID code for Americhoice "MK" will be data entered in the PID field on the Individual Data screen NCEM15.

The PCP subsystem will automatically generate a complete enrollment record.

All managed care enrollments entered through One-Step PCP follow the monthly pull-down schedule. It will take from 1 to 2 months for the case to receive coverage. For example, if an eligibility transaction using PCP One-Step is processed in early May, the FHP case will not receive coverage in May. The case will receive coverage in June. Cases processed after the May pull-down date for FHP enrollment date would be July 1.

Make the following entries on the TAD (see TAD on [page 87](#)).

In the upper right corner write "E/AC" to indicate the type of action.

**SECTION 05-CASE**

CASE REGISTRATION NUMBER    Square this element

**BUDGET/VERSION**

NO.                            015:                    Enter "01" the version number of budget to be authorized. This number was assigned when the budget was calculated and saved in the Medicaid Automated Budgeting and Eligibility Logic (MABEL) System

**NOTICE/BUDGET**

NO.                            016:                    Make no entry in this element.

CTR                            020:                    Enter "3" digit code of responsible center, for processing the case

UNIT WORKER            023:                    Enter the identifying code of the Eligibility Specialist, processing the case.

**SECTION 10 SUFFIX**

RVI                            282:                    Make no entry. An RVI Indicator is not required for FHP cases.

CAT                            209:                    Enter FHP if it was not entered at Application Registration.

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**CASE ACCEPTANCE – FAMILY HEALTH PLUS**

**SECTION 10 SUFFIX (CONT'D)**

MA RESP	219:	Make no entry if the responsible area has not changed as of Application Registration.
MA STATUS	240:	Enter "AC" to authorize benefits.
MA REAS	241:	Enter "074" - Parents and Expanded Eligibility Children. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of MA Opening Codes.
MA FROM	242:	Enter the first day of the month, the month and the year when benefits will begin.
MA TO	243:	Enter The last day of the month, the month and the year when benefits will end.

**SECTION 15 –INDIVIDUAL**

**LINE 01**

CIN	301:	The message "No matches for this Individual" was printed on the Clearance Report. Enter the CIN selected from the Clearance Report
VALIDATE	321:	Make no entry. A "1" is preprinted in this element because a Social Security number appears in the item number 322. A validate code must be entered when item number 322 is blank
CAT	372:	Enter "57" - FHP family. Refer to the Worker's Guide to Codes for a complete listing of Categorical Codes.
MA STAT	340:	Make no entry. The computer will automatically assign the status code.
MA REASON	341:	Make no entry.
MA DATE	342:	Make no entry. The computer will generate this date.
EMP	375:	Enter "27" for employed Refer to the Worker's Guide to Codes for a complete listing of Employability Codes.

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**CASE ACCEPTANCE – FAMILY HEALTH PLUS**

**SECTION 15 –INDIVIDUAL**

**LINE 01 (CONT'D)**

CC	378:	Enter the appropriate CBIC Code for each line. A default value of "P"- Photo Card Requested will be generated by the computer if the worker chooses not to enter a value. In our example "P" was entered.
CDC	383:	A default value of "M" will be generated by the computer if the worker chooses not to enter a value. In our example an "M" was entered. Enter "M" so that the CBIC will be automatically produced and mailed to the customer.
VET	324:	Enter "9", not a Veteran. Refer to the Worker's Guide to Codes for a complete listing of Veteran Indicators.
ACI	382:	Enter "C" for citizen. Refer to the Worker's Guide To Codes for a complete listing of Alien Citizenship Indicators.
MA COVERAGE	343:	Leave blank the computer will assign the coverage code.
MA FROM DATE	376:	The computer will generate the From Date.
MA TO DATE:	377:	The computer will generate the To Date

**LINE 02**

CIN	301:	The message "No matches for this Individual" was printed on the Clearance Report. Enter the CIN selected form the Clearance Report.
VALIDATE	321:	Make no entry. A "1" is preprinted in this element Because a Social Security number appears in the item number 322. A validate code must be entered when item number 322 is blank.
CAT	372:	Enter "57" - FHP family. Refer to the Worker's Guide to Codes for a complete listing of Categorical Codes.
MA STAT	340:	Leave blank. The computer will automatically assign the status code.
MA REASON	341:	Leave Blank. The computer will automatically assign the status code.

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**CASE ACCEPTANCE – FAMILY HEALTH PLUS**

**SECTION 15 –INDIVIDUAL**

**LINE 02(CONT'D)**

MA DATE	342:	Leave Blank. The computer will automatically assign the status code.
EMP	375:	Enter "27" - Employed. Refer to the Worker's Guide to Codes for a complete list of Employability codes.
CC	378:	A default value of "P"- Photo Card Requested will be generated by the computer if the worker chooses not to enter a value. In our example "P" was entered.
CDC	383:	A default value of "M" will be generated by the computer if the worker chooses not to enter a value. In our example an "M" was entered. Enter "M" so that the CBIC will be automatically produced and mailed to the customer.
VET	324:	Enter "9", Not a Veteran. Refer to the Worker's Guide to Codes for a complete listing of Veteran Indicators.
ACI	382:	Enter "C" - Citizen. Refer to the <a href="#"><i>Worker's Guide to Codes</i></a> for a Complete listing of Alien Citizenship Indicators.
MA COVERAGE	343:	Make no entry. The computer will assign coverage.
MA FROM DATE	376:	Make no entry. The computer will generate the beginning date for each line.
MA TO DATE	377:	Make no entry. The computer will generate the end date for each line.

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**CASE ACCEPTANCE – FAMILY HEALTH PLUS**

**SECTION 15 –INDIVIDUAL**

**LINE 03**

CIN	301:	The message “No matches for this Individual was printed on the Clearance Report. Enter the CIN selected from the Clearance Report.
VALIDATE	321:	Make no entry. A “1” is preprinted in this element because a Social Security number appears in the item number 322. A validate code must be entered when item number 322 is blank.
CAT	372:	Enter "46" - Expanded Coverage, Child 1-5 Under the 133% FPL. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete listing of Categorical Codes.
MA STAT	340:	Make no entry. The computer will generate the status.
MA REAS	341:	Make no entry.
MA DATE	342:	Make no entry the computer will generate this date.
EMP	375:	Enter “30” Child Less than 18 Years of Age. For a complete list of Employability Codes refer to the Worker’s Guide to Codes.
REL	329:	Enter “04” - Son. For a complete list of Relationship Codes refer to the <a href="#">Workers Guide to Codes</a> .
CC	378:	A default value of “P”- Photo Card Requested will be generated by the computer if the worker chooses not to enter a value. In this example “P” was entered.
CDC	383:	A default value of “M” will be generated by the computer if the worker chooses not to enter a value. In this example an “M” was entered. Enter “M” so that the CBIC will be automatically produced and mailed to the customer.
VET	324:	Make no entry for individuals under 18 years of age.
ACI	382:	Enter “C” for citizen. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete listing of alien citizenship Indicators.
MAR	387:	Make no entry for individuals under 18 years of age.
EDUC	388:	Enter “00” Has not Attended School.
HDO	390:	Make no entry. This element is for individuals 16 years and over.

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**CASE ACCEPTANCE – FAMILY HEALTH PLUS**

**SECTION 15 –INDIVIDUAL**

**LINE 03 (CONT'D)**

MA COVERAGE	343:	Leave blank the computer will assign coverage.
MA FROM DATE	376:	Make no entry. The computer will generate the beginning date for each line.
MA TO DATE:	377:	Make no entry. The computer will generate the end date for each line.

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**CASE ACCEPTANCE – FAMILY HEALTH PLUS**

The Budget Summary Screen display information that was input on the WBMABW Budget Record Screen.

<b>WBGMA</b>	PENDING	EXPANDED	ELIGIBILITY/FHP	VERSION 01	DISTRICT NYC	08/09/05	
CASE NAME		CASE NO.	OFC	UNIT	WORKER	BT	EFFECTIVE PERIOD
SUE LEE		007459305E	559	USREF	KEM09	01	060105 TO 053106
CA: 03		EEC: B					TOTAL NET INCOME: 142667
TOTAL FHP RES:		EXC FHP RES:					TOTAL FHP INCOME: 156667
							TOTAL FP INCOME: 142667
PREGNANT WOMAN:							
INFANT:		ELIGIBLE			200%		268200
CHILD 1-5 YEARS:		ELIGIBLE			133%		178400
CHILD 6+ < 19:		INELIGIBLE			100%		134100
FHP: FAMILY		ELIGIBLE			150%		201200/1770000
FAMILY PLANNING:		ELIGIBLE			200%		268200



REGISTRY CASE NUMBER <b>007459305E</b>		BUDGET/VERSION NO. 015 <b>01</b>	NOTICE BUDGET NO. 016 <b>559</b>	PAMA CTR 020 UNIT WORKER 021 <b>KEM09</b>		FS CTR 022 UNIT WORKER 023	M 3E 053	NYCHA PROJ. NO. 030 ACCT. NO. 031	NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION  E/AC						
HSE NO. 041 <b>42</b>	ST. NAME 042 <b>WEST FARM ROAD</b>	APT NO. 043		UTILITY GUARL. 044																					
CITY TOWN 045 <b>BRONX</b>		STATE 046 <b>NY</b>	ZIP 047 <b>10470</b>	PHONE 049																					
OST M A D I L R I E N S G S CITY TOWN 055		STATE 056	ZIP 057	B/CD																					
CASE NAME 208 <b>LEE SAM</b>		SUF 201	FS SUF 212	CAT 209	FHP	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	CC	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	S	60 MO	24 MO						
P	STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	M	STAT 240	REAS 241	FROM 242	TO 243	F	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274						
CASE NAME 208		SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO									
P	STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	M	STAT 240	REAS 241	FROM 242	TO 243	F	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274						
CASE NAME 208		SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO									
P	STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	M	STAT 240	REAS 241	FROM 242	TO 243	F	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274						
SUFFIX 300	LINE 308	CIN 301	CLIENTS NAME		BIRTH 316	SEX 315	VALIDATE 321	CAT CD 372	STAT 330	REAS 331	PA	DATE 332	STAT 340	REAS 341	DATE 342	STAT 350	REAS 351	DATE 352	CODE 307	DATE MM 325 YY	FAP 363	MSP 346			
01	01	<b>TA89735V</b>	FIRST 311 <b>SAM</b>	MI 312	LAST 310 <b>LEE</b>	<b>03121969</b>	F	<b>058348618</b>	1	<b>57</b>	NA		AP		<b>060205</b>	NA									
01	02	<b>TA897252</b>	FIRST 311 <b>SUE</b>		LAST 310 <b>LEE</b>	<b>08141970</b>	M	<b>058348961</b>	1	<b>57</b>	NA		AP		<b>060205</b>	NA									
01	03	<b>TA897150</b>	FIRST 311 <b>CHARLES</b>		LAST 310 <b>LEE</b>	<b>04232002</b>	M	<b>538467369</b>	1	<b>46</b>	NA		AP		<b>060205</b>	NA									
SUFFIX 300	LINE 308	TASA 304	EMP 375	TPHI MCR	SSI 320	BCS 328	REL 329	CBIC CC 376 CDC 393	STUDENT ID NUMBER 323	CHI 380	NET 324	OTM 379	ALIEN	HISP/ LAT 395	RACE/ETHNIC I 396 A 397 B 398 P 373 W 374	MAR 387	EDUC 388	HOO 390	MO CHILD 381	AFIS EX 392	WAIVERS DIA IVD LF TL OTH	TL EX 393	CODE 343	MA COVERAGE FROM DATE 376 TO DATE 377	
01	01		<b>27</b>				01	<b>P M</b>				<b>9</b>			<b>C</b>										
01	02		<b>31</b>				02	<b>P M</b>				<b>9</b>			<b>C</b>										
01	03		<b>30</b>				04	<b>P M</b>							<b>C</b>										
LINE 360	CODE 361	FIRST 362	MI 363	LAST 364	INTERVIEW DATE 011	CED DATE 012	ORIGINATOR CODE	ELIGIBILITY WORKER	DATE GROUP SUPERVISOR	DATE CONTROL OPERATOR	DATE CONTROL CLERK	DATE CONTROL DIRECTOR	DATE STAT CLERK	DATE											

CASE ACCEPTANCE - FAMILY HEALTH PLUS (TAD)

AUTHORIZATION OF MEDICAL ASSISTANCE OPERATIONAL HANDBOOK

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OPERATIONAL HANDBOOK**

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**INTRODUCTION TO UNDERCARE ACTIONS**

Changes in Case Composition  
Authorization of a New Budget  
Changes in Case Category (i.e. from MA to FHP)  
Changes in Individual Categorical Codes  
Changes in Case Status (i.e. receipt of Medicaid benefits to be closed)  
Changes in Employability Status

**Changes in Case Information**

Elements in section 05 of the Turnaround Document (TAD) may be changed in an Undercare action. For example, the residence address, mailing address or phone number may be changed by crossing out the old information, entering the new information on the line above it. Information can be deleted by entering a pound sign (#) on the line above the information being deleted. It is not necessary to authorize a new budget if the shelter expenses have not changed.

**Changes in Individual Information**

In Undercare transactions information for any line on a case, can be changed by completing the Turnaround Document (TAD). Changes to the name, date of birth, sex, or social security number may affect the results of a Clearance Report for that individual. When any of these elements are changed or added to a line the worker must generate a new Clearance Report after the transaction has processed.

When a new Social Security number is entered for a client, an error message "Unresolved RFI data exists" may be produced, if there is Resource File Integration (RFI) data associated with this number. When this happens the worker must review the RFI output and enter appropriate RFI Resolution Codes in the RFI subsystem. The resolution codes may be found in the Worker's Guide to Codes.

**Authorization of a New Budget -Extension of Medicaid Benefits – Recertification/Renewal**

Active Medicaid cases are reviewed for continuing eligibility at the end of the authorization period. A determination is made after review of financial information and or of changes in case demographics or individual information. If the case is determined eligible for an extension of Medical Assistance the MABEL budget is updated. Entering the assigned budget version number in element 015, (Budget Version element), on the TAD authorizes the budget. In addition, elements, (282) RVI, (218) MA RCT, (240) MA STAT, (241) REAS, (242) FROM and (243) TO dates maybe required when the budget is updated. The authorization MA FROM (242) and MA TO (243) dates must match the TO and FROM dates of the MABEL budget. If there are changes outside of the Renewal/Recertification period in income, needs, or number of individuals on a case a new budget must be calculated and saved in the budgeting subsystem MABEL and all elements for recertification/renewal data entered.

**Closing a Case**

There are two methods to close a case in Client Notices System (CNS), TAD Only (Transaction Based) or TAD Plus (Worker Mode). The method utilized depends on the Case Reason code. The TAD Only method is used when the Reason code begins with the letter E, F, G or H. TAD elements STAT (240), REAS (241) must be completed and data entered to process the transaction. The TAD Plus method is used with any of the other Reason Codes, with the exception of (Y) codes, which require a manual notice. For the TAD Plus method the worker must access the WMS Host System Menu option 12 Client Notices System (CNS) to create a pending notice. Once the notice is created the system generates a unique 10-character notice number and automatically prints a Supervisory Review Report, which contains the Notice Number. TAD elements NTC (280) must be completed and data entered to authorize the Notice.

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**INTRODUCTION TO UNDERCARE ACTIONS**

Removal of an Individual

When an active individual on the case leaves the household or is no longer eligible for Medical Assistance, the line is closed. The worker must calculate and save a new budget with the change in household composition, in MABEL. The new budget number is entered in TAD element BUDGET VERSION NO. (015). In addition TAD elements, (282) RVI, (218) MA RCT, (240) MA STAT, (241) REAS, (242) MA FROM and (243) MA TO dates must be data entered when the budget updated. In section 15 of the TAD, the Worker must enter status code (CL) in individual element (340) STAT, in element (341) MA REAS, enter the appropriate reason code, and in element (342) DATE enter the date of the closing.

Addition of an Individual to an Active Case

It is a **Two-Step Process** to add an individual to an active case. Individuals are added to a case through the Worker Case Update Function. The added individual will appear on the next available line of the TAD in an applying (AP) status. A Clearance Report will be generated by this action. The worker must calculate and save a new budget in MABEL. The new budget number is entered in element (015) BUDGET VERSION NO. of the TAD. In addition, elements, (282) RVI, (218) MA RCT, (240) MA STAT, (241) REAS, (242) FROM and (243) TO dates must be data entered. The Worker must review the Clearance Report, select and enter the CIN in element 301. A Categorical Code must be determined and entered in element (372) CAT CD. Enter Status code (AC) in Individual element (340) STAT, in element (341) MA REAS enter the appropriate Reason code. Enter the date the individual will become active in element (342) DATE. An Employability Code must be entered in element (375) EMP. ACI element (382) must also be data entered. Data entry to other line elements for added individual will depend upon age and case circumstance of that individual.

Addition of an Unborn to an Active Case

When a woman on an active case brings in documentation that she is pregnant, the Worker must add the "unborn" to the case. The unborn is added in a **Two-Step Process**. The "unborn" is put in applying (AP) Status through the Worker Case Update Function. The second step is to activate the "Unborn" line. The worker must calculate a new MABEL budget with the mother's EDC date. The new budget number is entered in element (015) BUDGET VERSION NO. of the TAD. In addition, elements, (218) MA RCT, (240) MA STAT, (241) REAS, (242) MA FROM and (243) MA TO dates must be data entered. As a result of Worker Case Update the computer will select the CIN for the "unborn" and print it in element 301. The system will also generate employability code "99" and print it in TAD element (375) EMP. The system will automatically enter elements (315) SEX and (372) CAT CD.

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**EXAMPLE 8**

**AUTHORIZATION OF A NEW BUDGET**

Mr. Ray White went into the local MAP office to inform the Undercare Worker that he is in receipt of Unemployment Insurance Benefits effective May 1, 2005. The Undercare Worker calculated and saved a Medicaid Automated Budget and Eligibility and Logic (MABEL) budget. (See Budget Summary Screen on [page 91](#)).

Make the following entries on the TAD (See TAD on [page 92](#)).

In the upper right corner indicate the type of action taken write, "U/Maint".

*NOTE: The MABEL budget From and To date must equal elements 242 & 243. This period cannot be greater than the original authorization period.*

**SECTION 05 CASE**

REGISTRY/CASE NUMBER		Square this element.
BUDGET/VERSION NO.	015:	Enter the Budget version number of the new budget saved in MABEL.
NOTICE BUDGET NO.	016:	Make no entry in the element.
CTR	020:	Enter the 3 digit code of the center responsible for processing the transaction.
UNIT WORKER	021:	Enter the identifying code of the Undercare Worker processing the case.

**SECTION 10-SUFFIX**

RVI	282:	Enter an appropriate RVI indicator.
MC RCT	218	Enter the date of processing.
MA RESP	219:	Change this element if the MA Responsibility Area is different from the one printed in this element by the computer. Refer to the Worker's Guide to Codes for a complete list of MA Responsibility Indicators.
MA STATUS	240:	Enter AC to continue benefits.
MA REAS	241:	Enter an appropriate MA Opening Code. For this case "094" Medical Need was entered. Refer to the Worker's Guide to Code for a complete list of MA Opening Codes.
MA FROM	242:	Enter the month, the first day of the month and the year the new budget will begin.
MA TO	243:	Enter the month, the last day of the month, and the year benefits will end.

**SECTION 15 INDIVIDUAL**

Entries are not required in this section.



REGISTRY CASE NUMBER <b>007440733J</b>		BUDGET/VERSION NO. 015 <b>02</b>	NOTICE BUDGET NO. 016 <b>559</b>	P/A/M CTR 020 <b>KEM09</b>	FS CTR 022	M 3E 053	NYCHA PROJ. NO. 030 ACCT. NO. 031	NEW AUTHORIZATION NUMBER												WMS/NYC AUTHORIZATION										
HSE NO. 041 <b>75</b>		ST. NAME 042 <b>FULTON STREET</b>			APT 043		UTILIT Y GUAR. 044														U/MAINT									
CITY TOWN 045 <b>BRONX</b>		STATE 046 <b>NY</b>	ZIP 047 <b>10456</b>	PHONE 048		APT NO. 052		CDC 024																						
CITY TOWN 055		STATE 056	ZIP 057	B/C/D																										
CASE NAME 208 <b>WHITE RAY</b>		SUF 201	FS SUF 212	CAT 209	LANG 255 <b>MA</b>	LANG READ 281 <b>S</b>	RVI 282 <b>1</b>	HMBD 220	MA RESP 219 <b>CC</b>	MA RCT 218 <b>051505</b>	EMG 270	FROM 271	TO 272	SP IND 273 <b>S</b>	60 MO	24 MO														
STAT 221 <b>NA</b>	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 <b>AC</b>	REAS 241 <b>094</b>	FROM 242 <b>050105</b>	TO 243 <b>113005</b>	STAT 230 <b>FS</b>	REAS 231 <b>NA</b>	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274														
CASE NAME 208		SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO														
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240	REAS 241	FROM 242	TO 243	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274														
CASE NAME 208		SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO														
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240	REAS 241	FROM 242	TO 243	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274														
SUFFIX 300 <b>01</b>	LINE 308 <b>01</b>	CIN 301 <b>RY158832</b>	CLIENTS NAME FIRST 311 <b>RAY</b>		MI 312	LAST 310 <b>WHITE</b>	BIRTH 316 <b>04011970</b>	SEX 315 <b>M</b>	VALIDATE 321 SSN 322 <b>143827962</b>	CAT CD 372 <b>1</b>	PA STAT 330 <b>NA</b>	DATE 332	MA STAT 340 <b>AC</b>	DATE 342 <b>050104</b>	FS STAT 350 <b>NA</b>	DATE 352	ST/FD CODE 307 <b>MM 325 YY</b>	FAP 353 <b>19</b>	MSP 345 <b>050105</b>											
SUFFIX 300 <b>01</b>	LINE 308 <b>01</b>	TASA 304	EMP 375 <b>27</b>	TPHI /MCR	SSI 320	BCS 328	REL 329	CBIC CC 378 CDC 383 <b>PM</b>	STUDENT ID NUMBER 323	CHT 380	VET 324	OTM 379	ACI 382	REG. NUMBER 381	ALIEN	DOE 389	HISP/LAT <b>NNNN</b>	RACE/ETHNIC I 396 A 397 B 398 P 373 W 374 <b>NNNY</b>	MAR 387 <b>2</b>	EDUC 388 <b>12</b>	HDO 390 <b>1</b>	MO CHILD 391	AFIS EX 392	WAIVERS DIA IVD LF TL OTH	TL-EX 393	CODE 343 <b>19</b>	FROM DATE 376 <b>050105</b>	TO DATE 377 <b>113005</b>	FAP 353	MSP 345
OTHER NAMES LINE 360 CODE 361 FIRST 362 MI 363 LAST 364		PA/F'S RECERT INTERVIEW DATE 011 CED DATE 012		ORIGINATOR CODE		ELIGIBILITY WORKER DATE		GROUP SUPERVISOR DATE		CONTROL CLERK DATE		CONTROL DIRECTOR DATE		STAT CLERK DATE																

AUTHORIZATION OF A NEW BUDGET

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**EXAMPLE 9**

**CHANGING A CASE FROM MSSSI TO MA**

Gladys Small has reached her 62<sup>nd</sup> birthday and is now receiving pension benefits from her former employer, in the amount of four hundred and eleven dollars (\$411.00) per month. Her SSI case was terminated due to excess income. The Undercare Worker calculated a Medicaid Automated Budget and Eligibility Logic (MABEL) budget which determined that the case was fully eligible for Medicaid benefits (See Budget Summary Screen on [page 95](#)).

The following entries are required on the TAD (See TAD on [page 96](#)).

In the upper right corner indicate the type of action taken write, 'U/Maint'.

**SECTION 05 CASE**

REGISTRY/CASE NUMBER		Square this element.
BUDGET /VERSION		
NO	015:	Enter the budget version number of the new budget saved in MABEL.
NOTICE/BUDGET	016:	Leave Blank.
NO		
CTR	020:	Enter the 3 digit code of the center responsible for processing the case.
UNIT WORKER	021:	Enter the identifying code of the Undercare Worker processing the case.

**SECTION 10 -SUFFIX**

CAT	209:	Since this case will no longer receive SSI cross out MSSSI and enter "MA".
RVI	282:	Enter the appropriate RVI code.
MA RCT	218:	This date is required only when item 243 is extended or if item 242 is set back.
MA RESP	219:	Change this element if the MA Responsibility Area is different from the one printed in this element by the computer. Refer to the Worker's Guide to Codes for a complete list of MA Responsibility Indicators.
MA STAT	240:	Enter "AC" to continue benefits.
MA REAS	241:	Enter the MA opening code "094" Medical Need. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of MA Opening Codes.
FROM	242:	Enter the month, the first day to the month and the year Medical benefits will begin.
TO	243:	Enter the month, the last day of the month and the year Medical benefits will end.

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**CHANGING A CASE FROM MSSSI TO MA**

**SECTION 15 INDIVIDUAL**

The only element which requires updating is 320, the SSI Indicator.

**LINE 01**

SSI                      320:                      Enter "3" closed. Refer to the [Worker's Guide to Codes](#) for a complete list of SSI Indicators.

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**CHANGING A CASE FROM MSSSI TO MA**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record Screen.

<b>WBGMA PENDING</b>										<b>MA SSI BUDGET VERSION</b>					<b>DISTRICT NYC</b>					<b>06/23/05</b>																								
<b>CASE NAME</b>										<b>CASE NO.</b>					<b>OFC UNIT</b>					<b>WRKR TRN BT CA DM LA NO-DM</b>																								
GLADYS SMALL										007459586J					599 USREF KEM09					05 04 01 4 1																								
-----UNEARNED INCOME-----										-----EARNED INCOME-----																																		
LN	C	N	I	SR	P	AMOUNT	CD	EXEMPT	CD	EXEMPT	LN	C	N	I	SRC	PER																												
01	1			39	6	41100		0		0																																		
						0		0		0																																		
						0		0		0								0	GROSS INC	0																								
						0		0		0									0	65 EXM AMT	0																							
						0		0		0									0	COURT SUP	0																							
						0		0		0									0	BLND/WK-RL	0																							
-----RESOURCES-----										0 1/2 REM										0																								
LN	N	RES-AMT	DEM-AMT	EXCESS	*****MA SUMMARY*****										0 INSURANCE										0																			
		0	0	0	PA STD										33710										TOTAL DED										0									
		0	0	0	*MA LEVEL										66700										TOTAL NET										0									
		0	0	0	TOT NET INC U										39100																													
		0	0	0	CD/MONTHLY										0																													
		0	0	0											0																													
		0	0	0	MA LEVEL CHILD										0										AMT DEEMED										0									
-----ALLOCATION-----										N TOT NET CD/MON AMT										N TOT NET CD/MON AMT																								
NO OF CHILD										0										0										0														
NS CH INC										0										0										0														
AFTER ALLOC										0																																		
																				EFFECTIVE PER 060105 TO 053106										STORED														
																				BUDGET RECORD UPDATED TO VERSION 01 ON 06/23/05																								

REGISTRY CASE NUMBER <b>007460106D</b>		BUDGET/VERSION NO. 015 <b>01</b>		NOTICE BUDGET NO. 016 559		P/A/M KEM09		FS CTR 022 UNIT WORKER 023		M 3E 053 PROJ. NO. 030 ACCT. NO. 031		NYCHA		NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION U/MAINT													
HSE NO. 041 1175		ST. NAME 042 GLEASON PL		APT 043 4		UTILIT Y GUAR. 044 0																															
CITY TOWN 045 BROOKLYN		STATE 046 NY		ZIP 047 11203		PHONE 048																															
CITY TOWN 055		STATE 056		ZIP 057		B/C/D																															
CASE NAME 208 SMALL GLADYS		SUF 201 01		FS SUF 212 00		CAT 209 MA		LANG 255 MA		LANG READ 281 094		RVI 282 1		HMBD 220 0		MA RESP 219 CC		MA RCT 218 06/29/05		EMG 270		FROM 271		TO 272		SP IND 273 S		60 MO		24 MO							
STAT 221 NA		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A		STAT 240 AC		REAS 241 094		FROM 242 060105		TO 243 053106		F S		STAT 230 NA		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274	
CASE NAME 208		SUF 201		FS SUF 212		CAT 209		LANG 255		LANG READ 281		RVI 282		HMBD 220		MA RESP 219		MA RCT 218		EMG 270		FROM 271		TO 272		SP IND 273		60 MO		24 MO							
STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A		STAT 240		REAS 241		FROM 242		TO 243		F S		STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274	
CASE NAME 208		SUF 201		FS SUF 212		CAT 209		LANG 255		LANG READ 281		RVI 282		HMBD 220		MA RESP 219		MA RCT 218		EMG 270		FROM 271		TO 272		SP IND 273		60 MO		24 MO							
STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A		STAT 240		REAS 241		FROM 242		TO 243		F S		STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274	
SUFFIX 300 01	LINE 308 01	CIN 301 TA89166G		FIRST 311 GLADYS		MI 312		LAST 310 SMALL		BIRTH 316 09131944		SEX 315 F	VALIDATE 321 SSN 322 063748697		CAT CD 372 1	STAT 330 NA	REAS 331	DATE 332		STAT 340 AC	REAS 341	DATE 342 030105		STAT 350 NA	REAS 351	DATE 352		CODE 307	DATE MM 325 YY		FAP 353	MSP 345					
SUFFIX 300 01	LINE 308 01	TASA 304	EMP 375 70	TPHI /MCR	SSI 320 3	BCS 328 01	REL 329 P	CBIC 378 M	STUDENT ID NUMBER 323		CHT 380	VET 324 9	OTM 379 C	ALIEN	HISP/LAT 395 N	I 396 N	A 397 N	B 398 N	P 373 N	W 374 Y	MAR 387 2	EDUC 388 12	HDO 390 1	MO CHLD 391	AFIS EX 392 7	DIA	IVD	LF	TL	OTH	TL-EX 393	CODE 343 01	MA COVERAGE FROM DATE 376 060105		TO DATE 377 053106		
OTHER NAMES		FIRST 362		MI 363		LAST 364		PA/F'S RECET		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE/GROUP SUPERVISOR		DATE/CONTROL OPERATOR		DATE		PREPARATION DATE		CONTROL CLERK		DATE/CONTROL DIRECTOR		DATE		STAT CLERK		DATE							

CHANGING A CASE FROM MSS1 TO MA (TAD)

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**EXAMPLE 10**

**CASE CLOSING - CNS TAD PLUS**

Ms. Rita How and her 2 children are eligible for Medicaid at the LIF Level. Ms. Rita How was asked by the Undercare Worker to verify her weekly income. Ms. How stated she left all of her pay stubs at home. Ms How was given an envelope, with the MICSA office address so she could mail the required documents to the Undercare Worker. The documents were not mailed to the center within the appropriate time frame. The worker took the following steps to close the case: Access WMS option (12) Client Notices System (CNS) subsystem to create a notice and obtain the 10 character notice number and the Supervisory Review Report.

The following entries are required on the TAD (See TAD on [page 99](#)).

In the upper right corner indicate the type of action: "U/CL".

**SECTION 05 – CASE**

REGISTRY/CASE NUMBER		Square this element
BUDGET/VERSION		
NO	015:	Leave blank.
CTR	020:	Enter the 3 digit code of the center responsible for processing the case.
UNIT WORKER	021:	Enter the identifying code of the Undercare Worker processing this case.

**SECTION 10 – SUFFIX**

RVI	282:	An entry is not required for a case closing.
MA RESP	219:	Enter the area of MA Responsibility Area only if it is different from the one printed in this element Refer to the <a href="#">Worker's Guide to Codes</a> for a complete listing of MA Responsibility Area Indicators.
AMP	225	Enter the date of processing month, day and year.
MA STATUS	240:	Make no entry in this element. Status will be entered in the CNS subsystem.
MA REAS	241:	Do not make an entry in this element. Enter the appropriate closing code from the <a href="#">Worker's Guide to Codes</a> on the WCN011 screen in the CNS subsystem. For this case enter "U21" which means failure to provide documentation.
MA FROM	242:	Do not make an entry in this element.
MA TO	243:	Do not make an entry in this element.
NTC	280:	Enter the ten character (NTC) Notice Number. The Notice number is generated by the CNS subsystem.

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**CASE CLOSING – CNS TAD PLUS**

**SECTION 15 - INIVIDUAL**

Make no entries in section 15 of the TAD. The computer will automatically close every line in the suffix and terminate Medicaid coverage on the appropriate date.



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**RESERVED FOR EXPANSION**

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**EXAMPLE 11**

**CASE CLOSING - EXCESS INCOME**

Mr. Joseph Benitez a married childless man, reported he found new employment as a computer programmer. He receives a salary of five thousand dollars (\$5000) monthly. His new employer provides health benefits for both Mr. Benitez and his wife Martha. The Undercare Worker reviewed Mr. Benitez pay stubs from the previous two weeks. The Undercare Worker calculated and saved a budget, in the Medicaid Automated Budget and Eligibility Logic (MABEL) system. Joseph and Martha Benitez were found to be financially ineligible for Medical Assistance

(See Budget Summary Screen on [page 103](#)).

The following entries are required on the TAD (See TAD on [page 104](#)).

In the upper right corner indicate the type of action: "U/CL".

**SECTION 05 – CASE**

REGISTRY/CASE NUMBER                      Square this element.

**BUDGET/VERSION**

NO.    015:                      Make no entry.

**NOTICE/BUDGET**

NO.    016:                      Enter the budget version number of the budget saved in MABEL.

UNIT WORKER                              021:                      Enter the identifying code of the Undercare Worker processing the case.

CTR    020:                      Enter the 3 digit code of the center responsible for processing the case.

**SECTION 10 – SUFFIX**

RVI    282:                      An RVI indicator is not required for a case closing.

MA RESP                                      219:                      Enter the Responsibility Area if different from the one printed in this element by the computer. Refer to the [Worker's Guide to Codes](#) for a complete list of MA Responsibility Area Indicators.

AMP    225:                      Enter the date of processing.

MA STATUS                                    240:                      Change the status code to "CL".

MA REAS                                      241:                      Enter the appropriate MA closing code from the Worker's Guide to Codes. In this case enter "E35 "Excess Income.

MA FROM                                      242:                      Make no entry in this element.

TO DATE                                        243:                      Make no entry in this element.

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**CASE CLOSING – EXCESS INCOME**

**SECTION 15 - INDIVIDUAL**

Make no entry. The computer will automatically close every line and terminate Medicaid coverage on the appropriate date.

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**CASE CLOSING – EXCESS INCOME**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record screen.

<b>WBG</b>	<b>TMA</b>	<b>PENDING</b>	<b>MA BUDGET</b>	<b>VERSION 02</b>	<b>DISTRICT NYC</b>	<b>07/11/05</b>
<b>CASE NAME</b>	<b>CASE NO.</b>	<b>OFC UNIT</b>	<b>WRKR</b>	<b>TRN</b>	<b>BT CA</b>	<b>EDC1 EDC2 AI</b>
JOSEPH BENITES	007460165J	559 USREF	KEM09	02	02 02	N
-----NEEDS-----			-----EARNED INCOME-----			
<b>TY</b>	<b>ACTUAL</b>	<b>ALLOW</b>	<b>*****MA SUMMARY*****</b>			<b>LN SRC PER T EID</b>
PRE ADD	17900		<b>TOTAL NET INCOME</b>	<b>411667</b>	<b>01 01 3 F</b>	
ENERGY	3950		<b>CD/MONTHLY</b>	<b>0</b>		
01 SHEL	25000	25000		<b>0</b>		
WATER	0	0	<b>CD/EX RESOURCES</b>	<b>0</b>	<b>411667 GROSS INC</b>	<b>0</b>
FUEL	0	0	<b>185% ST STD</b>	<b>86673</b>	<b>0 \$90.00</b>	<b>0</b>
ALLOW/PREG	0	0			<b>0 EID</b>	<b>0</b>
* ST STD	46850				<b>0 CHILD CR</b>	<b>0</b>
MA LEVEL	0	0			<b>0 INSURANCE</b>	<b>0</b>
-----UNEARNED INCOME-----			-----RESOURCES-----			
<b>LN SR P</b>	<b>AMOUNT</b>	<b>CD EXEMPT</b>	<b>CD EXEMPT</b>	<b>LN CD RES-VAL</b>	<b>0 TOTAL DED</b>	<b>0</b>
	0	0	0	0	<b>TOTAL NET EARNED</b>	<b>411667</b>
	0	0	0	0		
	0	0	0	0		
	0	0	0	0		
	0	0	0	0		
	0	0	0	0		
	0	0	0	0		
			<b>0 TOT RES</b>	<b>0</b>		
<b>TOTAL NET UNEARNED</b>			<b>0 EFF PER</b>	<b>TO</b>	<b>DATE STORED</b>	<b>06/17/05</b>

REGISTRY CASE NUMBER <b>007460165J</b>		BUDGET/VERSION NO. 015 <b>01</b>		NOTICE BUDGET NO. 016 <b>02</b>		P/A/M CTR 020 UNIT WORKER 021		FS CTR 022 UNIT WORKER 023		M 3E 053 PROJ. NO. 030 ACCT. NO. 031		NYCHA		NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION																																																	
HSE NO. 041 <b>24</b>		ST. NAME 042 <b>BEACH STREET</b>		APT 043 <b>PH</b>		UTILIT Y GUAR. 044												WMS/NYC AUTHORIZATION																																																							
CITY TOWN 045 <b>BROOKLYN</b>		STATE 046 <b>NY</b>		ZIP 047 <b>11230</b>		PHONE 048												WMS/NYC AUTHORIZATION																																																							
051 M A D I L R I E N S G S CITY TOWN 055		STATE 056		ZIP 057		B/C/D												WMS/NYC AUTHORIZATION																																																							
CASE NAME 208 <b>BENITEZ JOSEPH</b>		SUF 201		FS SUF 212 <b>00</b>		CAT 209 <b>MA</b>		LANG 255 <b>MA</b>		LANG READ 281 <b>E35</b>		RVI 282		HMBD 220		MA RESP 219 <b>CC</b>		MA RCT 218 <b>020105</b>		EMG 270		FROM 271		TO 272		SP IND 273 <b>S</b>		60 MO		24 MO		SNET IND 274																																									
P A STAT 221 <b>NA</b>		REAS 222		FROM 226		TO 227		AMP 225 <b>061706</b>		ROUT 224		M A STAT 240 <b>CL</b>		REAS 241 <b>E35</b>		FROM 242		TO 243 <b>020105</b>		MA RESP 219 <b>013106</b>		F S STAT 230 <b>NA</b>		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																																							
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		FROM 242		TO 243		F S STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																																									
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		FROM 242		TO 243		F S STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																																									
SUFFIX 300		LINE 308		CIN 301		FIRST 311		MI 312		LAST 310		BIRTH 316		SEX 315		VALIDATE 321 SSN 322		CAT CD 372		STAT 330		REAS 331		DATE 332		STAT 340		REAS 341		DATE 342		STAT 350		REAS 351		DATE 352		CODE 307		DATE MM 325 YY		FAP 353		MSP 345																													
01 01		TA88705A		JOSEPH		BENITEZ				12151980		M		636768659		1 09		NA						AC		020103		NA																																													
01 02		TA88695V		MARTHA		BENITEZ				03101975		F		636778650		1 09		NA						AC		020103		NA																																													
SUFFIX 300		LINE 308		TASA 304		EMP 375		TPHI /MCR		SSI 320		BCS 328		REL 329		CBIC CC 378 CDC 383		STUDENT ID NUMBER 323		CHT 380		VET 324		OTM 379		ACI 382		REG. NUMBER 381		ALIEN		DOE 389		HISP/LAT 395		I 396		A 397		B 398		P 373		W 374		MAR 387		EDUC 388		HDO 390		MO CHILD 391		AFIS EX 392		DIA		IVD		LF		TL		OTH		TL-EX 393		CODE 343		FROM DATE 376		TO DATE 377	
01 01		27				01 P M				9		C						Y		N		N		Y		N		Y		1		12		3																																							
01 02		20				02 P M				9		C						N		N		N		N		Y		1		12		3																																									
OTHER NAMES		FIRST 362		MI 363		LAST 364		INTERVIEW DATE 011		CED DATE 012		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE/GROUP SUPERVISOR		DATE/CONTROL CLERK		DATE/CONTROL DIRECTOR		DATE/STAT CLERK		DATE/CONTROL OPERATOR		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE																															

CASE CLOSING - EXCESS INCOME (TAD)

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**EXAMPLE 12**

**EXTENSION OF MA BENEFITS - NEW AUTHORIZATION PERIOD**

Mrs. Kelly was contacted by mail and immediately returned the required documents needed by the Undercare Worker to make a re-determination of eligibility. Once the materials were reviewed a new budget was calculated and saved in the Medicaid Automated Budgeting and Eligibility Logic subsystem (MABEL) (See the Budget Summary Screen on [page 106](#)).

The following entries are required on the TAD (See TAD on [page 107](#)).

In the upper right hand corner indicate the type of action: "U/Maint".

**SECTION 05 – CASE**

REGISTRY/CASE NUMBER		Square this element.
BUDGET/VERSION NO	015:	Enter the version number of the new Budget which was calculated and saved in MABEL.
NOTICE BUDGET NO.	016:	Make no entry in this element.
CTR	020:	Enter the 3 digit code of the center responsible for processing this case.
UNIT WORKER	021:	Enter the identifying code of the Undercare Worker processing the case.

**SECTION 10 – SUFFIX**

RVI	282:	Enter the appropriate RVI Indicator. For this example a "1" was entered.
MA RCT	218:	Enter the date of recertification.
MA RESP	219:	Make an entry to this element only if it different from the one printed in this element. Refer to the Worker's Guide to Codes for a complete list of Responsibly Area Indicators.
MA STATUS	240:	Enter "AC" to extend MA benefits.
MA REAS	241:	Enter the MA opening code "094" – no recent change in financial circumstances. Refer to the Worker's Guide to Codes for a complete list of MA Opening codes.
MA FROM	242:	Enter the Month, the first day of the month, and the year the new budget will begin.
MA TO	243:	Enter the month, the last day of the month, and the year the new budget will end.

**SECTION 15 – INDIVIDUAL**

Entries in this section are not required.

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**EXTENSION OF MA BENEFITS - NEW AUTHORIZATION PERIOD**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record Screen.

<b>WBG</b>	<b>TMA</b>	PENDING	MA BUDGET	VERSION 02	DISTRICT NYC	09/07/05
CASE NAME		CASE NO.	OFC UNIT	WRKR	TRN BT CA	EDC1 EDC2 AI
JUNE KELLY		007446267C	559 USREF	KEM09	05 02 01	
-----NEEDS-----			-----EARNED INCOME-----			
TY	ACTUAL	ALLOW	*****MA SUMMARY*****			LN SRC PER T EID
	PRE ADD	11200	TOTAL NET INCOME	25000		
	ENERGY	2510	CD/MONTHLY	0		
01	SHELT	20000 20000		0		
	WATER	0 0	CD/EX RESOURCES	0	0 GROSS INC	0
	FUEL	0		0	0 \$90.00	0
	ALLOW/PREG	0			0 EID	0
*	PA STD	33710			0 CHILD CR	0
	MA LEVEL	0			0 INSURANCE	0
-----UNEARNED INCOME-----			--RESOURCES--			
LN SR P	AMOUNT	CD EXEMPT	CD EXEMPT	LN CD RES-VAL	0 TOTAL DED	0
01 02 6	30000	0 0	0 0	0	TOTAL NET EARNED	0
	0	0 0	0 0	0		
	0	0 0	0 0	0		
	0	0 0	0 0	0		
	0	0 0	0 0	0		
	0	0 0	0 0	0		
	0	0 0	0 0	0		
	SUPPORT DISREGARD	5000	TOT RES	0		
	TOTAL NET UNEARNED	25000	EFF PER 010105 TO 123105	DATE STORED	01/08/05	

REGISTRY CASE NUMBER <b>007446267C</b>		BUDGET/VERSION NO. 015 <b>02</b>		NOTICE BUDGET NO. 016		P/A/M/A CTR 020 UNIT WORKER 021		FS CTR 022 UNIT WORKER 023		M 3E 053		NYCHA PROJ. NO. 030 ACCT. NO. 031		NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION  U/MAINT																															
HSE NO. 041 <b>3</b>		ST. NAME 042 <b>E 16 STREET</b>		APR 043		UTILIT Y GUAR. 044		CITY TOWN 045 <b>NEW YORK</b>										STATE 046 <b>NY</b>		ZIP 047 <b>10012</b>		PHONE 048		APT NO. 052		CDC 024		CITY TOWN 055		STATE 056		ZIP 057		B/C/D																					
CASE NAME 208 <b>KELLY JUNE</b>		SUF 201		FS SUF 212		CAT 209		LANG 255 <b>MA</b>		LANG READ 281		RVI 282 <b>1</b>		HMBD 220		MA RESP 219		MA RCT 218 <b>CC</b>		MA RCT 218 <b>010505</b>		EMG 270		FROM 271		TO 272		SP IND 273 <b>S</b>		60 MO		24 MO																							
P A STAT 221 <b>NA</b>		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240 <b>AC</b>		REAS 241 <b>094</b>		FROM 242		TO 243		RVI 282 <b>010105</b>		HMBD 220		MA RESP 219 <b>123105</b>		MA RCT 218		EMG 270		FROM 271		TO 272		SP IND 273		60 MO		24 MO		SNET IND 274															
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		FROM 242		TO 243		RVI 282		HMBD 220		MA RESP 219		MA RCT 218		EMG 270		FROM 271		TO 272		SP IND 273		60 MO		24 MO		SNET IND 274															
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		FROM 242		TO 243		RVI 282		HMBD 220		MA RESP 219		MA RCT 218		EMG 270		FROM 271		TO 272		SP IND 273		60 MO		24 MO		SNET IND 274															
SUFFIX 300 <b>01</b>		LINE 308 <b>01</b>		CIN 301 <b>SA25634Y</b>		FIRST 311 <b>JUNE</b>		MI 312		LAST 310 <b>KELLY</b>		BIRTH 316 <b>06101965</b>		SEX 315 <b>F</b>		VALIDATE 321 SSN 322 <b>130417982</b>		CAT CD 372 <b>1</b>		PA STAT 330 <b>NA</b>		DATE 332		MA STAT 340 <b>AC</b>		DATE 342 <b>010404</b>		FS STAT 350 <b>NA</b>		DATE 352		CODE 307 <b>01</b>		ST/FED DATE MM 325 YY <b>010105</b>		FAP 353		MSP 345																	
SUFFIX 300 <b>01</b>		LINE 308 <b>01</b>		TASA 304		EMP 375 <b>27</b>		TPHI /MCR 320		BCS 328		REL 329 <b>01</b>		CBIC CC 378 CDC 383 <b>PM</b>		STUDENT ID NUMBER 323		CHT 380		VET 324 <b>9</b>		OTM 379		ACI 382 <b>C</b>		REG. NUMBER 381		ALIEN		DOE 389		HISP/LAT 395 <b>NNNN</b>		RACE/ETHNIC I 396 A 397 B 398 W 374 <b>NNNY</b>		MAR 387 <b>5</b>		EDUC 388 <b>12</b>		HDO 390 <b>1</b>		MO CHILD 391		AFIS EX 392		WAIVERS DIA IVD LF TL OTH		TL-EX 393		CODE 343 <b>01</b>		MA COVERAGE FROM DATE 376 <b>010105</b>		TO DATE 377 <b>123105</b>	
LINE 360 <b>01</b>		CODE 361		FIRST 362		MI 363		LAST 364		INTERVIEW DATE 011		CED DATE 012		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE/GROUP SUPERVISOR		DATE/CONTROL OPERATOR		DATE																																	
PREPARATION DATE		CONTROL CLERK		DATE/CONTROL DIRECTOR		DATE		STAT CLERK		DATE																																													

EXTENSION OF MA BENEFITS - NEW AUTHORIZATION PERIOD

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**EXAMPLE 13**

**INSTALLATION OF A NEW BUDGET**

In this example Ms. Jordan was recertified in December 2004. In June 2005, Ms. Jordan came in to report an increase in a private pension. A new budget was calculated and stored due to the increase (effective June 1, 2005) which caused a change in financial circumstances (see Budget Summary Screen on [page 110](#)).

Make the following entries on the TAD (See TAD on [page 111](#)).

In the upper right corner indicate the type of action taken "U/Maint".

**SECTION 05 CASE**

REGISTRATION/CASE NUMBER    Square this element.

**BUDGET VERISON**

NO                                    015:                    Enter the Version number of the new budget which was calculated and saved in MABEL.

NOTICE BUDGET    016:                    Make no entry in this element.  
NO

CTR                                020:                    Enter the 3 digit code of the center responsible for processing the case.

UNIT WORKER        021:                    Enter the identifying code of the Undercare Worker processing this case.

**SECTION 10 SUFFIX**

RVI                                282:                    Enter the appropriate RVI indicator. For this case "1" was entered. Refer to the [Worker's Guide to Codes](#) for a complete list of Resource Verification Indicators.

MA RCT                            218                    This date is required only when item 243 is extended or if item 242 is set back.

MA RESP                        219:                    Enter the Responsibility Area if different from the one printed in this element by the computer. Refer to the [Worker's Guide to Codes](#) for a complete list of MA Responsibility Area Indicators.

MA STAT                        240:                    Enter "AC" to authorize continued benefits.

MA REAS                        241:                    Enter MA Opening code "094" - No Recent Change in Financial Circumstances. Refer to the Worker's Guide to Codes for a complete list of MA Opening codes.



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**INSTALLATION OF A NEW BUDGET**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record Screen.

<b>WBGTM</b>										PENDING		MA SSI BUDGET		VERSION 02		DISTRICT NYC		11/14/05		
CASE NAME				CASE NO.				OFC UNIT		WRKR		TRN	BT	CA	DM	LA	NO-DM			
LA TISHA JORDAN				007460106D				559 USREF		KEM09		05	04	01	4	1				
-----UNEARNED INCOME-----										-----EARNED INCOME-----										
LN	C	N	I	SR	P	AMOUNT	CD	EXEMPT	CD	EXEMPT	LN	C	N	I	SRC	PER				
01	1			42	6	12500		0		0										
01	1			39	6	25000		0		0										
						0		0		0								0	GROSS INC	0
						0		0		0								0	65 EXM AMT	0
						0		0		0								0	COURT SUP	0
						0		0		0								0	BLND/WK-RL	0
-----RESOURCES-----										0 1/2 REM										
LN	N	RES-AMT	DEM-AMT	EXCESS	*****MA SUMMARY*****										0 INSURANCE		0			
		0	0	0	PA STD		15910		TOTAL DED		0									
		0	0	0	*MA LEVEL		66700		TOTAL NET		0									
		0	0	0	TOT NET INC U		35500													
		0	0	0	CD/MONTHLY		0													
		0	0	0	MA LEVEL CHILD		0		AMT DEEMED		0									
-----ALLOCATION-----										N TOT NET CD/MON AMT										
NO OF CHILD				0				0				0				0				
NS CH INC				0				0				0				0				
AFTER ALLOC				0																
										EFFECTIVE PER 060105 TO 123105 STORED										
										<b>BUDGET RECORD UPDATED TO VERSION 02 ON 06/14/05</b>										

REGISTRY CASE NUMBER 007446267C		BUDGET/VERSION NO. 015 <b>02</b>	NOTICE BUDGET NO. 016 559	P/A/M CTR 020 UNIT WORKER 021 KEM09		FS CTR 022 UNIT WORKER 023	M 3E 053	NYCHA PROJ. NO. 030 ACCT. NO. 031		NEW AUTHORIZATION NUMBER																	
										WMS/NYC AUTHORIZATION																	
										U/MAINT																	
HSE NO. 041 1163	ST. NAME 042 GLEASON PL	CITY TOWN 045 BRONX		STATE 046 NY	ZIP 047 10457	PHONE 048	APT NO. 043	UTILIT. Y. GUAR. 044 0																			
										INSTALLATION OF A NEW BUDGET																	
CASE NAME 208 JORDAN LA TISHA		SUF 201 01	FS SUF 212 00	CAT 209 MA	LANG 255 MA	LANG READ 281	RVI 282 1	HMBD 220	MA RESP 219 CC	MA RCT 218 122304	EMG 270	FROM 271	TO 272	SP IND 273 E	60 MO	24 MO											
STAT 221 NA	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 AC	REAS 241 094	FROM 242 060105	TO 243 123105	STAT 230 FS	REAS 231 NA	FROM 235	TO 262	ROUT 233	NTC 280	24 MO	SNET IND 274										
CASE NAME 208		SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO											
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 MA	REAS 241	FROM 242	TO 243	STAT 230 FS	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	24 MO	SNET IND 274										
CASE NAME 208		SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO											
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 MA	REAS 241	FROM 242	TO 243	STAT 230 FS	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	24 MO	SNET IND 274										
SUFFIX 300 01	LINE 308 01	CIN 301 TA89166G	CLIENTS NAME FIRST 311 LA TISHA		MI 312 JORDAN	BIRTH 316 03211965	SEX 315 F	VALIDATE 321 SSN 322 134318971	CAT CD 372 1	STAT 330 NA	REAS 331	DATE 332	STAT 340 AC	REAS 341	DATE 342 010104	STAT 350 NA	REAS 351	DATE 352	ST/FED DATE 307 MM 325 YY	FAP 353	MSP 345						
SUFFIX 300 01	LINE 308 01	TASA 304 70	EMP 375 70	TPHI/MCR 320	SSI 320	BCS 328	REL 329 01	CBIC CC CDC 378 383 P M	STUDENT ID NUMBER 323	CHT 380 9	RET 324 C	OTM 379	ALIEN	REG. NUMBER 381	DOE 389	HISP/LAT 395	RACE/ETHNIC I 396 A 397 B 398 P 373 W 374	MAR 387 2	EDUC 388 12	HDO 390 1	MO CHLD 391	AFIS EX 392	WAIVERS DIA IVD LF TL OTH	TL-EX 393	CODE 343 01	FROM DATE 376 060105	TO DATE 377 123105
OTHER NAMES		PAIFS RECERT		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE		GROUP SUPERVISOR		DATE		CERT OPERATOR		DATE											
LINE 360	CODE 361	FIRST 362	MI 363	LAST 364	INTERVIEW DATE 011	GED DATE 012	PREPARATION DATE		CONTROL CLERK		DATE		CONTROL DIRECTOR		DATE												
								STAT CLERK		DATE																	

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**EXAMPLE 14**

**CHANGE OF ADDRESS**

Ms. June Kelly, went into the center with a new lease reflecting a change of address. Her income, resources and shelter type remain the same. Ms Kelly will pay the same rent for her first floor apartment as she did for her previous apartment. She moved from 3500 West 5th Street, New York, NY 10006 apt #14. Her new address is 3506 East 5th Street, apt# 3 New York, NY 10006. Her new telephone number is (212) 343-6709.

Before authorizing a change of address the Undercare Worker must review the shelter type and related expenses. If these factors have changed a new budget must be calculated and authorized before entering the version number of the new budget in item number "015" on the DSS-3517 (TAD).

The following entries are required on the TAD (See TAD on [page 113](#)).

In the upper right hand corner indicate the type of action: "U/MAINT".

**SECTION 05 - CASE**

REGISTRY/CASE NUMBER		Square this element
BUDGET VERSION NO	015:	The budget has not changed. Make no entry in this element
CTR	020:	Enter the 3 digit code of the center responsible for processing the transaction.
UNIT WORKER	023:	Enter the identifying code of the Undercare Worker processing the case.
HSE NO.	041:	Line out the old house number and enter the new one above it.
ST NAME	042:	Line out the old street name and enter the new name above. In this example the Street name did not change.
APT NO.	043:	Line out the old apartment number and enter the new apartment number.
CITY/TOWN	045	Make no entry. This has not changed.
STATE	046:	Make no entry. This has not changed.
ZIP	047:	Make no entry. This has not changed.
PHONE	049:	Line out the old phone number and enter the new area code and phone number.

**SECTION 10 - SUFFIX**

Entries in this section are not required.

**SECTION 15 -INDIVIDUAL**

Entries in this section are not required.

REGISTRY CASE NUMBER <b>007446267C</b>		BUDGET/VERSION NO. 015 <b>01</b>		NOTICE BUDGET NO. 016 <b>559</b>		P/A/M <b>KEM09</b>		FS CTR 022 UNIT WORKER 023		M 3E 053 PROJ. NO. 030 ACCT. NO. 031		NYCHA		NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION  U/MAINT																																																			
HSE NO. 041 <b>3506</b>		ST. NAME 042 <b>EAST 5<sup>th</sup> STREET</b>		APT NO. 043 <b>3</b>		UTILIT Y GUAR. 044																																																																					
CITY TOWN 045 <b>NEW YORK</b>		STATE 046 <b>NY</b>		ZIP 047 <b>10006</b>		PHONE 048 <b>2123436709</b>																																																																					
CITY TOWN 055		STATE 056		ZIP 057		B/C/D																																																																					
CASE NAME 208 <b>KELLY JUNE</b>		SUF 201		FS SUF 212		CAT 209		MA		LANG 255		S		LANG READ 281		S		RVI 282		1		HMBD 220		MA RESP 219		CC		MA RCT 218		091204		EMG 270		FROM 271		TO 272		SP IND 273		S		60 MO		24 MO																															
P A		STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A		STAT 240		REAS 241		094		FROM 242		090104		TO 243		083105		F S		STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																															
P A		STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A		STAT 240		REAS 241		FROM 242		TO 243		F S		STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																																					
P A		STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A		STAT 240		REAS 241		FROM 242		TO 243		F S		STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																																					
SUFFIX 300		LINE 308		CIN 301		FIRST 311		MI 312		LAST 310		BIRTH 316		SEX 315		VALID DATE 321		SSN 322		CAT CD 372		STAT 330		REAS 331		DATE 332		STAT 340		REAS 341		DATE 342		STAT 350		REAS 351		DATE 352		CODE 307		DATE MM 325 YY		FAP 353		MSP 345																													
01		01		SA25634Y		JUNE				KELLY		06101965		F		130417982		1		09		NA				AC				090104		NA																																											
SUFFIX 300		LINE 308		TASA 304		EMP 375		TPHI /MCR		SSI 320		BCS 328		REL 329		CBIC CC 378 CDC 383		STUDENT ID NUMBER 323		CHT 380		VET 324		OTM 379		ACI 382		REG. NUMBER 381		ALIEN		DOE 389		HISP/ LAT 395		I 396		A 397		B 398		P 373		W 374		MAR 387		EDUC 388		HDO 390		MO CHLD 391		AFIS EX 392		DIA		IVD		LF		TL		OTH		TL-EX 393		CODE 343		FROM DATE 376		TO DATE 377		MA COVERAGE	
01		01				27								P M				9		C																N		N		N		N		Y		N		5		12		1						01		090104		083105													
LINE 360		CODE 361		FIRST 362		MI 363		LAST 364		INTERVIEW DATE 011		CED DATE 012		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE/GROUP SUPERVISOR		DATE/CONTROL CLERK		DATE/CONTROL DIRECTOR		DATE/STAT CLERK		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE		DATE																													

CHANGE OF ADDRESS (TAD)

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**EXAMPLE 15**

**REMOVAL OF AN INDIVIDUAL**

Ms. Howard informed the Undercare Worker, she separated from her husband David. Mr. Howard continues to be unemployed. Ms. Howard continues to support herself and her daughter from her earnings as a Family Day Care Provider. Ms. Howard states she is not receiving child support payments from her husband.

A new budget for Mayetta Howard and her daughter was calculated. The budget from date is the date the budget was changed to reflect the change in family composition (See Budget Summary screen on [page 116](#)). David Howard's line (02) was closed in Individual Section 15 of the TAD.

The following entries are required on the TAD (See TAD on [page 117](#)).

In the upper right hand corner indicated the type of action: "U/Maint

**SECTION 05 – CASE**

REGISTRY/CASE NUMBER            Square this element.

**BUDGET/VERSION**

NO                                    015:            Enter new budget version number.

CTR                                  020:            Enter the 3 digit code of the center responsible for processing the transaction.

UNIT WORKER                    021:            Enter the identifying code of the Eligibility Worker if it is different from the one on the TAD.

**SECTION 10 – SUFFIX**

RVI                                    282:            Enter the appropriate RVI indicator.

MA RCT                            218:            This date is required only when item 243 is extended or if item 242 is set back.

MA RESP                          219:            Enter the Responsibility Area if different from the one printed in this element. Refer to the [Worker's Guide to Codes](#) for a complete list of MA Responsibility Area Indicators.

MA STATUS                        240:            Enter "AC" to continue MA benefits.

MA REAS                          241:            Re-enter the "MA" opening code "094" No Recent Change in Financial Circumstances. Refer to the Worker's Guide to Codes for all MA opening codes.

MA FROM                          242:            Enter the first month, the first day of the month and the year which benefits for the new budget will begin.

MA TO                                243:            Enter the last month, the last day of the month and the year which benefits will end.

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**REMOVAL OF AN INDIVIDUAL**

**SECTION 15 – INDIVIDUAL**

**LINE 01**

CAT                    372:            Change the Categorical code to “21” ADC-Related (deprivation).

MAR                   387:            Change the Marital Status to “3” married but separated

**LINE 02**

MA STAT            340:            Change status to “CL”.

MA REAS            341:            Enter the MA individual reason code for closing a individual as found in the [Worker’s Guide to Codes](#). In this case the code is “F60” meaning individual has left the household.

MA DATE            342:            Enter the effective date of the closing enter mm/dd/yy.

MA COVERAGE    343:            Leave blank.

**LINE 03**

CAT CD              372:            Change the Categorical Code to “22” ADC -Related Child (deprivation).



REGISTRY CASE NUMBER <b>00746253D</b>		BUDGET/VERSION NO. 015 <b>02</b>	NOTICE BUDGET NO. 016 <b>559</b>	P/A/M UNIT WORKER 021 <b>KEM09</b>	FS UNIT WORKER 023	M 3E 053 PROJ. NO. 030	NYCHA ACCT. NO. 031	NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION																																									
HSE NO. 041 <b>1176</b>	ST. NAME 042 <b>FULTON STREET</b>	APT 043 <b>11238</b>		UTILIT Y GUAR. 044											U/MAINT																																												
CITY TOWN 045 <b>BROOKLYN</b>	STATE 046 <b>NY</b>	ZIP 047 <b>11238</b>	PHONE 048																																																								
051 M A D I L R I E N S G S CITY TOWN 055	STATE 056	ZIP 057	B/C/D																																																								
CASE NAME 208 <b>HOWARD MAYETTE</b>	SUF 201	FS SUF 212	CAT 209	LANG 255 <b>MA</b>	LANG READ 281	RVI 282 <b>1</b>	HMBD 220	MA RESP 219	MA RCT 218 <b>070805</b>	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO																																												
STAT 221 <b>NA</b>	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 <b>AC</b>	REAS 241 <b>094</b>	FROM 242 <b>070105</b>	TO 243 <b>063006</b>	STAT 230 <b>FS</b>	REAS 231 <b>NA</b>	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274																																											
CASE NAME 208	SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO																																												
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240	REAS 241	FROM 242	TO 243	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274																																											
CASE NAME 208	SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO																																												
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240	REAS 241	FROM 242	TO 243	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274																																											
SUFFIX 300	LINE 308	CIN 301	FIRST 311	MI 312	LAST 310	BIRTH 316	SEX 315	VALID DATE 321 SSN 322	CAT CD 372	STAT 330	REAS 331	DATE 332	STAT 340	REAS 341	DATE 342	STAT 350	REAS 351	DATE 352	CODE 307	DATE MM 325 YY	FAP 353	MSP 345																																					
01	01	RX85143D	MAYETTE		HOWARD	11021970	F	3369817894	1	21	NA		AC		090104	NA																																											
01	02	RX85143E	DAVID		HOWARD	12281972	M	349718393	1	26	NA		CL	F60	070105	NA																																											
01	03	TB25096M	ALIDA		HOWARD	12182001	F	309824803	1	22	NA		AC		090104	NA																																											
SUFFIX 300	LINE 308	TASA 304	EMP 375	TPHI /MCR 320	SSI 320	BCS 328	REL 329	CC 378	CCD 383	STUDENT ID NUMBER 323	CHT 380	VET 324	OTM 379	ACI 382	REG. NUMBER 381	ALIEN	DOE 389	HISP/LAT 396	I 396	A 397	B 398	P 373	W 374	MAR 387	EDUC 388	HDO 390	MO CHLD 391	AFIS EX 392	WAIVERS DIA IVD LF TL OTH	TL-EX 393	CODE 343	FROM DATE 376	TO DATE 377																										
01	01		27				01	P	M			9		C				Y	N	N	Y	N	Y	3	12	1					01	090104	083105																										
01	02		20				05	P	M			9		C				N	N	N	N	Y	1	12	1						01	090104	083105																										
01	03		30				05	P	M					C				Y	N	N	N	Y									01	090104	083105																										
OTHER NAMES										PA/F'S RECERT										ORIGINATOR CODE										ELIGIBILITY WORKER										DATE/ GROUP SUPERVISOR										DATE/ CERT OPERATOR									
LINE 360	CODE 361	FIRST 362	MI 363	LAST 364	INTERVIEW DATE 011	CEC DATE 012																																																					

REMOVAL OF AN INDIVIDUAL (TAD)

11/21/2005

AUTHORIZATION OF MEDICAL ASSISTANCE OPERATIONAL HANDBOOK

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OPERATIONAL HANDBOOK**

02/19/2008

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**EXAMPLE 16**

**SANCTION OF AN INDIVIDUAL**

John Day is employed as a sales associate. His employer will provide health coverage for him but not his wife and 2 children. He was asked to enroll in the group health plan provided by his employer. Mr. Day refused to enroll in the plan provided by his employer. The Undercare Worker took the following steps. A new budget for his wife and 2 children was calculated and saved in the Medicaid Automated Budgeting and Eligibility Logic (MABEL) subsystem (See Budget Summary Screen on [page 119](#)).

John Day's line (02) will receive the sanction. The case will remain active. Mrs. Day and the children on the case will continue to receive benefits.

The following entries are required on the TAD (See TAD on [page 120](#)).

In the upper right hand corner indicate the type of action: "U/Maint".

**SECTION 05 – CASE**

REGISTRY/CASE NUMBER		Square this element.
BUDGET/VERSION		
NO	015:	Enter the version number of the new budget.
CTR	020:	Enter the 3 digit code of the center where the transactions take place.
UNIT WORKER	021:	Enter the identifying code of the Eligibility worker processing the case.

**SECTION 10 SUFFIX**

RVI	282:	Enter the appropriate RVI indicator.
MA RESP	219:	Enter the Responsibility Area if different from the one printed in this element. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of MA Responsibility Area Indicators.
MA RCT	218:	This date is required only when item 243 is extended or if item 242 is set back.
MA STAT	240:	Enter "AC".
MA REAS	241:	Enter opening code "094" Medical Need. Refer to <a href="#">Worker Guide to Codes</a> for MA Opening Codes.
MA FROM	242:	Enter the first month, the first day of the month and the year, when the new MABEL budget will be authorized.
MA TO	243:	Enter the month, the last day of the month and the year, Medical benefits will end.

**SECTION 15 INDIVIDUAL**

**LINE 02**

MA STAT	340:	Change to "SN"
MA REAS	341:	Enter "F-40" failure to enroll in a group health plan.
MA DATE	342:	Enter the date of sanction.

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**SANCTION OF AN INDIVIDUAL**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record Screen.

<b>WBG</b>	<b>TMA</b>	<b>PENDING</b>	<b>MA BUDGET</b>	<b>VERSION 03</b>	<b>DISTRICT NYC</b>	<b>07/11/05</b>
<b>CASE NAME</b>	<b>CASE NO.</b>	<b>OFC UNIT</b>	<b>WRKR TRN</b>	<b>BT CA</b>	<b>EDC1</b>	<b>EDC2 AI</b>
MARTHA DAY	007445997F	559 #333H	SBANK	05 01	03	
-----NEEDS-----			-----EARNED INCOME-----			
<b>TY</b>	<b>ACTUAL</b>	<b>ALLOW</b>	<b>*****MA SUMMARY*****</b>			<b>LN SRC PER T EID</b>
PRE ADD	23800		<b>TOTAL NET INCOME</b>	<b>96000</b>	<b>01 01 6 F 6</b>	
ENERGY	5300		<b>CD/MONTHLY</b>	<b>0</b>		
01 SHEL	57500	28600		<b>0</b>		
WATER	0	0	<b>CD/EX RESOURCES</b>	<b>0</b>	<b>25000 GROSS INC</b>	<b>0</b>
FUEL	0			<b>0</b>	<b>9000 \$90.00</b>	<b>0</b>
ALLOW/PREG	0				<b>0 EID</b>	<b>0</b>
PA STD	57700				<b>0 CHILD CR</b>	<b>0</b>
* MA LEVEL	98400				<b>0 INSURANCE</b>	<b>0</b>
-----UNEARNED INCOME-----			-----RESOURCES-----			
<b>LN SR P</b>	<b>AMOUNT</b>	<b>CD EXEMPT</b>	<b>CD EXEMPT</b>	<b>LN CD RES-VAL</b>	<b>9000 TOTAL DED</b>	<b>0</b>
02 11 6	40000	0	0	01 1 50000	<b>TOTAL NET EARNED</b>	<b>16000</b>
	0	0	0	02 1 50000		
03 07 6	40000	0	0	03 8 50000		
	0	0	0			
	0	0	0			
	0	0	0			
			<b>0</b>	<b>TOT RES 150000</b>		
<b>TOTAL NET UNEARNED</b>	<b>80000</b>	<b>EFF PER</b>	<b>070105 TO</b>	<b>063006</b>	<b>DATE STORED</b>	<b>07/08/05</b>

REGISTRY CASE NUMBER <b>07445997F</b>		BUDGET/VERSION NO. 015 <b>02</b>	NOTICE BUDGET NO. 016 <b>500</b>	PA/MA UNIT WORKER 021 <b>KEM09</b>	FS UNIT WORKER 023	M 3E 053	NYCHA PROJ. NO. 030	ACCT. NO. 031	NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION											
HSE NO. 041 <b>78</b>	ST. NAME 042 <b>W 178 STREET</b>	CITY TOWN 045 <b>NEW YORK</b>		STATE 046 <b>NY</b>	ZIP 047 <b>10038</b>	PHONE 048	UTILIT Y GUAR. 044											U/MAINT												
CASE NAME 208 <b>DAY MARTHA</b>		SUF 201	FS SUF 212	CAT 209	LANG 255 <b>MA</b>	LANG READ 281	RVI 282 <b>1</b>	HMBD 220	MA RESP 219	MA RCT 218 <b>CC</b>	STAT 230 <b>070805</b>	REAS 231	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO												
STAT 221 <b>NA</b>	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 <b>AC</b>	REAS 241 <b>094</b>	FROM 242 <b>070105</b>	TO 243 <b>063006</b>	STAT 230 <b>FS</b>	REAS 231 <b>NA</b>	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274														
CASE NAME 208		SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	STAT 230	REAS 231	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO												
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240	REAS 241	FROM 242	TO 243	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274														
CASE NAME 208		SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	STAT 230	REAS 231	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO												
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240	REAS 241	FROM 242	TO 243	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274														
SUFFIX 300	LINE 308	CIN 301	CLIENTS NAME		BIRTH 316	SEX 315	VALIDATE 321 SSN 322	CAT CD 372	STAT 330	REAS 331	DATE 332	STAT 340	REAS 341	DATE 342	STAT 350	REAS 351	DATE 352	CODE 307	ST/FED DATE MM 325 YY	FAP 353	MSP 345									
01	01	TB1457M	FIRST 311 <b>MARTHA</b>	MI 312	LAST 310 <b>DAY</b>	<b>04151965</b>	<b>F</b>	<b>067387910</b>	1	21	NA	AC	<b>100104</b>	NA																
01	02	TB14247R	<b>JOHN</b>		<b>DAY</b>	<b>03181968</b>	<b>M</b>	<b>067789112</b>	1	21	NA	SN	<b>F40</b>	<b>070805</b>	NA															
01	03	TB14227Y	<b>DORIS</b>		<b>DAY</b>	<b>12302003</b>	<b>F</b>	<b>783928612</b>	1	22	NA	AC	<b>100104</b>	NA																
01	04	TB14227E	<b>JIM</b>		<b>DAY</b>	<b>12302003</b>	<b>M</b>	<b>783837973</b>	1	22	NA	AC	<b>100104</b>																	
SUFFIX 300	LINE 308	TASA 304	EMP 375	TPHI MCR	SSI 320	BCS 328	REL 329	CC CDC 378 383	STUDENT ID NUMBER 323	CHT 380	RET 324	OTM 379	ACI 382	REG. NUMBER 381	ALIEN	HISP/LAT 395	RACE/ETHNIC I 396 A 397 B 398 P 373 W 374	MAR 387	EDUC 388	HDO 390	MO CHILD 351	AFIS EX 392	WAIVERS DIA IVD LF TL OTH	TL-EX 393	CODE 343	FROM DATE 376	TO DATE 377			
01	01		27				01	P M			9		C			N	N	N	Y	N	Y	1	12	1			01	100104	093005	
01	02		20				02	P M			9		C			N	N	N	N	Y	1	12	1				01	100104	093005	
01	03		30				04	P M					C			N	N	N	N	Y							01	100104	093005	
01	04		30				05	P M					C			N	N	N	N	Y							01	010104	093005	
OTHER NAMES		PA/FS RECERT		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE		GROUP SUPERVISOR		DATE		CONTROL OPERATOR		DATE														
LINE 360	CODE 361	FIRST 362	MI 363	LAST 364	INTERVIEW DATE 011	CED DATE 012																								

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**EXAMPLE 17**

**CHANGE OF CATEGORICAL CODE**

Ms. Baptista and her daughter are eligible for Medicaid at ADC/LIF level. Cindy, the daughter who is 19 years old is leaving the household. Ms. Baptista case will no longer be classified as LIF/ADC. She will be re-classified as a Single Childless Couple (S/CC).

A new S/CC budget was calculated for Ms. Batista in the Medicaid Automated Budgeting and Eligibility Logic (MABEL) subsystem (see Budget Summary Report on [page 123](#)).

Ms Baptista was found financially eligible. The Worker, removed Cindy from the case by closing her line. Ms Baptista's Categorical and Employability codes were change to fit her new case category.

The following entries are required on the TAD (See TAD on [page 124](#)).

In the upper right hand corner indicate the type of action: "U/Maint."

**SECTION 05 – CASE**

REGISTRY/CASE NUMBER		Square this element.
BUDGET/VERSION		
NO	015:	Enter the version number of the new budget.
CTR	020:	Enter the 3 digit code of the center responsible processing the case.
UNIT WORKER	021:	Enter the identifying code of the Undercare Worker processing the case.

**SECTION 10 – SUFFIX**

RVI	282:	Enter an appropriate RVI indicator.
MA RESP	219:	Enter the Responsibility Area if different from the one printed in this element. Refer to the Worker's Guide to Codes for a complete list of MA Responsibility Area Indicators.
MA RCT	218:	This date is required only when item 243 is extended or if item 242 is set back.
MA STATUS	240:	Enter "AC" to continue MA benefits.
MA REAS	241:	Enter the appropriate MA opening code "094". Refer to the Worker's Guide to Codes.
MA FROM:	242:	Enter month during which Medicaid benefits will begin.
MA TO	243:	Enter the last day of the month during which Medicaid benefits will end.

**SECTION 15 - INDIVIDUAL**

**LINE 01**

CAT	372:	Change the individual category code to "09"–No Deprivation/Single Childless Couple because this now a "S/CC" case. Refer to the <a href="#">Worker's Guide to Codes</a> .
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**CHANGE OF CATEGORICAL CODE**

**SECTION 15 – INDIVIDUAL (CONT'D)**

**LINE 02**

MA STAT	340:	Change the individual status code to "CL" to remove the individual from the case.
MA REAS	341:	Enter the appropriate individual MA closing code as found in the <a href="#">Worker's Guide to Codes</a> . In this case the code is "F60" Left Household, meaning the only dependent child has left the household.
MA DATE	342:	Enter the date the individual is removed from the case.



REGISTRY CASE NUMBER 007460253D		BUDGET/VERSION NO. 015 02	NOTICE BUDGET NO. 016 559	P/A/M UNIT WORKER 021 KEM09	FS UNIT WORKER 023	M 3E 053	NYCHA PROJ. NO. 030	ACCT. NO. 031	NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION																																								
HSE NO. 041 1176	ST. NAME 042 FULTON STREET	APT 043 B		UTILIT Y GUAR. 044											U/MAINT																																												
CITY TOWN 045 BROOKLYN	STATE 046 NY	ZIP 047 11240	PHONE 048	APT NO. 052	CDC 024																																																						
CITY TOWN 055	STATE 056	ZIP 057	B/C/D																																																								
CASE NAME 208 BAPTISTA GLORIA	SUF 201 01	FS SUF 212 01	CAT 209 MA	LANG 255 MA	LANG READ 281 094	RVI 282 1	HMBD 220	MA RESP 219 CC	MA RCT 218 070705	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO																																												
STAT 221 NA	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 AC	REAS 241 094	FROM 242 070105	TO 243 063006	STAT 230 FS	REAS 231 NA	FROM 235	TO 262	ROUT 233	NTC 280	24 MO	SNET IND 274																																										
CASE NAME 208	SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO																																												
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 MA	REAS 241	FROM 242	TO 243	STAT 230 FS	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	24 MO	SNET IND 274																																										
CASE NAME 208	SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO																																												
STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	STAT 240 MA	REAS 241	FROM 242	TO 243	STAT 230 FS	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	24 MO	SNET IND 274																																										
SUFFIX 300 01	LINE 308 01	CIN 301 RX85143D	CLIENTS NAME FIRST 311 GLORIA		MI 312	LAST 310 BAPTISTA	BIRTH 316 10301964	SEX 315 F	VALID DATE 321 SSN 322 369048581	CAT CD 372 1	STAT 330 NA	REAS 331	DATE 332	STAT 340 AC	REAS 341 080105	DATE 342	STAT 350 NA	REAS 351	DATE 352	CODE 307	DATE MM 325 YY	FAP 353	MSP 345																																				
01	02	RX85133M	CINDY			BAPTISTA	07261986	F	369058958	1	22	NA		CL	F60	070705		NA																																									
SUFFIX 300	LINE 308	TASA 304	EMP 375	TPHI /MCR	SSI 320	BCS 328	REL 329	CBIC CC 378 CDC 383	STUDENT ID NUMBER 323	CHT 380	VET 324	OTM 379	ACI 382	REG. NUMBER 381	ALIEN	DOE 389	HISP/LAT 395	I 396	A 397	B 398	P 373	W 374	MAR 387	EDUC 388	HDO 390	MO CHLD 391	AFIS EX 392	WAIVERS DIA IVD LF TL OTH	TL-EX 393	CODE 343	MA COVERAGE FROM DATE 376	TO DATE 377	FAP 353	MSP 345																									
01	01		27								9		C				Y	N	N	Y	N	N	2	12	2						070105	063006																											
01	02	3	35								9		C				Y	N	Y	Y	N	N		12	1																																		
OTHER NAMES										PA/F'S RECERT										ORIGINATOR CODE										ELIGIBILITY WORKER										DATE/ GROUP SUPERVISOR										DATE/ CERT OPERATOR									
LINE 360	CODE 361	FIRST 362	MI 363	LAST 364	INTERVIEW DATE 011	CED DATE 012																																																					
										PREPARATION DATE										CONTROL CLERK										DATE/ CONTROL DIRECTOR										DATE																			
																				STAT CLERK										DATE																													

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**EXAMPLE 18**

**CHANGE FROM MA TO FAMILY HEALTH PLUS (FHP)**

Ben and Brenda Lord a married couple, and their son Larry are in receipt of Medicaid benefits. Brenda Lord is employed and has received a salary increase. The Undercare Worker, calculated a new Medicaid Automated Budgeting and Eligibility Logic (MABEL) budget. They are no longer eligible for Medicaid. A new MABEL budget was calculated using Expanded Eligibility. They were determined eligible for Family Health Plus.

The MABEL budget has two *Budget Result screens* as a result of Expanded Eligibility. When the budget is saved both screens are stored. The first screen displays the case eligibility for FHP (see Budget Result screen on [page 127](#)). The second screen displays the ineligible budget (See Budget Result Screen on [page 128](#)).

The following entries are required on the TAD (see TAD on page 129).

In the upper right corner indicate the type of action write "U/Maint" and update the following fields.

**SECTION 05**

REGISTRY/CASE NUMBER		Square this element.
NOTICE/VERSION		
NO	015:	Enter the Budget version number saved in MABEL.
NOTICE BUDGET	016:	Leave Blank.
NO		
CTR	020:	Enter if the 3-digit code of the center responsible for the processing of the transaction.
UNIT WORKER	021:	Enter the identifying code of the Undercare Worker processing the case.

**SECTION 10 SUFFIX**

MA RCT	218:	This date is required only when item 243 is extended or if item 242 is set back.
CAT	209:	Cross out MA enter FHP.
MA RESP	219:	Enter the Responsibility Area if different from the one printed in this element. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of MA Responsibility Area Indicators.
MA STAT	240:	Enter "AC" to authorize benefits.
MA REAS	241:	Enter "074 Parents and Expanded Eligibility Children".
MA FROM	242:	Enter the month, the first day of the month and the year when benefits are authorized to began.
MA TO	243:	Enter the last month, the last day of the month and the year when benefits will end.

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**CHANGE FROM MA TO FAMILY HEALTH PLUS (FHP)**

**SECTION 15 INDIVIDUAL:**

Only the Categorical codes need to be updated.

**LINE 01**

CAT CD                    372:                    Enter 57 "FHP".

**LINE 02**

CAT CD                    372:                    Enter 57 "FHP".

EMP                        375                    Enter 27 "Employed".

**LINE 03**

CAT CD                    372:                    Enter 47 "Expanded Coverage Child 6 to 19".

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**CHANGE FROM MA TO FAMILY HEALTH PLUS (FHP)**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record Screen.

<b>WBGMA</b>	PENDING	EXPANDED	ELIGIBILITY/FHP	VERSION 02	DISTRICT NYC	07/11/05	
CASE NAME			CASE NO.	OFC	UNIT	WORKER BT	EFFECTIVE PERIOD
BEN LORD			007446217H	559	USREF	KEM09 01	080105 TO 073106
CA: 03			EEC: B			TOTAL NET INCOME:	100433
TOTAL FHP RES:	85000		EXC FHP RES:			TOTAL FHP INCOME:	118433
						TOTAL FP INCOME:	100433
PREGNANT WOMAN:							
INFANT:			ELIGIBLE			100%	134100
CHILD 1-5 YEARS:			ELIGIBLE			133%	178400
CHILD 6+ < 19:			ELIGIBLE			100%	134100
FHP: FAMILY			ELIGIBLE			150%	201200/1770000
FAMILY PLANNING:			ELIGIBLE			200%	268200

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**CHANGE FROM MA TO FAMILY HEALTH PLUS (FHP)**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record Screen.

<b>WBG</b>	<b>TMA</b>	PENDING	MA BUDGET	VERSION 02	DISTRICT NYC	07/11/05
CASE NAME		CASE NO.	OFC UNIT	WRKR	TRN BT CA	EDC1 EDC2 AI
BEN LORD		007446217H	559 USREF	KEM09	05 01 03	
-----NEEDS-----			-----EARNED INCOME-----			
TY	ACTUAL	ALLOW	*****MA SUMMARY*****			LN SRC PER T EID
PRE ADD		23800	TOTAL NET INCOME			100433
ENERGY		5300	CD/MONTHLY			X 2033
02 SHEL	20000	20000				0
WATER	0	0	CD/EX RESOURCES			0
FUEL		0				0
ALLOW/PREG		0				108333 GROSS INC 10000
PA STD		49100				9000 \$90.00 9000
* MA LEVEL		98400				0 EID 0
-----UNEARNED INCOME-----			--RESOURCES--			
LN SR P	AMOUNT	CD EXEMPT	CD EXEMPT	LN CD	RES-VAL	9000 TOTAL DED 9000
02 03 6	100	0	0	02 2	85000	TOTAL NET EARNED 100333
	0	0	0		0	
	0	0	0		0	
	0	0	0		0	
	0	0	0		0	
	0	0	0		0	
			0	TOT RES		85000
TOTAL NET UNEARNED		100	EFF PER 080105 TO 073106 DATE STORED			

REGISTRY CASE NUMBER <b>007446217H</b>		BUDGET/VERSION NO. 015 <b>02</b>		NOTICE BUDGET NO. 016 559		P/A/M KEM09		FS UNIT WORKER 023		M 3E 053		NYCHA PROJ. NO. 030 ACCT. NO. 031		NEW AUTHORIZATION NUMBER										WMS/NYC AUTHORIZATION																																															
HSE NO. 041 2080		ST. NAME 042 COURT STREET		APT 043 L1		UTILIT. Y GUAR. 044 0												U/MAINT																																																					
CITY TOWN 045 BROOKLYN		STATE 046 NY		ZIP 047 112011		PHONE 049 7184022589																																																																	
051 M A D I L R I E N S G S		CITY TOWN 055		STATE 056		ZIP 057		B/C/D																																																															
CASE NAME 208 LORD BEN		SUF 201 01		FS SUF 212		CAT 209 FHP		LANG 255		LANG READ 281		RVI 282		#		HMBD 220		MA RESP 219		CC		MA RCT 218		081505		EMG 270		FROM 271		TO 272		SP IND 273		60 MO		24 MO																																			
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		074		FROM 242		080105		TO 243		073106		F S STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																																	
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		FROM 242		TO 243		F S STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																																							
P A STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A STAT 240		REAS 241		FROM 242		TO 243		F S STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																																							
SUFFIX 300		LINE 308		CIN 301		FIRST 311		MI 312		LAST 310		BIRTH 316		SEX 315		VALID DATE 321		SSN 322		CAT CD 372		STAT 330		REAS 331		DATE 332		STAT 340		REAS 341		DATE 342		STAT 350		REAS 351		DATE 352		CODE 307		DATE MM 325 YY		FAP 353		MSP 345																									
01 01		TB06487E		BEN		LORD				10201948		M		134438391		1		57		NA				AC		080105		NA																																											
01 02		TB06477K		BRENDA		LORD				11221950		F		134438394		1		57		NA				AC		080105		NA																																											
01 03		TB06467Q		LARRY		LORD				11241987		M		134438395		1		47		NA				AC		080105		NA																																											
SUFFIX 300		LINE 308		TASA 304		EMP 375		TPHI /MCR		SSI 320		BCS 328		REL 329		CBIC CC 378 CDC 383		STUDENT ID NUMBER 323		CHT 380		VET 324		OTM 379		ACI 382		ALIEN		HISP/ LAT 395		I 396		A 397		B 398		P 373		W 374		MAR 387		EDUC 388		HDO 390		MO CHLD 391		AFIS EX 392		DIA		IVD		LF		TL		OTH		TL-EX 393		CODE 343		FROM DATE 376		TO DATE 377		MA COVERAGE	
01 01		27				01		P M		9		C				N		N		N		Y		N		1		12		2																																									
01 02		27				02		P M		9		C				N		N		Y		N		Y		1		12		1																																									
01 03		30				04		P M				C				N		N		N		Y		N		Y																																													
OTHER NAMES		FIRST 362		MI 363		LAST 364		INTERVIEW DATE 011		CED DATE 012		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE		GROUP SUPERVISOR		DATE		CONTROL CLERK		DATE		CONTROL DIRECTOR		DATE		STAT CLERK		DATE																																							

CHANGE FROM MA TO FAMILY HEALTH PLUS (FHP)

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02/16/2010

**Re-Open a Closed Individual**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record Screen.

WBG TMA PENDING MA SSI BUDGET VERSION 09 DISTRICT NYC												03/10/10					
CASE NAME		CASE NO.		OFC	UNIT	WRKR	TRN	BT	CA	DM	LA	NO-DM					
RENA STEEL		020021228A		559	80ML	OLGAB	05	04	02	4	1						
-----UNEARNED INCOME-----						-----EARNED INCOME-----											
LN	C	N	I	SR	P	AMOUNT	CD	EXEMPT	CD	EXEMPT	LN	C	N	I	SRC	PER	
01	1			43	6	17600		0		0							
						0		0		0							
02	1			43	6	39300		0		0				0	GROSS INC		0
						0		0		0				0	65 EXM AMT		0
						0		0		0				0	COURT SUP		0
						0		0		0				0	BLND/WK-RL		0
-----RESOURCES-----												0	1/2	REM		0	
LN	N	RES-AMT	DEM-AMT	EXCESS	*****MA SUMMARY*****							0	INSURANCE		0		
		0	0	0	PA	STD				70700			TOTAL DED		0		
		0	0	0	*MA	LEVEL				76700			TOTAL NET		0		
		0	0	0	TOT	NET INC	U			54900							
		0	0	0	CD/MONTHLY					0							
		0	0	0						0							
		0	0	0	MA	LEVEL CHILD				0	AMT	DEEMED		0			
-----ALLOCATION-----				N	TOT	NET	CD/MON	AMT		N	TOT	NET	CD/MON	AMT			
NO OF CHILD					0	0		0		0	0		0				
NS CH INC					0	0		0		0	0		0				
AFTER ALLOC					0												
EFFECTIVE PER 020110 TO 013111 STORED																	

WMS TURNAROUND DOCUMENT

REGISTRY CASE NUMBER 020021228A		BUDGET/VERSION NO. 015	NOTICE BUDGET NO. 016	PAMA UNIT WORKER 559 SBH01		FS UNIT WORKER 023	M JE 003	NYCHA PROJ. NO. 030	ACCT. NO. 031	FS INTW 050	TI 061	APP SRC 062	NEW AUTHORIZATION NUMBER		WMS/NYC AUTHORIZATION															
HSE NO. 041	1124	ST. NAME 042	BLAKE CT			APT 043	4A	UTILITY GUAR. 044						U/Maint																
CITY TOWN 045	BROOKLYN		STATE 046	NY	ZIP 047	11235		PHONE 049																						
051 M A A D I D L R I E N S G S	RENE STEEL			APT NO. 052	CDC 024																									
CITY TOWN 055			STATE 056		ZIP 057			B/CD																						
①	CASE NAME 208	RENE STEEL			SUF 201	FS 212	CAT 209	LANG SP 255	E	LANG READ 281	R	RV1 282	1	HMBD 220	MA RESP 219	CC	MA RCT 218	022410	EMG 270	FROM 271	TO 272	SP IND 273	Life Line 258	NTC 280	SNET IND 274					
P	STAT 221	REAS 222	FROM 225	TO 227	AMP 225	ROUT 224	M	STAT 240	AC	094	FROM 242	TO 243	MA RESP 219	020110	013111	F	STAT 230	NA	REAS 231	FROM 235	TO 262	ROUT 233	SP IND 273	Life Line 258	NTC 280	SNET IND 274				
②	CASE NAME 208				SUF 201	FS 212	CAT 209	LANG SP 255	E	LANG READ 281	R	RV1 282		HMBD 220	MA RESP 219		MA RCT 218		EMG 270	FROM 271	TO 272	SP IND 273	Life Line 258	NTC 280	SNET IND 274					
P	STAT 221	REAS 222	FROM 225	TO 227	AMP 225	ROUT 224	M	STAT 240	REAS 241	FROM 242	TO 243	MA RESP 219				F	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	SP IND 273	Life Line 258	NTC 280	SNET IND 274					
③	CASE NAME 208				SUF 201	FS 212	CAT 209	LANG SP 255	E	LANG READ 281	R	RV1 282		HMBD 220	MA RESP 219		MA RCT 218		EMG 270	FROM 271	TO 272	SP IND 273	Life Line 258	NTC 280	SNET IND 274					
P	STAT 221	REAS 222	FROM 225	TO 227	AMP 225	ROUT 224	M	STAT 240	REAS 241	FROM 242	TO 243	MA RESP 219				F	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	SP IND 273	Life Line 258	NTC 280	SNET IND 274					
SUFFIX 300	LINE 308	CIN 301	CLIENTS NAME		BIRTH 316	SEX 315	VALIDATE 321 SSN 322	CAT CD 372	STAT 330	REAS 331	DATE 332	STAT 340	REAS 341	DATE 342	STAT 350	REAS 351	DATE 352	STAT 360	REAS 361	DATE 362	STFED CODE 307	DATE MM 325 YY	BVI 366	MSP 345						
01	01	RX02968V	RENE	STEEL	10131936	F	9589	1	12	NA		AC	J4	020110	NA															
01	02	RX02958Z	RICK	STEEL	10121997	M	7367	1	12	NA		AC	J4	022410	NA															
SUFFIX 300	LINE 308	TASA 304	EMP 315	ADEX 365	TPRI INCR	SSI 320	BCS 328	REL 329	CRIC CC 378 CDC 383	STUDENT ID NUMBER 323	CHT 360	VET 304	OTM 379	ACI 382	REG. NUMBER 381	ALIEN	DOB 389	DEC 347	HISP LAT 395	RACE / ETHNIC I 396 A 397 E 398 P 373 W 374	MAR 387	EDUC 388	HDO 390	MO CHLD 391	AFIS EX 392	TL-EX 393	CODE 343	FROM DATE 376	TO DATE 377	EPI 344
01	01		32						P	M										Y	Y	Y	Y			7	01	020110	013111	
01	02		30						P	M										Y	Y	Y	Y			7	20	040109	062509	
OTHER NAMES		FIRST 362	MI 363	LAST 364	INTERVIEW DATE 011	PAF'S RECERT CED DATE 012	ORIGINATOR CODE	ELIGIBILITY WORKER	DATE	GROUP SUPERVISOR	DATE	CRT OPERATOR	DATE																	
PREPARATION DATE		CONTROL CLERK		DATE	CONTROL DIRECTOR		DATE	STAT CLERK		DATE																				

LDSS-3517 (REV. 06/09)

889010A

Re-Open Closed Individual

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**EXAMPLE 20**

**CHANGE IN INDIVIDUAL NAME**

Ms. Leeann Jenkin's divorce decree finally came through. Ms Jenkins went into the local MICSA office to have her name changed. She wanted to change her name from Jenkins back to her maiden name Clarke.

In this example the last name of the individual on the case must be changed. ***An individual's name may only be changed at Application or Undercare, never when opening a new case.*** Whenever a name is changed the Worker must request a new Clearance Report from the computer through the Inquiry Subsystem.

The following entries are required on the TAD (See TAD on [page 134](#)).

In the upper right corner indicate the type of action taken, "U/Maint".

**SECTION 05 – CASE**

REGISTRY/CASE NUMBER

Square this element.

CTR

020:

Enter if the 3-digit code of the center responsible for the processing of the transaction.

UNIT WORKER

021:

Enter the identifying code of the Undercare Worker processing the transaction.

**SECTION 10 – SUFFIX**

CASE NAME

208:

Line out the name printed in this element. Enter the new name verified from the documentation.

**SECTION 15 – INDIVIDUAL**

LAST NAME

310:

Line out the old last name and enter the corrected name in the white spaces above it.

After data entry the former name will be in the "Other Name" section of the TAD and may be viewed in the Inquiry subsystem.

***Note: Whenever a name is changed the worker must request a new Clearance Report for that individual.***

REGISTRY CASE NUMBER <b>007446267C</b>		BUDGET/VERSION NO. 01	NOTICE BUDGET NO. 016	PA/MA CTR 020 UNIT WORKER 021 <b>559 KEM09</b>		FS CTR 022 UNIT WORKER 023		M SE 053	NYCHA PROJ. NO. 030 ACCT. NO. 051		NEW AUTHORIZATION NUMBER												WMS/NYC AUTHORIZATION  U/MAINT						
HSE NO. 041 <b>3</b>	ST. NAME 042 <b>E 16 STREET</b>	APT 043 <b>7</b>		UTILIT Y GUAR. 044																									
CITY TOWN 045 <b>New York</b>		STATE 046 <b>NY</b>	ZIP 047 <b>10010</b>	PHONE 049																									
551 MA A D I L E N S G S CITY TOWN 055		STATE 056	ZIP 057	APT NO. 052	CDC 024																								
<b>1</b>	CASE NAME 208 <b>CLARKE LEEANN</b>	SUF 201 <b>01</b>	FS SUF 212 <b>NA</b>	CAT 209 <b>MA</b>	LANG 255 <b>MA</b>	LANG READ 281	RVI 282 <b>1</b>	HMBD 220	MA RESP 219 <b>CC</b>	MA RCT 218 <b>091204</b>	EMG 270	FROM 271	TO 272	SP IND 273 <b>S</b>	60 MO	24 MO													
P A	STAT 221 <b>NA</b>	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	M A	STAT 240 <b>AC</b>	REAS 241 <b>094</b>	FROM 242 <b>090104</b>	TO 243 <b>083105</b>	F S	STAT 230 <b>NA</b>	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274										
<b>2</b>	CASE NAME 208	SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO													
P A	STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	M A	STAT 240	REAS 241	FROM 242	TO 243	F S	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274										
<b>3</b>	CASE NAME 208	SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO													
P A	STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	M A	STAT 240	REAS 241	FROM 242	TO 243	F S	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274										
SUFFIX 300	LINE 308	CIN 301	FIRST 311 <b>LEEANN</b>		MI 312	LAST 310 <b>CLARKE</b>		BIRTH 316 <b>06101965</b>	SEX 315 <b>F</b>	VALIDATE 321 SSN 322 <b>130417982</b>	CAT CD 372 <b>1</b>	STAT 330 <b>NA</b>	REAS 331	DATE 332	STAT 340 <b>AC</b>	REAS 341	DATE 342 <b>090104</b>	STAT 350 <b>NA</b>	REAS 351	DATE 352	CODE 307	DATE MM YY	FAP 353	MSP 345					
01	01	SA25634Y	LEEANN			CLARKE		06101965	F	130417982	1	09	NA				090104	NA											
SUFFIX 300	LINE 308	TASA 304	EMP 375	TPHI /MCR	SSI 320	BCS 328	REL 329	CBC CC 378 CDC 383	STUDENT ID NUMBER 323	CHT 380	NET 324	OTM 379	ACJ 382	REG. NUMBER 381	ALIEN	DOE 389	HISP/ LAT 395	RACE/ETHNIC A I B P W 374 <b>N N N N Y N</b>	MAR 387	EDUC 388	HDO 390	MO CHILD 391	AFIS EX 392	WAIVERS DIA IVD LF TL OTH	TL-EX 393	CODE 343	FROM DATE 376	MA COVERAGE DATE 377	
01	01		27					01 P M			9		C				N	N	N	Y	N	5	12	1			01	090104	083105
OTHER NAMES		PAFS RECERT		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE		GROUP SUPERVISOR		DATE		CRT OPERATOR		DATE													
LINE 360	CODE 361	FIRST 362	MI 363	LAST 364	INTERVIEW DATE 011	CED DATE 012	PREPARATION DATE		CONTROL CLERK		DATE		CONTROL DIRECTOR		DATE														

CHANGE IN INDIVIDUAL NAME

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**EXAMPLE 21**

**REOPEN CLOSED CASE (LESS THAN 60 DAYS - REACTIVATION)**

Mr. Donald Williams, a single man without children, failed to comply with the alcohol and drug program. The Eligibility Specialist closed his case. Mr. Williams returned on the 40<sup>th</sup> day with documentation stating he has enrolled in a drug and alcohol program.

Cases which have been closed less than sixty (60) days and are found eligible for Medicaid are reopened in an Undercare Transaction. A new budget must be calculated and authorized in the Medicaid Automated Budgeting and Eligibility Logic (MABEL) subsystem (See Budget Summary Screen on [page 137](#)).

The following entries are required on the TAD (see TAD on [page 138](#)).

In the upper right hand corner indicate the type of action: "U/AC".

**SECTION 05 – CASE**

REGISTRY/CASE NUMBER		Square this element.
BUDGET/VERSION		
NO	015:	Enter the number of the new budget that was calculated and saved in MABEL.
CTR	020:	Enter the 3 digit code of the center responsible for processing the transaction.
UNIT WORKER	021:	Enter the identifying code of the Undercare Worker responsible for processing the transaction.

**SECTION 10 – SUFFIX**

RVI	282:	Enter a "2" in RVI field. Refer to <a href="#">Worker's Guide to Codes</a> for a complete list of RVI Indicators.
MA RESP	219:	Enter the Responsibility Area if different from the one printed in this element. Refer to the <a href="#">Worker's Guide to Codes</a> for a complete list of MA Responsibility Area Indicators.
MA RCT	218:	This date is required only when item 243 is extended or if item 242 is set back.
MA STATUS	240:	Change the MA status from "CL" to "AC".
MA REAS	241:	Enter MA opening code"094" - Medical Need. Refer to the Worker's Guide to Codes.
MA FROM	242:	Enter the first month, the first day of the month and the year during which Medicaid benefits will begin.
MA TO	243:	Enter the last month, the last day of the month and the year when Medicaid Benefits will end.

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**REOPENING A CASE CLOSED LESS THAN SIXTY DAYS (REACTIVATION)**

**SECTION 15 – INDIVIDUAL**

*Note: The entries in Section 15 must be repeated for each line on the, TAD.*

CAT CD	372:	Enter Categorical Code "09" Single/Childless Couple. Refer to Worker's Guide to Codes for a complete list of Categorical Codes.
MA STAT	340:	Change the individual MA status to from "CL" to "AC".
MA REAS	341:	Enter the appropriate Individual MA Opening Code. In this case the code is "J4" Medical Need. Refer to Worker's Guide to Codes for a complete list of Individual Opening Codes.
MA DATE	342:	Enter the date entered in item number 242.
EMP	375:	Enter "63"- Substance Abuser. Refer to Worker's Guide to Codes for a complete list of Employability Codes.
CC	378:	Enter a "P" - Photo Identification Card Requested.
CDC	383:	Enter "M". The CBIC will be automatically produced and mailed to the customer.
VET	324:	Enter "9" not a Veteran. Refer to Worker's Guide to Codes for a complete list of Veteran Indicators.
ACI	382:	Enter "C" - Citizen. Refer to Worker's Guide to Codes for all Alien Citizenship Indicators.
MA COVERAGE	343:	Leave Blank.



REGISTRY CASE NUMBER 007440718A		BUDGET/VERSION NO. 015 02	NOTICE BUDGET NO. 016 500	P/AMA UNIT WORKER 021 KEM09	FS UNIT WORKER 023	M SE 053	NYCHA PROJ. NO. 030 ACCT. NO. 031	NEW AUTHORIZATION NUMBER															WMS/NYC AUTHORIZATION  U/AC							
HSE NO. 041 20	ST. NAME 042 WEST 10 STREET	APT 043 3		UTILITY GUAR. 044 0																										
CITY TOWN 045 NEW YORK		STATE 046 NY	ZIP 047 10010	PHONE 048																										
051 MA A D D I E N S G S	CITY TOWN 055	STATE 056	ZIP 057	B/C/D																										
1	CASE NAME 208 WILLIAMS DONALD															SUF 201 01	FS SUF 212 00	CAT 209 MA	LANG 255 MA	LANG READ 281 E	RVI 282 2	HMBD 220	MA RESP 219 CC	MA RCT 216 070505	EMG 270	FROM 271	TO 272	SP IND 273 S	60 MO	24 MO
P	STAT 221 NA	REAS 222	FROM 228	TO 227	AMP 225	ROUT 224	M	STAT 240 AC	REAS 241 094	FROM 242 080105	TO 243 073106	F	STAT 230 NA	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274											
2	CASE NAME 208															SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 216	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO
P	STAT 221	REAS 222	FROM 228	TO 227	AMP 225	ROUT 224	M	STAT 240	REAS 241	FROM 242	TO 243	F	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274											
3	CASE NAME 208															SUF 201	FS SUF 212	CAT 209	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	MA RCT 216	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO
P	STAT 221	REAS 222	FROM 228	TO 227	AMP 225	ROUT 224	M	STAT 240	REAS 241	FROM 242	TO 243	F	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274											
SUFFIX 300	LINE 308	CIN 301	CLIENTS NAME		BIRTH 318	SEX 315	VALIDATE 321	CAT CD 372	STAT REAS 331	PA DATE 332	STAT REAS 341	MA DATE 342	STAT REAS 351	FS DATE 352	CODE 307	DATE 377	FAP 353	MSP 345												
01	01	TB251065	FIRST 311 DONALD	LAST 310 WILLIAMS	04151970	M	731617910	1	09	NA	AC	J4	080105	NA																
SUFFIX 300	LINE 308	TASA 304	EMP 375	TPH IMCR	SSI 300	BCS 328	REL 329	CBC CC CDC 378 383	STUDENT ID NUMBER 323	CHT 380	VET 324	OTM 379	ALIEN	DOE 389	HISPI LAT 395	RACE / ETHNIC	MAR 387	EDUC 389	HDO 390	MO CHLD 391	AFIS EX 392	WAIVERS	TL-EX 393	CODE 343	FROM DATE 376	TO DATE 377	MA COVERAGE			
01	01		63				01	P M								Y N N	Y N N	2	12	1				19	060105	070505				
LINE 360	CODE 361	FIRST 362	MI 363	LAST 364	INTERVIEW DATE 011	PAIFS RECERT	CEP DATE 012	ORIGINATOR CODE	ELIGIBILITY WORKER	DATE	GROUP SUPERVISOR	DATE	CRT OPERATOR	DATE	PREPARATION DATE	CONTROL CLERK	DATE	CONTROL DIRECTOR	DATE	STAT CLERK	DATE									

REOPENING A CASE CLOSED LESS THAN SIXTY DAYS (REACTIVATION)

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**EXAMPLE 22**

**ADDITION OF AN INDIVIDUAL**

Ms. Brown has two children on her active LIF case. Ms. Brown recently obtained custody of her niece, Poinsetta Miller age 9. Ms. Brown took the documentation necessary to add her niece to her MA case, to her local MICSA office. The Eligibility Worker took the following steps.

This Action is a ***TWO-STEP PROCESS***.

Individuals are added to a case through the Worker Case Update Function (see the Application Manual for instructions). The added individual will appear on the next available line of the new TAD in an applying (AP) status. A new Clearance Report will be generated by this action. The Eligibility Worker must calculate a new budget in the Medicaid Automated Budgeting and Eligibility Logic (MABEL) subsystem (See Budget Summary Screen on [page 141](#)).

The following entries are required on the TAD (See TAD on [page 142](#)).

In the upper right corner write "U/AC".

**SECTION 05 – CASE**

REGISTRY/CASE NUMBER		Square this element.
BUDGET/VERSION		
NO	015:	Enter the Version number of the new budget which was calculated and saved in MABEL.
UNIT WORKER	021:	Enter the identifying code of the Eligibility Worker processing the case.
CTR	020:	Enter center 3 digit code of the center responsible for processing the case.
RVI	282:	Enter the appropriate RVI indicator.

**SECTION 10 – SUFFIX**

MA RESP	219:	Enter the Responsibility Area if different from the one printed in this element. Refer to the Worker's Guide to Codes for a complete list of MA Responsibility Area Indicators.
MA REAS	241:	Enter the appropriate MA Opening code "094" Medical Need. Refer to the Worker's Guide to Codes for a complete list of MA Opening codes.
MA FROM	242:	Enter the first month, the first day of the month and the year the new budget will begin.
MA TO	243:	Enter the last month, the last day of the month and the year when benefits will end.

**SECTION 15 – INDIVIDUAL**

Entries are required for the new individual (line 04) only

**LINE 04**

CIN	301:	Enter "CIN" from the Clearance Report.
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**ADDITION OF AN INDIVIDUAL**

**SECTION 15 – INDIVIDUAL (CONT'D)**

**LINE 04 (CONT'D)**

VALIDATE SSN	321:	Make no entry. A "1" is preprinted in this element because a Social Security number appears in element number 322.
CAT	372:	The individual category code for this individual is "06" ADC-Related Child deprivation. Refer to the <a href="#"><i>Worker's Guide to Codes</i></a> .
MA STAT	340:	Change the status code from "AP" to "AC".
MA REAS	341:	Enter the appropriate MA individual opening code found in the Worker's to Guide to Codes Enter "J4" Medical Need.
MA DATE	342:	Enter the first day of the month during which Medicaid benefits will begin.
EMP	375:	Enter "30" for children less than 18 yrs.old. Refer to <a href="#"><i>Worker's Guide to Codes</i></a> .
CC	378:	Enter the appropriate Common Benefit Identification Card Code. Enter "P" Photo Card Requested.
CDC	383:	Enter "M" the CBIC will be automatically produced and mailed to the customer.
VET	324:	No Entry Required For Individuals under 18 years of age. for a complete list of Employability Codes.
ACI	382:	Enter "C" - Citizen. Refer to the Worker's Guide to Codes for a complete list of Alien Citizenship Indicator.
MAR	387:	Leave blank. This element is for individuals over 18 years of age.
HDO	390:	Make no entry. This element is for individuals over 16 years of age.
MA COVERAGE	343:	Leave blank. The computer will automatically assign a coverage code.
FROM DATE	376:	Make no entry the computer will generate this date.
TO DATE	377:	Make no entry the computer will generate this date.



REGISTRY CASE NUMBER 007429198A		BUDGET/VERSION NO. 02	NOTICE BUDGET NO. 559	PA/MA UNIT WORKER KEM09	FS UNIT WORKER 023	M SE 053	NYCHA PROJ. NO. 030	ACCT. NO. 031	NEW AUTHORIZATION NUMBER		WMS/NYC AUTHORIZATION																		
HSE NO. 041	3	ST. NAME E 16 STREET	APT 043	UTILITY GUAR. 044								U/AC																	
CITY TOWN 045	NEW YORK		STATE 046	NY	ZIP 047	10012		PHONE 049																					
051 M A A D I D L R E S S I G S			APT NO. 052	CDC 024																									
CITY TOWN 055			STATE 056	NY	ZIP 057			B/C/D																					
1	CASE NAME BROWN BETTY		SUF 201	FS SUF 212	CAT 209	MA	LANG 255	LANG READ 281	RVI 282	HMBD 220	MA RESP 219	CC	MA RCT 218	EMG 270	FROM 271	TO 272	SP IND 273	60 MO	24 MO										
PA	STAT 221	REAS 222	FROM 226	TO 227	AMP 225	ROUT 224	M	STAT 240	REAS 241	FROM 242	TO 243	MA RESP 219	MA RCT 218	STAT 230	REAS 231	FROM 235	TO 262	ROUT 233	NTC 280	SNET IND 274									
2	CASE NAME		SUF	FS	CAT	MA	LANG	LANG	RVI	HMBD	MA	MA	MA	EMG	FROM	TO	SP	60	24										
PA	STAT	REAS	FROM	TO	AMP	ROUT	M	STAT	REAS	FROM	TO	MA	MA	STAT	REAS	FROM	TO	ROUT	NTC	SNET									
3	CASE NAME		SUF	FS	CAT	MA	LANG	LANG	RVI	HMBD	MA	MA	MA	EMG	FROM	TO	SP	60	24										
PA	STAT	REAS	FROM	TO	AMP	ROUT	M	STAT	REAS	FROM	TO	MA	MA	STAT	REAS	FROM	TO	ROUT	NTC	SNET									
SUFFIX 300	LINE 308	CIN 301	CLIENTS NAME FIRST 311 LAST 310		BIRTH 316	SEX 315	VALIDATE 321 SSN 322	CAT CD 322	STAT 330	REAS 331	DATE 332	STAT 340	REAS 341	DATE 342	STAT 350	REAS 351	DATE 352	CODE 307	DATE MM 325 YY	FAP 353	MSP 345								
01	01	SA25634Y	BETTY	BROWN	08311970	F	071687810	1	13	NA		AC	090104	NA															
01	02	SA24634X	TINA	BROWN	03011997	F	071697812	1	06	NA		AC	090104	NA															
01	03	SA23534Z	JIM	BROWN	11122004	M	071587813	1	06	NA		AC	090104	NA															
01	04	TA63796Y	POINSETTA	MILLER	06131996	F	068757168	1	06	NA		AC	J4	070105															
SUFFIX 300	LINE 308	TASA 304	EMP 375	TPHI /MCR	SSI 320	BCS 328	REL 329	CBIC CC 378 CC 383	STUDENT ID NUMBER 323	CHT 380	RET 324	OTM 379	ACI 382	ALIEN	REG. NUMBER 381	DOE 389	HISP/ LAT 395	RACE / ETHNIC A B P W 397 398 373 374	MAR 387	EDUC 388	HDO 390	MO CHILD 391	AFIS EX 392	WAIVERS DIA IVD LF TL OTH	TL-EX 393	COBE 343	FROM DATE 376	TO DATE 377	
01	01		27				01	P M			9		C				N	N	Y	N	Y	1	12	1			01	090104	083105
01	02		30				05	P M					C				Y	N	N	N	Y					01	090104	083105	
01	03		30				04	P M					C				Y	N	N	N	Y					01	090104	083105	
01	04		30				08	P M					C				N	N	N	N	Y			3					
LINE 360	CODE 361	FIRST 362	MI 363	OTHER NAMES		LAST 364	INTERVIEW DATE 011	PAFS RECERT CED DATE 012	ORIGINATOR CODE	ELIGIBILITY WORKER	DATE	GROUP SUPERVISOR	DATE	CRT OPERATOR	DATE	CONTROL CLERK	DATE	CONTROL DIRECTOR	DATE	STAT CLERK	DATE								

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**EXAMPLE 23**

**ADDITION OF AN UNBORN TO AN ACTIVE CASE**

Ms. Lord is now pregnant with her second child. She submitted verification to the MICSA office of her pregnancy. The household income and resources remain the same. Her unborn child will be added to the MA household in a **TWO STEP PROCESS**.

The Worker Case Update function is used to add the “unborn” to the case in Applying Status. Eligibly determination for the “unborn” is entered on the case through Worker Case Update.

Calculate a new MABEL budget with the mother’s EDC date (See Budget Summary Screen on [page 145](#)).

Make the following entries on the TAD (See TAD on [page 146](#)).

In the upper right hand corner indicate the type of action in “U/AC”.

**SECTION 05 – CASE**

BUDGET//VERSION NUMBER	015:	Enter the version number of the new budget which is stored in MABEL.
CTR	020:	Enter the 3-digit code of the center responsible for processing the case.
UNIT WORKER	021:	Enter the identifying code of the Undercare Worker responsible for processing the case.
MA RESP	219:	Enter the Area of MA Responsibility if different from the one printed on the TAD in this element. Refer to the Worker’s Guide to Codes for a complete list of MA responsibility Area Indicators

**SECTION 10**

RVI	282:	Enter an appropriate RVI indicator.
MA RCT	218:	This date is required only when item 243 is extended or if item 242 is set back.
MA RESP	219:	Enter the area of MA Responsibility only if different from the one printed in this element. Refer to the Worker’s Guide to Codes for a complete list of MA Responsibility Area Codes.
MA STATUS	240:	Enter “AC”.
MA REAS	241:	Enter Case Reason code “094” Medical need. Refer to the Worker’s Guide to Codes.
MA FROM	242:	Enter first month, the first day of the month and the year when the new MABEL budget will begin.
MA TO	243:	Enter the month, the last day of the month and the year which benefits will end two months after the EDC date.

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**ADDITION OF AN UNBORN TO AN ACTIVE CASE**

The mother's line 02, is the only line which requires updating.

**SECTION 15 – INDIVIDUAL**

**LINE 02**

CAT CD	372:	Enter "15" pregnant woman no deprivation.
EMP	375:	Enter "24" pregnancy. Refer to the Worker's Guide to Codes for a complete listing of Employability Codes

The computer assigns the next available line to the unborn.

**LINE 04**

As a result of Worker Case Update the computer will select the CIN for the unborn and print it in element 301. The Computer will also generate the Employability Code "99" and print it in TAD element 375. The sex code will be printed in TAD element 315 as a result of Worker data entry at during Worker Case Update. The Undercare Worker must square and data enter these elements.

CIN	301:	Enter the pre-printed CIN
STAT	340:	Enter "AC".
REAS	341:	Enter the appropriate Individual Opening Code.
DATE	342:	Enter the date entered in element 242.

No other entries required.

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**ADDITION OF AN UNBORN TO AN ACTIVE CASE**

The Budget Summary Screen display information that was input on the WBMAWB Budget Record Screen.

WBGTMA		PENDING	MA BUDGET	VERSION 02	DISTRICT NYC								
07/11/05													
CASE NAME		CASE NO.		OFC UNIT	WRKR	TRN	BT CA	EDC1	EDC2				
AI		007444978G		559 #333H	SBANK	02	01 03	122605					
-----NEEDS-----					-----EARNED INCOME-----								
--													
TY	ACTUAL	ALLOW	*****MA SUMMARY*****				LN	SRC	PER	T	EID		
	PRE ADD	23800	TOTAL NET INCOME		21160		01	6	F	6			
	ENERGY	5300	CD/MONTHLY		0								
01	SHELT	37500	28600										
	WATER	0	0	CD/EX RESOURCES		0	55000	GROSS INC		0			
	FUEL	0	0			0	9000	\$90.00		0			
	ALLOW/PREG	5000				24840	EID		0				
*	PA STD	62700					0 CHILD CR		0				
	MA LEVEL	99200					0 INSURANCE		0				
-----UNEARNED INCOME-----					--RESOURCES--								
LN	SR	P	AMOUNT	CD	EXEMPT	CD	EXEMPT	LN	CD	RES-VAL	33840	TOTAL DED	0
			0		0		0			0	TOTAL NET EARNED	21160	
			0		0		0			0			
			0		0		0	01	1	125000			
			0		0		0	02	8	125000			
			0		0		0			0			
					0		TOT RES	250000					
TOTAL NET UNEARNED			0	EFF PER 070105 TO 022806 DATE STORED 07/08/05									

REGISTRY CASE NUMBER <b>007444978G</b>		BUDGET/VERSION NO. 015 <b>02</b>		NOTICE BUDGET NO. 016 559		P/AMA UNIT WORKER 021 KEM09		FS CTR 022 L1		M SE 053 0		NYCHA PROJ. NO. 030 ACCT. NO. 031		NEW AUTHORIZATION NUMBER		WMS/NYC AUTHORIZATION																																									
HSE NO. 041 2080		ST. NAME 042 COURT STREET		APT 043 L1		UTILITY GUAR. 044 0		CITY TOWN 045 BROOKLYN		STATE 046 NY		ZIP 047 112011		PHONE 049 7184022589		U/MAINT																																									
051 M A D D R E S S CITY TOWN 055		STATE 056		ZIP 057		BCD		APT NO. 052		CDC 024																																															
<b>1</b>		CASE NAME 208 LORD BEN		SUF 201 01		FS SUF 212		CAT 209 MA		LANG 255 MA		LANG READ 281		RVI 282 1		HMBD 220		MA RESP 219 CC		MA RCT 218 070605		EMG 270		FROM 271		TO 272		SP IND 273		60 MO		24 MO																									
P A		STAT 221 NA		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A		STAT 240 AC		REAS 241 094		FROM 242		TO 243		070105		022806		F S		STAT 230 NA		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274															
<b>2</b>		CASE NAME 208		SUF 201		FS SUF 212		CAT 209		LANG 255		LANG READ 281		RVI 282		HMBD 220		MA RESP 219		MA RCT 218		EMG 270		FROM 271		TO 272		SP IND 273		60 MO		24 MO																									
P A		STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A		STAT 240		REAS 241		FROM 242		TO 243		F S		STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																			
<b>3</b>		CASE NAME 208		SUF 201		FS SUF 212		CAT 209		LANG 255		LANG READ 281		RVI 282		HMBD 220		MA RESP 219		MA RCT 218		EMG 270		FROM 271		TO 272		SP IND 273		60 MO		24 MO																									
P A		STAT 221		REAS 222		FROM 226		TO 227		AMP 225		ROUT 224		M A		STAT 240		REAS 241		FROM 242		TO 243		F S		STAT 230		REAS 231		FROM 235		TO 262		ROUT 233		NTC 280		SNET IND 274																			
SUFFIX 300		LINE 308		CIN 301		FIRST 311		MI 312		LAST 310		BIRTH 316		SEX 315		VALIDATE 321 SSN 322		CAT CD 372		PA		MA		FS		ST/FED		FAP 353		MSP 345																											
01		01		RX90198Y		BEN				LORD		02131975		M		238784014		1		26		NA		AC		090104		NA																													
01		02		RX80298Z		SUE				LORD		03161973		F		237673013		1		15		NA		AC		090104		NA																													
01		03		RX70397U		LEWIS				LORD		06312002		M		237673014		1		25		NA		AC		090104		NA																													
01		04		RX65178Z		UNBORN				LORD		U		068757168										AC		J4		070105																													
SUFFIX 300		LINE 308		TASA 304		EMP 375		TPHI/MCR		SSI 320		BCS 328		REL 329		CBIC CC TOIC 376 383		STUDENT ID NUMBER 323		CHT 380		VET 324		OTM 379		ACI 382		ALIEN		REG. NUMBER 361		DOE 389		HISP/LAT 395		RACE/ETHNIC		MAR 387		EDUC 388		HDO 390		MO CHLD 391		AFIS EX 392		WAIVERS		TL-EX 393		CODE 343		MA COVERAGE		TO DATE 377	
01		01				27								01		P M						9		C												N N N Y N N		1		12		2				01		090104		083105							
01		02				24								02		P M						9		C												N N N Y N N		1		12		1				01		090104		083105							
01		03				30								04		P M																				N N N Y N N								01		090104		083105									
01		04				99																																																			
LINE 360		CODE 361		FIRST 362		MI 363		LAST 364		INTERVIEW DATE 011		CED DATE 012		ORIGINATOR CODE		ELIGIBILITY WORKER		DATE		GROUP SUPERVISOR		DATE		CRT OPERATOR		DATE																															