



# Office of Temporary and Disability Assistance

**ANDREW M. CUOMO**  
Governor

**MICHAEL P. HEIN**  
Commissioner

**BARBARA C. GUINN**  
Executive Deputy Commissioner

October 9, 2019

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements that are scheduled to become operational on the Production System on October 20, 2019, unless otherwise noted.

For questions regarding the attached changes, please contact the following individuals at the phone number listed.

Section I - III  
**Becky Jennings**  
**Lindsay Campbell**

**All Sections**  
(518) 473-9042  
(518) 474-2166

**DOH Contact: Local District Support Unit**

**All Sections**  
(518) 473-6397

Sincerely,

Patty Hanson  
Center for Employment and Income Support Programs/WMS

Amy L. Smith, Manager,  
Update Eligibility Systems  
Office of Health Insurance Programs

Attachments

cc: Commissioner  
TA and FS Director  
MA Director

### **Section I - Implementation of new Anticipated Future Action (AFA) Code 437**

A new Anticipated Future Action (AFA) Code 437 – End of Qualified Non-Citizen Five Year Bar on Federal Benefits, will be added to the Anticipated Future Action Code field on screen 4 of WMS. AFA Code 437 will be allowed for the following Case Types: 11, 12, 16, 17, 20, 22, 24 31, and 32. AFA Code 437 will be allowed for Transaction Types 02, 03, 05, 06, 07, 08, 09, 10, 11, and 14.

AFA code 437 is prohibited for Cases Types 18,19, and 60. Entry of AFA code 437 in these case types will result in the following error:

#### **0342 - AFA 437 Invalid for Case Type**

If the Case Type = 18, 19 or 60, AFA code 437 is invalid.

### **SECTION II – Modification To Edit #1024 To Include TA Employability Code 58**

TA Employability Code 58 (Non-Parent Needed in the Home Full-Time to Care for an Incapacitated/Disabled Household Member – Exempt) will be added to Edit 1024.

#### **1024 - Time Limit Exempt Indvs Must Have Exempt Emp Cd**

For Case Type 11, Transaction Types 02, 05, 06 or 10, if the Time Limit Exemption Indicator = T and the Individual Status = 07, 08 or 10, an exempt Employability Code = 36, 38, 43, 44, 47, 48, 49, 54 or 58 must be entered.

### **SECTION III – Entry in the Language Spoken field (LS) will be prohibited for denial Transaction Type.**

Entry in the Language Spoken Field (LS) is not allowed for transaction type 03 (Denial).

Entry at Transaction Type 03 will result in Error:

#### **1479 - INVALID ENTRY FOR AGE OR INDIVIDUAL STATUS**

When Individual's age (MM/YY) is less than 16 and/or their Individual Status is equal to 08 or 11; entry in Language Spoken is prohibited. Transaction Type 03 (Denial) is NOT allowed.

**DOH Contact: Local District Support Unit (518) 473-6397**

**Upstate WMS Changes**

**Section I: Back Dated Coverage Code 26 (Inpatient Prisoner) Allowed on Multiple Existing Coverage Codes**

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**Section I: Back Dated Coverage Code 26 (Inpatient Prisoner) Allowed on Existing Coverage Codes 01 (Full Coverage), 11 (Legal/Alien – Full Coverage) or 30 (PCP Full Coverage)**

Please note that this is a similar enhancement to **Back Dated Coverage Code 26 (Inpatient Prisoner) Allowed on Existing Coverage Codes 01 (Full Coverage), 11 (Legal/Alien – Full Coverage) or 30 (PCP Full Coverage)** from the 19.2 Coordinator Letter. New existing Coverage Codes have been added.

WMS has previously allowed Coverage Codes 01, 04, 05, 11, 13, 14, 25 and 30 to be changed to 26 without encountering a downgrade in coverage error (Error Code 0591). The system has been modified to also allow Coverage Codes 02, 06, 09, 10, 19, 20, 21 and 22 to be changed to 26 without encountering a downgrade in coverage error.

WMS has also been modified to allow back dated coverage when the Coverage Code is being changed from 02, 06, 09, 10, 19, 20, 21, 22 or 25 to 26. The new Coverage From Date for Coverage Code 26 must be within 24 months in the past from the transaction date. For example, if the transaction is completed on 9/12/2019, the Coverage From Date must be 9/12/2017 or later. The following error will be generated when the new Coverage From Date is more than 24 months in the past:

**1783 – MA FROM DATE MORE THAN 24 MONTHS IN THE PAST**

When the MA Coverage Code is being changed from 01, 02, 06, 09, 10, 11, 19, 20, 21, 22, 25 or 30 to 26, the MA Coverage From Date must not be more than 24 months in the past from the current date.