



# Office of Temporary and Disability Assistance

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## WMS – CNS Coordinator Guidance

Release 22.2

### Section 1

<b>Guidance Topic:</b>	Explanation of WMS-CNS Enhancements Effective June 19, 2022	
<b>To:</b>	WMS and CNS Coordinators	
<b>Date:</b>	June 8, 2022	
<b>Issuing Division/Office:</b>	Upstate Systems Bureau (USB) Center for Employment and Income Supports (EISP)	
<b>Effective Date:</b>	June 19, 2022	
<b>Suggested Distribution:</b>	Commissioners, TA and SNAP Directors, HEAP Coordinators, and MA Directors	
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### Section 2 - Purpose

The purpose of this guidance is to provide local social services districts (districts) with an explanation of the WMS/CNS enhancements that are scheduled to become operational on the Production System on June 19, 2022, unless otherwise noted.

### Section 3 – Addition of Gender Field to WMS Clearance Report

A new Gender field has been added to the WMS Clearance Report. The screen shots below illustrate the placement of these fields. If an entry is present in the gender field at application registry or on a case, the gender will be displayed on the clearance report at the individual line level.

Gender values are not considered in the WMS Clearance matching process.

WMS Clearance Report Match View

App Date	Type	CONX	Ofc	Unit	Worker	Case Name
05/01/22	NPA-FS					

  

SL	O	First	M	Last	DOB	Sex	G	SSN	IPV	CIN	SSN	Poss	NYC
01						F	X		*	0	0000	0001	
02						M	N		-	0	0000	0000	

WAR011 “WMS Clearance Report Match View” displays new column “G” (Gender) to the right of the field “SEX” and to the left of the field “SSN”

WMS Clearance Report Match Detail for

SL	O	Mtype	First Name	M	Last Name	SSN Code	SSN	CIN
01		POSS						
			CRD CD	Sex	G	DOB	BVI	R AFIS 60CT 24CT TPhi SCN MCR SP NYC
				F	F			

WAR012 “WMS Clearance Report Match Detail for” displays new column “GG” (Gender) to the right of the field “SEX” and to the left of the field “DOB”

WMS Clearance Report Match Detail for

SL	O	Mtype	First Name	M	Last Name	SSN Code	SSN	CIN	NYC
01		POSS							
			CRD CD	Sex	G	DOB	BVI	R AFIS 60CT 24CT TPhi SCN MCR SP	
				F	F				

  

DIST	CAS/REG-NO	CAS	TYPE	CAS	STAT	IND	STAT	PA/MA	IND	RSN	AUTH	DT	FS	M	LI
MA	DATE	PA/FS	DT	FS	IND	RSN	TI	REL	CAS	REAS	\$CASH	EXPDFS	HEAP	R/C	CNX CAT CD

  

01 APPRVL: SAME \*\* \*\*\*\*\* \*\*

WAR013 “WMS Clearance Report Match Detail for” displays new column “G” (Gender) to the right of the field “SEX” and to the left of the field “DOB”

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WMS CLEARANCE REPORT                                DISTRICT ALBA                                05/25/22
APPLICATION DATE CASE TYPE REGISTRY NUMBER          VERSION NUMBER 01                                PAGE 01
05/01/22         NPA-FS   CONX LOCAL OFFICE UNIT   WORKER   CASE NUMBER   CASE NAME

IN O FIRST NAME M LAST NAME   SSN CODE SSN   CIN   CRD CD SEX G DOB   BVI R AFIS 60CT 24CT TPHT SCN MCR SP
DIST CAS/REG-NO CAS TYPE CAS STAT IND STAT PA/MA IND RSN AUTH DT FS M LI   MA DATE PA/FS DT FS IND RSN TI
REL CAS REAS   $CASH EXPD$S   HEAP R/C CNX CAT CD

01
* SEARCH TOTALS (FOUND/PRINTED): CIN 0/0 SSN 0000/0000 POSSIBLE 0001/0001   F X
POSSIBLE MATCH
                                           F F

01 APRVVL: SAME ** ***** **
*****
NYC RESULTS -- CINS ARE NOT SELECTABLE
01
* SEARCH TOTALS (FOUND/PRINTED): CIN 0/0 SSN 0000/0000 POSSIBLE 0000/0000   F X
NO MATCH FOUND
*****
02
* SEARCH TOTALS (FOUND/PRINTED): CIN 0/0 SSN 0000/0000 POSSIBLE 0000/0000   M N
NO MATCH FOUND
*****
NYC RESULTS -- CINS ARE NOT SELECTABLE
* SEARCH TOTALS (FOUND/PRINTED): CIN 0/0 SSN 0000/0000 POSSIBLE 0000/0000   M N
NO MATCH FOUND
*****
END OF REPORT

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Printed WMS Clearance Report displays new column “G” (Gender) to the right of the field “SEX” and to the left of the field “DOB”

## Section 4 - Block Managed Care Enrollment for Foster Care Children with RRE “KF.”

Foster Care children in Case Type 40, 13, or 20 with Category Codes 32, 77, 78, 81 or 82, and RRE code ‘KF’ will be blocked from Managed Care enrollment through Online Enrollments and Batch enrollments:

- Online Enrollment:

If Managed Care enrollment is attempted in the PCP Sub-System (screen WMPCIN) for an individual that has an RRE of ‘KF’, the following existing error message will be generated.

**Error Message- CLIENT EXCLUDED FROM MANAGED CARE**

- Batch Enrollment:

If Managed Care enrollment is attempted by Maximus or auto re-enrollment for an individual that has an RRE of ‘KF’, the following error message will be generated.

- **Error Message- CLIENT EXCLUDED FROM MANAGED CARE EXCLUDED FROM ENROLLMENT – 90/KF (auto re-enrollment).**

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## Section 5 - PCP Subsystem Error Updates

Errors used in the PCP subsystem will be changed to accommodate the following:

- MLTC enrollment will not be allowed when the new consolidated 1915(c) Children's Waiver RRE codes (K1-K7) are present.
- FIDA-IDD enrollment will not be allowed when Coverage Code is 20 or 24.

The following PCP Subsystem errors have been revised:

Current Edit:

### **LTC ENROLLMENT NOT ALLOWED-ACTIVE RRE OR COVERAGE ERROR**

If an RRE 23, 50, 51, 55, 56, 58, 59, 60, 62-71, 72-74, 78, 81, 83 is on file, an LTC enrollment is not allowed.

If an RRE 35 is on file, a PACE enrollment is not allowed.

If an RRE 38, 44, 45, 46-49 is on file, an LTC enrollment is not allowed, EXCEPT for FIDA-IDD.

If Coverage is 20 or 24, an LTC enrollment is not allowed, **EXCEPT for FIDA-IDD**.

Revised Edit:

### **LTC ENROLLMENT NOT ALLOWED-ACTIVE RRE OR COVERAGE ERROR**

If an RRE 23, 50, 51, 55, 56, 58, 59, 60, 62-71, 72-74, 78, 81, 83, **K1-K7** is on file, an LTC enrollment is not allowed.

If an RRE 35 is on file, a PACE enrollment is not allowed.

If an RRE 38, 44, 45, 46-49 is on file, an LTC enrollment is not allowed, EXCEPT for FIDA-IDD (**BP=80**).

If Coverage is 20 or 24, an LTC enrollment is not allowed.

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## Section 6 - Disable FHP-PAP Coding

The Family Health Plus Premium Assistance Program (FHP-PAP) was shut down in 2014, but not all coding was disabled in WMS. The following codes have now been disabled:

Employer Purchased Insurance (EPI) codes:

- A – Client has FHP Premium Assistance
- B – Client no Longer Eligible for Partnership for FHP (Worker Entered)
- C – Employer Withdrew from Plan (Worker Entered)
- 2 – Client no Longer Eligible for Partnership for FHP (System Generated)
- 3 – Employer Withdrew from Plan (System Generated)
- 6 – Client has FHP Premium Assistance (System Generated)

Anticipated Future Action (AFA) code:

- 913 – Open Enrollment Month for PAP

Payment Type codes:

- U1 – FHP PAP Premium
- U2 – FHP PAP Deductible
- U3 – FHP Co-Pay Differential
- U4 – FHP PAP Other
- U5 – FHP PAP Co-Insurance

In addition, a weekly automated PCP disenrollment process has been disabled. This process occurred when EPI = A or 6, Coverage Code = 01 or 20 and an active PCP record was present.

The following FHP-PAP related WMS edits have been revised:

Current Edit:

**1420 - EPI INDICATOR IS INVALID**

Fatal will be displayed if a worker entry of 1-7 in EPI is attempted, as these can only be System Generated. If a worker entered code of A-F is used, Case Type must be 11, 12, 16, 17, 20, 22 or 24.

Revised Edit:

**1420 - EPI INDICATOR IS INVALID**

Fatal will be displayed if a worker entry of **1, 4 or 5** EPI is attempted, as these can only be System Generated. If a worker entered code of **D-F** is used, Case Type must be 11, 12, 16, 17, 20, 22 or 24.

Current Edit:

**1595 - MA COVERAGE DATE MUST BE 4/1/08 OR LATER**

If an EPI indicator of B-F is entered the MA Coverage From date must be prior to 4/1/08.

Revised Edit:

**1595 - MA COVERAGE DATE MUST BE 4/1/08 OR LATER**

If an EPI indicator of **D-F** is entered the MA Coverage From date must be prior to 4/1/08.

The following FHP-PAP related WMS edits have been removed:

**0181 - HEALTH INSURANCE INDICATOR VALID FOR CASE TYPE 20 AND 24 ONLY**

If Health Insurance Indicator (HII) is entered the Case Type must be 20 or 24.

**1065 - HEALTH INSURANCE INDICATOR MUST BE A VALUE 0-7 OR 9**

If Entry is made in Health Insurance Indicator (HII) the value must be 0-7 or 9.

**1066 - VALID HEALTH INSURANCE INDICATOR IS REQUIRED FOR CASE TYPE 24**

Case Type 24 requires a valid entry in Health Insurance Indicator (HII).

**1220 – EMPLOYER HEALTH INSURANCE**

Warning to alert worker that TPHI follow-up is needed as HII=7 and a Recertification / Reauthorization (TT 06) was attempted. (Can be overridden)

**1415 - CAT CODE INVALID FOR EPI OF A**

Categorical Code must be 15, 42, 44-48, 56-59, 84 when EPI is "A."

**1421 - HII CANNOT BE A 7 WHEN EPI EQUALS A**

If EPI is A, HII cannot be 7.

**1422 - ENTRY OF EPI B OR C MUST REPLACE PRIOR EPI – FATAL**

If an EPI indicator of B or C is entered it must be replacing a prior EPI of D, E or F.

**1590 - STATE COV DATE MUST NOT BE EARLIER THAN 1/1/08**

If Case Type is 20, EPI equals A, MA coverage equals 20 the MA Coverage FROM Date cannot be earlier than 1/1/08.

**1591 - START COV DATE MUST BE T+14 AND THE FIRST OF MONTH**

If Case Type is 20 or 24, Transaction Type is 05 or 06, EPI equals A, the MA FROM Date must be the first day of the month following T+14.

**1592 - COV CODE MUST BE 20**

If the categorical code is 56 or 57, EPI is A, the MA coverage code must be 20.

**1593 - RETROACTIVE COV NOT ALLOWED FOR PAP**

If Case Type is 20 or 24, EPI equals A, the MA Coverage FROM Date cannot be earlier than the first day of application month.

**1659 - PAY SCHEDULE MUST BE M, Q, S OR W FOR PAY TYPE U1**

If Pay Type U1 is used payment schedule must be M, Q, S or W.

**1660 - PAY SCHEDULE MUST BE BLANK FOR PAYTYPES U2, U3, U4 OR U5**

If Pay Type U2 – U5 is used payment schedule must be blank.

**1661 - SPECIAL CLAIMING CODE MUST BE V FOR U1-U5**

If Pay Type U1-U5 is used special claiming code of "V" must be entered.

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## Section 7 - Disable Coverage Code 05

In 2014, Medicaid stopped honoring "Medicaid Treatment of Temporary Assistance Intentional Program Violations" (TA IPV), but not all coding was disabled in WMS. As of the June, 2022 migration, Coverage Code 05 'Sanctioned' is no longer valid on all case types, and Individual Status 10 'Ineligible or Sanctioned incrementally' is no longer valid on MA case types (20, 21, 22). The following WMS edits have been created or revised to accommodate these changes:

New Edit: 0966

**INDIVIDUAL STATUS 10 IS NOT ALLOWED ON CASE TYPE 20, 21 or 22**

If Case Type is 20, 21 or 22, Individual Status 10 is not allowed.

Revised Edit 0521 (See WMS Error List Index to view table changes)

**PRINCIPAL PROVIDER CD INVALID FOR THIS MA COVERAGE (F, E, U)**

Revised Edit 0561 (See WMS Error List Index to view table changes)

**MA COVERAGE CODE INVALID Table #560**

Error Reference Table #560 This table is for use with Error #560 and #561.

Revised Edit 0563 (See WMS Error List Index to view table changes)

**MA COVERAGE CODE INVALID Table #562**

Error Reference Table #562 This table is for use with Error#562 and #563.

Revised Edit 0566 (See WMS Error List Index to view table changes)

**MA COVERAGE CODE INVALID Table #564**

Error Reference Table #564.

Revised Edit 0569 (See WMS Error List Index to view table changes)

**MA COVERAGE CODE INVALID Table #567**

Error Reference Table #567 This table is for use with Error Numbers 567 and 569.

Revised Edit 0574 (See WMS Error List Index to view table changes)

**MA COVERAGE CODE INVALID Table #573**

This table is for use with Error#573 and #574.

Revised Edit 0576 (See WMS Error List Index to view table changes)

**MA COVERAGE CODE INVALID Table #575**

Error Reference Table #575 This table is for use with Error Numbers 575 and 576.

Current Edit 0522

**COV CODE MUST BE 04, 05, or 30 WHEN THERE IS A CURRENT PCP**

If Case Type is not 11-14, 16 or 17 with Emergency Indicator on, and Transaction Type is not 03, 07, 08 or 09 and MA Coverage TO Date is not earlier than today's date and Individual Status is not 15, and the individual has a current active PCP placement, and Case Type is 11-14, 16, 17, 20 or 22, then MA Coverage Code must be 04, **05** or 30. (Can be overridden) (F, E, U)

Revised Edit 0522

**COV CODE MUST BE 04, or 30 WHEN THERE IS A CURRENT PCP**

If Case Type is not 11-14, 16 or 17 with Emergency Indicator on, and Transaction Type is not 03, 07, 08 or 09 and MA Coverage TO Date is not earlier than today's date and Individual Status is not 15, and the individual has a current active PCP placement, and Case Type is 11-14, 16, 17, 20 or 22, then MA Coverage Code must be 04, or 30. (Can be overridden) (F, E, U)

Current Edit 0589

**WARNING - STATE/FED CHARGE MAY NOT BE RETAINED FOR THIS COV CODE**

If Recipient Medicaid Coverage Code is 04 **or 05**, then State/Federal Charge should be blank. (F, E, U)

Revised Edit 0589

**WARNING - STATE/FED CHARGE MAY NOT BE RETAINED FOR THIS COV CODE**

If Recipient Medicaid Coverage Code is 04 then State/Federal Charge should be blank. (F, E, U)

Revised Edit 0591 (See WMS Error List Index to view table changes)

**DOWNGRADE OF MA COVERAGE CODES HAS OCCURRED Table #591**

Current Edit 1542

**COVERAGE NOT ALLOWED FOR RESOURCECODE**

The result of a Coverage Code entry on Screen Five which fails the following cross-edit with the RVI value on Screen One: RVI=1, OK with Coverage Codes 01, 02, 04, **05**, 06, 07, 08, 09, 11, 13, 17, 18, 30  
RVI=2, OK with Coverage Codes 01, 04, **05**, 06, 07, 11, 13, 17, 18, 19, 21, 30  
RVI=3, OK with Coverage Codes 01, 04, **05**, 06, 07, 11, 13, 17, 18, 20, 22, 30  
RVI=4, OK with Coverage Codes 01, 04, **05**, 06, 07, 10, 11, 13, 17, 18, 23, 30  
RVI=5, OK with Coverage Codes 01, 02, 04, 06, 07, 11, 18, 25, 26, 30  
RVI=6, OK with Coverage Codes 01, 02, 04, 06, 07, 11, 18, 25, 26, 30

Revised Edit 1542

**COVERAGE NOT ALLOWED FOR RESOURCECODE**

The result of a Coverage Code entry on Screen Five which fails the following cross-edit with the RVI value on Screen One: RVI=1, OK with Coverage Codes 01, 02, 04, 06, 07, 08, 09, 11, 13, 17, 18, 30  
RVI=2, OK with Coverage Codes 01, 04, 06, 07, 11, 13, 17, 18, 19, 21, 30  
RVI=3, OK with Coverage Codes 01, 04, 06, 07, 11, 13, 17, 18, 20, 22, 30  
RVI=4, OK with Coverage Codes 01, 04, 06, 07, 10, 11, 13, 17, 18, 23, 30  
RVI=5, OK with Coverage Codes 01, 02, 04, 06, 07, 11, 18, 25, 26, 30  
RVI=6, OK with Coverage Codes 01, 02, 04, 06, 07, 11, 18, 25, 26, 30

Current Edit 1594

**MA COVERAGE INVALID FOR REASON CODE**

The following coverage Codes cannot be used with Reason Code C65: 04, **05**, 07, 08, 13.

Revised Edit 1594

**MA COVERAGE INVALID FOR REASON CODE**

The following coverage Codes cannot be used with Reason Code C65: 04, 07, 08, 13.

Current Edit 0506

**INDIVIDUAL STATUS IS INVALID FOR MA CASE -CASE TYPE 20**

For FDE or EC, if Transaction Type is 02 or 10, and Case Type is 20, then Individual Status on screen 5 must be 07, **10**, 11 or 13 for FDE; 07, 10, 11, 13 or 15 for EC. For UM, if Transaction Type is 05, 06 or 11 and Case Type is 20, then Individual Status must be 07, **10**, 11, 13 or 15. (F, E, U)

Revised Edit 0506

**INDIVIDUAL STATUS IS INVALID FOR MA CASE -CASE TYPE 20**

For FDE or EC, if Transaction Type is 02 or 10, and Case Type is 20, then Individual Status on screen 5 must be 07, 11 or 13 for FDE; 07, 11, 13 or 15 for EC. For UM, if Transaction Type is 05, 06 or 11 and Case Type is 20, then Individual Status must be 07, 11, 13 or 15. (F, E, U)

Current Edit 0559

**INDIVIDUAL STATUS INVALID FOR CASE/TRANSACTION TYPES**

If Case Type is 20 and Transaction Type is 09, then Individual Status on screen 5 must be 07, **10**, 11 or 13. (F, E)

Revised Edit 0559

**INDIVIDUAL STATUS INVALID FOR CASE/TRANSACTION TYPES**

If Case Type is 20 and Transaction Type is 09, then Individual Status on screen 5 must be 07, 11 or 13. (F, E)

Current Edit 0947

**MA COVERAGE CODE MUST BE 07, 10, 16, 17, 32**

If Case Type is 20 and Individual Categorical Code is 39 and Individual Status is not 08, **10**, 11, 13 or 15 and State/Fed Charge is not 30, 34 or 36 and the MA Coverage FROM Date is entered as, or will be generated as 05/01/92 or later, the MA Coverage Code must be 07, 10, 16, 17, 32. (Can be overridden.) (F, E, U)

Revised Edit 0947

**MA COVERAGE CODE MUST BE 07, 10, 16, 17, 32**

If Case Type is 20 and Individual Categorical Code is 39 and Individual Status is not 08, 11, 13 or 15 and State/Fed Charge is not 30, 34 or 36 and the MA Coverage FROM Date is entered as, or will be generated as 05/01/92 or later, the MA Coverage Code must be 07, 10, 16, 17, 32. (Can be overridden.) (F, E, U)

Current Edit 0948

**MA COVERAGE CODE MUST BE 01, 07, 10, 16, 17, 30**

If Case Type is 20 and Individual Categorical Code is 09 and Individual Status is not 08, **10**, 11, 13, 15 or 20 and State/Fed Charge is not 30, 34 or 36 and the MA Coverage FROM Date is entered as, or will be generated as 03/01/04 or later, then the MA Coverage Code must be 01, 07, 10, 16, 17, 30. (Can be overridden.)(F, E, U)

Revised Edit 0948

**MA COVERAGE CODE MUST BE 01, 07, 10, 16, 17, 30**

If Case Type is 20 and Individual Categorical Code is 09 and Individual Status is not 08, 11, 13, 15 or 20 and State/Fed Charge is not 30, 34 or 36 and the MA Coverage FROM Date is entered as, or will be generated as 03/01/04 or later, then the MA Coverage Code must be 01, 07, 10, 16, 17, 30. (Can be overridden.)(F, E, U)

Current Edit 1542

**COVERAGE NOT ALLOWED FOR RESOURCECODE**

The result of a Coverage Code entry on Screen Five which fails the following cross-edit with the RVI value on Screen One: RVI=1, OK with Coverage Codes 01, 02, 04, **05**, 06, 07, 08, 09, 11, 13, 17, 18, 30  
RVI=2, OK with Coverage Codes 01, 04, **05**, 06, 07, 11, 13, 17, 18, 19, 21, 30  
RVI=3, OK with Coverage Codes 01, 04, **05**, 06, 07, 11, 13, 17, 18, 20, 22, 30  
RVI=4, OK with Coverage Codes 01, 04, **05**, 06, 07, 10, 11, 13, 17, 18, 23, 30  
RVI=5, OK with Coverage Codes 01, 02, 04, 06, 07, 11, 18, 25, 26, 30  
RVI=6, OK with Coverage Codes 01, 02, 04, 06, 07, 11, 18, 25, 26, 30

Revised Edit 1542

**COVERAGE NOT ALLOWED FOR RESOURCECODE**

The result of a Coverage Code entry on Screen Five which fails the following cross-edit with the RVI value on Screen One: RVI=1, OK with Coverage Codes 01, 02, 04, 06, 07, 08, 09, 11, 13, 17, 18, 30  
RVI=2, OK with Coverage Codes 01, 04, 06, 07, 11, 13, 17, 18, 19, 21, 30  
RVI=3, OK with Coverage Codes 01, 04, 06, 07, 11, 13, 17, 18, 20, 22, 30  
RVI=4, OK with Coverage Codes 01, 04, 06, 07, 10, 11, 13, 17, 18, 23, 30  
RVI=5, OK with Coverage Codes 01, 02, 04, 06, 07, 11, 18, 25, 26, 30  
RVI=6, OK with Coverage Codes 01, 02, 04, 06, 07, 11, 18, 25, 26, 30

Current Edit 1594

**MA COVERAGE INVALID FOR REASON CODE**

The following coverage Codes cannot be used with Reason Code C65: 04, **05**, 07, 08, 13.

Revised Edit 1594

**MA COVERAGE INVALID FOR REASON CODE**

The following coverage Codes cannot be used with Reason Code C65: 04, 07, 08, 13.

Current Edit 0506

**INDIVIDUAL STATUS IS INVALID FOR MA CASE -CASE TYPE 20**

For FDE or EC, if Transaction Type is 02 or 10, and Case Type is 20, then Individual Status on screen 5 must be 07, **10**, 11 or 13 for FDE; 07, 10, 11, 13 or 15 for EC. For UM, if Transaction Type is 05, 06 or 11 and Case Type is 20, then Individual Status must be 07, **10**, 11, 13 or 15. (F, E, U)

Revised Edit 0506

**INDIVIDUAL STATUS IS INVALID FOR MA CASE -CASE TYPE 20**

For FDE or EC, if Transaction Type is 02 or 10, and Case Type is 20, then Individual Status on screen 5 must be 07, 11 or 13 for FDE; 07, 11, 13 or 15 for EC. For UM, if Transaction Type is 05, 06 or 11 and Case Type is 20, then Individual Status must be 07, 11, 13 or 15. (F, E, U)

Current Edit 0559

**INDIVIDUAL STATUS INVALID FOR CASE/TRANSACTION TYPES**

If Case Type is 20 and Transaction Type is 09, then Individual Status on screen 5 must be 07, **10**, 11 or 13. (F, E)

Revised Edit 0559

**INDIVIDUAL STATUS INVALID FOR CASE/TRANSACTION TYPES**

If Case Type is 20 and Transaction Type is 09, then Individual Status on screen 5 must be 07, 11 or 13. (F, E)

Current Edit 0947

**MA COVERAGE CODE MUST BE 07, 10, 16, 17, 32**

If Case Type is 20 and Individual Categorical Code is 39 and Individual Status is not 08, **10**, 11, 13 or 15 and State/Fed Charge is not 30, 34 or 36 and the MA Coverage FROM Date is entered as, or will be generated as 05/01/92 or later, the MA Coverage Code must be 07, 10, 16, 17, 32. (Can be overridden.) (F, E, U)

Revised Edit 0947

**MA COVERAGE CODE MUST BE 07, 10, 16, 17, 32**

If Case Type is 20 and Individual Categorical Code is 39 and Individual Status is not 08, 11, 13 or 15 and State/Fed Charge is not 30, 34 or 36 and the MA Coverage FROM Date is entered as, or will be generated as 05/01/92 or later, the MA Coverage Code must be 07, 10, 16, 17, 32. (Can be overridden.) (F, E, U)

Current Edit 0948

**MA COVERAGE CODE MUST BE 01, 07, 10, 16, 17, 30**

If Case Type is 20 and Individual Categorical Code is 09 and Individual Status is not 08, **10**, 11, 13, 15 or 20 and State/Fed Charge is not 30, 34 or 36 and the MA Coverage FROM Date is entered as, or will be generated as 03/01/04 or later, then the MA Coverage Code must be 01, 07, 10, 16, 17, 30. (Can be overridden.) (F, E, U)

Revised Edit 0948

**MA COVERAGE CODE MUST BE 01, 07, 10, 16, 17, 30**

If Case Type is 20 and Individual Categorical Code is 09 and Individual Status is not 08, 11, 13, 15 or 20 and State/Fed Charge is not 30, 34 or 36 and the MA Coverage FROM Date is entered as, or will be generated as 03/01/04 or later, then the MA Coverage Code must be 01, 07, 10, 16, 17, 30. (Can be overridden.) (F, E, U)

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## **Section 8 - Revise C67 Upstate CNS Incarceration Notice to comply with the SUPPORT Act**

To ensure consistent and accurate notices, the following actions have been taken:

C67 Upstate CNS Incarceration Notice was revised to comply with implementation of the Federal SUPPORT Act. Section 1001 of the Federal SUPPORT Act requires the State to suspend Medicaid coverage for individuals under the age of 21, who are in the former foster care eligibility group, and to reinstate that coverage at release. To accommodate the addition of this new population within the suspension/reinstatement process, the language in the following CNS notice(s) will be revised:

U0178/C67 (Reinstate MA/Incarcerated Individual Released)

- Eliminate the words “New York State or local”
- Replace the term “Medical Assistance” with “Medicaid”
- Updated code to be valid at case level only