



## WMS – CNS Coordinator Guidance

### Section 1

<b>Guidance Topic:</b>	Release 24.1 – Explanation of WMS/CNS Enhancements Effective February 18, 2024
<b>To:</b>	Subscribers
<b>Date:</b>	January 30, 2024
<b>Issuing Division/Office:</b>	Upstate Systems Bureau (USB) Center for Employment and Income Supports (EISP)
<b>Effective Date:</b>	February 18, 2024
<b>Suggested Distribution:</b>	Commissioners, TA and SNAP Directors, HEAP Coordinators, WMS Coordinators and BICS Coordinators
<b>Contact Information:</b>	Sections 1 and 2: <a href="mailto:otda.sm.eisp_upstatesystems@otda.ny.gov">otda.sm.eisp_upstatesystems@otda.ny.gov</a> Sections 4 – 9: DOH Local District Support Unit (518) 473 - 6397

### 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 February 18, 2024, unless otherwise noted.

### Section 3: Updated WMS Error Message Language

The following WMS Edits have been updated to reflect the language change from “Alien” to “Non-Citizen”:

#### 0344 – CIT CD OF Z MUST HAVE REASON CODE ‘H2W’ OR ‘H3W’

Citizenship Code of Z requires a reason code of ‘H2W’ or ‘H3W’

#### 1326 – CIT CD O, T, W and Z REQUIRE STATE FED CHARGE CODE OF 67

Citizenship Codes of O (PRUCOL), T (Persons Paroled into the US for less than One Year), W (Expanded PRUCOL) and Z (NYSoH Unverified Citizenship/Immigration Status) (require a State/Federal Charge Indicator of 67. (F, E, U)

**1372 - SS CODE IS INVALID FOR CIT CODE**

For Case Types 16, 17, 20, 24, 31 or 32, transaction types 02, 03, 05-11, the Social Security Number code = N (State Benefit Eligible Non-Citizen), then the Citizenship Code must = B, G, O, S, or W

**1374 - SF 68 NOT VALID WITH CIT CODE**

If the State/Federal Charge Code is 68, then the Citizenship Code must not be A, C, D, E, H, J, M, N, O, R, T, V or W.

**1375 – CIT CODE NOT VALID WITH SF 68**

If the Citizenship Code is A, C, D, E, H, J, M, N, O, R, T, V or W , then the State/Federal Charge Code must not be 68.

**1387 - S/F CHARGE 67 REQUIRES CIT CD O, T, W or Z**

If State Charge/Federal Charge Indicator 67 is entered, then the Citizenship Indicator must be O, T, W or Z.

**1388 – CIT CD D MAY NOT BE CHANGED TO CIT CD C – FATAL**

**1394 – CIT CD P NOT VALID WITH CAT CODE**

Cat Code must equal 15, 36, 42, 43, 48, 58, 59 or 92 if age is more than 20 years and Citizenship Code equals P.

**1410 - DOS CHANGES PROHIBITED FOR QUALIFIED NON-CITIZENS**

For Case types 16, 17, 20 and 24, transaction types 05, 06 or 11, and the individual continues to have a Citizenship Indicator = A, B, F, G, H, J, K, R or S a change to Date of Status is prohibited (this error can be over-ridden with OTDA or DOH approval).

**1413 - DEC REQUIRED FOR CIT CODE**

DEC Not allowed with Citizenship code = C, E or Z.

**1519 - COV CODE MUST BE 04, 11, 18, 19, 20 OR 27 FOR CIT CD INDICATOR AND DOS**

If the Case Type is 11, 12, 16, 17 or 20 and the Date of Status (DOS) is greater or equal to 09/96 and the MA Coverage From Date is less than the DOS plus 5 years then the Coverage Code must be 04, 11, 18, 19, 20 or 27. If the Coverage Code is left blank then 11 will be system generated.

## **1531 - CIT B, F, G, K, S AND FROM DATE < 5 YRS FROM DOS REQUIRES CHARGE CODE 60 OR 68**

This edit is restricted to Case Types 20 only. (F, E, U)

## **1579 – CIT CODE O, T or W IS INVALID FOR IND STATUS**

If Case Type = 11, 12, 19 or 60, the Citizenship Code = O, T or W, the Individual Status Code cannot be 07 or 10 (Active or Sanctioned). If Case Type = 31 or 32, the Citizenship Code = O, T or W, the Individual Status Code cannot be 07 (Active).

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## **Section 4: 12 Months Post-Partum for Separate Determination Cases**

Pregnant Consumers on case types 11,12, 16, and 17 who are found ineligible for Temporary Assistance but still eligible for MA coverage will be entitled to the 12 Months Post-Partum coverage. During the Separate Determination MA Case opening, AFA code 223 and 12 Post-Partum coverage period will be applied to the pregnant consumer. For individuals already in their Post-Partum period, coverage To Date will be calculated to continue the 12 months PP coverage period.

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## **Section 5: Update to OPWDD Edit 0366 to allow blank State/Federal Charge Code**

Edit “0366- STATE/FEDERAL CHARGE IND INVALID FOR TRANS DIST 98” has been reprogrammed to allow a blank S/F Charge Indicator in District 98 (OPWDD - Office for People With Developmental Disabilities) when an individual becomes incarcerated with a Source Code = 1(DOCCS) and has Coverage Code 26.

This change will ensure the correct shares are appropriated for District 98 individuals who become incarcerated in a NYS Department of Corrections and Community Supervision correctional facility.

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## **Section 6: Update to Aged, Blind and Disabled Auto Renewal Criteria**

The Aged, Blind and Disabled (ABD) Auto Renewal process excludes cases where an individual on the budget has a Social Security Amount (Unearned Income Sources 42, 43, 44 or 46) greater than the Maximum Social Security (Worker Retiring at Full Retirement Age) Amount determined each year. This amount has been raised to \$3,822.00 for 2024 and the ABD Auto Renewal process has been updated to use this amount effective January 6<sup>th</sup>, 2024.

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## **Section 7: CA1 – Medicaid Renewal on RFI Data**

A new CNS code has been created for consumers who can be administratively renewed using RFI data sources.

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## Section 8: Revision of CNS Notices Containing Sex and Gender Specific Language

Revisions have been made that replace gendered language (he/she) with gender-neutral language (they or consumer) in each of the below notice sections/inserts. In addition to the revised gender-neutral language, a Gender Identity column has been added to consumer Household sections, with new Gender Identity codes: M – Male, F – Female, N – Nonbinary or Non-conforming, X – Gender X, T – Transgender, and D – Different Identity.

Reason Code	PARA #	Impacted Notice Section
Z61, Z62, Z85, Z86	R8303	Household
Z61, Z62, Z85, Z86	R9001	Documentation Checklist for Renewal Form
H2W, S4N	R8313	Terms Rights and Responsibilities
H3W	R8316	Terms Rights and Responsibilities
H3W	N/A	Important Instructions Renewal Questions
H2W, S4N	R9316	Documentation Checklist
H2W	N/A	Important Instructions Renewal Questions

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## Section 9: 2024 NYS Medicare Part D Benchmark Plan Insert

The list of Medicare Part D plans, included with the Reduction in Benefits letter (S0017) has been updated for 2024.