



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #06-07-SYS

REVISED MEDICAID SEPARATE DETERMINATION CODES

Date: January 30, 2006	Subtopic(s): MAPPER Separate Medicaid Determination System
<p> This procedure can now be accessed on the FIAweb.</p> <p>Do not use Y98 or Y99 when an applicant fails to comply with BEV, use closing/denial code W10.</p> <p> Please use Print on Demand to obtain copies of forms.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that the MAPPER system has been updated to recognize new Client Notice System (CNS) Public Assistance (PA) denial/closing codes requiring separate Medicaid determinations. As a result of these changes, the Referral from Public Assistance for Separate Determination of Medical Assistance form (M-42f) has been updated to indicate the revised PA case closing/denial codes.</p> <p>In addition, Workers should <u>not</u> use codes Y98 (Other – Manual Notice Required) or Y99 (Other) to reject applications for failing to keep a Bureau of Eligibility Verification (BEV) appointment. If the application is being rejected for this reason, the correct PA denial code to use is W10 (Fail to Keep Investigatory Appointment).</p> <p>A sample of the M-42f is attached.</p> <p>Center Directors must ensure that previous versions of the M-42f are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></p> <p>Related item:</p> <p>PD #05-41-SYS Welfare Management System (WMS) Software Release Version 2005.3</p> <p>Attachments:</p> <p>M-42f Referral from Public Assistance for Separate Determination of Medical Assistance (Rev. 1/30/06)</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call (718) 557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*



To: _____
(Medical Assistance Program Liaison)

Date: _____

Case Number: _____

From: _____

Case Name: _____

Job Center Number: _____

PA Application Filing Date: _____

PA: Closing Rejection

Date: _____

Referral from Public Assistance for Separate Determination of Medical Assistance
(Complete and attach to PA case folder)

Check appropriate code

PA Case Denial Code	Denial Reason
<input type="checkbox"/> 057	Failure of all household members to apply
<input type="checkbox"/> 118	Failed to comply with the Automated Finger Imaging System (AFIS) requirements
<input type="checkbox"/> 122	Failure to comply with Automated Finger Imaging System
<input type="checkbox"/> 125	Nonqualified alien emergency medical condition – excess income and resources (FA/SNFP related)
<input type="checkbox"/> 126	Qualified alien five-year ban emergency medical condition, excess income (FA/SNFP related)
<input type="checkbox"/> 127	Qualified alien five-year ban emergency medical condition, excess resources (FA/SNFP related)
<input type="checkbox"/> 201	Excess income
<input type="checkbox"/> 205	Excess resources
<input type="checkbox"/> 220	Undocumented alien, failed to verify citizenship or admission for lawful permanent residency
<input type="checkbox"/> 231	Recovery, lien assignment homestead
<input type="checkbox"/> 240	Refuses to register for or seek work
<input type="checkbox"/> 245	Failure to keep EVR appointment or failed to contact EVR
<input type="checkbox"/> 246	Ineligible for FA/SNA based on EVR evaluation
<input type="checkbox"/> 250	Refuses other source of employment offered
<input type="checkbox"/> 255	Refuses to accept training or education
<input type="checkbox"/> 276	Death before determination: outstanding medical bills
<input type="checkbox"/> 284	Minor failed to complete high school education
<input type="checkbox"/> 285	Other
<input type="checkbox"/> 308	Refused offer of a home (minor)
<input type="checkbox"/> 521	Six months 1st offense – less than \$1,000
<input type="checkbox"/> 522	Twelve months 2nd offense – less than \$3,900
<input type="checkbox"/> 523	Twelve months 1st offense – between \$1,000 & \$3,900
<input type="checkbox"/> 524	Eighteen months if 3rd offense
<input type="checkbox"/> 525	Eighteen months if 1st offense – more than \$3,900
<input type="checkbox"/> 526	Eighteen months if 2nd offense – more than \$3,900
<input type="checkbox"/> 527	Five years 4th or subsequent offense
<input type="checkbox"/> 528	Court-ordered disqualification
<input type="checkbox"/> 625	Failed to furnish or apply for a Social Security number (refer only if pregnant – verified)
<input type="checkbox"/> Y50	Client request – withdraw PA/FS application

PA Case Closing/ Denial Code	Closing/Denial Reason
<input type="checkbox"/> E30	Excess income (no TMA)
<input type="checkbox"/> E34	Excess income -- receipt of SSI (HH=1)
<input type="checkbox"/> E72	Institutionalized (HH=1)
<input type="checkbox"/> E95	Died (HH=1)
<input type="checkbox"/> F12	Failure to apply for SSI
<input type="checkbox"/> F17	Failure to validate incorrect SSN (HH=1)
<input type="checkbox"/> F20	Failure to provide SSN (HH=1)
<input type="checkbox"/> F44*	Failure to comply with drug and/or alcohol screening (HH=1)
<input type="checkbox"/> F45*	Failure to comply with drug and/or alcohol assessment (HH=1)
<input type="checkbox"/> F46*	Failure to sign or revoke the treatment informational consent form (HH=1)
<input type="checkbox"/> F52	Failure to provide information -- Federal reporting
<input type="checkbox"/> F53	Refusal by parent to apply for child
<input type="checkbox"/> F81	Refused photo ID (HH=1)
<input type="checkbox"/> F84	Failure to sign lien (HH=1)
<input type="checkbox"/> F92	Ineligible alien (timely)
<input type="checkbox"/> F93	Failure/refusal to sign citizenship/alien documentation (HH=1)
<input type="checkbox"/> F98	Client requests child care in lieu of temporary assistance
<input type="checkbox"/> FX1*	Failure to take part in rehabilitation -- first occurrence (HH=1) (will create infraction record)
<input type="checkbox"/> FX2*	Failure to take part in rehabilitation -- second occurrence (HH=1)
<input type="checkbox"/> FX3*	Failure to take part in rehabilitation -- third occurrence (HH=1)
<input type="checkbox"/> G41	Voluntary quit or reduced earnings -- recipient (HH=1)
<input type="checkbox"/> G92	Client request -- PA only (written)
<input type="checkbox"/> G96	Client request -- PA only (verbal)
<input type="checkbox"/> M15	Failure to sign repayment or earnings assignment
<input type="checkbox"/> M35	Lump sum -- no good reason provided
<input type="checkbox"/> M37	Lump sum -- shortened ineligibility period, ineligible budget required
<input type="checkbox"/> M48	Refused parent's offer of a home
<input type="checkbox"/> M71	Continue applicant voluntary quit sanction (HH=1)
<input type="checkbox"/> M76	Continue multi-benefit 10-year sanction (HH=1)
<input type="checkbox"/> M77*	Continue drug/alcohol sanction (HH=1) (no infraction record created)
<input type="checkbox"/> M78*	Continue intentional program violation (IPV) sanction (HH=1)
<input type="checkbox"/> M79	Fail to report absence of child (HH=1)
<input type="checkbox"/> M88	Failure to comply with finger imaging requirement (HH=1)
<input type="checkbox"/> N13	Failure to apply for or use benefits or resources

*If under 21 or age 65 or older, refer for Medicaid Separate Determination. If between 21 and 64 (not yet 65), no Medicaid Separate Determination required.

PA Case Closing/ Denial Code	Closing/Denial Reason
<input type="checkbox"/> N14	Household member failed to apply
<input type="checkbox"/> N16	Failure to contact agency
<input type="checkbox"/> N17	Failure to complete eligibility process
<input type="checkbox"/> N19	Failure to complete requirement to look for work
<input type="checkbox"/> N21	Failure to complete employment assessment
<input type="checkbox"/> U40	Excess resources
<input type="checkbox"/> U41	Transfer of resources
<input type="checkbox"/> U42	Excess resources -- failed to sell property
<input type="checkbox"/> U44	Excess resources -- deemed resources of alien sponsor
<input type="checkbox"/> V21	Failure to provide verification (adequate)
<input type="checkbox"/> V23	Failure to provide verification -- parent/spouse
<input type="checkbox"/> V24	Failure to provide verification -- grandparent
<input type="checkbox"/> V25	Failure to provide verification -- filing suit
<input type="checkbox"/> W10	Fail to keep investigatory appointment
<input type="checkbox"/> W23	Failure to provide verification -- parent/spouse
<input type="checkbox"/> W40	Failed/refused to become employed (HH=1)
<input type="checkbox"/> WE1	Failure to comply with employment requirements (HH=1) (timely)
<input type="checkbox"/> WE2	Failure to comply with employment requirements (HH=1) (timely)
<input type="checkbox"/> WE3	Failure to comply with employment requirements (HH=1) (timely)
<input type="checkbox"/> WS1*	Six months 1st offense -- less than \$1,000 (HH=1) manual notice required
<input type="checkbox"/> WS2*	Twelve months 2nd offense -- less than \$3,900 (HH=1) manual notice required
<input type="checkbox"/> WS3*	Twelve months 1st offense amount between \$1,000 and \$3,900 (HH=1) manual notice required
<input type="checkbox"/> WS4*	Eighteen months if 3rd offense (HH=1) -- manual notice required
<input type="checkbox"/> WS5*	Eighteen months if 1st offense more than \$3,900 (HH=1) manual notice required
<input type="checkbox"/> WS6*	Eighteen months if 2nd offense more than \$3,900 (HH=1) manual notice required
<input type="checkbox"/> WS7*	Five years 4th or subsequent offense (HH=1) -- manual notice required
<input type="checkbox"/> WS8*	Court ordered disqualification (HH=1) manual notice required
<input type="checkbox"/> Y50	Client request to withdraw application (POS)
<input type="checkbox"/> Y95	Case closed after being accepted for emergency assistance -- manual notice required

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PA/MA Individual Line Denial Code	Individual Line Denial Reason
<input type="checkbox"/> E94	Receiving SSI
<input type="checkbox"/> F35	Fleeing felon/prob. – parole violator (PA only)
<input type="checkbox"/> F75	Temporary absence of minor
<input type="checkbox"/> F76	Minor parent not in school (PA only)
<input type="checkbox"/> F88	Failure to comply w/ AFIS – NLRR (PA only)
<input type="checkbox"/> F92	Ineligible alien
<input type="checkbox"/> F93	Failure/refusal to sign citizenship/alien declaration
<input type="checkbox"/> M33	Excess income – deemed income of alien sponsor (PA only)
<input type="checkbox"/> N31	Voluntary quit: applicant (denial only)
<input type="checkbox"/> N44	Fail to get medical statement (PA only)
<input type="checkbox"/> N49	Living arrangements – preg./minor parent – no H/S claim (PA only)
<input type="checkbox"/> N50	Living arrangements – preg./minor parent – H/S claim denied (PA only)
<input type="checkbox"/> U44	Excess resources – deemed resources of alien sponsor (PA only)
<input type="checkbox"/> Y98	Other – manual notice req. (no MA Ext./E)
<input type="checkbox"/> Y99	Other – manual notice req. – 1-mo. MA extension

Exception reason (check reason that this case should not be given a Medicaid Separate Determination)

- Applicant declines a Medicaid Separate Determination
- All members on PA application are currently Medicaid recipients or applicants
- PA denial reason (code) also disqualifies applicant from MA (please specify):