



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #04-34-SYS

WMS SOFTWARE VERSION 2004.3

Date: November 26, 2004	Subtopic(s): Welfare Management System (WMS)
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AUDIENCE

The instructions in this policy directive are for all Welfare Management System (WMS) users in the Job Centers, Non-Public Assistance (NPA) Food Stamp (FS) Centers, and ancillary sites. It is informational for all other staff.

POLICY

New York State's Welfare Management System is updated on a regular basis to reflect changes in City, State, and Federal regulations. The WMS software release for 2004.3 migrated to production on November 22, 2004.

SYSTEM ENHANCEMENTS

WMS Software Version 2004.3 includes the following changes:

- Autoclose Resource File Integration (RFI) Matches with Social Security Administration (SSA) Deceased Recipients
- Fix to Edits on the Intentional Program Violation (IPV) Indicator Flag
- Extended Recertification Periods of 24 or 48 Months
- New Rejection Codes for Non-Separate Determination Cases
- Medical End Date Calculation and Mass Rebudgeting (MRB)
- New Field on **NSBL06** Screen
- Remove edit for Codes **02** and **79** Payment Not on Roll (PNOR) Payments
- Make Food Stamp (FS) Fiscal Operations a "Supersite"
- Fix Edit on Employment Sanctions for Food Stamps
- Utility and Rent Arrears Auto Recoupment Program

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*

Autoclose RFI Matches with SSA Deceased Recipients

The autoclose is only for single-person households (H/H = 1). For multiperson households, staff must continue to follow instructions in PB #04-155-SYS.

WMS will automatically generate closings for single-person public assistance (PA), non-public assistance food stamp (NPA FS), and Medicaid (MA) cases, reported deceased through the Social Security Administration (SSA) match on the Resource File Integration (RFI) subsystem. The SSN validation code for deceased individuals is code **X**. (For additional information regarding code **X** refer to PB #04-155-SYS [New Social Security Number Validation Code]).

Match results are obtained from the Social Security Administration and SSA benefit data is posted on the SSA/RSDI Individual Information Inquiry (**NQRF04**) screen. When the participant (in a single-person household) is deceased, the SSA message shows DECEASED with the Date of Death. When SSA validates the SSN and reports the individual is deceased, RFI will flag the case for closing. WMS selects the flagged cases and automatically triggers a case closing when the household size equals one for PA, NPA FS, and MA.

The Client Notice System (CNS) closing code used to automatically close the case is **E95** (Died [HH=1]). The Date of Death from RFI is the **Amplification Date**. Current CNS rules for case closings will be followed.

Fix to Edits on the IPV Indicator Flag

Refer to PD #00-18R
(Intentional Program
Violations)

The Intentional Program Violation (IPV) Indicator Flag is used by the Office of Fiscal Operations (Originating Center EPF) to identify inactive individuals that committed an IPV offense. This results in an IPV sanction that prevents those individuals from being activated.

The four values for the IPV Indicator Flag are:

- **P** – IPV Sanction for PA (public assistance) only
- **F** – IPV Sanction for FS (food stamps) only
- **B** – IPV Sanction for PA and FS
- **L** – Lift Sanction Flag

The IPV Indicator Flag is displayed on the bottom right corner of the Client Information (**NQIN2A**) screen. A message also appears on the Turnaround Document (TAD) (**LDSS-3517**) that there is an IPV Indicator Flag on a particular line number.

The new edits on the flags are now identical through the eligibility and undercare subsystems as follows:

Codes to prevent openings

- Entry of **P** prevents the opening of an individual (active or single issue status) for PA only
- Entry of **F** prevents the opening of the individual for FS only
- Entry of **B** prevents the opening of the individual for PA and FS
- Entry of **L** allows the opening for PA and FS
- Entry of IPV opening override code **101** will allow the opening of the individual for PA only, even when the IPV Indicator Flag is **P**, **F**, or **B**. This code is restricted to the Office of Fiscal Operations (Originating Center EPF).

Override code can only be entered by the Office of Fiscal Operations

Note: There is no override opening code for FS.

Extended Recertification Periods of 24 or 48 Months

Currently, NPA FS cases located at F15 are on a 24-month recertification cycle. Two additional classes of cases are eligible for the extended recertification period of 24 or 48 months:

- Certain non-F15 cases (after the Continuing Eligibility Date [CED] is entered); and
- NPA FS SSI Nutrition cases.

NPA FS cases

To qualify for the 24-month recertification period:

- All adults are age 60 or older on the first day of the recertification period; or
- All adults ages 18 through 59 on the first day of the recertification period have an income source code indicating disability for food stamps, such as:
 - **16** – Black Lung Disease Program
 - **27** – Social Security Disability (SSD) Benefit
 - **31** – SSI Benefit
 - **48** – Income from Spina Bifida

Households with individuals age 17 and under must have an adult meeting the above criteria and all active individuals must have an Employability Status (ES) code of **WE**.

NPA FS SSI Nutrition cases qualify for a 48-month certification period when they have the following Shelter Codes:

- **94** – SSI Nutrition Assistance Program: Household Eligible For Full FS SUA – High Shelter Cost
- **95** – SSI Nutrition Assistance Program: Household Eligible For Full FS SUA – Low Shelter Cost
- **96** – SSI Nutrition Assistance Program: Household Not Eligible For Full FS SUA – High Shelter Cost
- **97** – SSI Nutrition Assistance Program: Household Not Eligible For Full FS SUA – Low Shelter Cost
- **98** – SSI Nutrition Assistance Program: SUA Eligibility and Shelter Cost Unknown

HASA Cases

Effective November 22, 2004, HIV/AIDS Services Administration (HASA) cases will be provided an initial and ongoing recertification period of 24 months. To qualify for the 24-month recertification period, the following must occur:

- The **Unit Worker** field displays a leading **7**, **8**, or **9**.
- Only adults age 18 and older (no minor children) are on the case.
- There is no earned income (income source code **01**) budgeted for the case.
- All individuals on the case are in receipt of SSI.
- The case is budgeted for a supplemental Safety Net Assistance (SNA) grant for enhanced shelter (**Shelter Proration Indicator Code is A** – Enhanced Shelter Calculation).

New Rejection Codes for Non-Separate Determination Cases

Currently, there is no generic PA case rejection code that would divert the case from automated separate FS determination processing. Effective November 22, 2004, new PA rejection code, Code **319** – OTHER, prevents the processing of cases for automated separate determination when reasons exist to deny both the PA and FS applications. PA Rejection Code **319** should also be used in instances when an individual who currently has an active NPA/FS case applies for PA/MA/FS and does not comply with the PA eligibility requirements.

Medical End Date
Calculation and
Mass Rebudgeting
(MRB)

Entries will be allowed
beginning 12/6/04

Refer to PD #04-35-ELI
for detailed instructions
on this process

The Medicare Prescription Drug Discount Program is being implemented for two years to provide eligible Medicare recipients in receipt of food stamps with help in paying for their prescription drugs. Effective December 6, 2004, eligible individuals will receive an additional medical deduction of \$73 per month if a date is entered in the **END** field. (See the New Field on the **NSBL06** Screen section on page 7.) Eligible individuals are defined as:

- Individuals who are age 65 or older
- Individuals under age 60, disabled, and not receiving MA or SSI
- Individuals who are age 60–64 and not in receipt of MA or SSI but are determined eligible by the JOS/Worker for Medicare Prescription Drug Discount Program eligibility
 - For this population, the JOS/Worker is required to determine if the individual is disabled (e.g., in receipt of Social Security Disability [SSD]) since the Aged/Disabled (**A/D**) indicator equals **X** based on the individual's age and the individual's disability is not known to the system.

When an entry is made in the new **END** field on the **NSBL06** screen the system automatically adds \$73 to the **MED: AMT** field. The amount will be reflected in the totals displayed on the Budget Results (**NSBL80**) screen, Food Stamp Budget Calculation Report for NPA and NPA-SSI Cases (**WINR0153**), and Food Stamp Budget Calculation Report for PA and PA-SSI Cases (**WINR0154**) reports. See the examples below for descriptions of what is displayed in WMS and on FS Budget Calculation reports.

Example 1:

If the **MED: AMT** field is blank, WMS will add \$73 to the field. The **NSBL06** screen displays blank; however the total amount calculated and displayed on the **NSBL80** screen, **WINR0153** report, and **WINR0154** report will be \$73.

Example 2:

If the **MED: AMT** field contains a **Medicare Part B amount** (\$66.60), WMS will add \$73 to **MED: AMT** and continue to display the **Medicare Part B amount** on the **NSBL06** screen. The total amount calculated and displayed on the **NSBL80** screen, **WINR0153** report, and **WINR0154** report will be \$139.60 (\$66.60 + \$73).

Example 3:

If the **MED: AMT** field contains a **Medicare Part B amount** (\$66.60) and the Worker inputs an additional amount for medical bills not covered by Medicare (\$150) to the field, WMS will add \$73 to **MED: AMT** and display \$216.60 (\$66.60 + \$150.00) on the **NSBL06** screen. The total amount for calculation and displayed on the **NSBL80** screen, **WINR0153** report, and **WINRO154** report will be \$289.60 (\$216.60 + \$73).

The system will continue to deduct \$35 per suffix eligible for medical expense deductions. The deduction is reflected on the **WINR0153** report on **Line 12 – Allowable Monthly Medical Deductions** and on the **WINR0154** report on **Line 15 – Allowable S/M Medical Deductions**.

When the date in the **END** field is removed, the system will automatically subtract \$73 from the total amount in the **MED: AMT** field. The amount displayed in the **MED: AMT** field on the **NSBL06** screen remains unchanged; however, the subtraction will be reflected in the totals displayed on the **NSBL80** screen, **WINR0153** report, and **WINR0154** reports.

Mass rebudgeting

Effective December 2004, the system will:

- Produce a file of selected individuals eligible for the medical deduction,
- Add the date of 12/2006 in the **END** field, and
- Rebudget the case. A laser letter will be sent out to cases with the Food Stamp changes.

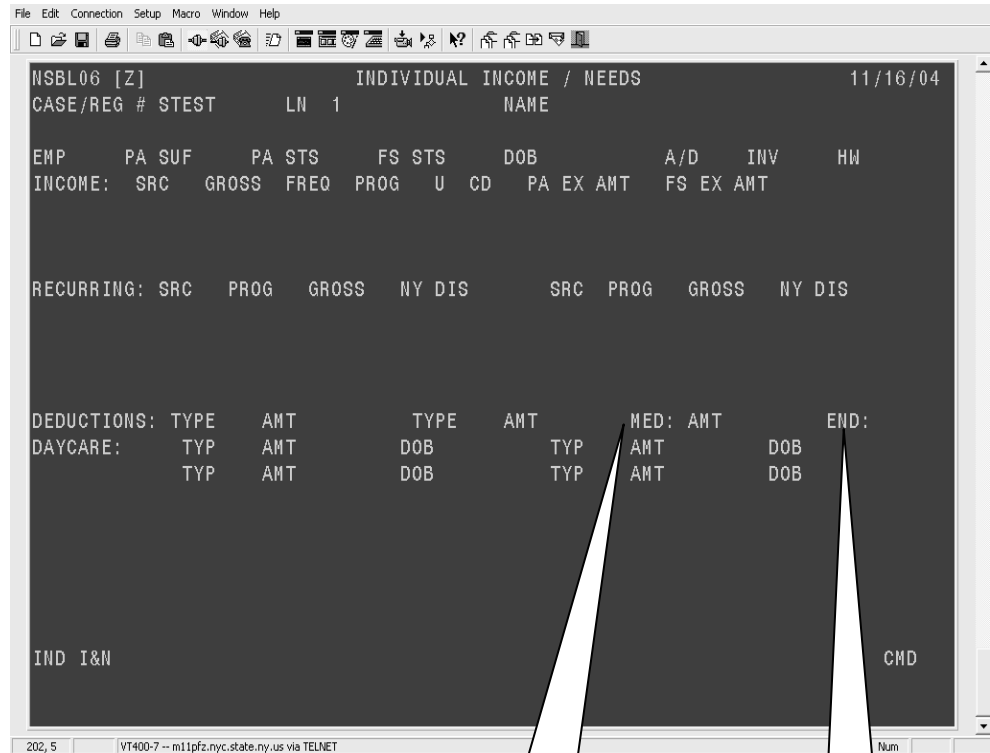
A mass rebudget will be run in December 2006 (for budgets effective January 2007, the approximate end of the program) to remove the date in the **END** field equal to or earlier than 12/2006.

New Field on
NSBL06 Screen

Entries will be allowed
beginning 12/6/04

In effort to provide systems support in budgeting the additional FS medical deduction (described above), a new field, **END**, will be created on the **Individual Income/Needs** screen (**NSBL06**) and available in production effective December 6, 2004. The field will be used to indicate that the household is eligible for an additional FS medical deduction of \$73.

The **END** field will appear to the right of the **MED BILLS: AMT** field. The **MED BILLS: AMT** field will be revised to read **MED: AMT**. The acceptable value for the **END** field is the six-digit month and year, with no spaces (i.e., MMYYYY) or blanks. The date can be entered or removed by Worker entry or through mass rebudgeting.



Revised
MED: AMT
field

New **END**
field

The following edits apply to the new **END** field:

A budget effective date earlier than 12/A/04 will not display the new field.

- An entry is allowed in the new field only for budgets with an effective date of 12/A/04 or later.
 - The value in the **END** field must be equal to the budget effective date or later; otherwise the system highlights the entry and displays the error message END DTE MUST BE A FUTURE DATE.
- When an entry is made in the **END** field, the individual PA status must equal Closed (CL), Denied (RJ), or Not Applying (NA); otherwise the system displays the error message PA STATUS CONFLICTS WITH END DTE.
- An entry of **X** must be present in the Aged/Disabled (**A/D**) field when there is an entry in the **END** field. If the **A/D** field is blank, then upon transmission from the **NSBL06** screen the system displays the error message A/D INDICATOR REQUIRED.
- When the **NSBL06** screen displays **Income Source Code 31** (SSI Benefit), no value is valid in the **END** field. The system displays the error message END DTE NOT ALLOWED WITH INC SRC 31.

- When the **NSBL06** screen displays a value in the **END** field, entry **31** is not valid in the **Income Source Code** field. The system displays the error message INC SRC CD 31 NOT ALLOWED WITH END DTE.

Remove Edit for
Codes **02** and **79**
PNOR Payments

Payment Not on Roll (PNOR) payments are manual emergency checks (E-checks) that have been issued as codes **02** (Regular Allowance [Recurring Needs]) and **79** (SSI Individual Not on PA or FS case), but not data-entered in WMS at the time of issuance. The paid E-checks are returned to HRA by the bank. If one of the E-checks has not been data-entered into WMS after six months of the issuance date, a record of the check is sent on a special PNOR file to WMS in order for the check to be posted to the WMS Benefit History and routed through normal channels. The **Period Covered Dates** will remain blank in WMS since the period covered by the E-check is unknown.

In the past, a WMS edit prevented the issuance of the next recurring FS and/or PA grant when a check with issuance code **02** or **79** had blank **Period Covered Dates**. Effective this software version change, when checks with issuance codes **02** and **79** appear on the **Benefits Issuance** screen, WMS examines the checks' name field. If the field contains **CASHD MANL E-CHK**, the system will allow the issuance of the next recurring FS Benefit and/or PA grant.

Make FS Fiscal
Operations a
"Supersite"

The Office of FS Fiscal Operations is responsible for the data-entry of all sites citywide, both PA and NPA. Currently, it can only data enter job type **04** (Undercare) with the originating ID as EPF. Additionally, the Office of FS Fiscal Operations batches all documents one job at a time for all sites. All actions are input for one site at a time, which causes multiple batch transmittals for the same actions under the same job types.

Data entry is also required to input sanction codes from the Bureau of Fraud Investigation (BFI), out-of-town requests for recoupment/sanctions to be added to WMS, budgets and rebudget requests as a result of Fair Hearing Compliances. Effective November 22, 2004, the Office of FS Fiscal Operations is a “Supersite” having all-site capability and the ability to enter all WMS job types, including the following:

- **01** – Transaction Cancel
- **03** – Eligibility
- **04** – Undercare
- **05** – PA Single Issue
- **06** – FS Single Issue
- **07** – Eligibility Error Correction
- **08** – FS Recoupment
- **09** – PA Recoupment
- **10** – Undercare Error Correction
- **15** – Fair Hearing Update
- **18** – EPFT Pull

Fix Edit on
Employment
Sanctions for Food
Stamps

Currently, WMS edits are preventing the activation of individuals for FS when these same individuals are sanctioned for failure to comply with PA employment rules. The edits are now changed to allow the opening of the individuals for FS only, even when the PA sanction period has not expired.

Note: This change is not required for PA Drug/Alcohol sanctions, which currently do not prohibit the opening of FS.

Utility and Rent
Arrears Auto
Recoupment
Program

The Utility and Rent Arrears Auto Recoupment Program will use the Responsible Center for the PA case as the Originating Center for code **41** (Con Edison) recoupment transactions. The change prevents the transactions from generating errors when the Originating Center is not an eligible Originating Center for a Recoupment transaction.

For example:

The Landlord Ombudsman Services Unit (LOSU) data enters transactions for Riverview Job Center (#37). Code **41** transactions previously processed resulted in errors since the Originating Center entered for LOSU (**DOR**) is not an eligible Originating Center for a recoupment transaction. For each code **41** transaction entered by LOSU for Riverview Job Center the Originating Center ID will appear as **037**.

REQUIRED ACTION

New Rejection Codes for Non-Separate Determination Cases

To reject a PA case that is also ineligible for FS, the JOS/Worker must enter code **319** – Other on the TAD. Code **319** is a rejection code and will not automatically close an existing NPA/FS case. The statuses for MA and FS are also **RJ**. Issue a manual notice.

Example:

When an applicant for PA/FS is currently in receipt of NPA/FS and does not comply with PA eligibility requirements, the JOS/Worker will deny the PA/FS application with PA rejection code **319** – OTHER. This will deny the PA case and prevent the case from being processed via the automated separate determination for FS process. The JOS/Worker must also enter the appropriate FS denial code.

Medical End Date Calculation and MRB

JOS/Workers notified by participants that they are enrolled in the Medicare-approved Prescription Drug Discount Card Program must ensure the case is budgeted for the additional medical deduction. If enrolled prior to 2005, the JOS/Worker must enter the six-digit month and year (24 months after the enhanced medical expense is first budgeted) in the **END** field on the **NSBLO6** screen.

Additional instructions are provided in PD #04-35-ELI.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

Revisions related to the Paperless Office System (POS) will be covered in the policy bulletin entitled POS Version Change 8.3. (See PB #04-202-SYS for detailed instructions.)

Food Stamp Implications

Single-person NPA/FS and PA cases flagged due to the individual being deceased will automatically be closed for FS by WMS.

Medicare Prescription Drug Discount Program

Regarding the Medicare Prescription Drug Discount Program, individuals eligible for the additional medical deduction may receive an increase in Food Stamp Benefits.

Edit on Employment Sanctions for FS

Work rules required individuals sanctioned due to a failure to comply with employment rules will be eligible for food stamps only after the end of the durational FS sanction.

Medicaid Implications A separate determination for Medicaid is required when PA Rejection Code **319** is used to deny a PA/MA/FS case for failure to comply with PA eligibility requirements.

FAIR HEARING IMPLICATIONS

Avoidance/Resolution Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

The FH&C AJOS/Supervisor I will listen to and evaluate the applicant/participant's complaint. After reviewing the case file and discussing the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor, s/he will determine if the action taken was correct. If the determination is that the action taken was correct, the FH&C AJOS/Supervisor I will explain the reason for the determination to the applicant/participant. If the explanation is accepted, no further action is necessary. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the action taken was incorrect or correct but lacking the supporting documentation, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken. In addition, if the adverse case action still shows on the **Pending (08)** screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**) if the case has been granted aid continuing (ATC) to change the **02** to an **01**, or a PA Recoupment Data Entry Form (**LDSS-3573**) to delete a recoupment. The **M-186a** must also be prepared.

NPA FS cases If an applicant/participant comes to the Food Stamp Center and requests a conference, the Receptionist must alert the Center Director's designee that the individual is to be seen. If the individual contacts the Eligibility Specialist directly, advise him/her to call the Center Director's designee.

The Center Director's designee will listen to and evaluate the participant's complaint regarding the case closing. After reviewing the documentation, case record and discussing the issue with the Group Supervisor/Eligibility Specialist, the Center Director's designee will make a decision. The Center Director's designee will decide to resolve or defend the case based on all factors and on whether the case action was taken correctly. The Center Director's designee is responsible for ensuring that further appeal by the applicant/participant through a fair hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the fair hearing process.

Evidence Packets Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing which has already been requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY **Case Notes** screens.

REFERENCES

- 04-ADM-07
- SPP #2003-00156
- SPP #2003-00946
- SPP #2003-00984
- SPP #2004-00298
- SPP #2004-00531
- SPP #2004-00576
- SPP #2004-00603
- SPP #2004-00397
- SPP #2004-00528
- SPP #2004-00637

RELATED ITEMS

- PB #04-202-OPE POS Version Change 8.3
- PB #04-155-SYS New Social Security Number Validation Code
- PD #00-18R Intentional Program Violations
- PD #04-35-ELI Food Stamp Medical Deduction for Medicare Prescription Drug Discount Card Holders