



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #11-08-ELI *(This Policy Directive Replaces PD #10-23-ELI)*

MEDICAID SEPARATE DETERMINATIONS

Date: March 1, 2011	Subtopic(s): Medicaid
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AUDIENCE The instructions contained in this policy directive are for staff at all Job Centers, and are informational for all other staff.

REVISIONS TO PRIOR PROCEDURE This policy directive has been revised to include the new process by which Medicaid Separate Determinations (MSDs) will be forwarded automatically by the Paperless Office System (POS) and Welfare Management System (WMS) to Medicaid for an eligibility determination. Tracking of MSDs will no longer be processed through the MAPPER system.

In addition, the Referral from Cash Assistance for Separate Determination of Medical Assistance form (**M-42f**) has been revised to reflect the current closing and denial codes that require an MSD.

POLICY If an applicant/participant is denied or becomes ineligible for Cash Assistance (CA), for a reason that does not apply to the eligibility requirements for Medical Assistance (MA), an MSD is required.

An applicant may choose to apply for CA and Food Stamps (FS) and not apply for MA. In such cases, if the CA application is denied, an MSD is not required.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

REQUIRED ACTION

A new process has been created to automate the processing of cases where a Medicaid Separate Determination (MSD) is required. For cases requiring MSD, POS will submit MA-relevant data and documents entered on the CA case to the Eligibility Data and Image Transfer System (EDITS) for processing of the MA decision or deferral for required MA documentation. Intervention by the JOS/Worker is no longer required.

Denial of the CA Application

If an applicant applies for CA, MA, and FS and is deemed ineligible for CA with a denial code that requires an MSD, a referral to the Medical Assistance Program (MAP) is required.

Form **M-42f** lists the closing and denial codes that require an MSD.

The process to make a decision on an application remains unchanged.

The JOS/Worker must complete all required updates at the suffix and individual levels on the POS TAD and run the business rules per current procedure.

In most instances a Client Notices System (CNS) notice will be automatically generated to notify the applicant of the action taken on his/her case. There are some instances where a manual notice must be sent instead of the CNS notice.

In certain instances, POS will alert the JOS/Worker to complete the manual Forms [LDSS-4013A NYC](#) and [LDSS-4013B NYC](#) instead of sending an automated CNS notice.

When a manual notice is required, POS will alert the JOS/Worker that he/she must complete the Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (NYC) Part A (**LDSS-4013A NYC**) and Action Taken on Your Application: Public Assistance, Food Stamp Benefits and Medical Assistance Coverage (NYC) Part B (**LDSS-4013B NYC**).

POS will receive nightly files from the NYC MAPPER system of individuals with eligibility decisions processed five business days earlier. These files will indicate whether the case was reopened since the initial decision and whether the individual was found in an open status (applying [**AP**], active [**AC**], single issue [**SI**] or Medical Suspension [**IC**]) on a CA or MA case.

The Automated MSD and POS systems check WMS to determine whether:

- the application was a CA-only application for emergency assistance only;
- the individual did not apply for MA;
- the denied CA case was reopened;
- the individual is in AP, SI or AC status on an open CA case;
- the individual is in AP, AC, or IC status on an open MA case;
- the individual was not part of the denied application and is a line added by WMS through the case-reuse process; or
- the individual was in AC status for MA on the CA case and the CA case was closed from SI status.

If any one of the above conditions is true, an MSD is not required for the individual. POS will update the CA case history to indicate that an MSD was not required.

Closed undercare cases do not require a separate medicaid determination.

For cases with a closed CA status, POS will verify whether the closing was a single issue closing. If the closing was not a single issue closing, the case will be marked as not requiring MSD because the closing code will determine whether or not MA is continued. If the closing is a single issue closing, the case will be marked as requiring an MSD.

For cases identified as requiring an MSD, POS will:

- update the CA case history to indicate that an MSD is required for the CA application;
- extract the demographics, interview data, and documents acceptable for MA eligibility from the CA case; and
- create MA files for submission of the MSD case to the EDITS.

POS will update the case activity history for the CA case with the outcome of this system review for MSD.

EDITS will process the submitted files and documents to create the MA-only case for an MSD. If sufficient documentation was submitted for MA eligibility, the cases are queued for review and decision by Medical Insurance and Community Services Administration (MICSA) eligibility staff. If additional documentation is required, the case is queued in EDITS for review and deferral by MICSA eligibility.

CA Withdrawals

When the applicant elects not to pursue an application for CA but is interested in continuing the application for MA, the JOS/Worker must:

- use code **G92** (Client Request - Written - PA Only) or **G96** (Client Request - Verbal - PA Only) to withdraw the CA application; and
- make a case entry in POS, stating the reason(s) for the withdrawal.

MA Eligibility Extensions for Participants Whose CA Cases are Being Closed

All CA case closing codes that do not clearly make the household ineligible for MA (e.g., death, non-State resident) will generate a future MA "To Date" that will allow the participant to remain eligible for a fixed period of time. This is usually for one month after the month of closing, unless otherwise specified. Closing codes that provide transitional benefits will allow MA to continue for up to an additional 12 months.

MA is automatically continued for:

- pregnant women for a period up to 60 days past the Estimated Date of Confinement (EDC);
- children under one year of age until their first birthday, if the mother was receiving MA on their date of birth; and
- children, under age 19, who are eligible under the expanded poverty level or low-income family categories, for 12 months from the date of eligibility determination or redetermination.

All other CA case closings will extend MA benefits for a period of one month beyond the month of closing.

Prior to the end of the extended MA coverage, MAP will notify the household to report for a redetermination of MA eligibility.

**PROGRAM
IMPLICATIONS**

Paperless Office
System (POS)
Implications

POS will check WMS to determine whether an applicant/participant requires an MSD, and update the CA case history to indicate whether or not an MSD is required.

If the individual does require an MSD, POS will extract the demographics, interview data, and documents acceptable for MA eligibility from the CA case and create MA files for submission of the MSD case to EDITS.

Food Stamp
Implications

If an applicant withdraws his/her CA application but wishes to continue an FS application, a separate FS determination must be made.

**LIMITED ENGLISH-
SPEAKING
ABILITY (LESA)
AND HEARING
IMPAIRED
IMPLICATIONS**

For Limited English-Speaking Ability (LESA) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #10-12-OPE](#) and [PD #08-20-OPE](#).

**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. In Model Offices, the Receptionist at Main Reception will issue an FH&C ticket to the applicant/participant to route him/her to the FH&C Unit and does not need to verbally alert the FH&C Unit staff.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain the reason for the Agency's action(s) to the applicant/participant.

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, 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](#)), change the 02 to an 01 if the case has been granted aid continuing (ATC), or prepare and submit a PA Recoupment Data Entry Form ([LDSS-3573](#)) to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report ([M-186a](#)).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency's action(s) should stand then the AJOS/Supervisor I will explain to the applicant/participant why s/he cannot settle the issue(s) in conference (SIC). The AJOS/Supervisor I must complete an **M-186a**.

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, already 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.

Evidence Packets 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

SSL 132(4)(d)
[OMM/ADM 97-2](#)
18 NYCRR 351.2 (i)
18 NYCRR 360-2.2

RELATED ITEM

[PB #10-110-SYS](#)

ATTACHMENT

 Please use Print on Demand to obtain copies of forms.

M-42f

Referral from Cash Assistance for Separate Determination of Medical Assistance (Rev. 3/1/11)

To: _____
(Medical Assistance Program Liaison)

Date: _____

From: _____

Case Number: _____

Case Name: _____

CA Application Filing Date: _____

Job Center Number: _____

CA: Closing Rejection

Date: _____

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

Check appropriate code

CA Case Closing/ Denial Code	Closing/Denial Reason
<input type="checkbox"/> E10	Failure to keep/complete interview: no scheduled appointment
<input type="checkbox"/> E18	Failure to keep BEV office appointment
<input type="checkbox"/> E19	Failure to keep BFI appointment
<input type="checkbox"/> E30	Excess income (no TMA)
<input type="checkbox"/> E34	Excess income – receipt of SSI (HH=1)
<input type="checkbox"/> E36	Excess income – increased support collection
<input type="checkbox"/> E38	Lump sum
<input type="checkbox"/> E39	Excess income – COLA
<input type="checkbox"/> E40	Excess income – budgeting error
<input type="checkbox"/> E65	Failure to complete an employment assessment (applicant employment assessment)
<input type="checkbox"/> E69	Failure to complete public assistance eligibility process
<input type="checkbox"/> E72	Institutionalized (HH=1)
<input type="checkbox"/> E91	Refusal to cooperate during recertification process
<input type="checkbox"/> E92	Failure to provide proof of citizenship or eligible alien status (HH=1)
<input type="checkbox"/> E95	Died (HH=1)
<input type="checkbox"/> EM5	Client request – Eligibility Mail-Out (Adequate Notice)
<input type="checkbox"/> F10	Failure to keep initial appointment/interview
<input type="checkbox"/> F11	Failure to access benefits (SYS GEN)
<input type="checkbox"/> F12	Failure to apply for SSI
<input type="checkbox"/> F33	Excess income – deemed income of an alien sponsor
<input type="checkbox"/> F52	Failure to provide information – federal reporting
<input type="checkbox"/> F53	Refusal by parent to apply for child
<input type="checkbox"/> F62	Moved out of district – BEV only
<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"/> G01	Failure to provide verification – (SYS GEN)

CA Case Closing/ Denial Code	Closing/Denial Reason
<input type="checkbox"/> G12	Failure to apply for SSI (HH=1) (SNCA/SNNC)
<input type="checkbox"/> G16	Failed to respond to two or more BEV notices left at residence
<input type="checkbox"/> G17	Several attempts at home visit
<input type="checkbox"/> G21	Failure to cooperate with BEV - income
<input type="checkbox"/> G22	Failure to cooperate with BEV - assets
<input type="checkbox"/> G23	Failure to cooperate with BEV - residence
<input type="checkbox"/> G24	Failure to cooperate with BEV - legally responsible spouse
<input type="checkbox"/> G25	Failure to cooperate with BEV - dependent child
<input type="checkbox"/> G26	Failure to cooperate - refused to answer questions
<input type="checkbox"/> G30	Close FA due to 60 month limit – no Safety Net application filed
<input type="checkbox"/> G31	Close FA due to 60 month limit - deny SNA – reason other than job search (separate notice required)
<input type="checkbox"/> G32	Close FA due to 60 month limit - deny SNA – refusal to sign repayment
<input type="checkbox"/> G33	Close FA due to 60 month limit - deny SNA – refusal to apply for child
<input type="checkbox"/> G36	Failure to complete the TA (6 Month) mail in recertification for cases on 12 month recertification schedule (adequate)
<input type="checkbox"/> G37	Failure to complete the TA (6 Month) mail in recertification for cases on 12 month recertification schedule
<input type="checkbox"/> G41	Voluntary quit or reduced earnings – recipient (HH=1)
<input type="checkbox"/> G55	In OASAS chemical dependence residential rehabilitation services for youth program
<input type="checkbox"/> G90	Client request – CA & FS – (written) (adequate notice)
<input type="checkbox"/> G92	Client request – CA only (written)
<input type="checkbox"/> G94	Client request – CA & FS – (verbal)
<input type="checkbox"/> G96	Client request – CA only (verbal)
<input type="checkbox"/> G99	Client request - CA & MA – (verbal)
<input type="checkbox"/> I46	Excess resources – 60+ client no longer in household
<input type="checkbox"/> M15	Failure to sign repayment or earnings assignment
<input type="checkbox"/> M25	Failure to respond to a computer match call-in
<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"/> M40	Intentionally providing incorrect information
<input type="checkbox"/> M44	Failure to get a medical statement (HH=1) (SNCA/SNNC)
<input type="checkbox"/> M48	Refused parent's offer of a home
<input type="checkbox"/> M49	Refused offer of a home
<input type="checkbox"/> M50	Refused offer of a home – rejection of claim that housing arrangement(s) would jeopardize health and safety
<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)

* 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.

CA Case Closing/ Denial Code	Closing/Denial Reason
<input type="checkbox"/> M79	Fail to report absence of child (HH=1)
<input type="checkbox"/> M81	Failed to provide verification (SYS GEN)
<input type="checkbox"/> M82	Failed to provide verification (SYS GEN)
<input type="checkbox"/> M88	Failure to comply with finger-imaging requirement (HH=1)
<input type="checkbox"/> MX1*	Failure to take part in rehabilitation – first occurrence (HH=1) (will create infraction record)
<input type="checkbox"/> MX2*	Failure to take part in rehabilitation – second occurrence (HH=1) (120-day sanction)
<input type="checkbox"/> MX3*	Failure to take part in rehabilitation – third occurrence (HH=1) (180-day sanction)
<input type="checkbox"/> N10	Failure to keep/complete eligibility appointment
<input type="checkbox"/> N12	Failure to apply for or use benefits or resources
<input type="checkbox"/> N13	Failure to apply for or use benefits or resources
<input type="checkbox"/> N14	Household member failed to apply
<input type="checkbox"/> N15	Failure to keep appointment – BEV/FEDS home visit
<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"/> N70	Failure to provide verification (SYS GEN)
<input type="checkbox"/> N71	Failure to provide verification (SYS GEN)
<input type="checkbox"/> N72	Failure to provide verification (SYS GEN)
<input type="checkbox"/> N88	Failure to comply with the automated finger imaging system (AFIS) requirements, homebound or group home resident (HH=1) (FA/SNFP)
<input type="checkbox"/> P30	Close FA due to 60 month limit – deny SNA – failure to comply with job search (FA/SNFP)
<input type="checkbox"/> P31	Close FA due to 60 month limit – deny SNA – failure to comply with employment assessment (FA/SNFP)
<input type="checkbox"/> P32	Close FA due to 60 month limit – deny SNA – refusal to take a job (FA/SNFP)
<input type="checkbox"/> P44*	Failure to comply with drug and/or alcohol screening (HH=1)
<input type="checkbox"/> P45*	Failure to comply with drug and/or alcohol assessment (HH=1)
<input type="checkbox"/> P46*	Failure to sign or revoked the treatment informational consent form (HH=1)
<input type="checkbox"/> PX1	Failure to take part in rehabilitation program – first offense (HH=1)
<input type="checkbox"/> PX2	Failure to Take Part in Rehabilitation Program – second offense (HH=1) (120-day sanction)
<input type="checkbox"/> PX3	Failure to Take Part in Rehabilitation Program – third offense (HH=1) (180-day sanction)
<input type="checkbox"/> R10	Failed to keep FEDS office appointment with agency investigator
<input type="checkbox"/> R11	Failed to keep FEDS office appointment with inspector general
<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"/> V20	Failure to provide verification
<input type="checkbox"/> V21	Failure to provide verification (adequate)
<input type="checkbox"/> V23	Failure to provide verification – parent/spouse

* 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.

CA Case Closing/ Denial Code	Closing/Denial Reason
<input type="checkbox"/> V24	Failure to provide verification – grandparent
<input type="checkbox"/> V25	Failure to provide verification – filing unit
<input type="checkbox"/> V26	Failure to provide verification – stepparent
<input type="checkbox"/> VE1	Intentional misrepresentation of a disability (HH=1) 90 day sanction
<input type="checkbox"/> W10	Fail to keep investigatory appointment
<input type="checkbox"/> W11	Failure to keep appointment for medical assessment
<input type="checkbox"/> W23	Failure to provide verification – parent/spouse
<input type="checkbox"/> W35	Fleeing felon
<input type="checkbox"/> W40	Failed/refused to become employed (HH=1)
<input type="checkbox"/> W44	Probation violator
<input type="checkbox"/> W45	Parole violator
<input type="checkbox"/> WC1	Failure to comply with employment requirements determined by the refugee service agency (HH=1) 90 day sanction (manual notice required)
<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"/> WX1	Failure to comply with employment requirements – 1st occurrence (HH=1) (FA/SNFP/SNCA/SNNC)
<input type="checkbox"/> WX2	Failure to comply with employment requirements – 2nd occurrence (HH=1) (FA/SNFP/SNCA/SNNC)
<input type="checkbox"/> WX3	Failure to comply with employment requirements – 3rd and subsequent occurrences (HH=1) (FA/SNFP/SNCA/SNNC)
<input type="checkbox"/> Y50	Client request to withdraw application (POS)
<input type="checkbox"/> Y78	Ineligible based upon BEV evaluation – manual notice required
<input type="checkbox"/> Y86	Other reason (BEV) – manual notice required
<input type="checkbox"/> Y87	Other reason (BEV) – manual notice required
<input type="checkbox"/> Y95	Case closed after being accepted for emergency assistance – manual notice required (Adequate)
<input type="checkbox"/> Y98	Other – manual notice required
<input type="checkbox"/> Y99	Other – manual notice required

* 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.

CA Individual Line Denial/Removal Code	Individual Line Denial/Removal Reason
<input type="checkbox"/> E19	Failure to keep BFI appointment
<input type="checkbox"/> E36	Excess income – increased support collection
<input type="checkbox"/> E38	Lump Sum
<input type="checkbox"/> E39	Excess income - COLA
<input type="checkbox"/> E40	Excess income - Budgeting Error
<input type="checkbox"/> E65	Failure to Complete Employment Assessment
<input type="checkbox"/> E91	Refusal to Cooperate During Recert Process
<input type="checkbox"/> E92	Failure to Provide Proof of Citizenship/Elig Alien
<input type="checkbox"/> EM5	Client Request - Eligibility Mailout - PA only
<input type="checkbox"/> F11	Failure to Access Benefits (System-generated)
<input type="checkbox"/> F39	Excess income - COLA
<input type="checkbox"/> F62	Moved Out of District - BEV 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 with AFIS - NLRR (PA only)
<input type="checkbox"/> F92	Ineligible Alien
<input type="checkbox"/> F93	Failure/Refusal to sign Citizen/Alien declaration
<input type="checkbox"/> G01	Failure to Provide Verification - (Sys-generated)
<input type="checkbox"/> G12	Failure to Apply for SSI (HH=1)
<input type="checkbox"/> G16	Failure to Respond to 2 or More BEV Notices Left
<input type="checkbox"/> G17	Several Attempts At Home Visit
<input type="checkbox"/> G21	Failure to Cooperate with BEV - Income
<input type="checkbox"/> G22	Failure to Cooperate with BEV - Assets
<input type="checkbox"/> G23	Failure to Cooperate with BEV - Residence
<input type="checkbox"/> G24	Failure to Cooperate with BEV -Legally Resp Spouse
<input type="checkbox"/> G25	Failure to Cooperate with BEV - Dependent Child
<input type="checkbox"/> G26	Failure to Cooperate with BEV - Refused to Answer
<input type="checkbox"/> G30	Close FA 60-Month Limit -No SN Appl. Filed
<input type="checkbox"/> G31	Close FA 60-Month Limit -Deny SNA Rsn Not Job Srch
<input type="checkbox"/> G32	Close FA 60-Month Limit -Deny SNA Ref to Sign Rep.
<input type="checkbox"/> G33	Close FA 60-Month Limit -Deny SNA Ref to Apply Chd
<input type="checkbox"/> G36	Failure to Complete TA Mail-in Recert for 12-mth
<input type="checkbox"/> G37	Failure to Complete TA Mail-in Recert for 12-mth
<input type="checkbox"/> G55	In OASAS Chem Dependence Res Rehab Servs for Youth
<input type="checkbox"/> G90	Client Request – PA & FS – (Written)
<input type="checkbox"/> G94	Client Request – PA & FS – (Verbal)
<input type="checkbox"/> G99	Client Request – PA & MA – (Verbal)

CA Individual Line Denial/Removal Code	Individual Line Denial/Removal Reason
<input type="checkbox"/> I46	Excess Resources - Elderly Person(s) Not in Home
<input type="checkbox"/> M25	Failure to Respond to Computer Match Call-In
<input type="checkbox"/> M33	Excess inc - deemed income of Alien sponsor (PA)
<input type="checkbox"/> M44	Failure to Get a Medical Statement (HH=1)
<input type="checkbox"/> M49	Refused Offer of a Home
<input type="checkbox"/> M50	Refused Offer of a Home -Rejection of Jeopardy Clm
<input type="checkbox"/> M81	Failure to Provide Verification - (Sys-generated)
<input type="checkbox"/> M82	Failure to Provide Verification - (Sys-generated)
<input type="checkbox"/> M88	Failure to Comply with AFIS Req - Not HB or GH Res
<input type="checkbox"/> N12	Failure to Apply for or Use Benefits or Resources
<input type="checkbox"/> N31	Voluntary Quit: Applicant (Denial only)
<input type="checkbox"/> N44	Failure to get Medical statement (PA only)
<input type="checkbox"/> N49	Living arrangement - Preg/Minor parent- NO HS claim (PA)
<input type="checkbox"/> N50	Living arrangement - Preg/Minor parent- HS denied (PA)
<input type="checkbox"/> N70	Failure to Provide Verification - (Sys-generated)
<input type="checkbox"/> N71	Failure to Provide Verification - (Sys-generated)
<input type="checkbox"/> N72	Failure to Provide Verification - (Sys-generated)
<input type="checkbox"/> N88	Failure to Comply with AFIS Req - HB or GH Residen
<input type="checkbox"/> P30	Close FA 60-Month Limit -Deny SNA Failure Job Srch
<input type="checkbox"/> P31	Close FA 60-Month Limit -Deny SNA Fail Empl Assess
<input type="checkbox"/> P32	Close FA 60-Month Limit -Deny SNA Ref to Take Job
<input type="checkbox"/> P44	Failure to Comply with Drug and/or Alcohol Screening
<input type="checkbox"/> P45	Failure to Comply with Drug and/or Alcohol Assessment
<input type="checkbox"/> P46	Failure to Sign or Revoke the Treatment Info
<input type="checkbox"/> PX1	Failure to Take Part in Rehab Program
<input type="checkbox"/> PX2	Failure to Take Part in Rehabilitation Program – second offense (HH=1) (120-day sanction)
<input type="checkbox"/> PX3	Failure to Take Part in Rehabilitation Program – third offense (HH=1) (180-day sanction)
<input type="checkbox"/> R10	Failure to keep FEDS Appt w/Agency Investigator
<input type="checkbox"/> R11	Failure to keep FEDS Appt w/Inspector General
<input type="checkbox"/> U44	Excess resources - Deemed resource Alien sponsor (PA)
<input type="checkbox"/> V20	Failure to Provide Verification
<input type="checkbox"/> V26	Failure to Provide Verification – Stepparent
<input type="checkbox"/> VE1	Intentional Misrepresentation of Disability 90-Day
<input type="checkbox"/> W35	Fleeing Felon
<input type="checkbox"/> WC1	Failure to Comply with Employment Requirements by Refugee Srv Agy
<input type="checkbox"/> WX1	Failure to Comply with Employment Requirements 1st
<input type="checkbox"/> WX2	Failure to Comply with Employment Requirements 2nd

CA Individual Line Denial/Removal Code		Individual Line Denial/Removal Reason
<input type="checkbox"/>	WX3	Failure to Comply with Employment Requirements 3rd
<input type="checkbox"/>	Y86	Other Reason (BEV) - Manual Notice Required
<input type="checkbox"/>	Y87	Other Reason (BEV) - Manual Notice Required
<input type="checkbox"/>	Y95	CS closed after being Accepted for Emergency Assistance
<input type="checkbox"/>	Y99	OTHER - Manual notice required (1-month MA ext)

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

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

SAMPLE