



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #12-08-ELI *(This Policy Directive Replaces PD #11-08-ELI)*

MEDICAID SEPARATE DETERMINATIONS

Date: April 12, 2012	Subtopic(s): Medicaid
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 announce that the Referral from Cash Assistance for Separate Determination of Medical Assistance Form (M-42f) has been converted to the Cash Assistance Closing/Denial Codes Requiring Separate Medicaid Determinations Desk Guide. This new desk guide reflects the current closing and denial codes that require a Medicaid Separate Determination (MSD).
POLICY	<p>An MSD is required when 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).</p> <p>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.</p>
BACKGROUND	An automated process occurs in the processing of MSD cases. For cases requiring an MSD, the Paperless Office System (POS) submits MA-relevant data and documents entered on the CA case to the Eligibility Data and Image Transfer System (EDITS). EDITS subsequently processes the MA decision or deferral for required MA documentation. Intervention by the JOS/Worker 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

New

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

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.

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. However, 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 receives nightly files from the New York City (NYC) Maintaining and Preparing Executive Reports (MAPPER) system of individuals with eligibility decisions processed five business days earlier. These files 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;
- individual did not apply for MA;
- denied CA case was reopened;
- individual is in AP, SI or AC status on an open CA case;
- individual is in AP, AC, or IC status on an open MA case;
- individual was not part of the denied application and is a line added by WMS through the case-reuse process; or
- 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 are 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.

When a CA case is closed, POS verifies whether the closing was a single issue closing. If the closing is a single issue closing, the case is marked as requiring an MSD. If the closing was not a single issue closing, the case is marked as not requiring MSD because the closing code determines whether or not MA is continued.

POS executes the following for cases identified as requiring an MSD:

- 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 updates the case activity history for CA cases with the outcome of the system review for MSD.

EDITS processes 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.

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 allows 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 allow MA to continue for up to an additional twelve (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 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.

REQUIRED ACTION

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.

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.
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PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

POS checks 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.

Refer to PB #10-110-SYS

If the individual does require an MSD, POS extracts the demographics, interview data, and documents acceptable for MA eligibility from the CA case and creates 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 PROFICIENT (LEP) AND HEARING IMPAIRED IMPLICATIONS

For Limited English Proficient (LEP) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #11-33-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 Cash Assistance Closing/Denial Codes Requiring Separate Medicaid Determinations Desk Guide (Rev. 4/12/12)

Cash Assistance Closing/Denial Codes Requiring Separate Medicaid Determinations Desk Guide

CA Case Closing/Denial Code	Closing/Denial Reason
244	Client Request - Eligibility Mail-Out (SYSTEM GENERATED)
E10	Failure to Keep/Complete Initial Eligibility Interview: No Scheduled Appointment
E18	Failure to Keep BEV Office Appointment
E19	Failure to Keep BFI Appointment
E30	Excess Income (no TMA)
E34	Excess Income – Receipt of SSI (HH=1)
E35	Excess Unearned Income, Ineligible Budget Required
E36	Excess Income – Increased Support Collection
E38	Lump Sum
E39	Excess Income – COLA
E40	Excess Income – Budgeting Error
E65	Failure to Complete an Employment Assessment: (Applicant Employment Assessment)
E69	Failure to Complete Public Assistance Eligibility Process
E72	Institutionalized (HH=1)
E91	Refusal to Cooperate During Recertification Process
E92	Failure to Provide Proof of Citizenship or Eligible Alien Status (HH=1)
E95	Died (HH=1)
EM5	Client Request – Eligibility Mail-Out (Adequate Notice)
EZ1	Failed to Apply for SSI (HH=1)
EZ2	Failed to Appeal an SSI Denial (HH=1)
EZ3	Failed to Accept SSI (HH=1)
EZ4	Failed to Complete Application Steps for SSI (WeCare) (HH=1)
F10	Failure to Keep Appointment for Initial Eligibility Interview
F11	Failure to Access Benefits (SYS GEN)
F19	Refusal to Cooperate with Quality Control
F33	Excess Income – Deemed Income of an Alien Sponsor
F39	Excess Income - COLA
F52	Failure to Provide Information – Federal Reporting
F53	Refusal by Parent to Apply for Child
F62	Moved Out of District – BEV Only
F76	Minor Failed to Complete High School Education (HH=1)
F81	Refused Photo ID (HH=1)
F84	Failure to Sign Lien (HH=1)

CA Case Closing/ Denial Code	Closing/Denial Reason
F92	Ineligible Alien (timely)
F98	Client Requests Child Care in Lieu of Temporary Assistance
G01	Failure to Provide Verification – (SYS GEN)
G16	Failed to Respond to Two or More BEV notices Left at Residence
G17	Several Attempts at Home Visit
G21	Failure to Cooperate with BEV - Income
G22	Failure to Cooperate with BEV - Assets
G23	Failure to Cooperate with BEV - Residence
G24	Failure to Cooperate with BEV - Legally Responsible Spouse
G25	Failure to Cooperate with BEV - Dependent Child
G26	Failure to Cooperate - Refused to Answer Questions
G27	Failure to Cooperate - Documentation of Identity
G28	Failure to Cooperate - Proof of Identity
G29	Failure to Cooperate - Property
G30	Close FA Due to 60-Month Limit – No Safety Net Application Filed
G31	Close FA Due to 60-Month Limit - Deny SNA – Reason Other than Job Search (separate notice required)
G32	Close FA Due to 60-Month Limit - Deny SNA – Refusal to Sign Repayment
G33	Close FA Due to 60-Month Limit - Deny SNA – Refusal to Apply for Child
G36	Failure to Complete the TA (6-Month) Mail in Recertification for Cases on 12-Month Recertification Schedule (adequate)
G37	Failure to Complete the TA (6-Month) Mail-in Recertification for Cases on 12-Month Recertification Schedule
G40	Excess Income - Budgeting Error
G41	Voluntary Quit or Reduced Earnings – Applicant (HH=1)
G55	In OASAS Chemical Dependence Residential Rehabilitation Services for Youth Program
G60	Unable to Locate – BEV Only
G62	Moved Out of District
G81	Non-Cooperative Caretaker – Only Child/All Children Without Valid SSN or Application for SSN
G87	Client Request - Eligibility Mail-Out - PA Only (Adequate Notice)
G90	Client Request – PA & FS – (Written) (Adequate Notice)
G92	Client Request – PA Only (Written)
G94	Client Request – PA & FS – (Verbal)
G95	Died - BEV Only (HH=1) (Adequate)
G96	Client Request – PA Only (Verbal)
G99	Client Request - PA & MA – (Verbal)
I46	Excess Resources – 60+ Client No Longer In Household
M15	Failure to Sign Repayment or Earnings Assignment

CA Case Closing/ Denial Code	Closing/Denial Reason
M25	Failure to Respond to a Computer Match Call-In
M35	Lump Sum – No Good Reason Provided
M37	Lump Sum – Shortened Ineligibility Period, Ineligible Budget Required
M40	Intentionally Providing Incorrect Information
M44	Failure to Get a Medical Statement (HH=1) (SNCA/SNNC)
M48	Refused Parent's Offer of a Home
M49	Refused Offer of a Home
M50	Refused Offer of a Home – Rejection of Claim that Housing Arrangement(s) Would Jeopardize Health and Safety
M71	Continue Applicant Voluntary Quit Sanction (HH=1)
M76	Continue Multi-Benefit 10-year Sanction (HH=1)
M77*	Continue Drug/Alcohol Sanction (HH=1) (No infraction record created)
M78*	Continue Intentional Program Violation (IPV) Sanction (HH=1)
M79	Failed to Report Absence of Child (HH=1)
M81	Failed to Provide Verification (SYS GEN)
M82	Failed to Provide Verification (SYS GEN)
M88	Failure to Comply with Finger-Imaging Requirement (HH=1)
MX1*	Failure to Take Part in Rehabilitation – First Occurrence (HH=1) (will create infraction record)
MX2*	Failure to Take Part in Rehabilitation – Second Occurrence (HH=1) (120-day Sanction)
MX3*	Failure to Take Part in Rehabilitation – Third Occurrence (HH=1) (180-day Sanction)
N10	Failure to Keep/Complete Eligibility Appointment
N12	Failure to Apply for or Use Benefits or Resources
N13	Failure to Apply for or Use Benefits or Resources
N14	Household Member Failed to Apply
N15	Failure to Keep Appointment – BEV/FEDS Home Visit
N16	Failure to Contact Agency
N17	Failure to Complete Eligibility Process
N19	Failure to Complete Requirement to Look for Work
N20	Failure to Notify of Minor's Temporary Absence (HH=1)
N21	Failure to Complete Employment Assessment
N44	Failure to Get Medical Statement (HH=1)
N70	Failure to Provide Verification (SYS GEN)
N71	Failure to Provide Verification (SYS GEN)
N72	Failure to Provide Verification (SYS GEN)
N88	Failure to Comply with the Automated Finger Imaging System (AFIS) Requirements, Homebound or Group Home Resident (HH=1) (FA/SNFP)
P30	Close FA Due to 60 Month Limit – Deny SNA – Failure to Comply with Job Search (FA/SNFP)

SAMPLE

* 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
P31	Close FA Due to 60 Month Limit – Deny SNA – Failure to Comply with Employment Assessment (FA/SNFP)
P32	Close FA Due to 60 Month Limit – Deny SNA – Refusal to Take a Job (FA/SNFP)
P44*	Failure to Comply with Drug and/or Alcohol Screening (HH=1)
P45*	Failure to Comply with Drug and/or Alcohol Assessment (HH=1)
PX1	Failure to Take Part in Rehabilitation Program – First Offense (HH=1)
PX2	Failure to Take Part in Rehabilitation Program – Second Offense (HH=1) (120-day Sanction)
PX3	Failure to Take Part in Rehabilitation Program – Third Offense (HH=1) (180-day Sanction)
R10	Failed to Keep FEDS Office Appointment with Agency Investigator
R11	Failed to Keep FEDS Office Appointment with Inspector General
U40	Excess Resources
U41	Transfer of Resources
U42	Excess Resources – Failed to Sell Property
U43	Excess Resources - End of Six Month Period
U44	Excess Resources – Deemed Resources of Alien Sponsor
V20	Failure to Provide Verification
V21	Failure to Provide Verification (Adequate)
V23	Failure to Provide Verification – Parent/Spouse
V24	Failure to Provide Verification – Grandparent
V25	Failure to Provide Verification – Filing Unit
V26	Failure to Provide Verification – Stepparent
V50	Failure to Verify - BEV
VE1	Intentional Misrepresentation of a Disability (HH=1) 90-day Sanction
VE2	Intentional Misrepresentation of a Disability (HH=1) 150-day Sanction
VE3	Intentional Misrepresentation of a Disability (HH=1) 180-day Sanction
W10	Failure to Keep Investigatory Appointment
W11	Failure to Keep Appointment for Medical Assessment
W23	Failure to Provide Verification – Parent/Spouse
W35	Fleeing Felon
W40	Failed/Refused to Become Employed (HH=1)
W44	Probation Violator
W45	Parole Violator
WC1	Failure to Comply with Employment Requirements Determined by the Refugee Service Agency (HH=1) 90-day Sanction (Manual Notice Required)
WC2	Failure to Comply with Employment Requirements Determined by the Refugee Service Agency (HH=1) 180-day Sanction (Manual Notice Required)
WE1	Failure to Comply with Employment Requirements (HH=1) (Timely)
WE2	Failure to Comply with Employment Requirements (HH=1) (Timely)

SAMPLE

* 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
WE3	Failure to Comply with Employment Requirements (HH=1) (Timely)
WS1*	Six Months 1st Offense – Less Than \$1,000 (HH=1) – Manual Notice Required
WS2*	Twelve Months 2nd Offense – Less Than \$3,900 (HH=1) – Manual Notice Required
WS3*	Twelve Months 1st Offense Amount Between \$1,000 and \$3,900 (HH=1) – Manual Notice Required
WS4*	Eighteen Months if 3rd Offense (HH=1) – Manual Notice Required
WS5*	Eighteen Months if 1st Offense More Than \$3,900 (HH=1) – Manual Notice Required
WS6*	Eighteen Months if 2nd Offense More Than \$3,900 (HH=1) – Manual Notice Required
WS7*	Five Years 4th or Subsequent Offense (HH=1) – Manual Notice Required
WS8*	Court-ordered Disqualification (HH=1) – Manual Notice Required
WX1	Failure to Comply with Employment Requirements – 1st Occurrence (HH=1) (FA/SNFP/SNCA/SNNC)
WX2	Failure to Comply with Employment Requirements – 2nd Occurrence (HH=1) (FA/SNFP/SNCA/SNNC)
WX3	Failure to Comply with Employment Requirements – 3rd and Subsequent Occurrences (HH=1) (FA/SNFP/SNCA/SNNC)
Y50	Client Request to Withdraw Application (POS)
Y78	Ineligible Based Upon BEV Evaluation – Manual Notice Required
Y86	Other Reason (BEV) – Manual Notice Required
Y87	Other Reason (BEV) – Manual Notice Required
Y95	Case Closed After Being Accepted for Emergency Assistance – Manual Notice Required (Adequate)
Y98	Other – Manual Notice Required
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
F92	Failure to Provide Proof of Citizenship or Eligible Alien Status
W12	Failure to Keep Appointment for DSS Medical Assessment (Non-LRR)