

**TO:** Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, Services Directors, Fair Hearing Staff, and Staff Development Coordinators

**FROM:** Judith Arnold, Director  
Division of Coverage and Enrollment

**SUBJECT:** Date of Status (DOS)/Date Entered Country (DEC) (Upstate)

**ATTACHMENT:** Attachment I: LDSS-4929 - "Upstate Inter-Agency Date Of Status (DOS) and Date Entered Country (DEC) Transmittal Form"  
Attachment II: Desk Guide-WMS Data Entered Codes

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Support Unit  
Upstate (518)474-8887 NYC (212)417-4500

The purpose of this General Information System (GIS) message is to provide Local Departments of Social Services with detailed information regarding changes to certain fields pertaining to aliens that were made to the Welfare Management System (WMS) as a result of MKB vs. Eggleston litigation.

In order to be in statewide compliance with the court's directive in the New York City MKB lawsuit, the following changes have been made to WMS effective October 22, 2007.

#### DATE OF STATUS (DOS)

The existing field labeled "Entry Date" (DOE), on Screen 4 of the LDSS-3636/3209, has been renamed "Date of Status" (DOS). The DOS is the date the immigrant was granted or achieved her/his qualified immigration status. This date appears on the I-551, Permanent Resident Card ("green card") or may be present on other official immigration correspondence or documents issued by one of the several U.S. Department of Homeland Security bureaus, such as Custom and Border Protection (CBP), Immigration and Custom Enforcement (ICE), Executive Office of Immigration Review (EOIR) or the United States Citizenship and Immigration Services (USCIS) (i.e., USCIS form I-797, Notice of Action). The WMS field contains four characters: MMY Y.

Certain categories of immigrants who entered the United States **on or after August 22, 1996**, while eligible for Medicaid benefits in New York State, are **not** eligible for federal participation in the cost of these Medicaid benefits until they have resided in a **qualified alien status** in the United States for five years. This waiting period is known as the **"federal five-year ban."** The WMS changes noted above are being implemented so that federal participation in the cost of Medicaid services can be correctly identified and assigned. State and federal charge codes are used to ensure proper claiming.

**DATE ENTERED COUNTRY (DEC)**

A new six character numeric data field has been created on Screen 4 of WMS and will be used to identify the date an alien entered the country. This new field replaced "FIRST NAME" on screen four of the 3636/3209 and is labeled "Date Entered Country" (DEC). The DEC is the date the immigrant physically entered the United States (which may or may not be the same date as the DOS). The DEC will appear on the I-94, Arrival/Departure Record or may be stamped in the immigrant's passport. The WMS field contains six characters: MMDDYY.

The DEC does not have to be proven separately unless the applicant/recipient (A/R) is claiming to have a DEC earlier than her/his established DOS. Items such as prior dated bills, rent receipts or correspondence from a government agency showing an address for the immigrant in the U.S. are acceptable to demonstrate that the individual resided in the U.S. before obtaining a qualified status. If no claim or proof of an earlier DEC is made or supplied, **enter the same date for the DEC as that documented for the DOS.**

The DEC field is necessary so federal benefits (PA, MA and FS) are not denied to certain qualified aliens (Alien Citizenship Indicator [ACI] codes of "B" [Battered Alien], "F" [Conditional Entrants], "G" [Parolee for at least one year], "K" [Lawful Permanent Resident without 40 qualifying quarters], "S" [Lawful Permanent Resident with 40 qualifying quarters]) who entered the U.S. **prior to 8/22/96**, but gained qualified alien status **less than five years ago**. These individuals are eligible for federal Medicaid with no waiting period, providing they meet the programs' financial and other eligibility requirements. Refer to 06 OMM INF-5, Eligibility for "Federal Medicaid" Based on Immigration Status and Required Documentation, for more information.

**Note:** The DOS and DEC are not required for pregnant women and ACI codes of "C" (Citizen) or "E" (Alien Only Eligible for Emergency MA) however, if available, may be entered for ACI of "O" (PRUCOL).

**UPSTATE INTERAGENCY TRANSMITTAL FORM-LDSS-4929**

The WMS data previously entered in the DOE field has been transferred to the newly named DOS field. Since the information in the DOS field may or may not accurately reflect the date qualified immigration status was acquired, workers must verify the DOS and make corrections if appropriate.

Both the DOS and DEC fields have been "locked" and any changes to these fields will result in the following errors:

1410 - DOS CHANGES PROHIBITED FOR QUALIFIED ALIENS  
1417 - DATE CHANGES TO DEC ARE PROHIBITED

These fields may be unlocked only after the interagency transmittal form (LDSS-4929 - see attachment I) is signed and approved by State Department Of Health (SDOH) **and** State Office of Temporary and Disability Assistance (SOTDA) staff. This transmittal form is available on the DOH intranet website, <http://health.state.nyenet/> and or CentraPort and must be copied onto local district letterhead. The interagency transmittal request to change the DOS/DEC must include a copy of the most recent immigration document that supports the need for the change.

- For MA/PA cases, the LDSS worker/supervisor needs to fax or transmit the form electronically with the supporting documentation to Paul Dichian at 518 473-0511 (fax) or e-mail to [paul.dichian@otda.state.ny.us](mailto:paul.dichian@otda.state.ny.us).
- For MA only cases, the LDSS worker/supervisor needs to fax or transmit the form electronically with the supporting documentation to Shirley Race or Vicki Rockefeller at 518-486-7480 (fax) or e-mail to [sar05@health.state.ny.us](mailto:sar05@health.state.ny.us) or [vlr01@health.state.ny.us](mailto:vlr01@health.state.ny.us).

Once approval by SDOH **and** SOTDA staff has been given, Upstate WMS database management personnel will be notified to make the change in WMS and a confirmation e-mail will be sent to the contact person at the LDSS.

If you have questions regarding the DOS/DEC Medicaid policy please call (518)474-8887.

If you have questions regarding the DOS/DEC system coding please call (518) 402-6667.

(Place on County Letter Head)

**UPSTATE INTER-AGENCY DATE OF STATUS (DOS) AND DATE ENTERED COUNTRY (DEC) TRANSMITTAL FORM**

**PLEASE PRINT ALL INFORMATION CLEARLY AND INCLUDE ALL DOCUMENTATION TO SUPPORT THE REQUEST TO CHANGE THE DOS OR DEC TO A LATER DATE. BE SURE TO COMPLETE ALL FIELDS AND ENTER ALL RELEVANT DETAILS.**

Applicant/recipient Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Case Number: \_\_\_\_\_ CIN Number: \_\_\_\_\_ Line Number: \_\_\_\_\_

Current Date of Status (DOS): \_\_\_\_/\_\_\_\_/\_\_\_\_ New Date of Status (DOS): \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Date Entered Country (DEC): \_\_\_\_/\_\_\_\_/\_\_\_\_ New Date Entered Country (DEC): \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Alien Citizenship Indicator Code (ACI): \_\_\_\_\_ New ACI Code: \_\_\_\_\_

**REASON FOR CHANGING DOS and/or DEC:** *(Please check the appropriate box.)*

Worker/Data Entry \_\_\_\_\_

Misinterpretation of Policy \_\_\_\_\_

Other: *(Please Explain)* \_\_\_\_\_

**IMMIGRATION DOCUMENTATION ATTACHED:**

I-94 Arrival/Departure Record  I-766 or I-688B Employment Authorization Card

I-797 Notice of Action  I-551 Lawful Permanent Resident Card

Other : \_\_\_\_\_

**REFERRAL FROM:** *(Check One)*  Medical Assistance (DOH)  Public Assistance (OTDA)

Supervisor's Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Worker's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FINAL DETERMINATION:**

Approve Date: \_\_\_\_\_

Deny Date: \_\_\_\_\_ Reason: \_\_\_\_\_

SIGNATURE/REVIEWED BY STATE PROGRAM STAFF-(DOH)	PHONE NUMBER
SIGNATURE/REVIEWED BY STATE PROGRAM STAFF- (OTDA)	PHONE NUMBER

**IMPORTANT WMS DATA ENTERED CODES TO REMEMBER**

Alien Type	Alien/Citizenship Indicator Code (ACI)	Date of Status (DOS)	Date Entered Country (DEC)	State/Federal Charge Code
PRUCOL	O	OPTIONAL	OPTIONAL	67 S/F Charge Code
	T	<b>REQUIRED</b> DOS >= 08/22/96 and MA from date is less than 5 years from DOS	<b>REQUIRED</b>	67 S/F Charge Code
QUALIFIED ALIENS IN THE 5 YR BAN	B,F,G,K,S	<b>REQUIRED</b> DOS >= 08/22/96 and MA from date is less than 5 years from DOS	<b>REQUIRED</b>	If the individual is <u>over 18 years</u> , is NOT a caretaker relative or pregnant use: 68 S/F charge code (NOT MOE ELIGIBLE)
	B,F,G,K,S	<b>REQUIRED</b> DOS >= 08/22/96 and MA from date is less than 5 years from DOS	<b>REQUIRED</b>	If the individual is <u>less than 18 years</u> , is a caretaker relative or pregnant use: 60 S/F charge code (MOE ELIGIBLE)
UNDOCUMENTED AND TEMPORARY NON-IMMIGRANTS	E	<b>NOT REQUIRED</b>	<b>NOT REQUIRED</b>	<b>NOT REQUIRED</b>