

DSS-4357EL

WGIUPD

GENERAL INFORMATION SYSTEM  
**DIVISION:** Office of Medicaid Management

08/07/01

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**GIS 01 MA/030**

**TO:** Local Commissioners, Temporary Assistance Directors, Medicaid Directors  
**FROM:** Patricia Stevens, Deputy Commissioner, Division of Temporary Assistance, Office of Temporary and Disability Assistance  
Betty Rice, Director, Division of Consumer and Local District Relations, Office of Medicaid Management  
**SUBJECT:** Aliessa, et al. v. Novello  
**EFFECTIVE DATE:** Immediately  
**CONTACT PERSON:** Medicaid - Local District Support Unit  
Upstate (518)474-8216 NYC (212)268-6855

THIS GIS MUST BE DISTRIBUTED TO ALL TEMPORARY ASSISTANCE and MEDICAID WORKERS AND SUPERVISORS

GIS 01-MA-015 advised districts of the New York Court of Appeals decision regarding alien status and eligibility for Medicaid. Pursuant to this decision full State and local Medicaid coverage cannot be denied if an otherwise eligible alien is permanently residing in the United States under color of law (PRUCOL) or is a lawfully admitted permanent resident.

Effective June 1, 2001, State and local Medicaid eligibility, for otherwise eligible aliens, is no longer dependent on whether the alien is a qualified or non-qualified alien or the date on which the alien entered the United States.

Otherwise eligible qualified aliens who entered the United States on or after August 22, 1996 and are subject to the five year ban are eligible for full Medicaid benefits with State and local funds. In addition, otherwise eligible non-qualified aliens who are PRUCOL are eligible for full Medicaid benefits with State and local funds.

Safety Net Assistance, in accordance with Section 122 of the Social Services Law, has been authorized for otherwise eligible applicants who are qualified or PRUCOL aliens. These aliens are now also eligible for Medicaid. In order to expedite Medicaid authorizations for current Safety Net Assistance recipients, at the next case processing change or recertification, whichever comes first, the Temporary Assistance (TA) worker must take appropriate steps to activate Medicaid for affected recipients. The effective date of Medicaid coverage is the later of June 1, 2001, or the first day of the month (including the three month retroactive period) they would be eligible for Medicaid based on their eligibility for Safety Net Assistance. In addition, any Safety Net Assistance recipient who is affected

by this change in alien requirements for Medicaid and who contacts his/her TA worker to request Medicaid coverage must have Medicaid authorized as noted above. Medicaid in both instances shall be recertified at the same time Safety Net Assistance is recertified.

New applicants, who are determined eligible for Safety Net Assistance and who are PRUCOL or qualified aliens in the five year ban, are now eligible for Medicaid. TA workers must take appropriate steps to activate Medicaid for these new Safety Net Assistance recipients. Medicaid eligibility for the three month retroactive period will be evaluated using current procedures.

**WMS Systems Instructions:(Upstate)**

The following systems changes have been implemented as a result of the recent New York Court of Appeals decision in Aliessa, et al. v. Novello:

- A. New codes have been added to WMS to assure the proper claiming of Medicaid shares. A new MA Coverage Code of 11 (Legal Alien - Full Coverage) is now valid for Case Types 11, 12, 16, 17, and 20. This new Coverage Code will produce a new Aid Category Code of 76 (Legal Alien - FNP). This new Aid Category will assure that non-emergency Medicaid claims will be reimbursed at 50%State/50%Local while we will continue to receive federal participation at 50% Federal / 25% State/25%Local for emergency services.
- B. Edits have been added regarding the new Coverage Code and many of the Alien/Citizenship Indicator (ACI) edits have had to be changed, specifically:
  - When an ACI is entered indicating the individual is subject to the five year ban (B, F, G, K, S), and the Date of Entry is greater than or equal to 9/96, the system will generate an MA Coverage Code 11 (if blank) and MA Coverage From and To Dates equal to the first day of the Authorization From Month to the last day of the Authorization To Month. The data entry of the Coverage Code 11 must also meet these requirements. Edits for these ACI's requiring that the MA From Date must be greater than 5 years after the Date of Entry for other than Emergency Services have been removed.
  - When an ACI of N, O, or T is present the system will perform the same Coverage Code and Date generation described above without regard to the Date of Entry.
  - Individual Categorical Codes that indicate a pregnant woman (36, 42, 43, 48) are not valid with Coverage Code 11.
  - SSI Status Codes of 1, 4, 5, are not valid with Coverage Code 11.
  - For ACI's of B, F, G, K, S, or T, and a Date of Entry greater than or equal to 9/96, Managed Care Coverage Codes (31, 32, 33, 34, and 36) are not allowed.
  - ACI Code N is now valid for Case Types 11, 12, 16, and 17.

- ACI Code E is now valid for a Case Type 11. If the ACI is E, the MA Coverage Code must be 07. E is the only ACI which allows a Coverage Code of 07.
- ACI Code N has been redefined to read "PRUCOL - MA Only". Valid Coverage Codes for N include 01, 02, 06, 11, and 16.

- C. Individuals with an MA Coverage Code of 11 are subject to extension processing.
- D. Principal Provider and Restriction/Exception subsystem activity is allowed for Coverage code 11.

**New York City** - WMS instructions have been issued separately.

**CNS** - The Client Notice System is currently being enhanced to provide the notices necessitated by these changes. Until the automated notices become available local districts must use the modified LDSS-3622, "Notice of Decision on Your Medicaid Application."

Additional information will be forthcoming when it is available.