
 CODES APPENDIX E - TRANSITIONAL CODES

EIS 4000 - CODES APPENDIX E - TRANSITIONAL CODES
REISSUED 02/01/11 - CHANGE NO. 03-11

CHANGE CODES - TRANSITIONAL BENEFIT CHANGES

DSS-8110A

Based on the adequate or timely change code entered on the DSS-8125, EIS generates an automated notice for transitional benefit case actions. The notice contains the following information:

1. "Adequate" or "Timely" is indicated at the top of the notice.
2. The notice text indicates what action will take place as well as the reason for the action. The transitional notice text is listed below as well as the corresponding change code that generates the text.
3. Each notice indicates:

"The State rules that require this change are found in the Work First Manual."

AND

(If Adequate) ~ "The change is effective on MMDDCCYY. However, you have until MMDDCCYY, which is 10 days from the date of this letter to request a hearing."

(If Timely) ~ "The change will be effective on MMDDCCYY, which is 10 workdays from the date of this letter, unless you ask for a hearing on or before that date."

DELETING AN INDIVIDUAL FROM A TRANSITIONAL CASE

FOR CASES WITH A PAYMENT TYPE OF 4, or 5, THE TEXT READS:

MMDDCCYY IS THE EFFECTIVE DATE THE FOLLOWING PERSON'S MEDICAID WILL STOP. THEY WILL BE REMOVED FROM YOUR CASE.

REASON	ADEQUATE	TIMELY
The child no longer lives in your home.	5X	04
The family member has been approved for SSI. His/her eligibility for Medicaid will continue.	53	10
The family member asked to be/was removed from your case.	54	14
The family member will be payee for his/her own case.	5Y	22
The child turned age 19. His/her eligibility for Medicaid is being evaluated. You will receive a separate notice about Medicaid.	5Z	1M
The family member is now deceased.	75	N/A

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REVISED 02/01/11 - CHANGE NO. 03-11

TRANSITIONAL CHANGE CODES (Cont'd)

A child on the case was found eligible for Medicaid in another program.	71	N/A
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Deleting an Individual Who is Incarcerated or in an IMD From a Transitional Case

REASON	ADEQUATE	TIMELY
You cannot receive Transitional Medicaid because you are incarcerated. You are being evaluated for Medicaid and will receive a separate notice. (DMA Administrative Letter No. 09-08)	N/A	8W
You cannot receive Transitional Medicaid because you are in an Institution for Mental Diseases. You are being evaluated for other Medicaid and will receive a separate notice. (DMA Administrative Letter No. 09-08)	N/A	8X

TRANSFERRING FROM WORK FIRST TO TRANSITIONAL BENEFITS

WHEN TRANSFERRING FROM PAYMENT TYPE 1 or 2 TO PAYMENT TYPE 4, THE TEXT READS:

MMDDCCYY After this date you will not receive a Work First check. MMCCYY to MMCCYY You are eligible for Medicaid.

REASON	ADEQUATE	TIMELY
Your family's child support is too high for your family to receive Work First Family Assistance. (Use for transfers from Pay Type 1, 2, or S to Pay Type 4)	82	38
Use this code when you mail a manual notice. Enter "Y" for NOTICE OVERRIDE on the DSS-8125.	73	41

WHEN TRANSFERRING FROM PAYMENT TYPE 1, 2 OR S TO PAYMENT TYPE 5, THE TEXT READS:

MMDDCCYY After this date you will not receive a Work First check. MMDDCCYY to MMDDCCYY you are eligible for transitional Medicaid. There are certain reporting requirements to receive transitional Medicaid. See the enclosed notice for an explanation of the transitional Medicaid program.

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REVISED 10/01/09 - CHANGE NO. 01-10

TRANSITIONAL CHANGE CODES (Cont'd)

REASON	ADEQUATE	TIMELY
Your family is no longer eligible for Work First Benefits due to an increase in earned income.	8M	4M
Your family's earned income has increased based on verified information (NOTE: Use these codes only when it relates to "New Hire" data).	6Y	1X

TRANSFERRING WITHIN TRANSITIONAL BENEFIT PROGRAMS

WHEN TRANSFERRING FROM PAYMENT TYPE 4 TO PAYMENT TYPE 5, YOU MUST COMPLETE A MANUAL NOTICE.

REASON	ADEQUATE	TIMELY
Use this change code and enter "Y" for NOTICE OVERRIDE on the DSS-8125.	73	N/A

TRANSFERRING FROM MAF-C TO AAF TRANSITIONAL BENEFITS

WHEN TRANSFERRING FROM PAYMENT TYPE 9 TO PAYMENT TYPE 4, THE TEXT READS:

Effective MMCCYY to MMCCYY: You are eligible for transitional Medicaid.

REASON	ADEQUATE	TIMELY
Your family's child support is above the Medicaid limit.	5J	1J

WHEN TRANSFERRING FROM PAYMENT TYPE 9 TO PAYMENT TYPE 5, THE TEXT READS:

MMCCYY to MMCCYY you are eligible for transitional Medicaid. There are certain reporting requirements to receive transitional Medicaid. See the enclosed notice for an explanation of the transitional Medicaid program.

REASON	ADEQUATE	TIMELY
Your family's earned income is above the Medicaid limit.	6T	N/A

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REISSUED 10/01/09 - CHANGE NO. 01-10

TERMINATION CODES - TRANSITIONAL BENEFIT TERMINATIONS

DSS-8110A

Based on the adequate or timely termination code entered on the DSS-8125, EIS generates an automated notice for transitional benefit case actions. The notice contains the following information:

- A. "Adequate" or "Timely" is indicated at the top of the notice.
- B. The notice text indicates what action will take place as well as the reason for the action. The transitional notice text is listed below as well as the corresponding termination code that generates the text.
- C. Each notice indicates:

 "The State rules that require this change are found in the Work First Manual."

AND

(If adequate) ~ "The change is effective on MMDDCCYY. However, you have until MMDDCCYY, which is 10 days from the date of this letter to request a hearing."

(If Timely) ~ "The change will be effective on MMDDCCYY, which is 10 workdays from the date of this letter, unless you ask for a hearing on or before that date."

TRANSITIONAL PAYMENT TYPE 4 TERMINATION CODE

REASON	ADEQUATE	TIMELY
Your Medicaid is stopping because transitional Medicaid benefits are limited to four months. Based on a review of your case, you do not qualify for any other Medicaid.	7A	2A

TRANSITIONAL PAYMENT TYPE 5 TERMINATION CODE

REASON	ADEQUATE	TIMELY
Your Medicaid benefits are stopping because you did not complete or show good cause for not completing your quarterly report. Based on a review of your case, you do not qualify for any other Medicaid.	6H	1H
Your Medicaid is stopping because transitional Medicaid benefits are limited to twelve months. You have failed to complete a redetermination of your eligibility.	6K	3K
Your Medicaid is stopping because transitional Medicaid benefits are limited to twelve months. Based on a review of your case, you do not qualify for any other Medicaid.	7B	2B

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REVISED 09/01/03 - CHANGE NO. 02-04

**OLD CASE TERMINATION WHEN TERMINATING TRANSITIONAL AND APPROVING IN
ANOTHER CATEGORY**

REASON	ADEQUATE	TIMELY
You were found eligible for Medicaid in another category.	54	N/A

**NOTE: WHEN TERMINATING TRANSITIONAL BENEFITS, YOU MAY ALSO SELECT
FROM THE WORK FIRST TERMINATION CODES IN APPENDIX A IF APPLICABLE.**

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REVISED 04/01/05 - CHANGE NO. 05-05

TRANSFER CODES - TRANSITIONAL BENEFIT TRANSFERS TO MEDICAID

DSS-8110A

Based on the adequate or timely transfer code entered on the DSS-8125, EIS generates an automated notice for transitional benefit case actions. The notice contains the following information:

1. "Adequate" or "Timely" is indicated at the top of the notice.
2. The notice text indicates what action will take place as well as the reason for the action. The transitional notice text is listed below as well as the corresponding transfer code that generates the text.
3. Each notice indicates:

"The State rules that require this change are found in the Work First Manual."

AND

(If adequate) ~ "The change is effective on MMDDCCYY. However, you have until MMDDCCYY, which is 10 days from the date of this letter to request a hearing."

(If timely) ~ "The change will be effective on MMDDCCYY, which is 10 workdays from the date of this letter, unless you ask for a hearing on or before that date."

TRANSFERRING TRANSITIONAL BENEFIT CASES TO MEDICAID

CASEWORKER INITIATED TRANSFERS

WHEN TRANSFERRING TRANSITIONAL BENEFIT CASES (PAYMENT TYPES 4 or 5) TO MEDICAID, THE TEXT READS:

EFFECTIVE MMDDCCYY: YOUR MEDICAID CONTINUES UNDER ANOTHER CATEGORY.

TRANSITIONAL TO MAF, MIC, OR MPW

REASON	ADEQUATE	TIMELY
Your family's total income is too high for you to receive Work First Family Assistance.	65	19
Your family's child support is too high for your family to receive Work First Family Assistance.	66	20
Your Medicaid continues.	7T	1Q
You were not employed in one of the reporting months and did not have good cause. You are being evaluated for further Medicaid.	9B	N/A

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REISSUED 04/01/05 - CHANGE NO. 05-05

TRANSITIONAL TRANSFER CODES (CONT'D)

DEDUCTIBLE

REASON	ADEQUATE	TIMELY
Your income is more than the limit. You now have a deductible.	7S	1S

OTHER

REASON	ADEQUATE	TIMELY
Use NOTICE TEXT to enter the appropriate text. You are limited to three lines with 72 characters per line when using NOTICE TEXT. You must enter a manual citation.	50	02
Manual Notice Required.	90	45

EIS AUTOMATED TRANSFERS

WHEN TRANSFERRING TRANSITIONAL BENEFIT CASES (PAYMENT TYPES 4 or 5) TO MEDICAID, THE TEXT READS:

REASON	ADEQUATE	TIMELY
You failed to meet transitional benefit quarterly reporting requirements. You are being evaluated for Medicaid. (This code indicates the payee did not meet the reporting requirements in the 4 th month of transitional coverage.)	9C	N/A
You failed to meet transitional benefit quarterly reporting requirements. You are being evaluated for Medicaid. (This code indicates the payee did not meet the reporting requirements in the 7 th month of transitional coverage.)	9D	N/A
You failed to meet transitional benefit quarterly reporting requirements. You are being evaluated for Medicaid. (This code indicates the payee did not meet the reporting requirements in the 10 th month of transitional coverage.)	9E	N/A
Medicaid continued due to child support is limited to four months. Your case is being evaluated for Medicaid. (This code indicates the 4 months of continued Medicaid coverage is ending.)	9F	N/A
Your transitional benefits were limited to twelve months. Your case is being evaluated for Medicaid. (This code indicates the 12 months of transitional Medicaid coverage is ended.)	9G	N/A