CHRONIC CARE - MA REASON CODES

INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE

Reason Code	Paragraph Number	Description	Not. Ind.	Trans Type
V52	U0014	Individual - Income Contribution Only#	A	02,05
V53	U0041	Spousal - Income Contribution Only#	A	02,05
V54	U0023	Spousal - Income/Resource Contribution#	A	02,05
V55	U0040	Individual - Income/Resource Contribution#	A	02,05
V56	U0033	Spousal - Waiver Recipient, Income/Resource Contribution#	A	02,05
V57	U0052	Spousal - Waiver Recipient, Income Contribution Only#	A	02,05
V58	U0053	Spousal - Waiver Recipient, Resource Contribution Only#	A	02,05
V59	U0054	Spousal - Waiver Recipient, No Liability Toward Cost of Care#	A	02,05
V60	U0047	Individual - No Liability Toward Cost of Care#	A	02,05
V61	U0048	Spousal - No Liability Toward Cost of Care#	A	02,05
V62	U0055	Spousal - Resource Contribution Only#	A	02,05
V63	U0056	Individual - Resource Contribution Only#	A	02,05

 # STORED BUDGET REQUIRED

CHRONIC CARE - MA REASON CODES

Reason Code	Paragraph Number	Description	Not. Ind.	Tran Type
INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE – PREVIOUSLY PRIVATE PAY				
V64	U0085	Individual – Income Contribution Only#	A	02
V65	U0086	Spousal – Income Contribution#	A	02
V66	U0087	Spousal – Income and Resource Contribution#	A	02
V67	U0088	Individual – Income and Resource Contribution#	A	02
V68	U0089	Spousal – Previously Waiver Recipient, Income and Resource Contribution#	A	02
V69	U0090	Spousal – Previously Waiver Recipient, Income Contribution#	A	02
V70	U0091	Spousal – Previously Waiver Recipient, Resource Contribution#	A	02
V71	U0092	Spousal – Previously Waiver Recipient, No Liability#	A	02
V72	U0093	Individual – No Liability Toward Cost of Care#	A	02
V73	U0094	Spousal – No Liability Toward Cost of Care#	A	02
V74	U0095	Spousal – Resource Contribution#	A	02
V75	U0096	Individual – Resource Contribution#	A	02

 # STORED BUDGET REQUIRED

CHRONIC CARE - MA REASON CODES

Reason Code	Paragraph Number	Description	Not. Ind.	Trans Type
		RECALCULATION OF CONTRIBUTION TOWARD CHRONIC CARE		
V11	U0148	Recalculation of Contribution Toward Chronic Care, Spousal – COLA#	T	05,06
V12	U0147	Recalculation of Contribution Toward Chronic Care, Single – COLA#	T	05,06
V40	U0015	Spousal - Income Contribution Only#	T	05,06
V41	U0022	Individual - Income Contribution Only#	T	05,06
V42	U0042	Individual - Resource Contribution Only#	T	05,06
V43	U0045	Spousal - Resource Contribution Only#	T	05,06
V44	U0050	Spousal - Income Contribution Remains the Same#	T	05,06
V45	U0051	Individual - Income Contribution Remains the Same#	T	05,06
V46	U0024	Spousal - Income/Resource Contribution#	T	05,06
V47	U0026	Individual - Income/Resource Contribution#	T	05,06
V48	U0046	Spousal - No Liability Toward Cost of Care#	T	05,06
V49	U0049	Individual - No Liability Toward Cost of Care#	T	05,06
V50	U0057	Individual - Excess Resources/Income Contribution Remains the Same#	T	05,06
V51	U0058	Spousal - Excess Resources/Income Contribution Remains the Same#	T	05,06

 # STORED BUDGET REQUIRED

CHRONIC CARE - MA REASON CODES

Reason Code	Paragraph Number	Description	Not. Ind.	Tran Type
		UNDERCARE – TRANSFERS and IMPOSITION OF LIEN		
S02	U0010	Transfer by Institutionalized Individual, Reduce from Full to Limited Coverage	T	05,06
S05	U0016	Change in Transfer Period – Institutionalized Individual	T	05,06
S06	U0017	Intent to Impose Lien on Real Property – Institutionalized Individual	T	05,06
		DISCONTINUANCE/DENIAL – SPOUSAL IMPROVERISHMENT		
*H10	D0034 C0051	Spousal Impoverishment – Failure to Provide Resource Information, No Undue Hardship	T/A	07,08,03
*H11	D0038 C0052	Spousal Impoverishment – Failure to Provide Resource Information, Undue Hardship	T/A	07,08,03
X13	D0036 C0054	Spousal Impoverishment – Excess Resources for Institutionalized Spouse	T/A	07,08,03
		DENIALS – TRANSFER OF ASSETS		
U51	X0038	Transfer of Assets, Institutionalized Individual, Excess Resources#	T	03
U52	X0039	Transfer of Assets, Institutionalized Individual, Excess Income and Excess Resources#	T	03
U54	X0037	Transfer of Assets, Institutionalized Individual, Excess Income#	T	03

 # STORED BUDGET REQUIRED *** NO FILL**

CNS OPENING REASON CODES

Reason Code/ Value Comb	Paragraph #	Description	Trans Type	Notice Indicator
*C50	Y0001	All Covered Care and Services	02	A
S40	Y0003	Medicare Buy-In Program #	02	A
S56	Y0009	SLIMB #	02	A
S42	Y0033	Qualified Individual Program (QI-1) #	02	A
S41	Y0004	COBRA Continuation #	02	A
*C21	Y0005	Conditional Acceptance COBRA Continuation #	02	A
S35	Y0008	Prenatal Care 200% #	02	A
S36	Y0054	Prenatal Care 100% #	02	A
S39	Y0025	FHP – S/CC #	02	A
S38	Y0032	FHP – FP #	02	A
S37	Y0028	FHP – FNP Parent #	02	A
S62	Y0026	FPBP Waived Right to MA/FHP #	02	A
S57	Y0014	Approve Retro Period – Deny Ongoing MA– S/CC #	02	A
S58	Y0015	Deny Retro Period - Approve Ongoing MA – S/CC #	02	A
S59	Y0016	Approve Retro Period - Deny Ongoing MA – FNP Parent #	02	A
S60	Y0017	Deny Retro Period-Approve Ongoing MA – FNP Parent #	02	A
S20/AA	X0001	Excess Income - Spd Met #	02	A
S20/AC	X0002	Excess Income - Six Mo Spd Met #	02	A
S20/AD	X0003	Excess Resources Met #	02	A
S20/AE	X0004	Excess Inc. & Res - Both Met #	02	A
S20/AG	X0005	Excess Inc/Res - Res & Six Mo Spd Met #	02	A
S20/AB	X0006	Provisional Coverage Excess Income # (Adults Only)	02	A
S20/AF	X0007	Excess Inc/Resources – Res Spd Met #	02	A
S20/BA	X0149	Child 1 – 19 at 133% Exc. Inc. - Spd Met #	02	A
S20/BG	X0151	Child 1 – 19 at 133% Exc. Inc/Res – Res & 6 Mo Spd Met #	02	A
S20/BE	X0154	Child 1 – 19 at 133% Exc. Inc/Res – Both Met #	02	A
S20/BC	X0157	Child 1 – 19 at 133% Exc. Inc. - 6 Mo Spd Met #	02	A

Today's Agenda
Medicaid Openings

- Discussion of both Community and Chronic Care Medicaid Reason Codes used for Openings
- Brief summary of what input screens will be used
- Live audience Q & A

S20 Opening Reason Code with Value Combinations

Paragraph#	Reason Code Value Combo	Description	Trans Type	Notice Indicator
Excess Income				
X0001	S20/AA	Exc. Inc. - SPD Met #	02	A
X0002	S20/AC	Excess Income - 6 Mo SPD Met #	02	A
X0003	S20/AD	Excess Resources - Met #	02	A
X0004	S20/AE	Excess Inc. & Res - Both Met #	02	A
X0005	S20/AG	Excess Inc/Res - Res & Six Mo SPD Met #	02	A
X0006	S20/AB	Provisional Excess Inc. (Adults Only) #	02	A
X0007	S20/AF	Excess Inc/Res - Resources SPD Met #	02	A
X0149	S20/BA	Child 1 – 19 at 133% Exc. Inc. - SPD Met #	02	A
X0151	S20/BG	Child 1 – 19 at 133% Exc. Inc/Res - Res & 6 Mo SPD Met #	02	A
X0154	S20/BE	Child 1 – 19 at 133% Exc. Inc/Res – Both Met #	02	A
X0157	S20/BC	Child 1 – 19 at 133% Exc. Inc. - 6 Mo SPD Met #	02	A

WCN10A WMS/Client Notice Subsystem Date 01/02/04
Excess Income/Resources Time 08:30:59

CASE NAME
CASE NO
CASE REASON S19 : EXC INC/RES

___ I. ENTER LEVEL PRIOR TO CHANGE:
(A) XI (B) MA C) 200% P (D) 100% P (E) 200% C (F) 133% C (G)

___ II. ENTER NEXT LEVEL **NOT** ELIGIBLE FOR:
(A) N/A (B) 100% P C) 133% C (D) (E) MA turning 19

___ III. CHOOSE ONLY ONE:

EXCESS INCOME:	(A) MET (B) TO BE MET (C) 6 MONTH MET
EXCESS RESOURCES:	(D) MET (E) CONTINUES TO BE MET
EXCESS INC & RES:	(F) MET (G) (H) ONLY RESOURCES MET
	(I) RESOURCES AND 6 MONTH MET

(J)
(K) INCREASE IN EXCESS INCOME AMOUNT

Xmit___

WCN10A WMS/Client Notice Subsystem Date 01/02/04
Excess Income/Resources Time 08:30:59

CASE NAME
REG NO
CASE REASON S20 : EXC INC/RES

___ I. ENTER LEVEL **NOT** ELIGIBLE FOR:
(A) MA (B) 133% C

___ II. CHOOSE ONLY ONE:

EXCESS INCOME:	(A) MET (B) TO BE MET (C) 6 MONTH MET
EXCESS RESOURCES:	(D) MET
EXCESS INC & RES:	(E) MET (F) ONLY RESOURCES MET
	(G) RESOURCES AND 6 MONTH MET

Xmit___

WCN10A WMS/Client Notice Subsystem Date 01/02/04
Excess Income/Resources Time 08:31:02

CASE NAME HANSEN, MELL
REG NO 740862
CASE REASON S20 : EXC INC/RES

_A__ I. ENTER LEVEL **NOT** ELIGIBLE FOR:
(A) MA (B) 133% C

_B__ II. CHOOSE ONLY ONE:
EXCESS INCOME: (A) MET **(B) TO BE MET** (C) 6 MONTH MET
EXCESS RESOURCES: (D) MET
EXCESS INC & RES: (E) MET (F) ONLY RESOURCES MET
(G) RESOURCES AND 6 MONTH MET

Xmit___

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WCN10A WMS/Client Notice Subsystem Date 01/02/04
Excess Income/Resources Time 08:31:02

CASE NAME HANSEN, MELL
REG NO 740862
CASE REASON S20 : EXC INC/RES

_A__ I. ENTER LEVEL NOT ELIGIBLE FOR:
(A) MA (B) 133% C

_B__ II. CHOOSE ONLY ONE:
EXCESS INCOME: (A) MET (B) TO BE MET (C) 6 MONTH MET
EXCESS RESOURCES: (D) MET
EXCESS INC & RES: (E) MET (F) ONLY RESOURCES MET
(G) RESOURCES AND 6 MONTH MET

MTHLY EXC INC AMT 00012500_____
SELECT ONE OF THE FOLLOWING MESSAGES:

__ FHP OVER INC
GROSS INC AMT _____ FHP INC LIMIT _____
__FHP CHOSE SPENDDN OF INC
X FHP EQUIV INS
__FHP OVER 65

Xmit___

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02/29/04 CLIENT NOTICES SUBSYSTEM PAGE 1

SUPERVISORY REVIEW REPORT

CURRENT CASE DATA:

CASE NAME HANSEN, MELL REGISTRY NO 740862
CASE STATUS 1 AVAIL CASE TYPE 20 MA
OFFICE UNIT MA WORKER MXR22 FS IND

NOTICE NUMBER **U0100D0129** TRANS TYPE 02 OPEN
OFFICE UNIT MA WORKER MXR22 FS IND

CASE REASON CODES:

MA REASONS
S20AB ACCPROVEXINC
USER VARIABLES
MTHLY EXC INC AMT **00012500**
FHP EQUIV INS **X**

**********END OF REPORT**********

APPLICATION TURNAROUND DOCUMENT
LDSS 3636-1 (REV 10/02)

CASE NUMBER		740862/01								DIST	ALBA	PAGE	1	OF	1								CYCLE NO	
MAOPEN100										APP DATE	01	22	04							TRANS DATE			TRANS TYPE APP/TAD	
CASE NAME	HANSEN, MELL																							
																				CLIENT NOTICES				
TRANS TYPE	02	CASE REAS CD		S20		PA/ FS REAS CD			PA/ MA REAS CD			SAFETY NET		NOTICE IND	A	NOTICE NUMBER		U0100D0129		LAN CODE	E			
AUTH PERIOD	01	01	04	TO	12	31	04	RECERT DATE					MLR DT	MM	YY	OFFICE CODE		UNIT ID		WORKER ID				
FS AUTH PERIOD				TO				FS CODE		TOP			HII		TRANS									
CASE TYPE	20	EMER IND		FISC DIST											RESP FOR CASE			MA		MXR22				
REP CODE		IV-D IND		SP CD		HEAP INC				TRACKING	60 CT	24 CT	ABAWD											
																				CO-OP CASE NUMBERS				
RESIDENT ADDRESS	125 BROADWAY																							
CITY/ TOWN	ALBANY									ST	NY	ZP CD	12345	PHONE	518	393-6565								
CARE OF																								
MAILING ADDRESS																				LOCAL DATA 15 16 17 18				
CITY/ TOWN										ST		ZP CD												
																				SUPRESS SEP DET				

1

Paragraph#	Reason Code	Description	Trans Type	Notice Indicator
Y0001	*C50	All Covered Care and Services	02	A
FHP				
Y0032	S38	FHP - FP #	02	A
Y0025	S39	FHP – S/CC #	02	A
Y0028	S37	FHP - FNP Parent #	02	A
Retro Coverage				
Y0014	S57	Approve Retro Period - Deny Ongoing MA – S/CC #	02	A
Y0015	S58	Deny Retro Period - Approve Ongoing MA – S/CC #	02	A
Y0016	S59	Approve Retro Period - Deny Ongoing MA - FNP Parent #	02	A
Y0017	S60	Deny Retro Period - Approve Ongoing - FNP Parent #	02	A
FPBP				
Y0026	S62	FPBP Waived Right to MA/FHP #	02	A
Prenatal				
Y0008	S35	Prenatal Care - 200% #	02	A
Y0054	S36	Prenatal Care - 100% #	02	A
Medicare Buy-In				
Y0003	S40	Medicare Buy-In Program #	02	A
Y0009	S56	SLIMB #	02	A
Y0033	S42	Qualified Individual Program (QI-1) #	02	A
COBRA				
Y0004	S41	COBRA Continuation #	02	A
Y0005	*C21	Conditional Acceptance COBRA Continuation #	02	A

ANDERSON, MICHAEL

Michael Anderson, age 33 and his wife Erica, age 31, applied for Medicaid on January 22, 2004. Michael is employed and has weekly earnings of $125.00. They have bank accounts totaling $4400.00

Paragraph#	Reason Code	Description	Trans Type	Notice Indicator
Y0001	*C50	All Covered Care and Services	02	A
FHP				
Y0032	S38	FHP - FP #	02	A
Y0025	S39	FHP – S/CC #	02	A
Y0028	S37	FHP - FNP Parent #	02	A
Retro Coverage				
Y0014	S57	Approve Retro Period - Deny Ongoing MA – S/CC #	02	A
Y0015	S58	Deny Retro Period - Approve Ongoing MA – S/CC #	02	A
Y0016	S59	Approve Retro Period - Deny Ongoing MA - FNP Parent #	02	A
Y0017	S60	Deny Retro Period - Approve Ongoing - FNP Parent #	02	A
FPBP				
Y0026	S62	FPBP Waived Right to MA/FHP #	02	A
Prenatal				
Y0008	S35	Prenatal Care - 200% #	02	A
Y0054	S36	Prenatal Care - 100% #	02	A
Medicare Buy-In				
Y0003	S40	Medicare Buy-In Program #	02	A
Y0009	S56	SLIMB #	02	A
Y0033	S42	Qualified Individual Program (QI-1) #	02	A
COBRA				
Y0004	S41	COBRA Continuation #	02	A
Y0005	*C21	Conditional Acceptance COBRA Continuation #	02	A

WCN000 Department of Social Services Date 02/02/04
WMS/Client Notice Subsystem Menu Time 13:46:00

CASE NUMBER _____ REGISTRY NUMBER **740434**
NOTICE NUMBER _____ DISTRICT ____ BATCH NUMBER _____
INDICATE SELECTION NUMBER **01** Xmit _

01 NOTICE ENTRY **(CASE/REGISTRY NUMBER REQUIRED)**
02 NOTICE INQUIRY (NOTICE NUMBER REQUIRED)
03 NOTICE UPDATE (NOTICE NUMBER REQUIRED)
04 PENDING NOTICE INQUIRY (CASE/REGISTRY NUMBER REQUIRED)
05 SUPERVISORY REVIEW PRINT (NOTICE NUMBER REQUIRED)
06 SIGNOFF
07 NOTICE AUTHORIZATION/RELEASE
08 BATCH NOTICE ENTRY
09 BATCH NOTICE INQUIRY (BATCH NUMBER REQUIRED)
10 BATCH NOTICE UPDATE (BATCH NUMBER REQUIRED)
11 NOTICE HISTORY INQUIRY (CASE/REGISTRY/NOTICE NO REQUIRED)
12 NOTICE HISTORY REPRINT (NOTICE NUMBER REQUIRED)
13
14 CNS CONTROL INFO MAINTENANCE
15 NYC/UPSTATE INQUIRY
16 WMSMNU (MENU KEY)

WCN011 WMS/ Client Notice Subsystem Date 02/02/04
Reason Code Screen Time 13:48:40

REG NO 740434 TRANS TYPE **02**
OFFICE _____ UNIT MA___ WORKER KAH___

CASE REASONS: PA ____ ____ ____
FS ____ ____ ____
MA **S39** ____ ____

INDIVIDUAL REASONS:

LN	PA			FS			MA		
__	____	____	____	____	____	____	____	____	____
__	____	____	____	____	____	____	____	____	____
__	____	____	____	____	____	____	____	____	____
__	____	____	____	____	____	____	____	____	____
__	____	____	____	____	____	____	____	____	____
__	____	____	____	____	____	____	____	____	____

Xmit
_

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WCN012 WMS/ Client Notice Subsystem Menu Date 02/02/04
VARIABLE DATA ENTRY SCREEN FOR REASON CODE S39 Time 13:50:40

CASE NAME ANDERSON, MICHAEL
REG NO 740434
CASE REASON CODE S39 : ACCEPTFHPSCC
CHOOSE FROM THE FOLLOWING MESSAGES:
GROSS INC AMT **00054167**
FHP INC LIMIT **00104100**

1. _ OVER 185% PA STD OF NEED
2. _ OVER INC
3. X OVER RES
4. _ OVER INC AND RES

GROSS INC AMT _____
185%PA STD OF NEED_____
NET INC AMT _____
PA STD OF NEED _____
PA RES LIMIT **00200000**
NET INC AMT _____
PA STD OF NEED _____
PA RES LIMIT _____

HEALTH PLAN NAME **GHI**

Xmit__

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WCN000 Department of Social Services Date 02/02/04
WMS/ Client Notice Subsystem Menu Time 13:51:40

CASE NUMBER _____ REGISTRY NUMBER _____
NOTICE NUMBER _____ DISTRICT ____ BATCH NUMBER _____
INDICATE SELECTION NUMBER __ Xmit _

01 NOTICE ENTRY (CASE/ REGISTRY NUMBER REQUIRED)
02 NOTICE INQUIRY (NOTICE NUMBER REQUIRED)
03 NOTICE UPDATE (NOTICE NUMBER REQUIRED)
04 PENDING NOTICE INQUIRY (CASE/ REGISTRY NUMBER REQUIRED)
05 SUPERVISORY REVIEW PRINT (NOTICE NUMBER REQUIRED)
06 SIGNOFF
07 NOTICE AUTHORIZATION/ RELEASE
08 BATCH NOTICE ENTRY
09 BATCH NOTICE INQUIRY (BATCH NUMBER REQUIRED)
10 BATCH NOTICE UPDATE (BATCH NUMBER REQUIRED)
11 NOTICE HISTORY INQUIRY (CASE/ REGISTRY / NOTICE NO REQUIRED)
12 NOTICE HISTORY REPRINT (NOTICE NUMBER REQUIRED)
13
14 CNS CONTROL INFO MAINTENANCE
15 NYC/ UPSTATE INQUIRY
F16 WMSMNU (MENU KEY) **REG 740434** **- NOTICE NO U0100D3049 CREATED**

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02/02/04 CLIENT NOTICES SUBSYSTEM PAGE 1
SUPERVISORY REVIEW REPORT

CURRENT CASE DATA:

CASE NAME ANDERSON, MICHAEL REGISTRY NO 740434
CASE STATUS 1 AVAIL CASE TYPE 24 FHP
OFFICE UNIT MA WORKER KAH FS IND

NOTICE NUMBER **U0100D3049** TRANS TYPE 02 OPEN
OFFICE UNIT MA WORKER KAH FS IND

CASE REASON CODES:

MA REASONS
S39 ACCEPTFHPSCC
USER VARIABLES

GROSS INC AMT **00054167**
FHP INC LIMIT **00104100**
HEALTH PLAN NAME **GHI**

OVER RES **X**
PA RES LIMIT **00200000**

**********END OF REPORT**********

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APPLICATION TURNAROUND DOCUMENT
LDSS 3636-1 (REV 10/02)

CASE NUMBER	740434/01	DIST	ALBA	PAGE 1 OF 1	CYCLE NO
MAS39	APP DATE 01 22 04	TRANS DATE		TRANS TYPE APP/TAD	

| CASE NAME | ANDERSON, MICHAEL | | |

CLIENT NOTICES SYSTEM

CHRONIC CARE - MA REASON CODES

Reason Code	Paragraph Number	Description	Not. Ind.	Trans Type
		INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE		
V58	U0053	Spousal - Waiver Recipient, Resource Contribution Only#	A	02,05
V59	U0054	Spousal - Waiver Recipient, No Liability Toward Cost of Care#	A	02,05
V60	U0047	Individual - No Liability Toward Cost of Care#	A	02,05
V61	U0048	Spousal - No Liability Toward Cost of Care#	A	02,05
V62	U0055	Spousal - Resource Contribution Only#	A	02,05
V63	U0056	Individual - Resource Contribution Only#	A	02,05

CAMBELL, TOM

On 1/20/04 Mr. Cambell, Age 70, was placed in the Happy Days Nursing Home. On 1/22/04 an application for Medical Assistance was submitted to cover the costs of his care. Mr. Cambell was determined eligible with an income and resource contribution.

Income:

Social Security	$ 950.00 per month
Pension	$ 700.00 per month

Deductions:

Medicare Premiums	$ 66.60 per month

Resources:

Checking Acct.	$ 4,000.00
Savings Acct.	$ 1,500.00
PIA Acct. @ NH	$ 250.00
Irrevocable Burial Trust (excluded)	$ 2,500.00

Medical Bills:

Deposit Paid to NH	$ 1,000.00


```
WBGTMA          MA CC BUDGET     VERSION    DISTRICT ALBA                          01/22/04
CASE NAME                  REG. NO.       OFC      UNIT    WRKR TR   BT   CA   DATE INS
CAMBELL TOM                 738777        CNS      SUCB    CSS     02   07    01     012004
-------------UNEARNED INCOME--------------                ---------------EARNED INCOME-------------
LN C N I SR P   AMOUNT CD EXEMPT CD EXEMPT        LN      C      N      I     EID     SR     P
01   1    X 42 6       95000  21      6660              0
01   1    X 39 6       70000                0              0
                              0                0              0          0 GROSS INCOME                    0
                              0                0              0          0 65 1/2                          0
                              0                0              0      MO OF INST TOTAL DED                  0
                              0                0              0      MO OF INST TOTAL NET                  0
                                                                     CHRONIC CARE TOTAL DED                0
                                                                     CHRONIC CARE TOTAL NET                0
****************MA SUMMARY***************
                              MO OF       CHRONIC          CONTRIBUTION AMT
                               INST         CARE                                  0
TOT NET                  U    156340       158340
MA LEVEL/PIA                   65900         5000
CD/CONT TO COMM                    0            0          ----------------------RESOURCES------------
CONTRIB TO COST                90440       153340          CD/EX RES          0          TO
TOTAL TO COST                  90440       153340          CD/EX RES X 180000 010104 TO 123104
EFF PER:  MO OF INST       010104 TO 013104
          CHRONIC CARE     020104 TO 123104                          DATE STORED
IRCS RECORD UPDATED,  BUDGET RECORD UPDATED TO VERSION 01      ON 01/22/04
```

CLIENT NOTICES SYSTEM

CHRONIC CARE - MA REASON CODES

Reason Code	Paragraph Number	Description	Not. Ind.	Trans Type
INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE				
V52	**U0014**	**Individual - Income Contribution Only#**	**A**	**02,05**
V53	**U0041**	**Spousal - Income Contribution Only#**	**A**	**02,05**
V54	**U0023**	**Spousal - Income/Resource Contribution#**	**A**	**02,05**
V55	**U0040**	**Individual - Income/Resource Contribution#**	**A**	**02,05**
V56	**U0033**	**Spousal - Waiver Recipient, Income/Resource Contribution#**	**A**	**02,05**
V57	**U0052**	**Spousal - Waiver Recipient, Income Contribution Only#**	**A**	**02,05**

WCN011 WMS/Client Notice Subsystem Date 01/22/04
Reason Code Screen Time 14:37:35

REG NO 738777 TRANS TYPE **02**
OFFICE CNS UNIT MA SUCB WORKER CSS02

CASE REASONS:

PA	___	___	___
FS	___	___	___
MA	**V55**	___	___

INDIVIDUAL REASONS:

LN	PA			FS			MA		
__	___	___	___	___	___	___	___	___	___
__	___	___	___	___	___	___	___	___	___
__	___	___	___	___	___	___	___	___	___
__	___	___	___	___	___	___	___	___	___
__	___	___	___	___	___	___	___	___	___
__	___	___	___	___	___	___	___	___	___
__	___	___	___	___	___	___	___	___	___
__	___	___	___	___	___	___	___	___	___
__	___	___	___	___	___	___	___	___	___
__	___	___	___	___	___	___	___	___	___

Xmit _

WCN111 WMS/Client Notice Subsystem Date 01/22/04
CNS Chronic Care Screen Time 14:38:16

CASE NAME CAMBELL TOM
REG NO 738777
CASE REASON V55 : ESTLIABEXRES

INCOME: MONTH OF INSTITUTIONALIZATION		INCOME: CHRONIC CARE	
FROM: 010104 TO: 013104		EFFECTIVE: 020104	
TOTAL MONTHLY INCOME	00165000	TOTAL MONTHLY INCOME	00165000
DEDUCTIONS	00008660	DEDUCTIONS	00006660
MA INCOME LEVEL	00065900	PERSONAL NEEDS ALLOWANCE	00005000
DEP HH MEMBERS ALLOWANCE	_____	**DEP HH MEMBERS ALLOWANCE**	_____
MED EXP TO REDUCE INCOME	_____	**MED EXP TO REDUCE INCOME**	_____
TOTAL INC CONT PER MONTH	**00090440**	**TOTAL INC CONT PER MONTH**	**00153340**

PAYABLE TO: _____ PAYABLE TO: _____

RESOURCES

TOTAL COUNT RESOURCES	00575000	**MA RESOURCE LEVEL**	**00395000**
EXCESS RESOURCES	00180000	**MED BILLS REDUCE RESOURCES**	_____
REMAIN EXCESS RESOURCES	**00180000**	**PAYABLE TO: _____**	**N/A _**

XMIT _

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WCN111 WMS/Client Notice Subsystem Date 01/22/04
CNS Chronic Care Screen Time 14:39:21

CASE NAME CAMBELL TOM
REG NO 738777
CASE REASON V55 : ESTLIABEXRES

INCOME: MONTH OF INSTITUTIONALIZATION		INCOME: CHRONIC CARE	
FROM: 010104 TO: 013104		EFFECTIVE: 020104	
TOTAL MONTHLY INCOME	00165000	TOTAL MONTHLY INCOME	00165000
DEDUCTIONS	00008660	DEDUCTIONS	00006660
MA INCOME LEVEL	00065900	PERSONAL NEEDS ALLOWANCE	00005000
DEP HH MEMBERS ALLOWANCE	_____	DEP HH MEMBERS ALLOWANCE	_____
MED EXP TO REDUCE INCOME	_____	MED EXP TO REDUCE INCOME	_____
TOTAL INC CONT PER MONTH	**00090440**	TOTAL INC CONT PER MONTH	**00153340**

PAYABLE TO: **HAPPY DAYS NURSING HOME** PAYABLE TO: **HAPPY DAYS NURSING HOME**

RESOURCES

TOTAL COUNT RESOURCES	00575000	MA RESOURCE LEVEL	**00395000**
EXCESS RESOURCES	00180000	MED BILLS REDUCE RESOURCES	**00100000**
REMAIN EXCESS RESOURCES	**00080000**	PAYABLE TO: **HAPPY DAYS NURSING**	**N/A _**

XMIT _

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01/22/04 CLIENT NOTICES SUBSYSTEM PAGE 1

SUPERVISORY REVIEW REPORT

CURRENT CASE DATA:

CASE NAME CAMBELL, TOM REGISTRY NO 738777
CASE STATUS 1 AVAIL CASE TYPE 20 MA
OFFICE CNS UNIT MA WORKER CSS02 FS IND

NOTICE NUMBER **U0100D2543** TRANS TYPE 02 OPEN
OFFICE CNS UNIT MA WORKER CSS02 FS IND

CASE REASON CODES:

MA REASONS
V55 ESTLIABEXRES
USER VARIABLES

TOTAL INC CONT PER MONTH	**00090440**
TOTAL INC CONT PER MONTH	**00153340**
REMAIN EXCESS RESOURCES	**00080000**
DEP HH MEMBERS ALLOWANCE	**00000000**
MED EXP TO REDUCE INCOME	**00000000**
PAYABLE TO:	**HAPPY DAYS NURSING HOME**
DEP HH MEMBERS ALLOWANCE	**00000000**
MED EXP TO REDUCE INCOME	**00000000**
PAYABLE TO:	**HAPPY DAYS NURSING HOME**
MA RESOURCE LEVEL	**00395000**
MED BILLS TO REDUCE RES	**00100000**
NOT APPLICABLE INDICATOR	

**********END OF REPORT**********

Page 2 **CLIENT NOTICES SYSTEM** **3/04**

CHRONIC CARE - MA REASON CODES

Reason Code	Paragraph Number	Description	Not. Ind.	Tran Type
		INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE – PREVIOUSLY PRIVATE PAY		
V64	**U0085**	**Individual – Income Contribution Only#**	**A**	**02**
V65	**U0086**	**Spousal – Income Contribution#**	**A**	**02**
V66	**U0087**	**Spousal – Income and Resource Contribution#**	**A**	**02**
V67	**U0088**	**Individual – Income and Resource Contribution#**	**A**	**02**
V68	**U0089**	**Spousal – Previously Waiver Recipient, Income and Resource Contribution#**	**A**	**02**
V69	**U0090**	**Spousal – Previously Waiver Recipient, Income Contribution#**	**A**	**02**

CLIENT NOTICES SYSTEM

CHRONIC CARE - MA REASON CODES

Reason Code	Paragraph Number	Description	Not. Ind.	Tran Type
		INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE – PREVIOUSLY PRIVATE PAY		
V70	**U0091**	**Spousal – Previously Waiver Recipient, Resource Contribution#**	**A**	**02**
V71	**U0092**	**Spousal – Previously Waiver Recipient, No Liability#**	**A**	**02**
V72	**U0093**	**Individual – No Liability Toward Cost of Care#**	**A**	**02**
V73	**U0094**	**Spousal – No Liability Toward Cost of Care#**	**A**	**02**
V74	**U0095**	**Spousal – Resource Contribution#**	**A**	**02**
V75	**U0096**	**Individual – Resource Contribution#**	**A**	**02**

ELDERLY, CORNELIUS

Mr. Elderly, age 73, is a widower who was placed in the Top of the Hill Nursing Home on 10/23/03. Mr. Elderly had been paying privately, but his resources were running out. In January an application for Medical Assistance was submitted to cover the continuing costs of his care. Mr. Elderly was determined eligible for MA with an income and resource contribution.

Income:

Social Security	$ 336.00 per month
Pension	$ 545.00 per month

Deductions:

Medicare Premiums	$ 66.60 per month
Health Ins. Premiums	$ 25.00 per month

Resources:

Bank Acct.	$ 4,120.00
PIA Acct. @ NH	$ 650.00
Irrevocable Burial Trust(excluded)	$ 1,645.00

Medical Bills:

Rx Bill @ NH	$ 100.00


```
WBGTMA          MA CC BUDGET     VERSION          DISTRICT ALBA                 01/13/04
CASE NAME                  REG. NO.       OFC      UNIT      WRKR   TR   BT     CA  DATE INS
ELDERLY                     738839         MA       CNS        CAC    02   07      01    102303
-------------UNEARNED INCOME--------------                ---------------EARNED INCOME-------------
LN C N I SR P   AMOUNT CD EXEMPT CD EXEMPT        LN      C      N      I     EID     SR     P
01   1    X 39 6       54500   01      2500              0
01   1    X 44 6       33600   21      6660              0
                            0              0              0          0 GROSS INCOME                    0
                            0              0              0          0 65 1/2                          0
                            0              0              0     MO OF INST TOTAL DED                   0
                            0              0              0     MO OF INST TOTAL NET                   0
                                                            CHRONIC CARE TOTAL DED                  0
                                                            CHRONIC CARE TOTAL NET                  0
****************MA SUMMARY***************
                                MO OF      CHRONIC              CONTRIBUTION AMT
                                 INST        CARE                                  0
TOT NET                            0           78900
MA LEVEL/PIA                       0            5000
CD/CONT TO COMM                    0               0      ----------------------RESOURCES------------
CONTRIB TO COST                    0           73940       CD/EX RES          0           TO
TOTAL TO COST                      0           73940       CD/EX RES X    82000 010104 TO 123104
EFF PER:  MO OF INST              TO
          CHRONIC CARE  010104 TO 123104                                DATE STORED
IRCS RECORD UPDATED,  BUDGET RECORD UPDATED TO VERSION 01      ON 01/13/04
```

CLIENT NOTICES SYSTEM

CHRONIC CARE - MA REASON CODES

Reason Code	Paragraph Number	Description	Not. Ind.	Tran Type
		INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE – PREVIOUSLY PRIVATE PAY		
V64	**U0085**	**Individual – Income Contribution Only#**	**A**	**02**
V65	**U0086**	**Spousal – Income Contribution#**	**A**	**02**
V66	**U0087**	**Spousal – Income and Resource Contribution#**	**A**	**02**
V67	**U0088**	**Individual – Income and Resource Contribution#**	**A**	**02**
V68	**U0089**	**Spousal – Previously Waiver Recipient, Income and Resource Contribution#**	**A**	**02**
V69	**U0090**	**Spousal – Previously Waiver Recipient, Income Contribution#**	**A**	**02**

WCN111 WMS/Client Notice Subsystem Date 01/13/04
CNS Chronic Care Screen Time 14:37:55

CASE NAME ELDERLY CORNELIUS
REG NO 738839
CASE REASON V67 : ELINREPRIPAY

INCOME

TOTAL MONTHLY INCOME	00088100
DEDUCTIONS	00009160
PERSONAL NEEDS ALLOWANCE	00005000
DEP HH MEMBERS ALLOWANCE	_____
MED EXP TO REDUCE INCOME	_____
TOTAL INC CONT PER MONTH	**00073940**

PAYABLE TO: _____

RESOURCES

TOTAL COUNT RESOURCES	04770000	**MA RESOURCE LEVEL**	**00395000**
EXCESS RESOURCES	00082000	**MED BILLS REDUCE RESOURCES**	_____
REMAIN EXCESS RESOURCES	**00082000**	**PAYABLE TO:** _____	

XMIT

WCN111 WMS/Client Notice Subsystem Date 01/13/04
CNS Chronic Care Screen Time 14:38:22

CASE NAME ELDERLY CORNELIUS
REG NO 738839
CASE REASON V67 : ELINREPRIPAY

INCOME

TOTAL MONTHLY INCOME	00088100
DEDUCTIONS	00009160
PERSONAL NEEDS ALLOWANCE	00005000
DEP HH MEMBERS ALLOWANCE	_____
MED EXP TO REDUCE INCOME	_____
TOTAL INC CONT PER MONTH	**00073940**

PAYABLE TO: **TOP OF THE HILL NURSING HM**

RESOURCES

TOTAL COUNT RESOURCES	00477000	MA RESOURCE LEVEL	**00395000**
EXCESS RESOURCES	00082000	MED BILLS REDUCE RESOURCES	**00010000**
REMAIN EXCESS RESOURCES	**00072000**	PAYABLE TO:	**TOP OF THE HILL N H**

XMIT _

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01/22/04 CLIENT NOTICES SUBSYSTEM PAGE 1
SUPERVISORY REVIEW REPORT

CURRENT CASE DATA:

CASE NAME CORNELIUS ELDERLY REGISTRY NO 738839
CASE STATUS 1 AVAIL CASE TYPE 20 MA
OFFICE MA UNIT CNS WORKER CAC FS IND

NOTICE NUMBER **U0100D2543** TRANS TYPE 02 OPEN
OFFICE MA UNIT CNS WORKER CAC FS IND

CASE REASON CODES:

MA REASONS
V67 ELINREPRIPAY
USER VARIABLES

TOTAL INC CONT PER MONTH	**00073940**
REMAIN EXCESS RESOURCES	**00072000**
DEP HH MEMBERS ALLOWANCE	**00000000**
MED EXP TO REDUCE INCOME	**00000000**
PAYABLE TO:	**TOP OF THE HILL NURSING HM**
MA RESOURCE LEVEL	**00395000**
MED BILLS TO REDUCE RES	**00010000**
PAYABLE TO:	**TOP OF THE HILL N H**

**********END OF REPORT**********

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MEDICAL ASSISTANCE

The following person who is residing in a medical institution has been approved for Medical Assistance coverage of institutional services effective January 1, 2004:

Name	Client I.D. #
CORNELIUS ELDERLY	AX72396T

We have calculated a monthly income contribution of $739.40 to be paid toward the cost of care effective January, 2004.

In addition to the income contribution, $720.00 of excess resources must be contributed toward the cost of care for the month of January, 2004.

We will pay any additional covered medical costs.

Please read the following page to see how we figured the contribution toward the cost of care. Also attached is a budget page. Please look at the budget page to see how we figured your income and resources.

This decision is based on Section 366 of the Social Services Law and Regulations 18 NYCRR 360-4.9 and 360-4.3(f).

MEDICAL ASSISTANCE

The following person who is residing in a medical institution has been approved for Medical Assistance coverage of institutional services effective January 1, 2004:

Name	Client I.D. #
TOM CAMBELL	AX72659C

We have calculated a monthly income contribution of $904.40 to be paid toward the cost of care from January 1, 2004 to January 31, 2004 and $1,533.40 to be paid toward the cost of care effective February 1, 2004.

In addition to the income contribution, $800.00 of excess resources must be contributed toward the cost of care for the month of January, 2004.

We will pay any additional covered medical costs.

Please read the following page to see how we figured the contribution toward the cost of care. Also attached is a budget page. Please look at the budget page to see how we figured your income and resources.

This decision is based on Section 366 of the Social Services Law and Regulations 18 NYCRR 360-4.9 and 360-4.3(f).

XL218C (08/97) NOTICE NUMBER : U0100D1072 Page: 2

INCOME

We figured your monthly income contribution as follows:

Effective 01/01/04
(Chronic Care)

Total Monthly Income	$881.00
Deductions	$91.60
Personal Needs Allowance	$50.00
Dependent Household Member(s) Allowance	$0.00
Medical Expenses Used to Reduce Income	$0.00
Total Income Contribution per Month	$739.40

Payable to: **TOP OF THE HILL NURSING HM**

RESOURCES

Resources must also be considered in calculating your eligibility:

Total Countable Resources		$4,770.00
Medical Assistance Resource Level	-	$3,950.00
Excess Resources	=	$820.00
Medical Bills Used to Reduce Excess Resources	-	$100.00
Remaining Excess Resources	=	$720.00

Payable to: **TOP OF THE HILL N H**

IMPORTANT INFORMATION: Your monthly income contribution is based on a projection of income expected to be received. Adjustments will be made if your income or circumstances change.

XL218C (08/97) NOTICE NUMBER : U0100D2543 Page: 2

INCOME

We figured your monthly income contribution(s) as follows:

From 01/01/04 To 01/31/04
(Month of Institutionalization)

Total Monthly Income ...		$1,650.00
Deductions	-	$86.60
Medical Assistance Income Level	-	$659.00
Dependent Household Member(s) Allowance	-	$0.00
Medical Expenses Used to Reduce Income	-	$0.00
Total Income Contribution per Mo. ...	=	$904.40

Payable to:
HAPPY DAYS NURSING HOME

Effective 02/01/04
(Chronic Care)

Total Monthly Income ...		$1,650.00
Deductions	-	$66.60
Personal Needs Allowance	-	$50.00
Dependent Household Member(s) Allowance	-	$0.00
Medical Expenses Used to Reduce Income	-	$0.00
Total Income Contribution per Mo. ...	=	$1,533.40

Payable to:
HAPPY DAYS NURSING HOME

RESOURCES

Resources must also be considered in calculating your eligibility.

Total Countable Resources		$5,750.00
Medical Assistance Resource Level	-	$3,950.00
Excess Resources	=	$1,800.00
Medical Bills Used to Reduce Excess Resources	-	$1,000.00
Remaining Excess Resources	=	$800.00

Payable to: **HAPPY DAYS NURSING H**

IMPORTANT INFORMATION: Your monthly income contribution is based on a projection of income expected to be received. Adjustments will be made if your income or circumstances change.

SYSTEM CONDITIONS FOR CHRONIC CARE NOTICES

- ✓ Now Open for use with certain Transaction Types as indicated on the Code Cards
- ✓ There must be a stored budget for most transactions, these are indicated on the code cards with a pound (#) sign
- ✓ The words "payable to" are removed from the notice if the Total Income Contribution per month equals zero
- ✓ The month of Institutionalization will be filled in automatically on the notice where "Resources Contributed to Month of____" is indicated
- ✓ Workers have the ability to change the amounts that have been pulled from the budget in the following fields:
  - o Remaining Available Monthly Income
  - o Total Income Contribution per month
  - o Remaining Excess Resources
  - o MA Resource Level

CNS Team Contact Information

Cindy Krueger-Farley	Coordinator	(518) 402-6663
Kathie Hahn	Supervisor	(518) 402-6879
Mark Russell	Supervisor	(518) 402-6847
Gilda Ashby	Trainer	(518) 402-6577
Chad Shepler	Trainer	(518) 402-6578
Cathy Connelly	Trainer	(518) 402-6882
Kyle Murphy	Trainer	(518) 402-6583

HPN Address: https://commerce.health.state.ny.us/hpn/omm/library1.htm