

## DEPARTMENT OF HEALTH SERVICES

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November 13, 1995

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 95-68

**CHANGES TO MEDI-CAL ELIGIBILITY DATA SYSTEMS (MEDS) TRANSACTIONS FOR  
REFUGEE TRACKING, MEDICARE BUY-IN, AND SEVERAL PLANNED FUTURE  
ENHANCEMENTS**

The purpose of this letter is to transmit a revised and clear copy of the information contained in All County Welfare Directors Letter (ACWDL) No. 95-46. This letter has also been reorganized in order to address some questions and eliminate some confusion that occurred when county staff reviewed the original letter. Please discard ACWDL No. 95-46 immediately and follow the instructions in this letter. Please note especially that: (1) several of the Data Element Dictionary pages have been revised; (2) the Data Element Number for Eligibility Approval Date has been changed to 3040; (3) the EW50 screen has been omitted because it will become obsolete with the new Letter of Authorization form procedure; (4) the EW15 screen has been added; and (5) a list of the error messages with corresponding edits and MEDS accept/update/reject actions has been added.

Three new data elements are being added to MEDS transactions and the use of two existing data elements is being expanded. Counties are requested to implement these changes by MARCH 1996. These changes support:

- o One new MEDS function currently being developed
  - Conversion of Refugee Tracking from a separate reporting system to a process that uses MEDS.
- o Two existing MEDS functions
  - Determining the appropriate effective date for Medicare Buy-In.
  - Identifying aged aliens who are ineligible for Medicare.

- o Several planned future enhancements
  - Use of Alien Number for file clearance in MEDS and the Statewide Client Index.
  - Automatic generation of SAVE requests for annual redeterminations.
  - Automated generation of several Department of Social Services (DSS) statistical reports.

This letter describes the changes being made to MEDS and then describes the functions that are or will be changing. Samples of the revised screens, advance copies of updated Data Element Dictionary pages, and a list of new, revised, or related messages are enclosed. Final copies of all new or revised MEDS Network User Manual pages will be sent in a separate MEDS Manual Revision Letter. We plan to install the revised online screens and begin accepting the added data elements on batch input transactions beginning in DECEMBER 1995.

#### CHANGES TO MEDS TRANSACTIONS

The three new data elements being added to MEDS transactions are Alien Registration Number (ALIEN-NO), Country of Origin (COUNTRY-OF-ORIGIN), and Eligibility Approval Date (ELIG-APPROVAL-DATE). ELIG-APPROVAL-DATE replaces MN-APPROVAL-DATE, which currently appears on some screens but is not yet being used; it is being renamed to reflect an expansion in the planned usage of the field. The two existing data elements where the usage is being expanded are INS Entry Date (INS-ENTRY-DATE) and Refugee/Alien Indicator (REFUGEE/ALIEN).

- o INQO - Other Miscellaneous Information Inquiry Screen
  - Add ALIEN-NO.
  - Rename MN-APPROVAL-DATE to ELIG-APPROVAL-DATE.
- o INQR - Recipient Inquiry Request screen
  - Add ALIEN-NO as an identification field that can be used to locate a recipient record; that field will not be usable until future changes are made to build a cross reference file of Alien Identification Numbers that have been reported to MEDS.

- o EW20 and EW30 Screens

- Add COUNTRY-OF-ORIGIN.

- Add ALIEN-NO.

- Allow entry of data in REFUGEE/ALIEN field.

- Allow entry of data in INS-ENTRY-DATE field.

- Rename MN-APPROVAL-DATE to ELIG-APPROVAL-DATE and allow entry of data in that field.

- o EW05 Screen

- Add COUNTRY-OF-ORIGIN.

- Add ALIEN-NO.

- Add REFUGEE/ALIEN.

- Add INS-ENTRY-DATE.

- Add ELIG-APPROVAL-DATE.

- o EW15 and EW55 Screens

- Add ALIEN-NO.

All of the fields being added or revised to allow entry of data on the EW05, EW20, and EW30 screens will also be accepted on the corresponding batch transactions. All of these fields are optional fields on the transactions. Refer to the Data Element Dictionary pages for the Data Element Numbers and requirements for batch reporting of these fields.

### **REFUGEE TRACKING SYSTEM**

Counties are currently required to report refugees on Form MC 255 "Refugee Cross Reference Transaction". These forms are submitted monthly and are used to update the Refugee Tracking System. Some counties submit this information on tape, but most counties use the paper MC 255's. This information is used by the Department of Health Services (DHS) to claim 100 percent federal financial participation (FFP) for Medi-Cal services rendered to time-eligible refugees. In order to claim this FFP, specific information such as the refugee's status and date of entry into the United States is required by the federal government. By allowing counties to report this information directly to MEDS in conjunction with their normal eligibility reporting and taking advantage of the fact that MEDS maintains a single record irrespective of changes in the County ID, DHS expects more complete reporting of refugees and more accurate claiming of federal refugee funding. The two data elements required for refugee tracking are the INS Entry Date (INS-ENTRY-DATE) and Refugee/Alien Indicator (REFUGEE/ALIEN values 1, 7 and 8).

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As part of the conversion process, information on all individuals who have been previously reported to the Refugee Tracking System will be posted to MEDS. That conversion process is expected to be completed by March 1996, at which time counties will be expected to start reporting information to MEDS for all individuals for whom refugee reporting is required. Once the conversion process has been completed, counties will start receiving Renewal alerts for any individuals eligible in Aid Codes 01, 02 or 08 for whom MEDS does not have a Refugee/Alien Indicator and INS Entry Date. Daily Alerts will also be issued when eligibility is reported in one of those aid codes and the two required fields are not present either on MEDS or on the transaction. Counties may begin using the new reporting process as soon as it is available within MEDS but are requested to continue their present MC 255 process until MARCH 1996. Use of MEDS to report the refugee tracking information is mandatory beginning in MARCH 1996.

#### **EFFECTIVE DATE FOR MEDICARE BUY-IN**

Reporting of the ELIG-APPROVAL-DATE is required when new eligibility is established for QMBs and QDWIs and also for Medically Needy individuals who are eligible for Medicare to allow the Buy-In process to comply with federal requirements in determining the appropriate effective date for Buy-In. The eligibility approval date may be reported for any aid category and for all new eligibility periods; MEDS will determine when the information is needed for Buy-In effective date determination.

The Buy-In effective date for Medically Needy (MN) individuals who were not eligible for a federally covered Medi-Cal program in the month prior to their MN eligibility is supposed to be the second month after the month in which the individuals eligibility for Medi-Cal is approved; for QMBs, it is the month after the month in which they are approved and meet the criteria of not being entitled to free Part A and having enrolled in Part A and met the Part A entitlement date; and for QDWIs, it is the month in which they are approved and meet the criteria of not being entitled to free Part A and having enrolled in Part A and met the Part A entitlement date.

The MEDS Buy-In process will use the Eligibility Approval Date along with other existing information from MEDS to determine the appropriate Buy-In effective date in accordance with federal requirements.

#### **AGED ALIENS WHO ARE INELIGIBLE FOR MEDICARE**

Addition of INS-ENTRY-DATE and REFUGEE/ALIEN to the EW20 and EW30 transactions allows counties to report that information as a part of their normal eligibility reporting to MEDS rather than having to do a separate online EW15 transaction when they have

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an aged individual who is not yet eligible for Medicare, due to the five-year residency requirement, and is not covered by the refugee tracking process. Adding those fields to the EW05 also allows counties to add or correct that information as they are processing an inter-county transfer. MEDS uses this information to suppress presumed Medicare eligible coding and to bypass the Renewal Alert to refer an individual to apply for Medicare benefits until the five years have passed.

REFUGEE/ALIEN value 9 (nine) is used to identify these individuals and the edits are the same as those currently applied to the EW15 transaction. The value nine may be reported as soon as an individual reaches 64 years and 9 months of age. The REFUGEE/ALIEN values used for refugee tracking will work the same way as the value nine for MEDS Medicare processing. Reporting of the aged alien value via batch updates is optional; counties who have very few of these individuals may choose to continue using the online EW15 to report this information to MEDS.

In response to a county request, a REFUGEE/ALIEN value 0 (zero) was added to allow reporting of aliens who are neither aged aliens ineligible for Medicare nor subject to refugee reporting. Reporting of the zero value is optional; it is not used for anything within MEDS.

#### **FIELDS ADDED FOR PLANNED FUTURE ENHANCEMENTS**

**ALIEN REGISTRATION NUMBER** - Added so that counties can start collecting and reporting this number to MEDS for new eligibles and for existing eligibles at the annual redetermination. There are plans to build a cross reference file within MEDS and begin using the Alien Registration Number as an additional file clearance check to minimize building of duplicate records and also to be able to locate a MEDS record using that number. There are also plans to add that number to the Statewide Client Index for use in locating a client. Counties have also requested that MEDS automatically generate a Systematic Alien Verification for Entitlements request when the annual redetermination is due so that counties do not have to separately initiate that request.

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**COUNTRY OF ORIGIN** - Added so that counties can start collecting and reporting this number to MEDS for new eligibles and for existing eligibles at the annual redetermination. There are plans to eventually eliminate the need for counties to submit paper forms of the DSS RS-237 and RS-238 reports.

If you have any comments or suggestions on the above procedures to be implemented, please contact Elena Lara of my staff at (916) 657-0712. With receipt of this letter, please discard ACWDL No. 95-46.

Sincerely,

ORIGINAL SIGNED BY  
Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

EXISTING SCREEN

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-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1 |      INQO                ** OTHER MISCELLANEOUS INFORMATION **                opr - mm/dd/yy |
|
| MEDS-ID                   NAME                                           BIRTHDATE
| CA-DL/ID-NO              CLIENT-INDEX-NO
5 | PHONE                     AUTH-REP-NAME
| ETHNIC                   LANGUAGE                               AUTH-REP-ADDR
| SSN-VER-BIRTHDATE
| DEATH-POSTED
| EXPECTED-DELIVERY-DATE              MN-APPROVAL-DATE
10 | COUNTRY-OF-ORIGIN          INS-ENTRY-MMY              REFUGEE/ALIEN
| PICKLE-TICKLER              LAST-PICKLE-CHG          SSI-LAST-RECEIVED
|
| LAST-MC/CP-CHG              LAST-FS-CHG              LAST-OTHER-CHG
| LAST-MC/CP-TRANS          LAST-FS-TRANS          LAST-OTHER-TRANS
15 | FILE-FIX-DATE              CARD-ISSUE-DATE          PAPER-CARD-DATE
|
| PGM-ELIG:  MC/CP C H   SP1                SP2                FS                AFDC C H
|                1992----->
20 |                01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
| ORIG-AID
| NEG-ACTN
| MULTI-SOC
24 | OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

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NEW SCREEN

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-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1 |      INQO                ** OTHER MISCELLANEOUS INFORMATION **                opr - mm/dd/yy |
|
| MEDS-ID                   NAME                                           BIRTHDATE
| CA-DL/ID-NO              CLIENT-INDEX-NO                # ALIEN-NO .....
5 | PHONE                     AUTH-REP-NAME
| ETHNIC                   LANGUAGE                               AUTH-REP-ADDR
| SSN-VER-BIRTHDATE
| DEATH-POSTED
| EXPECTED-DELIVERY-DATE              ELIG-APPROVAL-DATE
10 | COUNTRY-OF-ORIGIN          INS-ENTRY-MMY              REFUGEE/ALIEN
| PICKLE-TICKLER              LAST-PICKLE-CHG          SSI-LAST-RECEIVED
|
| LAST-MC/CP-CHG              LAST-FS-CHG              LAST-OTHER-CHG
| LAST-MC/CP-TRANS          LAST-FS-TRANS          LAST-OTHER-TRANS
15 | FILE-FIX-DATE
|
| PGM-ELIG:  MC/CP C H   SP1                SP2                FS                AFDC C H
|                1992----->
20 |                01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
| ORIG-AID
| NEG-ACTN
| MULTI-SOC
24 | OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

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09/20/93

EXISTING SCREEN

```

-----1-----2-----3-----4-----5-----6-----7-----8
1 |      INQR                ** RECIPIENT INQUIRY REQUEST **          opr - mm/dd/yy
  |
  | SELECT INQUIRY OPTION ?      A = ADDRESS INFORMATION
  |                               B = BUY-IN AND BENDEX
  |                               F = FOOD STAMP
  |                               H = HEALTH CARE PLANS AND OTHER HEALTH COVERAGE
  |                               M = MEDI-CAL/CMSP -- PRIMARY
  |                               O = OTHER MISCELLANEOUS
  |                               P = PENDING/DENIED APPLICATIONS & APPEALS
10 |                              V = ABBREVIATED STATUS
  |                              X = TITLE XVI -- SSI/SSP
  |                              1 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 1
  |                              2 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 2
  |                              3 = MEDI-CAL/CMSP -- PENDING
  |                              4 = MEDI-CAL/CMSP -- FUTURE PENDING
  |                              5 = MEDI-CAL/CMSP -- 13-15 MONTHS PRIOR
  |
  | RECIPIENT IDENTIFICATION:    MEDS-ID: _____
  | (ENTER ONE)                  COUNTY-ID: _____
  |                               HIC-NO: _____
  |                               CLIENT-INDEX-NO: _____
  |                               CA-DL/ID-NO: _____
  |
  |-----1-----2-----3-----4-----5-----6-----7-----8

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09/20/93

NEW SCREEN

```

-----1-----2-----3-----4-----5-----6-----7-----8
1 |      INQR                ** RECIPIENT INQUIRY REQUEST **          opr - mm/dd/yy
  |
  | SELECT INQUIRY OPTION ?      A = ADDRESS INFORMATION
  |                               B = BUY-IN AND BENDEX
  |                               F = FOOD STAMP
  |                               H = HEALTH CARE PLANS AND OTHER HEALTH COVERAGE
  |                               M = MEDI-CAL/CMSP -- PRIMARY
  |                               O = OTHER MISCELLANEOUS
  |                               P = PENDING/DENIED APPLICATIONS & APPEALS
10 |                              V = ABBREVIATED STATUS
  |                              X = TITLE XVI -- SSI/SSP
  |                              1 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 1
  |                              2 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 2
  |                              3 = MEDI-CAL/CMSP -- PENDING
  |                              4 = MEDI-CAL/CMSP -- FUTURE PENDING
  |                              5 = MEDI-CAL/CMSP -- 13-15 MONTHS PRIOR
  |
  | RECIPIENT IDENTIFICATION:    MEDS-ID: _____
  | (ENTER ONE)                  COUNTY-ID: _____
  |                               HIC-NO: _____
  |                               CLIENT-INDEX-NO: _____
  |                               CA-DL/ID-NO: _____
  |                               # ALIEN-NO .....
  |
  |-----1-----2-----3-----4-----5-----6-----7-----8

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EXISTING SCREEN

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-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1 | EW20                ** ADD NEW CLIENT RECORD **                opr - mm/dd/yy
| CASE-NAME ..... DISTRICT ...                EW-CODE .....
5 | COUNTY-ID: PER-MEDS _____ ALTERNATE .....
| MEDS-ID _____ BIRTHDATE _____ NEW-BIRTHDATE .....
| NAME: LAST ..... FIRST ..... INITIAL .....
| SEX _____ ETHNIC _____ LANGUAGE .....
| SSN-VER _____ CA-DL/ID-NO ..... HIC-NO .....
10 | ADDRESS: C/O .....
| STREET .....
| CITY ..... STATE _____ ZIP-CODE .....
| PHONE ( ... ) .....
| EFFECTIVE-DATE _____ TERM-DATE ..... TERM-REAS ..
15 | ESAC _____ REDETERM-MONTH .. %-OBLIG ..
| SOC-AMOUNT ..... LTC-IND . SOC-FBU ..
| MEDS-OHC . RESTRICTION ... ORIG-AID ..
| NEW-OHC _____ REFUGEE/ALIEN . INS-ENTRY-MMY .....
| MN-APPROVAL-DATE ..... APPLICATION-DATE ..... RETRO .
20 | CARD-REQUEST-REASON ..
| ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL . CODE .
| NEXT-TRANS ..... SAME-PERSON . SAME-CASE .
24 |
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

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NEW SCREEN

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-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1 | EW20                ** ADD NEW CLIENT RECORD **                opr - mm/dd/yy
| CASE-NAME ..... DISTRICT ...                EW-CODE .....
5 | COUNTY-ID: PER-MEDS _____ ALTERNATE .....
| MEDS-ID _____ BIRTHDATE _____ NEW-BIRTHDATE .....
| NAME: LAST ..... FIRST ..... INITIAL .....
| SEX _____ ETHNIC _____ LANGUAGE .....
| SSN-VER _____ CA-DL/ID-NO ..... HIC-NO .....
10 | ADDRESS: C/O .....
| STREET .....
| CITY ..... STATE _____ ZIP-CODE .....
| PHONE ( ... ) ..... # COUNTRY-OF-ORIGIN .. # ALIEN-NO .....
| EFFECTIVE-DATE _____ TERM-DATE ..... TERM-REAS ..
15 | ESAC _____ REDETERM-MONTH .. %-OBLIG ..
| SOC-AMOUNT ..... LTC-IND . SOC-FBU ..
| MEDS-OHC . RESTRICTION ... ORIG-AID ..
| NEW-OHC _____ REFUGEE/ALIEN . INS-ENTRY-MMY .....
| ELIG-APPROVAL-DATE ..... APPLICATION-DATE ..... RETRO .
20 | CARD-REQUEST-REASON ..
| ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL . CODE .
| NEXT-TRANS ..... SAME-PERSON . SAME-CASE .
24 |
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

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EXISTING SCREEN

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-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1 | EW30                                ** MODIFY CURRENT/FUTURE **                                opr - mm/dd/yy
|
| CASE-NAME ..... DISTRICT ...                                EW-CODE .....
|
5 | COUNTY-ID: PER-MEDS ..... NEW ** .....
| MEDS-ID ..... BIRTHDATE ..... NEW-BIRTHDATE .....
| NAME: LAST ..... FIRST ..... INITIAL .....
| SEX ..... ETHNIC ..... LANGUAGE .....
| SSN-VER ..... CA-DL/ID-NO ..... HIC-NO .....
10 | ADDRESS: C/O .....
| STREET .....
| CITY ..... STATE ..... ZIP-CODE .....
| PHONE ( ... ) ..... ADDRESS-FLAG .....
| EFFECTIVE-DATE ..... TERM-DATE ..... TERM-REAS ...
15 | ESAC ..... REDETERM-MONTH .. %-OBLIG ...
| SOC-AMOUNT ..... LTC-IND ..... SOC-FBU ...
| MEDS-OHC ..... RESTRICTION ..... ORIG-AID ...
| NEW-OHC ..... REFUGEE/ALIEN ..... INS-ENTRY-MMY .....
| MN-APPROVAL-DATE ..... APPLICATION-DATE ..... RETRO ...
20 | CARD-REQUEST-REASON .. RECOVERY ..
| ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL .. CODE ..
|
| NEXT-TRANS ..... SAME-PERSON ..... SAME-CASE ..
24 |
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

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NEW SCREEN

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-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1 | EW30                                ** MODIFY CURRENT/FUTURE **                                opr - mm/dd/yy
|
| CASE-NAME ..... DISTRICT ...                                EW-CODE .....
|
5 | COUNTY-ID: PER-MEDS ..... NEW ** .....
| MEDS-ID ..... BIRTHDATE ..... NEW-BIRTHDATE .....
| NAME: LAST ..... FIRST ..... INITIAL .....
| SEX ..... ETHNIC ..... LANGUAGE .....
| SSN-VER ..... CA-DL/ID-NO ..... HIC-NO .....
10 | ADDRESS: C/O .....
| STREET .....
| CITY ..... STATE ..... ZIP-CODE .....
| ADDRESS-FLAG ..... # COUNTRY-OF-ORIGIN ..... # ALIEN-NO .....
| PHONE ( ... ) .....
| EFFECTIVE-DATE ..... TERM-DATE ..... TERM-REAS ...
15 | ESAC ..... REDETERM-MONTH .. %-OBLIG ...
| SOC-AMOUNT ..... LTC-IND ..... SOC-FBU ...
| MEDS-OHC ..... RESTRICTION ..... ORIG-AID ...
| NEW-OHC ..... REFUGEE/ALIEN ..... INS-ENTRY-MMY .....
20 | ELIG-APPROVAL-DATE ..... APPLICATION-DATE ..... RETRO ...
| CARD-REQUEST-REASON .. RECOVERY ..
| ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL .. CODE ..
| NEXT-TRANS ..... SAME-PERSON ..... SAME-CASE ..
24 |
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

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EXISTING SCREEN

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-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1 | EW15                ** REPORT IMMEDIATE NEED ELIGIBILITY **          opr - mm/dd/yy
  | CASE-NAME ..... DISTRICT ...          EW-CODE .....
5 | COUNTY-ID-PER-MEDS .....
  | MEDS-ID ..... BIRTHDATE ..... NEW-BIRTHDATE .....
  | NAME: LAST ..... FIRST ..... INITIAL .
  | SEX . CA-DL/ID-NO ..... HIC-NO .....
10 | NEW-COUNTY-ID: AID-CODE .. SERIAL ..... FBU . PERSON-NO ..
  | ESAC . NEG-ACTION * %-OBLIG ..
  | SOC-AMOUNT ..... LTC-IND . SOC-FBU ..
  | MEDS-OHC . RESTRICTION ... ORIG-AID ..
15 | NEW-OHC . REFUGEE/ALIEN . INS-ENTRY-MMY .....
  | VALID-MMY ..... CARD-ISSUE-SITE ..... CARD-ISSUE-REASON ..
  | ADDRESS: C/O .....
20 | STREET .....
  | CITY ..... STATE .. ZIP-CODE .....
  | NEXT-TRANS ..... SAME-PERSON . SAME-CASE .
24 |
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

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NEW SCREEN

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-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1 | EW15                ** REPORT IMMEDIATE NEED ELIGIBILITY **          opr - mm/dd/yy
  | CASE-NAME ..... DISTRICT ...          EW-CODE .....
5 | COUNTY-ID-PER-MEDS .....
  | MEDS-ID ..... BIRTHDATE ..... NEW-BIRTHDATE .....
  | NAME: LAST ..... FIRST ..... INITIAL .
  | SEX . CA-DL/ID-NO ..... HIC-NO .....
10 | NEW-COUNTY-ID: AID-CODE .. SERIAL ..... FBU . PERSON-NO ..
  | ESAC . NEG-ACTION * %-OBLIG ..
  | SOC-AMOUNT ..... LTC-IND . SOC-FBU ..
  | MEDS-OHC . RESTRICTION ... ORIG-AID ..
15 | NEW-OHC . REFUGEE/ALIEN . INS-ENTRY-MMY .....
  | # ALIEN-NO ..... CERT-DAY ..
  | VALID-MMY ..... CARD-ISSUE-SITE ..... CARD-ISSUE-REASON ..
  | ADDRESS: C/O .....
20 | STREET .....
  | CITY ..... STATE .. ZIP-CODE .....
  | NEXT-TRANS ..... SAME-PERSON . SAME-CASE .
24 |
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

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