

Guidelines for Public Assistance Reporting Information System (PARIS) Matches

Local Departments of Social Services (LDSS) are required to investigate and resolve PARIS matches for consumers whose cases are on the Welfare Management System (WMS). The following guidelines were developed to assist districts with implementing standardized procedures that will ensure program integrity and support an audit review.

1. PARIS Match Procedures

- a. On a quarterly basis, the Office of Health Insurance Programs (OHIP) uploads PARIS matches on the NYS database then notifies the districts that the matches are available for review. Matches must be resolved within 60 business days of receipt.
- b. Districts are reminded, by email, of the initial posting of PARIS matches that remain unresolved after 35 days and again after 45 business days.
- c. Districts are contacted, by phone, when PARIS matches remain unresolved after 50 business days of posting.

2. Research

- a. Districts must review PARIS matches immediately upon receipt.
- b. Districts must confirm that the consumer on the PARIS match is the same individual as reported in the other state by verifying the consumer's name, date of birth, gender, and Social Security number.
- c. Districts must conduct research in WMS and the Imaging/Enterprise Document Repository (I/EDR) for pertinent information that indicates a change in the consumer's address.
- d. Districts must determine if the case is still active, clocking down or closed in New York State (NYS).
 - i. If the case is active, districts must continue the investigation to resolve the PARIS match.
 - ii. If the case is clocking down or closed, no further investigation is necessary to resolve the PARIS match.

3. Investigation

- a. For active cases, districts must request residency verification from the consumer by phone and through written correspondence.
 - i. If by phone, the district should request NYS residency verification from the consumer. If phone contact is made, the district must follow up with a written request for proof of residence, by a specific due date, to secure appropriate residency verification.
 - ii. If by written correspondence, requests for NYS residency verification by a specified due date, must be sent to the NYS address on file.
- b. Districts must establish a due date/deadline, of no less than ten days, for the consumer to submit residency verification.

4. Case Action

- a. Districts must take appropriate action to close the consumer(s) case in WMS when:
 - i. the consumer fails to respond to the residency verification request within the required time frame, or
 - ii. the United States postal service returns the written correspondence as undeliverable, with an out of state address, or moved and left no forwarding address.
- b. If it is determined that the consumer is no longer living in NYS, districts must inform other benefit programs if the consumer(s) is in receipt of other benefits (i.e., Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance (TA), Home Energy Assistance Program (HEAP)) so that those benefits can be discontinued.
- c. Districts must enter a resolution for the PARIS match in the NYS database when the investigation is complete using one of the following selections:
 - i. Closed/Removed in NYS prior to match
 - ii. Closed/Removed by match
 - iii. Wrong individual identified
 - iv. Eligible for benefits in NYS
 - v. Lapsed case
- d. Districts must inform the other state if New York State residency is verified.
- e. Districts must prepare a Medicaid managed care retroactive disenrollment request, if applicable.
- f. Districts must respond to disputes from managed care plans within 10 business days of receipt.

5. Document Action Taken

- a. Districts must document in the consumer's case record if contact with the consumer was made by phone.
- b. Districts must also retain a copy of the written correspondence requesting residency verification in the consumer's case record.
- c. Districts must record/note the PARIS match resolution in the case record.
- d. Districts must maintain a record of correspondence with managed care plans and OMIG when a retroactive disenrollment is processed.