

WELFARE MANAGEMENT SYSTEM

WORKER'S GUIDE TO CODES

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

AND

NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF MEDICAID
MANAGEMENT

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INTRODUCTION

USING THIS GUIDE

The Worker's Guide to Codes (WGC) is a manual designed to assist workers to identify WMS code values and their definitions that are specific to NYC Welfare Management System. It is a reference source and NOT an instructional manual. Please refer to the Budgeting, Authorization of Grants, and the Authorization of Medical Assistance manuals for specific information on how to use relative codes.

ORGANIZATION OF THE WGC

The Table of Contents outlines the organization of this guide. Refer to the Table of Contents and familiarize yourself with this manual's layout. This manual has been organized into a chapter format. Each chapter is devoted to a particular WMS form or system and their specific code definitions. Larger chapters have been subdivided to aid in the management of future updates. These chapter groupings are best noted in the page numbering.

- ☐ **Chapter 1** is dedicated to the Common Application Form and the Turnaround Document. The Common Application Form though only a single page is a sub-chapter, while the Turnaround Document has more extensive sub-divisions. These units are Section 05: Case Level Codes, Section 10: Case (Suffix) Level Codes, Reason Codes (Case Level), Section 15: Individual Level Codes, Reason Codes (Individual Level), and Regulatory Citations for Changes in PA/FS Grant.
- ☐ **Chapter 2** captures code values and definitions for the Automated Budgeting and Eligibility Logic (ABEL) or, as some may refer to it as the External Budgeting system.
- ☐ **Chapter 3** provides definitions for a variety of data entry forms.
- ☐ **Chapter 4** is dedicated to the Medical Assistance Program. This chapter has been subdivided into Section 10: MA Case (Suffix) Level Codes, which includes the Reason Codes, Section 15: MA Individual Level Codes, which also includes the Reason Codes, Data Input Form DSS 3477 (Screen WMPPIN), Data Input Form DSS 3478 (Screen WMRRIN), and MA Budgeting and Eligibility Logic (MABEL).
- ☐ **Chapter 5** is a reference to obsolete WMS Reason Codes. Seven appendices, labeled A through G, are available. Appendices A and B list respectively obsolete PA Case and Individual Closing/Removal Codes. Appendices C and D list respectively obsolete MA Case and Individual Closing/Removal Codes. Appendices E and F list respectively obsolete FS Case and Individual Closing/Removal Codes. Appendix G lists the obsolete PA Case Opening Codes.
- ☐ **Chapter 6** offers the WGC indices. The Item Name Index provides the user with a page reference to fields sorted alphabetically by the full field name. The Item Number Index offers a page reference to the Turnaround Document fields sorted numerically by the fields' assigned item number. The Reason Code Indices reference all the PA, MA, and FS reason codes. Separate indices have been created, one listing Case and the other listing Individual Level Reason Codes.

USING THIS GUIDE (CONT'D)**FINDING WHAT YOU NEED**

The effort it takes the user to locate needed information will depend on one's familiarity with WMS and this manual. As each user becomes comfortable using this reference, (s)he will develop individual strategies in locating information. It is recommended that each user index the regularly used portions of the WGC to meet their needs. This can easily be accomplished by using index divider sheets or any other technique that works for the user.

There are numerous approaches to finding information:

↔ TABLE OF CONTENTS

As outlined earlier, each chapter is dedicated to one specific form or system, as in Chapter 2, ABEL codes, or a group of like forms or systems, as in Chapters 3 and 4, data entry forms codes and MA Program codes, respectively. Utilizing the Table of Contents is the best search choice if the user is familiar with the form/system is known and feels comfortable searching through the chapter subheadings to locate a page number.

↔ ITEM NAME INDEX

Knowing the field name would make this the most direct search choice. It also precludes knowledge of which form or system the field is affiliated with.

↔ ITEM NUMBER INDEX

Using this index provides the best search choice if one is working directly from the Turnaround Document and the item number is known.

↔ REASON CODE INDEX

Utilize these indices to access page references for all currently valid PA, MA, and FS case or individual level reason codes.

- A word of caution regarding reason codes would be in order here. When determining the appropriateness of a reason code be aware that many codes are category specific. Please check beyond the code definition. Multiple codes having the same definition may exist. Upon closer inspection the user will realize that they should be used for different categories. In addition, the user should also pay heed to the impact a specific PA code may have on MA and FS benefits. What may first appear as multiple codes carrying like definitions may prove different in the continuance or discontinuance of MA and FS benefits.

↔ APPENDICES

Use the appropriate appendix for definitions of obsolete PA, MA, FS closing or removal codes at the case or individual levels.

**CHAPTER 1 -
APPLICATION**

COMMON APPLICATION FORM - DSS 2921/APPLICANT JOB PROFILE FORM W680

CATEGORY CODES (CATEGORY)

EAA	(PA Center)	Emergency Assistance for Adults (No change)
EAF	(PA Center)	Emergency Assistance for Families (No change)
FA	(PA Center)	Family Assistance (Former ADC, ADCU and HR Families Cases Should be in the FA Category)
FS	(FS Center)	Food Stamps
SNCA	(PA Center)	Safety Net Cash Assistance (Former HR, except HR Families, Cases Should be in the SNCA Category)
SNFP	(PA Center)	Safety Net Federally Participating. To be used for FA cases in which the head of household or an adult who is a mandatory member of the case fails to comply with drug/alcohol [D/A] requirements, or in which such an individual is deemed unemployable due to their d/a problem, but is in compliance with d/a requirements and is in treatment.
SNNC	(PA Center)	Safety Net Non-Cash. To be used for Safety Net Cash Cases that have reached either the two year limit for Safety Net Cash Assistance or the 60 month time limit for State Assistance (total of Family Assistance and Safety Net Cash Assistance), singles who have been determined unable to work due to drug/alcohol problems, but were compliant, i.e. in treatment, or eventually for cases that have reached the 60 month Federal Time Limit for FA.
MA	(MA Center)	Medical Assistance (No change)
MPE	(MA Center)	Presumptive Eligibility for Children
MSSI	(MA Center)	Medicaid Supplemental Security Income (No change)
ADC	(PA Center)	This category is no longer valid. Aid to Dependent Children (Will be re-categorized to FA)
ADCU	(PA Center)	This category is no longer valid. Aid to Dependent Children Unemployed (Will be recategorized to FA)
HR	(PA Center)	This category is no longer valid. Home Relief (Will be recategorized to SNCA)
HRPG	(PA Center)	This category is no longer valid. Home Relief Pre Investigation (Clients should be evaluated and transferred to one of the new categories)

HISPANIC/LATINO

H

RACE/ETHNIC AFFILIATION

I	American Indian/ Alaska Native
A	Asian
B	Black/ African American
P	Native Hawaiian/ Pacific Islander
W	White

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COMMON APPLICATION FORM - DSS 2921/APPLICANT JOB PROFILE FORM W680 (CONT'D)

LANGUAGE SPOKEN CODES (LANG)

A	Arabic	L	Albanian	Z	Portuguese
B	Urdu	M	German	1	African Languages
C	Chinese-Mandarin	N	Hindi	2	Chinese-Cantonese
D	French Creole	P	Polish	3	Chinese-Other
E	English	Q	Farsi	4	Native American
F	French	R	Russian	5	Serbo-Croatian
G	Greek	S	Spanish	6	Swedish
H	Hebrew	T	Thai	7	Tagalog
I	Italian	V	Vietnamese	8	Laotian
J	Japanese	W	Khmer	9	Sign Language
K	Korean	Y	Yiddish		

LANGUAGE READ CODES (LANG READ)

A	Arabic	L	Albanian	Z	Portuguese
B	Urdu	M	German	1	African Languages
C	Chinese-Mandarin	N	Hindi	2	Chinese-Cantonese
D	French Creole	P	Polish	3	Chinese-Other
E	English	Q	Farsi	4	Native American
F	French	R	Russian	5	Serbo-Croatian
G	Greek	S	Spanish	6	Swedish
H	Hebrew	T	Thai	7	Tagalog
I	Italian	V	Vietnamese	8	Laotian
J	Japanese	W	Khmer		
K	Korean	Y	Yiddish		

LIFELINE INDICATOR CODES (LFLN)

This field is only valid for FA, SNFP, SNCA, SNNC, and NPA/FS case types.

N	Client opts-out of Lifeline Program.
Space	Client does not opt-out of Lifeline Program.

TURNAROUND DOCUMENT - DSS 3517

SECTION 05: CASE LEVEL CODES

M3E INDICATOR (M3E) - 053

- 1 Client Agrees to Initial Action - M3E Signed
- 2 Client Doesn't Agree to Initial Action
- T Timely, Manual Notice
- A Adequate, Manual Notice

UTILITY GUARANTEE INDICATOR (UTIL GUAR) – 044

- 0 None
- 1 Con Edison
- 2 Brooklyn Union Gas (BUG)
- 3 Long Island Lighting (LILCO)
- 4 Both BUG and Con Edison
- *5 Con Edison Vendor
- *6 Brooklyn Union Gas (BUG) Vendor
- *7 Con Edison and Brooklyn Union Gas Vendor
- *8 Withdrawn Vendor
- *9 Voluntary Con Edison
- *A Voluntary Con Edison and Brooklyn Union Gas
- *B Removal: Case Closed While on Vendor Status
- *C Voluntary Brooklyn Union Gas

BOROUGH/COMMUNITY DISTRICT (B/CD)

These are system generated codes:

BOROUGH CODES

- 1 - Manhattan
- 2 - Brooklyn
- 3 - Bronx
- 4 - Queens
- 5 - Staten Island

COMMUNITY DISTRICT CODES

- 01-12 Manhattan
- 01-18 Brooklyn
- 01-12 Bronx
- 01-14 Queens
- 01-03 Staten Island

* Direct Vendor Codes may be used on single suffix cases only.

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SECTION 10: SUFFIX LEVEL CODES

CATEGORY CODES (CAT) - 209

EAA	(PA Center)	Emergency Assistance for Adults (No change)
EAF	(PA Center)	Emergency Assistance for Families (No change)
FA	(PA Center)	Family Assistance (Former ADC, ADCU and HR Families Cases should be in the FA category)
FS	(FS Center)	Food Stamps
SNCA	(PA Center)	Safety Net Cash Assistance (Former HR, except HR Families, Cases should be in the SNCA category)
SNNC	(PA Center)	Safety Net Non-Cash. See page 1 for further details.
SNFP	(PA Center)	Safety Net Federally Participating. See page 1 for further details.
MA	(MA Center)	Medical Assistance (No change)
MPE	(MA Center)	Presumptive Eligibility for Children
MSSI	(MA Center)	Medicaid Supplemental Security Income (No change)
ADC	(PA Center)	This category is no longer valid. Aid to Dependent Children (Will be re-categorized to FA)
ADCU	(PA Center)	This category is no longer valid. Aid to Dependent Children – Unemployed (Will be re categorized to FA)
HR	(PA Center)	This category is no longer valid. Home Relief (Will be re categorized to SNCA)
HRPG	(PA Center)	This category is no longer valid. Home Relief Pre Investigation (Clients should be evaluated and transferred to one of the new categories)

LANGUAGE SPOKEN CODES (LANG) - 255

A	Arabic	L	Albanian	Z	Portuguese
B	Urdu	M	German	1	African Languages
C	Chinese-Mandarin	N	Hindi	2	Chinese-Cantonese
D	French Creole	P	Polish	3	Chinese-Other
E	English	Q	Farsi	4	Native American
F	French	R	Russian	5	Serbo-Croatian
G	Greek	S	Spanish	6	Swedish
H	Hebrew	T	Thai	7	Tagalog
I	Italian	V	Vietnamese	8	Laotian
J	Japanese	W	Khmer	9	Sign Language
K	Korean	Y	Yiddish		

LANGUAGE READ CODES (LANG READ) – 281

A	Arabic	L	Albanian	Z	Portuguese
B	Urdu	M	German	1	African Languages
C	Chinese-Mandarin	N	Hindi	2	Chinese-Cantonese
D	French Creole	P	Polish	3	Chinese-Other
E	English	Q	Farsi	4	Native American
F	French	R	Russian	5	Serbo-Croatian
G	Greek	S	Spanish	6	Swedish
H	Hebrew	T	Thai	7	Tagalog
I	Italian	V	Vietnamese	8	Laotian
J	Japanese	W	Khmer		
K	Korean	Y	Yiddish		

SECTION 10: SUFFIX LEVEL CODES (CONT'D)

HOMEBOUND INDICATOR (HMBD) - 220

Y Yes

MA RESPONSIBILITY AREA INDICATORS (MA RESP) - 219

CC	Community Care Case
CS	Community Care Surplus Case
FD	Foster Discharge
HN	Hospital Care Case
HS	Hospital Care Surplus Case
HC	Hospital Care Catastrophic Case
DN	Dialysis Case
DS	Dialysis Surplus Case
AN	Acute Long Term Hospital Care Case
AS	Acute Long Term Hospital Care Surplus Case
LR	Long Term Regular Chronic Care Case
LM	Lombardi Care Case
PM	Homemaker Care Case
PK	Housekeeper Care Case
PA	Home Attendant Care Case
PU	Undefined Home Care Program Case
SH	Shelter Case
SC	Special Services for Children (SSC) Case
FH	Fair Hearing - Aid to Continue Case
NA	Home Health Aid Case
SA	Home Health Aid Surplus Case
PS	Protective Services
OF	Office of Family Services
OM	Office of Mental Retardation
LC	Long Term Care
LT	I.S. High Risk Case

EMERGENCY INDICATOR (EMG: IND) - 270

F	Current EAF Authorization on a FA, SNFP, SNCA, SNNC, or EAF Case (Not Allowed More Than Once Per Year)
A	Current EAA Authorization on SNCA, SNNC, or EAA Case
P	Prior Emergency Authorization (Enter This Code When the Emergency Authorization Period Ends)

***TO BE USED ONLY BY ISC 017**

C	Child Assistance Program (CAP)
D	CAP and EAF Authorization (F)
E	CAP and Prior Emergency Authorization (P)

* CAP INDICATORS ARE OBSOLETE AS OF 12/04/2000

SECTION 10: SUFFIX LEVEL CODES (CONT'D)

SPANISH INDICATOR (SP IND) - 273

- S Notices will be in Spanish and English
- E Notices will be in English only

PA STATUS CODES (PA: STAT) - 221

- AC Active - Case to receive a recurring Grant
- AP Applying - Eligibility for Benefits has not been Determined
- CL Closed
- DD Dead
- NA Not Applying
- RJ Denied - Application Rejected
- SI Single Issue -Case is eligible but will not receive a recurring Grant

PA ROUTING CODES (PA: ROUT) - 224

No longer data entered from the TAD. This data can be entered only through External Budgeting Screen NSBL02.

MA STATUS CODES (MA: STAT) - 240

- AC Active
- AP Applying
- CL Closed
- NA Not Applying
- RJ Denied

FS STATUS CODES (FS: STAT) - 230

- AC Active
- AP Applying
- CL Closed
- NA Not Applying
- RJ Denied
- SI Single Issue

FS ROUTING (FS: ROUT) - 233

No longer data entered from the TAD. This data can be entered only through External Budgeting Screen NSBL02.

SAFETY NET INDICATOR (SNET IND) - 274

- A Substance Abuse: For cases that comply or fail to comply with Drug/Alcohol Treatment Requirements and are deemed unemployable due to their Drug/Alcohol problem
- S Safety Net Limit: For cases that reached the 24-Month case limit
- C Cash Limit: For FA cases that have reached the 60-month limit, or SNCA cases that have reached a total of 60 months SNCA and FA/SNFP combined

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CASE REASON CODES

OPENING CODES – PA (PA: REAS - 222) Only

<u>CODE</u>	<u>CATEGORY</u>	
114	ALL	Override Opening Code - Prior Sanction History Remains To be used to override a sanction without deleting prior infraction record.
400	ALL	Administrative Opening on Transitional Benefits Cases. No Notice Required
A20	ALL	PA case opened -- TA determination pending. (System Generated SI status only, for expedited FS cases.) 18 NYCRR 352.29
A30	ALL	PA Approval -- same benefit each month 18 NYCRR 352.29
A32	ALL	PA Approval -- first month prorated. (Use opening codes A48 or A49 for the food stamp suffix.) 18 NYCRR 352.29
A36	ALL	PA Approval -- first period denied 18 NYCRR 352.29
Y19	FA/SNFP/ SNCA/SNNC/ EAF/EAA	Case accepted for emergencies other than shelter or utility arrears. MA will remain in NA or AP status. For one-shot deals only. 18 NYCRR 351.8(c); 370.3(b); 372.1
Y37	FA/SNFP/ SNCA/SNNC/ EAF/EAA	Case accepted for single issue payments that have been ordered by a Fair Hearing decision. MA will remain in NA or AP status. (Replaces 008.) For one-shot deals only. Regulatory citation not applicable
Y38	FA/SNFP/ SNCA/SNNC/ EAF	Case accepted only for emergency shelter arrears and/or emergency utility arrears which applicant agrees to repay. MA will remain in NA or AP status. (Replaces 009.) For one-shot deals only. 18 NYCRR 351.8(c)(4); 352.5(e); 352.7(g)(3)
Y39	SNFP/SNCA SNNC/EAF	Case accepted only for emergency shelter arrears and/or emergency utility arrears with no repayment agreement. MA will remain in NA or AP status. For one-shot deals only. 18 NYCRR 351.8(c)(4); 352.5(e); 352.7(g)(3)
Y41	FA/SNFP/ SNCA/SNNC/ EAF/EAA	Case accepted for immediate needs (pre-investigation). Case is applying for ongoing assistance. MA will remain in NA or AP status. (Replaces 033.) 18 NYCRR 351.8(c)(4)

CASE REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
Y42	ALL	Closed in Error. (Employment Unit approval is needed if case was closed due to an Employment related reason.) 18 NYCRR 352.29; 351.20
Y43	ALL	Aid Continuing-Case Awaiting Fair Hearing decision. No Notice Required
Y46	ALL	Employment Unit Approved Override with documentation that allows the opening of CvB or JOB Search closings or sanctions during the infraction period. No Notice Required
		<u>To be used if:</u>
		<ol style="list-style-type: none"> 1. Client was incarcerated 2. Client was hospitalized 3. There had been a change of address 4. Fair Hearing decision reversed and OES closing
Y47	ALL	To be used to override an IPV sanction and open a case/suffix during the infraction period. Use of this code is restricted to EPF as the Origination Center (Manual Notice Required). 18 NYCRR 352.29
Y65	SNCA/SNNC FA/SNFP	To be used to override a Drug and Alcohol Closing or Rejection Code during the infraction period. Removes the last sanction. No Notice Required
Y67	ALL	Other PA opening code. The PA regulatory citation depends on the circumstances.

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CASE REASON CODES (CONT'D)

OPENING CODES – MA (MA: REAS - 241) Only

<u>CODE</u>	<u>CATEGORY</u>	
087	ALL	Based on your pregnancy, you have been determined presumptively eligible for Medical Assistance for a maximum period of 45 days. 360-3
088	ALL	Disabled child/children receiving medical/nursing care at home. 360-3
089	FA/SNFP	Beginning of extension of eligibility for MA after finding of ineligibility for PA resulting from loss of 30 + 1/3 or \$30 disregard. 360-3
090	FA/SNFP	Beginning of four-month extension of eligibility for MA after finding of ineligibility for FA resulting from employment or receipt of support. 360-3
091	FA/SNFP SSI Related	Medical bills equal to or greater than excess income. 360-4.8 (c)
093	MA SSI	SSI new opening on SDX, determined eligible for MA-SSI. (Case Type 22) 360-3
094	ALL	Medical need – no recent change in financial circumstances. 360-3
095	ALL	Administrative. 360-3
753	ALL	Combined PA/MA App under review -- 30 days 18 NYCRR 360-2.5
800	ALL	PA App does not want MA Social Services Law 366(1)(a)(1)
839	ALL	MA Approval on PA case Social Services Law 366(1)(a)
Y67	ALL	Other MA opening code The MA regulatory citation depends on the circumstances.

CASE REASON CODES (CONT'D)**OPENING CODES – FS (FS: REAS - 231) Only****CODE**

- A30 Same Benefit Each Month
18 NYCRR 387.14, CFR 273.2(j)(1)(IV)
- A32 1st Month Prorate - Applied before the 16th
18 NYCRR 387.8, CFR 273.2(j)(1)(IV)
- A33 1st Month Prorate - Applied after the 15th
18 NYCRR 387.8, CFR 273.2(j)(1)(IV)
- A34 FS Approval - Proof Provided in SECOND Thirty Days
18 NYCRR 387.8, CFR 273.2(j)(1)(IV)
- A36 FS Approval - First Month Denied, Eligible in Succeeding Months
18 NYCRR 387.8, CFR 273.2(j)(1)(IV)
- A39 FS Approval - NYSNIP
7 CFR 273.2(d)(1), 7 CFR 273.10
- A40 FS Approval - Group Home Standardized Benefit (GHSB)
7 CFR 273.1(e), (f), and 7 CFR 273.2(j)
- A42 FS Approval - NYSNIP: 1st Month Prorated; Applied before the 16th
7 CFR 273.2(d)(1), 7 CFR 273.10
- A43 Approval - NYSNIP 1st Month Prorate - Applied after the 15th
7 CFR 273.2(d)(1), 7 CFR 273.10
- A48 FS Approval - 1st Month Prorated: Applied BEFORE the 16th
(To be used only with PA opening code A32 on the food stamp suffix of a PA/FS case.)
18 NYCRR 387.8, CFR 273.2(j)(1)(IV)
- A49 FS Approval - 1st Month Prorated: Applied AFTER the 15th
(To be used only with PA opening code A32 on the food stamp suffix of a PA/FS case.)
18 NYCRR 387.8, CFR 273.2(j)(1)(IV)

CASE REASON CODES (CONT'D)

OPENING CODES – FS (FS: REAS - 231) Only (cont'd)

CODE

- Q22 Expedited - Pended Verification
(To be used only for NPA/FS cases.)
18 NYCRR 387.8, 387.14, 387.15, and CFR 273.2(j)(1)(IV)
- Q23 Expedited - Pending Verification
(To be used only on the food stamp suffix of a PA/FS case.)
18 NYCRR 387.8, 387.14, 387.15, CFR 273.2(j)(1)(IV)
- Y45 Other (Manual Notice Required)
- 029 Meets eligibility requirements-Application Filed While in Prison - (BRAD H.)
18 NYCRR 387.14, 387.15
- 064 Eligible as a result of Hurricane Katrina
- 099 Meets eligibility requirements - System Generated Only
- 114 Override Opening Code - Prior Sanction History Remains
To be used to override a sanction without deleting prior infraction record.
- 810 Meets eligibility requirements-Six Month Cert. Period (System Generated)
18 NYCRR 387.10, 387.12
- 901 Override code to reopen case closed with Transitional FS.
18 NYCRR 387.8

CASE REASON CODES (CONT'D)**REJECTION CODES – PA (PA: REAS - 222)**

<u>CODE</u>	<u>CATEGORY</u>	
E10	ALL	<p><u>Failure to Keep/Complete Initial Eligibility Interview: No Scheduled Appointment</u> To be used when client fails to schedule an eligibility interview. Not to be used for Bureau of Eligibility Verification (BEV), Engagement or Medical Appointments. 18 NYCRR 350.3 MA No Separate Determination, FS Separate Determination.</p>
E30	ALL	<p><u>Excess Income (No TMA). Ineligible Budget Required</u> Your household's countable income exceeds the budget limit. 18 NYCRR 352.29 MA Separate Determination, FS Separate Determination.</p>
E34	ALL	<p><u>Excess Income - Receipt of SSI Single Individual. Ineligible Budget Required</u> Your household's countable income exceeds the budget limit. 18 NYCRR 352.29 MA Separate Determination, FS Separate Determination.</p>
E60	ALL	<p><u>Unable to Locate</u> Your present whereabouts are unknown. 18 NYCRR 351.22(a) MA No Separate Determination, FS No Separate Determination.</p>
E61	ALL	<p><u>Not a Resident of District</u> You do not live in the district (New York City). 18 NYCRR 311.3 MA No Separate Determination, FS No Separate Determination.</p>
E63	ALL	<p><u>Not a Resident of State</u> You do not live in New York State. 18 NYCRR 351.2(g) MA No Separate Determination, FS No Separate Determination.</p>
E64	ALL	<p><u>Moved Out of District Before Determination</u> You moved out of this district before determination. 18 NYCRR 351.8 MA No Separate Determination, FS Separate Determination.</p>
E69	ALL	<p><u>Failed to Complete Public Assistance Eligibility Process</u> You failed to keep an employment-related appointment. 18 NYCRR 351.2, 351.8(a)(2), 351.21(a) MA Separate Determination, FS Separate Determination</p>

CASE REASON CODES (CONT'D)**REJECTION CODES – PA (PA: REAS - 222) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
E72	ALL	<p><u>Institutionalized (HH=1)</u> You have been admitted or committed to an institution.</p> <p>18 NYCRR 352.31(a) and 370.2 MA Separate Determination, FS No Separate Determination.</p>
E73	ALL	<p><u>In Foster Care (HH=1)</u> You are in foster care.</p> <p>18 NYCRR 352.1 and 352.30(a) MA No Separate Determination, FS No Separate Determination.</p>
E95	ALL	<p><u>Died (NYC) (HH=1)</u> Case rejected because the client is deceased.</p> <p>18 NYCRR 351.8 MA Separate Determination, FS No Separate Determination.</p>
F10	ALL	<p><u>Failed to Keep Appointment for Initial Eligibility Interview</u> To be used when client fails to keep an appointment for an initial eligibility interview. Not to be used for Bureau of Eligibility Verification (BEV), Engagement or Medical Appointments.</p> <p>18 NYCRR 350.3 MA No Separate Determination, FS Separate Determination.</p>
F12	ALL	<p><u>Failed to Apply for SSI (HH=1)</u> You failed to apply for or complete an application for SSI.</p> <p>18 NYCRR 351.2 and 352.30(f) MA Separate Determination, FS Separate Determination.</p>
F17	ALL	<p><u>Failed to Validate Incorrect SSN (HH=1)</u> You failed to validate an incorrect social security number.</p> <p>18 NYCRR 369.2 and 370.2 MA No Separate Determination, FS No Separate Determination.</p>
F20	ALL	<p><u>Failed to Provide SSN (HH=1)</u> You failed to give a valid social security number or apply for a social security number.</p> <p>18 NYCRR 369.2 and 370.2 MA No Separate Determination, FS No Separate Determination.</p>

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
F33	FA	<p><u>Excess Income - Deemed Income of Alien Sponsor. Ineligible Budget Required</u> Case rejected because the income of the alien sponsor exceeds the household's budgeted needs.</p> <p>18 NYCRR 349.3 and 352.33 MA Separate Determination, FS Separate Determination.</p>
F35	ALL	<p><u>Fleeing Felon/Prob.-Parole Violator (HH=1)</u> You are in violation of parole or probation or you are fleeing to avoid prosecution, custody or confinement after a felony conviction.</p> <p>18 NYCRR 351.2(k)(3) MA Separate Determination, FS No Separate Determination.</p>
F40	ALL	<p><u>Fail to Enroll in Group Health Plan (HH=1)</u> You failed to apply for and/or use group health insurance benefits.</p> <p>18 NYCRR 349.6 MA No Separate Determination, FS Separate Determination.</p>
F44	ALL	<p><u>Fail to Comply with Drug/Alcohol Screening (HH=1)</u> You did not take part in or complete the alcohol and/or substance abuse screening requirement.</p> <p>18 NYCRR 351.2(i) * MA Separate Determination, FS Separate Determination.</p>
F45	ALL	<p><u>Fail to Comply with Drug/Alcohol Assessment (HH=1)</u> You failed to comply with the alcohol and/or substance abuse assessment requirement.</p> <p>18 NYCRR 351.2(i) * MA Separate Determination, FS Separate Determination.</p>
F46	ALL	<p><u>Fail to Comply with Drug/Alcohol Release Information (HH=1)</u> You did not sign or you revoked the consent for the release of treatment information for an alcohol and/or substance abuse problem to this department.</p> <p>18 NYCRR 351.2(i) * MA Separate Determination, FS Separate Determination.</p>

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

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CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
F52	ALL	<u>Fail to Provide Information - Federal Reporting</u> You failed to provide information on your income and resources for federal reporting requirements . 18 NYCRR 351.1(b) MA Separate Determination, FS Separate Determination.
F53	ALL	<u>Refusal by Parent to Apply for Child</u> You are ineligible to receive public assistance because you refused to apply for a child in the household, under age 18 and not receiving SSI. 18 NYCRR 352.30(a) MA Separate Determination, FS Separate Determination.
F63	ALL	<u>In Prison (HH=1)</u> You are admitted or committed to a prison. 18 NYCRR 352.31(a) and 370.2 MA No Separate Determination, FS No Separate Determination.
F81	ALL	<u>Refused Photo ID - Single Individual</u> You refused to have a photo identification card made. 18 NYCRR 383.3 MA Separate Determination, FS Separate Determination.
F84	ALL	<u>Failed to Sign Lien (HH=1)</u> You refused to sign a lien agreement on property. 18 NYCRR 352.27 MA Separate Determination, FS Separate Determination.
F92	ALL	<u>Ineligible Alien (HH=1)</u> You proved neither citizenship nor eligible alien status. 18 NYCRR 349.3 MA Separate Determination, FS No Separate Determination.
F93	ALL	<u>Failure/Refusal to Sign Citizenship/Alien Declaration (HH=1)</u> You are an alien and you did not sign the citizenship or satisfactory alien status declaration. 18 NYCRR 351.2(h) MA Separate Determination, FS No Separate Determination.

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CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

CODE CATEGORY
F98 ALL

Client Requests Child Care in Lieu of Temporary Assistance

You want to receive a childcare guarantee instead of public assistance.

Social Services Law Section 410-w

MA Separate Determination, FS Separate Determination.

FX1 ALL

Failure to Take Part in Rehab - 1st Occurrence (HH=1) (Will create infraction record)

Code **FX2**-Output code for a 120-day sanction
Code **FX3**-Output code for a 180-day sanction

You refused to participate in an outpatient alcohol or substance abuse rehabilitation program without good cause or, you failed to sign the required consent form for disclosure of your medical and non-medical records from your outpatient substance treatment program. Therefore, you will not be able to receive public assistance for the period of 45 days. In order to avoid any further delay in your receipt of assistance at the end of the sanction period you may reapply for assistance at any time at the Income Support Center that formerly served you.

18 NYCRR 351.2(i)

*** MA Separate Determination, FS Separate Determination.**

G41 ALL

Voluntary Quit or Reduced Earnings - Applicant (HH=1)

You either quit a job or reduced earnings in order to receive public assistance.

12 NYCRR 1300.13(a)

MA Separate Determination, FS Separate Determination.

G60 ALL

Unable to Locate - BEV

Bureau of Eligibility Verification (BEV) has been unable to find you.

18 NYCRR 351.22(a)

MA No Separate Determination, FS No Separate Determination.

G89 ALL

Client Request - Written - PA & MA

Your application for public assistance and medical assistance is rejected because you wanted your case closed.

18 NYCRR 351.22(e)

MA No Separate Determination, FS Separate Determination.

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

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CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G92	ALL	<u>Client Request - Written - PA Only</u> Your application for public assistance is rejected because you wanted your case closed. 18 NYCRR 351.22(e) MA Separate Determination, FS Separate Determination.
G95	ALL	<u>Died - BEV</u> Bureau of Eligibility Verification (BEV) has determined that the individual is deceased. 18 NYCRR 351.8 MA No Separate Determination, FS No Separate Determination.
G96	ALL	<u>Client Request - Verbal - PA Only</u> Your application for public assistance is rejected because you asked to close your case. 18 NYCRR 351.22(e) MA Separate Determination, FS Separate Determination.
G99	ALL	<u>Client Request - Verbal - PA & MA</u> Your application for public assistance and medical assistance is rejected because you asked to close your case. 18 NYCRR 351.22(e) MA No Separate Determination, FS Separate Determination.
M15	ALL	<u>Failure to Sign Repayment Agreement/Earnings Assignment</u> You refused to sign an agreement to repay excess payments and assign future earnings to repay public assistance excess payments. Social Services Law Section 158(7) MA Separate Determination, FS Separate Determination.
M25	ALL	<u>Failure to Respond to a Computer Match Call-In</u> You failed to return the request for information about the employment earnings identified in the computerized matching system. 18 NYCRR 351.22(e) MA No Separate Determination, FS Separate Determination.
M35	ALL	<u>Lump Sum - No Good Reason Provided</u> You received money that was considered a lump sum. 18 NYCRR 352.29(h) MA Separate Determination, FS Separate Determination.

CASE REASON CODES (CONT'D)**REJECTION CODES – PA (PA: REAS - 222) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
M37	ALL	<p><u>Lump Sum - Shortened Ineligibility Period. Ineligible Budget Required</u> You received money that was considered a lump sum.</p> <p>18 NYCRR 352.29(h) MA Separate Determination, FS Separate Determination.</p>
M40	ALL	<p><u>Intentionally Providing Incorrect Information</u> You intentionally provided incorrect information about the household's needs and resources or about the whereabouts and circumstances of legally responsible relatives.</p> <p>18 NYCRR 351.1(b)(2) MA Separate Determination, FS Separate Determination</p>
M48	ALL	<p><u>Parent's Offer of a Home - Minor Not Pregnant/Parenting</u> You are less than 21 years old, and your parent(s) are responsible for supporting you. You refused to live in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement.</p> <p>18 NYCRR 370.2 MA Separate Determination, FS Separate Determination.</p>
M66	ALL	<p><u>Receiving PA in Another Case</u> You already get public assistance as a member of another case and you are still a member of that household.</p> <p>18 NYCRR 351.1 MA No Separate Determination, FS No Separate Determination.</p>
M67	ALL	<p><u>Part of Another PA Application</u> You already get public assistance as a member of another case and you are still a member of that household.</p> <p>18 NYCRR 351.1 MA No Separate Determination, FS No Separate Determination.</p>
M71	ALL	<p><u>Continue Applicant Voluntary Quit Sanction (HH=1)</u> You either quit a job or reduced earnings in order to receive public assistance.</p> <p>18 NYCRR 352.30 and 12 NYCRR 1300.13 MA Separate Determination, FS Separate Determination.</p>

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M76	ALL	<p><u>Continue Multi-Benefit 10 Year Sanction (HH=1)</u> You fraudulently misrepresented your identity or residence to receive multiple public assistance benefits at the same time. You are ineligible to receive public assistance and food stamps for ten years.</p> <p>18 NYCRR 351.2(k) MA Separate Determination, FS No Separate Determination.</p>
M77	ALL	<p><u>Continue Drug/Alcohol Sanction (HH=1) (No infraction record created)</u> You violated substance abuse treatment rules.</p> <p>18 NYCRR 352.30 * MA Separate Determination, FS Separate Determination.</p>
M78	ALL	<p><u>Continue IPV Sanction (HH=1)</u> You had committed an Intentional Program Violation previously.</p> <p>18 NYCRR 359.9 * MA Separate Determination, FS Separate Determination.</p>
M79	ALL	<p><u>Fail to Report Absence of Child (HH=1)</u> You did not notify that a child was absent from your home.</p> <p>18 NYCRR 351.2(k) and 352.30 MA Separate Determination, FS Separate Determination.</p>
M88	ALL	<p><u>Failure to Comply with Automated Finger Imaging Requirement. Not Homebound or Group Resident</u> The applicant refused to comply with the finger imaging requirements.</p> <p>18 NYCRR 351.2 MA Separate Determination, FS No Separate Determination.</p>
M98	ALL	<p><u>Receipt of Concurrent Assistance (HH=1)</u> Your identity matches that of a person who is already receiving public assistance.</p> <p>18 NYCRR 351.8(a)(2)(i), 351.1(b)(2)(ii), 351.2 and 351.9 MA No Separate Determination, FS No Separate Determination.</p>

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M99	ALL	<p><u>Receipt of Concurrent Assistance - AFIS Match - Without Aid to Continue (HH=1)</u> Your identity matches that of a person who is already receiving public assistance.</p> <p>18 NYCRR 351.8(a)(2)(i), 351.1(b)(2)(ii), 351.2 and 351.9 MA No Separate Determination, FS No Separate Determination.</p>
N10	ALL	<p><u>Failure to Keep/Complete Eligibility Appointment</u> You failed to keep or complete the appointment.</p> <p>18 NYCRR 350.3 MA No Separate Determination, FS Separate Determination.</p>
N13	ALL	<p><u>Failure to Use/Apply for Benefit/Resource</u> You failed to use/apply for available benefits and/or resources.</p> <p>18 NYCRR 351.2 MA Separate Determination, FS Separate Determination.</p>
N14	ALL	<p><u>Filing Unit Member Failed to Apply</u> Your application for public assistance has been rejected because at least one member on the application is under age 18. That means brothers, sisters and parent must apply.</p> <p>18 NYCRR 352.30 MA Separate Determination, FS Separate Determination.</p>
N15	ALL	<p><u>Failure to Keep Appt. - BEV/FEDS Home Visit</u> You did not keep the appointment to meet with the agency investigator in your home.</p> <p>18 NYCRR 351.4 MA Separate Determination, FS Separate Determination.</p>
N16	ALL	<p><u>Failure to Contact Agency</u> You failed to contact the agency.</p> <p>18 NYCRR 351.22(a) MA Separate Determination, FS Separate Determination.</p>

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CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
N17	ALL	<u>Failure to Complete Eligibility Process</u> You failed to complete the public assistance eligibility process. 18 NYCRR 351.2, 351.8(a)(2) and 351.21(a) MA Separate Determination, FS Separate Determination.
N19	ALL	<u>Failure to Complete Requirement to Look for Work</u> You failed to complete with requirement to look for work. 12 NYCRR 1300.9(e) MA Separate Determination, FS Separate Determination.
N21	ALL	<u>Failure to Complete Employment Assessment</u> You failed to complete an employment assessment. 12 NYCRR 1300.6(a) or 1300.7(a) MA Separate Determination, FS Separate Determination.
U40	ALL	<u>Excess Resources</u> Your amount of resources exceeds the limit. 18 NYCRR 352.23 MA Separate Determination, FS Separate Determination.
U41	SNFP/SNCA/ SNNC	<u>Transfer of Resources</u> Your household gives away or transfers a resource to get public assistance. 18 NYCRR 370.2 MA Separate Determination, FS Separate Determination.
U42	ALL	<u>Excess Resources - Refused to Sell Property</u> You refused to sell real property whose value exceeds the resource limit. 18 NYCRR 352.23 MA Separate Determination, FS Separate Determination.
U44	ALL	<u>Excess Resources - Deemed from Alien Sponsor</u> The total amount of resources of the alien sponsor exceeds the resource limit. 18 NYCRR 349.3 and 352.33 MA Separate Determination, FS Separate Determination.

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
V21	ALL	<p><u>Failure to Provide Verification</u> You failed to provide verification of information to determine whether the case is eligible for public assistance. MA Separate Determination, FS Separate Determination.</p> <p>18 NYCRR 351.6</p>
V23	ALL	<p><u>Failure to Provide Verification - Parent/Spouse</u> You failed to provide verification of income and/or resources from a parent/spouse.</p> <p>18 NYCRR 351.6 and 352.30 MA Separate Determination, FS Separate Determination.</p>
V24	ALL	<p><u>Failure to Provide Verification - Step/Grandparent</u> You failed to provide verification of income and/or resources from a step/grandparent who is legally responsible for a person on the case.</p> <p>18 NYCRR 351.6 and 352.30 MA Separate Determination, FS Separate Determination.</p>
V25	ALL	<p><u>Failure to Provide Verification - Filing Unit</u> You did not provide information on non-applying household members.</p> <p>18 NYCRR 351.6 and 352.30 MA Separate Determination, FS Separate Determination.</p>
W10	ALL	<p><u>Fail to Keep Investigatory Appointment</u> You did not keep the appointment with the agency investigator.</p> <p>18 NYCRR 351.4 MA Separate Determination, FS Separate Determination.</p>
W11	ALL	<p><u>Failure to Keep Appointment for Medical Assessment</u> You did not go for an examination by the doctor that the agency referred to.</p> <p>18 NYCRR 351.1 and 351.2 MA Separate Determination, FS Separate Determination.</p>

CASE REASON CODES (CONT'D)**REJECTION CODES – PA (PA: REAS - 222) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
W23	ALL	<p><u>Failure to Provide Verification - Parent/Spouse</u> You failed to provide verification of income and/or resources from a parent/spouse.</p> <p>18 NYCRR 351.6 and 352.30 MA Separate Determination, FS Separate Determination.</p>
W40	ALL	<p><u>Failure/Refusal to Become Employable (HH=1)</u> Public assistance has been denied because the client failed to do what was needed to become employable. Client would not accept referral to, or take active part in, medical care or vocational rehabilitation or training.</p> <p>12 NYCRR 1300.12(a)(1) MA Separate Determination, FS Separate Determination.</p>
WE1	ALL	<p><u>Failure to Comply with Employment Requirements - 1st Occurrence (HH=1)</u> You failed to keep an appointment to complete an employment assessment. The public assistance sanction will continue for 90 days.</p> <p>12 NYCRR 1300.6(a) or 1300.7(a) MA Separate Determination, FS Separate Determination.</p>
WE2	ALL	<p><u>Failure to Comply with Employment Requirements - 2nd Occurrence (HH=1)</u> You failed to keep an appointment to complete an employment assessment. The public assistance sanction will continue for 150 days.</p> <p>12 NYCRR 1300.6(a) or 1300.7(a) MA Separate Determination, FS Separate Determination.</p>
WE3	ALL	<p><u>Failure to Comply with Employment Requirements - 3rd Occurrence (HH=1)</u> You failed to keep an appointment to complete an employment assessment. The public assistance sanction will continue for 180 days.</p> <p>12 NYCRR 1300.6(a) or 1300.7(a) MA Separate Determination, FS Separate Determination.</p>

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS1	ALL	<p><u>IPV: 6 Mos. - 1st Offense <\$1000 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was less than \$1,000 you are disqualified from receiving public assistance for 6 months.</p> <p>18 NYCRR 359.9 * MA Separate Determination, FS Separate Determination.</p>
WS2	ALL	<p><u>IPV: 12 Mos. - 2nd Offense/ <\$3900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was less than \$3,900 you are disqualified from receiving public assistance for 12 months.</p> <p>18 NYCRR 359.9 * MA Separate Determination, FS Separate Determination.</p>
WS3	ALL	<p><u>IPV: 12 Mos. - 1st Offense/ \$1000-3900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was between \$1,000-\$3,900 you are disqualified from receiving public assistance for 12 months.</p> <p>18 NYCRR 359.9 * MA Separate Determination, FS Separate Determination.</p>

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS4	ALL	<p><u>IPV: 18 Mos. - 3rd Offense (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 3rd occurrence you are disqualified from receiving public assistance for 18 months.</p> <p>18 NYCRR 359.9 * MA Separate Determination, FS Separate Determination.</p>
WS5	ALL	<p><u>IPV: 18 Mos. - 1st Offense/ >\$3900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months.</p> <p>18 NYCRR 359.9 * MA Separate Determination, FS Separate Determination.</p>
WS6	ALL	<p><u>IPV: 18 Mos. - 2nd Offense/ >\$3900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months.</p> <p>18 NYCRR 359.9 * MA Separate Determination, FS Separate Determination.</p>
WS7	ALL	<p><u>IPV: 5 Yrs. - 4th or Subsequent Offense (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 4th or subsequent occurrence you are disqualified from receiving public assistance for 5 years.</p> <p>18 NYCRR 359.9 * MA Separate Determination, FS Separate Determination.</p>

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS8	ALL	<p><u>IPV: Court Ordered Disqualification (HH=1)</u> Court ordered disqualification is based on the finding of the court that the client has been found guilty of committing an IPV. The period is determined by the court and may differ from those above. Your application for public assistance is rejected because you've been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the__ occurrence and/or the amount you wrongly received was \$___you are disqualified from receiving public assistance for ___months.</p> <p>18 NYCRR 359.9 * MA Separate Determination, FS Separate Determination.</p>
Y50	ALL	<p><u>Client Request To Withdraw Application (POS) (Adequate Notice)</u> Your application for public assistance is rejected because you requested to withdraw your application after the POS interview had begun. MA Separate Determination, FS No Separate Determination.</p>
Y94	ALL	<p><u>Client Request To Withdraw Application - PA Only (POS) (Adequate Notice)</u> Your application for public assistance is rejected because you requested to withdraw your application after the POS interview had begun. MA No Separate Determination, FS No Separate Determination.</p>
Y95	ALL	<p><u>Application For Emergency Assistance Only</u> MA Separate Determination, FS Separate Determination.</p>
Y99	ALL	<p><u>Other - Manual Notice Required</u> MA Separate Determination, FS Separate Determination.</p>

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

WORKER'S GUIDE TO CODES

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CASE REASON CODES (CONT'D)

REJECTION CODES – FS (FS: REAS - 231) Only

<u>CODE</u>	<u>VALUE</u>
E10	Failure to Keep/Complete Interview: No Schedule Appointment. 18 NYCRR 350.3
E29	Failure to Provide Verification, Alien Sponsor 18 NYCRR 387.8 (c), 387.9 (a) (7), 387.9 (b), 387.10, 387.14 (a)
E30	Excess Income 18 NYCRR 387.10
E61	Not a Resident of District 18 NYCRR 387.9 (a)
E63	Not a Resident of State 18 NYCRR 387.9 (a)
E70	Ineligible Boarder 18 NYCRR 387.1, 387.14 (a), 387.16 (b)
E71	In Commercial Boarding Home 18 NYCRR 387.1
E72	Institutionalized (HH=1) 18 NYCRR 387.1, 387.14 (a) (5)
E74	Elderly/Disabled Ineligible for Separate Household Status 18 NYCRR 387.1
E75	Refusal of Everyone in Household to Apply 18 NYCRR 387.1(w), 387.9(a)
E76	Living with Child 18 NYCRR 387.1
E77	Living with Parent 18 NYCRR 387.1
E78	Living with Child's Other Parent 18 NYCRR 387.1
E95	Died (HH=1) 18 NYCRR 387.1
F15	Failure to Verify Date of Birth (HH=1) 18 NYCRR 387.1, 387.8 (c), 387.9 (a)
F21	Failure to Apply/Provide SSN (HH=1) 18 NYCRR 387.9 (a), 387.10 (b), 387.16 (c)

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CASE REASON CODES (CONT'D)

REJECTION CODES – FS (FS: REAS - 231) Only (cont'd)

<u>CODE</u>	<u>VALUE</u>
F30	Trafficking in FS Benefits of \$500 or More (HH=1) 18 NYCRR 359.9 (c)
F35	Fleeing Felon/Parole Violator (HH=1) 18 NYCRR 387.1
F37	Excess Income, FS Disaster Area Federal Regulation 7 CFR 280.1
F49	Excess Resources, FS Disaster Area Federal Regulation 7 CFR 280.1
F63	In Prison (HH=1) 18 NYCRR 387.1, 387.14 (a) (5)
F70	Parental Control of Child 18 NYCRR 387.1
F71	Child Under Parental Control 18 NYCRR 387.1
F86	Failure to Verify Alien Status (HH=1) 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
F90	Ineligible Student (HH=1) 18 NYCRR 387.1, 387.9 (a)
F92	Ineligible Alien (HH=1) 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
F94	Able Bodied Adult Without Dependents (ABAWD), (HH=1) 18 NYCRR 387.13 (n)
F95	Alien Ineligible for Food Assistance Program (FAP), (HH=1) 18 NYCRR 388.3
G65	Not a Resident of Disaster Area Federal Regulation 7 CFR 280.1
J05	FS Separate Determination 18 NYCRR 387.20(a)
M26	Failure to Provide Verification of Wage Match 18 NYCRR 387.8 (c), 387.14 (a)
M27	Failure to Provide Verification of UIB Match 18 NYCRR 387.8 (c), 387.14 (a)

CASE REASON CODES (CONT'D)**REJECTION CODES – FS (FS: REAS - 231) Only (cont'd)**

<u>CODE</u>	<u>VALUE</u>
M34	Excess Income, Strikers Income 18 NYCRR 387.16(j)
M66	Receiving FS in Another Case 18 NYCRR 387.1
M67	Part of Another FS Application 18 NYCRR 387.1
M88	Failure to Comply with the Automated Finger Imaging System (AFIS) Requirements, Not Homebound or Group Home Resident 18 NYCRR 387.17
M90	Client Request, Written or Face to Face 18 NYCRR 387.20
M91	Client Request, Phone 18 NYCRR 387.20
M97	Receiving Multiple Benefits (HH=1) 18 NYCRR 381.1
M98	Duplicate Assistance (non-AFIS), in NYS (HH=1) 18 NYCRR 351.2 (a), 351.9
M99	Duplicate Assistance (AFIS) in NYS (HH=1) 18 NYCRR 351.2 (a), 351.9
N10	Failure to Keep/Complete Appointment 18 NYCRR 387.7 (a), 387.14 (a)
N31	Voluntary Quit, 1st Occurrence (HH=1) 18 NYCRR 387.13
N32	Voluntary Quit, 2nd Occurrence (HH=1) 18 NYCRR 387.13
N33	Voluntary Quit, 3rd Occurrence (HH=1) 18 NYCRR 387.13
N66	Duplicate Assistance (non-AFIS), Interstate (HH=1) 18 NYCRR 351.2 (a), 351.9
N90	IPV, Traded FS for Firearms, Ammunition, or Explosives (HH=1) 18 NYCRR 359.9

CASE REASON CODES (CONT'D)**REJECTION CODES – FS (FS: REAS - 231) Only (cont'd)**

<u>CODE</u>	<u>VALUE</u>
NF1	IPV: Purchased Illegal Drugs with FS, 1st Violation (HH=1) 18 NYCRR 359.9
NF2	IPV: Purchased Illegal Drugs with FS, 2nd Violation (HH=1) 18 NYCRR 359.9
R99	Referred to MAP for separate determination (SYSTEM GENERATED)
U40	Excess Resources 18 NYCRR 387.17
U41	Transfer of Resources 18 NYCRR 387.9 (a)
U44	Excess Resources, Alien Sponsor's Resources 18 NYCRR 387.1, 387.9 (b), 387.10
V21	Failure to Provide Verification 18 NYCRR 387.8 (c), 387.9 (a) (7), 387.14 (a)
WE1	Failure to Comply with Employment Requirements, 1st Occurrence (HH=1) 12 NYCRR 1300.9
WE2	Failure to Comply with Employment Requirements, 2nd Occurrence (HH=1) 12 NYCRR 1300.9
WE3	Failure to Comply with Employment Requirements, 3rd Occurrence (HH=1) 12 NYCRR 1300.9, 18 NYCRR 359.9
WF1	FS IPV Infraction, 1st Occurrence (HH=1) Department Regulations 387.10, 359.3
WF2	FS IPV Infraction, 2nd Occurrence (HH=1) Department Regulations 387.10, 359.3
WF3	FS IPV Infraction, 3rd Occurrence (HH=1) Department Regulations 387.10, 359.3
Y12	Receiving FS as part of another PA case Federal Regulation 7 CFR 273.3
Y94	Client Request To Withdraw Application (POS)
Y99	Other

CASE REASON CODES (CONT'D)
SPECIAL NOTICE

CLOSING CODES – PA (PA: REAS - 222)

1. Any closing code that has the word "ALL" listed under category can be used to close an EAA/EAF case.
2. The ADC (Aid To Dependent Children), ADCU (Aid to Dependent Children-Unemployed) and HR Family (Home Relief) categories will be replaced by FA (Family Assistance).
3. The HR category will be replaced by SNCA (Safety Net Cash Assistance).
4. Members of HRPG (Home Relief Pre Investigation) category will be evaluated and transferred to one of the new categories.
5. SNFP (Safety Net Federally Participating) is a new category used for case members who fail to comply with Drug/Alcohol requirements or D/A abusers deemed unemployable due to their D/A problems.

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CASE REASON CODES (CONT'D)
CHANGE IN EMPLOYMENT, SUPPORT OR INCOME

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E30	FA/SNFP/ SNCA/SNNC	<p><u>Excess Earned Income (No TMA)</u> Public assistance has been discontinued because earned income exceeds household's budgeted needs. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 359.29; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
E31	FA/SNFP	<p><u>Increased Employment Earnings (TMA Eligible)</u> Public assistance has been discontinued due to increased employment earnings that exceed the household's budgeted needs. MA continued for 6 months, FS continued (See Note).</p> <p>PA: 18 NYCRR 359.29; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
E32	ALL	<p><u>Excess Income - Increased Support Collection - (MA Extension)</u> Public assistance has been discontinued because the increase in the amount of support exceeds the household's budgeted needs. MA continued for four months, FS continued (See Note).</p> <p>PA: 18 NYCRR 352.29; MA: 360-3.3 (c); FS: 18 NYCRR 387.17</p>
E33	ALL	<p><u>Excess Income - Increased Earnings (TMA Guaranteed)</u> Public assistance has been discontinued because increased earnings exceed the budgeted household's needs. *Note: To be utilized when there has been a case number change, to ensure Transitional Medical Assistance (TMA) to any member of the household. MA continued for six months, FS continued (See Note).</p> <p>PA: 18 NYCRR 352.29; MA: 360 – 3.3; FS: 18 NYCRR 387.17</p>
E34	SNCA/SNNC	<p><u>Excess Income - Receipt of SSI (HH=1)</u> Public assistance has been discontinued because the SSI payment amount exceeds the household's budgeted needs. MA continued, FS continued (See Note)</p> <p>PA: 18 NYCRR 352.29; MA: 360 2.6; FS: 18 NYCRR 387.17</p>
E35	ALL	<p><u>Excess Unearned Income (No TMA)</u> Public assistance has been discontinued because unearned income exceeds household's budgeted needs. (Not to be used for excess SSI or childcare income.) MA continued, FS continued (See Note)</p> <p>PA: 18 NYCRR 352.29; MA: 360-2.6; FS: 18 NYCRR 387.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
CHANGE IN EMPLOYMENT, SUPPORT OR INCOME (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E36	FA/SNFP	<p><u>Excess Income –Increased Support Collection</u> (No MA Extension) Public assistance has been discontinued because of the increase in the amount of support exceeds the household's budgeted needs. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 352.29; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
E38	ALL	<p><u>Lump Sum</u> Public assistance has been discontinued because the amount of the lump sum payment exceeds the household's budgeted needs. MA continued, FS continued (See Note)</p> <p>PA: 18 NYCRR 352-29; MA: 360-2.6; FS: 18 NYCRR 387-17</p>
E39	ALL	<p><u>Excess Income - COLA</u> Public assistance has been discontinued because the amount of the Cost-of-Living Adjustment increased the income so that it exceeds the household's budgeted needs. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 352.29; MA: 360: 2.6; FS: 18 NYCRR 387.17</p>
E40	ALL	<p><u>Excess Income - Budgeting Error</u> Public assistance has been discontinued because an error in budgeting income has been found and corrected. The income exceeds the household's budgeted needs. MA continued, FS continued (See Note)</p> <p>PA: 18 NYCRR 352.29; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
F33	FA/SNFP	<p><u>Excess Income - Deemed Income of an Alien Sponsor</u> Public assistance has been discontinued because the income of the alien sponsor exceeds the household's budgeted needs. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 349.3, 352.29, 352.33; MA: 360-2.6; FS: 18 NYCRR 387.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
CHANGE IN EMPLOYMENT, SUPPORT OR INCOME (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
F39	SNCA/SNNC	<p><u>Excess Income - COLA</u> Public assistance has been discontinued because an increase in income from a cost of living adjustment in Social Security or SSI exceeds the household's budgeted needs. MA continued, FS continued (See Note)</p> <p>PA: 18 NYCRR 352.29, 352.31, 352.32; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G40	SNCA/SNNC	<p><u>Excess Income - Budgeting Error</u> Public assistance has been discontinued because the case was opened in error due to an incorrect budget calculation. MA continued, FS continued (See Note)</p> <p>PA: 18 NYCRR 352.29; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G41	SNCA/SNNC	<p><u>Voluntary Quit or Reduced Earnings - Recipient (HH=1)</u> Public assistance has been discontinued because the client either quit a job or reduced earnings in order to receive public assistance. MA continued, FS Separate Determination.</p> <p>PA: 12NYCRR 1300.13; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
N41	ALL	<p><u>Voluntary Quit 1st Occurrence 90 Days (HH=1)</u> Public assistance has been discontinued because the recipient quit his/her job or voluntarily reduced the number of hours worked to less than 30 hours per week. MA discontinued; FS Continued</p> <p>PA: 12 NYCRR 1300.13 (a); MA: 360-2.6; FS: 18NYCRR 387.17</p>
N42	ALL	<p><u>Voluntary Quit 2nd Occurrence 150 Days (HH=1)</u> Public assistance has been discontinued because the recipient quit his/her job or voluntarily reduced the number of hours worked to less than 30 hours per week. MA discontinued; FS Continued</p> <p>PA: 12 NYCRR 1300.13 (a); MA: 360-2.6; FS: 18NYCRR 381.17</p>
N43	ALL	<p><u>Voluntary Quit 3rd and Subsequent Occurrences 180 Days (HH=1)</u> Public assistance has been discontinued because the recipient quit his/her job or voluntarily reduced the number of hours worked to less than 30 hours per week. MA discontinued; FS Continued</p> <p>PA: 12 NYCRR 1300.13 (a); MA: 360-2.6; FS: 18NYCRR 381.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
FAILURE TO PROVIDE VERIFICATION

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
V20	ALL	<p><u>Failure to Provide Verification</u> Public assistance has been discontinued because the client failed to provide verification of information to determine whether the case is eligible for public assistance. MA continued, FS continued (See Note)</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
V23	FA/SNFP	<p><u>Failure to Provide Verification - Parent/Spouse</u> Public assistance has been discontinued because the client failed to provide verification of income and/or resources from a parent/spouse. MA continued, FS continued (See Note)</p> <p>PA: 18 NYCRR 351.6, 352.30; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
V24	ALL	<p><u>Failure to Provide Verification - Grandparent</u> Public assistance has been discontinued because the client failed to provide verification of income and/or resources from a grandparent who is legally responsible for a person on the case. MA continued, FS continued (See Note)</p> <p>PA: 18 NYCRR 351.6, 352.30 MA: 360-2.6 FS: 387.17</p>
V25	ALL	<p><u>Failure to Provide Verification - Filing Unit</u> Public assistance has been discontinued because the client did not provide information on non-applying household members. MA continued, FS continued (See Note).</p> <p>PA: 18NYCRR 351.6, 352.30; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
V26	ALL	<p><u>Failure to Provide Verification - Stepparent</u> Public assistance has been discontinued because the client failed to provide verification of income and/or resources from a stepparent who is legally responsible for a person on the case. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.6, 352.30; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
W23	SNCA/SNNC	<p><u>Failure to Provide Verification - Parent/Spouse</u> Public assistance has been discontinued because the client failed to provide verification of income and/or resources from a parent/spouse. MA continued, FS continued (See Note)</p> <p>PA: 18 NYCRR 351.6, 352.30; MA: 360-2.6; FS: 18 NYCRR 387.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E65	ALL	<p><u>Failure to Complete Employment Assessment (non-durational)</u> Public assistance has been discontinued because the client failed to keep an employment-related appointment. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 351.2, 351.8 (a) (2) 351.21 (a); MA: 360-3.3; FS: 18 NYCRR 387.8</p>
E69	ALL	<p><u>Failure to Complete Eligibility Process</u> Public assistance has been discontinued because the client failed to keep an employment-related appointment. MA Separate Determination, FS Separate Determination..</p> <p>PA: 18 NYCRR 351.2, 351.8 (a) (2), 351.21 (a); MA 360-3.3; FS: 18 NYCRR 387.8</p>
E92	ALL	<p><u>Failure to Provide Proof of Citizenship or Eligible Alien Status (HH=1)</u> Public assistance has been discontinued because the client proved neither citizenship nor legal residency. MA continued, FS discontinued.</p> <p>PA: 18 NYCRR 349.3; MA: 360-2.6; FS: 18 NYCRR 387.1 387.9 (a)</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)**REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)****CLOSING CODES – PA (PA: REAS - 222) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
F12	ALL	<p><u>Failure to Apply for SSI (HH=1)</u> Public assistance has been discontinued because the client failed to apply for or complete an application for SSI. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.2; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
F17	ALL	<p><u>Failure to Validate Incorrect SSN (HH=1)</u> Public assistance has been discontinued because the client failed to provide a valid SSN or prove that an application was filed. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 369.2 (ADC), 370.2 (HR); MA: 360-2.6; FS: 18 NYCRR 387.1, 387.8 (c), 387.9 (a), 387.16 (c)</p>
F19	ALL	<p><u>Refusal to Cooperate with Quality Control</u> Public assistance has been discontinued because the client did not cooperate with Quality Control reviewer. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 326.1, 351.22 (d); MA: 360-2.6; FS: 18 NYCRR 387.17</p>
F20	ALL	<p><u>Failure to Provide SSN (HH=1)</u> Public assistance has been discontinued because the client failed to provide a valid SSN or verification that they had applied. MA discontinued, FS discontinued.</p> <p>PA: (FA/SNFP) 18 NYCRR 369.2, (SNCA/SNNC) 370.2; MA: 360-2.6; FS: 18 NYCRR 387.1, 387.8 (c), 387.9 (a), 387.16 (c)</p>
F40	ALL	<p><u>Failure to Enroll In a Group Health Plan (HH=1)</u> Public assistance has been discontinued because the client has failed to apply for and/or use group health insurance benefits. MA discontinued, FS continued (See Note).</p> <p>PA: 18 NYCRR 349.6; MA: 360-2.2; FS: 18 NYCRR 387.8</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)**REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)****CLOSING CODES – PA (PA: REAS - 222) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
F44	SNCA/SNNC	<p><u>Failure to Comply with Drug and /or Alcohol Screening (HH=1)</u> Public assistance has been discontinued because you did not take part in or complete the alcohol/substance abuse screening requirement. MA discontinued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.2 (i); MA: 360-2.6; FS: 18 NYCRR 387.17</p>
F45	SNCA/SNNC	<p><u>Failure to Comply with Drug and/or Alcohol Assessment (HH=1)</u> Public assistance has been discontinued because you did not take part in or complete the alcohol/substance abuse screening requirement. MA discontinued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.2 (i); MA: SSL 366(1) (a) (1); FS: 18NYCRR 387.17</p>
F46	SNCA/SNNC	<p><u>Failure to Sign or Revoked the Treatment Informational Consent Form (HH=1)</u> Public assistance has been discontinued because you did not sign or you revoked the consent for the release of treatment information to this department. MA discontinued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1); FS: 18 NYCRR 387.17</p>
F53	ALL	<p><u>Refusal by Parent to Apply for Child</u> Public assistance has been discontinued because the client refused to apply for child in the household, under age 18 and not receiving SSI. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 352.30(a)</p>
F76	ALL	<p><u>Minor Failed to Complete High School Education (HH=1)</u> Public assistance has been discontinued because client is less than 18 years old, unmarried, has a child at least 12 weeks old and failed to participate in a program to attain a high school diploma or an alternative educational or training program. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.2 (k); MA: 360-2.6; FS: 18 NYCRR 387.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODE
F81 CATEGORY
ALL

Refused Photo ID (HH=1)

Public assistance has been discontinued because the client refused to have a photo identification card made.

MA continued, FS Separate Determination.

PA: 18 NYCRR 383.3; MA: 360-2.6; FS: 18 NYCRR 387.17

F84 ALL

Failure to Sign Lien (HH=1)

Public assistance has been discontinued because the client refused to sign a lien agreement on property.

MA continued, FS continued (See Note).

PA: 18 NYCRR 352.27; MA: 360-2.6; FS: 18 NYCRR 387.17

GX1 ALL

Failure to Take Part in Rehabilitation Program - First Offense(HH=1)

Public assistance has been discontinued because the client did not take part in and complete a rehabilitation program. The client cannot get public assistance for 45 days.

MA continued, FS continued (See Note).

PA: 18 NYCRR 351.2 (i); MA: 360-2.2 (d) 370.2; FS: 18 NYCRR 387.17

Code **GX2**-Output code for a 120-day sanction
Code **GX3**-Output code for a 180-day sanction

G12 SNCA/SNNC

Failure to Apply for SSI (HH=1)

Public assistance has been discontinued because the client failed to apply for or complete an application for SSI.

MA continued, FS continued (See Note).

PA: 18 NYCRR 351.2; MA: 360-2.2; FS: 18 NYCRR 387.17

M15 SNCA/SNNC

Failure to Sign Repayment or Earnings Assignment

Public assistance has been discontinued because the client refused to sign an agreement to repay excess payments and assign future earnings to repay public assistance excess payments.

MA continued, FS continued (See Note).

PA: 18 NYCRR 370.2; MA: 360-2.2; FS: 18 NYCRR 387.17

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)**REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)****CLOSING CODES – PA (PA: REAS - 222) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
M25	ALL	<p><u>Failure to Respond to a Computer Match Call-In</u> Public assistance has been discontinued because the client failed to contact the office to discuss computer match information. MA continued, FS continued (See Note).</p> <p>PA: 18NYCRR 351.22 (e); MA: 360-2.2; FS: 18NYCRR 387.8 (c), 387.14 (a)</p>
M44	SNCA/SNNC	<p><u>Failure to Get A Medical Statement (HH=1)</u> Public assistance has been discontinued because the recipient has failed to provide a medical statement from a medical professional. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.21 (f); MA: 360-2.2; FS: 18 NYCRR 387.17</p>
M88	ALL	<p><u>Failure to Comply with Automated Finger Imaging Requirements. Not Homebound or Group Home Resident</u> Public assistance has been discontinued because the client failed to comply with finger imaging requirements. MA continued, FS discontinued</p> <p>PA: 18 NYCRR 351.2 351.9; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
N12	ALL	<p><u>Failure to Apply for or Use Benefits or Resources</u> Public assistance has been discontinued because the client failed to apply for or use available benefits or resources. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.2; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
N14	ALL	<p><u>Household Member Failed to Apply</u> Public assistance has been discontinued because a member(s) of the household failed to apply for public assistance. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 352.30; MA: 360-2.6; FS: 18 NYCRR 387.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)**REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)****CLOSING CODES – PA (PA: REAS - 222) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
N16	ALL	<p><u>Failure to Contact Agency</u> Public assistance has been discontinued because the client failed to contact the agency regarding eligibility for assistance. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 351.22 (a); MA: 360-3.3; FS: 387.8</p>
N17	ALL	<p><u>Failure to Complete Eligibility Process</u> Public assistance has been discontinued because the client failed to keep an eligibility-related appointment. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.2,351.8 (a) (2), 351.21 (a); MA: 360-3.3; FS: 18 NYCRR 387.8</p>
N20	ALL	<p><u>Failure to Notify of Minor's Temporary Absence (HH=1)</u> Public assistance has been discontinued because NAME, a minor was absent from your home for more than 45 days and DSS was not notified within the first 5 days. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 349.4; MA: 360-2.6; FS: 387.17</p>
N88	FA/SNFP	<p><u>Failure to Comply with the Automated Finger Imaging System (AFIS) Requirements, Homebound or Group Home Resident (HH=1)</u> Public assistance has been discontinued because the client failed to comply with finger imaging requirements. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 351.2, 351.9; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
W11	ALL	<p><u>Failure to Keep Appointment for Medical Assessment</u> Public assistance has been discontinued because the client failed to keep an examination appointment with a doctor we referred you to. MA continued, FS Separate Determination.</p> <p>351.2, 351.8(a)(2)</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
VE1	ALL	<p><u>Intentional Misrepresentation of a Disability (HH=1) 90 Day Sanction</u> Public assistance has been discontinued because the client without good reason intentionally misrepresented he/she suffered from an impairment that would limit his/her assignment to work activities or make him/her exempt from assignment to work activities. MA continued, FS Separate Determination.</p> <p>PA: 12NYCRR 1300.2 (d); MA: 18NYCRR 360-2.6; FS: 387.17</p>
Code VE2 -Output code for a <u>150-day</u> sanction Code VE3 -Output code for a <u>180-day</u> sanction		
W40	ALL	<p><u>Failure/Refusal to Become Employable (HH=1)</u> Public assistance has been discontinued because the client failed to do what was needed to become employable. Client would not accept referral to, or take active part in, medical care or vocational rehabilitation or training. MA continued, FS Separate Determination.</p> <p>PA: 12 NYCRR 1300.12 (a) (1); MA: 18 NYCRR 360-2.6 FS 18 NYCRR 387.17</p>
WC1	SNCA	<p><u>Failure to Comply with Employment Requirements Determined by the Refugee Service Agency (HH=1) 90 day Sanction (Manual Notice Required)</u> Public assistance has been discontinued because the client failed to report to a job interview, accept employment, or voluntarily quit a job they were referred to by the Refugee Service Agency. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 373.6 (h); MA: 360-1.2, 360-2.1, 360-2.2 FS: 12 NYCRR 1300.3 (c), 1300.12 (e), 1300.13</p>
Code WC2 -Output code for a <u>180-day</u> sanction		
WX1	FA/SNFP/ SNCA/SNNC	<p><u>Failure to Comply with Employment Requirements – 90-Day Sanction</u> Public assistance has been discontinued because the client failed to keep an appointment to complete an employment assessment. MA continued, FS Separate Determination.</p> <p>PA: (FA/SNFP) 12NYCRR 1300.7 (a),(SNCA/SNNC) 12NYCRR 1300 (a); MA: 360-1.2, 360-2.1, 360-2.2; FS: 18 NYCRR 387.13</p>
Code WX2 -Output code for a <u>150-day</u> sanction Code WX3 -Output code for a <u>180-day</u> sanction		

CASE REASON CODES (CONT'D)
MOVED OR WHEREABOUTS UNKNOWN

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E60	ALL	<p><u>Unable to Locate</u> Public assistance has been discontinued because the client's whereabouts are unknown. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 351.22; MA: 360-2.2; FS: 18 NYCRR 387.9 (a)</p>
E66	ALL	<p><u>Not a Resident of the State</u> Public assistance has been discontinued because the client moved out of state. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 351.2 (g); MA: 360-3.5, FS: 18 NYCRR 387.9 (a)</p>
G61*	ALL	<p><u>Not a Resident of the District*</u> Public assistance has been discontinued because the client does not live in the district (New York City). This case may have been opened in error, or the client moved more than two months before and did not report the move. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 311.3; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G62	ALL	<p><u>Moved out of District</u> Public assistance has been discontinued because the client has moved from New York City and did not request continuation of public assistance. MA continued, FS discontinued.</p> <p>PA: 18 NYCRR 311.3; MA: 351.2 (g) (1); FS: 18 NYCRR 387.9 (a)</p>

* This code may also be used when the effective closing date of the timely notice falls into the second month after the move (ex. July move, September closing effective date).

CASE REASON CODES (CONT'D)
LIVING ARRANGEMENTS

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODE	CATEGORY	
M48	SNCA/SNNC	<p><u>Refused Parent's Offer of a Home</u> Public assistance has been discontinued because the under age 21 client refused the offer of housing in the parent's home or the home of the legal guardian. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 370.2; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
M49	ALL	<p><u>Refused Offer of a Home</u> Public assistance has been discontinued because you are unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 369.2; MA: SSL 366 (1) (a) (1); FS: 18 NYCRR 387.17</p>
M50	ALL	<p><u>Refused Offer of a Home - Rejection of Claim that Housing Arrangement (s) Would Jeopardize Health and Safety</u> Public assistance has been discontinued because you are unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. We have investigated and rejected your claim that the housing arrangement (s) would jeopardize your health and safety. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 369.2; MA: SSL 366 (1) (a) (1) FS: 18 NYCRR 387.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
ADMISSION TO PRIVATE OR PUBLIC INSTITUTION

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODE	CATEGORY	
*E72	ALL	<p><u>Institutionalized (HH=1)</u> Public assistance has been discontinued because the client has been institutionalized. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 352.31(a) 370.2; MA: 360-2.2; FS: 18 NYCRR 387.1, 387.14 (a) (5)</p>
E73	ALL	<p><u>In Foster Care</u> Public assistance has been discontinued because the children are in Foster Care and there is no plan for them to return home. MA discontinued, FS Separate Determination.</p> <p>PA: 18NYCRR 352.30 (a), 369.4 (c); MA: 360-2.6 FS: 18 NYCRR 387.17</p>
F63	ALL	<p><u>In Prison (HH=1)</u> Public assistance has been discontinued because the client (s) has been committed to prison. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 351.31 (a), 370.2; MA: 360-2.2 FS: 18 NYCRR 387.1, 387.14 (a) (5)</p>
939	ALL	<p><u>In Prison (HH=1) – SYSTEM GENERATED</u> Public assistance has been discontinued because the client(s) has been committed to prison. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 351.31 (a), 370.2; MA: 360-2.2 FS: 18 NYCRR 387.1, 387.14 (a) (5)</p>

* Adequate Notice

CASE REASON CODES (CONT'D)
CLIENT REQUEST

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODE	CATEGORY	
F98	ALL	<p><u>Client Request Childcare in Lieu of TA - PA Only – (Verbal)</u> Public assistance has been discontinued because the client requests childcare in lieu of Temporary Assistance. MA continued, FS Separate Determination.</p>
*G87	ALL	<p><u>Client Request - Eligibility Mail-Out</u> Public assistance has been discontinued because the client asked for the case to be closed on the returned Eligibility Mail Out form. MA continued, FS discontinued.</p> <p>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17</p>
*244	ALL	<p><u>Client Request - Eligibility Mail-Out (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client asked for the case to be closed on the returned Eligibility Mail Out form. MA continued, FS discontinued.</p> <p>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17</p>
*G88	ALL	<p><u>Client Request - PA, FS & MA – (Written)</u> Public assistance has been discontinued because the client asked for the case to be closed in writing. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17</p>
*G89	ALL	<p><u>Client Request - PA & MA – (Written)</u> Public assistance has been discontinued because the client wrote asking for the PA and MA portions of the case to be closed. MA discontinued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.22 (a); MA: 360-2.6; FS: 18 NYCRR 387.17</p>
*G90	ALL	<p><u>Client Request - PA & FS – (Written)</u> Public assistance has been discontinued because the client wrote asking that the PA and FS portions of the case be closed. MA continued, FS discontinued.</p> <p>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17</p>

* Adequate Notice

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
CLIENT REQUEST (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
*G92	ALL	<p><u>Client Request - PA Only – (Written)</u> Public assistance has been discontinued because the client wrote asking the PA portion of the case be closed. MA continued, FS continued (See Note).</p>
G94	ALL	<p>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17 <u>Client Request - PA & FS – (Verbal)</u> Public assistance has been discontinued because the client asked that the PA and FS portions of the case be closed. MA continued, FS discontinued.</p> <p>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18NYCRR 387.20</p>
G96	ALL	<p><u>Client Request - PA Only – (Verbal)</u> Public assistance has been discontinued because the client asked that the PA portion of the case be closed. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.20</p>
G97	ALL	<p>Client Request – PA Only – (TMA Eligible) (Verbal) Public assistance has been discontinued because the client asked that the PA portion of the case be closed. This code is used only for clients who are employed and have a budget deficit. MA continued for 6 months, FS continued (See Note)</p> <p>PA: 18 NYCRR 351.22 (e); MA360-3.3 (c); 18 NYCRR 387.17</p>
G98	ALL	<p>Client Request - PA, FS & MA – (Verbal) Public assistance has been discontinued because the client asked that the case be closed. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 351.22; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
G99	ALL	<p>Client Request - PA & MA – (Verbal) Public assistance has been discontinued because the client asked that the PA and MA portions of the case be closed. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17</p>

* Adequate Notice

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
CHANGE IN RESOURCES CAUSING INELIGIBILITY

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
I46	ALL	<p><u>Excess Resources - 60+ Client No Longer In Household</u> Public assistance has been discontinued because the member of the household who was age 60 or older is no longer in the household and the resource limit has been lowered. There are now excess resources. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 352.23; MA: Citations to be provided later FS: Citations to be provided later.</p>
U40	ALL	<p><u>Excess Resources</u> Public assistance has been discontinued because the total resource amount exceeds the resource limit. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 352.23; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
U41	SNCA/SNNC	<p><u>Transfer of Resources</u> Public assistance has been discontinued because the client transferred or gave away resources that should be used to support the household MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 370.2; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
U42	ALL	<p><u>Excess Resources - Refused to Sell Property</u> Public assistance has been discontinued because the client refused to sell real property whose value exceeds the resource limit. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 352.23; MA: 360-2.6; FS: 18 NYCRR 387.17</p>
U43	ALL	<p><u>Excess Resources - End of Six Month Period</u> Public assistance has been discontinued because the client failed to sell real property within the allowed six-month period. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 352.23 (b); MA: 360-2.6; FS: 18 NYCRR 387.17</p>
U44	FA/SNFP	<p><u>Excess Resources - Deemed Resources of Alien Sponsor</u> Public assistance has been discontinued because the total amount of resources of the alien sponsor exceeds the resource limit. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 349.3,352.33; MA: 360-2.6; FS: 387.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G10	ALL	<p><u>Failure to Recertify on (DATE)</u> Public assistance has been discontinued because the client failed to appear for face-to-face recertification interview. MA See Note, FS discontinued</p> <p>PA: 352.22 (a), 351.22 (b); MA: 360-2.2 (e) (f) FS: 387.8, 387.14, 387.15</p>
G20	ALL	<p><u>Failure to Recertify – Home Visit</u> Public assistance has been discontinued because the client failed to keep home recertification appointment / interview. MA discontinued; FS discontinued</p> <p>PA: 18NYCRR 351.22 (a) (b); MA: 360-2.6 FS: 18NYCRR 387.8, 387.14, 387.15</p>
E91	ALL	<p><u>Refusal to Cooperate During Recertification Process</u> Public assistance has been discontinued because the client's behavior prevented the agency from obtaining the necessary information for making an eligibility determination. MA continued, FS discontinued.</p> <p>PA: 18NYCRR 351.1 (b)(2); MA: 360-2.6 FS: 18NYCRR 351.1(b)(2)</p>
*G36	ALL	<p><u>Failure to Complete the TA (6 Month) Mail in Recertification For Cases on 12 Month Recertification Schedule</u> Public assistance has been discontinued because the client failed to return recertification forms or recertification forms were incomplete. MA continued, FS Separate Determination.</p> <p>PA: 18NYCRR 351.21; MA: 360-2.6; FS:CFR 273.12 (f) & 7 U.S.C. 2020 (s)</p>
G37	ALL	<p><u>Failure to Complete the TA (6 Month) Mail in Recertification For Cases on 12 Month Recertification Schedule</u> Public assistance has been discontinued because the client failed to return recertification forms or recertification forms were incomplete. MA continued, FS discontinued</p> <p>PA: 18NYCRR 351.21; MA: 360-2.6; FS: 18 NYCRR 387.17 (d)</p>

* **Note: Use This Code When All Adults on the Case Are Aged/Disabled.**
Note: MA continued unless date of closing is equal to or more than 12 months from date last recertified.

CASE REASON CODES (CONT'D)
DUPLICATE ASSISTANCE

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M97	ALL	<p><u>Receiving Multiple Benefits (HH=1)</u> Public assistance has been discontinued because the client fraudulently misrepresented his/her identify or residence to receive multiple public assistance benefits at the same time. The client is ineligible to receive public assistance and food stamp benefits for 10 years beginning DATE. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 351.2 (k) (2), 359.9 (d) (1); MA: 360-2.2 FS: 351.2, 351.9</p>
*M98	ALL	<p><u>Duplicate Assistance - Non AFIS. In NYS</u> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in New York State. MA discontinued, FS discontinued.</p> <p>PA: 351.8 (a) (2) (i) 351.1 (b) (2) (ii), 351.2, 351.9; MA: 360-2.2 (e), (f) FS: 351.2 (a) 351.9</p>
*M99	ALL	<p><u>Duplicate Assistance - AFIS. In NYS</u> Public assistance has been discontinued because the client's identify matches another person who is receiving public assistance in New York State. MA discontinued, FS discontinued.</p> <p>This code us used when there has been an Automated Finger Imaging Automated Match (AFIS).</p> <p>PA: 351.9 MA: 360-2.2 (e) (f); FS: 351.2 (a), 351.9</p>
N66	ALL	<p><u>Duplicate Assistance. Non - AFIS Interstate (HH=1)</u> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in another state. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 351.9 MA: 360-2.2 (e) (f); FS: 18 NYCRR 351.2 (a), 351.9</p>

* Adequate

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E18	ALL	<p><u>Failed to Keep BEV Office Appointment</u> Public Assistance has been discontinued because the client failed to keep an office appointment with Bureau of Eligibility Verification Investigator. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.4; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
E19	ALL	<p><u>Failed to Keep BFI Appointment</u> Public assistance has been discontinued because the client failed to keep an office appointment with Bureau of Fraud Investigator. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.4; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
F62	ALL	<p><u>Moved Out of District – BEV Only</u> Public assistance has been discontinued because the client has moved from New York City and did not request continuation of public assistance. MA continued FS discontinued.</p> <p>PA: 18 NYCRR 311.3; MA: 351.2 (g) (1); FS: 18 NYCRR 387.9 (a)</p>
*G01	ALL	<p><u>Failure to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide verification of mortgage, lease, rent receipts, or utility bill to determine whether the case is eligible for public assistance. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.1 and 351.2; MA: 360-2.2; FS: 18 NYCRR 387.17</p>

* 0 = zero

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G16	ALL	<p><u>Failed to Respond to Two or More BEV Notices Left at Residence</u> Public assistance has been discontinued because the client failed to contact the agency regarding eligibility for assistance. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.22 (a); MA: 360-3.3; FS: 18 NYCRR 387.8</p>
G17	ALL	<p><u>Several Attempts at Home Visit</u> Public assistance has been discontinued because the client failed to be home after four attempts were made to visit the client at home. The fourth visit was scheduled at a day and time that was agreed upon. The client was not available at the pre-arranged time. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.28; MA: 360-2.6; 18 NYCRR 387.17; FS: 387.17</p>
G21	ALL	<p><u>Failure to Cooperate with BEV - Income</u> Public assistance has been discontinued because the client refused to answer questions regarding income. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G22	ALL	<p><u>Failure to Cooperate with BEV - Assets</u> Public assistance has been discontinued because the client refused to answer questions regarding your assets. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G23	ALL	<p><u>Failure to Cooperate with BEV - Residence</u> Public assistance has been discontinued because the client refused to answer questions regarding your residence. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G24	ALL	<p><u>Failure to Cooperate with BEV - Legally Responsible Spouse</u> Public assistance has been discontinued because the client refused to answer questions regarding your legally responsible spouse. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G25	ALL	<p><u>Failure to Cooperated with BEV - Dependent Child</u> Public assistance has been discontinued because the client refused to answer questions regarding your dependent child. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G26	ALL	<p><u>Failure to Cooperate - Refused to Answer Questions</u> Public assistance has been discontinued because the client failed to answer questions regarding eligibility for Safety Net Assistance. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G27	ALL	<p><u>Failure to Cooperate - Documentation of Identity</u> Public assistance has been discontinued because the client failed to answer questions regarding documentation of your identity. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G28	ALL	<p><u>Failure to Cooperate - Proof of Identity</u> Public assistance has been discontinued because the client failed to answer questions regarding proof as to your identity which is inconsistent with what we have. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G29	ALL	<p><u>Failure to Cooperate - Property</u> Public assistance has been discontinued because the client failed to answer questions regarding your property. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
G60	ALL	<p><u>Unable to Locate – BEV Only</u> Public assistance has been discontinued because Bureau of Eligibility Verification has been unable to find you. MA continued, FS discontinued.</p> <p>PA: 18 NYCRR 351.22; MA: 360-2.2; FS: 18 NYCRR 387.9 (a)</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G81	ALL	<p><u>Non-Cooperative Caretaker – Only Child/All Children Without Valid SSN or Application for SSN</u> Public assistance has been discontinued because the client failed to provide a valid Social Security Number or valid application for a Social Security Number for each child in the public assistance case. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 369.2, 370.2; MA: 360-2.6; FS: 18 NYCRR 387.20 (a)</p>
*G95	ALL	<p><u>Died - BEV Only (HH=1)</u> Public assistance has been discontinued because Bureau of Eligibility Verification has determined that the individual is deceased. MA continued, FS discontinued.</p> <p>PA: 18 NYCRR 351.8; MA: 360-2.2; FS: 18 NYCRR 387.1</p>
M81	ALL	<p><u>Failed to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide birth certificate, baptismal certificate, or adoption papers, or failed to provide verification of driver's license, non-drivers photo ID, or military ID. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 351.1(b), 351.2(a); MA: 360-2.6; FS: 18 NYCRR 387.20 (a)</p>
M82	ALL	<p><u>Failed to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide school attendance records. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 351.2, 351.6, 369.4; MA: 360-2.6; FS: 18 NYCRR 387.20 (a)</p>
N15	ALL	<p><u>Failure to Keep Appointment with BEV/FEDS Home Visit</u> Public assistance has been discontinued because the client failed to keep the appointment at the client's home with the agency investigator. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.4; MA: 360-2.2; FS: 18 NYCRR 387.17</p>

* Adequate

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
N70	ALL	<p><u>Failure to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide a deed, savings statement or bank book. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 351.2, 352.23; MA: 360-2.6; FS: 18 NYCRR 387.20 (a)</p>
N71	ALL	<p><u>Failed to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide Naturalization papers or passport. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 349.3(b), 351.1(b); MA: 360-2.6; FS: 18 NYCRR 387.20 (a)</p>
N72	ALL	<p><u>Failed to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide a social security card. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 369.2 and 370.2; MA: 360-2.6; FS: 18 NYCRR 387.20 (a)</p>
R10	ALL	<p><u>Failed to Keep Feds Office Appointment with Agency Investigator</u> Public assistance has been discontinued because the client failed to keep an office appointment with the agency investigator. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.4; MA: 360-2.2; FS: 18 NYCRR 387.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
R11	ALL	<p><u>Failed to Keep FEDS Office Appointment with Inspector General</u> Public assistance has been discontinued because the client failed to keep an office appointment with the Inspector General. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.4; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
V50	ALL	<p><u>Failure to Verify - BEV</u> Public assistance has been discontinued because the client failed to provide BEV with information to determine whether the case is eligible for public assistance. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</p>
Y78	ALL	<p><u>Ineligible Based Upon BEV Evaluation – Manual Notice Required</u> Based on the reasons for rejection in the Bureau of Eligibility Verification report select the appropriate closing language and citations from the WGC manual, which match the closing reason.</p> <p>MA continued. FS separate determination is required unless the reason for not being eligible also renders the client ineligible for FS.</p>
Y86	ALL	<p><u>Other Reason (BEV) – Manual Notice Required</u> To be used only for BEV closings. Should only be used when reason for closing PA requires a FS Separate Determination MA continued, FS separate determination .</p> <p>PA: 18 NYCRR351.5, 351.6, 351.21; MA: 360-2; FS: 18 NYCRR 387.9</p>
Y87	ALL	<p><u>Other Reason (BEV) – Manual Notice Required</u> To be used only for BEV closings. MA continued, FS discontinued.</p> <p>PA: 18 NYCRR 351.5, 351.6, 351.21; MA: 360-2; FS: 18 NYCRR 387.9</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
INTENTIONAL PROGRAM VIOLATIONS
(IPV) ORIGINATING ID – (EPF) ONLY

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>
WS1	ALL

6 Months 1st Offense - Less Than \$1,000 (HH=1)

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was less than \$1,000 you are disqualified from receiving public assistance for 6 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends.

*** MA continued, FS Separate Determination.**

**PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1);
 FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15**

WS2	ALL
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12 Months 2nd Offense-Less Than \$3,900 (HH=1)

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was less than \$3,900 you are disqualified from receiving public assistance for 12 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends.

***MA continued, FS Separate Determination.**

**PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1);
 FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15**

* Unless SNCA, SNNC, SNFP and 21 or over with PA categorical code 09, 14 or 26 then MA discontinues, FS continues.

CASE REASON CODES (CONT'D)

INTENTIONAL PROGRAM VIOLATIONS (IPV) - ORIGINATING ID – (EPF) ONLY

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS3	ALL	<p><u>12 Months 1st Offense Amt. Between \$1,000 & \$3,900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for 12 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>
WS4	ALL	<p><u>18 Months if 3rd Offense (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 3rd occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. MA continued, FS continued.</p> <p>PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>

* Unless SNCA, SNNC, SNFP and 21 or over with PA categorical code 09, 14 or 26 then MA discontinues, FS continues.

CASE REASON CODES (CONT'D)

INTENTIONAL PROGRAM VIOLATIONS (IPV) - ORIGINATING ID – (EPF) ONLY

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS5	ALL	<p><u>18 Months if 1st Offense More Than \$3,900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. * MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>
WS6	ALL	<p><u>18 Months if 2nd Offense More Than \$3,900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. * MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>

* Unless SNCA, SNNC, SNFP and 21 or over with PA categorical code 09, 14 or 26 then MA discontinues, FS continues.

CASE REASON CODES (CONT'D)

INTENTIONAL PROGRAM VIOLATIONS (IPV) - ORIGINATING ID – (EPF) ONLY

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS7	ALL	<p><u>5 Years 4th or Subsequent Offense (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 4th or subsequent occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for 5 years. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. * MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>
WS8	ALL	<p><u>Court Ordered Disqualification (HH=1)</u> Court ordered disqualification is based on the finding of the Court that the client has been found guilty of committing an IPV. The period is determined by the court and may differ from those above. You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the _____ occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for _____ months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. * MA continued, FS Separate Determination.</p> <p>PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>

* Unless SNCA, SNNC, SNFP and 21 or over with PA categorical code 09, 14 or 26 then MA discontinues, FS continues.

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CASE REASON CODES (CONT'D)
MISCELLANEOUS

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
*E95	ALL	<u>Died (HH=1)</u> Public assistance has been discontinued because the only person receiving public assistance in the household has died. MA discontinued, FS discontinued. PA: 18 NYCRR 351.8; MA: 360-2.2
F11	ALL	<u>Failure to Access Benefits (SYSTEM GENERATED)</u> Public assistance has been discontinued because at least two full months of benefits have not been used. MA continued; FS continued (See Note). PA: 351.22; MA: 360-2.6; FS: 18 NYCRR 387.17
F35	ALL	<u>Fleeing Felon – Probation or Parole Violator (HH=1)</u> Public assistance has been discontinued because the client is in violation of parole or probation or is fleeing to avoid prosecution, custody or confinement after a felony conviction. MA continued, FS discontinued. PA: 18 NYCRR 351.2 (k) (3); MA: 360-2.6; FS: 18 NYCRR 387.1
F92	ALL	<u>Ineligible Alien (HH=1) (Timely)</u> Close the case because the client is not an eligible alien. MA Separate Determination, FS discontinued. 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
G39	ALL	<u>Died (HH=1) (Timely) (SYSTEM GENERATED)</u> Public assistance has been discontinued because the only person receiving public assistance in the household has been reported as dead by SSA or another tape match. MA discontinued, FS discontinued. PA: 18 NYCRR 351.8; MA: 360-2.2
M68	ALL	<u>Added to Another Case</u> Public assistance has been discontinued because the client was added to another public assistance case. MA discontinued, FS discontinued. PA: 18 NYCRR 352.1; MA: 360-2.6; FS: 18 NYCRR 387.1

* Adequate

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
MISCELLANEOUS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
Y93	ALL	<p><u>Case Number Change – No Notice Required</u> MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 355.5; MA: 360-2.2; FS: 18 NYCRR 387.1</p>
*Y95	ALL	<p><u>Case Closed After Being Accepted for Emergency Assistance - Manual Notice Required</u> Public assistance is being discontinued because the household is no longer in need of cash assistance. There was no application for MA benefits; FS Separate Determination.</p> <p>PA: 18 NYCRR 351.8; MA: Not Applicable; FS: 18 NYCRR 387.17</p>
Y96	ALL	<p><u>Case Closed After Being Accepted for Emergency Assistance Manual Notice Required</u> Public assistance is being discontinued because the household is no longer in need of cash assistance. There was no application for MA benefits; FS discontinued.</p> <p>PA: 18 NYCRR 351.8; MA: Not Applicable; FS: 18 NYCRR 387.5</p>
Y98	ALL	<p><u>Other – Manual Notice Required</u> This code is to be used if none of the other reasons for closing a case are applicable. MA continued, FS Separate Determination.</p> <p>PA: Unknown; MA: Unknown; FS: Unknown</p>
Y99	ALL	<p><u>Other – Manual Notice Required</u> This code is to be used if none of the other reasons for closing a case are applicable. MA continued, FS Separate Determination.</p> <p>PA: Unknown; MA: 360-2.2; FS: 18 NYCRR 387.17</p>

* Adequate

CASE REASON CODES (CONT'D)
60 MONTH TIME LIMIT

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G30	FA/SNFP	<p><u>Close FA Due to 60 Month Limit – No Safety Net Application Filed</u> Family Assistance is ending because household includes member who will have reached 60-month limit. Client did not apply for Safety Net. MA continued, FS continued (See Note).</p> <p>PA: Soc. Serv. Law 158 & 18NYCRR 350.4; MA: 18 NYCRR 360-2.6 FS: 18NYCRR 387.17</p>
G31	FA/SNFP	<p><u>Close FA Due to 60 Month Limit - Deny SNA Reason Other than Job Search (Separate Notice Required)</u> Family Assistance is ending because household includes member who will have reached 60-month limit. Safety Net Assistance application denied for other than Job Search. MA continued, FS continued (See Note).</p> <p>PA: Soc. Serv. Law 158 & 18NYCRR 350.4; MA 18NYCRR 360-2.6 FS: 18NYCRR 387.17</p>
G32	FA/SNFP	<p><u>Close FA Due to 60 Month Limit - Deny SNA – Refusal to Sign Repayment</u> Household is ineligible for Public Assistance in Safety Net Assistance category. Client refused to sign repayment agreement or assignment of future earning or both. MA continued, FS continued (See Note).</p> <p>PA: 18 NYCRR 369.4 (d) & 370.2 (c) (11), MA: 18NYCRR 360-2.6 FS: 18NYCRR 387.17</p>
G33	FA/SNFP	<p><u>Close FA Due to 60 Month Limit - Deny SNA – Refusal to Apply for Child</u> Household is ineligible for Public Assistance in Safety Net Assistance category. Client did not apply for child (ren). MA continued, FS continued (See Note)</p> <p>PA: 18NYCRR 369.4 (d) & 370.2 (c) (6); MA: 18NYCRR 360-2.6 FS: 18NYCRR 387.17</p>

Note: If FA/SNFP Case May Be Eligible for 5 months of Transitional Food Stamp Benefits.

CASE REASON CODES (CONT'D)
60 MONTH TIME LIMIT (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
P30	FA/SNFP	<p><u>Close FA Due to 60 Month Limit - Deny SNA - Failure to Comply with Job Search</u> Family Assistance is ending because household includes member who will have reached 60-month limit. Client failed to participate in work activity. MA continued, FS Separate Determination</p> <p>PA: 12NYCRR 1300.9 (e), 18NYCRR 350.4 & 369.4 (d); MA: 366 (4) (q) FS: 18NYCRR 387.17</p>
P31	FA/SNFP	<p><u>Close FA Due to 60 Month Limit - Deny SNA - Failure to Comply with Employment Assessment</u> Family Assistance is ending because household includes member who will have reached 60-month limit. Client did not keep appointment to complete employment assessment. MA continued, FS Separate Determination</p> <p>PA: 12NYCRR 1300.6 (a), 18NYCRR 350.4 & 369.4 (d); MA: 360-2.6 FS: 18NYCRR 387.17</p>
P32	FA/SNFP	<p><u>Close FA Due to 60 Month Limit - Deny SNA – Refusal to Take a Job</u> Family Assistance is ending because client refused to accept a job. MA continued, FS Separate Determination</p> <p>PA: 18 NYCRR 351.2; MA: 18 NYCRR 360-2.6 FS: 18NYCRR 387.17</p>

CASE REASON CODES (CONT'D)**CLOSING CODES – FS (FS: REAS - 231) Only**

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
B11		<u>Transitional FS - Increase in FS - (System Generated)</u>
B12		<u>Transitional FS - Same FS Amount - (System Generated)</u>
B13		<u>Transitional FS – Separate Determination at Higher Amount – (System Generated)</u>
B14		<u>Transitional FS – Separate Determination Same Amount – (System Generated)</u>
B15		<u>FS – Separate Determination Non-TBA – (System Generated)</u>
B26		<u>FS Extend on PA Case – Non TBA – (System Generated)</u>
E28		<u>Failure/Refusal to Provide Information - Alien Sponsor (Timely)</u> Close case for failure to provide verification of alien sponsor Information. 18 NYCRR 387.8(c), 387.9 (a) (7), 387.9 (b), 387.10, 387.14 (a)
E29	R	<u>Failure/Refusal to Provide Verification at Recertification Alien Sponsor</u> (Adequate) Close case at recertification for failure to provide alien sponsor information. 18 NYCRR 387.8 (c), 387.9 (a) (7), 387.9 (b), 387.10, 387.14 (a)
E30		<u>Excess Income (Timely)</u> Close case when income exceeds the appropriate (gross and/or net) income eligibility limit. 18 NYCRR 387.10
E39		<u>Excess Income - COLA (Timely)</u> Close case when income exceeds either the gross and/or the net income test (s) due to changes in the cost of living adjustment (COLA) for Social Security of SSI. 18 NYCRR 387.10, 387.12, 387.15

Edits**R- To be used at recertification period**

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CASE REASON CODES (CONT'D)

CLOSING CODES – FS (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
E40		<u>Excess Income-Budgeting Error (Timely)</u> Close case that has excess income but opened due to an error in calculating the budget. 18 NYCRR 387.10
E50		<u>Failed to Return 6 Month Periodic Report (Timely)</u> Close case because the periodic report has not been returned. 18 NYCRR 387.17
E51		<u>Failed to Return 6 Month Periodic Report - Questions (Timely)</u> Close case because all questions on the periodic report were not answered. 18 NYCRR 387.17
E52		<u>Failure to Complete 6 Month Periodic Report – Signature (Timely)</u> Close case because the periodic report was not signed. 18 NYCRR 387.17
E54		<u>Failure to Complete 6 Month Periodic Report - Dated Early (Timely)</u> Close case because the periodic report was signed and dated before the last day of the report period. 18 NYCRR 387.17
E61		<u>Not a Resident of New York City (Adequate)</u> Close case when the household no longer resides in New York City. 18 NYCRR 387.9 (a)
E63		<u>Not a Resident of State (Adequate)</u> Close case when the household no longer resides in New York State. 18 NYCRR 387.9 (a)
E70		<u>Ineligible Boarder (Timely)</u> Close case because the person (s) is an ineligible boarder. 18 NYCRR 387.1, 387.14 (a), 387.16 (b)
E71		<u>In commercial Boarding Home (Timely)</u> Close case because the person (s) resides in a commercial boarding home. 18 NYCRR 387.1
E72		<u>Institutionalized (Adequate)</u> Close case because the person (s) resides in an institution whose residents are not eligible to receive FS. 18 NYCRR 387.1, 387.14 (a) (5)

CASE REASON CODES (CONT'D)**CLOSING CODES – FS (FS: REAS - 231) (cont'd)**

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
E76	R	<u>Living with Child (Recert Closing) (Adequate)</u> Close case at recertification, where a parent (s) is living with his/her child(ren) and the parent(s) is not eligible or disabled. The parent(s) cannot have separate household status. 18 NYCRR 387.1
E77	R	<u>Living With Parent (Recert Closing) (Adequate)</u> Close case at recertification, where a child (ren) is living with his/her parent (s) and the parent (s) is not elderly or disabled. The child (ren) cannot have separate household status. 18 NYCRR 387.1
E78	R	<u>Living with Child's Other Parent (Recert Closing) (Adequate)</u> Close case at recertification when a parent joins a household that consists of his/her child and the child's other parent. 18 NYCRR 387.1
E95		<u>Died (Adequate)</u> Close a one-person case due to death. 18 NYCRR 387.1
F15	R	<u>Failure to Verify Date of Birth (HH=1) (Adequate)</u> Close one-person case when the person fails to verify Date of Birth. 18 NYCRR 387.1, 387.8 (c), 387.9 (a)
F17		<u>Failure to Validate Incorrect Social Security Number (HH=1) (Timely)</u> Close a one person case when that person fails to validate a Social Security Number that the match with SSA records indicates is invalid. 18 NYCRR 387.1, 387.8 (c), 387.9 (a), 387.10 (b), 387.16 (c)
F19		<u>Refusal to Cooperate with Quality Control (Timely)</u> Close case for refusal to cooperate with a quality control review. 18 NYCRR 387.9 (a) (7) (ii)
F21	R	<u>Failure to Provide Social Security Number (Recert Closing) (HH=1) (Adequate)</u> Close case at recertification for failure to apply for or provide a Social Security number. 18 NYCRR 387.9 (a), 387.10 (b), 387.16 (c)
F22	R	<u>Failure to Verify Social Security Number (Recert Closing) (HH=1) (Adequate)</u> Close a one-person case when the person fails to verify their Social Security number. 18 NYCRR 387.1, 387.8 (c), 387.9 (a)

Edits

R- To be used at recertification only.

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03/20/2006

CASE REASON CODES (CONT'D)

CLOSING CODES – FS (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
F30		<u>Trafficking in FS Benefits of \$500 or more (HH=1) (Timely)</u> Close case permanently because the client has been convicted of trafficking in FS in the amount of \$500 or more. 18 NYCRR 359.9 (c)
F35		<u>Fleeing Felon Probation/Parole Violator (HH=1) (Timely)</u> Close case because the client is in violation of parole or probation, or is fleeing to avoid prosecution, custody or confinement after a felony conviction. 18 NYCRR 387.1
F65	B	<u>Will Receive Food Stamp in a PA Case (Adequate)</u> Close case because all members are receiving FS in a PA case. 18 NYCRR 387.1
F70	R	<u>Parental Control of Child (Adequate)</u> Close case when an adult household member is living with and his parental control over a child (not his/her own) under 18. The adult household member does not want the child included in the application. However, in this situation the child and adult must be included in the same FS household even if they do not usually purchase and prepare meals together. 18 NYCRR 387.1
F71	R	<u>Child Under Parental Control (Adequate)</u> Close case when child under 18 is living with an adult who has parental control and is not his/her parent. The child does not want the adult included in the application. However, in this situation the child and adult must be included in the same FS household even if they do not usually purchase and prepare meals together. 18 NYCRR 387.1
F85		<u>Refusal to Verify Alien Status (Timely)</u> Close the case because client (s) refused to verify alien status. 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
F86	R	<u>Refusal to Verify Alien Status (Recert Closing) (Adequate)</u> Close the case because the client (s) refused to verify alien status at recertification. 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)

Edits

B- Can be used at recertification or during the certification period

R- To be used at recertification only.

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10/23/2006

CASE REASON CODES (CONT'D)

CLOSING CODES – FS (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
F90		<u>Ineligible Student (HH=1) (Timely)</u> Close one-person case because the student does not meet the FS eligibility requirements. 18 NYCRR 387.1, 387.9 (a)
F92		<u>Ineligible Alien (Timely)</u> Close the case because the client (s) is (are) not an eligible alien (s). 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
F94		<u>Able Bodied Adult without Dependents (ABAWD) (HH=1) (Timely)</u> Close a one- person case because client is an able bodied adult who is not the primary caretaker of a child under 18 years of age. 18 NYCRR 387.13 (n)
F95		<u>Ineligible Alien for Food Assistance Program (Timely)</u> Close the case because the member of the household is an alien who is not eligible to participate in the Food Assistance Program. 18 NYC 388.3
F96		<u>Opened in Error-Excess Income (Timely)</u> Close case that was opened in error, because of excess income. 18 NYCRR 387.10
G53		<u>Failure to Return 6 Month Periodic Report – Proof (Timely)</u> Close case because the client failed to return the proof requested in the periodic report. 18 NYCRR 387.17
I46	B	<u>Excess Resources - Elderly Person (s) not In Home (Timely)</u> Close case because there is no longer an elderly person (s) in the case and the case is now subject to a lower resource limit. 18 NYCRR 387.1, 387.10 (a), 387.15
J05		<u>Automatic FS Separate Determination – FS Default Code (At Recert) (System Generated)</u>
M20		<u>Failure to Provide Information During Certification Period (Timely)</u> Close case for refusal to cooperate/failure to provide requested information within the certification period. 18 NYCRR 387.8 (c), 387.9 (a) (7), 387.14 (a)
M24		<u>Failure to Resolve a Computer Match (Adequate)</u> Close case for failure to resolve information received in a computer match. 18 NYCRR 387.8 (c), 387.14 (a)

Edits

B – Can be used at recertification or during the certification period.

CASE REASON CODES (CONT'D)**CLOSING CODES – FS (FS: REAS - 231) (cont'd)**

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
M25		<u>Failure to respond to a Computer Match Call-In (Timely)</u> Close case for failure to respond to a request to contact the agency to discuss information received in a computer match. 18 NYCRR 387.8 (c), 387.14 (a)
M26	B	<u>Failure to Provide Verification of Wage Match at Recertification (Adequate)</u> Close case at recertification for failure to provide verification of information received from a Wage Match. 18 NYCRR 387.8 (c), 387.14 (a)
M27	B	<u>Failure to Provide Verification of UIB Match at Recertification (Adequate)</u> Close case at recertification for failure to provide verification of information received from a UIB match. 18 NYCRR 387.8 (c), 387.14 (a)
M53		<u>Failed to Complete 6 Month Periodic Report - Partial Proof (Timely)</u> Close case because the recipient failed to provide complete proof of the statements made in the mailer. 18 NYCRR 387.17
M68		<u>Added to another Food Stamp Case (Timely)</u> Close case because all members are receiving FS in another case. 18 NYCRR 387.1
M88		<u>Failure to Comply with the Automated Finger Imaging System (AFIS) Requirements. Not Homebound or Group Home Resident</u> Close the case because the client (s) failed to comply with the finger Imaging requirements. 18 NYCRR 387.17
M90		<u>Client Request - Written or Verbal In Person (Adequate)</u> Close case at the client's written or verbal in person request. 18 NYCRR 387.20
M91	B	<u>Client Request -Phone (Timely)</u> Close case at client's request made by phone. 18 NYCRR 387.20
M97		<u>Receiving multiple Benefits (HH=1) (Timely)</u> Close case for 10 years because the client fraudulently misrepresented his/her identity or residence in order to receive multiple food stamp benefits at the same time. 18 NYCRR 381.1

Edits**B - Can be used at recertification or during the certification period.**

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CASE REASON CODES (CONT'D)

CLOSING CODES – FS (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
M98		<u>Duplicate Assistance. Non-AFIS. In NYS (Adequate)</u> Close the case because the client's identity matches another person who is receiving Food Stamps in New York State. 18 NYCRR 351.2 (a), 351.9
M99		<u>Duplicate Assistance. AFIS. In NYS (Adequate)</u> Close the case because the client's identity matches another person who is receiving Food Stamps in New York State. This code is used when there has been an Automated Finger Imaging match. 18 NYCRR 351.2 (a), 351.9
N10	R	<u>Failure to Keep Appointment (Adequate)</u> Close case for failure to keep a face-to-face appointment or complete a telephone interview. This code is only used at recertification if a recipient submits a recertification application but fails to be interviewed. 18 NYCRR 387.7 (a), 387.14 (a)
N18		<u>Failure to Validate Incorrect Social Security Number (Timely)</u> Close multi-person case for failure to validate a Social Security Number that match with Social Security Administration records that indicates is invalid. 18 NYCRR 387.1, 387.8 (c), 387.9 (a), 387.10 (b), 387.16 (c)
N41	B	<u>Voluntary Quit (HH=1) (Timely) (1st Occurrence = 2 months)</u> Close the case because the recipient quit his/her job or voluntarily reduced the number of hours worked to less than 30 hours per week. 12 NYCRR 1300.13
N42	B	<u>Voluntary Quit (HH=1) (Timely) (2nd Occurrence = 4 months)</u> Close the case because the recipient quit his/her job or voluntarily reduced the number of hours worked to less than 30 hours per week. 12 NYCRR 1300.13
N43	B	<u>Voluntary Quit (HH=1) (Timely) (3rd Occurrence = 6 months)</u> Close the case because the recipient quit his/her job or voluntarily reduced the number of hours worked to less than 30 hours per week. 12 NYCRR 1300.13

Edits

B- Can be used at recertification or during the certification period

R- To be used at recertification only.

CASE REASON CODES (CONT'D)**CLOSING CODES – FS (FS: REAS - 231) (cont'd)**

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
N66		<u>Duplicate Assistance. Non-AFIS. Interstate (Timely)</u> Close the case because the client's identity matches another person who is receiving Food Stamps in another state. 18 NYCRR 351.2 (a), 351.9
N90	B	<u>IPV-Traded FS for Firearms. Ammunition or Explosives (Adequate)</u> Close case permanently because of a guilty conviction for using FS to obtain firearms, ammunition or explosives. 18 NYCRR 359.9
NF1		<u>Purchased Illegal Drugs with FS-IPV (1st Violation) (Adequate) (HH=1)</u> Close the case for 12 months because the client has been convicted of using FS to obtain illegal drugs. 18 NYCRR 359.9
NF2		<u>Purchased Illegal Drugs With FS-IPV (2nd Violation) (Adequate) (HH = 1)</u> Close the case permanently because the client has been convicted a second time using FS to obtain illegal drugs. 18 NYCRR 359.9
U41		<u>Transfer of Excess Resources (Timely)</u> Close case because resources were transferred knowingly for the purpose of qualifying or attempting to qualify for FS benefits. 18 NYCRR 387.9 (a)

Edits**B- Can be used at recertification or during the certification period**

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CASE REASON CODES (CONT'D)

CLOSING CODES – FS (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
U44		<u>Excess Resources of Alien Sponsor (Timely)</u> Close case because resources of an alien sponsor exceed FS limits. 18 NYCRR 387.1, 387.9 (b), 387.10
U45	B	<u>Increased Resources (Recert Closing) (Timely)</u> Close case because at recertification we find resources exceed FS limits. The worker must enter: Information required on the PA/FS Resource Calculation screen (WCN018). 18 NYCRR 387.9
U97	B	<u>Opened in Error-Excess Resources (Timely)</u> Close case that was opened in error, because of excess resources. 18 NYCRR 387.9
V21	B	<u>Failure to Provide Verification (Adequate)</u> Close case for failure to provide requested verification. 18 NYCRR 387.8 (c), 387.9 (a) (7), 387.14 (a)
WE1		<u>Failure to Comply with Employment Requirements (HH=1) (Timely)</u> Close one-person case that fails to comply with employment requirements (1st occurrence- 2 months) 12 NYCRR 1300.9
WE2		<u>Failure to Comply with Employment Requirements (HH=1) (Timely)</u> Close one-person case that fails to comply with employment requirements. (2 nd occurrence -4 months) 12 NYCRR 1300.9
WE3		<u>Failure to Comply with Employment Requirements (HH=1) (Timely)</u> Close one person that fails to comply with employment requirements. (3 rd occurrence-6 months) 12 NYCRR 1300.9, 18 NYCRR 359.9
Y29		<u>Failure to Provide Verification-Expedited FS (No Notice)</u> Close case for failure to provide verification when expedited FS was approved. 18 NYCRR 387.8, 387.9, 387.14

Edits

B- Can be used at recertification or during the certification period

R- To be used at recertification only.

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CASE REASON CODES (CONT'D)

CLOSING CODES – FS (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
Y10	R	<u>Failure to Recertify (No Notice Required)</u> Close cases that failed to respond in a timely manner to the FS call-in-notice. 18 NYCRR 387.5
Y66	R	<u>Overdue Recertification (System Generated) Manual Notice Require (Timely)</u> Close the FS portion of a PA/FS case because the recertification period for FS has expired.
Y93		<u>Case Number change (No Notice Required)</u> Close case because of a case number change.
Y99		<u>Other (Timely)</u>
Z11		<u>FS Separate Determination - SYSTEM GENERATED</u>
399		<u>Duplicate Assistance within NYS</u> If all FS individuals match. (This code is used when there has been an Automated Finger Imaging System Match- AFIS) (Adequate) 18 NYCRR 351.2 (a), 351.9
914		<u>Client Request (Written) FS Default Code - SYSTEM GENERATED</u>
939		<u>In Prison (HH=1) (Timely) - SYSTEM GENERATED</u> Close case because the client(s) has been admitted or committed to prison. 18 NYCRR 387.1, 387.14 (a) (5)
944		<u>Client Request (Verbal) FS Default Code – SYSTEM GENERATED</u>
968		<u>Forced Closing (SYSTEM GENERATED)</u>
976		<u>Added to Another Case FS Default Code – SYSTEM GENERATED</u>
977		<u>Not Head of FS Household (Multi-suffix Case Closing) FS Default Code – SYSTEM GENERATED</u>
992		<u>Orig. ID EPF Only - Food Stamp (Intentional Program) Violation (Manual Notice)</u> Close a one-person case when the person has been found guilty of Intentional Program Violation and is disqualified. An individual closing reason code must be entered to indicate the period of ineligibility 18 NYCRR 387.1, 399.9

Edits

R- To be used at recertification only.

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TURNAROUND DOCUMENT - DSS 3517 (CONT'D)

SECTION 15: INDIVIDUAL LEVEL CODES

SEX CODES (SEX) - 315

- F Female
- M Male
- U Unborn

VALIDATE SSN CODES (VALIDATE) - 321

- 1 SSN Present but Not Yet Validated
- 2 SSN Applied For but Not Yet Available
- 3 SSN Applied For and Denied
- 4 SSN Not Applied For
- 5 SSN Indicator not on ODP database (Conversion Code)
- 7 SSN Assigned by SSA
- 8 SSA Validated SSN
- 9 Invalid SSN for Closed Cases
- A SSN not on SSA file
- B No match on name
- C DOB, Given name match (Difference in maiden and married names)
- D No match on DOB
- E Client known to SSA By This #-xxx-xx-xxxx (Number sent to SSA is wrong due to a transposition or one digit off error.) **Note: See RFI for the correct number**
- X Deceased

PA CATEGORICAL CODES (CAT) - 372

USE FOR CHILDREN ON FA/SNFP CASES ONLY

- | | |
|----|---|
| 01 | FA/SNFP Death of a Parent |
| 02 | FA/SNFP Incapacity of Parent |
| 03 | FA/SNFP Imprisonment Parent |
| 05 | FA/SNFP Divorce, Annulment, Legally Separate Parent |
| 06 | FA/SNFP Abandonment/Desertion by Parent |
| 08 | FA/SNFP Unemployment Principal Wage Earner |
- 09 Children in Intact Household, No FA/SNFP Deprivation; or Single Person Safety-Net/Adult-Only Households **[USE FOR ALL CASES]**
 - 10 Aged – 65 Years of Age or Over **[USE FOR ALL CASES]**
 - 11 Blind, Verification Required **[USE FOR ALL CASES]**
 - 12 Disabled **[MA ONLY OR FOR ALL PA CASE TYPES IF THE PERSON ON THE PA CASE IS IN RECEIPT OF SSI OR SSA DISABILITY]**
 - 13 FA/SNFP Dependent Relative (Parent or Legally Responsible Relative on FA/SNFP Case) **[USE FOR FA/SNFP/SNNC CASES]**
 - 14 Essential Person **[USE FOR ALL CASES]**
 - 15 Pregnant Woman, No FA/SNFP Deprivation **[USE FOR FA/SNFP/SNNC CASES]**
 - 18 Emergency Shelter Federal Participation **[MA/MA-SSI ONLY]**

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)**PA CATEGORICAL CODES (CAT) – 372 (CONT'D)**

- 20 IVE Adoptive Subsidy **[FOR CHILDREN ON MA CASES ONLY]**
- 26 Parent in an Intact Household **[USE FOR ALL CASES]**
- 31 Resident of Public Emergency Shelter – Not Title XIX – Reimbursable
[MA ONLY]
- 32 Non-NYS IV-E Foster Case **[MA/MA-SSI ONLY]**
- 33 Non IV-E Adoptive/Special Needs **[MA/MA-SSI ONLY]**
- 34 Non-NYS IV-E Adoptive **[MA/MA-SSI ONLY]**
- 35 Presumptive Eligibility Home Care **[MA ONLY]**
- 36 Presumptive Eligibility – Pregnant Woman (Use only with MA coverage)
Codes 13 or 14) **[USE FOR FA/SNFP/SNNC CASES]**
- 37 Federally Non-Participating (FNP) Alien **[USE FOR FA/SNFP/SNNC CASES]**
- 39 FNP Parent Living with his/her Child (ren) Above the PA standard
[MA ONLY]
- 40 CAP **[MA ONLY]**
- 44 Expanded Coverage – Infants (Must have MA Coverage Code 01 or 30)
[USE FOR FA/SNFP/SNNC CASES]
- 48 Pregnant Woman with a Deprivation **[USE FOR FA/SNFP/SNNC CASES]**
- 50 Special Supplement (s) Client-FNP for Medicaid **(NYC Only)**
- FS NPA Individual on a PA Case **[USE FOR ALL CASES]**
- BLANK - Unborn **[USE FOR ALL CASES]**

PA STATUS CODES (PA: STAT) – 330

- AC Active
- AP Applying
- CL Closed
- DD Dead
- NA Not Applying
- RJ Denied
- SI Single Issue
- SN Sanctioned
- WD Withdrawn

MA STATUS CODES (MA: STAT) – 340

- AC Active
- AP Applying
- CL Closed
- NA Not Applying
- RJ Denied
- SN Sanctioned
- DD Dead

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

MA COVERAGE CODES (MA: COV CD) - 343

- 01 Full Coverage
- 02 Outpatient Coverage Only
- 04 No Coverage-PA Cases Only
- 06 Provisional Coverage (FHP)
- 07 Emergency Medical Coverage
- 08 Presumptive Eligibility – Home Care
- 09 Medicare Premium, Co-insurance and Deductible Only
- 10 Eligibility for All Services except Long Term Care
- 11 Full Coverage-FNP Except Emergency Medical Care (Legal Alien During 5 Year Ban)
- 13 Presumptive Eligibility – Prenatal Care A
- 14 Presumptive Eligibility – Prenatal Care B
- 15 Perinatal Care
- *16 HR Coverage - (Disabled as of Version 2004.1 for input/generated)
- 17 Eligibility for Payment of Health Insurance Premium Only
- 30 PCP – Full Coverage
- 31 PCP – Guarantee (System Generated)
- *32 PCP/Home Relief Coverage - (Disabled as of Version 2004.1 for input/generated)
- *33 PCP Guarantee/Home Relief Coverage – (Disabled as of Version 2004.1 for input/generated)
- 34 Family Health Plus Coverage
- 36 Family Health Plus Guarantee (System Generated)

FS STATUS CODES (FS: STAT) - 350

- AC Active
- AP Applying
- CL Closed
- DD Dead
- NA Not Applying
- RJ Denied
- SN Sanctioned
- WD Withdrawn

* These Coverage Codes will be removed from the manual at a later date.

WORKER'S GUIDE TO CODES

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SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

STATE/FEDERAL CHARGE CODES (ST/FED CODE) - 307

- 03 Federal Charge American Repatriate
- 05 State Charge OMH or OMRDDD Release
- 30 Refugees/Asylees (Refugee Assistance Program)
- 31 Unaccompanied Refugee Minor - Eligible through Age 20 if they Entered the Country before Age 18
- 34 Cuban Entrants
- 35 Cuban, Haitian Unaccompanied Entrant Minor - Eligible through Age 20 if they Entered the Country before Age 18
- 36 Haitian Entrants
- 37 Relocated Relative of an Institutionalized Veteran
- 40 Lawful Temporary Resident (Pre 1982)
- 41 Federally Non-participating Alien
- 50 Home Care-State Charge - MA Only
- 60 Maintenance of Effort (MOE) Countable Alien (Can only be used if ACI IND is B, F, or K)
- 63 Converted Due To 60 Month TANF Limit (MOE)
- 67 State Charge-Qualified Alien/PRUCOL
- 68 Qualified Alien (No children under 18 or pregnant women). Can only be used if ACI IND is B, F, K, S, or G.
- 88 State Charge/Federal Charge Expired

STATE/FEDERAL CHARGE DATE (ST/FED DATE) - 325

<u>Charge Code</u>	<u>Category</u>	<u>Date</u>	<u>Limit of State/Federal Charge</u>
03	ALL	Date of Entry	3 months
30	SNCA/SNNC	Date Asylum Granted	8 months
31	ALL	Date of Entry	Indefinite
34	SNCA/SNNC	Date of Entry	8 months
	FA/SNFP	Date of Entry	4 months
35	ALL	Date of Entry	Indefinite
36	SNCA/SNNC	Date of Entry	8 months
	FA/SNFP	Date of Entry	4 months
40	ALL	10/87 or later	Indefinite
41	ALL	10/87 or later	Indefinite
60 ¹	SNCA/SNNC	8/22/96 or later	5 years from date of entry
63	ALL	Date Converted to SN	None
67 ²	SNCA/SNNC	8/22/96 or later	5 years from date of entry
68 ³	SNCA/SNNC	8/22/96 or later	5 years from date of entry
88	ALL	Date Charge Expired	Indefinite

¹ ACI Indicator of B, F, K, S, or G is required for code 60.

² ACI Indicator of O or T is required for code 67

³ ACI Indicator of B, F, K, S, or G is required for code 68

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

TEENAGE SERVICE ACT INDICATOR (TASA) - 304

- 1 Pregnant Teen
- 2 Teen Parent (Including Fathers)
- 3 Neither Pregnant Nor Parenting Teen

EMPLOYABILITY CODES (EMP) - 375

PA/FS EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE OF 16 MUST BE ASSIGNED CODE 30, EXCEPT UNBORNS

<u>CODE</u>	<u>CATEGORY</u>	<u>FS</u>	<u>DEFINITION</u>
16	ALL	WE	Work Limited/Non-Exempt
17	ALL	WE	Teen Head of Household or Married Teen Enrolled in Secondary School, Equivalent or other Education Directly Related to Employment/Non-Exempt
20	FA/SNFP SNCA/SNNC	WE WR/WE ¹	Non-Exempt
24	FA/SNFP SNCA/SNNC	WE/WA ⁴ WR/WE ²	Pregnant (Within 30 Days of Medically Verified Date of Delivery)/Exempt
27	ALL	WE	Employed Part-time or Full-time/Non-Exempt
29	ALL	WE	True Single Parent or Caretaker of Child Under 6 Years of Age/Non-Exempt
30	ALL	WE	Child Under 16 Years/Exempt
31	ALL	WE	Parent or Caretaker Relative of a Child in the Household Under 12 Months of Age/Exempt
32	ALL	WE	Advanced Age (60 Years or Older)/Exempt
35	ALL	WE	Non Head of Household Child in School Full-time (age 16-18)/Exempt
36	ALL	WE	Incapacitated/Disabled (More than 6 Months)/Exempt

FOR NPA/FS INDIVIDUALS IN A PA HOUSEHOLD:

- ¹ SNCA/SNNC individuals age 60 or older must be coded WE for Food Stamps.
- ² If case type = SNCA/SNNC AND there is a child under age 6 (excluding any unborn) in the same suffix, the individual must be coded WE for FS.
- ³ If case type = SNCA/SNNC AND there is someone in the suffix whose age is 6 through 17, OR this individual being coded is age 50 through 59 then the individual must be coded WA for FS.
- ⁴ If FA/SNFP and age is >5 and <18 or >49 and <60.

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

EMPLOYABILITY CODES (EMP) - 375 (CONT'D)

PA/FS EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE OF 16 MUST BE ASSIGNED CODE 30, EXCEPT UNBORNS

<u>CODE</u>	<u>CATEGORY</u>	<u>FS</u>	<u>DEFINITION</u>
38	ALL	WE	Needed in the Home Full-time to Care for an Incapacitated/Disabled Household Member/Exempt
40	ALL	WE	Needed in the Home Part-time to Care for an Incapacitated/Disabled Household Member/Non-Exempt
41	ALL	WE	Temporary Illness or Incapacity (1-3 Month Exemption)/Exempt
42	ALL	WE	Temporary Illness or Incapacity (4-6 Month Exemption)/Exempt
43	ALL	WE	Incapacitated/Disabled (SSI Application Filed)/Exempt
44	ALL	WE	Incapacitated/Disabled (In receipt of SSI)/Exempt
45	ALL	WE	Work Requirements Waivable - Exempt
46	FA/SNFP SNCA/SNNC	WE WE ^{1, 2} /WA ³	Work Requirements Waivable - Non-Exempt
47	FA/SNFP	WE	Incapacitated/Disabled-Time Limit Exemption (More than 6 Months)
48	FA/SNFP	WE	Needed in the Home to care for Incapacitated Child Full-time - Time Limit Exemption
49	FA/SNFP	WE	Temporary Illness or Incapacity Time Limit Exemption (4-6 Month Exemption)
63	ALL	WE	Substance Abuser/Exempt
64	ALL	WR	Substance Abuser/Non-Exempt

FOR NPA/FS INDIVIDUALS IN A PA HOUSEHOLD:

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- ² If case type = SNCA/SNNC AND there is a child under age 6 (excluding the unborn), in the same suffix, the individual must be coded WE for FS.
- ³ If case type = SNCA/SNNC AND there is someone in the suffix whose age is 6 through 17, OR this individual being coded is age 50 through 59 then the individual must be coded WA for FS.

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

EMPLOYABILITY CODES (EMP) - 375 (CONT'D)

PA/FS EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE OF 16 MUST BE ASSIGNED CODE 30, EXCEPT UNBORNS

<u>CODE</u>	<u>CATEGORY</u>	<u>FS</u>	<u>DEFINITION</u>
70	FA/SNFP/ SNCA/SNNC	WE WR	Contesting Employability Determination Including the Disability Review Process/Exempt.
77	ALL	WE	Non-Exempt from PA Work Requirements/Exempt from FS Work requirements and ABAWD
78	ALL	WA	Non-Exempt from PA and FS Work Requirements/ ABAWD Exempt
99	ALL	4	Unborn

MA ONLY EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE 18 MUST BE ASSIGNED CODE 30, EXCEPT AB/AD CHILDREN AND UNBORNS

<u>CODE</u>	<u>CATEGORY</u>	<u>DEFINITION</u>
17	ALL	Teen parent age 16-19 without HS Diploma.
20	ADCU/HR	Mandatory employable.
24	ALL	Pregnancy.
27	ALL	Employed.
30	ALL	Child less than 18 years old.
31	ALL	Caretaker of child under 3 years of age on same MA case.
32	ALL	Advanced age - 65 years and older.
33	ADCU	Caretaker with other adult on same MA case in employment compliance.
34	ALL	Caretaker of child under 3 not on same MA case.
35	ALL	Child 18 expected to graduate by 19th birthday.
36	ALL	Incapacitated 30 days to 1 year.

⁴ Not applicable

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

EMPLOYABILITY CODES (EMP) - 375 (CONT'D)

MA ONLY EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE 18 MUST BE ASSIGNED CODE 30, EXCEPT AB/AD CHILDREN AND UNBORNS

<u>CODE</u>	<u>CATEGORY</u>	<u>DEFINITION</u>
38	ALL	Needed in home full time to care for incapacitated/disabled family member - Exempt
40	ALL	Needed in home part time to care for incapacitated/disabled family member - Non-exempt
41	ALL	Temporary illness - 3 month exemption.
42	ALL	Temporary incapacity - 6 month exemption
43	ALL	Incapacitated - SSI application filed.
44	ALL	In receipt of SSI and/or SSI Disability.
53	ALL	Person 18-21 not employed.
60	HR	55 years or older - not employed in the last 5 years.
63	ALL	Substance abuser - in rehabilitation.
64	ALL	Substance abuser - waiting for rehabilitation.
70	ADC/SSI	Disability Type I.
71	ADC/SSI	ADC caretaker relative of child 19 or younger (not born) in the same MA case.
72	ALL	ADC caretaker relative of child between the ages of 6 to 19 not in same MA Only case.
74	ADC/SSI	Disability Type II.
99	ALL	Unborn

FOOD STAMP EMPLOYMENT CODE (FAP) - 375

Use for individuals on FS cases or NPA individuals in PA households.

WA	NPA Work Registration Required/ABAWD Exempt
WE	Work Regulations Exempt
WR	Work Regulations Required

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

MEDICARE SAVINGS PROGRAM (MSP) - 345

- P Qualified Medicare Beneficiaries (QMB)
- L Specified Low Income Medicare Beneficiary (SLIMB)
- U Qualified Individual 1 (QI1)
- X New Value for QDWI. (Has not yet been defined by DOH/TPHI)

In Eligibility, if the value P,L,U, or X is entered then MA Coverage code of 09 must be entered. If Coverage Code 09 is entered then one of the four indicators (P,L,U, or X) must be entered.

TPHI/MEDICARE SOURCE CODE (TPHI/MCR) – SYSTEM GENERATED

- TPHI - Third Party Health Insurance
- Y Client Has TPHI
- N Client Does Not Have TPHI
- MCR - Medicare
- Y Yes
- N No

SSI INDICATOR (SSI) - 320

- 1 Active
- 2 Pending
- 3 Closed, Denied, or Suspended (Appeals Exhausted)
- 4 Deemed Eligible
- 5 Closed SSI, Continue OASDI

BUREAU OF CHILD SUPPORT INDICATOR (BCS) - 328

Also known as Office of Child Support Enforcement

- A¹ Appropriate for referral to Office of Child Support Enforcement (OCSE)
- B¹ No Referral: Both parents in household (In-Wedlock)
- D¹ No referral: Absent parent deceased. Death has been verified either by Public Assistance staff or by Child Support staff.
- G¹ No referral: Good cause. The Office of Child Support Enforcement may not pursue child support activity.
- H Individual is head of household or other adult in household. (Note: This may be the individual, 16 years old or older, who is referred to the Child Support office, but it is not the child.)
- I Referral: Individual is an independent 16-20 year old.
- K² Referral received by OCSE: Individual is now known to the Child Support Management System (CSMS). There is NO good cause.
- p¹ Referral: Good cause. Child support enforcement activity should proceed, without the involvement of the client.

¹ For these values the individual must be less than 21 years old.

² These values will appear because of a systems match between CSMS and WMS. These values should not be data entered.

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

BUREAU OF CHILD SUPPORT INDICATOR (BCS) – 328 (CONT'D)

- T¹ Temporarily no referral: Good cause claimed at the Office of Child Support Enforcement. Re-evaluate at end of pregnancy to determine whether child support enforcement activity may proceed.
- W² Referral received by OCSE: OCSE will proceed without the client. The individual is now known to the Child Support Management System (CSMS). There is good cause.

RELATIONSHIP CODE (REL) - 329

- 01 Applicant/Payee
- 02 Legal Spouse
- 03 Non-Legal Union (No Child in Common)
- 04 Son
- 05 Daughter
- 06 Step-Son
- 07 Step-Daughter
- 08 Niece or Nephew
- 09 Grandson or Granddaughter
- 10 Grandmother or Grandfather
- 11 Aunt or Uncle
- 12 Essential Person
- 13 Other FA/SNFP Relationship
- 14 Other Relationship (Not FA/SNFP Relationship)
- 15 Legal Guardian (Not FA/SNFP Relationship)
- 16 Ward (Not ADC Eligible Relationship)
- 17 Cousin
- 18 None
- 19 Parent
- 20 Sister or Brother
- 21 Step-Parent
- 22 Step-Sister or Step-Brother
- 23 Half Sibling
- 24 Putative Father
- 25 Acknowledging Father
- 26 Great Grandparent
- 27 Great Grandchild
- 28 Alternate Payee
- 29 Unknown (System Generated Only)
- 30 Non-Legal Union with Child in Common
- 31 Unknown
- 99 Unborn

¹ For these values the individual must be less than 21 years old.

² These values will appear because of a systems match between CSMS and WMS. These values should not be data entered.

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SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

COMMON BENEFIT IDENTIFICATION CARD CODE (CBIC CC) - 378

- P Photo Card Requested
- N Non-Photo Card Requested
- X No Card Requested
- R No Card Requested, Client is on a Medicaid Roster

CBIC - CARD DELIVERY CODES (CBIC CDC) - 383

- A Agency Pick-Up - Cards will NOT be Automatically Produced. Card must be Picked Up by Client at Over the Counter Card Sites.
- M Mailed - Cards will be Automatically Produced and Mailed.

STUDENT ID CODE – 323 - (SYSTEM GENERATED)

- 1 School registration verified by BOE
- D Discharged from School
- P Pending
- T Transfer
- 3 Duplicate Student ID Number
- 5 Invalid Student ID Number
- 6 Unknown to BOE
- 7 Name does not match
- 8 Sex does not match
- 9 Date of birth does not match
- X Individual known to BOE but status unknown
- Z Registration verified by BOE but address does not match database

CHILD/TEEN HEALTH PROGRAM CODE (CHT) - 380

- 1 Requesting CHT Medical Services, but not Support and Dental Services
- 2 Requesting CHT Medical Services and Support, but not Dental Services
- 3 Requesting CHT Medical, Support and Dental Services
- 4 Requesting CHT Medical and Dental Services, but not Support Services
- 5 Requesting CHT Dental Services, but not Medical and Support Services
- 6 Requesting CHT Support and Dental Services, but not Medical Support
- 7 Already Receiving CHT Services
- 8 Declines CHT
- 9 Undecided

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)**VETERAN'S INDICATOR (VET) - 324**

These codes are to be used for persons 18 or older. They are listed in priority order. If a person falls into more than one category use the lowest number. For example, if the person is both disabled [Code 3] and a recently separated veteran [Code 5] used code 3.

- 1 Special Disabled Veteran (Disability of 30% or more)
- 2 Vietnam-era Veteran
- 3 Disabled Veteran
- 4 Combat Theater Veteran
- 5 Recently Separated Veteran
- 6 Other Veteran
- 7 Spouse or Dependent of Veteran
- 9 Not A Veteran

OFFICE OF TREATMENT MONITORING INDICATOR (OTM) - 379

- A Client Alcohol Dependent
- D Client Drug Dependent

ALIEN CITIZENSHIP INDICATOR (ACI) - 382

- A Person granted asylum. (Entry date will be used in combination with this value.)
- B Certain battered aliens who are the immediate relatives (spouse or child) of a US citizen or lawful permanent resident alien who have been battered or subject to extreme cruelty by the spouse or parent.
- C Citizen.
- E Non-qualified aliens eligible for emergency Medicaid.
- F Persons granted conditional entry.
- G Persons paroled into the US for at least one year.
- H Cuban-Haitian Entrant
- J Persons whose deportation is being withheld.
- K Persons lawfully admitted for permanent residence.
- M Persons on active duty in the US armed forces and/or their spouses or unmarried dependent children.
- N Non-qualified PRUCOL aliens residing in residential health care facilities in the US on or before 8/22/96 and in receipt of Medicaid on such a date.
- O PRUCOL individual who may be eligible through TANF/Safety Net.
- R Persons admitted as refugees, including Amer-Asians.
- S Persons lawfully admitted for permanent residence who have worked or can be credited with 40 qualifying quarters of coverage as defined under Title II of the Social Security Act.
- T Persons paroled into the US for less than one year.
- V Honorably discharged veterans of the US armed forces and/or their spouses or unmarried dependent children.
- 9 Pregnant Woman (System Generated)

Codes A, B, F, G, H, J, K, M, R, S, T or V require an Alien Registration Number, data element 381 and a Date of Entry, data element 389.

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

HISPANIC/LATINO – 395

An entry of Yes (Y) or No (N) must be input for this entry. An entry of (U) Unknown is for MA cases only or MA only individuals on PA cases. An entry is not made for an unborn

HISPANIC/LATINO (H)-395

RACE/ETHNIC - 396, 397, 398, 373, 374

An entry of Yes (Y) or No (N) must be input for this entry. An entry of (U) Unknown is for MA cases only or MA only individuals on PA cases. An entry is not made for an unborn

AMERICAN INDIAN/ALASKA NATIVE	(I)- 396
ASIAN	(A)- 397
BLACK/AFRICAN AMERICAN	(B)- 398
NATIVE HAWAIIAN/PACIFIC ISLANDER	(P)- 373
WHITE	(W)- 374

MARITAL STATUS (MAR) - 387

Only for persons 18 or older

- 1 Married, living together
- 2 Single, never married
- 3 Married, but separated
- 4 Informal separation
- 5 Divorced
- 6 Widowed
- 7 Annulment
- 8 Abandonment/Desertion

Draft

EDUCATIONAL LEVEL (EDUC) - 388

This code refers to highest grade level completed. If a child is in the 3rd grade, the highest level completed is the 2nd grade.

- 00 Has Not Attended School, is Pre-Kindergarten or Kindergarten
- 01-12 Refers to Grades 1-12

HIGHEST DEGREE OBTAINED (HDO) – 390

Only for Persons 16 or Older

- 0 No Degree
- 1 High School Diploma, GED or National External Diploma Program
- 2 Associate's Degree
- 3 Bachelor's degree
- 4 Master's Degree or Higher
- 5 Other Credentials (degree, certificate, diploma, etc.)
- 9 Not Applicable

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)**RELATIONSHIP OF MOTHER TO CHILD (MO CHILD) - 391**

Enter for ALL Children Under 18 Years of Age OR Under 19 Years of Age and in School Full Time. If the child's mother exists on the TAD then the mother's line number will be entered in this field, else:

- 98 Mother Not in Household
- 99 Mother Not in Case, but Living in Same Household

AFIS EXEMPTION INDICATOR (AFIS EX) - 392

- 1 Finger Imaged (System Generated)
- 2 Exempted Left and Right Index Fingers Permanently Unavailable or Unusable (System Generated)
- 3 Temporarily Unavailable or Unusable, One Finger (System Generated)
- 4 Temporarily Unavailable or Unusable, Two Fingers (System Generated)
- 5 Exempted Individual, Good Cause Reason
- 6 Exempted Homebound Individual (System Generated)
- 7 Exempted SSI Related
- 8 Exempted Congregate Care Facility (System Generated)
- 9 Exempted Long Term Care (In-patient) (MA Only)
- A County Specific Approved Exemption
- P Purged from AFIS

DOMESTIC VIOLENCE WAIVERS (WAIVERS)

- D/A Drug/Alcohol Waiver
- IVD IV-D Child Support Waiver
- TL Time Limits for Cash Assistance Waiver
- OTH Other

SYSTEM GENERATED VALUES may appear in these Domestic Violence Waiver fields to identify which program requirements have been waived due to a domestic violence situation. These values are not worker enterable through WMS.

- X Waiver status is approved.
- P Waiver status is partial (valid for IVD only).
- E Waiver status has expired.

TIME LIMIT EXEMPTION INDICATOR (TL-EX) - 393

- X Exempt
- A Exempt Due to Fair Hearing/Aid Continue

OTHER NAME CODES (CODE) - 361

- A Also Known As
- M Maiden Name

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03/19/2001

INDIVIDUAL REASON CODES

OPENING CODES – PA (PA: REAS - 331) and MA (MA: REAS - 341)

<u>CODE</u>	<u>CATEGORY</u>	
A2	ALL	Illness, injury, or other impairment of recipient PA: SNCA/SNNC 370.2 (a) FA/SNFP 369.2 (g), 352.29; MA: 360-3
A5	ALL	Lay-off, discharge or other reason PA: 370.2 (a), 369.2 (g), 352.29; MA: 360-3
C0*	ALL	Loss of or reduction in support of child due to death of parent PA: 369.2 (g), 352.29 MA: 360-3
C1	ALL	Leaving home by parent and stopping or reducing support for reason of divorce. PA: 369.2 (g), 352.29 MA: 360-3
C2	ALL	Leaving home by parent and stopping or reducing support for reason of separation. PA: 369.2 (g), 352.29 MA: 360-3
C3	ALL	Leaving home by parent and stopping or reducing support for reason of desertion PA: 369.2(g), 352.29 MA: 360-3
C4	ALL	Leaving home by parent and stopping or reducing support for reason of other (hospital, prison) PA: 369.2 (g), 352.29 MA: 360-3
D0*	ALL	Loss of or reduction in support from person outside home PA: 369.2 (g), 352.29 MA: 360-3
D5	ALL	Loss of or reduction in support from other person in home as a result of death PA: 352.1, 352.29 MA: 360-3
D6	ALL	Loss of or reduction in support from other person in home as a result of leaving home and stopping or reducing support (hospitalized, etc.) PA: 352.1, 352.29 MA: 360-3

* 0 = zero

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03/19/2001

INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 331) and MA (MA: REAS - 341) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>		
D7	ALL	Loss of or reduction in support from other person in home as a result of illness, injury or other impairment	PA: 352.1, 352.29; MA: 360-3
D8	ALL	Loss of or reduction in support from other person in home as a result of lay-off, discharge or other reason	PA: 352.1, 352.29; MA: 360-3
E5	ALL	Loss of or reduction in support from other person in home as a result of loss of or reduction in other income	PA: 18 NYCRR 352.1, 352.29; MA: 360-3
F0*	ALL	Loss of or reduction in support from other person in home as a result of other material changes	PA: 18 NYCRR 352.1, 352.29; MA: 360-3
G0*	ALL	Change in state law or agency policy increase need of because of _____.	PA: 18 NYCRR 352.1 (Additional Regulatory citations may be needed as circumstances warrant) 358-3.3 (a) (3); MA: 360-3
G5	ALL	Return of recipient or relative (ill or previously institutionalized)	PA: 18 NYCRR 352.30; MA: 360-3
G6	ALL	Other reason	PA: Citation would depend on the circumstances; MA: 360-3
H0*	ALL	Living below agency standards	PA: 352.1, 352.29; MA: 360-3
H5	ALL	Other	PA: Citation would depend on the circumstances; MA: 360-3
I0*	SNCA/SNNC	Transfer from FA/SNFP	PA: 18 NYCRR 355.5, 370.2 (a); MA: 360-3
I1	FA/SNFP	Transfer from Home Relief	PA: 355.5, 369.2; MA: 360-3

* 0 = zero

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INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 331) and MA (MA: REAS - 341) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
I2	ALL	Transfer from Emergency Assistance to Families PA: 355.5, 369.2; MA: 360-3
I3	ALL	Adding newborn child PA/MA eligible from current date Citations to be provided late
V7	SNCA/SNNC/ FA/SNFP	To be used to override a Drug and Alcohol Sanction Code during the infraction period. It removes the last sanction from history No Notice Issued.
064	ALL	Eligible as a result of Hurricane Katrina
96	ALL	Client now willing to comply with departmental policy Citations to be provided later
97	ALL	Aid Continuing – Case awaiting Fair Hearing Decision (To be used with approval of OES) No Notice Issued
101	ALL	Manual Notice Required To be used to override an IPV sanction and open a case/suffix during the infraction period. Use of this code is restricted to EPF as the Originating Center PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1)
114	ALL	Override Opening Code - Prior Sanction History Remains To be used to override a sanction without deleting prior infraction record.

INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES – FS (FS: REAS - 351)

<u>CODE</u>	<u>VALUE</u>
LL	Meets Eligibility Requirements 387.14, 387.15
LX	Override Code to reopen individual line closed with Transitional FS. 387.8
LZ	Override Code to reopen individual line automatically sanctioned for an employment-related infraction.
064	Eligible as a result of Hurricane Katrina
114	Override Opening Code - Prior Sanction History Remains To be used to override a sanction without deleting prior infraction record.

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INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331)

When rejecting or sanctioning a line using the codes listed below. See MA note 1, 2 or 3 in definition of the code to determine which of the following rules apply to MA status:

E72, F12, F44, F45, F84, F88, GX1, M97, N20, VE1, W40, WE1, WE2, WE3, WS1 - WS8.

Note:

- ¹ If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.
- ² If individual is under 21 MA status is continued. If individual is 21 or older with categorical code 09, 14, 26 MA status will default to sanction.
- ³ If FA case MA is continued. If individual is < 21 or > 64 MA is continued. If individual is between 21-64 and Safety Net MA discontinued.

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INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E72	ALL	<p><u>Institutionalized</u> Application for Public Assistance is denied because the client has been institutionalized. MA See Note ³; FS Status RJ. PA: 18 NYCRR 352.31(a) 370.2; MA: 360-2.2; FS: 18 NYCRR 387.1, 387.14 (a) (5)</p>
E73	ALL	<p><u>In Foster Care</u> Application for public assistance has been denied because the child (ren) are in Foster Care and there is no plan for them to return home. MA Status RJ; FS Status RJ. PA: 18NYCRR 352.30 (a), 369.4 (c); MA: 360-2.6 FS: 18 NYCRR 387.17</p>
E94	ALL	<p><u>Receiving SSI</u> Application for public assistance is denied because the client's SSI payment amount exceeds the individual's budgeted needs. MA Status RJ; FS Status RJ. PA: 18 NYCRR 352.29; MA: 360-2.6</p>
E95	ALL	<p><u>Died</u> Application for public assistance is denied because the client is deceased. MA Status RJ; FS Status RJ. PA: 18 NYCRR 351.8; MA: 360-2.6</p>
F35	ALL	<p><u>Fleeing Felon - Probation or Parole Violator</u> Application for public assistance is denied because the client is in violation of parole or probation or is fleeing to avoid prosecution, custody or confinement after a felony conviction. MA Status AP; FS Status RJ. PA: 18 NYCRR 351.2 (k) (3); MA: 360-2.6</p>

Note:

³ If FA case MA is continued. If Individual is < 21 or > 64 MA continues. If Individual is between 21-64 and Safety Net MA is discontinued.

INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
F50	ALL	<p><u>Death before Determination - No Medical Bills in Retro Period</u> We have determined that the applicant is deceased and there are no outstanding medical bills. MA Status RJ; FS Status RJ PA: 18NYCRR 351.8 (A) (3) (ii); MA: 360-2.5</p>
F51	ALL	<p><u>Death before Determination - Insufficient Information</u> We have determined that the applicant is deceased and we have insufficient information to complete the Medical Assistance application process. MA Status RJ; FS Status RJ MA: 18NYCRR 351.8; MA: 360-2.2, 360-2.3</p>
F60	ALL	<p><u>Left Household</u> Application for public assistance is denied because the client left the household. MA Status RJ; FS Status RJ. PA: 18 NYCRR 351.22 (d), 352.30, 352.32; MA: 360-2.2</p>
F63	ALL	<p><u>In Prison</u> Application for public assistance is denied because the client was committed to prison. MA Status RJ; FS Status RJ. PA: 18NYCRR 352.31 (a) 370.2; MA: 360-2.2</p>
F66	ALL	<p><u>Will Receive PA in Another Case</u> Application for public assistance is denied because the client has been added to another public assistance case. MA Status RJ; FS Status RJ. PA: 18 NYCRR 352.1; MA: 360-2.2</p>
F75	ALL	<p><u>Temporary Absence of Minor</u> Application for public assistance is denied because client was absent from household for 45 days or more, without good cause. MA Status AP; FS Status RJ. PA: 18 NYCRR 349.4; MA: 366 (4) (q).</p>
F76	ALL	<p><u>Minor Parent Not in School</u> Application for public assistance is denied because client is less than 18 years old, unmarried has a child at least 12 weeks old and failed to participate in a program to attain a high school diploma or an alternative educational or training program. MA Status AP; FS Status RJ. PA: 18 NYCRR 351.2 (k) (4); MA: 360-2.6</p>

INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
F88	ALL	<p><u>Failure to Comply With Finger Imaging Requirement - Non Legally Responsible Adult</u> Application for public assistance is denied because applicant failed to comply with finger imaging requirements. MA See Note ³; FS Status RJ. PA: 18 NYCRR 351.2 351.9; MA: 360-2.2</p>
F92	ALL	<p><u>Failure to Provide Proof or Citizenship or Eligible Alien Status</u> Application for public assistance is denied because the client failed to provide proof of citizenship or of being a legal alien resident. MA Separate Determination; FS Status RJ. PA: 18 NYCRR 349.3; MA: 360-2.6</p>
F93	FA/SNFP	<p><u>Failure / Refusal to Sign Citizenship/Alien Declaration</u> Application for public assistance is denied because the client failed to sign the citizenship or satisfactory alien status declaration on the application form. MA See Note ¹; FS Status RJ PA: 18 NYC 351.2 (h); MA: 18 NYCRR 360-2.6; FS: 18 NYCRR 1300.3 (d)</p>
M33	FA/SNFP	<p><u>Excess Income - Deemed Income of Alien Sponsor</u> Application for public assistance is denied because the deemed income of the alien sponsor exceeds the client's budgeted needs. MA Status AP; FS Status RJ. PA: 18 NYCRR 349.3 352.33; MA: 360-2.2</p>
M97	ALL	<p><u>Receiving Multiple Benefits</u> Application for public assistance is denied because client fraudulently misrepresented his/her identity or residence to receive multiple public assistance benefits at the same time. The client is ineligible to receive public assistance and food stamp benefits for 10 years beginning: Date MA Status AP, FS Status RJ. PA: 18 NYCRR 351.2 (k) (2), 359.9 (d) (1), MA: 366 (1) (a) (1)</p>

Note:

- ¹ If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.
- ³ If FA case MA is continued. If Individual is < 21 or > 64 MA continues. If individual is between 21-64 and Safety Net MA is discontinued.

INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
M98	ALL	<p><u>Duplicate Assistance - Non AFIS In NYS</u> Application for public assistance is denied because the client's identify matches another person who is receiving public assistance in New York State. MA Status RJ; FS Status RJ. PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</p>
M99	ALL	<p><u>Duplicate Assistance - AFIS In NYS</u> This code is used when there has been an Automated Finger Imaging Match (AFIS) Application for public assistance is denied because the client's identity matches another person who is receiving public assistance in New York State. MA Status RJ; FS Status RJ. PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</p>
N31	ALL	<p><u>Voluntary Quit</u> Application for public assistance is denied because applicant quit his/her job or voluntarily reduced the number of hours worked to less than 30 hours per week. MA Status AP; FS Status AP. PA: 12 NYCRR 1300.13 (a); MA: 366 (1)(a)(1)</p>
N44	ALL	<p><u>Fail to Get Medical Statement</u> Application for public assistance is denied because applicant failed to get medical statements to prove medical disability exists. MA Status AP; FS Status AP. PA: 18 NYCRR 351.21 (f); MA: 360-2.6</p>
N49	ALL	<p><u>Minor Parent Refused Offer of a Home</u> Application for public assistance is denied because you are unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. MA Status AP; FS Status RJ. PA: 18 NYCRR 369.2; MA: 360-2.6</p>

INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
N50	ALL	<p><u>Minor Parent Refused Offer of a Home - Rejection of Claim that Housing Arrangement(s) would Jeopardize Health and Safety</u> Your application for public assistance is denied because you are unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. We have investigated and rejected your claim that the housing arrangement(s) would jeopardize your health and safety. MA Status AP, FS Status RJ. PA: 18 NYCRR 369.2; MA: 360-2.6</p>
N66	ALL	<p><u>Duplicate Assistance - Non AFIS, Interstate</u> Application for public assistance is denied because the client matches another person who is receiving public assistance in another state. MA Status RJ; FS Status RJ. PA: 18 NYCRR 351.8 (a) (2) (i), 351.1 (b) (2) (ii), 351.2, 351.9; MA: 360-2.2 (e) (f)</p>
U44	FA	<p><u>Excess Resources - Deemed Resources of Alien Sponsor</u> Application for public assistance is denied because the total amount of resources of the alien sponsor exceeds the resource limit. MA Status AP; FS Status AP. PA: 18 NYCRR 349.3, 352.33; MA: 360-2.6</p>
W12	ALL	<p><u>Failure to Keep Appointment for DSS Medical Assessment (Non LRR)</u> You did not go for an examination by the doctor that you were referred to. MA Separate Determination, FS Separate Determination Department Regulations 351.2, 351.8(a)(2)</p>
Y98	ALL	<p><u>Other – Manual Notice Required</u> This code is to be used if none of the other reason codes for denial are applicable. MA Status RJ, FS Status AP. PA: Unknown; MA: 360-2.2</p>
Y99	ALL	<p><u>Other – Manual Notice Required</u> This code is to be used if none of the other reason codes for denial are applicable. MA Status RJ, FS Status AP. PA: Unknown; MA: 360-3.3; FS: 18 NYCRR 387.17</p>

INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – FS (FS: REAS - 351)**

<u>CODE</u>	<u>VALUE</u>
E72	<u>Institutionalized</u> 18 NYCRR 387.1, 387.14 (a) (5)
E95	<u>Died</u> Food Stamps denied because client is deceased. 18 NYCRR 387.1
E96	<u>Failure to Apply for Food Stamps on Behalf of a Newborn</u> Food Stamps have been denied because an infant is being converted from an “unborn” to a ‘newborn’. The infant’s caretaker must add child to case. 18 NYCRR 387.10, 387.12
F15	<u>Failure to Verify Date of Birth</u> Client refuses to verify Date of Birth. 18 NYCRR 387.1, 387.8(c), 387.9(a)
F21	<u>Failure to Provide Social Security Number during Recertification Interview</u> Client refuses to furnish a Social Security number, or refuses to apply for a Social Security Number. 18 NYCRR 387.9(a), 387.10(b), 387.16(c)
F22	<u>Failure to Verify Social Security Number</u> Client refuses to verify Social Security number 18 NYCRR 387.1, 387.8(c), 387.9(a)
F30	<u>Trafficking in FS Benefits of \$500 or More</u> Client denied permanently because he/she has been convicted of trafficking in FS in the amount of \$500 or more. 18 NYCRR 359.9(c)
F35	<u>Fleeing Felon Probation/Parole Violator</u> Client denied because he/she is in violation of parole or probation, or is fleeing to avoid prosecution, custody, or confinement after a felony conviction. 18 NYCRR 387.1
F60	<u>Left Household</u> Household member leaves the household. 18 NYCRR 387.1, 387.10(a), 387.15
F63	<u>In Prison</u> 18 NYCRR 387.1, 387.14 (a) (5)
F85	<u>Refusal to Verify Alien Status During Certification Period</u> Alien refuses to verify his/her alien status. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)

INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – FS (FS: REAS - 351) (cont'd)**

<u>CODE</u>	<u>VALUE</u>
F86	<u>Refusal to Verify Alien Status</u> Alien refuses to verify his/her alien status. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F90	<u>Ineligible Student</u> Ineligible student resides in the household. 18 NYCRR 387.1, 387.9(a)
F91	<u>Boarder</u> Ineligible boarder resides in the household. 18 NYCRR 387.1, 387.14(a), 387.16(b)
F92	<u>Ineligible Alien</u> Ineligible alien resides in the household. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F94	<u>Able Bodied Adult without Dependents (ABAWD)</u> Ineligible able bodied adult who is not the primary caretaker of a child under 18 years of age. 18 NYCRR 387.13(n)
F95	<u>Alien Ineligible for Food Assistance Program</u> Client denied because he/she is an alien who is not eligible to participate in the Food Assistance Program. 18 NYCRR 388.3
M97	<u>Receiving Multiple Benefits</u> Denied for 10 years because the client fraudulently misrepresented his/her identity or residence in order to receive multiple food stamp benefits at the same time. 18 NYCRR 381.1
M98	<u>Duplicate Assistance. Non-AFIS. In NYS</u> Client is receiving FS on another case in NYS. 18 NYCRR 351.2(a), 351.9
M99	<u>Duplicate Assistance. AFIS. In NYS</u> An Automated Finger Imaging match (AFIS) has identified the client is receiving FS on another case in NYS. 18 NYCRR 351.2(a), 351.9
N31	<u>Voluntary Quit - 1st Occurrence (2 months)</u> Client denied because he/she has quit his/her job or voluntarily reduce the number of hours worked to less than 30 per week. 12 NYCRR 1300.13 (b) (3)

INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – FS (FS: REAS - 351) (cont'd)**

<u>CODE</u>	<u>VALUE</u>
N32	<u>Voluntary Quit - 2nd Occurrence (4 months)</u> Client denied because he/she has quit his/her job or voluntarily reduces the number of hours worked to less than 30 per week. 12 NYCRR 1300.13 (b) (3)
N33	<u>Voluntary Quit - 3rd Occurrence (6 months)</u> Client denied because he/she has quit his/her job or voluntarily reduce the number of hours worked to less than 30 per week. 12 NYCRR 1300.13 (b) (3)
N66	<u>Duplicate Assistance. Non-AFIS. Interstate or Intrastate</u> Client is receiving FS in another state. 18 NYCRR 351.2(a), 351.9
N90	<u>IPV-Traded FS for Firearms, Ammunition or Explosives</u> Client denied because of a conviction for using FS to obtain firearms, ammunition, or explosives. 18 NYCRR 359.9
Y99	<u>Other - Manual Notice Required</u> This code is to be used if none of the other reasons for closing a case are applicable.

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331)

<u>CODE</u>	<u>CATEGORY</u>	
E21	ALL	<p><u>Failure to Provide Child's SSN</u> Public assistance has been discontinued because the client failed to provide a social security card or apply for a Social Security card for each child on the case. MA discontinued, FS discontinued. PA: (FA/SNFP) 18 NYCRR 369.2, (SNCA/SNNC) 370.2; MA: 360-2.6</p>
F12	ALL	<p><u>Failure to Apply for SSI</u> Public assistance has been discontinued because the client failed to apply for or complete an application for SSI MA: See Note¹ ; FS continued. PA: 18 NYCRR 351.2; MA: 360-2.6</p>
F17	ALL	<p><u>Failure to Validate Incorrect SSN</u> Note: Cannot be used for individuals with category codes 15,36,48. MA discontinued, FS discontinued. PA: (SNCA/SNNC) 18 NYCRR 370.2, (FA/SNFP) 18 NYCRR 369.2; MA: 360-2.6</p>
F20	ALL	<p><u>Failure to Provide SSN</u> Public assistance has been discontinued because the client failed to provide a Social Security number or apply for a Social Security number. Note: Cannot be used for individuals with category codes 15,36,48. MA discontinued, FS discontinued. PA: (SNCA/SNNC) 18 NYCRR 370.2, (FA/ SNFP) 18 NYCRR 369.2; MA: 360-2.6</p>
F40	ALL	<p><u>Failure to Enroll in Group Health Plan</u> Public assistance has been discontinued because the client has failed to sign up and use group health insurance benefits. MA discontinued, FS continued. PA: 18 NYCRR 349.6; MA: 360-2.2</p>

Note:

¹ If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.

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INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
F44	ALL	<u>Failure to Comply with Drug and/or Alcohol Screening</u> Public assistance has been discontinued because the NAME did not take part in or complete the alcohol/substance abuse screening requirement. MA See Note², FS continued. PA: 18 NYCRR 351.2 (i); MA: 360-2.6
F45	ALL	<u>Failure to Comply with Drug and/or Alcohol Assessment</u> Public assistance has been discontinued because NAME did not take part in or complete the alcohol/substance abuse assessment requirement. MA See Note², FS continued. PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1)
F46	SNCA/SNNC	<u>Failure to Sign or Revoked the Treatment Informational Consent Form</u> Public assistance has been discontinued because you did not sign or you revoked the consent for the release of treatment information to this department. MA discontinued, FS continued. PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1)
F84	ALL	<u>Failure to Sign Lien</u> Public assistance has been discontinued because the client refused to sign a lien agreement on property. MA See Note¹, FS continued. PA: 18 NYCRR 352.27; MA: 360-2.6
GX1	FA/SNFP	<u>Failure to Take Part in Rehabilitation Program – 1st Offense</u> Public assistance has been discontinued because the client did not take part in and complete the rehabilitation program. The client cannot get public assistance for 45 days. MA See Note¹, FS continued. PA: 18 NYCRR 351.2 (i); MA: 366 (1) (a) (1)

Code GX2- Output Code for a 120- Day Sanction
Code GX3- Output Code for a 180-Day Sanction

Note:

- 1** If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.
- 2** If individual is under 21 MA status is continued. If individual is 21 or older with categorical code 09, 14, 26 MA status will default to sanction.

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INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODE CATEGORY
N20 ALL

Failure to Notify of Minors Temporary Absence

This is because (NAME) did not notify us within five days of when he/she knew that (Minor's Name) would be absent from the household for **45** days or more. (Name) will not be eligible to receive assistance for (# Months). (Name) may apply for a cash grant at any time, but cannot get cash grant before (Date = Sanction duration + 1 day).

MA See Note¹, FS continued

PA: 18NYCRR 349.4, MA: 360-2.6

N41 ALL

Voluntary Quit 1st Occurrence

This is because the recipient quit his/her job or voluntarily reduced the number of hours worked to less than 30 hours per week.

HH w/ child = until compliance; HH w/o child = 3 months and until compliance.

MA Continued; FS Continued

12 NYCRR 1300.13 (a); MA: 360-2.6

N42 ALL

Voluntary Quit 2nd Occurrence

This is because the recipient quit his/her job or voluntarily reduced the number of hours worked to less than 30 hours per week.

HH w/ child = 3 months and until compliance; HH w/o child = 5 months and until compliance.

MA Continued; FS Continued

12 NYCRR 1300.13 (a); MA: 360-2.6

N43 ALL

Voluntary Quit 3rd Occurrence (and Subsequent)

This is because the recipient quit his/her job or voluntarily reduced the number of hours worked to less than 30 hours per week.

HH w/ child = 6 months and until compliance; HH w/o child = 6 months and until compliance.

MA Continued; FS Continued

12 NYCRR 1300.13 (a); MA: 360-2.6

VE1 ALL

Intentional Misrepresentation of a Disability - 90 Day Sanction

This is because you without good reason intentionally misrepresented that you suffered from an impairment that would limit your assignment to work activities or make you exempt from assignment to work activities.

MA continued, FS continued

PA: 12 NYCRR 1300.2 (d) MA: 18NYCRR 360-2.6

VE2- Output code for 150 day sanction.
VE3- Output code for 180 day sanction.

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODE
V30 CATEGORY
ALL

Failure to Comply with IV-D

This is because the client failed to meet the cooperation requirement of the child support enforcement program.

Budget Reduction Code. Case status will not change.

MA continued; FS continued

PA: 18 NYCRR 369.2; MA: 18 NYCRR 360-2.6

FS: 18 NYCRR 387.10, 387.12

W40 ALL

Failure/Refusal to Become Employable

This is because the client failed to do what was needed to become employable. Client would not accept referral to, or take active part in, medical care or vocational rehabilitation or training.

MA continued, FS continued

PA: 12 NYCRR 1300.12 (a) (1); MA: 18NYCRR 360-2.6

WC1 SNCA

Code WC2 - Output code for 180 day sanction

Failure to Comply with Employment Requirements Determined by the Refugee Service Agency 90 day sanction.

(Manual Notice Required)

Public assistance has been discontinued because the client failed to report to a job interview, accept employment, or voluntarily quit a job they were referred to by the Refugee Service Agency.

MA continued, FS continued

PA:18 NYCRR 373.6 (h); MA: 360-2.1, 360-2.2

WE1 ALL

WE2- Output Code for 90-Day Sanction
WE3- Output Code for 180 Day Sanction

Failure to Comply with Employment Requirements (1st Occurrence)

Individual failed to comply with employment requirements

If FA case or Safety Net case with children until compliance. Else 90-day sanction.

MA continued, FS Continued

12 NYCRR 1300.9 (E); MA: 366 (1) (a) (1)

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INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODE
WS1

CATEGORY
ALL

Orig. ID: EPF Only IPV - 6 Months 1st Offense - \$1,000

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was \$1,000 you are disqualified from receiving public assistance for 6 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA See Note ¹, FS continued.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

WS2

ALL

Orig. ID: EPF Only IPV - 12 Months 2ndOffense-Less than \$3,900

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was less than \$3,900 you are disqualified from receiving public assistance for 12 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA See Note ¹, FS continued.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

¹ If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.

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INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODE
WS3

CATEGORY
ALL

Orig. ID: EPF Only IPV - 12 Months 1st Offense Between \$1,000 & \$3,900

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for 12 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA See Note ¹ ; FS continued.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

WS4

ALL

Orig. ID: EPF Only IPV - 18 Months if 3rd Offense

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 3rd occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA continued ¹ ; FS continued.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

¹ If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u> WS5	<u>CATEGORY</u> ALL
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Orig. ID: EPF Only IPV - 18 Months if 1stOffense More Than \$3,900

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA See Note ¹, FS cont'd.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

WS6	ALL
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Orig. ID: EPF Only IPV - 18 Months if 2nd-Offense More Than \$3,900

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA See Note ¹; FS cont'd.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

¹ If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODE
WS7

CATEGORY
ALL

Orig. ID: EPF Only IPV - 5 Years 4th or Subsequent Offense

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 4th or subsequent occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for 5 years. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA See Note ¹; FS cont'd.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

WS8

ALL

Orig. ID: EPF Only IPV - Court Ordered Disqualification Court ordered disqualification is based on the finding of the court that the client has been found guilty of committing an IPV. The period is determined by the court and may differ from those above.

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the _____ occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for _____ months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA See Note ¹; FS cont'd

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

¹ If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.

INDIVIDUAL REASON CODES (CONT'D)**SANCTION CODES – FS (FS: REAS - 351)**

<u>CODE</u>	<u>VALUE</u>
F20	<u>Failure to Provide Social Security Number during Certification Period</u> Client refuses to furnish a Social Security number, or refuses to apply for a Social Security Number. 18 NYCRR 387.1, 387.9(a), 387.10(b), 387.16(c)
N41	<u>Voluntary Quit: Recipient, 1st Occurrence (2 months)</u> Sanction line because recipient has quit his/her job of at least 30 hours per week or voluntarily reduces the number of hours worked to less than 30 per week. 12 NYCRR 1300.13 (b) (4)
N42	<u>Voluntary Quit: Recipient, 2nd Occurrence (4 months)</u> Sanction line because recipient has quit his/her job of at least 30 hours per week or voluntarily reduces the number of hours worked to less than 30 per week. 12 NYCRR 1300.13 (b) (4)
N43	<u>Voluntary Quit: Recipient, 3rd Occurrence (6 months)</u> Sanction line because recipient has quit his/her job of at least 30 hours per week or voluntarily reduces the number of hours worked to less than 30 per week. 12 NYCRR 1300.13 (b) (4)
NF1	<u>Purchased Illegal Drugs with FS-IPV - 1st Violation</u> Remove the person from the case for 12 months because of a conviction for using FS to obtain illegal drugs. 18 NYCRR 359.9
NF2	<u>Purchased Illegal Drugs with FS-IPV - 2nd Violation</u> Remove the person permanently from the case because of a second conviction for using FS to obtain illegal drugs. 18 NYCRR 359.9
WE1	<u>Failure to Comply With Employment Requirement 1st Occurrence (2 months)</u> Individual failed to comply with employment requirements. 12 NYCRR 1300.9
WE2	<u>Failure to Comply With Employment Requirement 2nd Occurrence (4 months)</u> Individual failed to comply with employment requirements. 12 NYCRR 1300.9
WE3	<u>Failure to Comply With Employment Requirement 3rd Occurrence (6 months)</u> Individual failed to comply with employment requirements. 12 NYCRR 1300.9

INDIVIDUAL REASON CODES (CONT'D)**SANCTION CODES – FS (FS: REAS - 351) (cont'd)**

<u>CODE</u>	<u>VALUE</u>
WF1	<u>FS Intentional Program Violation: Infraction 1st Occurrence (Orig. ID EPF Only)</u> Client Intentionally violated the food stamp rules and will not be able to get food stamps for 1 year. 18 NYCRR 387.10 and 359.3
WF2	<u>FS Intentional Program Violation: Infraction 2nd Occurrence (Orig. ID EPF Only)</u> Client intentionally violated the food stamp rules and will not be able to get food stamps for 2 years. 18 NYCRR 387.10 and 359.3
WF3	<u>FS Intentional Program Violation: Infraction 3rd Occurrence (Orig. ID EPF Only)</u> Client intentionally violated the food stamp rules and will not be able to get food stamps ever again because this is the third violation. 18 NYCRR 387.10 and 359.3

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INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – PA (PA: REAS - 331)

<u>CODE</u>	<u>CATEGORY</u>	
E72	ALL	<u>Institutionalized</u> Public assistance has been discontinued because the client was admitted or committed to an institution. MA discontinued, FS discontinued. PA: 18 NYCRR 352.31 (a); MA: 360-2.6
E73	ALL	<u>In Foster Care</u> Public assistance has been discontinued because the child is in Foster Care and there is no plan for him/her to return home. MA discontinued, FS continued. PA: 18 NYCRR 352.30, 369.4; MA: 360-1.2, 360-2, 360-3.3
E90	ALL	<u>Client Requested Removal from Case</u> Public assistance has been discontinued because the client asked to be removed from the case. MA discontinued, FS discontinued. PA: 18 NYCRR 352.22; MA: 360-2.2
E94	ALL	<u>Receiving SSI</u> Public assistance has been discontinued because the client's SSI payment amount exceeds the individual's budgeted needs. MA continued, FS continued. PA: 18 NYCRR 352.29; MA: 360-2.6
E95	ALL	<u>Died</u> Public assistance is discontinued because the client is deceased. MA discontinued, FS discontinued. PA: 18 NYCRR 351.8; MA: 360-2.6
E96	FA/SNFP	<u>Failure to Apply for Public Assistance on Behalf of a Newborn</u> Public assistance has been discontinued because an infant is being converted from an "unborn" to a "newborn". No changes will occur to the infant's Medical Assistance benefits. If you have not already done so, you should contact your cash assistance worker and find out what you must do to add the infant to your cash assistance case. MA continued, FS discontinued. PA: 18NYCRR 366 (g); MA: Not Applicable
E97	ALL	<u>Client Requested Removal from Case</u> Public assistance has been discontinued because the client asked to be removed from the case. MA continued, FS discontinued. PA: 18 NYCRR 352.22; MA: 360-2.2

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
F35	ALL	<p><u>Fleeing Felon - Probation or Parole Violator</u> Public assistance has been discontinued because the client is in violation of parole or probation or is fleeing to avoid prosecution, custody or confinement after a felony conviction. MA continued, FS discontinued. PA: 18 NYCRR 351.2 (k) (3); MA: 360-2.6</p>
F60	ALL	<p><u>Left Household</u> Public assistance has been discontinued because the client left the household. MA discontinued, FS discontinued. PA: 18 NYCRR 351.22,352.30, 352.32; MA: 360-2.2</p>
F61	ALL	<p><u>No Longer Essential to Household (Essential Person)</u> Public assistance has been discontinued because there is no longer any need for client to provide care to another member of the household. MA continued, FS continued. PA: 18 NYCRR 369.3 (c) (2); MA: 360-2.2</p>
F63	ALL	<p><u>In Prison</u> Public assistance has been discontinued because the client was committed to prison. MA discontinued, FS discontinued. PA: 18NYCRR 352.31 (a) 370.2; MA: 360-2.2</p>
F66	ALL	<p><u>Will Receive PA in Another Case</u> Public assistance has been discontinued because the client has been added to another public assistance case. MA discontinued, FS discontinued. PA: 18 NYCRR 352.1; MA: 360-2.2</p>
F75	ALL	<p><u>Temporary Absence of Minor</u> Public assistance has been discontinued because client was absent from household for 45 days or more, without good cause. MA continued, FS continued. PA: 18 NYCRR 349.4; MA: 366 (4) (q).</p>

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
F76	ALL	<p><u>Minor Parent Not in School</u> Public assistance has been discontinued because client is less than 18 years old, unmarried has a child at least 12 weeks old and failed to participate in a program attain a high school diploma or an alternative educational or training program. MA continued, FS continued. PA: 18 NYCRR 351.2 (k) (4); MA: 360-2.6</p>
F88	ALL	<p><u>Failure to Comply With Finger Imaging Requirement - Non Legally Responsible Adult</u> Public assistance has been discontinued because of your failure to comply with finger imaging requirements. MA continued, FS continued. PA: 18 NYCRR 351.2 351.9; MA: 360-2.2</p>
F92	ALL	<p><u>Failure to Provide Proof of Citizenship or Eligible Alien Status</u> Public assistance has been discontinued because the client failed to provide proof of citizenship or of being a legal alien resident. MA Separate Determination, FS continued. PA: 18 NYCRR 349.3; MA: 360-2.6</p>
F93	ALL	<p><u>Failure/Refusal to Sign Citizenship/Alien Declaration</u> Application for public assistance is denied because the client failed to sign the citizenship or satisfactory alien status declaration on the application form. MA continued, FS Status RJ PA: 18 NYC 351.2 (h); MA: 18 NYCRR 360-2.6</p>
M33	FA/SNFP	<p><u>Excess Income - Deemed Income of Alien Sponsor</u> Public assistance has been discontinued because the deemed income of the alien sponsor exceeds the client's budgeted needs. MA continued, FS continued. PA: 18 NYCRR 349.3 352.33; MA: 360-2.2</p>
M97	ALL	<p><u>Receiving Multiple Benefits</u> Public assistance has been discontinued because client fraudulently misrepresented his/her identity or residence to receive multiple public assistance benefits at the same time. The client is ineligible to receive public assistance and food stamp benefits for 10 years beginning <u>DATE</u>. MA discontinued, FS discontinued. PA: 18 NYCRR 351.2 (i) (2), 359.9 (d) (1); MA: 366 (1) (a) (1)</p>

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
M98	ALL	<p><u>Duplicate Assistance - Non AFIS In NYS</u> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in New York State. MA discontinued, FS discontinued. PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</p>
M99	ALL	<p><u>Duplicate Assistance - AFIS In NYS</u> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in New York State. MA discontinued, FS discontinued. This code is used when there has been an Automated Finger Imaging Match (AFIS) PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</p>
N44	ALL	<p><u>Fail to Get Medical Statement</u> Public Assistance has been discontinued because the client failed to get medical statements to prove medical disability exists. MA Status RJ; FS Status AP. PA: 18 NYCRR 351.21 (f); MA: 360-2.6</p>
N49	ALL	<p><u>Minor Parent Refused Offer of a Home</u> Public assistance has been discontinued because you are unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. MA continued, FS continued. PA: 18 NYCRR 369.2; MA: 360-2.6</p>
N50	ALL	<p><u>Refused Offer of a Home - Rejection of Claim that Housing Arrangement(s) would Jeopardize Health and Safety</u> Public assistance has been discontinued because you are unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. We have investigated and rejected your claim that the housing arrangement(s) would jeopardize your health and safety. MA continued, FS continued. PA: 18 NYCRR 369.2; MA: 360-2.6</p>

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
N66	ALL	<p><u>Duplicate Assistance - Non AFIS Interstate</u> Public assistance has been discontinued because the client matches another person who is receiving public assistance in another state. MA discontinued, FS discontinued.</p> <p>PA: 18 NYCRR 351.8 (a) (2) (i), 351.1 (b) (2) (ii), 351.2, 351.9; MA: 360-2.2 (e) (f)</p>
U44	FA	<p><u>Excess Resources - Deemed Resources of Alien Sponsor</u> Public assistance has been discontinued because the total amount of resources of the alien sponsor exceeds the resource limit. MA continued, FS continued.</p> <p>PA: 18 NYCRR 349.3, 352.33; MA: 360-2.6</p>
W12	ALL	<p><u>Failure to Keep Appointment for DSS Medical Assessment (Non LRR)</u> Client failed to keep an appointment with the doctor that the client was referred to. MA continued, FS Separate Determination</p> <p>Department Regulations 351.2, 351.8(a)(2)</p>
Y97	ALL	<p><u>Re-affiliated for FS purposes</u> MA continued, FS continued.</p> <p>PA: 351.21 (f); MA: 360-1.2, 360-2, 360-3.3</p>
Y98	ALL	<p><u>Other – Manual Notice Required</u> This code is to be used if none of the other reasons for closing an individual are applicable. No MA extension, FS continued.</p> <p>PA: Unknown; MA: 360-2.2</p>
Y99	ALL	<p><u>Other – Manual Notice Required</u> This code is to be used if none of the other reasons for closing an individual are applicable. MA continued, FS continued.</p> <p>PA: Unknown; MA: 360-3.3</p>
921	ALL	<p><u>Active Unborn Now Activated to Newborn</u> Public assistance has been discontinued because the unborn has been activated for MA/FS. MA continued, FS continued.</p> <p>This code is system generated when there has been an Automated Newborn Activation transaction.</p>

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – FS (FS: REAS - 351)**

<u>CODE</u>	<u>VALUE</u>
E95	<u>Died</u> Case member dies. 18 NYCRR 387.1
E96	<u>Failure to Apply for Food Stamps on Behalf of a Newborn</u> Food Stamps have been discontinued because an infant is being converted from an "unborn" to a "newborn". The infant's caretaker must add child to case. 18 NYCRR 387.10, 387.12
F15	<u>Failure to Verify Date of Birth</u> Client refuses to verify Date of Birth. 18 NYCRR 387.1, 387.8(c), 387.9(a)
F21	<u>Failure to Provide Social Security Number during Recertification Interview</u> Client refuses to furnish a Social Security number, or refuses to apply for a Social Security number. 18 NYCRR 387.9(a), 387.10(b), 387.16(c)
F22	<u>Failure to Verify Social Security Number</u> Client refuses to verify Social Security number 18 NYCRR 387.1, 387.8(c), 387.9(a)
F30	<u>Trafficking in FS Benefits of \$500 or More</u> Close the line permanently because the client has been convicted of trafficking in FS in the amount of \$500 or more. 18 NYCRR 359.9(c)
F35	<u>Fleeing Felon Probation/Parole Violator</u> Close the line because the client is in violation of parole or probation, or is fleeing to avoid prosecution, custody, or confinement after a felony conviction. 18 NYCRR 387.1

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – FS (FS: REAS - 351) (cont'd)**

<u>CODE</u>	<u>VALUE</u>
F60	<u>Left Household</u> Household member leaves the household. 18 NYCRR 387.1, 387.10(a), 387.15
F85	<u>Refusal to Verify Alien Status During Certification Period</u> Alien refuses to verify his/her alien status. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F86	<u>Refusal to Verify Alien Status (Recert Closing)</u> Alien refuses to verify his/her alien status. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F90	<u>Ineligible Student</u> Ineligible student resides in the household. 18 NYCRR 387.1, 387.9(a)
F91	<u>Boarder</u> Ineligible boarder resides in the household. 18 NYCRR 387.1, 387.14(a), 387.16(b)
F92	<u>Ineligible Alien</u> Ineligible alien resides in the household. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F94	<u>Able Bodied Adult without Dependents (ABAWD)</u> Ineligible able bodied adult who is not the primary caretaker of a child under 18 years of age. 18 NYCRR 387.13(n)
F95	<u>Alien Ineligible for Food Assistance Program</u> Remove the individual from the case because he/she is an alien who is not eligible to participate in the Food Assistance Program. 18 NYCRR 388.3
M97	<u>Receiving Multiple Benefits</u> Close the line for 10 years because the client fraudulently misrepresented his/her identity or residence in order to receive multiple food stamp benefits at the same time. 18 NYCRR 381.1

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – FS (FS: REAS - 351) (cont'd)**

<u>CODE</u>	<u>VALUE</u>
M98	<u>Duplicate Assistance - Non AFIS. In NYS</u> Client is receiving FS on another case in NYS. 18 NYCRR 351.2(a), 351.9
M99	<u>Duplicate Assistance - AFIS In NYS</u> An Automated Finger Imaging match (AFIS) has identified the client is receiving FS on another case in NYS. 18 NYCRR 351.2(a), 351.9
N66	<u>Duplicate Assistance – Non AFIS. Interstate</u> Client is receiving FS in another state. 18 NYCRR 351.2(a), 351.9
N90	<u>IPV-Traded FS for Firearms, Ammunition or Explosives</u> Close line because of a conviction for using FS to obtain firearms, ammunition, or explosives. 18 NYCRR 359.9
Y99	<u>Other-Manual Notice Required</u> This code is to be used if none of the other reasons for closing a case are applicable
968	<u>Forced Closing - SYSTEM GENERATED</u> 18 NYCRR 387.1

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REGULATORY CITATIONS FOR CHANGES IN PA/FS GRANT

INCREASE IN PA GRANT

1. Change in Household Size

PA: 352.30, 352.32 (e)

MA: 360-2.2(a), 360-2.2(b), 360-2.2 (c), 360-4.2

FS: 387.1(t), 387.17 (e)

2. Reduction In Income

PA: 352.29

MA: 360-4.3, 360-4.6

FS: 387.10(b), 387.17(e)

3. Decrease In Amount or Completion of Recoupment

PA: 352.11, 352.31(d)

MA: N/A

FS: 387.19 (a) (5)

4. Increase In Shelter Costs.

PA: 352.3

MA: N/A

FS: 387.10 (a), 387.12 (e)

REGULATORY CITATIONS FOR CHANGES IN PA/FS GRANT (CONT'D)

DECREASES IN PA GRANT

1. Failure without Good Cause to Provide Information about Return of Absent Parent

PA: 369.2 (b), 369.2 (g)

MA: 360-2.2

FS: N/A

2. Ineligible Alien Removed From Grant

PA: 349.3 (b), 351.2 (h)

MA: 360-3.2 (f)

FS: 387.9 (a), 387.10 (b) 387.10 (b), 387.16 (c)

3. Decrease In Dependent Care Costs.

PA: 352.7, 352.19

MA: N/A

FS: 387.12 (d)

4. Failure To Comply With Employment Related Requirements.

PA: 385.5, 385.14, 392.10

MA: N/A

FS: 387.13

5. Fraud

PA: 348.4, 352.31 (d)

MA: 360-4.4 (c)

FS: 399.9

6. Failure to Provide or Apply for Social Security Number

PA: 369.2 (b), 370.2 (c)

MA: 360-2.3 (a)

FS: 387.9 (a), 387.10 (b), 387.16 (c)

REGULATORY CITATIONS FOR CHANGES IN PA/FS GRANT (CONT'D)

DECREASES IN PA GRANT (CONT'D)

7. Receipt of or Increase In Earned Income

PA: 352.29, 352.29

MA: 360-4.3 (f)

FS: 387.10

8. Refused to Enroll or Refused to Provide Information Regarding Employer Group Health Information

PA: 349.6

MA: 360-3.2 (d), 360-3.2 (e)

FS: N/A

9. Non-Compliance with Employment Related Requirements

PA: 385.5, 385.14

MA: N/A

FS: 387.13

10. Non-Compliance with WIN Demonstration

PA: 392.9 (a), 392.10

MA: N/A

FS: 387.13

11. Change in Household Size

PA; 352.30

MA: 360-2.2 (a) (b) (c), 360-4.2

FS: 387.1 (t), 387.10 (a)

12. No Longer Incapacitated

PA: 351.21

MA: 360-2.2

FS: 387.1 (m)

REGULATORY CITATIONS FOR CHANGES IN PA/FS GRANT (CONT'D)

DECREASES IN PA GRANT (CONT'D)

13. Resident of Private or Public Institution

PA: 352.8

MA: 360-3.3 (b), 360-3.1 (g)

FS: 387.1 (t)

14. Failure to Comply With Our Request To Determine Your Employability and Availability To Participate in Bureau of Employment Services Program. (30 Day Sanction)

PA: 385.14

MA: N/A

FS: 387.13

15. Failure Without Good Cause To File A Petition Requesting Support From A Legally Responsible Relative.

PA: 369.2 (b), 370.4, 351.2 (e)

MA: 360-4.3 (f)

FS: N/A

16. Transferred Property For The Purpose Of Qualifying For Assistance.

PA: 370.2 (c)

MA: 360-4.4 (c)

FS: 387.9

17. Increase In Recoupment Amount

PA: 352.31 (d)

MA: N/A

FS: 387.19 (a)

18. Recovery, Lien and/or Assignment Excluding or Including Homestead.

PA: 352.23, 352.27 (a)

MA: 360.2.3 (a), 360-4.7 (a)

FS: N/A

REGULATORY CITATIONS FOR CHANGES IN PA/FS GRANT (CONT'D)

DECREASES IN PA GRANT (CONT'D)

19. Refusal To Cooperate

PA: 352.30 (c)

MA: 360-2.3 (a)

FS: 387.8 (a)

20. Excess Resources.

PA: 352.23 (b)

MA: 360-3.8 (c), 360-4.7 (b), 360-4.8 (a)

FS: 387.9 (a)

21. Decreased Shelter Costs.

PA: 352.3, 352.32 (e)

MA: N/A

FS: 387.10 (a), 387.12 (e)

22. Ineligible Striker.

PA: 369.5 (d)

MA: N/A

FS: 387.16 (j)

23. Receipt of or increase In Support Due To Absent Parent's Return.

PA: 352.32 (b), 352.30 (a)

MA: 360-4.3

FS: 387.10

REGULATORY CITATIONS FOR CHANGES IN PA/FS GRANT (CONT'D)

DECREASES IN PA GRANT (CONT'D)

24. Receipt of or increase In Support Due to Marriage of Parent.

PA: 352.14 (a), 352.29, 352.31, 352.32 (b)

MA: 360-4.3

FS: 387.10

25. Receipt of or Increase In Support From Absent Father Outside Home

PA: 351.2 (d), 352.14 (a), 352.29, 352.32 (b)

MA: 360-4.3 (f)

FS: 387.10

26. Receipt of or Increase In Support From Person (Other Than Father) Outside Home.

PA: 351.2 (d), 352.29, 352.32 (b)

MA: 360-7

FS: 387.10

27. Refused To Accept or Complete Training or Education.

PA: 385.5, 385.14

MA: N/A

FS: 387.13 (e)

28. Receipt of or Increase In Unearned Income.

PA: 352.29, 352.32

MA: 360-4.3

FS: 387.10

29. Failure To Provide Verification

PA: 351.6

MA: 360-2.3 (a)

FS: 387.8 (c), 387.14 (a)

REGULATORY CITATIONS FOR CHANGES IN PA/FS GRANT (CONT'D)

DECREASES IN PA GRANT (CONT'D)

30. Voluntary Quit.

PA: 18 NYCRR 385.11, 385.15

MA: N/A

FS: 387.13 (i)

31. Refused To Work Register and Seek Work.

PA: 18 NYCRR 385.5, 385.14

MA: N/A

FS: 387.9 (a), 387.13

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REGULATORY CITATIONS FOR CHANGES IN PA/FS GRANT (CONT'D)**CHANGES IN FOOD STAMP GRANT**

1. **Change in income**
387.10 (b)
2. **Change in shelter costs.**
387.12 (e)
3. **Change in household size.**
387.1 (t)
4. **Change in dependent care costs.**
387.12 (d)
5. **An elderly/disabled household entitled to an uncapped excess shelter deduction. (To be used when household becomes eligible/ineligible for the change in grant for this reason.**
387.1 (m), 387.12 (e) (2)
6. **Change in medical costs.**
387.12 (c)
7. **Change in allotment.**
387.19 (a) (5)
8. **Change due to failure of household member to provide an SSN. (Person (s) not to be counted as member of household but income is to be prorated)**
387.9 (a) (2), 387.10 (b) (3), 387.16 (c) (2)
9. **Change due to failure of household member to verify alien status. (Person (s) not to be counted as member of household but income is to be prorated).**
387.9 (a) (2), 387.10 (b) (3), 387.16 (c) (2)
10. **Change due to failure of non-head of household to comply with Work Registration Requirements.**
387.9 (a) (4), 387(t) (4) (v), 387.13 (e)

**CHAPTER 2 -
AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)**

SCREEN NSBL02: HOUSEHOLD/SUFFIX FINANCIAL DATA

FOOD STAMP REPORT CODES (FR)

- S** Recert Report due to Earned Income
- N** Periodic Mailer due to Earned Income
- **U** Unearned Income Only

****Invalid as of 10/A/04**

SHELTER PRORATION INDICATOR CODES (PRO IND)

- A** Enhanced Shelter Calculation
- I** FS Ineligible Student
- L** Allow Entry Of PA Shelter Amount To Exceed FS Shelter Amount
- M** Danks Housing Situation – Two or more households (suffixes) living together as separate economic units with no legal responsibility among the households (suffixes). Each suffix receives unprorated Basic, HEAI, HEAI & Fuel Allowance and Zero PA Shelter
- N** Non-Danks Housing Situation – Two households (active suffixes) living together as one economic unit with no legal responsibility among the household (suffixes). Each suffix receives prorated Basic, HEAI HEAI & Fuel Allowance and unprorated PA Shelter Allowance.
- O** (Letter O) Budgets A Zero PA Shelter Allowance For Single Suffix Cases Or Multi-Suffix Cases With Only One Active Suffix
- P** Three Generation Household – Grandmother/Mother (Between 18 and 21 Years of Age)/ Child
- R** NPA/FS Residential Treatment Facility Budget
- S** Danks Housing Situation – Two household (active suffixes) living together as separate economic units with no legal responsibility among the household (suffixes). Each suffix receives unprorated Basic, HEAI, HEAI, Fuel and PA Shelter Allowance.
- Z** Non-Danks Housing Situation – Two or more households (suffixes) living together one economic unit with no legal responsibility among the household (suffixes). Each suffix receives prorated Basic, HEAI, HEAI & Fuel Allowance and Zero PA Shelter Allowance.

SHELTER TYPE CODES (SHELT: TYPE)

- 01** Unfurnished Apartment or Room
- 02** NYCHA Apartment – Utilities Included
- 03** Own Home (Includes Trailer)
- 04** Room and Board (Use Action Type 02 - PA Only)
- 06** Hotel/Motel Temporary
- 11** Room Only
- 13** Residential Programs For Victims Of Domestic Violence (Less than 3 Meals Per Day)
- 14** Residential Programs For Victims Of Domestic Violence (3 Meals Per Day)
- 15** Congregate Care Level 1 (NYC / Nassau / Suffolk / Westchester / Rockland)
- 16** Congregate Care Level 2 – State Certified (NYC / Nassau / Suffolk / Westchester / Rockland)
- 19** Approved Medical Facilities – Non Hospital (Use Action Type 02 – PA Only)
- 20** Emergency Rental Supplement Program
- 23** Undomiciled
- 24** NYCHA Apartment - Utilities Not Included
- 25** Rented Private Home
- 26** Furnished Apartment

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL02: HOUSEHOLD/SUFFIX FINANCIAL DATA (CONT'D)

SHELTER TYPE CODES (SHELT: TYPE) (CONT'D)

- 27 Residential Treatment Center - Non -Level 2
- 28 Congregate Care Level 1-Rest of State
- 29 Congregate Care Level 2-State Certified -Rest of State
- 30 Scatter Site Homeless Housing Non Tier I/Non Tier II Less than 3 meals daily
- 31 Residential Treatment Center-Level 2 Facility-NYC, Nassau, Suffolk, Westchester, and Rockland
- 32 Residential Treatment Center-Level 2 Facility-Rest of State
- 33 Homeless Shelter -Tier I or Tier II (Less Than 3 meals Per Day)
- 34 Homeless Shelter-Tier II (Three Meals Per Day)
- 35 Homeless Shelter-Non Tier I Non Tier II
- 38 Subsidized Housing - Deep Subsidy -Voucher Program/Project Based Section 8
- 39 Subsidized Housing - Shallow Subsidy - Section 236/Section 202
- 40 Section 8 Voucher - 30% Limit
- 41 Jiggetts-Approved Excess Shelter
- 42 Congregate Care Level 3 - Adult Homes and DOH Enriched Housing
- 43 Congregate Care Level 2 - OMH/OMRDD Supervised/Supportive Apartments
- 44 Supportive/Specialized Housing

PERIOD CODES (PER)

- 03 Weekly
- 04 Biweekly
- 05 Semi-Monthly (Twice per Month)
- 06 Monthly
- 07 Bimonthly (Every Two Months)
- 08 Quarterly (Every Three Months)

FSUA INDICATOR CODES (FSUA: IND)

- **N Not eligible for Combined Heat (AC)/Utility/Phone Standard
 - **X Eligible for Combined FS SUA Standard For Heat (AC)/Utility/Phone or Actual Amount
- **Disabled As of 10/A/04**

HEAT TYPE CODES (TYPE)

- 1 Natural Gas
- 2 Oil
- 3 Electric
- 4 Coal
- 9 Other Fuel
- H Fuel Included in Shelter (**System Generated**)

CHILD IN HOUSEHOLD (CHILD)

- X Child in Household

HOME ENERGY ASSISTANCE PROGRAM INDICATOR (HEAP)

- S Shared Housing Situation – Household Not Eligible for HEAP Benefits

WORKER'S GUIDE TO CODES

2.1-3

07/18/2005

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL02: HOUSEHOLD/SUFFIX FINANCIAL DATA (CONT'D)

FSUT INDICATOR CODES (FSUT: IND)

- **N** Not Eligible for Combined Utility/Phone Standard (Disabled As of 10/A/04)
 - X** Eligible for Combined FS SUA Standard For Utility/Phone or Actual Amount
- **Invalid As of 10/A/04**

PHONE INDICATOR CODES (PHONE: IND)

- **N** Not Eligible for Phone Standard
 - **X** Eligible for FS SUA Phone Standard
- **Disabled As of 10/A/04**

INSTALLATION TYPE CODES (INST: TYPE)

Removed As of 04/A/04

PA CASE TYPE CODES (PA: TYPE)

- ADC** (PA Center) **This category is no longer valid.** Aid to Dependent Children (Will be replaced by FA)
- ADCU** (PA Center) **This category is no longer valid.** Aid to Dependent Children - Unemployed (Will be replaced by FA)
- HR** (PA Center) **This category is no longer valid.** Home Relief (Will be replaced by SNCA)
- HRPG** (PA Center) **This category is no longer valid.** Home Relief Pre Investigation (Clients will be evaluated and transferred to one of the new categories)
- FA** (PA Center) Family Assistance (Replaces ADC, ADCU and HR Families)
- SNCA** (PA Center) Safety Net Cash Assistance (Replaces HR, except HR Families)
- SNNC** (PA Center) Safety Net Non-Cash. To be used for Safety Net Cash cases that have reached the two year limit for cash assistance, the 60 month for the total of Family Assistance and Safety Net Cash Assistance, or Singles who have been determined unable to work due to drug/alcohol problems, but were compliant, i.e in treatment.
- SNFP** (PA Center) Safety Net Federally Participating. To be used for FA cases in which the head of household or an adult who is a mandatory member of the case fails to comply with drug/alcohol [d/a] requirements, or in which such an individual is deemed unemployable due to their d/a problem, but is in compliance with d/a requirements and is in treatment.
- EAA** (PA Center) Emergency Assistance for Adults (No change)
- EAF** (PA Center) Emergency Assistance for Families (No change)

PA/FS STATUS CODES (PA: STAT, FS: STAT)

- AC** Active
- AP** Applying
- CL** Closed
- NA** Not Applying
- RJ** Denied
- SI** Single Issue

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL02: HOUSEHOLD/SUFFIX FINANCIAL DATA (CONT'D)

PA/FS ROUTING CODES (PA: RTG, FS: RTG)

- E220 HPD
- E500 TEAP
- ROXX Returning to administering IM Center (or FS Center)

PA ADDITIONAL NEEDS TYPE CODES (PA: ADDL: TY)

- 06 Refrigerator Rental (use with Shelter Type Code 06)
- 09 Chattel Mortgages
- 22 Water Proration
- 40 Temporarily Absent Individual(s) In Congregate Care Facility
- 42 HSP Shelter Allowance Supplement
- 43 LTSP Recurring Rent Supplement
- 44 EIHP Recurring Rent Supplement
- 47 Family Eviction Prevention Supplement
- 48 Shelter Allowance Supplement Adults Only

FS CATEGORICAL ELIGIBILITY CODES (CE)

System Generated Codes

- Y Receipt of FA, SNFP, SNCA, SNNC or SSI by All Members of the FS Household
- N Household is not Categorically Eligible

FUEL INDICATOR CODES (PA: FUEL)

- X Exclude Suffix Not Paying Fuel Cost From Fuel Allowance
- 1-9 Indicates the Number of Temporarily Absent Individuals.

RESTRICTION TYPE CODES (RST)

- 1 Direct Involuntary
- 2 Two-Party Involuntary
- 3 Direct Voluntary (Restrict Actual Rent Paid)
- 4 Two-Party Voluntary (Restrict Actual Rent Paid)
- 5 Direct Voluntary
- 6 Two - Party Voluntary
- # Delete a Restriction

ASSOCIATED CODES (ASSOC: CD)

- 70 Shelter (Use with Restriction Codes 1, 2, 3, 4, 5 & 6)
- 71 Water (Use with Restriction Codes 1, 2, 5 & 6 only)
- 72 Fuel (Use with Restriction Codes 1, 2, 5 & 6 only)

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS

30+1/3 INDICATOR (30 1/3)

- 5 Allows \$30 Earned Income disregard for budgets with effective dates prior to 11/A/97 (Only for use on scratchpad budgeting)
- 9 Allows the \$30 +1/3 Earned Income disregard for budgets with effective dates prior to 11/A/97 (Only for use on scratchpad budgeting)

EXPECTED DATE OF CONFINEMENT CODES (EDC)

- N Not Eligible for Pregnancy Allowance
- S Stop Pregnancy Allowance (System Generated)

EMPLOYMENT TRAINING INDICATOR CODE (ETI)

- T Training and Employment Assistance Program (TEAP)

SPECIAL BUDGETING (SPEC)

- Y Individual is In Household and is Less Than 19, or 19 and Over and Diagnosed With AIDS or HIV
- N Individual Not In Household, or Individual In Household is 19 or Older and Not Diagnosed With AIDS or HIV

RELATIONSHIP INDICATOR CODES (REL)

- Y SSI Individual Would be in Filing Unit
- N Individual with SSI is Not in Filing Unit

EMPLOYABILITY STATUS CODES (EMP)

- 01 Dependent Student-Employed Fulltime or Part-time.
- 02 Non-Dependent Student-Employed Fulltime or Part-time.
- 04 Non-Student Employed Full Time or Part Time
- 10 Striker
- 13 Employed, No Work Deductions

PA/FS STATUS CODES (PA: STS, FS: STS)

- AC Active
- AP Applying
- CL Closed
- NA Not Applying
- RJ Denied
- SI Single Issue
- SN Sanctioned
- WD Withdrawn

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS (CONT'D)

AGED/DISABLED INDICATOR CODE (A/D)

X Aged or Disabled

FINANCIAL/ALIEN INVOLVEMENT CODES (INV)

Y Individual resides in the household

N Individual does not reside in the household

INCOME SOURCE CODES (INCOME/RECURRING: SRC)

- 01 Salary, Wages
- 02 On the Job Training
- 03 Work Experience Non-WIN
- 04 Annuity Mortgage Loan
- 05 Family Day Care Provider Income
- 06 Net Business Income/Self- Employment Income
- 07 Office of Vocational Rehabilitation
- 08 Net Income from Rental of House, Store or Other Property; Worked More than 20 hours Per Week
- 09 Net Income from Rental of House, Store or Other Property; Worked Less than 20 hours Per week
- 10 Volunteers in Service to America (VISTA)
- 11 Income from Boarder, Boarder/Lodger
- 12 Net Income from Lodger
- 13 Adoption Subsidy
- 14 Court Ordered Alimony, Spousal Support, Child Support Payment
- 15 Dividends, Interest or Periodic Receipts from Stocks, Bonds, Mortgages, Bank Accounts, Trust Funds, Annuities, Credit Unions, Estates, etc.
- 16 Black Lung Disease Program
- 17 Educational Grants and Loans
- 18 Disabled Veteran's Benefits (Service Connected)
- 19 Disabled Veteran's Benefits (Non-Service Connected)
- 20 Lump Sum Payment
- 21 NYS Disability Insurance
- 22 Railroad Retirement Benefit
- 23 Railroad Retirement Benefit - Dependent
- 24 Pensions, Retirement Benefit
- 25 Severance Pay

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS (CONT'D)

INCOME SOURCE CODES (INCOME/RECURRING: SRC) (CONT'D)

- 26 Sick Pay (Individual Provided Insurance)
- 27 Social Security Disability Benefit
- 28 Social Security Survivors Benefit
- 29 Social Security Retirement Benefit
- 30 Social Security Dependent Benefit
- 31 SSI Benefit
- 32 Union Benefits
- 33 Workers Compensation
- 34 Income In Kind
- 35 Earned Income Credit
- 36 Unemployment Insurance Benefits
- 37 Income from TEAP
- 38 Public Assistance Grant
- 39 Comprehensive Employment Opportunity Support Center (CEOSC)
- 40 Sick Pay (Employer Provided Insurance)
- 42 Prior PA Budget Deficit- PA Incremental Sanction - Individual is Not Sanctioned for FS for the same Reason as the PA Sanction
- 43 FS Ineligible Individual - Individual Active for PA and Ineligible for FS due to a FS Disqualification
- 44 PA/Budget Reduction - PA Budget Deficit is reduced due to Non Compliance with IV-D Requirements for Recipient or Re-Applying Household
- 45 PA Budget Reduction-PA Budget Deficit is Reduced Due To Non-Compliance with IV-D Requirements for Applicant Households.
- 46 PA Prorata Sanction-Recipient or Re-Applying Households Sanctioned Due to Non-Compliance with Employment or Drug/Alcohol Requirements
- 47 PA Prorata Sanction-Applicant Households Sanctioned Due to Non-Compliance with Employment or Drug/Alcohol Requirements.
- 48 Income from Spina Bifida
- 49 Individual Active for PA and Inactive for FS - Living as Separate FS Household -Individual is either Ineligible or has chosen Not to Receive FS
- 50 Income from Non-Legally Responsible Persons in Household
- 51 Income from Non-Legally Responsible Persons Outside the Household
- **52 Income from Legally Responsible Relative
- 53 Income from Stepparent
- 54 Income from Sponsor
- 55 Veteran's Benefits or Pension
- 56 Income from Applying Legally Responsible Relative
- 57 Earned Earnings from JTPA
- 58 Unearned Earnings from JTPA
- 59 Foster Payments (For Individual Less than 21 Years of Age)
- 60 OVESID Training Allowance (Formerly OVR)

****Invalid As of 12/A/04**

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS (CONT'D)

INCOME SOURCE CODES (INCOME/RECURRING: SRC) (CONT'D)

- 61 Alimony Spousal/Child Support Assigned to the Agency
- 62 EIC Lump Sum
- 63 Lump Sum Severance Pay
- 65 Earned Earnings from JTPA/OJT
- 66 Alimony Arrears
- 71 Excess Support Payment
- 79 SSI Individual Invisible to WMS
- 80 PA only Earned Income
- 81 PA Only Unearned Income
- 82 Individual In Care - FS Only (Congregate Care)
- 83 Individual In Care - PA/FS (Congregate Care)
- 84 Individual In Care - FS Only (RTC)
- 85 Individual In Care - PA/FS (RTC)
- 86 FS Ineligible Alien Does Not Contribute to Shelter Costs
- 87 Child Support Bonus Payment (System Generated)
- 88 STEP-School to Work Employment Program
- 90 Contribution from Parent/Grandparent
- 91 HUD Utility Allowance-Payment Made to Client or Utility Company
- 92 FS Ineligible Alien-Contributes to Shelter Costs
- 94 Retrospective Supplementary Income
- 96 Included in FS Household for FS Categorical Eligibility
- 97 FS Ineligible Student - Student Active for PA and Ineligible for FS
- 98 Other Earned Income
- 99 Other Unearned Income

INCOME FREQUENCY CODES (INCOME: FREQ)

- | | | | |
|----------|----------------------|----------|-----------------------|
| B | Biweekly | 1 | Once per Month |
| M | Monthly | 2 | Twice per Month |
| S | Semi- Monthly | 3 | Three Times per Month |
| W | Weekly | 4 | Four Times per Month |
| 5 | Five Times per Month | | |

PROGRAM INDICATOR CODE (PROG)

- B** Both PA and FS
- F** FS Only
- P** PA Only
- I** PA Only (Ineligible Student)
- L** Both PA and FS (LRR Individual)

USAGE CODES (INCOME: U)

- 1 through 7** Number of Boarder/Lodgers or Lodgers

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11/22/2004

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS (CONT'D)

INCOME EXEMPTION CODES (INCOME: CD)

- 01** Family Day Care Provider Income Exemption Amount (Use With Income Source Code 05)
- 02** FS PASS Exempt Income Amount (Use With Income Source Code 31)
- 03** Boarder/Lodger Exempt Income Amount - 2 Meals or Less (Use with Income Source Code 11- Applied in FS Budget Calculation Only)
- 04** Boarder/Lodger Exempt Income Amount - 3 Meals (Use with Income Source Code 11)
- 07** Lodger Exempt Income Amount (Use With Income Source Code 12 - Applied in PA Budget Calculation Only)

DEDUCTION TYPE CODE (DEDUCTIONS: TYP)

- 78** Child Support Exclusion

DAYCARE TYPE CODES (DAYCARE: TYP)

- 98** Day Care Fee Amount (Used to calculate FS Only)
- 99** Case Not Eligible for Day Care Supplementation (Used to calculate FS Only)

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03/24/2003

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS (CONT'D)

ASSOCIATED CODE (ASSOC: CD)

61 TPHI

INDIVIDUAL SPECIAL NEEDS TYPE CODES (SPEC NDS: TY)

- 01 Restaurant Allowance - Dinner (\$29.00 Monthly)
- 02 Restaurant Allowance - Lunch and Dinner (\$47.00 Monthly)
- 03 Restaurant Allowance - Breakfast, Lunch and Dinner (\$64.00 Monthly)
- 13 Home Delivered Meals
- 14 Restaurant Allowance - Breakfast (\$17.00)
- 15 Restaurant Allowance- Lunch (\$18.00)
- 16 Restaurant Allowance - Breakfast and Lunch (\$35.00 monthly)
- 19 Third Party Health Insurance
- 21 Essential Person
- 23 Restaurant Allowance- Breakfast and Dinner (\$46.00 monthly)
- 25 Carfare (Homeless PA Recipients)
- 31 Restaurant Allowance - Dinner (\$65.00 Monthly)
- 32 Restaurant Allowance - Lunch and Dinner (\$ 83.00 Monthly)
- 33 Restaurant Allowance - Breakfast, Lunch and Dinner (\$100.00 Monthly)
- 34 Restaurant Allowance - Breakfast (\$53.00 Monthly)
- 35 Restaurant Allowance - Lunch (\$54.00 Monthly)
- 36 Restaurant Allowance - Breakfast and Lunch (\$71.00 Monthly)
- 37 Restaurant Allowance - Breakfast and Dinner (\$82.00 Monthly)
- 50 Separate Food Stamp Household Supplement
- 51 Transportation and Nutritional Drink Allowance
- 57 Child Care Allowance for Non-PA Non-Legally Responsible Caretaker

RESTRICTION TYPE CODES (RST)

- 1 Direct Involuntary
- 2 Two Party Involuntary
- 5 Direct Voluntary
- 6 Two-Party Voluntary
- # Delete a Restriction

**CHAPTER 3 -
DATA ENTRY FORMS**

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575

PICK-UP CODES

- 1 Special Roll Check
- 2 Pended Until 45th Day of SNFP/SNCA/SNNC Eligibility
- 4 Same Day Immediate Needs
- 5 Emergency Public Assistance Check (E-Check)
- 6 Emergency Check Issued Via The E-Check Authorization Print Process (This is a system generated code)
- 7 Emergency Cash Payment (E-Cash)
- 9 EBT Emergency PA Single Issue Special Grant

SPECIAL GRANT CODES (ISSUANCE CODES)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
02	REGULAR ALLOWANCE (Recurring Needs)	Use only once in a s/m period.
03	SUPPLEMENTATION OF CURRENT MONTH	
04	SUPPLEMENTATION OF PREVIOUS MONTH	To correct an administrative error for a period of up to 12 months.
05	PREGNANCY ALLOWANCE	Use Code 05 for FA/SNFP cases only. If the allowance is for a SNCA/SNNC case, use code 03. When the EDC date is entered in a budget, WMS will generate a pregnancy allowance in the fourth month or later of a medically verified pregnancy. Disbursing a single issuance for the fourth and fifth month is no longer necessary, unless, it is for missed benefits.
07	REPLACEMENT OF LOST STOLEN/UNDELIVERED CHECKS	Replacement may not exceed original amount.
08	REPLACEMENT OF CANCELLED CHECK	Cancelled check number and date must be entered on DSS 3575 . May not be used for EAA cases.

* **NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

- Up to \$999.99 AJOS I/PAA I
- \$1000 to \$1,999.99 AJOS II/PAA II (Assistant Deputy Director)
- \$2,000 and over ADMIN JOS I (Deputy Director)
- All special grant code 99's and must have approval from an ADMIN JOS II (Center Director)

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11/21/2005

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
09	RENT ONLY	Supplementation of current month or previous month(s) rent while in receipt of PA, or for a direct vendor payment - valid for FEPS. This code can be used to pay only rent, property taxes and/or mortgage arrears. No PA funds can be used to pay for dispossess fees, attorney charges, other legal fees or court costs related to housing. For SNCA Cases a two-party check may be authorized as an aid to management of funds.
10	UTILITY GRANT TO PREVENT TURN OFF/ RESTORE SERVICES (PRIOR TO PA)	For accumulated natural gas and or electric arrears, prior to receiving PA. No more than four months allowed if the arrears have occurred in same dwelling, not to be used for payment of water bills.
14	REPLACEMENT OF LOST OR STOLEN CASH	For EAF cases, enter "EAF" in category box on DSS-3575 . Maybe authorized only once in a consecutive 12-month period. Consultant: Case Consultant (212) 331-5533 180 Water Street 21 st floor.
15	PAYMENT OF INSTALLATION DEBT	EAA cases only.
16	TRANSPORTATION TO POINTS OUTSIDE NYC	For Waverly JC-Transportation Unit Only.
17	CARFARE FOR HOMELESS ADULTS	This code appears on Benefits Issuance History Screen NQCS5A when special Individual Needs Code 25 is entered through External Budgeting. Code 17 cannot be data entered through the PA Single Issuance subsystem.

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11/24/2003

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
18	EXPENSES CONNECTED WITH MAINTAINING HOUSING	To maintain current dwelling. Use for repairs of refrigerator/stove and fumigation fees only.
19	REPLACEMENT OF HEATING EQUIPMENT	Cooking stove and refrigerators only.
20	DISPOSSESS FEES/RELATED COST	Cannot be used with code 09
21	STORAGE FEES	Must be two-party check.
22	MOVING EXPENSES	
23	OCCUPATIONAL TRAINING - TRANSPORTATION	Transportation expense for training and educational programs.
24	THIRD PARTY HEALTH INSURANCE	This code appears on Benefit Issuance History Screen NQCS5A when Special Individual Needs Code 19 is entered through External Budgeting. Code 24 cannot be data entered through the SI Benefit subsystem.
25	SHELTER AND/OR REPAIR ALLOWANCE FOR HOMEOWNER	For repair allowance.
27	THIRD PARTY HEALTH INSURANCE PAYMENT	For FIA Transitional Benefits Unit.
28	BI-WEEKLY SUPPLEMENT WEP CARFARE	
29	BI-WEEKLY RECURRING WEP CARFARE	

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11/24/2003

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
30	RENT PAYMENTS IN EXCESS OF MAXIMUM	Restricted to applicants only. Refer to current procedure for conditions under which the grant can be issued.
31	PRE-PA RENT ARREARS	
32	BI-WEEKLY RECURRING CHILDCARE	
35	EAU PAYMENT	Originating Center must be IPM.
38	SECURITY DEPOSIT PRIVATE HOUSING	
39	RENT IN ADVANCE TO SECURE AN APARTMENT	Funds not previously issued.
40	RENT IN ADVANCE TO AVOID EVICTION	Covers a period for which the shelter allowance was previously issued. Must be a two party check. This code produces a system generated recoupment.
41	UTILITY GRANT TO PREVENT TURN OFF OR RESTORE UTILITY SERVICES (MISMANAGEMENT)	Must be a two-party "E" check and the worker must enter a Recoupment Indicator on form DSS-3575 . The grant may cover bills for the most recent four months immediately prior to the date of the request. NOTE: If a utility advance is required due to an administrative error, use code 04 . "Pre-Approval Needed from Center Director"
42	BROKER'S AND FINDER'S FEES	
43	ACCRUED RENT WHILE ON PA	For any accrued rent arrears more than 12 months. If duplication, use code 40 .

*** NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

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11.24/2003

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
44	IMMEDIATE NEEDS GRANT	
45	DISASTER SUSTENANCE	May be granted as EAA/EAF.
46	DISASTER CLOTHING	May be granted as EAA/EAF
47	DISASTER HOUSEHOLD FURNISHINGS AND REPLACEMENTS	May be granted as EAA/EAF payment can be divided into two grants if a large sum is to be issued.
48	DISASTER SHELTER-TEMPORARY HOUSING	Rent in advance for temporary housing (includes hotel fees). May be granted as EAA/EAF.
49	DISASTER TRANSPORTATION TO HOME OF FRIEND OR RELATIVE OR TO A SHELTER	May be granted as EAA/EAF.
50	NON-RECOUPABLE UTILITY GRANT (NO MISMANAGEMENT)	Must be issued as a two-party "E" check. Period covered cannot exceed 4 months. May be granted as EAA/EAF
51	CHILDCARE FEES TO ATTEND FAIR HEARING	Form FH-1 authorization issued by NYC Office of Legal Affairs and letter from child care provider are required
53	JOB SEARCH EXPENSES	

* **NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

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07/17/2006

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
54	CHILD SUPPORT BONUS PAYMENT	For FIA Office of Central Processing (OCP) only.
55		EMPLOYMENT AND TRAINING SPECIAL NEEDS
56	REPLACEMENT FOR CODES 54 OR 70 ONLY	
58	EMERGENCY CHILDCARE FEES	May be used for EAF case. Use this code to issue emergency, temporarily child care which has been authorized by the office of Information, Liaison and Adjustment Services.
59	NYCHA RENT ARREARS	Must be a direct vendor payment.
60	ESTABLISHMENT OF A HOME	
61	BASIC KITCHEN EQUIPMENT PATIENT DISCHARGED FROM NYS MENTAL HYGIENE FACILITY	
62	MAINTENACE OF HOME	EAA cases only. For rent and utilities up to a maximum of six Months.

*** NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

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- \$1000 to \$1,999.99 AJOS II/PAA II (Assistant Deputy Director)
- \$2,000 and over ADMIN JOS I (Deputy Director)
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11/24/2003

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
63	MISMANAGEMENT OF CASE	EAA cases only.
64	FOOD STAMP	For NPA recipients only.
65	TRAINING EXPENSE JOBS EXTENDED SUPPORTIVE SERVICES	Originating center must be TBU.
66	HOMES BILLING SYSTEM PAYMENT	For Inquiry only. Not data entered by Job Centers.
67	HOMES BILLING SYSTEM RECOUPMENT	For Inquiry only. Not data entered by Job Centers.
68	PRORATED FINAL ISSUANCE	System Generated. Not data entered by Job Centers.
70	CHILD SUPPORT BONUS PAYMENT	System Generated. Not data entered by Job Centers.
71	EXCESS CURRENT SUPPORT PAYMENT	
72	EXCESS ARREARS SUPPORT PAYMENT	
73	SUPPLEMENTATION OF REGULAR GRANT	Due to Fair Hearing Decision
74	BENEFIT RESTORATION	Due to Fair Hearing Decision
75	RENT HELD IN ESCROW	

* **NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

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- \$1000 to \$1,999.99 AJOS II/PAA II (Assistant Deputy Director)
- \$2,000 and over ADMIN JOS I (Deputy Director)
- All special grant code 99's and must have approval from an ADMIN JOS II (Center Director)

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11/21/2005

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
76	SNCA JOB SEARCH CARFARE EXPENSES	Grants cannot exceed \$60.00 per month.
77	COURT ORDERED RETROACTIVE PAYMENT	
78	LEARNFARE REFUND	Discontinued
80	EMERGENCY HEAP PAYMENT	Must be a two-party check.
81	REPLACEMENT OF LOST/ STOLEN SSI BENEFITS	For EAA cases. Replacement of check only. For replacing cash use code 45
82	DIRECT HEAP PAYMENT TO LILCO	
84	NPA HEAP PAYMENT	
86	AIRS (AIDS)	Issued by MIS only for shelter.
90	DIRECT HEAP PAYMENT TO CON ED	
91	DIRECT HEAP PAYMENT TO KEYSpan	
92	DIRECT VENDOR TO CON ED	Issued by MIS only.
93	DIRECT VENDOR TO KEYSPAN	Issued by MIS only.
94	UTILITY VENDOR REFUND	Issued by MIS only.

*** NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

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- \$1000 to \$1,999.99 AJOS II/PAA II (Assistant Deputy Director)
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- All special grant code 99's and must have approval from an ADMIN JOS II (Center Director)

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07/17/2006

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
96	HEAP FAIR HEARING	
97	REPLACEMENT OF HEAP CHECK	Must be issued as an "E" check.
98	REGULAR HEAP VENDOR PAYMENT	
99	OTHER	Specify reason for the use of code 99 (when code 01- 98 do not apply). Additional signature needed from the Center Director.
A8	HSP RENT SUPPLEMENT (RECOUPABLE)	Used to authorize shelter supplement on Housing Stability Plus (HSP) cases. This code produces a system-generated recoupment.
A9	HSP RENT SUPPLEMENT (NON-RECOUPABLE)	Used to authorize shelter supplement on Housing Stability Plus (HSP) cases.
D5	DIVERSION PAYMENT	For specific non-recurring payment for situation or episode of immediate need. Can be used on active cases or closed cases with TB indicator.
D7	TRANSITIONAL SERVICES PAYMENT	Used to authorize employment related expenses. Can be used on active cases or closed cases with TB Indicator. SNCA/ SNNC must have individual with ST/FED Code 63.
D8	DIVERSION RENTAL PAYMENT	For specific short-term payment (four months or less) to deal with crisis situation that requires a rent payment. Can be used on active cases or closed cases with TB indicator. SNCA/ SNNC must have an individual with ST/FED Code 63.
D9	DIVERSION TRANSPORTATION PAYMENT	Used to issue a non-recurring payment for employment related transportation expenses. Can be used on active cases or closed cases with TB indicator.

* **NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

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- \$1000 to \$1,999.99 AJOS II/PAA II (Assistant Deputy Director)
- \$2,000 and over ADMIN JOS I (Deputy Director)
- All special grant code 99's and must have approval from an ADMIN JOS II (Center Director)

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07/17/2006

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
K3	CAP CHILD SUPPORT RECONCILIATION	Discontinued.
K4	CAP CHILDCARE	Discontinued.
K5	CAP GRANT	Discontinued.

*** NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

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10/23/2006

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SHELTER/RECOUPMENT INDICATOR

- 01 Initiates Recoupment and Restricts Rent Without ten-day Timely Notice period
- 02 Initiates Recoupment and Restricts Rent With ten-day Timely Notice
- 05 No Recoupment or Restriction
- 06 Initiates Recoupment Only Without ten-day Timely Notice Period-No Restriction
- 11 Initiates Recoupment Only With ten-day Timely Notice- No Restriction

RESTRICTED INDICATOR

- 1 Unrestricted
- 2 Vendor As Authorized (Direct Payment)
- 8 Other
- 9 Restricted (Two - Party)

SHELTER TYPE CODES (SHELTER: TYPE)

- 01 Unfurnished Room or Apartment (For PA SI Codes 40 and 41 this code is defined as "M3E indicator is signed.")
- 02 NYCHA Apartment Utilities Included (For PA SI Codes 40 and 41 this code is defined as "M3E Indicator is signed")
- 03 Own Home (Includes Trailer)
- 04 Room and Board
- 05 No recoupment generated (To be used with PA SI Codes 40 and 41.)
- 06 Hotel Motel Temporary
- 08 Subsidized Housing-Certificate Program
- 11 Room Only
- 13 Residential Programs for Victims for Domestic Violence - less than 3 meals per day
- 14 Residential Programs for Victims of Domestic Violence- 3 meals per day
- 15 Congregate Care Level 1 (NYC / Nassau / Suffolk / Westchester / Rockland)
- 16 Congregate Care Level 2 – State Certified (NYC / Nassau / Suffolk / Westchester / Rockland)
- 19 Approved Medical Facilities - Non Hospital
- 20 Rental Supplement
- 23 Undomiciled
- 24 NYCHA Utilities Not Included (Rent Public)
- 25 Rented Private Home
- 26 Furnished Room or Apartment
- 27 Residential Treatment Center - Non -Level 2
- 28 Congregate Care Level 1-Rest of State
- 29 Congregate Care Level 2-State Certified -Rest of State
- 30 Scatter Site Homeless Housing Non Tier I/Non Tier II Less than 3 meals daily
- 31 Residential Treatment Center-Level 2 Facility-NYC, Nassau, Suffolk, Westchester, and Rockland
- 32 Residential Treatment Center-Level 2 Facility-Rest of State
- 33 Homeless Shelter - Tier 1 or Tier II (Less than 3 meals Per Day)
- 34 Homeless Shelter - Tier II (3 meals per day)

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SHELTER TYPE CODES (SHELTER: TYPE) (CONT'D)

- 35** Homeless Shelter - Non-Tier 1 or 11
- 38** Subsidized Housing - Deep Subsidy -Voucher Program/Project Based Section 8/Section 236
- 39** Subsidized Housing -Shallow Subsidy - Section 236 /Section 202
- 40** Section 8 Voucher - 30% Limit
- 41** Jiggets-Approved Excess Shelter
- 42** Congregate Care Level 3 - Adult Homes and DOH Enriched Housing
- 43** Congregate Care Level 2 - OMH/OMRDD Supervised/Supportive Apartments
- 44** Supportive/Specialized Housing

RECOUPMENT INDICATOR CODES

- 01** Indicates Recoupment and Restricts Rent Without a Ten-Day Timely Notice Period
- 02** Indicates Recoupment and Restricts Rent With a Ten - Day Timely Notice
- 05** No Recoupment or Restriction

CATEGORY CODES

- EAA** Emergency Aid to Adults
- EAF** Emergency Aid to Families
- FA** NEW CATEGORY. Family Assistance
- SNCA** NEW CATEGORY. Safety Net Cash Assistance
- SNFP** NEW CATEGORY. Safety Net Federally Participating
- SNNC** NEW CATEGORY. Safety Net Non- Cash
- ADC** THIS CATEGORY IS NO LONGER VALID. Aid to Dependent Children
- ADCU** THIS CATEGORY IS NO LONGER VALID. Aid to Dependent Children Unemployed
- HR** THIS CATEGORY IS NO LONGER VALID. Home Relief
- HRPG** THIS CATEGORY IS NO LONGER VALID. Home Relied Pre-Investigation Grant

ROUTING LOCATION

- R001** 180 Water St/Landlord Ombudsman
- R090** Office of Project Management
- R091** Office of Project Management

FS SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3574

ISSUANCE CODES

PA

- 06 Prorated/Partial PA
- 10 Daily Supplement (Includes Replacement of Food Destroyed in a Disaster)
- 14 Single Issuance - Full Month
- 18 Disaster Related Issuance
- 20 Daily Retroactive Benefit
- 24 Replace Stolen Benefits
- 28 Replace Undelivered Benefits
- 32 Replace Coupons
- 36 Disaster Related Issuance (Dispersed as Paper Check)
- 38 Disaster Card Issuance
- 41 Replace Destroyed Benefits
- 45 Expired/Mutilated/Cancelled Benefits
- 52 Expedited Service, Verified For PA/FS cases
- 54 Expedited Service -Not verified for PA/FS cases
- *60 Alternate Food Stamps (Use form DSS - 3574 A)
- 66 RTC Supplementation **(NOT DATA ENTERABLE - SYSTEM GENERATED)**
- 90 RTP Negative FS Adjustment **(NOT DATA ENTERABLE - SYSTEM GENERATED)**
- **K6 SI CAP FS (to be issued as cash)
- **K9 SI PRE-CAP FS (to be issued as cash)

**** These codes are obsolete as of 12/04/2000**

NPA

- 08 Prorated/Partial PA
- 12 Daily Supplement (Includes Replacement of Food Destroyed in a Disaster)
- 16 Single Issuance - Full Month
- 19 Disaster Related Issuance
- 22 Daily Retroactive Benefit
- 26 Replace Stolen Benefit
- 30 Replace Undelivered Benefits
- 34 Replace coupons
- 37 Disaster Related Issuance (Dispersed as Paper Check)
- 39 Disaster Card Issuance
- 43 Replace Destroyed Benefits
- 47 Replace Expired/Mutilated/Cancelled Benefits
- 53 Expedited Service – EBT, Verified for NPA/FS Cases
- 55 Expedited Service - Not Verified for NPA/FS cases

PA RECOUPMENT DATA ENTRY FORM - DSS 3573

ACTION CODES

- 1 New Claim
- 2 Change in Data
- 3 Suspend Claim
- 4 Delete Claim
- 5 Fair Hearing- Aid to continue
- 6 Lift Fair Hearing - Aid to continue
- 7 Transfer Recoupment to New Case
- 8 Reinitialize Claim

OFFENSE TYPE CODES

- C Concealment
- D Duplicate Check Fraud
- E Agency Error
- F Fraud (Conviction by a court or recipient admission of fraudulent receipt of benefits. Can be entered only by CFI-The Bureau of Client Fraud Investigation.)
- N Emergency Rent Arrears
- Q Utility Direct Vendor **(System Generated)**
- R Rent Advance
- S Rent Payments In Excess of Maximum
- U Utility Advance
- X Contested Reduction

OFFENSE SUBTYPE CODES

- 01 Receipt of Employment Earnings by the Grantee/Spouse
- 02 Receipt of Employment Earnings by a Family Member other than Grantee/Spouse
- 03 Receipt of Unemployment Insurance Benefits
- 04 Receipt of OASDI Benefits by the Grantee/Spouse
- 05 Receipt of OASDI Benefits for a Dependent Child/Children
- 06 Receipt of SSI Benefits by the Grantee/Spouse (HR cases in which no DSS - 2424/M2 was Signed)
- 07 Receipt of SSI Benefits for a Dependent Child/Children (HR cases only)
- 08 Receipt of State Disability Benefits
- 09 Receipt of Workmen's compensation
- 10 State Disability or Workmen's Comp (Vet Disability)
- 11 Receipt of Pension Benefits from a Public or Private Source (Includes Railroad Retirement)
- 12 Receipt of Union or other work- related Benefits
- 13 Receipt of Military Service Benefits (Inc Pension)
- 14 Receipt of Income Tax Refunds
- 15 Receipt of Non-Exempt Educational Stipends (In excess of Necessary School Expense)
- 16 Decrease in Rentals Needs (Incl. Elimination/Reduction of Rent Due to Bldg. Violation or Abandonment)

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PA RECOUPMENT DATA ENTRY FORM - DSS 3573 (CONT'D)

OFFENSE SUBTYPE CODES (CONT'D)

- 17 Forfeiture of Broker's or Finder's Fees, Moving Expenses, Security Deposit or Payments Made to the Landlord (at the former address) required by the security Deposit Agreement Due to Non Payment of Rent or Failure to Return Refunded Security Deposit
- 18 Receipt of Income from a Legally Responsible Relative (Includes Alimony Child Support)
- 19 Receipt of Unrestricted Income from a Non-Legally Responsible Relative/Friend
- 20 Receipt of Life Insurance Benefits (Including Refund on Policy for Military Service Life Insurance)
- 21 Receipt of Income from Legal Settlement or property
- 22 Receipt of Income from a Lodger/Boarder-Lodger
- 23 Elimination or Reduction of the need for a Restaurant Allowance
- 24 Dependent Child's/Children's Death or Departure from the Household
- 25 Adult Family member's Departure from the Household
- 26 Elimination or Reduction of Child Care Fees
- 27 Elimination or Reduction of Need for Training or Employment Expenses
- 28 Elimination of Need for a Pregnancy Allowance
- 29 Receipt or Possession of a Liquid Asset (Including Bank Accounts/Bonds)
- 30 Receipt of Foster Care Allowance for a Dependent child
- 31 Receipt of Public Assistance on more than 1 case
- 32 Receipt of Proceeds of another Recipients PA check (Recipients cashed another's check and/or instead of own)
- 33 Receipt of an advance for moving expenses, Brokers' Fees and/or Finders' Fees which were issued due to Non-Payment of Rent
- 34 Court Order Support
- 88 Over Issuance for the Payment Period in which the case was closed (System Generated Code)
- 99 Miscellaneous

BYPASS RESTRICTION INDICATOR

- Y Yes
- N No

RESTRICTION/DIRECT TWO PARTY INDICATOR

- 1 Direct Restriction
- 2 Two -Party Restriction

FACILITY INVOLVEMENT DATA ENTRY FORM - DSS 3517-30 ITEMS 418-426

INCOMPLETE APPLICATION REASON CODES

<u>IA Code</u>	<u>Incomplete Application Reason</u>
01	Application Forms
02	Personal Demographics/Relationship
03	Social Security Number
04	Citizenship/Alien Status
05	Residence/Residency
06	Documentation of Medical Condition
07	DRD Required for Additional Medical Documents
08	Shelter Costs
09	Earned Income
10	Social Security Benefits (OASDI)
11	Private Pension Benefits
12	Other Income
13	Resources
14	Medicare
15	TPHI
16	Legally Responsible Relative
17	Current /Past Maintenance
69	Other

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THIRD PARTY DATA SHEET FORM - DSS 4198

RELATIONSHIP TO POLICY/HOLDER CODES (REL)

Enter a code for each person listed:

- 1 Self
- 2 Spouse
- 3 Child
- 4 Other
- 5 Custodial Child
- 6 Stepchild
- 7 IV-D Child
- 8 IV-D Spouse

POLICY SOURCE

Check off one of the following:

- A COBRA Premium
- B AIDS Program
- C LDSS Pays Center
- D LDSS Pays Employer
- E LDSS Reimburse Client
- F IV-D Court Ordered
- G Absent Parent Voluntary
- H Employment
- I Union
- J Fraternal Organization
- K Tuition Fee
- L Private Pay
- M Accident (Not Worker's Comp. Related)
- N Other
- O Military Service
- P Worker's Compensation
- Q Retirement Benefit
- * Not Applicable

Draft

POLICY SEQUENCE NUMBER

Generated by eMedNY System

COVERAGE

- | | | | | | |
|----|----------------|----|------------|----|------------|
| 06 | Clinic | 05 | EMRG Room | 19 | PSCH Inpat |
| 01 | Comp Med A | 04 | Home HLTH | 20 | PSCH Out |
| 02 | Comp Med B | 22 | Hospice | 17 | SUB AB INP |
| 15 | Dental | 03 | Inpatient | 18 | SUB AB OUT |
| 12 | Drug CoPay | 09 | Nursing HM | 14 | TRANSP |
| 11 | Drug MaJor MED | 16 | Opitcal | 21 | X-RAY |
| 10 | Drug Recovery | 07 | Phys Hosp | | |
| 13 | DME | 08 | Phys Offic | | |

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES

<u>CODES</u>	<u>VALUE</u>
T_CARR_CD	T_CARR_NAM
02	HIP OUTPATIENT
05	OTHER INSURANCE
06	GROUP HEALTH INC.
09	UNION INT.OF OPRTING ENG 295
10	HIP/HMO
12	BC/BS OF MNE
14	A&P HEALTH AND WELFARE
18	ADMINISTRATIVE SERVICES CO.
20	AFTRA HEALTH & RETIREMENT
22	AIG
23	EMPIRE BC
25	AIRFREIGHT WAREHOUSECORP
27	ALBANY INTERNATIONAL
28	ALLIED INTERNATIONAL UNION
29	ALLIED SECURITY HEALTH AND WELFARE
30	AMALGAMATED SERVICE
31	AMERCO
32	AMERICAN MEDICAL LIFE INS
34	AMERICAS CHOICE HEALTH PLAN
35	AMERIHEALTH ADMINISTRATORS
36	ATLANTIS HEALTH
38	BACL5NY WELFARE FUND
39	BAKERS LOCAL 3
40	BAKERY DRIVERS LOCAL 802
41	BC/BS CAREFIRST
42	BC/BS HEALTHFLEX NOW
43	BC/BS OF ALABAMA
44	BC/BS OF GREATER NEW YORK
45	EMPIRE BS
46	BC/BS OF ILLINOIS
47	BC/BS OF IOWA-WELLMARK
48	BC/BS OF MN
49	BC/BS OF NORTH DAKOTA
50	BC/BS OF RHODE ISLAND
51	BC/BS THROUGH SSA
52	BENEFIT CONCEPTS
53	BENESIGHT PCHS
54	BETTER HEALTH ADVANTAGE
55	BLUE CROSS BLUE SHIELD PP
56	BLUE CROSS OF NEW YORK
58	CAPITOL ADMINISTRATORS
59	CARPENTERS HEALTHCARE PLAN
60	CBSA
61	CENTRAL STATES
62	CENTRUS
65	CHATWINS HEALTHCARE ADMINISTRATORS

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
66	CHRISTIAN BROTHERS EMPLOYEES
67	CITYWIDE CENTRAL INS PROGRAM
69	COALITION FOR CARE
70	COLE MANAGED VISION
71	COMBINED WELFARE FUND
72	CORESOURCE INC
74	CUSTOM COVERAGE
88	ELDERPLAN
90	DAVIS VISION
99	NEW HIP
A1	UNION AM. POSTAL WORKERS
A2	AMERICAN PSYCH SYSTEMS
A3	AMERICAN MEDICAL LIFE INS CO
A4	ANTHEM LIFE
A5	AETNA:MEDICARE COST
A7	AMERICAN PIONEER LIFE INS CO
A8	ALTA HEALTH STRATEGIES
A9	ACORIDIA
AA	ACCIDENT INSURANCE
AC	AETNA LIFE INSURANCE COMPANY
AD	AETNA VARIABLE ANNUITY LIFE INS.
AE	AGWAY LIFE INS.
AF	AMERICAN FAMILY LIFE ASSURANCE
AG	ALLSTATE LIFE INSURANCE COMPANY
AH	AMALGAMATED LIFE INS. CO. INC.
AI	ALSTATE INSURANCE CO
AJ	ABSENT PARENT RESPONSIBILITY
AK	ALLIED BENEFIT ADMINISTRATORS
AL	AMERICAN GROUP ADMIN
AM	AMERICORPS
AO	ALTA RX PRESCRIPTION DRUGS
AP	AARP
AQ	AMERICAN INTEGRITY INS CO.
AS	ASSOC PLAN ADMIN INC (APA)
AU	AMERICAN MED. INS. CO.
AY	VIRGINIA SURETY COMPANY INC
AZ	AMERICAN PROGR.HLTH INS.CO.

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
B1	BC/BS HIGHMARK
B2	BS OF FLORIDA
B3	BS OF MASS
B4	BC/BS TN.
B5	BC/BS OF NORTHEAST OHIO
B6	SC/BS OF NEW JERSEY
B7	BLUE CHOICE PREFERRED
B8	BC UTICA
B9	BS UTICA
BA	BANKER'S LIFE COMPANY
BB	BANKER'S MULTIPLE LIFE INS. CO.
BC	BC CENTRAL NEW YORK
BCN	BC/BS OF NEBRASKA
BD	BC NE NY (NO LONGER USED - USE 12)
BE	BC WESTERN NY
BF	BENEFIT TRUST LIFE INS. CO.
BG	BS CENTRAL NY
BH	BS NE NY
BI	BS WESTERN NY
BJ	BC ROCHESTER
BK	BS ROCHESTER
BL	BC NEW JERSEY
BM	BS NEW JERSEY
BN	BC/BS OF CENTRAL NY - EXCELLUS BC/BS
BO	BC/BS OF NORTHEASTERN NY
BP	BC/BS WESTERN NY
BQ	BC/BS OF CONNECTICUT, INC.
BR	BC/BS FLORIDA
BS	DENTAL PAY
BT	BC/BS MASS.
BV	BLUE CROSS/BLUE SHIELD OF VERMONT
BW	BC FLORIDA
BY	BC MASS.
BZ	BC N.E. PA.
C1	BC CAPITAL PENNSYLVANIA
C3	CAPITAL DIST PHYS HEALTH PLAN
C4	CIGNA
C5	COMMUNITY BLUE
C6	CHOICECARE
C8	CONFEDERATION LIFE INSURANCE
C9	CLAIM MANAGEMENT SERVICES
CA	TRICARE REGION 1 CLMS/CHAMPUS
CB	COLONIAL PENN FRANKLIN INS CO
CBS	CORPORATE BENEFIT SERVICES OF AMERICA
CC	CONTINENTAL ASSURANCE COMPANY
CD	CONTINENTAL CASUALTY COMPANY
CE	BC/BS OF MICHIGAN

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
CH	CHUBB LIFE AMERICA
CJ	COLUMBIAN MUTUAL LIFE INS. CO.
CK	COMBINED LIFE INS. CO. OF NY
CL	UNION SER.EMP WELFARE FND CNY
CM	COMM.TRAVELERS MUT.INS.CO.
CN	UNION CATSKL SCH EMP BEN PLN
CO	COMPANION LIFE INS.CO.
CR	CONSOLIDATED MUT. INS. CO.
CS	CONTINENTAL AM. LIFE INS. CO.
CT	CONTINENTAL INSURANCE COMPANY
CU	UNION CSEA
CX	KAISER PERMANENTE CAP.DIST.
CY	BC/BS OF GREATER NY (HMO)
CZ	KAISER PERMANENTE SUFFOLK
D1	BC/BS OF THE NATIONAL CAPITAL AREA
D2	ERISCO
D3	PRO.INS. AGENTENTS GRP
D4	OXFORD INSURANCE CO.
D5	DC 37 HEALTH & SECURITY PLAN
D6	BENEFIT MANAGEMENT OF MAINE
D7	BLUE SHIELD OF NE PENN
D8	CHESTERFIELD RESOURCES INC
D9	UNION LOC 32 HLTH&PENS FND
DA	BENEFIT ADMINISTRATORS INS
DB	BC CALIFORNIA
DC	BENEFIT MANAGEMENT SERVICES
DE	BC/BS DELAWARE
DF	BC/BS OF ILLINOIS
DG	DIVERSIFIED GROUP BROKERAGE CORP
DH	COMPREHENSIVE BENEFITS CO
DI	CELTIC LIFE INS CO
DJ	BC/BS OF MISSOURI
DK	BC PHILADELPHIA
DL	OXFORD HLTH.PLAN M'CARE RISK
DP	DIVERSIFIED PHARMACEUTICAL SVC
DR	HIP GNY:MEDICARE COST
DS	HIP GNY:MEDICARE RISK
DV	CAREMARK
DW	H M 0 BLUE PREFERRED
DX	DELTA DENTAL

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
E1	EQUICOR
E2	EMPLOYEE SECURITY FUND
E3	ELM-CO AGENCY INC
E5	EXPRESS SCRIPTS
EA	EMPIRE ST. MUT.LIFE INS. CO.
EB	EQUITABLE LIFE ASSURANCE CO
EC	EMPL. MUT. LIAB. INS. CO./WIS.
ED	EQUITABLE LIFE INSURANCE CO./IOWA
EE	EQUITABLE VARIABLE LIFE INS. CO.
EF	EXECUTIVE LIFE INS. CO. OF NY
EH	EMPIRE PLAN/METROPOLITAN
EJ	SELF INSURED
ES	EMPIRE STATE CARPENTERS WELFARE BENEFIT FUND
EZ	BC EMPIRE BLUE EMPIRE PLAN
F1	FIRST FORTIS
F2	FIRST HEALTH
F3	CORPORATE HLTH.ADMISTRATORS
F5	PAN AMERICAN LIFE
F6	SNL ADMINISTRATORS
F7	UNITED HEALTH CARE
F8	VYTRA HEALTH CARE
F9	FIRST CARDINAL
FB	FARMERS/TRADERS LIFE INS.CO
FD	FEDERAL LIFE & CASUALTY COMPANY
FE	FIDELITY AND CAS. CO./NY
FF	FIDELITY MUTUAL LIFE INS. CO.
FG	DIVERSIFIED GROUP ADMINISTRATORS
FH	FIREMEN'S INS. CO. OF NEWARK NJ
FI	FIREMEN'S FUND AMERICAN LIFE INS.
FJ	EASTERN BENEFIT SYSTEMS INC
FK	FINGERLAKES RX
FL	PHARMACARE
FM	ECPA
FN	EDUCATOR'S MUTUAL
FQ	EOCNC/MULTIPLAN
FR	FOUNDATION HEALTH PLAN
FU	UNITED AMERICAN LIFE INS CO

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
G1	GROUP ADMINISTRATORS
G2	GUARDIAN CHOICE
G4	BC/BS GEORGIA
GA	GUARDIAN INS. & ANNUITY CO INC
GC	GERBER LIFE INSURANCE COMPANY
GF	EPOCH GROUP
GG	UNION GOV EMPL LIFE INS CO NY
GI	ASSURE CARE
GJ	GUARDIAN LIFE INS. CO. OF AM.
GK	GENESEE VALLEY GROUP HEALTH PLAN
GL	EYE MED VISION PLAN
GO	FCE BENEFIT ADMINISTRATOR
GW	GREAT WEST LIFE
GX	LONGVIEW FIBRE SELF INSURED
GZ	MEDICAL CLAIMS SERVICE
H1	HOLLOW METAL TRUST FUND
H4	FIRST REHABILITATION LIFE
H8	GALLAGHER BASSETT SERVICE
HA	HEALTH INS PLAN OF GREATER NY
HB	BCS INSURANCE COMPANY
HC	HEALTH AND WELFARE LIFE INS. ASSOC.
HD	HOSP SERV CORP BC OF UTICA
H1	HOLLOW METAL TRUST FUND
HE	HARTFORD ACC./INDEMN CO.
HF	HARTFORD LIFE INS CO
HG	MAGNA CARE
HH	NATIONAL MEDICAL HEALTH CARD SYSTEMS
HI	HOME LIFE INSURANCE COMPANY
HJ	HEALTH PLAN ADMINISTRATORS
HL	HEALTH CARE PLAN
HM	HIP OF NJ
HN	HEALTH SERVICES MEDICAL CORP
HO	BC/BS UTICA - EXCELLUS BC/BS
HP	HOSP.SERV.PLAN/LEHEIGH VALLEY
HQ	HEALTH ECONOMICS GROUP
HR	HEALTH SHIELD COMMUNITY HEALTH PLAN
HS	HEATHWAYS INC
HU	HEALTHNET
HV	HEALTH CLAIM SERVICES
HZ	HORIZON HEALTHCARE

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
IA	INT LIFE INVESTORS INS CO
IB	GENWORTH FINANCIAL
ID	INDECS
IF	INDEPENDENT HEALTH ASSOC. INC.
IG	GENERAL AMERICAN LIFE
IH	INCOME PROTECTION POLICY
IJ	HMO-CNY
IK	B.C. - INDEPENDENCE
IT	ITT LIFE INS CORP.
J1	J.J. NEWMAN & COMPANY
J2	JUSTO, INC
J3	ADVANTAGE HEALTH PLAN
J4	NORTH AMERICARE
J5	PHOENIX GROUP SERVICES
J8	JARDINE GROUP SERVICES
JA	J.C. PENNEY INSURANCE COMPANY
JB	JOHN DEERE INSURANCE COMPANY
JC	JOHN HANCOCK MUT. LIFE INS.CO
JP	GENERAL VISION
JU	GPA
JX	GROUP INS SERVICE CENTER
K1	VALUE BEHAVIORAL HEALTH
KC	BLUE CROSS/BLUE SHIELD OF KENTUCKY
KM	BC/BS WNY SR. BLUE
KN	ASO HEALTH PLANS
KO	INTEG. ALTERNATIVES COMM. NETWORK
L2	LOUISIANA OFFICE OF FROUP BENEFITS
LA	LIBERTY MUTUAL LIFE INS CO
LB	LIBERTY LIFE ASSURANCE COMPANY
LC	LINCOLN NAT.LIFE INS CO/NY
LD	LAWRENCE HEALTH CARE ADMIN SERV
LF	HARTFORD INSURANCE
LG	LUMBERMAN'S MUT. INS. CO
LH	UNION TEAMSTERS LOC.182
LI	LIFE OF AMERICA INS CO
LO	UNION LOC.1199
LW	HARVARD PILGRIM
M1	THE MAXON CO
M3	McCREW CARE
M4	BC/BS MONTANA
MB	MUTUAL OF OMAHA INS. CO.
MC	UNICARE
MD	MEDI-PLAN

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
ME	MAIL HANDLERS BENEFIT PLAN
MF	MEDICAL ADMINISTRATORS
MG	METROPOLITAN INS.& ANNUITY
MH	UPSTATE ADMINISTRATION SERVICE
MI	UNION UNITED FOOD WORKERS
MJ	MONARCH LIFE INSURANCE COMPANY
ML	MONTGOMERY WARD
MM	MUTUAL BENEFIT LIFE INS. CO.
MN	MUTUAL LIFE INS. CO./NY
MP	MUTUAL PROTECTIVE/MEDICO LIFE INSURANCE COMPANIES
MQ	MOHAWK VALLEY PHYS.HLTH PLAN
MS	UNION MILK PLANT EMP WELF TRUST
MT	MID-HUDSON HEALTH PLAN
MX	MGA PLAN ADMINISTRATORS
N1	NPA-NAT.PRESCR ADMIN
N2	NATIONAL BENEFIT LIFE INS CO
N3	NATIONAL PRESCRIPTION SVCS
N4	NYS AUTO DEALERS ASSOC
N5	NY FARM BUREAU/NYS BG
N6	NORTH MEDICAL COMM HLTH PLAN
N7	NAT.ASSOC. OF LETTER CARRIERS
N8	NASSAU CO. RETIREE HEALTHPLAN
NA	NY DENTAL SVCS CORP
NB	NY SCHOOL ATHLETIC PROTECT/PLAN
NC	NATIONAL CASUALTY COMPANY
ND	NY LIFE INSURANCE COMPANY
NE	NATIONWIDE GENERAL INS. CO.
NF	1ST PROVIDIAN LIFE/HEALTH INS.
NG	NORTHCARE PARTNERS
NH	NIPPON LIFE
NI	NATIONAL INSURANCE SERVICES INC
NJ	PARTNERS HEALTH PLAN
NK	NATIONWIDE LIFE INS. CO.
NL	NEW ENGLAND MUTUAL LIFE INS. CO
NM	MERITAIN HEALTH
NO	NOVA HEALTHCARE
NQ	HEALTH PLEX DENTAL
NR	NORTHWESTERN NAT. INS. CO.
NS	NH/VT HEALTH SERVICE
NT	BC/BS OF N.CAROLINA
NY	HEALTH SCOPE BENEFITS INC
OA	HEALTHNOW
OB	HEREIU
OX	HOTEL ASSOCIATION OF NYC

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
P1	PRINCIPAL MUTUAL INS CO
P2	PHYSICIANS HEALTH SERVICES
P3	PHARM SERV CORP OF NY (PSCNY)
P5	HRA
P6	HUMANA
PA	PRUDENTIAL ATT MYRNA LEACH
PB	PAUL REVERE LIFE INS. CO.
PC	PHOENIX MUTUAL LIFE INS CO
PD	PEERLESS INSURANCE COMPANY
PE	HEALTHSOURCE INC.
PF	PCS (OBSOLETE)
PG	PENN GENERAL SERV OF NEW ENG INC
PI	PACIFIC CARE
PJ	IAA
PK	IBOTV HEALTH AND WELFARE FUND
PL	PREMIER HEALTH NETWORK
PM	PROVIDENT LIFE & ACCIDENT INS.
PO	PROVIDENT MUT. LIFE INS.CO./PHIL
PP	MEDCO HEALTH
PR	PREFERRED CARE
PT	BS/PENNSYLVANIA
PU	POMCO INSURANCE
PW	PREMERA BLUE CROSS OF WASHINGTON
Q3	MDNYHEALTHCARE
R3	EQUITABLE PLAN SERVICES
R4	HARRINGTON BENEFIT SERVICES
RA	INSURANCE DESIGN ADMINISTRATORS
RB	INSURANCE MANAGEMENT SERVICES
RC	INTERNATIONAL BENEFIT ADMINISTRATOR
RD	ISLAND GROUP ADMINISTRATION
RE	ROCHESTER HEALTH NETWORK
RF	EXCELLUS BLUE CROSS BLUE SHIELD
RG	HIP RUTGERS HEALTH PLAN OF NJ
RM	RMSCO INSURANCE
RX	RX WEST

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
S1	BC/BS OF SOUTH CAROLINA
SB	SIEBA LTD
SD	SUSQUEHANNA ADMINISTRATORS INC
SE	SEARS, ROEBUCK & COMPANY
SG	SECURITY MUTUAL LIFE INS. CO.
SH	SENTRY LIFE INS. CO./NY
SL	ST LAWRENCE/LEWIS SCHOOLS INS
SM	SANUS HEALTH PLAN:MEDICARE RISK
SO	JOCKEY GROUP HEALTH PLAN
SQ	STATE FARM LIFE AND ACC. ASSUR
SS	STATE MUT.LIFE ASSUR CO./AMERICA
SV	SECURITY 65 PLAN
SX	SANUS HEALTH PLAN
SZ	SUFFOLK CTY EMP MED HLTH PLN
T1	BC/BS TEXAS
TA	UNION TEACHERS INS.&ANN TRST
TB	TRAVELERS
TC	TRANSAMERICA INSURANCE COMPANY
TD	TRANSWORLD LIFE INS. CO. OF NY
TE	JOHN ALDEN
TL277	TEAMSTERS LOCAL 277
TR	TRUSTMARK
TU	TRAVELERS HEALTH NETWORK
U1	UNION BAKERY&CONFECTION WRKRS
U2	US HEALTH CARE:MEDICARE RISK
U9	UNION UN INDUSTRY WRKRSLOC424
UA	UNION LABOR LIFE INS CO
UB	UNION MUTUAL LIFE INS CO
UC	KEY MEDICAL/REGENCE LIFE
UD	LMH SELF FUNDED MEDICAL PLAN
UH	UNITED MUTUAL LIFE INS. CO.
UL	U.S. LIFE INS. CO.
UO	UTICA MUTUAL INSURANCE COMPANY
UP	UNION FIDELITY LIFE OF PA.
VA	VETERANS AID
VB	EXPRESS SCRIPTS

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THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

NSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
WA	WASHINGTON NAT. LIFE INS.CO.
WB	WORKERS COMP.
WF	FISERV
WI	WHOLE HEALTH INSURANCE NETWORK
WJ	W.J. JONES ADMIN SERVICES
WL	WEST GEN LABOR WELFARE FUND
WM	UNION WALMART SELF INS
WP	WILLIAM PENN INS CO OF NY
WS	WAUSAU (NY/NJ WORKERS COMP CLAIMS OFFICE
WT	WELLCARE
WV	BC/BS WEST VIRGINIA
XR	UNITED CONCORDIA CO. INC.
ZB	ZURICH INSURANCE COMPANY

Draft

THIRD PARTY HEALTH DATA SHEET - DSS 4384

MEDICARE COVERAGE UPDATE

MEDICARE SAVINGS PROGRAM INDICATOR

- P** Qualified Medicare Beneficiaries (QMB)
- L** Specified Low Income Medicare Beneficiary (SLMB)
- U** Qualified Individual (QI-1)
- X** New Value for QDWI. (Has not yet been defined by DOH/TPHI)

Draft

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ASSOCIATED NAME AND ADDRESS FORM - DSS 3517-25

ASSOCIATED ADDRESS CODES

- 01 Case Member Not At Case Residence
- 06 Committee
- 07 Guardian
- 10 Recipient of Second MA ID Card

Draft

FAIR HEARING UPDATE DATA ENTRY FORM - DSS 3722

FAIR HEARING CODES (AID STATUS)

- 1 Client has settled in Conference
 - 2 Aid Continuing
 - 3 Non-Aid Continuing
 - 4 Conditional Aid-Continuing
 - 5 Client Lost Fair Hearing Agency Upheld
 - 6 Client won Fair Hearing, Client Upheld
 - 7 Erroneous Closing Entered, Administrative Error
 - 8 Case Has Been Suspended By An Immediate Closing
 - *9 Client settled in Conference, Agency Error
- * **To be used only for cases closed by the Office of Employment Services**

Draft

SCREEN NQRF00: RFI SNN/CIN SUMMARY

The following codes refer to new screens for Resource File Integration (RFI). With the Introduction of Software for Version 93.1

RFI INDICATOR (RFI IND)

<u>VALUE</u>	<u>MEANING</u>
X	Unresolved RFI exists on case
Space	No hits received for anyone on the case or all hits have been resolved.

Draft

SCREEN NQRF02 / NQRF03 / NQRF04

**RFI SCREEN NQRF02 WAGE REPORTING INFORMATION
RFI SCREEN NQRF03 UIB INDIVIDUAL INFORMATION
RFI SCREEN NQRF04 SSA/RSDI INDIVIDUAL INFORMATION**

RFI STATUS (INQUIRY CODES)

<u>VALUE</u>	<u>MEANING</u>
U	Unresolved RFI data
R	RFI data is resolved
N	Response received -no data found
W	Unresolved RFI data due to problem with SSN
V	SSA has verified SSN only
Space	Query sent but no response received

RESOLUTION CODES (RES CODE)

(These codes can be data entered on the bottom of the Inquiry Screens listed above)

<u>VALUE</u>	<u>MEANING</u>
FOR PUBLIC ASSISTANCE AND FOOD STAMPS	
P01	Client required to file an SS-5 to correct SSA'S records. (Can be used only on WTPY screen NQRF04)
P02	Demographics changes on WMS
P03	Application/Individual rejected-failure to respond to request to verify RFI data.
P04	Application/Individual rejected-ineligible due to RFI data
P05	RFI does not affect eligibility-currently correct.
P06	RFI individual not the same as client
P07	Case is eligible but made active at a reduced grant due to RFI.
P08	Referred to BCFI.
P90	Override RFI information. (Can be used on WTPY screen only.)

FOR MEDICAL ASSISTANCE

M01	Social Security data reviewed.
M02	Case or individual rejected-failure to respond to RFI information request or financially ineligible because of information on RFI.

SCREEN NQRF02 / NQRF03 / NQRF04 (CONT'D)**RESOLUTION CODES (RS CODES) (CONT'D)**
FOR MEDICAL ASSISTANCE

- M03 RFI data investigated, financial eligibility not affected, RFI data budgeted as appropriate.
- M04 Case/individual closed at recertification for failure to respond to RFI information request, or financial ineligibility due to RFI.
- M05 Fair Hearing aid to continue or determination override RFI matches.
- M06 RFI individual not the same as client or assets do not belong to client. (Does not include bank error.)
- M07 Bank error. Resources in this account are not client's, nor do they belong to anyone on case, in the household or anyone related to this case.
- M09 Westmiller case; unpaid medical bills exist; resources budgeted.
- M10 Separately designated burial fund or funeral agreement. May include interest.
- M11 Up to \$500 of the resources are gifts and/or minor's wages only. Up to \$500 disregarded.
- M12 Guardian applied for.
- M13 Guardian was appointed.
- M14 Excess resources reimbursed or no longer Westmiller.
- M15 Transfer of assets - non-HR applicant/recipient. Account still open.
- M16 Transfer of assets - non-HR applicant/recipient. Account closed.
- M17 Case closed and referred to Office of Revenue and Investigation (ORI).
- M18 Connect case.
- M19 CASA coverage adjustment to pay vendor. Emergency processing.
- M20 Transfer of assets - HR applicant/recipient. Transfer not allowed.
- M21 Pregnant woman.
- M22 Court-ordered unassailable resource. Does not affect current eligibility until client's 18th birthday.
- M23 Court-ordered unassailable resource. Does not affect current eligibility until client's 21st birthday.

SCREEN NQRF02 / NQRF03 / NQRF04 (CONT'D)

RESOLUTION CODES (RS CODES) (CONT'D)
FOR MEDICAL ASSISTANCE

M24 AHIP; expanded eligibility with no resource test.
M25 Joint account. Recipient eligible for MA.
M90 For MAP Systems Office use only. (For use on WTPY screens only.)

OTHER - FOR USE IN ALL PROGRAMS

"#" Delete existing resolution code.

SYSTEM GENERATED CODES - FOR USE IN ALL PROGRAMS

S97 SSN is valid and there are no SSA benefits
S98 Match data replaced with more recent information
S99 Client not in AP status when hit received.

RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478

RESTRICTION/EXCEPTION TYPE

05 Pharmacy
06 Physician
08 Clinic
35 Comprehensive Medicaid Case Management
38 ICF/DD Residents Exempt from Utilization Thresholds
50 Parental CONNECT (WMS Coverage Code 15)
51 Medicaid Eligible (WMS Coverage Code 01 or 30) Plus CONNECT
54 Exempt from HR Restrictions (System Generated, Output only)

CHAPTER 4 -
MEDICAL ASSISTANCE PROGRAM
TURNAROUND DOCUMENT - DSS 3517
SECTION 10 - MA CASE (SUFFIX) LEVEL CODES

MA RESPONSIBILITY AREA INDICATOR (MA RESP) - 219

AN	Acute Long Term Hospital Care Case
AS	Acute Long Term Hospital Care Surplus Case
CC	Community Care Case
CS	Community Care Surplus Case
DN	Dialysis Case
DS	Dialysis Surplus Case
FD	Foster Discharge
FH	Fair Hearing - Aid to Continue Case
GP	Protective Services -Guardian Pending
HN	Hospital Care Case
HS	Hospital Care Surplus Case
HC	Hospital Care Catastrophic Case
LR	Long Term Regular Chronic Care Case
LM	Lombardi Care Case
LC	Long Term Care
LT	I.S. High Risk Case
MC	CED/Managed Long Term Care
MP	QI1 and QDWI
NA	Home Health Aid Case
OF	Office of Family Services
OM	Office of Mental Retardation
PM	Homemaker Care Case
PK	Housekeeper Care Case
PA	Home Attendant Care Case
PD	Home Care-Working Person with Disability Case
PU	Undefined Home Care Program Case
PS	Protective Services
QM	QMB and SLIMB
SA	Home Health Aid Surplus Case
SH	Shelter Case
SC	Special Services For Children (SC) Case
WD	Working Disabled

MA STATUS CODES (MA: STAT) - 240

AC	Active
AP	Applying
CL	Closed
NA	Not Applying
RJ	Denial

RESOURCE VERIFICATION INDICATOR (RVI) - 282

- 1: Resources verified for 36 months
- 2: Resources verified only for current month
- 3: Resources not verified
- 4: Transfer of resources
- 9: System generated-exempt from resource verification

MA CASE REASON CODES**OPENING CODES - MA (MA: REAS - 241)**

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
018	MA	Medical Assistance/Family Planning Benefits Program For FPBP eligible at or below 200% of FPL. At the case and individual level For Cat codes 68 or 69 only
019	MA	Medical Assistance/Family Planning Benefits Program To activate the case when the case includes FPBP individuals and other Expanded eligible individuals.
044	MA	Parents over 21 and under 65, in an intact family living with child(ren) under 21 or single FNP parents living with a dependent 18,19, or 20 year old child (ren) who have income and/ or resources above the PA standard. Regulation 360-3
061	MA	RVI Fair Hearing Opening Code in Undercare
063	MPE	Transitional opening code for disaster relief to presumptive eligibility Regulation 358-2.2
067	FHP	Eligible single/childless couples (can only be used on FHP cases).
068	FHP	Parents at the case level (can only be used on FHP cases.)
069	FHP	Pregnant women on MA case.
071	MA	Pay-In Excess Income Regulation 360-4.8 (c)
074	FHP	Parents and Expanded Eligibility Children Regulation
076	MPE	Presumptive Eligibility Regulation
077	MA- SSI Related	Blind and disabled individuals who lose eligibility for SSI payments; as a result of becoming entitled to Title II child's insurance benefits as a disabled adult child (DAC) or because of an increase in such benefits. Note: MBL budget type 04 (SSI Related), or 05 (SSI-FA) or 06 (SSI- SNCA) must be used Regulation 360-3.3 (c)

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MA CASE REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 241) (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
078	MA	Not Eligible for MA- Eligible for Health Insurance Premium Payment Only. Regulation 360-7.5 (H)
079	MA	Household Member Eligible for MA and Eligible for COBRA Health Insurance Continuation Payments. Regulation 360-3, 360-7.5 (H)
083	MA	Institutionalized Spouse Expected to remain in medical institution for 30 consecutive days- Chronic Care Budgeting used. Regulation 360.14 (c)
084	MA	Inpatient Hospital bills equal to or greater than excess resources combined; with excess income (if applicable). Regulation 360-3
085	MA-SSI Related	Medicare Premium, Co-Insurance and Deductible Only. Regulation 360-3.
086	All	Based on your need for home care services, you have been determined presumptively eligible for a maximum period of 60 days. Regulation 360-3
087	All	Based on your pregnancy, you have been determined presumptively eligible for Medical Assistance for a maximum period of 45 days. Regulation 360-3
088	All	Disabled child/children receiving medical/nursing care at home. Regulation 360-3
089	MA-FA/SNFP	Beginning of extension of eligibility for MA after finding of ineligibility for PA resulting from loss of 30 + 1/3 or \$30 disregard. Regulation 360-3
090	MA-FA/SNFP	Beginning of four-month extension of eligibility for MA after finding of ineligibility for FA resulting from employment or receipt of support. Regulation 360-3
091	FA/SNFP SSI Related	Medical bills equal to or greater than excess income. Regulation 360-4.8 (c)
092	MA- SSI	SSI recipient not yet appearing on SDX determined eligible for MA-SSI Regulation 360-3

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MA CASE REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 241) (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
093	MA- SSI	SSI new opening on SDX, determined eligible for MA-SSI (Case Type 22) Regulation 360-3
094	All	Medical need – no recent change in financial circumstances Regulation 360-3
095	All	Administrative Regulation 360-3
096	All	Determined MA Eligible using Expanded Eligibility Criteria Case contains excess resources, excess income or both excess resources and excess income. (096 replaced 039) Regulation 360-3
506	QI1	Qualified Individual Opening code for Qualified Individuals - QI1
670	MBI-DBG	Medicaid Buy - In (Disabled Basic Group) Eligible at or below 150% Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law
671	MBI-MI	Medicaid Buy - In (Medically Improved) Eligible at or below 250% but greater than 150% Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law
889	MA	Discharged From Foster Care This is because this individual has been discharged from foster care. Regulation 18 NYCRR 360-2.6
923	All	This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth or within three (3) months prior to the infant's birth. Establish MA only (System Generated) Regulation 366-g

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241)

ALIEN/CITIZENSHIP STATUS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
123	MA	<p>Deny Medical Emergency and MA Exc Inc/Res Non-Immigrant/Undocumented Immigrant FP</p> <p>We have denied your application for Medicaid because: You are not a citizen, or do not have a satisfactory immigration status (MAP)-2020A-Definition of Satisfactory Immigration Status). Persons who are not citizens or do not have a satisfactory immigration status, may receive Medical Assistance coverage only for the treatment of an emergency medical condition, or medical services provided to pregnant women, if you are otherwise eligible.</p> <p>Choose one of the following:</p> <p>Over Income Even though you have asked for coverage for the treatment of an emergency medical condition, your income is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or "spenddown". Your monthly excess income amount is \$ _____. Also, you do not have medical expenses that are equal to or more than the amount your income is over the limit. If you incur medical bills in the amount of your excess income in the future or if your income goes down and you have a medical emergency, you may reapply.</p>
124	MA	<p>Over Resources Even though you have asked for coverage for the treatment of an emergency medical condition, your countable resources are over the allowable Medical Assistance limit. The amount over the limit is called excess resources or "spenddown." Your excess resource amount is \$ _____. Also, we have not received documentation that you have unpaid medical expenses not covered by insurance that are equal to or more than your excess resource amount or that you have spent your excess resources by establishing or adding to a burial trust/fund. If you incur medical bills in the amount of your excess resources or if the amount of your resources goes down in the future and you have a medical emergency, you may reapply.</p>
125	MA	<p>Over Income and Resources Even though you have asked for coverage for the treatment of an emergency medical condition, your income and countable resources are over the allowable Medical Assistance limits. The amount over the limit is called excess income and excess resources or "spenddown". Your monthly excess income amount is \$ _____. Your excess resource amount is \$ _____. We have not received documentation that you have unpaid medical expenses not covered by insurance that are equal to or more than your excess income and excess resources or that you have spent your excess resources by establishing or adding to a burial trust/fund.</p> <p>If you incur medical bills in the amount of your excess income and/or resources and expect to have medical bills which are equal to or more than your excess income or resources or if your income or resources go down in the future and you have a medical emergency, you may reapply.</p> <p>Regulation 18 NYCRR 360-4.8, 360-3.3(c) and Section 122 of the Social Services Law and Administrative Directive 04 OMM/ADM-7</p>

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

ALIEN/CITIZENSHIP STATUS (CONT'D)

CODE	CATEGORY	REASON
126	All	<p>Deny MA Exc Inc/Res Non-Immigrant/Undocumented Immigrant Medical Emergency (SCC) We have denied your application for Medicaid because: You are not a citizen, or do not have a satisfactory immigration status (MAP-2020A-Definition of Satisfactory Immigration Status). You may receive Medical Assistance coverage only for the treatment of emergency medical conditions, or for medical services provided to pregnant women, if you are otherwise eligible. Choose one of the following: Over 185% of the Public Assistance Standard of Need Even though you have asked for coverage for the treatment of an emergency medical condition, you are not eligible for Medical Assistance because your gross income of \$____ is over 185% of the Public Assistance Standard of Need of \$____. Over Income Even though you have asked for coverage for the treatment of an emergency medical condition, you are not eligible for Medical Assistance because your net income (gross income less Medical Assistance deductions) of \$____ is over the Public Assistance Standard of Need.</p>
127	MA	<p>Over Resources (SCC) Even though you have asked for coverage for the treatment of an emergency medical condition, you are not eligible for Medical Assistance because your countable resources are over the Public Assistance resource standard of \$____. Use for all: Please look at the budget calculation section to see how we figured your income. Persons who are between 21 and 64 years of age and are not pregnant or certified blind or disabled or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program in order to be eligible for Medical Assistance. Regulation 18 NYCRR 360-4.7, and 360-3.3(c) and Sections 122 and 366(1)(a)(1) of the Social Services Law and Administrative Directive 04 OMM/ADM-7.</p>
128	MA	<p>Deny MA/FHP Non-Immigrant/Undocumented Immigrant No Medical Emergency You are not a citizen, or you do not have a satisfactory immigration status (MAP-2020A-Definition of Satisfactory Immigration Status). Persons who are not citizens, or who do not have a satisfactory immigration status may receive Medical Assistance coverage only for the treatment of an emergency medical condition or for medical services provided to pregnant women, if you are otherwise eligible. Should you require Medical Assistance as a result of an emergency medical condition or pregnancy, you may reapply. Regulation 18 NYCRR 360-3.3(c), Section 122 of the Social Services Law and Administrative Directive 04 OMM/ADM-7</p>
129	All	<p>Deny Qualified Alien – 5 Year Ban – No Emergency Qualified Aliens who entered the United States after August 22, 1996, may receive Medical Assistance during their first 5 years in the United States only for the treatment of emergency medical condition or for services for pregnant women. Regulation SSL Section 122, 18 NYCRR 360-4</p>
220	All	<p>Deny MA/FHP Failure to Document Citizenship/Immigration Status You failed to verify citizenship or provide proof that you are in a satisfactory immigration status (MAP-2020A-Satisfactory Immigration Status). Regulation 18 NYCRR 360-3.2 and Administrative Directive 04 OMM/ADM-7</p>

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES/TRANSFER OF PROPERTY

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
103	FHP	<p>Excess Income - Parents and 19-20 Years Old Not Living with Parents We have denied your application for Medical Assistance/Family Health Plus dated _____. This is because your gross income is over the Family Health Plus income limit and your net income is over the Medical Assistance income limit. If you incur medical bills in the amount of your Medical Assistance excess income limit in the future, you may reapply. Regulation 18 NYCRR 369-ee and 360-4.8</p>
104	FHP	<p>Excess Income – Single/Childless Couples We have denied your application for Medical Assistance/Family Health Plus dated _____. This is because your gross income of \$_____ is over the Family Health Plus income limit of \$_____. Persons who are 21 through 64 years of age and are not pregnant, or certified blind or disabled, or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program in order to be eligible for Medical Assistance. Federal and State Law provides that if your gross monthly income exceeds 185% of the State standard of need you do not meet the Public Assistance standard which is a requirement for Medical Assistance eligibility. Regulation 18 NYCRR 352.18(a),360-1.2, 360-3.3, 360-3.8 and SSL 369-ee and 366(1)(a)(1)</p>
113	MA	<p>Excess Income Child 6 to 18 Above 100% FPL (Non CNS) We have denied your application for Medical Assistance/Family Health Plus because your net income of \$___ is more than 100% of the Federal Poverty Level of \$___ which is the income limit for children ages six through eighteen years. Your income is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$____. Also you do not have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount.</p>
131	All	<p>Qualified Individual (QI – 2) Over Income We have denied your application for the Qualified Individuals–2 (QI-2) program dated _____. This means that Medical Assistance cannot make a partial payment towards your Medicare Part B premium. Regulation SSL Subdivision 3 of Section 367-a</p>
132	All	<p>Qualified Individual (QI - 2) Over Resources NYC Only We have denied your application for the Qualified Individuals–2 (QI-2) program dated _____. This means that Medical Assistance cannot make a partial payment towards your Medicare Part B premium. Regulation SSL Subdivision 3 of Section 367-a</p>

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES/TRANSFER OF PROPERTY (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
133	All	<p>Qualified Individual (QI – 2) Over Income and Resources NYC Only We have denied your application for the Qualified Individuals–2 (QI-2) program dated _____. This means that Medical Assistance cannot make a partial payment towards your Medicare Part B premium. Regulation SSL Subdivision 3 of Section 367-a</p>
134	All	<p>Qualified Individual (QI – 1) Over Income NYC Only We have denied your application for the Qualified Individuals–1 (QI-1) program dated _____. This means that Medical Assistance cannot pay for your Medicare Part B premium. Regulation SSL Subdivision 3 of Section 367-a</p>
163	MA	<p>Excess Income & Resources Child 6 to 18 above 100% FPL We have denied your application for Medical Assistance/Family Health Plus because your net income (gross income less Medical Assistance deductions) is more than 100% of the Federal Poverty Level of \$__ which is the income limit for children ages six through eighteen years. Your income and countable resources are over the allowable Medical Assistance limits. The amounts over the limits are called excess income and excess resources. Your month excess income amount is \$__. Your excess resource amount is \$__.</p>
164	FHP	<p>FHP Excess Resources (NYC) We have denied your application for Family Health Plus effective _____. You are not eligible for Family Health Plus because your countable resources of \$_____ are over the Family Health Plus resource limit of \$_____. Please look at the budget calculation section to see how we figured your resources. If you think you may need medical Assistance, please call the Unit's office telephone number listed in the box above for an explanation of Medical Assistance with a spenddown. To apply for Medical Assistance with a spenddown, you must meet one of the following requirements: be under age 21, over age 65, pregnant, certified blind, certified disabled or a parent(s) of child under age 21. This decision is based on Section 369-ee of the Social Services Law.</p>

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MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES/TRANSFER OF PROPERTY (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
167	FHP	<p>FHP Excess Income/Resources (NYC) We have denied your application for Family Health Plus effective <u>date</u>. Choose one of the following messages: Message 1 (SCCs Over Income and Resources) (EEC = S or N) You are not eligible for Family Health Plus because your gross income of \$____ is over the Family Health Plus income limit of \$____. In addition, your countable resources of \$____ are over the Family Health Plus resource limit of \$____. Please look at the budget calculation section to see how we figured your income and resources. This decision is based on Section 369-ee of the Social Services Law. Message 2 (FNP Parents Over Income and Resources) (EEC = F) You are not eligible for Family Health Plus because your gross income of \$____ is over the Family Health Plus income limit of \$____. In addition, your countable resources of \$____ are over the Family Health Plus resource limit of \$____. If you think you may need Medical Assistance, please call the Unit's office telephone number listed in the box above for an explanation of Medical Assistance with a spenddown. To apply for Medical Assistance with a spenddown, you must meet one of the following requirements: be under age 21, over age 65, pregnant, certified blind, certified disable or a parent of a child under age 21. Please look at the budget calculation section to see how we figured your income and resources. This decision is based on Section 369-ee of the Social Services Law.</p>
201	ALL	<p>Excess Income MA – SSI Related We have denied your application for Medical Assistance dated _____. This is because your net income exceeds the allowable Medicaid income level for a household of your size. Regulation 18 NYCRR 360-1.2, 360-3.3, 360-4.7, 360-5.8 Part 352</p>
202	MA-SNCA/ SNNC	<p>Excess Income We have denied your application for Medical Assistance dated _____. This is because you are not disabled, blind or caring for minor children, and your monthly income exceed the Public Assistance Standard of Need. Regulation 18 NYCRR 360-1.2, 360-3.3, 360-3.8, Part 352</p>
205	FA/SNFP	<p>Excess Resources – SSI Related – Under 21 We have denied your application for Medical Assistance dated _____. This is because your resources exceed the level that Medicaid allows for a household of your size. Regulation 18 NYCRR 360-1.2, 360-3.3, 360-4.7, 360-4.8, Part 352</p>

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MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES/TRANSFER OF PROPERTY (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
206	SNCA/SNNC	Excess Resources We have denied your application for Medical Assistance dated _____. This is because you are not disabled, blind or caring for minor children, and your resources exceed the Public Assistance Standard. Regulation 18 NYCRR 352-23, 360-1.2, 360-3.3, 360-3.8
217	SNCA/SNNC	Gross Income Test We have denied your application for Medical Assistance dated _____. Federal and State law provides that if your gross monthly income exceeds 185% of the State standard of need, you do not meet the Public Assistance standard, which is a requirement for Medical Assistance eligibility.
290	All	Transfer of Property We have denied your application for Medical Assistance dated _____. This is because you transferred property for the purpose of qualifying for Medical Assistance. You will be ineligible to receive Medical Assistance benefits for a _____ month period. You have the opportunity to submit documentation to rebut this presumption. Regulation 18 NYCRR 360-4.4
354	FHP	Excess Income of Parents and Children We have denied your application for Medical Assistance/Family Health Plus dated _____. This is because your net family income is more than the Family Health Plus income limit. Also, in order for your child(ren) to be eligible for Family Health Plus, your net family income may not exceed _____% of the Federal Poverty Level. Regulation 18 NYCRR 369-ee
381	MBI-WPD	Ineligible Excess Income above 250% of FPL We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your net income (gross income less Medical Assistance deductions) of \$_____ is over the MBI-WPD income limit of \$_____. While you were eligible for MBI-WPD, we compared your income and resources to the MBI-WPD income and resource limits. Now we compare your income and resources to the Medical Assistance limits. Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law
382	MBI-WPD	Ineligible Excess Resources above \$10,000.00 We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your countable resources of \$_____ are over the MBI-WPD resource limit of \$10,000.00. Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law

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MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES/TRANSFER OF PROPERTY (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
383	MBI-WPD	<p>Ineligible Excess Income above 250% of FPL and Excess Resources above \$10,000.00</p> <p>We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective____. This is because your net income (gross income less Medical Assistance deductions) of \$___ is over the MBI-WPD income limit of \$___ and your countable resources of \$___ are over the MBI-WPD resource limit of \$10,000.</p> <p>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

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MA CASE REASON CODES (CONT'D)**REJECTION CODES - MA (MA: REAS - 241) (CONT'D)****LIVING ARRANGEMENTS**

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
225	All	<p>Not a Resident of District We have denied your application for Medical Assistance dated _____. This is because we determined that you are not a resident of this district. Regulation 18 NYCRR 351-2(b), 360-1.2 iiiii</p>
265	All	<p>Unable to Locate We have denied your application for Medical Assistance dated _____. This is because your present whereabouts are unknown. Regulation 18 NYCRR 351-8(a), 360-3.3</p>
270	All	<p>Moved Out of District We have denied your application for Medical Assistance dated _____. This is because you have permanently moved outside this district. If you continue to be in need of Medical Assistance you should contact the local Social Services agency in your new county/state of residence. Regulation 18 NYCRR 311.3, 311.4</p>
275	All	<p>Death Before Determination We have denied your application for Medical Assistance dated _____. This is because we have determined that the applicant is deceased and there are no outstanding medical bills. Regulation 18 NYCRR 351-8(a), 360-1.2</p>

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MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

HEALTH INSURANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
105	FHP	Receipt of Equivalent Health Insurance We have denied your application for Medical Assistance/Family Health Plus dated _____. This is because you have "equivalent" health insurance coverage. Equivalent health insurance is medical insurance that covers inpatient hospitalization and primary and preventive care, including diagnosis and treatment of illness and injury. Individuals who have equivalent health insurance are not eligible for Family Health Plus. Regulation 360-4.1, 360-4.8, 369-ee
168	FHP	Deny FHP - Public Employee We have denied your application for Family Health Plus effective _____. A person who is eligible for health care coverage through a federal, state, county, municipal or school district benefit plan is not eligible for Family Health Plus. Therefore, you are not eligible for Family Health Plus. This is based on Section 369-ee of the Social Service Law and Chapter 58 of the Laws of 2005
291	All	TPHI Resources We have denied your application for Medical Assistance dated _____. This is because you refused to provide information on an employer sponsored group health insurance plan Regulation 18 NYCRR 360-3.3
292	All	TPHI Resources We have denied your application for Medical Assistance dated _____. This is because you refused to enroll in an employer sponsored group health insurance plan. Regulation 18 NYCRR 360-3.2
293	All	TPHI Resources We have denied your application for Medical Assistance dated _____. This is because you refused to provide information on other than an employer sponsored group health insurance plan. Regulation 18 NYCRR 360-3.2
294	All	TPHI Resources We have denied your application for Medical Assistance dated _____. This is because you refused to enroll in an other than an employer sponsored group health insurance plan. Regulation 18 NYCRR 360-3.2
357	FHP	Failure to Provide FHP Plan and Provider Selection Form We have denied your application for Family Health Plus dated _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. Regulation 360-4.1, 360-4.8

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MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

OTHER ELIGIBILITY REQUIREMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
112	All	Incorrect/Fraudulent Social Security Number (HH=1) We have denied your application for Medical Assistance/Family Health Plus dated _____. This is because people applying for Medical Assistance/Family Health Plus must give us their correct Social Security number. We determined that you did not give us the correct Social Security number. We sent you a letter asking for proof of the correct Social Security number. You did not give us proof or tell us you could not get it. Regulation 18 NYCRR 360-2.3(a) and SSL Section 369-ee
200	All	Eligibility Interview We have denied your application for Medical Assistance dated _____. This is because you failed to keep an appointment with the Medical Assistance office to discuss your eligibility for Medical Assistance. You also failed to contact us to reschedule your appointment. Regulation 18 NYCRR 360-2.2
218	All	Documentation We have denied your application for Medical Assistance dated _____. This is because you failed to provide information/documentation required by this agency to establish your eligibility for Medical Assistance. Regulation 18 NYCRR 352-1.2, 360-2.3, Part 351
219	All	Social Security Number We have denied your application for Medical Assistance dated _____. This is because you refused to furnish or apply for a Social Security number for _____. Regulation 18 NYCRR 360-1.2, 369.2, 370.2, Part 351
230	All	Assignment of Property We have denied your application for Medical Assistance dated _____. This is because you failed to comply with our policies regarding assignment or utilization of your non-exempt property. Regulation 18 NYCRR 360-4.4
235	SNA/SNNC	Persons Under 21 – Legally Responsible Relative We have denied your application for Medical Assistance dated _____. This is because you failed to provide the required information concerning a legally responsible relative. Regulation 18 NYCRR 360-1.2, 360-2.2, 360-2.5, 360-2.3, 370.2, Part 351

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

OTHER ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
247	All	<p>Referred for Assistance We have denied your application for Medical Assistance dated _____. This is because you accepted our referral to another agency that can meet your needs. Regulation 18 NYCRR 360-2.2</p>
283	All	<p>Failure to Comply with Drug/Alcohol Screening We have denied your application for Medical Assistance dated _____. This is because you did not take part in or complete the alcohol and/or substance abuse screening requirement. Regulation 18 NYCRR 369.ee</p>
285	All	<p>Other</p>
289	All	<p>Refuses Other Benefits We have denied your application for Medical Assistance dated _____. This is because you refused to apply for and/or utilize benefits or resources that would reduce or eliminate the need for Medical Assistance. Regulation 18 NYCRR 360-2.3</p>
886	QI1	<p>Fund Exhausted We have denied your application for Medical Assistance coverage for Qualified Individual-1 Q(QI-1). The funding provided to New York State by the federal government for this program has been expended for the year. There is no additional money available at this time to reimburse individuals for their Medicare Part B premiums. This decision is based on: Subdivision 3 Section 367-a of the Social Services Law</p>
887	QI1	<p>Over Income We have denied your application for Medical Assistance coverage for Qualified Individuals-(QI-1).this is because your net income (gross income less Medical Assistance deductions) of \$_____ is over the QI-1 income limit \$_____. Please look at the budget calculation section to see how we figured your income.This decision is based on. Subdivision 3 of Section 367 of the Social services Law</p>

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MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

OTHER ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
296	All	Retroactive Eligibility (for Payment of Bills Offline) Based on a review of your application for retroactive Medical Assistance, we have determined that your application does support a finding of retroactive MA eligibility. Retroactive MA eligibility for the period ____ to ____ has been authorized for you. An authorization letter will be sent to you to verify your eligibility for the retroactive period. Regulation 18 NYCRR 360.16, 360-1.2, Part 350, Part 351
297	All	Duplicate Application We have denied your application for Medical Assistance dated _____. This is because you are already receiving Medical Assistance on case number _____. Regulation 18 NYCRR 351.22(e)(1), 360-1.2
298	All	Eligible for Cash Assistance We have denied your application for Medical Assistance dated _____. This is because you have been determined eligible for a cash assistance program that also entitles you to Medical Assistance benefits. Regulation 18 NYCRR 351.8,360-1.2
307	All	Receiving Multiple Benefits We have denied your application for Medical Assistance dated _____. This is because you fraudulently misrepresented your identity or residence to receive multiple benefits at the same time. You are ineligible to receive Medical Assistance for 10 years. Regulation 360-2.2

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

PRESUMPTIVE ELIGIBILITY/SEPARATE DETERMINATION

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
198*	All	60-Day Presumptive Eligibility Period Ended/Ineligible for MA Based on your need for. you were determined presumptively eligible for Medical Assistance for a maximum period of 60 days. After a review of your application you have been determined ineligible for ongoing Medical Assistance. Regulation 18 NYCRR 360-3.7, 358-3.3 Part 531
299	All	No Presumptive Eligibility We have determined that your application for Presumptive Medical Assistance for your home care needs does not support a finding of presumptive eligibility. You will be contacted regarding your application for ongoing Medical Assistance. Regulation 18 NYCRR 360-3.7, Part 531
R99	All	Separate Determination Referred to MAP for Separate Determination (Output Only). Regulation 360-2.2, 360-2.4

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* Adequate Notice

**Worker must list presumptive program

MA CASE REASON CODES (CONT'D)

IMPORTANT NOTE

AS OF 2000.1 MIGRATION, THE REQUIREMENT TO LIST THE NAMES AND CINS OF CLIENTS ON MEDICAID CLOSINGS HAS BEEN ELIMINATED. ALL OF THE LANGUAGE FOR MEDICAID CLOSING CODES HAS BEEN MODIFIED TO REFLECT THIS CHANGE.

CLOSING CODES - MA (MA: REAS - 241)

THE FOLLOWING PARAGRAPH MUST BE SENT TO THE CLIENT WHEN ISSUING A MANUAL NOTICE FOR THE CLOSING CODES G10, U14, U16, E12, U13, U20, G10, G13, G14 E16 AND E87

You may request a Fair Hearing if you disagree with any decision explained in this notice. You have 60 days from the date of this notice to request a fair hearing.

HOWEVER YOU MUST REQUEST A FAIR HEARING BEFORE THE EFFECTIVE DATE ABOVE IF YOU WANT YOUR MEDICAL ASSISTANCE TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION.

You may also request an informal conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing.

NOTICES WHICH ARE SENT TO THE CLIENT UTILIZING CNS ALREADY INCLUDE THIS LANGUAGE

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E12	MA	Didn't Return Form We will discontinue Medical Assistance/Family Health Plus effective _____, because you or your representative did not return the recertification form. If you need a mail recertification packet, you may request one by calling the general telephone number listed in the box above. You or your representative may also obtain a Medical Assistance recertification packet by going to the above office. If you come to our office in person, bring this notice with you. Regulation (s) 360-2 (e) and 360- 2.3
F13	MA/FHP	Disc MA/FHP Fail to Return Recert Post Partum We will discontinue Medical Assistance/Family Health Plus effective ____for: This is because you or your representative did not return the recertification form. If you already sent the form to us, you should call your social services office right away to make sure we received it. If you need a new recertification package, you can get one by calling or writing us. If you come to our office in person, bring this form with you. If you return the completed forms within 10 days of this notice, we will decide if you can still get Medical Assistance/Family Health Plus. Even though you are no longer eligible for Medical Assistance/Family Health Plus, your baby is eligible for full Medical Assistance coverage until age one. If you have not yet told us the baby's name and birth date, you should do so right away. If you do not give us your baby's name and birth date, we may be unable to pay for any additional medical bills for your baby. Regulations 360-2.2(e), 360-2.2(f), 360-2.3 and Section 369-ee
E15	MA	Pregnant Woman Didn't Return Form We will discontinue Medical Assistance effective _____. This is because you or your representative did not return the recertification form. If you need a new recertification packet, you can get one by calling or writing us. If you come to our office in person, bring this notice with you. Regulation(s) 360-2.2 (e), 360-2.2 (f), 360-2.3
G10	MA/FHP	Didn't Show for Interview We will discontinue Medical Assistance effective _____. We are discontinuing your Medical Assistance because you or your representative did not appear at the above office for a face-to-face interview on _____. Therefore, we cannot determine if you are still eligible for Medical Assistance. Regulation 351.22, 360-2.2 (e), 360-2.2 (f), 360-2.3

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)

CODE CATEGORY REASON

G14	MA	<p>Failed to Return Recertification Renewal Notification Form We will discontinue Medical Assistance effective _____. We are discontinuing your Medical Assistance because you or your representative has failed to return the Medical Assistance Recertification Renewal Notification form by _____. You or your representative must return the Recertification/Renewal Notification form in order for us to determine your eligibility for Medical Assistance. If you need a form you may request one by calling 1-888-692-6116. You or your representative may also obtain a form by going to the following location: Medicaid Recert/Renewal Office. 330 West 34th Street 1st Floor, New York, NY 10001. You may also complete your recertification by appearing at the above office before the effective date on page 1 of this notice. Please bring this notice with you. Regulation 351.22, 360-2.2(e) 360-2.2(f), 360-2</p>
G56	FPBP	<p>Disc FPBP Fail to Return Renewal We will discontinue your Family Planning Benefits coverage effective _____. This is because you or your representative has failed to return the family Planning benefits Recertification/Renewal form by _____. You may request a Fair Hearing if you disagree with any decision explained in this Notice. You have 60 days from the date of this notice to request a Fair Hearing. However, <u>YOU MUST REQUEST A FAIR HEARING BEFORE THE DISCONTINUE EFFECTIVE DATE SHOWN ABOVE IF YOU WANT YOUR MEDICAL ASSISTANCE TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION.</u> You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing. If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. You or your representative must return the Recertification/Renewal Notification in order for us to determine your eligibility for continuing coverage. Regulation 360-2.2(e) and 360-2.3 and Section 366(1)(a)(11)</p>
U13	MA/FHP	<p>Did Not Return Information We will discontinue Medical Assistance/Family Health Plus effective _____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. We need these items which are not in our files or which might have changed since you gave them to us before: (*list items) You did not tell us you could not get these things. If you are not able to get these items we will try to help you get them. If you already sent them to us or you need help to get them, you should call your social services office right away to make sure we received them. Regulation (s) 360-2.2 (e), 360-2.2 (f), 360-2.3</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)

CODE CATEGORY REASON

U14	MA	<p>Didn't Show for Interview Pregnant Woman We will discontinue Medical Assistance effective _____. This is because you or your representative did not appear at this office for a face- to-face interview on <u>(date)</u>. Therefore, we cannot determine if you are still eligible for Medical Assistance. Regulation 360-2.2 (e), 360-2.2 (f), 360-2.3</p>
U16	MA	<p>Did Not Return Information, Pregnant Woman We are discontinuing Medical Assistance effective _____. This is because you or your representative did not return all the information necessary to determine continued eligibility for Medical Assistance. If your Medical Assistance is discontinued, all your Medical Assistance services, including your home care services, will be discontinued. These are DOCUMENTS we told you that we need and you did not give them to us and did not tell us you could not get them: (list items) If you have submitted the entire required DOCUMENT, please call the Unit's office telephone number listed in the box above to make sure they have been receive and processed. If we have not processed them yet, you must request a fair hearing before the effective date above to continue receiving Medical Assistance after the date of discontinuance. Regulation 360-2.2 (e), 360- 2.3 The following infant(s) born on _____ will continue to receive Medical Assistance until the end of the month in which the infant(s) become age one as long as the infant(s) continue to live with the mother. Name: _____ Client I.D. # _____. Regulation 360-3.3(c)</p>
U20	MA	<p>Did Not State Unable to Get Information We will discontinue Medical Assistance beginning _____. We are discontinuing Medical Assistance because you did not provide us with certain documents that we must have to decide if you can continue to get Medical Assistance. If your Medical Assistance is discontinued, all your Medical Assistance Services including your home care services will be discontinued. These are the documents we told you we need, but you did not give them to us and you did not tell us you could not get them: <u>(List Items)</u> If you already sent them to us, please call the Unit's office telephone number listed in the box above to make sure that they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medical Assistance after the date of discontinuance. Regulation 351.1(b) (92) (ii), 351.2, 351.5351.6, 351.8(a) (2) (ii), 360-2.3</p>

* Use MRT Codes on pages 4-1.61 through 4-1.63 to list items.

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
U21	MA	<p>Unable to Get Information But Not A Good Reason</p> <p>We will discontinue Medical Assistance beginning _____. This is because we must have proof of certain things to decide if you can continue to get Medical Assistance. You did not give us all the things we need to decide if you can get Medical Assistance. These are the things we told you we needed but that you did not give us: (<u>list items</u>)</p> <p>You told us you could not get these things but you did not have a good reason.</p> <p>Regulation 349.3 (b), 351.1(b) (2) (ii), 351.2 351.5, 351.6, 351.8 (a) (2) (ii), 351.2 (h) and 360-2.3</p>
U23	MA	<p>Failure to Provide Required Information about Legally Responsible Relatives</p> <p>We will discontinue Medical Assistance beginning _____. This is because you failed or refused to give us information about the income/resources of your legally responsible relative(s). You did not give us the following information about (<u>Names of Relatives</u>).</p> <p>You did not tell us that you were unable to get this information.</p> <p>We must have proof of the information about the income and resources of non-applying legally responsible relatives, even if those relatives do not live with you.</p> <p>Regulation 352.23(a), 351.2(e), 360-2.3</p>
U61	MA/FPBP	<p>Disc FPBP Fail to Return Recert Post Partum</p> <p>We will discontinue your Family Planning Benefits coverage effective _____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. You may request a Fair Hearing if you disagree with and decision explained in this Notice. You have 60 days from the date of this notice to request a Fair Hearing. However, <u>YOU MUST REQUEST A FAIR HEARING BEFORE THE DISCONTINUE EFFECTIVE DATE SHOWN ABOVE IF YOU WANT YOUR MEDICAL ASSISTANCE TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION.</u> You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing. If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. You or your representative must submit these documents in order for us to determine your eligibility for continuing coverage.</p> <p>Regulations 360-2.2(e) and 360-2.3 and Section 366(1)(a)(11)</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)

CODE	CATEGORY	REASON
983	All	Did Not Return Forms For Recertification (System Generated) We will discontinue Medical Assistance/Family Health Plus effective _____. We are discontinuing your Medical Assistance/Family Health Plus because you or your representative has failed to return the Medical Assistance/Family Health Plus Recertification Renewal Notification form by _____. (See G14) Regulation 18 NYCRR 351.22, 360-2.2(e), 360-2.2(f), and 360-2.3
993	MPE	Did Not Show For Interview (System Generated) We will discontinue Medical Assistance effective _____. This is because you or your representative did not appear at this office for a face-to-face interview on (date). Therefore we cannot determine if you are still eligible for Medical Assistance. Regulation 360- 2.2 (e), 360- 2.2 (f) and 360-2.3_
994	MSSI	Did Not Return Forms (System Generated) We will discontinue Medical Assistance effective _____. This is because you or your representative did not return the recertification form. If you need a new recertification packet, you can get one by calling or writing us. If you come to our office in person, bring this notice with you. Regulation 360 – 2.2 (e), 360- 2.2 (f) and 360- 2.3
995	All	Did Not Return Information (System Generated) We will discontinue Medical Assistance effective _____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. You did not tell us you could not get these things. If you are not able to get these items we will try to help to get them, you should call your social services office right away to make sure we received them. Regulation 360-2.2 (e), 360-2.2 (f), 360-2.3
997	MA	Pregnant Woman Did Not Return Forms (System Generated) We will discontinue Medical Assistance effective _____. This is because you or your representative did not return the recertification form. If you need a new recertification packet, you can get one by calling or writing to us. If you come to our office in person, bring this notice with you. Regulation 360-2.2 (e), 360-2.2 (f), 360 -2.3
998	MA	Pregnant Woman Did Not Return Information (System Generated) We will discontinue Medical Assistance effective _____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. We need these items which are not in our files or which might have changed since you gave them to us before: (list items). Regulation 360-2.2 (e), 360-2.2 (f), 360-2.3

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES

CODE CATEGORY REASON

E04 FHP

Excess Income Single/Childless Couple MA/FHP

We will discontinue Medical Assistance/Family Health Plus effective_____.

Message 1 (Income over FHP limit and 185% PA Standard of need).

This is because your gross income of \$_____ is over the Family Health Plus income limit of \$_____. Also, your gross income is over 185% of the Public Assistance Standard of Need of \$_____. Persons who are 21 through 64 years of age and are not pregnant, certified blind or disabled, or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program in order to be eligible for Medical Assistance.

Please look at the budget calculation section to see how we figured your income.

Regulation 369-ee and 366(1)(a)(1)

Message 2 (Gross income over FHP limit and net income over PA Standard of need)

This is because your gross income of \$_____ is over the Family Health Plus income limit of \$_____. Also, your net income of \$_____ is over the Public Assistance Standard of Need of \$_____. Persons who are 21 through 64 years of age and are not pregnant, certified blind or disabled, or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program in order to be eligible for Medical Assistance.

Regulation 18 NYCRR 360-4.1, 360-4.8 and SSL Section 369-ee, 366-(1)(a)(1)

E05 FHP

Excess Income Due to COLA Increase

We will discontinue Medical Assistance/Family Health Plus effective_____.

This is because on January 1, your household income (will increase/increased) due to cost-of-living adjustment (COLA) in a Social Security benefit. This increase in income must be used to figure your Medical Assistance/Family Health Plus eligibility. Because of this increase your gross income of \$_____ is over the Family Health Plus income limit of \$_____ and your net income is over the Medical Assistance income limit of \$_____. The amount over the Medical Assistance limit is called excess income or spenddown. Your monthly excess income is \$_____.

If you have incurred or paid medical bills in an amount equal to or more than the amount your income is over the Medical Assistance limit, bring these bills to your local social services office prior to the effective date stated above. If you incur medical bills in the amount of your excess income in the future, you may reapply.

Regulation 18 NYCRR 360-4.8

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

CODE	CATEGORY	REASON
E07	FHP	<p>Excess Income Due to COLA Increase and Ineligible for Surplus We will discontinue Medical Assistance/Family Health Plus effective _____. This is because on January 1, your household income (will increase/increased) due to a cost-of -living adjustment (COLA) in a Social Security benefit. This increase in income must be used to figure your Medical Assistance/Family Health Plus eligibility. Choose Message 1 or 2 1.) Because of this increase, your gross income of \$_____ is over the Family Health Plus income limit of \$_____. Also, your gross income is over 185% of the Public Assistance Standard of Need of \$_____. Persons who are 21 through 64 years of age and are not pregnant, certified blind or disabled, or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program in order to be eligible for Medical Assistance. Regulation SSL Section 369-ee and 366(1)(a)(1) 2.) Because of this increase, your gross income of \$_____ is over the Family Health Plus income limit of \$_____. Also, your net income of \$_____ is over the Public Assistance Standard of Need of \$_____. Persons who are 21 through 64 years of age and are not pregnant, certified blind or disabled, or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program in order to be eligible for Medical Assistance. Regulation 18 NYCRR 360-4.1, 360-4.8 and SSL Section 369-ee, 366-(1)(a)(1)</p>
E11	MA	<p>Excess Income, End of Second Recertification Period We will discontinue Medical Assistance effective _____. This is because, since your last recertification, you failed to submit paid or unpaid medical bills that were equal to or more than your excess income. If you have or incur medical bills that equal or exceed our excess income amount and you want Medical Assistance, you may reapply. Regulation 360-4.8</p>
E22	FHP	<p>Case Ineligible Due to Excess Income for Family Health Plus We will discontinue Medical Assistance effective _____. This is because your gross income of \$_____ is over the Family Health Plus income limit of \$_____ and your net income of \$_____ is over the Medical Assistance income limit of \$_____. The amount over the Medical Assistance limit is called excess income or spenddown. Your monthly excess income amount is \$_____. Also, you do not have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount. If you incur medical bills in the amount of your excess income in the future, you may reapply. Regulation 369-ee, 366 (1) (a) (9)</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E24	FHP	<p>Individual Reaching Age 65 Excess Income We will discontinue Family Health Plus effective _____. Until you turned 65 years of age, we compared your gross income to the Family Health Plus income limit. Now we compare your income to the Medical Assistance limit. Your net income (gross income less Medical Assistance deductions) is over the allowable Medical Assistance limit. The amount over the limit is called excess income or spenddown. Your monthly excess income is \$_____ and you do not have unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount. If you incur medical bills in the amount of your excess income in the future, or if your income goes down, you may reapply for Medical Assistance. Regulation 18 NYCRR 360-4.8 369-ee</p>
E26	FHP	<p>Persons Turning 65 Excess Resources We will discontinue Family Health Plus beginning _____. Until you turned 65 years of age, there was no resource limit. Now we compare your countable resources to the Medical Assistance limit. You are not eligible for Medical Assistance because your countable resources are over the allowable Medical Assistance limit. The amount over the limit is called "spenddown". Your excess resource amount is \$_____. We have not received documentation that you have unpaid medical expenses not covered by insurance that are equal to or more than your excess resource amount or that you have spent your excess resources by establishing or adding to a burial trust/fund. Regulation 18 NYCRR 360-4.8 and 369-ee</p>
E27	FHP	<p>Persons Turning 65 Ineligible for MA Excess Income/Resources We will discontinue Family Health Plus beginning _____. Until you turned 65 years of age, we compared your gross income to the Family Health Plus income limit and there was no resource limit. Now we compare your income to the Medical Assistance limit and there is a resource limit. Your net income (gross income less Medical Assistance deductions) and countable resources are over the allowable Medical Assistance limits. The amount over the limit is called excess income and excess resources or spenddown. Your monthly excess income amount is \$_____. Your excess resource amount is \$_____. We have not received documentation that you have unpaid medical expenses not covered by insurance that are equal to or more than your excess income and excess resources or that you have spent your excess resources by establishing or adding to a burial trust/fund. Please look at the budget calculation section to see how we figured your excess income and excess resources. Regulation 18 NYCRR 360-4.8 and 369-ee</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E30	MA	Excess Income We will discontinue Medical Assistance beginning _____. This is because your net income is over the allowable Medical Assistance income limit of \$____. You are over the limit by \$____. The amount over the limit is called excess income. Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your income is over the limit. Please look at the enclose budget calculation to see how we figured your excess income. If you incur medical bills in the amount of your excess income in the future, you may reapply. Please read the enclosed "Explanation of the Excess Income Program". Regulation 360-4.8
E31	MA	Excess Income - MA to TMA Eligible Increased Earnings/ New Employment We will discontinue Medical Assistance beginning _____. This is because your income (less Medical Assistance deductions) of \$_____ is over the allowable Medical Assistance income limit of \$_____. However, if the increase was due to increased earnings, or new employment, you may be eligible for Transitional Medical Assistance. If you are not eligible for the TMA extension, your Medical Assistance will be discontinued on the effective date listed on page one of this notice. Please look at the budget calculation section to see how we figured your excess income. Regulation 18 NYCRR 360-4.8
E32	MA	Excess Income Child/Spousal Support Extension We will discontinue Medical Assistance beginning _____. This is because your income (less Medical Assistance deductions) of \$_____ is over the allowable Medical Assistance income limit of \$_____. However, if the increase was due to increased spousal or child support, you may be eligible for a four-month extension of you Medical Assistance coverage. Please look at the budget calculation section to see how we figured your excess income. Regulation 18 NYCRR 360-4.8
E33	MA	Excess Income MA to TMA Guarantee-Increased Earnings/New Employment We will discontinue Medical Assistance beginning _____. This is because your income (less Medical Assistance deductions) of \$_____ is over the allowable Medical Assistance income limit of \$_____. However, if the increase was due to increased earnings or new employment, you may be eligible for Transitional Medical Assistance. If you are not eligible for the TMA extension, your Medical Assistance will be discontinued on the effective date listed on page one of this notice. Please look at the budget calculation section to see how we figured you excess income. Regulation 18 NYCRR 360-4.8

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E35	MA	<p>HR Related Single/Childless Couples; Over Income We will discontinue Medical Assistance effective _____. Choose one of the following: Over Gross Income Limit This is because you are in the Safety Net category and your gross income of \$_____ is over the gross income limit of \$_____. Please look at the enclosed budget to see how we figured your gross income. Regulation 18 NYCRR 360-2.2 1. Over Net Income Limit This is because you are in the Safety Net category and your net income of \$_____ is over the income limit of \$_____. Please look at the enclosed budget to see how we figured your net income. Regulation 18 NYCRR 360-2.2</p>
E36	MA	<p>Excess Income – Child/Spousal Support We will discontinue Medical Assistance beginning _____. This is because you income (less Medical Assistance deductions) is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$_____. Also, you do not have unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount. Regulation 18 NYCRR 360-4.8</p>
E37	MA- SN	<p>Parents; Over Income We will discontinue Medical Assistance effective _____ for: _____ This is because your household's net income of \$_____ is more than the Medical Assistance income limit of \$_____ for your household size. Please look at the enclosed budget calculation to see how we figured your income. Regulation 360-4.1, 360-4.7, 360-4.8</p>
E39	MA	<p>Excess Income Due to COLA Increase We will discontinue Medical Assistance beginning _____. This is because on January 1, your income (will increase/increased) due to a cost of living adjustment (COLA) in a social security benefit. This increase in income must be used to figure your Medical Assistance eligibility. As a result of this increase, your countable monthly income of \$_____ is more than the Medical Assistance limit of \$_____.</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

CODE CATEGORY

REASON

E40 MA-SN

Single or Childless Couple; Over Income/ Resources

We will discontinue Medical Assistance effective _____.

Message 1 – Over Resource Limit

This is because you are in Safety Net category and your countable resources of \$_____ are over the resource limit of \$1,000. Persons between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under 21 years of age must meet the requirements of the Safety Net category. Please look at the budget section to see how we figured your resource.

Regulation 360-2.2

Message 2 – Over Net Income and Resource Limit

This is because you are in Safety Net category and your net income and your countable resources are over the Medical Assistance limits. Your net income is \$_____. The income limit is \$_____. Your countable resources are \$_____. The resource limit is \$1,000. Persons who are between 21 and 65 years of age and are not pregnant or certified blind or disabled or caring for their related children under 21 years of age must meet the requirements of the Safety Net category.

Please look at the budget section to see how we figured your net income and resources.

Regulation 360-2.2

Message 3 - Excess Income

We will discontinue Medical Assistance beginning _____. This is because your net income is over the allowable Medical Assistance income limit. You are over the limit by \$_____. The amount over the limit is called excess income. Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your income is over the limit. Please look at the budget calculation section to see how we figured your excess income.

If you incur medical bills in the amount of your excess income in the future, you may reapply.

Please read the "Explanation of the Excess Income Program" Section.

Regulation 360-4.8

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F28	MBI-WPD	<p>Ineligible Excess Income above 250% of FPL and Excess Resources above \$10,000.00</p> <p>We will discontinue your Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective____. This is because your net income (gross income less Medical Assistance deductions) of \$___ is over the MBI-WPD income limit of \$___ and your countable resources of \$___ are over the MBI-WPD resource limit of \$10,000.</p> <p>Please look at the budget section to see how we figured your income and resources.</p> <p>Please read the Sections: "Explanation of the Excess Income Program" "Explanation of the Excess Resource Program" and "Optional Pay-In Program."</p> <p>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E49	MA	<p>Excess Income Child Turning One Year Old We will discontinue Medical Assistance effective _____ for: _____. This is because your income (less Medical Assistance deductions) of \$ _____ is more than 133% of the Federal Poverty Level of \$ _____. The limit for Medical Assistance changes from 200% to 133% of the Federal Poverty Level when a child becomes one year old. Since your income is over 133% of the Federal Poverty Level, we compare your income to the Medical Assistance limit and there is now a resource limit. Your income is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$ _____. Also you do not have unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount. Please look at the budget calculation section to see how we figured your excess income. If you incur medical bills in the amount of your excess income or if your Income goes down in the future, you may reapply. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." Regulations 360-4.1, 360-4.7 and 360-4.8.</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

CODE CATEGORY REASON

E68 MA

Excess Income/Resources Child Turning One Year Old

We will discontinue Medical Assistance effective ____ for: This is because your income (less Medical Assistance deductions) of \$____ is more than 133% of the Federal Poverty Level of \$____. The limit for Medical Assistance changes from 200% to 133% of the Federal Poverty Level when a child becomes one year old. Since your income is over 133% of the Federal Poverty Level, we compare your income to the Medical Assistance limit and there is now resource limit. Your income and countable resources are over the allowable Medical Assistance limits. The amounts over the limits are called excess income and excess resources or spenddown. Your monthly excess income amount is \$____. Your excess resource amount is \$____. Also, we have not received documentation that you have unpaid medical expenses not covered by insurance that are equal to or more than your excess resource amount and your excess income amount or that you have spent your excess resources by establishing or adding to a burial trust/fund. Please look at the budget calculation section to see how we figured your excess income and excess resources. If you incur medical bills in the amount your excess resources and expect to have medical bills which are equal to or more than your excess income or if your income or resources go down in the future, you may reapply. Please read the enclosed "Explanation of the Excess Income/Excess Program".

Regulation 360-4.1, 360-4.7, 360-4.8

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F31	MA-SN	<p>Parents; Over Income/Resources We will discontinue Medical Assistance effective ____.</p> <p>Message 1 (Over Resources) This is because your household's countable resources of \$_____ are more than the Medical Assistance resource limit of \$_____ for your household size. Please look at the enclosed budget calculation to see how we figured your resources Regulation 360.4, 360-4.7, 360-4.8</p> <p>Message 2 (Over Income and Resources) This is because your household's net income of \$_____ is more than the Medical Assistance income limit of \$_____ and your household's countable resources of \$_____ are more than the Medical Assistance limits for your household size. Please look at the enclosed budget calculation to see how we figured your income and resources.</p> <p>Regulations 360-4.1, 360-4.7, 3</p>
F32	MA	<p>Excess Income Child 6-18 Above 100% of FPL(CNS) We will discontinue your Medical Assistance effective____. This is because your net income (gross income less Medical assistance deductions \$__ is more than 100% of the Federal Poverty Level of \$__ which is the income limit for children ages six through eighteen years. Your income is over the allowable Medical Assistance Income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$__. Also, you do not have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount.</p>
F55	MA	<p>Excess Income, Children Age 1-5 We will discontinue Medical Assistance beginning ____ This is because your net family income of (\$_____) is more than 133% of the Federal Poverty Level of (\$_____) which is the income limit for children between the ages of one and five.</p> <p>Please look at the enclosed budget calculation to see how we figured your excess income and excess resources. If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income, or if your income or resources go down, you may reapply.</p> <p>Please read the enclosed "Explanation of the Excess Income/Excess Resource Program".</p> <p>Regulations 360-4.1, 360-4.7, 360-4.8</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F56	MA	<p>Excess Income and Excess Resources Children age 1 – 5 We will discontinue Medical Assistance beginning _____. This is because your net family income of \$_____ is more than 133% of the Federal Poverty Level of \$_____ which is the income limit for children between the ages of one and five. In addition, your net family income and countable resources are over the allowable Medical Assistance limits. Your net family income is over the limit by \$_____. Your countable resources are over the limit by \$_____. The amounts over the limit are called excess income and excess resources. Also, you do not have paid or unpaid medical bills that are equal to or more than the total amount your resources and income are over the limit. In addition, we told you that you could spend your excess resources on allowable burial expenses. You did not do so within the time period you were allowed. Please look at the enclosed budget calculation to see how we figured you excess income and resources. If you have incurred or paid medical bills in an amount equal to or more than The amount your income is over the Medical Assistance limit, bring these bills to your local social services office prior to the effective date stated above. If you incur medical bills in the amount of your excess income in the future you may reapply. Please read the enclosed "Explanation of the Excess Income/Excess Resource Program" Regulation 360-4.1, 360-7.7, 360-4.8.</p>
F59	MA	<p>Excess Resource We will discontinue Medical Assistance beginning _____. This is because your countable resources are over the allowable Medical Assistance limit. You are over the limit by \$_____. The amount over the limit is called excess resources. Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your resources are over the limit. In, addition, we told you that you could spend your excess resources on allowable burial expenses. You did not do so in the time period you were allowed. Please look at the budget calculation section to see how we figured your excess resources. If you incur medical bills in the amount of your excess resources in the future or if the amount of your resources goes down, you may reapply. Please read the "Explanation of the Excess Resources Program" Section Regulation 360-4.8</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F68	MA	<p>Excess Income and Resources- Child 6-18 Above 100%Federal Poverty Level (CNS) We will discontinue your Medical Assistance effective____. This is because your net income (gross income less Medical Assistance deductions) of \$__is more than 100% of the Federal Poverty Level of \$__. which is the income limit for children ages six through eighteen years. Since your income is over 100% of the Federal Poverty Level, we compare your income to the Medial Assistance limit and there is now a resource limit. Your income and countable resources are over the allowable Medical Assistance limits. The amounts over the limits are called excess income and excess income and excess resources or spenddown Your monthly excess income amount is \$____. Your excess resource amount is \$____.Also we have not received documentation that you have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess resource amount and your excess trust/fund.income amount or that you have spent your excess resources by establishing or adding to a burial trust/fund. Regulation 18 NYCRR 360-4.1,360-4.8</p>
F69	MA	<p>Excess Income and Excess Resources We will discontinue Medical Assistance beginning _____. This is because your net income and countable resources are over the allowable Medical Assistance limits. Your net income is over the limit by \$_____. Your countable resources are over the limit by \$_____. The amounts over the limit are called excess income and excess resources. Also, you do not have paid or unpaid medical bills that are equal to or more than the total amount that your resources and income are over the limit. In addition, we told you that you could spend your excess resources on allowable burial expenses. You did not do so within the time period allowed. Please look at the budget calculation section to see how we figured your excess income and excess resources. If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income or, if your income or resources go down, you may reapply. Please read the enclosed "Explanation of the Excess Income/Excess Resources".Famount of your excess resources and expect to have medical bills which are equal to or more than your excess income or, if your income or resources go down, you may reapply. Please read the enclosed "Explanation of the Excess Income/Excess Resources". Regulation360-4.8</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F87	MA-FHP	<p>Discontinue FHP Excess Resources (NYC) We will discontinue Family Health Plus effective ____. You are not eligible for Family Health Plus because your countable resources of \$ ____ are over the Family Health Plus resource limit of \$ ____. Please look at the budget calculation section to see how we figured your resources. If you think you may need medical Assistance, please call the Unit's office telephone number listed in the box above for an explanation of Medical Assistance with a spenddown. To apply for Medical Assistance with a spenddown, you must meet one of the following requirements: be under age 21, over age 65, pregnant, certified blind, certified disabled or a parent(s) of child under age 21. This decision is based on Section 369-ee of the Social Services Law.</p>
F89	FHP	<p>Discontinue FHP Excess Income/Resources (NYC) We will discontinue Family Health Plus effective <u>date</u>. Choose one of the following messages: Message 1 (SCCs Over Income and Resources) (EEC = S or N) You are not eligible for Family Health Plus because your gross income of \$ ____ is over the Family Health Plus income limit of \$ _____. In addition, your countable resources of \$ ____ are over the Family Health Plus resource limit of \$ _____. Please look at the budget calculation section to see how we figured your income and resources. This decision is based on Section 369-ee of the Social Services Law. Message 2 (FNP Parents Over Income and Resources) (EEC = F) You are not eligible for Family Health Plus because your gross income of \$ ____ is over the Family Health Plus income limit of \$ _____. In addition, your countable resources of \$ ____ are over the Family Health Plus resource limit of \$ _____. If you think you may need Medical Assistance, please call the Unit's office telephone number listed in the box above for an explanation of Medical Assistance with a spenddown. To apply for Medical Assistance with a spenddown, you must meet one of the following requirements: be under age 21, over age 65, pregnant, certified blind, certified disable or a parent of a child under age 21. Please look at the budget calculation section to see how we figured your income and resources. This decision is based on Section 369-ee of the Social Services Law.</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
G58	QI1	<p>Annual Fund Exhausted</p> <p>We will discontinue Medical Assistance coverage for the Qualified Individual -1 (QI1) program effective____.</p> <p>This means that Medical Assistance will no longer pay for your Medicare Part B premium.</p> <p>The funding provided to New York State by the federal government for this program has been expended for the year. There is no additional money available at this time to reimburse individuals for their Medicare Part B premiums. Please apply in January of next year when funding is again available for this program.</p> <p>This decision is based on: subdivision 3 of Section 367-a of the Social Services Law</p>
G59	QI1	<p>Discontinue Qualified Individual (QI-1) Over Income (NYC)</p> <p>We will discontinue Medical Assistance Program coverage for the Qualified Individuals -1 (QI-1) Program effective____.</p> <p>This means that Medical Assistance will no longer pay for your Medicare Part B premium.</p> <p>This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the QI-1 income limit of \$____.</p> <p>Please look at the budget calculation section to see how we figure your income.</p> <p>This decision is based on: subdivision 3 of Section 367-a of the Social Services Law</p>
U40		<p>Disc MA Excess Resource Over 65 Chronic Care</p> <p>We will discontinue Medical Assistance effective ____ for: ____.</p> <p>This is because your countable resources are over the allowable Medical Assistance limit. The amount over the limit is called excess resources or "spenddown." Your excess resource amount is \$____. Also, we have not received documentation that you have unpaid medical expenses not covered by insurance that are equal to or more than your excess resource amount or that you have spent your excess resources by establishing or adding to a burial trust/fund.</p> <p>Please look at the budget calculation section to see how we figured your excess resources.</p> <p>If you incur medical bills in the amount of your excess resources or if the amount of your resources goes down in the future, you may reapply</p> <p>Please read the "Explanation of the Excess Resources Program" Section.</p> <p>Regulation 360-4.8.</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

CODE CATEGORY REASON

U33	MA	<p>Excess Income/60 Day Postpartum Extension Period Is Over We will discontinue Medical Assistance beginning _____. You are no longer eligible for Medical Assistance because your net income is _____ over the allowable Medical Assistance income limit. You are over the limit by \$_____. The amount over the limit is called excess income. Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your income is over the limit.</p> <p>If you incur medical bills in the amount of your excess income in the future, or if your income goes down, you may reapply. Please read the enclosed "Explanation of the Excess Income Program".</p> <p>Regulation (s) 360-4.1, 360-4.7, 360-4.8</p>
U34	MA	<p>Excess Resources/60 Day Postpartum Extension Period Is Over We will discontinue Medical Assistance beginning _____. You are no longer eligible for Medical Assistance because your countable resources are over the allowable Medical Assistance limit. You are over the limit by \$_____. The amount over the limit is called excess resources.</p> <p>Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your resources are over the limit. In addition, we told you that you could spend your excess resources on allowable burial expenses. You did not do so in the time period you were allowed. Please look at the enclosed budget calculation to see how we figured your excess resources.</p> <p>If you incur medical bills in the amount of your excess resources in the future or if the amount of your resources goes down, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program".</p> <p>Regulation 360-4.1, 360-4.7, 360-4.8</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
U35	MA	<p>Excess Income and Excess Resources/60 Day Postpartum Extension is Over. We will discontinue Medical Assistance beginning _____. You are no longer eligible for Medical Assistance because you net income and countable resources are over the allowable Medical Assistance limits. Your net income is over the limit by \$_____. The amounts over the limit are called excess income and excess resources. Also, you do not have paid or unpaid bills that are equal to or more than the total amount your resources and income are over the limit. In addition, we told you that you could spend your excess resources on allowable burial expenses. You did not do so within the time period allowed. Please look at the enclosed budget calculation to see how we figured your excess income and excess resources.</p> <p>If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income, or if your income or resources go down, you may reapply. Please read the enclosed "Explanation of the Excess Income/Excess Resources Program".</p>
U54	MA	<p>Transfer of Resources Institutionalized Individual, Excess Income We will discontinue Medical Assistance beginning _____. You are not eligible for Medical Assistance coverage for the following services until (<u>date</u>): nursing facility services (Residential Health Care Facilities, Residential Treatment Facilities or Intermediate Care Facilities for the Developmentally Disabled); nursing facility services provided in a hospital; home and community-based wavered services. Please look at the section called "Explanation of the Effect of Transfers of Resources on Medical Assistance Eligibility" for an explanation of what types of transfers prevent you from receiving full Medical Assistance coverage. Regulation 360-4.4, 360-4.7, 360-4.8</p>
U59		<p>Disc Excess Income Over 65 Chronic Care We will discontinue Medical Assistance effective _____ for This is because your income (less Medical Assistance deductions) and countable resources are over the allowable Medical Assistance limits. The amount over the limit is called excess income and excess resources or spenddown. Your monthly excess income amount is \$_____. Your excess resource amount is \$_____. Also, we have not received documentation that you have unpaid medical expenses not covered by insurance that are equal to or more than your excess resource amount and your excess income amount or that you have spent your excess resources by establishing or adding to a burial trust/fund. Please look at the budget calculation section to see how we figured your excess income and excess resources. If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income or if your income or resources go down in the future, you may reapply. Please read the Sections: "Explanation of the Excess Income Program", Regulation 360-4.8.</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F09	MBI-WPD	<p>Ineligible Excess Income above 250% of FPL We will discontinue Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective____. This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the MBI-WPD income standard of \$____. Please look at the budget section to see how we figured you income. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) and 369ee of the Social Services Law</p>
F26	MBI-WPD	<p>Ineligible Excess Resources above \$10,000.00 We will discontinue Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective____. This is because your countable resources of \$____ are over the MBI-WPD resource limit of \$10,000.00. Please look at the budget section to see how we figured your resources. Please read the section "Explanation of the Excess Resource Program." Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

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07/18/2005

MA CASE REASON CODES (CONT'D)

RESERVED FOR EXPANSION

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10/23/2006

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

LIVING ARRANGEMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E60	All	Unable to Locate We will discontinue Medical Assistance beginning _____. This is because we have been unable to find you. If, however, you receive this notice and are still in need of Medical Assistance, please contact us. Regulation 360-2.2(f), 360-2.3
E61	All	Not a Resident of District We will discontinue Medical Assistance/Family Health Plus effective _____. This is because you are no longer a resident of New York City. We must provide Medical Assistance/Family Health Plus only to persons who are residents of New York City. You told us that you moved out of New York City on (AMP Date). If you want your Medical Assistance/Family Health Plus benefits to continue, you must contact the Department of Social Services in the district where you now live. We recommend that you do this as soon as possible. This decision is based on: Regulation 18 NYCRR 311.3, 351.2 (g) (1) and Sections 62.5 and 369-ee of the Social Services Law.
E62*	MA	Between 21- 65, in a Psychiatric Institution We will discontinue Medical Assistance effective _____. This is because you are receiving inpatient psychiatric services and are between 21 and 65 years of age. Persons who are receiving inpatient psychiatric services in an institution for the care of the mentally disabled are only eligible for Medical Assistance if they are under 21 years of age or 65 years of age or older. Regulation 360-3.4
E63*	All	Not a State Resident We will discontinue Medical Assistance effective _____. This is because you are not a resident of this State. You are a resident of another state. Medical Assistance may only be granted to an eligible resident of New York State, or to a person temporarily in the State who requires immediate medical care that is not otherwise available. Regulation 351.2(g) (1),360-3.5, 360-3.6 and 366(1)(b)
E66	All	Not a State Resident (See E63 above for language and citations) This code is used as the equivalent of E63 when the closing will clock-down. Regulation 351.2(g)(1) 360-3.5,360-3.6
E73	MA	Foster Care We will discontinue Medical Assistance effective _____. This is because the individual is in foster care. However the individual will receive Medical Assistance coverage through the Foster Care Program. Regulation 360-2.6

* Adequate Notice

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

LIVING ARRANGEMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E79*	All	<p>MA Not Provided in Current Living Arrangement We will discontinue Medical Assistance effective _____. This is because you now live in a public institution that provides medical care for you. Individuals who live in certain institutions such as the institution in which you live are not eligible for Medical Assistance. Some examples of public institution not covered by Medical Assistance are prisons and Veteran's Administration (VA) hospitals. Regulation 360-6.6</p>
F63	All	<p>In Prison We will discontinue Medical Assistance effective _____. This is because you are in a prison. Regulation 360-6.6</p>
G60	All	<p>Unable to Locate (EVR Use Only) We will discontinue Medical Assistance beginning _____. This is because we have been unable to find you. If, however, you receive this notice and are still in need of Medical Assistance, please contact us. Regulation 360-2.2 (f), 360-2.3</p>
G62	All	<p>Moved Out of District We will discontinue Medical Assistance/Family Health Plus effective _____. You told us that you moved out of New York City on (<u>AMP DATE</u>). If you want your Medical Assistance/Family Health Plus to continue after (<u>effective date</u>), you must submit an application for benefits to the Dept. of Social Services in the district where you now live. We recommend that you do this as soon as possible after you move. <i>Note: This code is used when the client informs the agency in advance of the move. MA will continue until the end of the month following the month of the move.</i> This decision is based on: Regulation 18 NYCRR 311.3, 351.2 (g) (1) and Sections 62.5 and 369-ee of the Social Service Law.</p>
M68	All	<p>Added to Another Case We will discontinue Medical Assistance effective _____. This is because you were added to another Medical Assistance case. Regulation 360-2.6</p>

•Adequate Notice

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

DUPLICATE ASSISTANCE

CODE CATEGORY REASON

M97	All	Receiving Multiple Benefits (HH=1) We will discontinue Medical Assistance effective _____. This is because you fraudulently misrepresented your identity or residence to receive multiple Medical Assistance benefits at the same time. You are ineligible to receive Medical assistance for 10 years beginning (<u>DATE</u>). Regulation 18 NYCRR 360-2.2
M98	All	Concurrent Benefits Intra-State We will discontinue Medical Assistance effective _____. This is because we believe you are already receiving Medical Assistance. Your identity matches that of a person who is already receiving Medical Assistance in (<u>LOCATION</u>). Because the identities match, we have determined that you and that person are the same person. When the identity of any applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance. Regulation 18 NYCRR 351.9
M99	All	Duplicate Assistance AFIS We will discontinue Medical Assistance effective _____. This because we believe that (<u>NAME</u>) is already receiving Medical Assistance/Family Health Plus. Because the identities match, we have determined that you and that person are the same person. When the identity of an applicant or a recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for Medical Assistance. Regulation 18 NYCRR 360-2.2(e)(f)
N66	All	Concurrent Benefits Inter-State We will discontinue Medical Assistance effective _____. This is because we believe you are already receiving Medical Assistance. Your identity matches that of a person who is already receiving Medical Assistance in (<u>LOCATION</u>). Because the identities match, we have determined that you and that person are the same person. When the identity of any applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance. Regulation 18 NYCRR 351.9
576	All	Receiving Medical Assistance on More than One Case You are currently receiving Medical Assistance on more than one Medical Assistance case. Since you are eligible to receive Medical Assistance on only one case, we are closing case#_____. Regulation 18 NYCRR 360-2.6

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F12	All	<p>Failure to Apply for SSA We will discontinue Medical Assistance effective _____. This is because a person must apply for benefits that can reduce or end the person's need for Medical Assistance. You appear to be eligible for Social Security benefits and we told you to apply for them. You failed to apply for these benefits at the Social Security Office. Regulation 18 NYCRR 360-2.3</p>
F17	All	<p>Incorrect Social Security Number (HH = 1) We will discontinue Medical Assistance/Family Health Plus effective _____. This is because each person receiving Medical Assistance should have given the agency their correct Social security number. We determined that you did not give us your correct Social Security number. Regulation 18 NYCRR 360-2.3 (A)</p>
F20	All	<p>Failure to Provide a Social Security Number (HH = 1) We will discontinue Medical Assistance effective _____. For each member of the household for whom an application for Medical Assistance is made, a social security number must be provided to the agency or the agency must be provided with proof that an application has been made for a social security number for such person. You did not give us the social security number(s) or apply for a social security number(s) for (list names): Regulation 18 NYCRR 351.2 (c) 360-2.3 (a)</p>
F40	All	<p>Failure to Enroll in a Group Health Plan We will discontinue Medical Assistance beginning _____. This is because when a group health insurance plan is available for free where you work you must sign up for such health insurance plan. You have refused to sign up for a group health insurance plan where you work, even though it is free. Regulation 18 NYCRR 360-3.2 (d)</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F44	All	Failure to Comply with Drug and/ or Alcohol Screening (HH=1) We will discontinue Medical Assistance effective _____. This is because you did not take part in, or complete the alcohol/substance abuse screening requirement. Regulation 18 NYCRR 360-2.6
F45	All	Failure to Comply with Drug and /or Alcohol Assessment (HH=1) We will discontinue Medical Assistance effective _____. This is because you did not take part in, or complete the alcohol/substance abuse assessment requirement. Regulation SSL 366 (1) (a) (1)
F46	All	Failure to Sign or Revoked the Treatment Informational Consent Form (HH=1) We will discontinue Medical Assistance effective _____. This is because you did not sign or you revoked the consent for the release of treatment information to this department. Regulation SSL 366 (1) (a) (1)
F92	All	Non-Qualified PRUCOL Alien Ineligible For Full MA We will discontinue Medical Assistance effective _____. This is because you are not a citizen or a qualified alien. Regulation 122 of the Social Service Law
G11	All	Failure to Appear for Interview Appointment with Agency We will discontinue Medical Assistance effective _____. This is because you did not keep your appointment for an interview on (<u>Date</u>). You are not eligible for Medical Assistance if either you or a person representing you does not appear for a personal interview to establish continuing eligibility. If you think we did not tell you about the interview appointment or if you have another good reason for not keeping the interview appointment, tell your worker the reason. If you do not have a good reason for not keeping your interview appointment, and you still want Medical Assistance, you will have to reapply. Regulation 18 NYCRR 360-2.2 (f), 351.22
G66		MSP-Failed to Return Renewal (Recertification) Form OI-1/SLIMB (NYC) We are discontinuing your participation in the Medicare Savings Program because you or your representative failed to return the Medicare Savings Program Recertification/Renewal Notification form by (<u>date</u>). If your Medicare Savings Program participation is discontinued, your Medicare Premiums will no longer be paid by New York State. You or your representative must return the Recertification/Renewal Notification in order for us to determine your eligibility for participation in the Medicare Savings Program. Regulation 18NYCRR 360-2.2(e) and Section 367(a) of the Social Service Law.

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
M24	All	<p>Failed to Submit Computer Match Information We will discontinue Medical Assistance effective _____. This is because we asked you to bring us information about (computer match) for (name(s)) by (date) and you failed to do so. We need this information to determine your continuing eligibility for Medical Assistance. If you already submitted this information or need help to get it, tell us right away by calling the general information number printed above.</p> <p>Regulation 351.1 (b) (2) (ii), 351.22 (e), 360-2.3, 18 NYCRR 360-4.4</p>
M25	All	<p>Failed to Respond To Computer Match Call In Letter We will discontinue Medical Assistance effective _____. This is because we sent a letter to you asking you to contact us by (date) and you failed to do so. We asked you to contact us with information about (computer match) for (names). We need this information to determine your continuing eligibility for Medical Assistance. If you did contact us by (date), tell us right away by calling the general information number printed above.</p> <p>Regulation 351.1 (b) (2) (ii), 351.22 (e), 360-2.3</p>
M88	All	<p>Failed to Comply with Automated Finger Imaging Requirements, 18-21 Year Old Non-Head of Household, Age 60 or Over, or Disabled (HH=1) We will discontinue Medical Assistance effective _____. This is because you failed or refused to comply with finger imaging requirements. Certain adults and heads of households must have finger images taken as a condition of Medical Assistance eligibility.</p> <p>Regulation Chapter 83 of the Laws of 1995 and Chapter 436 of the Laws of 1997.</p>
M89		<p>Medicare Savings Program Failed to Return Required Documentation QI-1/SLIMB We are discontinuing your participation in the Medicare Savings Program because you or your representative did not return all of the information necessary to determine continued participation in the Medicare Savings Program.</p> <p>If your Medicare Savings Program participation is discontinued, your Medicare Premiums will no longer be paid by New York State.</p> <p>This decision is based on Regulation 18NYCRR 360-2.2(e) and Section 367(a) of the Social Service Law.</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
V13	All	Failure to Utilize Benefits and Resources We will discontinue Medical Assistance effective _____. This is because when a person might be able to get some other benefits or resources that can reduce or end the person's need for Medical Assistance, the person must apply for and use such benefits or resources. Although we told you to, you failed to apply for or use such benefits_____. Regulation 18 NYCRR 360-2.3

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MA CASE REASON CODES (CONT'D)**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)****REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)**

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
Y84	FHP	<p>Failure to Provide Health Plan and Provider Selection Form We will discontinue Family Health Plus effective _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.1, 360-4.8</p>
840	All	<p>TMU – Report of Resources and Unearned Income TMU has determined that you have failed to provide documentation relating to a report of resources and unearned income. Regulation 360-1.2, 360-2.2, 360-2.3, PART 351</p>
841	All	<p>TMU – Excess Resources TMU has determined that your resources exceed the level that Medicaid allows for a household of your size. Regulation 360-4.6, 360-4.7, 360-1.2, 360-3.3</p>
842	All	<p>TMU – Transfer of Assets TMU has determined that you transferred assets for the purpose of qualifying for Medical Assistance. You will be ineligible to receive Medical Assistance benefits for a ____ month period. You have the opportunity to submit documentation to rebut this presumption.</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SPOUSAL IMPOVERISHMENT

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H10	All	Failure to Provide Resource Information - No Undue Hardship We will discontinue Medical Assistance effective _____. This is because the amount/value of your spouse's resources is unknown. This information about the resources of your spouse was necessary to determine your continuing eligibility for Medical Assistance and we have decided that an undue hardship does not exist. Regulation 360-4.10 (c).
H11	All	Failure to Provide Resource Information - Undue Hardship We will discontinue Medical Assistance effective _____. This is because the amount/value of your spouse's resource is unknown. This information about the resources of your spouse was necessary to determine your continuing eligibility for Medical Assistance and, even though we have decided that an undue hardship exists, you would not sign a form that allows us to seek from your spouse the amount his/her countable resources are over the maximum community spouse allowance, although you are physically and mentally able to sign this form. Regulation 360-4.10 (c)
X12	All	Failure to Execute an Assignment of Support We will discontinue Medical Assistance effective _____. This is because you would not sign a form which allows us to seek \$_____ from your spouse (husband/wife), although you are physically and mentally able to sign this form. \$_____ is the amount your spouse's countable resources are over the maximum community spouse resource limit of \$_____. Your spouse refuses to make this amount available to you. Please see the budget page on how we figured the amount your spouse should have made available. Regulation 360-4.10 (c)
X13	All	Excess Resources for Institutionalized Spouse We will discontinue Medical Assistance effective _____. This is because you and your spouse (husband/wife) have countable resources that are over the resource limits. You and your spouse's total countable resources are \$_____. Your spouse who lives at home is allowed to keep. <u>\$(max CSRA)</u> The difference is the amount available to you. \$_____. The allowable resource limit is \$_____. You are over the resource limit by \$_____. You also do not have medical bills that are equal to or more than (<u>\$the amount over the resource standard</u>). An applicant is ineligible for Medical Assistance if his or her resources are over the resource limit unless there are incurred medical bills that are equal to or greater than the amount over the resource limit. Regulation 360-4.10 (c)

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

HEALTH INSURANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E23	FHP	<p>Equivalent Health Insurance We will discontinue Family Health Plus effective _____. This is because you have "equivalent" health insurance coverage. Equivalent health insurance is medical insurance that covers inpatient hospitalization and primary and preventive care, including diagnosis and treatment of illness and injury. Individuals who have equivalent health insurance are not eligible for Family Health Plus. Regulation 360-4.1, 360-4.8, 369-ee</p>
H02	FHP	<p>Discontinue FHP - Public Employee We will discontinue Family Health Plus effective _____. A person who is eligible for health care coverage through a federal, state, county, municipal or school district benefit plan is not eligible for Family Health Plus. Therefore, you are not eligible for Family Health Plus. This is based on Section 369-ee of the Social Service Law and Chapter 58 of the Laws of 2005</p>
X50	MA	<p>COBRA Coverage of Group Health Insurance Premiums - Regular We will discontinue Medical Assistance Program coverage for your group health insurance premiums under the COBRA Continuation Coverage Program effective _____ for the following person(s): Instruction: Choose one or more of the following messages: Message 1 (No longer entitled to COBRA continuation coverage) This is because you are no longer entitled to COBRA continuation coverage for the following reason _____. Message 2 (Over net income) This is because your household's net income of (\$_____) is over the net income limit of \$_____. Please look at the budget page to see how we figured your income. Message 3 (Over resources) This is because your household's countable resources \$_____ are over the resource limit of \$_____. Please look at the budget page to see how we figured you resources. Message 4 (Not cost effective) This is because we determined that it is no longer cost effective to pay your health insurance premiums. Message 5 (Employer has less than 75 employees) This is because Medical Assistance payment of COBRA continuation premiums is available when the coverage is through an employer of 75 or more employees. Message 6 (Other) This is because:_____. Choose Message A (Use if all members of the household are discontinued). You are responsible for payment of your premiums after the effective date. Regulation 360-7.5</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

HEALTH INSURANCE (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
X51	MA	<p>COBRA Coverage of Group Health Insurance Premiums</p> <p>Prior Conditional Acceptance</p> <p>We will discontinue Medical Assistance coverage for group health insurance premiums under the COBRA Continuation Coverage Program effective _____. We had previously accepted the following person(s): (<u>list names</u>) for the COBRA Continuation Coverage Program.</p> <p>Message 1</p> <p>This is because you are no longer entitled to COBRA continuation coverage for the following reason _____.</p> <p>Message 2 (Over net income)</p> <p>This is because your household's net income of (\$_____) is over the net income limit of \$_____. Please look at the budget page to see how we figured your income.</p> <p>Message 3 (Over resources)</p> <p>This is because your household's countable resources of \$_____ are over the resources limit of \$_____. Please look at the budget page to see how we figured your resources.</p> <p>Message 4 (Not cost effective)</p> <p>This is because we determined that it is no longer cost effective to pay your health insurance premiums.</p> <p>Message 5 (Employer has less than 75 employees)</p> <p>This is because Medical Assistance payment of COBRA continuation premiums is only available when the coverage is through an employer of 75 or more employees.</p> <p>Message 6 (Other)</p> <p>This is because:_____.</p> <p>Choose Message A (Use if all members of the household are discontinued)</p> <p>You are responsible for all premium bills we paid for you.</p> <p>Regulation 360-7.5</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

HEALTH INSURANCE (CONT'D)

CODE **CATEGORY**
X52 **MA**

REASON

Medicare Buy – In Program QMBS

We will discontinue Medicare Buy – In coverage effective _____. This means that Medical Assistance can no longer pay your Medicare premiums, deductible and coinsurance.

Choose one or More Messages:

This is because your household's net income is \$_____. The allowable income limit is (100% of poverty). You are over the allowable limit. Please look at the budget page to see how we figured your income.

This is because your household's countable resources are \$_____. The allowable limit is (twice the SSI resource level). You are over the allowable limit. Please look at the budget page to see how we figured your resources.

This is because your household's net income and countable resources are over the income and resource limits. Your net income is \$_____. The allowable income limit is (100% of poverty). Your countable resources are \$_____. The allowable resource limit is (twice the SSI resource level). Please look at the budget page to see how we figured your income and resources.

This is because you are not (enrolled in/eligible for) Medicare Part A from the Federal Social Security Administration.

This is because _____.

Regulation 360-7.7 (Use for all)

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

OTHER

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E03	MA	<p>Disc MA NonQual/Non PRUCOL Alien Post-Part Infant Continues We will discontinue Medical Assistance effective _____. This is because you are no longer pregnant, the sixty day postpartum period has ended and you are not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL). Qualified aliens include: persons lawfully admitted for permanent residence; persons admitted as refugees; persons granted asylum; persons granted status as Cuban and Haitian entrants; persons with deportation withheld; persons admitted as Amerasian immigrants; persons paroled into the United States for at least one year; persons granted conditional entry; or persons determined to be battered or subject to extreme cruelty in the United States by a family member. PRUCOL aliens include: persons paroled into the United States for less than one year; persons residing in the United States pursuant to an Order of Supervision; persons residing in the United States pursuant to an indefinite stay deportation; persons residing in the United States pursuant to an indefinite voluntary departure. persons on whose behalf an immediate relative petition has been approved and their families covered by the petition. persons who have filed applications for adjustment of status that the Immigration and Naturalization Service (INS) has accepted as "properly filed" or has granted; persons granted stays of deportation. persons granted voluntary departure. persons granted deferred action status. persons who entered and continuously resided in the United States before January 1, 1972. persons granted suspension of deportation; or other persons living in the United States with the knowledge and permission or acquiescence of the INS and whose departure the INS does not contemplate enforcing. Examples include but are not limited to: permanent non-immigrants, pursuant to Public Law 99-239, applicants for deferred action or voluntary departure status, and aliens granted extended voluntary departure for a specified time due to conditions in their home countries. Permanent non-immigrants, pursuant to Public Law 99-239, applicants for deferred action or voluntary departure status, and aliens granted extended voluntary departure for a specified time due to conditions in their home countries.</p> <p>E03 continued on next page</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

OTHER (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E03	MA	<p>Disc MA Non Qualified/Non PRUCOL Alien Post-Part Infant (Cont'd) Persons who are not citizens, qualified aliens or permanently residing in the United States under color of law may receive Medical Assistance coverage only for the treatment of emergency medical conditions, or for medical services provided to pregnant women, if they are otherwise eligible. You have not told us that you need coverage for the treatment of an emergency medical condition or pregnancy. Should you require Medical Assistance as a result of an emergency medical condition or pregnancy, you may reapply. Regulation 360-3.3(c) Social Service Law (GIS) 01-MA-026 and 01MA-030</p>
E95*	All	<p>Death We will discontinue Medical Assistance on _____. This is because this person has died. Regulation 360-2.6</p>
G39		<p>Died (HH=1) (System Generated) Medical assistance has been discontinued because the only person receiving Medical assistance on the case has been reported by Tape Match as dead. MA: 360-2.6</p>
G88*	All	<p>Client's Request We will discontinue Medical Assistance on _____. This is because you asked us to close your Medical Assistance case. You can reapply for Medical Assistance if you want to receive it again. Regulation 360-2.6</p>
G95*	All	<p>Death (EVR Use Only) We will discontinue Medical Assistance on _____. This is because this person has died. Regulation 360-2.6</p>
G98	All	<p>Client's Request (Timely) We will discontinue Medical Assistance on _____. This is because you asked us to close your Medical Assistance case. You can reapply for Medical Assistance if you want to receive it again. Regulation 360-2.6</p>
Y99	All	<p>Other (Manual Notice Required) Close cases for which there is no other appropriate reason code. No notice is generated by the system. Workers must manually complete the notice. We will discontinue Medical Assistance effective _____. This is because you failed to (<u>worker fill in</u>). Regulation for Social Service Department (<u>worker fill in</u>)</p>

*Adequate

MA CASE REASON CODES (CONT'D)**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)****MISCELLANEOUS**

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
178	MA/MPE	Emergency Medical Condition You were granted Medical Assistance solely for the treatment of an emergency medical condition, which has now expired. Regulation18 NYCRR 360-3.2
194	MSSI	Ineligible for MA-SSI You are no longer eligible for SSI and have been determined ineligible for MA-SSI. Regulation18 NYCRR 360-2.6, 360-3.3
740	All	Forced Closing.
991	MSSI	Discontinue SSI – Separate MA Determination Your eligibility for SSI has been discontinued or suspended. A separate determination of your continuing eligibility for MA will be made. Regulation 18 NYCRR 360- 2.2 (Stenson). Adequate Notice

Draft

MA CASE REASON CODES (CONT'D)

RESERVED FOR EXPANSION

Draft

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

DISASTER RELIEF

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
322	MPE	<p>Other (Adequate Notice) This decision is based on (<u>Worker Fill</u>).</p>
323	MPE	<p>Excess Income/Non-Resident/Non-Qualified Alien (timely) Under the Disaster Relief program, you have been receiving time-limited health care coverage, which will end on the effective date of this notice. You applied for Medicaid/Family Health Plus to have your health care coverage continue after the end of Disaster Relief. Your application for Medicaid/Family Health Plus is denied because: Choose one of the following for the Manual Notice 1. Your gross income is over the Family Health Plus of \$_____ and your net income (gross income less Medicaid Assistance deductions) is over the Public Assistance Standard of need of \$_____. Persons who are 21 through 64 years of age and are not pregnant, certified blind or disable, or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program in order to be eligible for Medical Assistance. Please look at the attached budget explanation (MAP-2060) to see how we figure your income. Regulation 366(1)(a)(1) and 396-ee 2. Your gross income of \$_____ is over the Family Health Plus income limit of \$_____ and your net income (gross income less Medical Assistance deductions) of \$_____ is over the Medical Assistance income limit of \$_____. Please see the attach budget explanation of the (MAP-2060) for details on how we calculate your income. Regulation 366, 369-ee, and 18 NYCRR 360-4.8 3. You have excess income in the amount of \$_____ per month. The enclosed information explains how an individual may become eligible for Medical Assistance under the Excess Income/Optional Pay-in-Program. (See attach forms MAP-931-Explanation of the Excess Income Program, and MAP-931A, Explanation of the Pay-in-Program.) Regulation 4. You are not a resident of New York City. Regulation 62 and 18 NYCRR 360-2.2 5. You are not a citizen, qualified alien, or person permanently residing in the United States under Color of Law (PRUCOL). Persons who are not citizens, qualified aliens, or PRUCOL may receive Medical Assistance coverage only for the treatment of emergency medical conditions or for medical services provide to pregnant women, if they are otherwise eligible. (See attached form MAP-2020A. Definition of Qualified Aliens and PRUCOL.) Regulation Section 122 of Social Services Law and GIS 01MA026</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

DISASTER RELIEF (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
971	MPE	<p>Failure to Appear for an Interview</p> <p>Under the Disaster Relief Medicaid/Family Health Plus program, you have been receiving time-limited health care coverage, which will end effective _____. You were given the opportunity to apply for Medicaid/Family Health Plus, in order to have your health coverage continue. We cannot determine eligibility for Medicaid/Family Health Plus because you did not keep your appointment for a face-to-face interview on _____. You are not eligible for Medicaid/Family Health Plus, if either you or a person representing you does not appear for a face-to-face interview to establish eligibility. You did not contact us to tell us you could not make this appointment.</p> <p>Regulation18 NYCRR 360-2.2(f), 369-ee</p>
972	MPE	<p>Failure to Provide Documentation</p> <p>Under the Disaster Relief Medicaid/Family Health Plus program you have been receiving time-limited health care coverage, which will end effective _____. You applied for Medicaid/Family Health Plus to have your health care coverage continue after the end of Disaster Relief. We have denied your application for Medicaid/Family Health Plus.</p> <p>This is because you or your representative did not return all of the information necessary to determine if you can get Medicaid/Family Health Plus. We need the following documents. These are the documents we told you we needed, but you did not give them to us and did not tell us you could not get them:_____.</p> <p>If you have not submitted the documents, you need to bring them to us at the above address before the effective date above.</p> <p>If you have submitted all of the required information, please call the unit's office telephone number listed in the box above to make sure the documents have been received and processed.</p> <p>Regulation18 NYCRR 360-2, 369-ee</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

PCAP CASES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E58		<p>Failure to Return PCAP Recertification Renewal Notification We will discontinue Medical Assistance effective _____. We are discontinuing your Medical Assistance because you or your representative failed to return the Medical Assistance Recertification/Renewal Notification form by _____. If your Medical Assistance is discontinue, all your Medical Assistance Services including your home care services, will be discontinue. You or your representative must return the Recertification/Renewal Notification form in order for us to determine your eligibility for Medical Assistance. Regulation 18 NYCRR 351.22, 360-2.2(e), 360-2.2(f), 360-2.3.</p>
E83	MA	<p>Client's Request Written, PCAP Clients – Infant Extension We will discontinue Medical Assistance effective _____. This is because you wrote to us that you wanted your case closed. You wrote that on your recertification letter processed in this office on (<u>processing date</u>). Regulation 360-2.6 The following infant (s) born on (date of birth) will continue to receive Medical Assistance until the end of the month in which the infant(s) becomes age one (list names and CINS of infant) Regulation (s) 360-3.3 (c)</p>
E87		<p>Failure to Comply with Recert Procedure PCAP Client Didn't Show for Interview Newborn Extension We will discontinue Medical Assistance effective _____. This is because you and your representative did not appear at this office for a face to face interview at (Local Office). Therefore, we cannot determine if you are still eligible for Medical Assistance. If you believe Medical Assistance should continue, you should appear before the date of discontinuance at the: (Local Office) If you or your representative cannot travel and cannot come in for a personal interview and you still want Medical Assistance, you must call your social service office before the discontinue Medical Assistance effective date Regulations 360-2.2(e) 360-2.2(f), 360-2.2.3 The following infant (s) born on (date of birth) will continue to receive Medical Assistance until the end of the month in which the infant(s) becomes ages one as long as the infant (s) continue to live with the mother (<u>list name and CINS of Infant</u>).</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

PCAP CASES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E88	MA	<p>Client's Request Written, PCAP Clients (Entire Case) We will discontinue Medical Assistance effective _____. This is because you wrote to us that you wanted your case closed. You wrote that on your recertification letter processed in this office on (processing date). Regulation 360-2.6</p>
E93	MA	<p>Client's Request Written, PCAP Clients – Infant Extension We will discontinue Medical Assistance effective _____. This is because you wrote to us that you wanted your case closed, you wrote that on your recertification letter processed in this office on (processing date). Regulation 360-2.6 The following infant (s) born on <u>(date of birth)</u> will continue to receive Medical Assistance until the end of the month in which the infant(s) becomes age one (List names and CINS of infant[s]) Regulation 360-3.3 (c)</p>
G83	MA	<p>Client's Request Verbal – Infant Extension We will discontinue Medical Assistance effective _____. This is because on _____ you asked us to close your case. The following infant (s) born _____ will continue to receive Medical Assistance until the end of the month in which the infant (s) becomes age one <u>(List names and CINS)</u>. Regulation 360-3.3 (c)</p>
G93	MA	<p>Client's Request Verbal We will discontinue Medical Assistance effective _____. This is because on _____ you asked us to close your case. Regulation 360-2.6</p>

* Use MRT Codes on pages 4-1.60 through 4-1.62 to list items.

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

PCAP CASES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
U15	MA	<p>Failure to Comply With Recert Procedure – Didn't Return Information</p> <p>We will discontinue Medical Assistance effective_____. We are discontinuing Medical Assistance because you or your representative did not return all of the information necessary determine continued eligibility for Medical Assistance. If your Medical Assistance is discontinued, all your Medical Assistance services, including your home care services, will be discontinued. We need these documents which are not in our files or which might have changed since you gave them to us before might have. These are the documents we told you we need but you did not give them to us and did not tell us you could not get them. If you have submitted all of the required documents, please call the Unit's office telephone number listed in the box above to make sure they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medical Assistance after the date of discontinuance. Regulations 60-2.2(e), 360-2.3</p> <p>The following infant(s) born on_____ will continue to receive Medical Assistance until the end of the month in which the infant(s) become age one: Regulations 360-3.3(c)</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

PCAP CASES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
980		<p>Failure to Comply With Recert Procedure – Didn't Return Information (System Generated) We will discontinue Medical Assistance effective _____. We are discontinuing Medical Assistance because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. If your Medical Assistance is discontinued, all your Medical Assistance services, including your home care services, will be discontinued. We need these documents which are not in our files or which might have changed since you gave them to us before. These are the documents we told you we need but you did not give them to us and did not tell us you could not get them. If you have submitted all of the required documents, please call the Unit's office telephone number listed in the box above to make sure they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medical Assistance after the date of discontinuance. Regulations 360-2.2(e), 360-2.3 The following infant(s) born on _____ will continue to receive Medical Assistance until the end of the month in which the infant(s) become age one Regulations 360-3.3(c)</p>
985		<p>Failure to Return PCAP Recertification Renewal Notification (System Generated) We will discontinue Medical Assistance effective _____. We are discontinuing your Medical Assistance because you or your representative failed to return the Medical Assistance Recertification/Renewal Notification form by _____. If your Medical Assistance is discontinued, all your Medical Assistance Services including your home care services, will be discontinued. You or your representative must return the Recertification/Renewal Notification form in order for us to determine your eligibility for Medical Assistance. Regulation 18 NYCRR 351.22, 360-2.2(e), 360-2.2(f), 360-2</p>
996	MA	<p>Failure to Comply with Recert Procedure PCAP Client Didn't Show (System Generated) For interview Newborn Extension (System Generated) Auto PCAP Code 996 will generate the same language as E87.</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES

CODE CATEGORY REASON

(Viewable only on CNS)

166	All	Authorization Lapsed More Than 90-Days This case has been closed automatically because its authorization has lapsed more than 90 days. (System generated output code). No citation required.
667	HRA	HRA system generated 2 months extension for MA cases awaiting Recert Update (Graus)
669		12-Month Automatic Extension (System Generated) Due to disaster of 09/11/01
730		PA Denied/ MA Application Under Review NYC We are reviewing your application to see if the following person(s) may be eligible for Medical Assistance. We may write to you asking for additional information we need to determine your eligibility for Medical Assistance.
731		PA Denied/MA Application Under Review We are reviewing your application to see if the following person(s) may be eligible for Medical Assistance. We may write to you asking for additional information we need to determine your eligibility for Medical Assistance. Regulation 18 NYCRR 360-2.2(a)(2)
732		Combined PA/MA Denial We have denied your Medical Assistance application. This is for the same reason as your Public Assistance application was denied.
736		MA Extension for CHP Transition Even through the individual(s) listed are no longer eligible for Medical Assistance as explained in this notice we will continue/extend the Medical Assistance coverage until __for__: Name__ Client ID # ____. this is to give use time to enroll the child(ren) in the Child Health Plus B Program.
739		Combined PA/MA Application Under Review A decision about the following individual's application for Medical Assistance/ Family Health Plus has not yet been made. When a decision is made, you will receive a notice explaining it. Regulation 18 NYCRR 360-2.5
741		Combined PA/MA Discontinuance We will discontinue Medical Assistance effective _____. This is for the same reason as your Public Assistance is being discontinued. Regulations 360-3.6 Note: Medical Assistance benefits will stop the same day as PA.
750		Discontinue PA/MA Death We will discontinue Medical Assistance effective_____ for:_____. This is for the same reason that Public Assistance was discontinue for the above individual as explained in the Public Assistance section of this notice Regulation 360-2.6

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

CODE CATEGORY REASON

(Viewable only on CNS)

- | | |
|-----|---|
| 756 | <p>PA/MA Continue Unchange- Full Coverage
 These persons will continue to be entitled to full services under Medical Assistance Program.
 Regulation 360-2.6</p> |
| 759 | <p>Continue MA until FHP Determination
 We will continue your Medical coverage for two months until _____. This is because recipients whose income is less than 100% of poverty may be eligible for the Family Health Plus Program. We will write you soon asking for the information we need to determine your eligibility for Family Health Plus. If you do not respond, your Medical Assistance case may be closed at that time.
 Regulation 360-2.6</p> |
| 761 | <p>Combined PA MA Discontinuance
 We will discontinue your Medical Assistance effective _____ for
 This is for the same reason as your Public Assistance is being discontinued. Managed Care: If you are enrolled in a Medical Assistance managed care health plan, you can use your Health Plan Card to get health plan services until the end of the month in which your Medical Assistance is discontinued.
 Regulation cite is dependent on the PA Reason Code.</p> |
| 763 | <p>MA Support Extension
 We will continue Medical Assistance coverage for four months until _____. This is because recipients in a Medical Assistance case closed due to receipt of or increase in child or spousal support are eligible for an additional four months of Medical Assistance coverage.
 Regulation 360-3.3(c)</p> |
| 770 | <p>Failure to Participate in a Drug/Alcohol Program (Client under 21 years old)
 While we determine if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged for: _____. We will soon write to you asking for information we need to determine your continuing eligibility for Medical Assistance.
 Regulation 360-2.6, 360-2.2 (d), 370.2
 This code is generated by CNS codes GX1, GX2 and Gx3</p> |
| 772 | <p>Pregnant Woman/Postpartum Extension
 Even though the individual(s) listed are no longer eligible for Medical Assistance as explained in this notice, we will continue Medical Assistance coverage until _____ for: _____.
 This is because a pregnant woman who is eligible for Medical Assistance at any time during her pregnancy continues to be eligible for Medical Assistance until the end of the month following the 60th day after her pregnancy ends. When the child is born he/she will be eligible for Medical Assistance until age one.
 Regulation 360-4.1, 360-4.7, 360-4.8</p> |

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
773		<p>Combined PA/MA Continue of Newborn Even though the individual(s) listed are no longer eligible for Medical Assistance as explained in this notice, we will continue/extend the Medical Assistance for the following infant(s) born on _____ until the end of the month in which the infant(s) becomes age one: If you have any questions, call the general information number printed on page one of the Notice. Regulation 360-3.3(c).</p>
774		<p>Combined PA/MA Discontinuance We will discontinue your Medical Assistance effective _____. This is for the same reason as your Public Assistance is being discontinued. Regulation cited is dependent on the PA Reason Code. This code is generated for failure to recertify (PA code G10) or coverage code 30</p>
775		<p>Combined PA/MA Continued Unchanged – Pending Decision While we determine if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged. We will soon write to you asking for information we need to determine your continuing eligibility for Medical Assistance. If you do not respond when we write, your Medical Assistance case may be closed at that time. Regulation cited is dependent on the PA Reason Code.</p>
776		<p>Foster Care The following individual will continue to receive Medical Assistance coverage through the Foster Care Program effective (<u>date</u>). Regulation 360-2.6 This code is generated by PA code E73</p>
777		<p>Managed Care – Guaranteed Eligibility We will discontinue your Medical Assistance effective _____. This is for the same reason your Public Assistance is being discontinued. However, the following individual(s) are enrolled in a managed care program and are eligible to receive the medical services available through the managed care program until _____. Coverage is limited to the services authorized by your managed care provider, and Medical Assistance/Family Planning services. Please check your member handbook for a list of these services. Regulation 360-10.5 Generated for PA and MA closing when a recipient is enrolled in a managed care program (coverage code 30 or 32) and eligible for guaranteed coverage. (FA/SNFP not otherwise eligible for MA)</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
778		<p>Combined PA/MA Transitional Medical Assistance (TMA) Acceptance 1st Six-Months Your Medical Assistance will continue for 6-months until _____ for the following persons as long as you have a dependent child under age 21 living with you: <u>(list name)</u>. This is because your Public Assistance case was closed due to increased earnings, new employment, or loss of earned income disregards; you were in receipt of Public Assistance in at least three of the six months before your Public Assistance case was closed and you are the caretaker relative of a child under age 21. Regulation 360-3.3 (c) This code is generated by CNS codes E31 or E33</p>
779		<p>Multi-Suffix Reaffiliated (Y97) (NYC Only) While we evaluate if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged for:_____. If you have any questions, call your worker at the general information number printed on page one of the notice. Regulation 360-2.6</p>
780		<p>Combined PA/MA Support Extension We will continue Medical Assistance coverage for four months until _____. This is because recipients in a Family Assistance (FA) case closed due to receipt of or increase in child or spouse support are eligible for an additional four months of Medical Assistance coverage. Regulation 360- 3.3 (c) PA Code E32 generates this code</p>
781		<p>Failure to Participate in Drug/Alcohol Program (Ages 21- 65) We will discontinue your Medical Assistance effective _____. This is for the same reason as your Public Assistance is being discontinued. However, if you take part in a drug and/or alcohol treatment program, you may reapply for Medical Assistance at any time. Regulation 360-2.2 (d), 370.2 This code is generated by PA codes GX1, GX2 and GX3</p>
782		<p>Added to Another Case We will discontinue your Medical Assistance effective _____. This is because you will be part of the Public Assistance case of <u>(case name)</u>. Your Medical Assistance will be provided in that case. Regulation 352.1</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
783		<p>Continuous Eligibility for Children (NYC Only) Even though the individual(s) listed are no longer eligible for Medical Assistance as explained in the notice, we will continue Medical Assistance until _____ for:_____.</p> <p>This is because children up to age nineteen years of age who are determined Eligible for Medical Assistance remain eligible for benefits for twelve continuous months or until they reach the age of nineteen, whichever is earlier.</p> <p>Regulation 366(4)(q).</p>
784		<p>Discontinue PA/MA Immediate (NYC ONLY) We will discontinue your Medical Assistance effective_____ for_____. This is for the same reason as your Public Assistance is being discontinued</p> <p>Regulation cite is dependent on the PA Reason Code</p>
785		<p>Failed to Participate in Drug/Alcohol Rehabilitation Program We will discontinue your Medical Assistance effective (<u>date</u>). This for the same reason as your Public Assistance case is being discontinued.</p> <p>However, if you take part in a drug/or alcohol treatment program, you may reapply for Medical Assistance at any time.</p> <p>Regulation 360-2.2 (d) and 370-2 This code is generated for MA coverage code 30</p>
786		<p>Failure to Participate in Drug/Alcohol PCP (Guarantee) (NYC Only) Instruction: An automated notice should be generated for PA and MA closing when a recipient is enrolled in managed care program (coverage code 31 or 33) and eligible for guaranteed eligibility.</p> <p>We will discontinue your Medical Assistance effective _____. This is for the same reason your Public Assistance is being discontinued. However if you take part in a drug and/or alcohol treatment program, you may reapply for Medical Assistance any time.</p> <p>The following individual is enrolled in a managed care program and is eligible to receive the medical services available through the managed care program until _____. Coverage is limited to the services authorized by your managed care provider, and Medical Assistance/Family Planning services. Please check your member handbook for a list of these services. If you have any questions, call the general information number printed on page one of this notice.</p> <p>Regulation 360-2.2 (d), 370.2 and 18 NYCRR 360-10.5 This code is generated by PA codes GX1, GX2 and GX3.</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
787		<p>Reinstate PA/ MA PA Sanction Ended (NYC Only) We will reinstate Medical Assistance effective ____ for ____. This is because your Medical Assistance was stopped for a reason that applied to both Public Assistance and Medical Assistance. This reason no longer exists, so you are eligible for Medical Assistance as well as Public Assistance. Regulation 360-3.3</p>
799		<p>Combined PA MA FS Non Sanction MA PA (NYC Only) (Name) cannot be included in your Medical Assistance case for the same reason that individual cannot be included in your Public case. (Name) must comply with this requirement in order to be included in the Medical Assistance case. The Medical Assistance regulation cited is dependent on the reason for sanction.</p>
812		<p>Recalculation of Contribution Toward Chronic Care Single COLA We have recalculated the monthly income contribution required toward the cost of your care from ____ to ____ effective _____. This is because your monthly Social Security benefit changed effective date due to a cost of living adjustment. The monthly deduction for Medicare Part B premium will also change as of date. We have changed the monthly income contribution required toward the cost of care from \$____ to \$____. Please look at the budget page to see how we figured your income. Regulations 18 NYCRR 360-4.9 and 360-4.3 and section 366.</p>
846	FPBP	<p>Disc FPBP Fail to Return renewal We will discontinue your Family Planning Benefits coverage effective _____. This is because you or your representative has failed to return the Family Planning Benefits Recertification/Renewal form by _____. You may request a Fair Hearing if you disagree with any decision explained in this notice to request a Fair Hearing. You may also request an informal local conference. A request for a local conference alone will not result in continuance of benefits and does not meet the 60-day deadline for requesting a Fair Hearing. If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. Regulations: 360-2.2(e), 360-2.3 366(1)(a)(11).</p>
847	FPBP	<p>Disc FPBP Didn't Return Info We will discontinue your Family Planning Benefits coverage effective _____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. You may request a Fair Hearing if you disagree with any decision explained in this Notice. You have 60 days from the date of this notice to request a Fair Hearing. However, You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing. If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. You or your representative must submit these documents in order for us to determine your eligibility for continuing coverage. Regulations: 360-2.2(e), 360-2.3 and 366(1)(a)(11).</p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
866		MSP Failed to Return Renewal (Recertification) Form for QI-1/SLIMB (NYC) We are discontinuing your participation in the Medicare Savings Program because your or your representative failed to return the MSP renewal form by <u>(DATE)</u> . Regulation 18NYCRR 360-2.2(e) and Section 367(a)
867		Medicare Savings Program Failed to Return Required Documentation QI-1/SLIMB We are discontinuing your participation in the MSP because you or your representative did not return all of the information necessary determine continued participation in the Medicare Savings Program. Regulation 18NYCRR 360-2.2(e) and Section 367(a)
902	FHP	Individuals Who Exceed the FHP Limit due to COLA Increase We will discontinue Medical Assistance/Family Health Plus effective_____. This is because on January 1, your household income (<u>will increase/increased</u>) due to a cost-of-living adjustment (COLA) in a Social Security benefit. This increase in income must be used to figure your Medical Assistance/Family Health Plus eligibility. (Same as E05) Regulation 18NYCRR 360-4.8
905	FHP/SN	Exceed FHP Limit and are Ineligible for Surplus We will discontinue Medical Assistance/Family Health Plus effective_____. This is because on January 1, your household income (<u>will increase/increased</u>) due to a cost-of-living adjustment (Cola) in a Social Security benefit. This increase in income must be used to figure your Medical Assistance/Family Health Plus eligibility. Regulation 18NYCRR 360-4.1,360-4.8 Section 369-ee and 366 (1)(a)(1)
911	MSSI	Medical Assistance Case Opened In Error Your Medical Assistance case was opened in error. Due to a computer Problem, we thought that you were in receipt of Supplemental Security Income (SSI) benefits which would make you automatically eligible for Medical Assistance. Since you were not in receipt of SSI, you must have a face to face interview so that we can determine if you can still get Medical Assistance. Regulation 18NYCRR 360-2.6 and 360-3.3
939		In Prison (HH=1) Public assistance has been discontinued because the clients(s) has been committed to prison. MA: 360-2.2
955		Continue MA – Recipient Must Call for Recert Interview In order to determine continued eligibility for Medical Assistance for the following person(s), a face-to-face interview must be scheduled by_____. This is because Medical Assistance requires a face-to-face recertification interview to determine continuing eligibility for Medical Assistance. IF YOU FAIL TO APPEAR AT THE INTERVIEW WE WILL CLOSE THE MEDICAL ASSISTANCE CASE FOR THE PERSON(S) LISTED ON PAGE ON WHOSE CASE(S) WERE TO BE RECERTIFIED AT SUCH INTERVIEW. Regulation 360- 2.2 (e)

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
957	MSSI	<p>(viewable only on CNS) No Longer Eligible For SSI You were granted Medical Assistance because you were eligible for SSI. You are no longer eligible for SSI and have been determined ineligible for MA-SSI. If you were not actually granted SSI, you were granted Medical Assistance incorrectly. To reapply for Medical assistance, you must complete an application at your local Medicaid office Regulation 18NYCRR 360-2.6 and 360-3.3</p>
958		<p>NOTICE OF DECISION ON YOUR MEDICAL ASSISTANCE (Rosenberg C Notice). We will discontinue Medical Assistance effective ____ for: This is because you or your representative did not complete and return the information requested in an earlier notice, as you were instructed. Therefore, we cannot determine if you are still eligible for Medical Assistance. If you believe Medical Assistance should continue, you should call the HRA HealthStat Phone line at (888) 692-6116 for further instructions. You must call before the discontinue Medical Assistance effective date shown above. Regulation 18 NYCRR 360-2.2(e), 360-2.2(f) and 360-2.3</p>
959		<p>Managed Care- Guaranteed Eligibility) We will discontinue Medical Assistance effective ____ for: ____. This is because you or your representative did not complete and return the information requested in an earlier notice, as you were instructed. Therefore, we cannot determine if you are still eligible for Medical Assistance. If you believe Medical Assistance should continue, you should call the HRA HealthStat Phone line at (888) 692-6116 for further instructions. You must call before the discontinue Medical Assistance date shown above. The following individual(s) are enrolled in a managed care program and are eligible to receive the Medical services available through the managed care program until /V1/. Coverage is limited to the services authorized by your managed care provider, and Medical Assistance/Family Planning services. Regulation 18 NYCRR 360-2.2(f), and 360-2.3</p>
962	MA	<p>Excess Income due to Increase in Social Security Benefit You will be receiving increased Social Security Benefits as of _____. Your Social Security amount will be _____. Due to this increase we have determined that as of _____ you are no longer eligible for full Medicaid coverage because you have more income than Medicaid allows for a household of your size. Regulation 18 NYCRR 360-1.2, 360-3.3, 360-4.6, 360-4.7, 360-4.8</p>

MA CASE REASON CODES (CONT'D)**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)****SYSTEM GENERATED MA CODES (CONT'D)**

966

Spenddown Increase due to COLA Increase

We will increase the amount of your excess income from \$_____ to \$_____ a month effective: ____ for: ____.

This is because your income has increased due to an increase in Social Security Benefits on January 1, ____.

Because of this, your income (less Medical Assistance deductions) is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$_____.

Please look at the budget calculation section to see how we figured your excess income.

This means that before the Medical Assistance Program can pay any additional covered outpatient medical expenses, you will have to continue to submit paid or unpaid medical expenses each month which are equal to or more than your monthly excess income amount of \$_____. You may also pay your excess income amount to this agency for any month you need outpatient coverage.

Outpatient medical expenses, you will have to continue to submit paid or unpaid medical expenses each month which are equal to or more than your monthly excess income amount of \$_____. You may also pay your excess income amount to this agency for any month you need outpatient coverage.

Regulations 18 NYCRR 360-4.1 and 360-4.8.

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MA CASE REASON CODES (CONT'D)

RECERTIFICATION BUDGET NOTICE CODES - MA (MA: REAS - 241)

SYSTEM GENERATED

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
B02		Recertification Budget Notice (viewable only on CNS) Continue MA/FHP/FPBP Unchanged, No A/C (NYC).
B03		Spenddown to MA Level, No A/C (NYC).
B04		No Change in Excess Income Amount No A/C (NYC).
B05		Increase in Excess Income Spenddown Amount (NYC).
B06		Decrease in Excess Income Spenddown Amount, No A/C.
B07		Chronic Care - HH =(1) - No Change in Contribution.
B08		Chronic Care - HH=(1) - Change in Contribution.
B41		Continue MA Unchanged, (Timely)
B48		Spenddown to MA Level, (Timely)
B49		No Change in Excess Income Amount, (Timely)
B54		Decrease in Excess Income Spenddown Amount, (Timely)
B55		Continue Payment of Medicare QMB, (Adequate)
B56		Continue Payment of Medicare Part B, SLIMB (Adequate)
B57		Continue Payment of Health Insurance Premiums (Adequate)

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MA CASE REASON CODES (CONT'D)

CONFIRMATION CODES - MA (MA: REAS - 241)

SYSTEM GENERATED

CODE CATEGORY

REASON

MC1

Confirmation of Managed Care Plan Selection (MA)

Thank-you for choosing a Medicaid health plan. We want to confirm the choice you made. _____ is the health plan choice made for the following individual: _____. You must begin to use your health plan on _____ (effective date), as long as you are still eligible for Medicaid. If you need health care before this date, use your Medicaid card at any doctor's office or clinic that takes Medicaid. If you find any mistakes, call the New York Medicaid CHOICE HelpLine 1-800-505-5678, Monday through Friday 8:30 a.m. to 8:00 p.m. and Saturdays, from 10:00 a.m to 6:00p.m.

For people with hearing problems, please call the TT/TDD number, which is 1-888-329-1541. The call is free. Your new health plan card will come in the mail. Keep your health plan card and Medicaid card in a safe place; you'll need both. If you don't like the health plan you chose you have 90 days from _____ (the effective date) to change health plans.

If you do not change your plan in 90 days, you must stay in the plan for 9 more months, unless you have a good reason to leave it. To change health plans, call the New York Medicaid CHOICE HelpLine at 1-800-505-5678.

MC2

Confirmation of Managed Care Plan Selection (FHP)

Thank-you for choosing a Family Health Plus health plan. We want to confirm the choice you made. Plan is the health plan choice made for the following individual:_____.

You may begin to use your health plan on (effective date). If you find any mistakes, call the New York Medicaid CHOICE HelpLine at 1-800-505-5678. You can call the call the HelpLine, Monday through Friday 8:30 a.m. to 8:00 p.m. and Saturdays, from 10:00 a.m. to 6:00p.m.

For people with hearing problems, please call the TTY/TDD number, which is 1-888-329-1541. The call is free. Your new health plan card will come in the mail. Keep your health plan card in a safe place.

If you don't like the health plan you chose you have 90 days from (effective date) to change health plans. If you do not change your plan in 90 days, you must stay in the plan for 9 more months, unless you have a good reason to leave it. To change health plans, call the New York Medicaid CHOICE HelpLine at 1-800-505-5678.

MA CASE REASON CODES (CONT'D)

MRT DEFERRAL CODES

This is a list of Medicaid Recertification Tracking System (MRT) Document Codes that are used when MA Case Closing Code U13 is entered in CNS. A prompt shall appear on the screen requiring the entry of the appropriate MRT Code.

CODE REASON

- A01 Prior agency photo identification card
- A02 Social security card for each family member
- A03 Birth or baptismal certificate for each family member
- A04 Letter from agency you are known to
- A05 Driver's license
- A06 Military discharge papers
- A07 Marriage certificate or divorce or separation papers
- A08 Death certificate
- A09 Certification of Naturalization
- A10 Alien registration card or other INS document
- A11 Passport and/or visa
- B01 Rent receipt and lease
- B02 Statement from landlord indication who lives with you
- B03 Utility bills
- B04 Mortgage statements: property and school tax bills
- B05 School records and/or latest report card for children
- B06 Statement from family doctor or clinic that children live with you
- B07 Letter from person (s) you live with verifying that they supply room and board
- C01 Pay stubs for previous four (4) weeks or statement from employer showing all deductions
- C02 Unemployment insurance book
- C03 Statement of rental and/or room and board income

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MA CASE REASON CODES (CONT'D)

MRT DEFERRAL CODES (CONT'D)

CODE REASON

- C04 Support payments – divorce or separation papers
- C05 Statement about childcare expenses
- C06 Documentation of additional income, which allows you to meet your rent and other household expenses. The income reported to us is less than your reported rent and other household expenses
- C07 Completed form “Request for Information on Income Producing Property” Include a copy of the Annual Mortgage Statement and the current escrow analysis. If there is not mortgage, submit copies of the current Real Estate Tax bill, water/sewer bill and Fire Insurance Statement.
- C08 Award letter for Social Security – Call 1- 800- 772-1213 to get an award letter.
- C09 Award letter for Military or Veterans
- C10 Award letter for pensions
- C11 Award letter for Railroad Retirement
- C12 Award letter for Insurance endowments
- C13 Award letter for New York State Disability
- C14 Award letter for Worker’s Compensation
- C15 If self employed: business records schedule C /schedule E and Form 1040
- C16 Income tax returns
- *D01 Bank books for past 12 months including closed accounts
- *D02 Bank books for past 30 months including closed accounts
- *D03 Checking account statements for past 12 months and statement savings account
Verification for past 12 months
- *D04 Checking account statements for past 12 months and statement savings account
Verification for past 30 months
- *D05 Checking account statements for past 30 months and statement savings account
verification for past 12 months
- *D06 Checking account statements for past 30 months and statement savings account
verification for past 30 months

***Disabled as of version 2004.2**

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MA CASE REASON CODES (CONT'D)

MRT DEFERRAL CODES (CONT'D)

CODE REASON

- *D07 Life insurance policies and current cash surrender value statement from the company
- *D08 Stocks, bonds, certificates of deposit and money market fund accounts
- *D09 Real estate deeds
- *D10 Credit union account statements
- *D11 Health and accident insurance policies and verification of premiums
- *D12 Medicare card
- *D13 Information about any pending lawsuit
- *D14 Closing papers on property sale
- *D15 Information about inheritance
- *D16 Information about lottery and other gambling winnings
- E01 If anyone is pregnant, a doctor's statement giving the expected date of delivery
- E02 Medical Form DSS- 486, Medical report for determination of disability
- E03 Disability Interview, Form DSS – 1151
- E04 Dialysis Treatment Letter
- F01 Explanation of Past Maintenance
- F02 Explanation of Current Maintenance
- G01 Completion of Application
- H01 Your signature on the recertification form where indicated
- H02 Completed Recertification Statement

***Disabled as of version 2004.2**

MA CASE REASON CODES (CONT'D)

RESERVED FOR EXPANSION

Draft

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02/20/2007

TURNAROUND DOCUMENT - DSS 3517 (CONT'D)

SECTION 15 - MA INDIVIDUAL LEVEL CODES

MA CATEGORICAL CODES (CAT) – 372

- 01 LIF Child Death of a Parent (Deprivation)
- 02 LIF Child Incapacity Parent (Deprivation)
- 03 LIF Child Imprisonment Parent (Deprivation)
- 05 LIF Child divorce, Annulment, or Legally Separated Parent
- 06 LIF Child Abandonment/Desertion by Parent
- 08 LIF Child Unemployment Principal Wage Earner Formerly ADC-U
- 09 LIF Child No Deprivation or Single or Childless Couple (S/CC)
- 10 Aged (OAA)
- 11 Blind (AB)
- 12 Disabled (AD)
- 13 LIF Dependent Relative (Deprivation)
- 14 Essential person (PA Only)
- 15 Pregnant Women No Deprivation (Use for Intact Households)
- 18 Emergency Shelter Federal Participation
- 20 IVE Adoption Subsidy (MA Cases Only for Children)
- 21 ADC-Related Adult (deprivation) (Case Type 20)
- 22 ADC-Related Child (deprivation)(Case Type 20)
- 25 ADC-Related Adult (no deprivation) (Case Type 20)
- 26 LIF Adult Intact Family (No Deprivation)
- 31 Resident of Public Emergency Shelter – Not Title XIX-Reimbursable (MA Only)
- 32 Non-NYS IV-E Foster Care (MA or MA-SSI)
- 33 Non-IV-E Adoption Special Needs (MA or MA-SSI)
- 34 Non-NYS IV-E Adoption (MA or MA-SSI)
- 35 Presumptive Eligibility Home Care Nursing/Hospice (MPE only)
- 36 Presumptive Eligibility Pregnant Women (MPE only)
- 37 FNP Alien
- 39 FNP Parent Living with his/her Child (ren) Above the PA Standard (MA Only)
- 42 ADC-Related Pregnant Women (MA Level) (Case Type 20)
- 43 Expanded MA Levels. Pregnant Women (Case Type 20)
- 44 Expanded Coverage, Child Less Than 1, But Eligible at 100% of Poverty
- 46 Expanded Coverage, Child From 1 to 5 Under 133% FPL
- 47 Expanded Coverage, Child From 6 to 19, Under 100% FPL
- 48 LIF Pregnant Women (Deprivation)
- 50 Special Supplement (s) Client-FNP for Medicaid (NYC only).
- 51 Expanded Coverage Infant Less Than 1, Eligibility at 200% FPL
- 56 FHP Single and Childless Couples. Individuals 19-20 not living with parents
- 57 FHP Parents living with minor children. Individuals 19-20 living with parents
- 58 FHP Pregnant women eligible at 100% of the Federal poverty level (valid only on case type 20)
- 59 FHP Pregnant women between 100% and 200% of FPL (Valid only on case type 20)
- **60 Expanded Coverage, Child From 6 to 18, Under 133% FPL
- 66 Disaster Relief, System Generated for MPE cases for Special Disaster Relief load to case Type 21
- 68 Family Planning Coverage (FP)
- 69 Family Planning Coverage (FNP)
- 70 Medicaid Buy-In - Disabled Basic Group
- 71 Medicaid Buy-In - Medically Improved
- 73 Woman in Postpartum period

** This code is obsolete as of version 2005.1 and will be removed from the manual at a later date.

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10/23/2006

SECTION 15 - MA INDIVIDUAL LEVEL CODES (CONT'D)

MA STATUS CODES (MA: STAT) – 340

AC Active
AP Applying
CL Closed
NA Not Applying
RJ Denied
SN Sanctioned
DD Dead

MA COVERAGE CODES (MA: COV CD) – 343

01 Full Coverage
02 Outpatient Coverage Only
04 No Coverage-PA Cases Only
06 Provisional Coverage (FHP)
07 Emergency Medical Coverage
08 Presumptive Eligibility – Home Care Nursing/Hospice (MPE only)
09 Medicare Premium, Co-insurance and Deductible Only
10 Eligibility for All Services except Long Term Care
11 Full Coverage-FNP Except Emergency Medical Care (Legal Alien During 5 Year Ban)
13 Presumptive Eligibility – Prenatal Care A (MPE only)
14 Presumptive Eligibility – Prenatal Care B (MPE only)
15 Pre natal Care
17 Eligibility for Payment of Health Insurance Premium Only
18 Family Planning Only Eligible at or Below 200% of FPL
19 Comm coverage with comm based long term care - **(Case Type 20)**
20 Community coverage without long term care **(Case Type 20 Only)**
21 Outpatient cov with comm based long term care - **(Case Type 20)**
22 Outpatient coverage without long term care **(Case Type 20 Only)**
23 Outpatient Coverage with no Nursing Facility Services **(Case Type 20 Only)**
24 Community coverage without long term care (legal alien during 5 year ban)
(Case Type 20 Only)
30 PCP – Full Coverage
31 PCP – Guarantee - **(System Generated)**
34 Family Health Plus Coverage
36 Family Health Plus Guarantee - **(System Generated)**

MEDICARE SAVINGS PROGRAM (MSP) - 345

P Qualified Medicare Beneficiary (QMB)
L Specified Low Income Medicare Beneficiary (SLIMB)
U Qualified Individual 1 (QI1)
X New Value for QDWI - Has not been defined by DOH

SECTION 15 - MA INDIVIDUAL LEVEL CODES (CONT'D)**MA EMPLOYABILITY CODES (EMP) - 375**

INDIVIDUALS UNDER THE AGE 18 MUST BE ASSIGNED CODE 30, EXCEPT AB/AD CHILDREN AND UNBORNS

<u>CODE</u>	<u>CATEGORY</u>	<u>DEFINITION</u>
17	All	Teen parent age 16-19 without HS Diploma.
20	FA/SNCA	Employable.
24	All	Pregnancy.
27	All	Employed.
30	All	Child less than 18 years old.
31	All	Caretaker of child under 3 years of age on same MA case.
32	All	Advanced age - 65 years and older.
33	FA	Caretaker with other adult on same MA case in employment compliance.
34	All	Caretaker of child under 3 not on same MA case.
35	All	Child 18 expected to graduate by 19th birthday.
36	All	Incapacitated 30 days to 1 year.
38	All	Needed in home full time to care for incapacitated/disabled family member-Exempt
40	All	Needed in home part time to care for an incapacitated/disabled family member- Non Exempt
41	All	Temporary illness - 3-month exemption.
42	All	Temporary incapacity - 6-month exemption
43	All	Incapacitated - SSI application filed.
44	All	In receipt of SSI and/or SSI Disability.
53	All	Person 18 -21 not employed.
60	SNCA	55 years or older - not employed in the last 5 years.
63	All	Substance abuser - in rehabilitation.
64	All	Substance abuser - waiting for rehabilitation.

SECTION 15 - MA INDIVIDUAL LEVEL CODES (CONT'D)**MA EMPLOYABILITY CODE (EMP) – 375 (CONT'D)**

INDIVIDUALS UNDER THE AGE 18 MUST BE ASSIGNED CODE 30, EXCEPT AB/AD CHILDREN AND UNBORNS

CODE CATEGORY DEFINITION

70	FA/SSI	Disability Type I.
71	FA/SSI	FA caretaker relative of child 19 or younger (not born) in the same MA case.
72	All	FA caretaker relative of child between the ages of 6 to 19 not in same MA Only case.
74	FA/SSI	Disability Type II.
99	All	Unborn

TPHI/MCR INDICATOR - SYSTEM GENERATED

This is displayed as a combined field in the individual data area of the TAD. The 1st position in the field is TPHI, the 2nd position is MCR.

TPHI -Third Party Health Insurance

Y Client Has TPHI

N Client Does Not Have TPHI

MCR - Medicare

Y Yes

N No

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07/21/2003

MA INDIVIDUAL REASON CODES

OPENING CODES - MA (MA: REAS - 341)

CODE	CATEGORY	
I4	All	Inpatient Hospital bills equal to or greater than excess resources combined with excess income (if applicable) HED use only. MA: 360-3
I5	SSI Related	Medicare Premium, co-insurance and deductible only. MA: 360-3
I9	MA - FA/SNFP	Beginning of extension of eligibility for MA after findings of ineligibility for PA resulting from loss of 30 + 1/3 disregard. MA: 360-3
J0	MA - FA/SNFP	Beginning of four month extension of eligibility for MA after finding of ineligibility for FA resulting from employment or receipt of support. MA: 360-3
J1	FA/SNFP MA - SSI-Related	Medical bills equal to or greater than excess income. MA: 360-3
J2	SSI	SSI recipient not yet appearing on SDX-determined eligible for MA-SSI. MA: 360-3
J3	SSI	SSI new opening on SDX, determined eligible for MA-SSI (Case Type 22) MA: 360-3
J4	All	Medical need – no recent change in financial circumstances. MA: 360-3
J5	All	Administrative MA: 360-3
A4	MA - SNCA/SNNC	Parents over 21 and under 65, in an intact family, living with child(ren) under 21 or single FNP parents living with dependent 18, 19 or 20 year old children who have income and/or resources above the PA standard MA: 360-3

* 0 = Zero

MA INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 341) (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	
067	FHP	<p>Single and Childless Couple Eligible for FHP Eligible single and childless couples can only be used on FHP MA: 369-ee</p>
068	FHP	<p>FHP Parents FHP Parents level can only be used on FHP cases. MA: 369-ee</p>
069	FHP	<p>Pregnant Woman on MA Case FHP eligible pregnant woman active on a MA Case Type 20. MA: 369-ee</p>
074	FHP	<p>Family Health Plus Parent and Expanded Eligibility Children FHP Parents and children with expanded eligibility (can only be used on FHP cases) MA: 369-ee</p>
670	MBI/DBG	<p>Medicaid Buy-In (Disabled Basic Group) Eligible at or below 150%. Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law</p>
671	MBI-MI	<p>Medicaid Buy-In (Medically Improved) Eligible at or below 250% but greater than 150%. Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law</p>
920	MA	<p>Add Newborn To Case (System Generated) This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth MA: 366-g</p>
921	MA	<p>Unborn/Newborn Conversion (System Generated) This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth. (listed on case as unborn) MA: 366-g</p> <p>This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth. The infant was previously listed on the mother's case as an unborn. If the mother was enrolled in managed care on the date of the infant's birth, the infant will be included in the same managed care plan as the mother, effective the date listed above. However, the infant's will not be included in a managed care plan, if the mother of the infant is part of a special needs plan or the infant had a very low birth weight.</p>

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341)

EXCESS INCOME/RESOURCES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E20	FHP	<p>Excess Income of Parents and Children We have denied your application for Medical Assistance/Family Health Plus dated _____. This is because your net family income of \$_____ is more than the Family Health Plus income limit of \$_____. Also, in order for your child(ren) to be eligible for Family Health Plus, your net family income may not exceed ____% of the Federal Poverty Level of \$_____. MA: 360-6.2 and 369-ee</p>
E59	MA	<p>Pregnant Woman, Excess Income (MA Only) We have denied your application for Medical Assistance dated _____. This is because your net income of \$_____ is more than 200% of the Federal Poverty Level of \$_____ which is the income limit for a pregnant woman. Since your income is over 200% of the Federal Poverty Level, we compare your income to the Medical Assistance limit. MA: 360-4.1, 360-4.7 and 360-4.8.</p>
E94	All	<p>Receiving SSI We have denied your application for Medical Assistance dated_____. This is because you are in receipt of SSI payment. MA: 360-2.6</p>
E55	ALL	<p>Child age 1-5, excess income (MA Only) We have denied Medical Assistance beginning_____ This is because your net family income of (\$_____) is more than limit 133% of the Federal Poverty Level of (\$_____) which is the income for children between the ages of one and five. Please look at the enclosed budget calculation to see how we figured your excess income. If you incur medical bills that are equal to or more than your excess income you may reapply. MA: 360-4.1, 360-4.7, 360- 4.8</p>
E56	ALL	<p>Child age 1-5, Excess Income and Excess Resource (MA Only) We have denied Medical Assistance beginning_____. This is because your net family income of (\$_____) is more than 133% of the Federal Poverty Level of (\$_____) which is the income limit for children between the ages of one and five. In addition, your net family income is and countable resources are over the allowable Medical Assistance limits. Your net family income is over the limit by \$_____. Your countable resource are over the limit by \$_____. Also, you do not have paid or unpaid medical bills that are equal to or more than the total amount your resources and income are over the limit. If you incur medical bills in the amount of your excess income in the future you may reapply MA: 360-4.1, 360-4.7 and 360-4.8</p>

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

F32	MA-FHP	<p>Excess Income Child 6 Through 18 Above 100% of the Federal Poverty Level</p> <p>We will discontinue Medical Assistance effective__.</p> <p>This is because your net income (gross income less Medical Assistance deductions) is more than 100% of the Federal Poverty Level of \$__ which is the income limit for children ages six through eighteen years. Your income is over the allowable Medical Assistance income limit. The amount over the limits called excess income or spenddown Your monthly excess income amount is \$____.</p> <p>Also you do not have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount</p> <p>Regulation 18 NYCRR 360-4.8</p>
F68	MA/FHP	<p>Excess Income and Resources Child 6 Through 18 Above 100% Federal Poverty Level</p> <p>We have denied your application for Medical Assistance/Family Health Plus dated____. This is because your net income (gross income less Medical Assistance deductions) of \$__ is more than 100% of the Federal Poverty Level of \$__ which is the income limit for children ages six through eighteen years. Your income and countable resources are over the allowable Medical Assistance limits. The amounts over the limits are called excess income and excess resources or spenddown. Your monthly excess income amount is \$____. Your excess resource amount is \$____.</p> <p>Regulation 18 NYCRR 360-4.8</p>
F87	MA-FHP	<p>FHP Excess Resources (NYC)</p> <p>We have denied your application for Medical Assistance/Family Health Plus. This is because your countable resources of \$____ are over the Family Health Plus resource limit of \$____.</p> <p>Please look at the budget calculation section to see how we figured your resources.</p> <p>If you think you may need medical Assistance, please call the Unit's office telephone number listed in the box above for an explanation of Medical Assistance with a spenddown. To apply for Medical Assistance with a spenddown, you must meet one of the following requirements: be under age 21, over age 65, pregnant, certified blind, certified disabled or a parent(s) of child under age 21.</p> <p>This decision is based on Section 369-ee of the Social Services Law.</p>

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

F89	MA/FHP	<p>FHP Excess Income/Resources (NYC) We have denied your application for Medical Assistance/Family Health Plus. Choose one of the following messages: Message 1 (SCCs Over Income and Resources) (EEC = S or N) This is because your gross income of \$____ is over the Family Health Plus income limit of \$____. In addition, your countable resources of \$____ are over the Family Health Plus resource limit of \$____. Please look at the budget calculation section to see how we figured your income and resources. This decision is based on Section 369-ee of the Social Services Law. Message 2 (FNP Parents Over Income and Resources) (EEC = F) You are not eligible for Family Health Plus because your gross income of \$____ is over the Family Health Plus income limit of \$____. In addition, your countable resources of \$____ are over the Family Health Plus resource limit of \$____. If you think you may need Medical Assistance, please call the Unit's office telephone number listed in the box above for an explanation of Medical Assistance with a spenddown. To apply for Medical Assistance with a spenddown, you must meet one of the following requirements: be under age 21, over age 65, pregnant, certified blind, certified disable or a parent of a child under age 21. Please look at the budget calculation section to see how we figured your income and resources. This decision is based on Section 369-ee of the Social Services Law.</p>
F09	MBI-WPD	<p>Ineligible Excess Income above 250% of FPL We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective____. This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the MBI-WPD income limit of \$____. Please look at the budget section to see how we figured your income. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

F26	MBI-WPD	<p>Ineligible Excess Resources above \$10,000.00</p> <p>We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your countable resources of \$____ are over the MBI-WPD resource limit of \$10,000.00.</p> <p>Please look at the budget section to see how we figured your resources.</p> <p>Please read the section "Explanation of the Excess Resource Program."</p> <p>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) and of the Social Services Law</p>
F28	MBI-WPD	<p>Ineligible Excess Income above 250% of FPL and Excess Resources above \$10,000.00</p> <p>We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the MBI-WPD income limit of \$____ and your countable resources of \$____ are over the MBI-WPD resource limit of \$10,000.</p> <p>Please look at the budget section to see how we figured your income and resources.</p> <p>Please read the Section: "Explanation of the Excess Income Program," "Explanation of the Excess Resource Program" and "Optional Pay-In Program."</p> <p>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

ELIGIBILITY REQUIREMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E06	All	<p>Non-Qualified Alien – No emergency We have denied your application for Medical Assistance/Family Health Plus dated: ____.</p> <p>This is because you are not a citizen or a qualified alien. Persons who are not citizens or qualified aliens may receive Medical Assistance benefits only for the treatment of emergency medical conditions or for medical services provided to pregnant women, providing they are otherwise eligible.</p> <p>MA: 360-3.3 Section 122 and 369-ee</p>
F81	MA	<p>Photo ID Refusal (MA Only) We have denied your application for Medical Assistance dated: ____ .</p> <p>This is because you failed or refused to have your picture taken for a photo identification card. Getting a photo ID is a requirement of the Medical Assistance Program.</p> <p>MA: 360-2.2</p>
F92	All	<p>Failure to Provide Proof of Citizenship or Eligible Alien Status We have denied your application for Medical Assistance on dated: ____.</p> <p>This is because you failed to provide proof of citizenship or of being a legal alien resident.</p> <p>MA: 360-2.6</p>
F93	All	<p>Failure/Refusal to Sign Citizenship/Alien Declaration We have denied your application for Medical Assistance dated: ____.</p> <p>This is because you failed to sign Citizenship and Alien Declaration.</p> <p>MA: 360-2.6</p>
V97	All	<p>Failure to Report to Child Support Enforcement Unit (IV-D Requirement) We have denied your application for Medical Assistance dated: ____.</p> <p>This is because you did not report to the Child Support Enforcement Unit on <u>date</u> to help obtain medical support or establish paternity for your Child(ren) whose parent(s) does not live with him/her or was born out of wedlock. Failure to report to the Child Support Enforcement unit without good cause is grounds for denying or closing Medical Assistance/Family Health Plus. However, if you are pregnant, you do not have to help the Child Support Enforcement Unit until at least two months after the baby is born. If you are pregnant, let us know.</p> <p>Regulation 18NYCRR 346,347, 360-3.2(b), 369.2(b), 369.2(b) (3) and section 369ee</p>
Y84	FHP	<p>Failure to Provide Health Plan and Provider Selection Form We have denied your application for Family Health Plus dated: ____.</p> <p>Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage.</p> <p>MA: 360-4.1, 360-4.8</p>

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

DEATH

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E95	All	<p>Died We have denied your application for Medical Assistance dated _____. This is because the client is deceased. MA: 360-2.6</p>
F50	MA	<p>Death Before Determination – No Unpaid Medical Bills We have denied your application for Medical Assistance dated_____. This is because this individual died before the Medical Assistance application process was completed and there were no unpaid medical bills. MA: 360-2.2 and 360-2.3.</p>
F51	MA	<p>Death Before Determination Insufficient information We have denied your application for Medical Assistance dated_____. This is because our records indicate that this individual is deceased and we have insufficient information to complete the Medical Assistance application process. If there are unpaid Medical bills a representative may contact us to complete the process. MA: 360-2.2 and 360-2.3.</p>

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MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

RECEIPT OF MULTIPLE OR CONCURRENT ASSISTANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F66	All	<p>Will Receive MA in Another Case We have denied your application for Medical Assistance dated_____. This is because the client has been added to another case. MA: 360-2.2</p>
M97	All	<p>Receipt of Multiple Benefits – 10 YR. We have denied your application for Medical Assistance dated _____. This is because the client fraudulently misrepresented his/her identity or residence to receive multiple Medical Assistance benefits at the same time. MA: 360-2.2</p>
M98	All	<p>Receipt of Concurrent Assistance – Non AFIS Match Intrastate w/o A/C We have denied your application for Medical Assistance dated_____. This is because we believe you are already receiving Medical Assistance. Your identity matches that of a person who is already receiving Medical Assistance in (LOCATION). Because the identities match, we have determined that you and that person are the same person. MA: 351.9</p>
M99	All	<p>Receipt of Concurrent Assistance – AFIS Match – w/o A/C We have denied your application for Medical Assistance dated_____. This is because we believe that you are already receiving Medical Assistance because the identities match. MA: 360-2.2</p>
N66	All	<p>Receipt of Concurrent Assistance - on AFIS Match – Interstate w/o A/C We have denied your application for Medical Assistance dated_____. This is because we believe you are already receiving Medical Assistance. Your identify matches that of a person who is already receiving Medical Assistance in (LOCATION). MA: 351.9</p>

MA INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)****LIVING ARRANGEMENTS**

<u>CASE</u>	<u>CATEGORY</u>	<u>REASON</u>
E72	All	Institutionalized We have denied your application for Medical Assistance dated_____. This is because the client was admitted or committed to an institution. MA: 360-2.6
E73	All	In Foster Care We have denied your application for Medical Assistance dated_____. This is because the child is in foster care and there is no plan to return MA: 360-1.2, 360-2, 360-3.3
F60	All	Left Household We have denied your application for Medical Assistance dated_____. This is because <i>client</i> left the household. MA: 360-2.2
F63	All	In Prison We have denied your application for Medical Assistance dated _____. This is because <i>client</i> is in a prison. MA: 360-6.6
F75	All	Absent from Household Without Good Cause We have denied your application for Medical Assistance dated_____. This is because the client was absent from the household for 45 days or more, without good cause. MA: 366 (4) (q).

WORKER'S GUIDE TO CODES

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02/20/2007

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

HEALTH INSURANCE

CODE CATEGORY REASON

H01	FHP	Deny FHP - Public Employee We have denied your application for Family Health Plus effective _____. A person who is eligible for health care coverage through a federal, state, county, municipal or school district benefit plan is not eligible for Family Health Plus. Therefore, you are not eligible for Family Health Plus. This is based on Section 369-ee of the Social Service Law and Chapter 58 of the Laws of 2005
X40	FHP	Failed to Choose Plan FHP FP (NYC) We have denied Medical Assistance/Family Health Plus effective _____. Because you are no longer eligible for Medical Assistance we looked at your eligibility for Family Health Plus. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. To qualify for spenddown, you must verify your resources if you have not already done so. MA: 369-ee
X43	FHP	Failed to Choose Plan FHP SCC (NYC) We have denied Medical Assistance/Family Health Plus effective _____. Because you are no longer eligible for Medical Assistance we looked at your eligibility for Family Health Plus. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.1, 360-4.8 and 369-ee
X44	FHP	Failed to Choose Plan FNP Parent (NYC) We have denied Medical Assistance/Family Health Plus effective _____. Because you are no longer eligible for Medical Assistance we looked at your eligibility for Family Health Plus. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.1, 360-4.8, 366(1)(a)(9)
Y84	FHP	Failure to Provide Health Plan and Provider Selection Form We have denied Family Health Plus effective _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.1, 360-4.8

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11/21/2005

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

OTHER

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
Y98	All	Other- Manual Notice Required (No MA Extension) This code is to be used if none of the other reasons for rejection or individual are applicable. MA: 360-2.2
Y99	All	Other- Manual Notice Required Rejection individual for which there is no other appropriate reason code. No notice is generated by the system. Workers must manually complete the notice. This decision is based on Department Regulation(s)_____.

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MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341)

EXCESS INCOME/RESOURCES

CODE CATEGORY REASON

E94 **All** **Receiving SSI**
We will discontinue Medical Assistance effective_____. This is because
you are in receipt of SSI payment.
MA: 360-2.6

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07/18/2005

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F32	MA-FHP	<p>MA Child 6 through 18 Excess Income (Categorical Codes 44, 46,47 or 51 must be used with this code) We will discontinue Medical Assistance/Family Health Plus effective___. This is because your net income (gross income less Medical Assistance deductions) of \$__ is more than 100% of the Federal Poverty Level of \$___, which is the income limit for children ages six through eighteen years. Your income is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$___, also you do not have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount. This decision is based on Regulation 18 NYCRR 360-4.8</p>
F68	MA -FHP	<p>Excess Income and Excess Resources Child 6 Through 18 Above 100% Federal Poverty Level (Categorical Codes 44, 46,or 51 must be used with this code) We will discontinue your Medical Assistance /Family Health Plus effective___. This is because your net income (gross income less Medical Assistance) of \$__ is more than 100% of the Federal Poverty Level of \$__ which is the income limit for children ages six through eighteen years. Your income and countable resources are over the allowable Medical Assistance limits. The amounts over the limits are called excess income and excess resources or spenddown. Your monthly excess income amount is \$___. Your excess resource amount is \$___. We also have not received documentation than you have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess resource amount and your excess income amount or that you have spent your excess resources by establishing or adding to a burial trust/fund. This decision is based on Regulation NYCRR 360-4.7 and 360-4-8</p>
F87	MA-FHP	<p>Discontinue FHP Excess Resources (NYC) We will discontinue Family Health Plus effective ___. You are not eligible for Family Health Plus because your countable resources of \$_____ are over the Family Health Plus resource limit of \$_____. Please look at the budget calculation section to see how we figured your resources. If you think you may need medical Assistance, please call the Unit's office telephone number listed in the box above for an explanation of Medical Assistance with a spenddown. To apply for Medical Assistance with a spenddown, you must meet one of the following requirements: be under age 21, over age 65, pregnant, certified blind, certified disabled or a parent(s) of child under age 21. This decision is based on Section 369-ee of the Social Services Law.</p>

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MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

F89	MA/FHP	<p>Discontinue FHP Excess Income/Resources (NYC) We will discontinue Family Health Plus effective <u>date</u>. Choose one of the following messages: Message 1 (SCCs Over Income and Resources) (EEC = S or N) You are not eligible for Family Health Plus because your gross income of \$____ is over the Family Health Plus income limit of \$____. In addition, your countable resources of \$____ are over the Family Health Plus resource limit of \$____. Please look at the budget calculation section to see how we figured your income and resources. This decision is based on Section 369-ee of the Social Services Law. Message 2 (FNP Parents Over Income and Resources) (EEC = F) You are not eligible for Family Health Plus because your gross income of \$____ is over the Family Health Plus income limit of \$____. In addition, your countable resources of \$____ are over the Family Health Plus resource limit of \$____. If you think you may need Medical Assistance, please call the Unit's office telephone number listed in the box above for an explanation of Medical Assistance with a spenddown. To apply for Medical Assistance with a spenddown, you must meet one of the following requirements: be under age 21, over age 65, pregnant, certified blind, certified disable or a parent of a child under age 21. Please look at the budget calculation section to see how we figured your income and resources. This decision is based on Section 369-ee of the Social Services Law.</p>
F09	MBI-WPD	<p>Ineligible Excess Income above 250% of FPL We will discontinue Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective____. This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the MBI-WPD income Standard of \$____. Please look at the budget section to see how we figured your income. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F26	MBI-WPD	<p>Ineligible Excess Resources above \$10,000.00</p> <p>We will discontinue Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your countable resources of \$____ are over the MBI-WPD resource limit of \$10,000.00.</p> <p>Please look at the budget section to see how we figured your resources.</p> <p>Please read the section "Explanation of the Excess Resource Program."</p> <p>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>
F28	MBI-WPD	<p>Ineligible Excess Income above 250% of FPL and Excess Resources above \$10,000.00</p> <p>We will discontinue your Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the MBI-WPD income limit of \$____ and your countable resources of \$____ are over the MBI-WPD resource limit of \$10,000.</p> <p>Please look at the budget section to see how we figured your income and resources.</p> <p>Please read the Sections: "Explanation of the Excess Income Program," "Explanation of the Excess Resource Program" and "Optional Pay-In Program."</p> <p>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

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10/23/2006

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

ELIGIBILITY REQUIREMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F92	All	Failure to Provide Proof of Citizenship or Eligible Alien Status We will discontinue Medical Assistance effective _____. This is because you failed to provide proof of citizenship or of being a legal alien resident. MA: 360-2.6
F93	All	Failure/Refusal to Sign Citizenship/Alien Declaration We will discontinue Medical Assistance effective _____. This is because you failed to sign Citizenship and Alien Declaration. MA: 360-2.6
V97	All	Failure to Report to Child Support Enforcement Unit (IV-D Requirement) We will discontinue Medical Assistance effective <u>date</u> . This is because you did not report to the Child Support Enforcement Unit on <u>date</u> to help obtain medical support or establish paternity for your Child(ren) whose parent(s) does not live with him/her or was born out of wedlock. Failure to report to the Child Support Enforcement unit without good cause is grounds for denying or closing Medical Assistance/Family Health Plus. However, if you are pregnant, you do not have to help the Child Support Enforcement Unit until at least two months after the baby is born. If you are pregnant, let us know. Regulation 18NYCRR 346,347, 360-3.2(b), 369.2 (b), 369.2(b) (3) and section 369ee
Y84	FHP	Failure to Provide Health Plan and Provider Selection Form We will discontinue Family Health Plus effective _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.1, 360-4.8

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

RECEIPT OF MULTIPLE OR CONCURRENT ASSISTANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F66	All	<p>Will Receive MA in Another Case We will discontinue your Medical Assistance effective _____. This is because the client has been added to another case. MA: 360-2.2</p>
M97	All	<p>Receipt of Multiple Benefits We will discontinue your Medical Assistance effective _____. This is because the client fraudulently misrepresented his/her identity or residence to receive multiple Medical Assistance benefits at the same time. MA: 360-2.2</p>
M98	All	<p>Receipt of Concurrent Assistance – Non AFIS Match Intrastate w/o A/C We will discontinue your Medical Assistance effective _____. This is because we believe you are already receiving Medical Assistance. Your identity matches that of a person who is already receiving Medical Assistance in (LOCATION). Because the identities match, we have determined that you and that person are the same person. MA: 351.9</p>
M99	All	<p>Receipt of Concurrent Assistance – Non AFIS Match – w/o A/C We will discontinue your Medical Assistance effective _____. This is because we believe that you are already receiving Medical Assistance because the identities match. MA: 360-2.2</p>
N66	All	<p>Receipt of Concurrent Assistance – on – AFIS Match – Interstate w/o A/C We will discontinue your Medical Assistance effective _____. This is because we believe that you are already receiving Medical Assistance. Your identify matches that of a person who is already receiving Medical Assistance in (LOCATION). MA: 351.9</p>

MA INDIVIDUAL REASON CODES (CONT'D)**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)****LIVING ARRANGEMENTS**

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E72	All	Institutionalized We will discontinue your Medical Assistance effective _____. This is because the client was admitted or committed to an institution. MA: 360-2.6
E73	All	In Foster Care We will discontinue your Medical Assistance effective _____. This is because the child is in foster care and there is no plan of return. MA: 360-1.2, 360-2, 360-3.3
F60	All	Left Household. We will discontinue your Medical Assistance effective _____. This is because client left the household. MA: 360-2.2
F63	All	In Prison We will discontinue your Medical Assistance effective _____. This is because the client is in prison. MA: 360-6.6
F75	All	Absent from Household Without Good Cause We will discontinue your Medical Assistance effective _____. This is because the client was absent from the household for 45 days or more, without good cause. MA: 366 (4) (q)

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

HEALTH INSURANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H02	FHP	<p>Discontinue FHP - Public Employee We will discontinue Family Health Plus effective _____. A person who is eligible for health care coverage through a federal, state, county, municipal or school district benefit plan is not eligible for Family Health Plus. Therefore, you are not eligible for Family Health Plus. This is based on Section 369-ee of the Social Service Law and Chapter 58 of the Laws of 2005</p>
X40	FHP	<p>Discontinue MA Failed to Choose Plan FHP FP (NYC) We will discontinue your Medical Assistance/Family Health Plus effective_____. Because you no longer eligible for Medical Assistance we looked at your eligibility for Family Health Plus. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. To qualify for spend down, you must verify your resources if you have not already done so. MA: 369-ee</p>
X43	FHP	<p>Discontinue MA Failed to Choose Plan FHP SCC (NYC) We will discontinue your Medical Assistance/Family Health Plus effective_____. Because you no longer eligible for Medical Assistance we looked at your eligibility for Family Health Plus. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.2, 360-4.8 and 369-ee</p>
X44	FHP	<p>Discontinue MA Failed to Choose Plan FNP Parent (NYC) We will discontinue your Medical Assistance/Family Health Plus effective_____. Because you no longer eligible for Medical Assistance We looked at your eligibility for Family Health Plus. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.1, 360-4.8, 366(1)(a)(9)</p>

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

OTHER

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E90	All	<p>Client Requested Removal from Case We will discontinue your Medical Assistance effective _____. This is because client asked to be removed from the case. MA: 360-2.6</p>
E95	All	<p>Died We will discontinue your Medical Assistance effective _____. This is because the client died. MA: 360-2.6</p>
F92	All	<p>Failure to Provide Proof of Citizenship or Eligible Alien Status We will discontinue your Medical Assistance effective _____. This is because the client failed to provide proof of citizenship or of being a legal alien resident. MA: 360-2.6</p>
F93	All	<p>Failure /Refusal to Sign Citizenship/Alien Declaration We will discontinue Medical Assistance effective _____. This is because client failed to sign Citizenship and Alien Declaration. MA: 360-2.6</p>
Y98	All	<p>Other – Manual Notice Required (No MA Extension) This code is to be used if none of the other reasons for closing an individual are applicable. MA: 360-2.2</p>
Y99	All	<p>Other – Manual Notice Required Close individual for which there is not other appropriate reason code. No notice is generated by the system. Workers must manually complete the notice. This decision is based on Department Regulation(s)</p>

MA INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES - MA (MA: REAS - 341)

FAILURE TO PROVIDE/VALIDATE SSN

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E21	MA	<p>Failure to Provide Child's SSN We will discontinue Medical Assistance effective _____. This is because the client failed to provide a Social Security card for each child on the case. MA: 360-2.6</p>
F17	All	<p>Incorrect/Fraudulent Social Security Number (HH = 1) We will discontinue Medical Assistance/Family Health Plus effective _____. This is because each person receiving Medical Assistance should have given the agency their correct Social security number. We determined that you did not give us your correct Social Security number. Regulation 18 NYCRR 360-2.3 (A)</p>
F20	All	<p>Failure to Provide SSN We will discontinue Medical Assistance effective _____. This is because the client failed to provide a SSA card, or apply for a SSA card. MA: 360-2.6</p>

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MA INDIVIDUAL REASON CODES (CONT'D)**SANCTION CODES - MA (MA: REAS - 341) (CONT'D)****FAILURES RELATED TO REHABILITATION AND DRUG/ALCOHOL PROGRAMS**

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F44	SNCA/SNNC	Failure to Comply With Drug and Alcohol Screening We will discontinue Medical Assistance effective _____. This is because the client did not take part in, or complete the alcohol/substance abuse screening requirement MA: 360-2.6
F45	SNCA/SNNC	Failure to Comply With Drug and /Alcohol Assessment We will discontinue Medical Assistance effective _____. This is because the client did not take part in or complete the alcohol/substance abuse assessment requirement. MA: 360-2.6
F46	SNCA/SNNC	Failure to Sign or Revoked the Treatment Informational Consent Form We will discontinue Medical Assistance effective _____. This is because client did not sign or revoked the consent for the release of treatment information to this department. MA: 360-2.6
GX1	SNCA/SNNC	Failure to Take Part in Rehabilitation Program-First Offense We will discontinue Medical Assistance effective _____. This is because the client did not take part in and complete the out-patient rehabilitation program. The client cannot get assistance for 45 days. MA: 360-2.2 (d), 370.2
GX2	SNCA/SNNC	Failure to Take Part in Rehabilitation Program-Second Offense We will discontinue Medical Assistance effective _____. This is because the client did not take part in and complete the outpatient rehabilitation program. The client cannot get assistance for 120 days. MA: 360-2.2 (d), 370.2
GX3	SNCA/SNNC	Failure to Take Part in Rehabilitation Program-Third Offense We will discontinue Medical Assistance effective _____. This is because the client did not take part in and complete the out-patient rehabilitation program. The client cannot get assistance for 180 days. MA: 360-2.2 (d), 370.2
H04	SNCA/SNNC	Failure to Comply with Office of Child Support Enforcement Language-TBD

MA INDIVIDUAL REASON CODES (CONT'D)**SANCTION CODES - MA (MA: REAS - 341) (CONT'D)****OTHER FAILURES**

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F40	All	Failure to Enroll in Group Health Plan We will discontinue Medical Assistance effective _____. Medical Assistance has been discontinued because the client failed to sign up for and use group health insurance benefits. MA: 360-2.2
F84	All	Failure to Sign Lien We will discontinue Medical Assistance effective _____. This is because the client refused to sign a property lien agreement. MA: 360-2.6
F12	All	Failure to Apply For SSI We will discontinue Medical Assistance effective _____. This is because the client failed to apply for, or complete an application for SSI. MA: 360-2.6

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DATA INPUT FORM – DSS 3477 (SCREEN WMPPIN)**MA RESTRICTION/EXCEPTION RECORD****SOURCE CODES (SYSTEM-GENERATED)**

G System Generated Code
E User Entered Record

MA RESTRICTED/EXCEPTION**STATUS FLAG CODES (SYSTEM-GENERATED)**

1 Active **2** Inactive

PRINCIPAL PROVIDER CATEGORY

00 No Principal Provider
 01 Private Skilled Nursing
 02 Private Intermediate Care
 03 Public Skilled Nursing
 04 Public Intermediate Care
 05 OMRD Developmental
 06 OMH Psychiatric Center
 07 Acute Hospital -Long Term Care
 08 Hospital -Excess
 09 Hospital Catastrophic
 10 Child Care Facility
 12 OMR Small Residential Unit (SRU)
 14 Personal Care Services
 16 Assisted Living Program (ALP)
 DL Delete

PAYMENT EXCEPTION TYPE CODES (PA, MA)

1 Per Diem Payments To Provider Not Allowed
 2 Per Diem Payments to Provider Allowed
 3 Payment for Alternate Care Not Allowed

PREPAID CAPITATION PLAN SUBSYSTEM CODES

Benefits Package - User Entered in Concert with Provider ID and County Code#

Prepaid Capitation Plan Capitation Code

3 Individual Enrollee
 0 End of capitation

Enrollment Reason Codes

01-Enrollment Override
 02-Voluntary Enrollment (all input methods)
 05-Mandatory Enrollment via Auto Assign
 07-Automated Enrollment of a Newborn

Dis-enrollment Reason Codes

97-Moved Out of Plan's Service Area
 95-Lost Medicaid Eligibility
 93-Client or LDSS Initiated/Excluded or Exempt
 86-Client Request
 85-Death
 66-Plan Withdrew from Program
 59-Lost FHP Eligibility

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DATA INPUT FORM – DSS 3477 (SCREEN WMPPIN) (CONT'D)

PREPAID CAPITATION PLAN PROVIDER ID

PID	PROVIDER ID	PROVIDER NAME
MW	01299449	Managed Health, dba, A+ Health Plan
AX	01559493	ABC Health Plan
82	00477156	Affinity Health Plan
MK	01350861	Americhoice of NY INC. (Formerly MHS)
KP	01617894	Care Plus Health Plan
91	00477216	Center Care / Manhattan PHSP
KC	01542676	Community Choice Health Plan
KA	01697534	Community Premier Plus - No Longer Valid as of 7/01/07
H4	02289141	GHI HMO Select
99	00313979	Greater New York Health INS Plan
SF	01479670	Health First PHSP, INC.
77	00798398	Health Plus (Lutheran)
92	00894519	Metro - Plus (Metropolitan Health Plus)
NP	01527962	Neighborhood Health Providers PHSP
NW	01573739	New York Hospital Community Health Plan
SP	01751046	New York State Catholic Health Plan / Fidelis
MO	01403176	United Healthcare of NY, INC. - MetLife
WC	01182503	Wellcare of New York, INC.
C7	01234037	Beth Abraham Comprehensive Care Management (Pace Program)
AN	01750476	CO-OP Care Plan
GN	01827572	GuildNet
85	01898993	HomeFirst, Inc.
IX	01865329	Independence Care System
H1	02104369	Senior Health Partners
CV	01750467	VNS Choice

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RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478

MA RESTRICTION/EXCEPTION TYPE CODES

- 02 Podiatry
- 03 Dental
- 05 Pharmacy
- 06 Physician
- 08 Clinic
- 09 In-Patient Hospital
- 10 Dental
- 11 Physician Group
- 12 Physician Assistant/Nurse Practitioner
- 13 Alternative Pharmacy
- 25 OMR-Sub-Chapter Exception
- 30 HHCP Long Term Home Health Care Program
- 31 Community Alternative System Agency (CASA) Community Based (Disabled as of 6/18/07)
- 32 CASA Individual in SNF/HRF (Disabled as of 6/18/07)
- 35 Case Management
- 38 UT Exempt
- 39 Aid Continuing
- 40 SNF-Expense Level (Disabled as of 6/18/07)
- 41 ICF-DD Expense Level (Disabled as of 6/18/07)
- 42 Hospital/SNF Expense Level (Disabled as of 6/18/07)
- 43 Hospital/ICF-DD Expense Level (Disabled as of 6/18/07)
- 44 Alternate Care Demo (Disabled as of 6/18/07)
- 45 Hospital/Home Demo (Disabled as of 6/18/07)
- 46 OMR Home and Community Based Services (HCBS) Enrolled
- 47 Supervised CRs
- 48 Supportive IRAs and CRs
- 49 Supportive IRAs
- 50 Parental CONNECT (WMS Coverage Code 15)
- 51 Medicaid Eligible (WMS Coverage Code 01 or 30) Plus CONNECT
- 53 HR Underserved
- 54 Exempt from HR Restrictions (System Generated, Output only)
- 55 MCC Pharmacy
- 56 MCC Physician
- 58 MCC Clinic
- 59 MCC Hospital
- 60 Nursing Home Transition & Diversion Medicaid Waiver
- 62 Care at Home (CSH I)
- 63 CAH II
- 64 CAH III
- 65 CAH IV
- 66 CAH V
- 67 CAH VI
- 68 CAH VII
- 69 CAH VIII

RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478 (CONT'D)

MA RESTRICTION/EXCEPTION TYPE CODES (CONT'D)

- 70 CAH IX
- 71 CAH X
- 81 (TBI) Traumatic Brain Injury
- 82 Cash and Counseling (Project in Progress)
- 83 Alcohol and Substance Abuse ASA (Project in Progress)
- 84 Base/Community Rehabilitation & Support (CRS) with Clinical Treatment
- 85 Base/Community Rehabilitation & Support (CRS) without Clinical Treatment
- 86 Intensive Rehabilitation and Ongoing Rehabilitation Services (IR/OR)
- 90 Managed Care Excluded
- 91 Managed Care Exempt
- 92 DOH Exempt
- 94 OMH Exempt
- 95 OMRDD Waivered Services Look Alikes
- 96 (SPM) Seriously and Persistently Mentally Ill Adults and (SED) Seriously Emotionally Disturbed Children

Draft

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585)

VERSION NUMBER (VERSION)

SYSTEM GENERATED. Indicates the number of the budget currently stored on the database for the case number entered. If no budget has previously been stored, this field will be blank.

BUDGET TYPE (BUDGET TYPE)

REQUIRED ENTRY. Enter the appropriate code to identify the type of budget to be calculated

**Code Definitions Effective
November, 1997 per Welfare Reform**

- 01 LIF-Related
- 02 S/CC-Related
- 04 SSI - Related, (AB/AD/OAA)
- 05 SSI - Related, (AB/AD/OAA)
LIF - Related
- 06 SSI - Related, (AB/AD/OAA)
S/CC - Related
- 07 Chronic Care
- 08 Chronic Care, SSI-Related,
(AB/AD/OAA)

**Code Definitions Prior to
November 1997**

- 01 ADC -Related
- 02 HR-Related
- 05 SSI-Related, ADC Related
- 06 SSI-Related, (AB/AD/OAA)
HR-Related
- 09 Chronic Care, ADC-Related
- 10 Chronic Care, HR-Related

CASE NAME (CASE NAME)

Enter the Case Name (up to 25 Characters) as determined by local district procedures.

CASE NUMBER (CASE NUMBER)

SYSTEM GENERATED from information entered on MA Budget Calculations screen (WBMAMU)

OFFICE (OFC)

Enter appropriate office ID.

UNIT AND/OR WORKER (UNIT ID)

ENTRY ALWAYS REQUIRED. Enter Unit ID and/or worker ID as determined by local procedures.

TRANSACTION TYPE (TRAN)

ENTRY ALWAYS REQUIRED. Enter appropriate transaction type:

- (02) Opening
- (03) Reject (output only)
- (05) Change
- (07) Closing (output only)
- (10) Reopening

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**EFFECTIVE PERIOD (EFFECTIVE PER)**

ENTRY ALWAYS REQUIRED. Enter the effective FROM and TO dates to be covered by this calculated entry budget (MM/DD/YY) to (MM/DD/YY). The maximum allowable Effective Period is 12 months.

WITH THE EXCEPTION OF BUDGET TYPES 08-10 WITH BUDGET EFFECTIVE FROM DATES OF 10/1/89 OR LATER, BUDGETS SPANNING DATES IN WHICH MA LEVELS, TAX TABLE AMOUNTS AND ALLOWANCE CHANGES OCCUR CAN BE CALCULATED. SUCH BUDGETS WILL BE BASED ON THOSE FIGURES IN EFFECT ON THE EFFECTIVE "FROM" DATES OF THE CALCULATED BUDGETS.

MONTHS EXCESS IS AVAILABLE (MO)

An entry here will calculate the amount of the excess income for the number of months entered. Acceptable values range from 2 to 6. This field is only used for BT 01, 04 05 and 06.

NUMBER IN CASE (CA)

ENTRY ALWAYS REQUIRED. Enter the number of individuals in budgeting unit (except unborns). If case includes only unborn (s), enter Zero.

EXPANDED ELIGIBILITY CODE (EEC)

An entry in this field indicated that the calculated budget is based on a percentage of the Federal Poverty Level (FPL) The exact percentage utilized is determined by the code.

These codes are as follows:

- A AIDS Insurance. Compares net income to 185% of the Federal Poverty Level. (BT 04 Only)
- B All Categories (BT's 01 and 05). See P, C and D.
- C Child(ren) Calculate Total Net Income. Compares household net income To 133% of the federal poverty level. (BT's 01 and 05 only). Effective From date must be 10/1/90 or later.
- D Child (ren) Born after 9/30/83 but less than 19 years old. Compares net income to 100% of the FPL (BT's 01 & 05).
- F FHP for families. Compare net income to 133% of federal poverty level.
- H COBRA Insurance. Compares net income to 100% of the Federal Poverty Level (BT 04 only).
- I Infants birth one year. (BT's 01 & 05). Compares household net income to 185% and 200% of the federal poverty level.
- J Medicaid/Family Planning Benefits Program: Income eligibility is at or bellow 200% of the FPL. (BT 01,02 and 04).
- K Family Planning Benefits Program Only: Income eligibility is at or bellow 200% of the FPL. (BT 01,02 and 04).
- N FHP for 19-20 years old not living with parents currently 100% of federal poverty level (Valid on Budget Type 01 & 05 only)
- P Pregnant women and Infants. Compares total net income to 185% or 200% of the federal poverty level. (BT's 01 & 05 only). Effective from date must be 1/1/90 or later.
- S FHP for s/cc currently 100% of federal poverty level
- T Transitional Medical Assistance. Compares the adjusted gross earned income to 185% of the federal poverty level. (BT's 1 and 2 only) Effective From dates must be 4/1/90 or later.
- W Medicaid Buy - In For Working People with Disabilities.

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**EXPECTED DATE OF CONFINEMENT (EDC 1)**

Enter the expected Date of Confinement when there is an unborn (s) in the case. The budget summary screen will generate \$50, when appropriate, when computing the PA standard of need. The amount of the MA level will be increased by one.

EXPECTED DATE OF CONFINEMENT (EDC 2)

If there are two pregnant individuals EDC2 field is used for the second person.

AGE INDICATOR (AI)

Enter appropriate indicator:

- N Less than 60 years of age
- Y Equal to or greater than 60 yrs of age

FUEL TYPE (FUEL TY)

Enter appropriate Fuel Type as follows:

- 0 Heat included in shelter costs
- 1 Natural Gas
- 2 Oil
- 3 Electric
- 4 Coal
- 5 Other

SHELTER TYPE (SHELTER TY)

Shelter Type and amount are required fields for Budget Types 01, 02, 05, 06, 09 and 10. Enter the appropriate Shelter Type Code as follows:

- 01 Rent
- 02 Rent Public
- 03 Own Home
- 04 Room & Board
- 05 Hotel Permanent
- 06 Hotel Temporary
- 11 Room Only
- 12 Non-Level 11 Alcohol Treatment Facility
- 15 Congregate Care Level 1 - NYC, Nassau, Suffolk, Westchester
- 16 Congregate Care Level 11- NYC, Nassau, Suffolk, Westchester
- 20 Emergency Rental Supplement Program
- 22 Shelter for Victims of Domestic Violence
- 23 Undomiciled
- 28 Congregate Care Level 1 - Upstate
- 29 Congregate Care Level 11- Upstate
- 33 Homeless Shelter Tier 11 Less than three meals/day
- 34 Homeless Shelter Tier 11-Three meals per day (U)
- 35 Homeless Shelter -Non Tier 1 or Tier 11 (Additional Allowance Codes 01, 02, 03 and 13 are not allowed.
- 36 Shelter for Homeless - Less than three meals/day
- 37 Residential Program for Victims of Domestic Violence- Less than three meals/day.
- 42 Congregate Care Level III - Enhanced Residential Care (NYC, Nassau, Suffolk, Westchester and Rockland)
- 44 Supportive/Specialized Housing - Aids Related.
- 51 Congregate Care Level III - Enhanced Residential Care (Rest of the State).

NOTE: When there is a "T" in the EEC field no entry is permitted in Shelter Type field.

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

SHELTER AMOUNT (AMOUNT)

Enter the total actual monthly amount paid for shelter. If there is no shelter cost, enter zero.

NOTE: This field may be left blank only when BT is 04, 07 and 08 and the "SH" field is blank or when the Shelter Type Code is 15, 16, 23, 28, 29, 33 or 34. In all other situations if Shelter amount is Zero, a 0 must be input in the amount field.

WATER AMOUNT (WATER AMOUNT)

If Water is a separate item of need and the Shelter Type is coded (01) Rent, or (03) Own Home, Enter the actual Water cost.

ADDITIONAL ALLOWANCES TYPE (ADD TY)

Enter the appropriate Additional Allowance Type Code as follows:

- 01 Dinner
- 02 Lunch and Dinner
- 03 Breakfast, Lunch and Dinner
- 13 Home Delivered Meals
- 19 Additional Community Maintenance Allowance (Budget Types 08, 09 and 10 only) With From date 10/1/89 or later
- 20 Transitional Child Care
- 21 Maintenance Allowance for Dependent Members of Institutionalized individual's former household (BT 8, 9 & 10 only)
- 22 Family Member Allowance (added to MMMNA) BT'S 08-10
- 25 Home Attendant Line Operating System (HALO); not used in budget calculation
- 26 Medical Bill Total/ I.S
- 99 Other (Occupational Child Care)

ADDITIONAL ALLOWANCE AMOUNT (AMOUNT)

Enter the monthly amount of the Additional Allowance, based on the allowance type code used, as follows:

- 01 2900 Per Person
- 02 4700 Per Person
- 03 6400 Per Person
- 13 3600 Per Person

For Codes 01, 02 and 03 add \$36.00 to above amounts for Pregnant Women and children.

If the case is entitles to an Additional Allowance as indicated by one of the above codes, multiply the amount by the number of persons in the CA field before entry.

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**DEEMING CODE (SSI DEEM)**

Enter the appropriate code that will indicate to the system the deeming procedure to use in budgeting. This is a required field for BT 04 (i.e. SSI Related).

- 1 Deem to SSI -Related spouse
- 2 Deem to SSI-Related Child (ren)
- 3 Deem to SSI-Related spouse and child (ren)
- 4 No deeming

LIVING ARRANGEMENT (SSI LA)

Use of this code indicates to the system the current MA Level, Federal Benefit Rate level to use during certain phases of the SSI budgeting process. An entry is required for BT'S 04 -10.

- 1 Single Person
- 2 Couple

NUMBER OF SSI-RELATED CHILDREN TO DEEM (NO DM)

Enter the number of SSI-related children (under 18 years old) in the case to whom income and resources are to be deemed. This field is used for BT'S 04-06. (Maximum number that can be entered is 4). Leave blank if not applicable.

NUMBER OF NON-SSI RELATED CHILDREN TO ALLOCATE (NO-ALL)

Enter the number of Non SSI-related children (under 18 years old) to whom income must be allocated before income is deemed to the SSI-related individual (s). This field is used for BT'S 05, 06, 09 and 10. (Maximum number that can be entered is 9). Leave blank if not applicable.

BUY-IN DETERMINATION (BUY)

Enter correct code to generate calculation of Buy-In Determination. Valid for BT'S 04-10 only.

- A Entry of A allows all Buy-In Determination calculation outcomes in MABEL for QMB, SLIMB, and QI1, eligible budgets 04, 05, and 07.
- S Entry of S allows Buy-In Determination calculation outcomes in MABEL for SLIMB and QI1 eligible cases. **Invalid as of 6/18/07.**

DATE OF INSTITUTIONALIZATION (DT INS)

Enter the date the person became institutionalized.

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

PERSONAL INCIDENTAL ALLOWANCE (PIA)

Enter the appropriate code to indicate the amount of the Personal Incidental Allowance to be budgeted.

- 1 \$35.00 for residents of ICF'S
- 2 \$50.00 for residents of other Chronic Care Facilities
- Note:** Above amounts effective 07/01/88.
- 3 Home and community Based Waivered Services (System generated... Entry of PIA code 3 on the Budget Record Screen will cause the system to use the MA level in the PIA field once Chronic care budgeting begins).
- 4 Maximum of \$90.00 Reduced pension for Veterans in Nursing facilities.

SPOUSAL CONTRIBUTION CODE (CON)

Enter the appropriate code to indicate the spouse's contribution to the cost of care. There is a required field for BT'S 08-10. Contribution codes are as follows:

- 1. Contributing the amount required by regulation
- 2. Contributing more than the amount required by regulation
- 3. Contributing less than the amount required by regulation adjudicated
- 4. Contributing less than amount required by regulation - not adjudicated
- 5. Refuses to contribute

SPOUSAL CONTRIBUTION AMOUNT (AMOUNT)

If the Spousal contribution code is 2, 3, or 4 the amount that the spouse is contributing is to be entered. If the code is used the amount is system calculated/generated.

LOCAL CODE (LOC)

Not applicable in New York City. Leave Blank.

INCOME AVERAGE INDICATOR (EARNED INCOME A)

A "Y" in this field on the Budget Record Screen indicates that income source gross amount & related deduction information appearing on screen has been system generated as a result of income averaging.

LINE NUMBER (LN)

Enter the line number of person with the income for each occurrence of earned income.

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**CATEGORICAL INDICATORS CODE (CTG) - (EARNED INCOME OR RESOURCES)**

Enter the appropriate code, which indicates the categorical relatedness of the individual in receipt of the income.

If there is earned income, an entry in this field is required for BT'S O4-06 only.

- 1 SSI - Related Adult - Aged
- 2 SSI- Related Adult – Blind
- 3 SSI- Related Adult - Disabled
- 4 Non-SSI Related Adult (LIF - Related)
- 5 Non-SSI Related Adult (S/CC - Related)
- 6 SSI-Related Child - Blind
- 7 SSI-Related Child - Disabled
- 8 Non-SSI Related Child

CHILD IDENTIFIER (N)

If a child in the budgeting unit has income, enter a number for the child whose income is being recorded. SSI - related children can be assigned a value of 1- 4. Non-SSI related Children can be assigned a value of 1 - 9.

CHRONIC CARE INDICATOR (I)

If earned income is received by a person in chronic care, enter "X" (May be used only for BT's 07-10)

EARNED INCOME DISREGARD (EID)

If there us earned income, enter one of the following codes;

- 1 Calculate LIF (Undercare)
- 2 Calculate \$30 & 1/3. Not Valid After 10/31/97
- 3 Calculate \$30. Not Valid after 10/31/97
- 4 Calculate LIF/ADC-R \$30 & 1/3
- 5 Calculate LIF/ ADC - R \$30
- 6 Calculate LIF (Applicant only)

EARNED INCOME SOURCE (SRC)

Enter the appropriate code for the source of the earned income as follows:

- 01 Salaries, Wages (Employer Provided Sick pay)
- 06 Other Earnings
- 08 Severance pay
- 09 Family Day Care Provider Income
- 11 Income-In Kind Shelter
- 12 Lump Sum Payment
- 13 Lump Sum Payment Received by Current Wage Earner

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

EARNED INCOME SOURCE (SRC) (CONT'D)

- 20 Net Business Income
- 40 Earnings from Job Training Partnership Act
- 44 Office of Vocational Rehabilitation
- 45 Income from a Boarder/Lodger
- 46 Net Income from Rental of House, Store or other property
- 48 Income from a Roomer

EARNED INCOME PERIOD (PER)

Enter the appropriate period code for the income amount to be entered. When income averaging is used, '6' will be generated in this field.

- | | | |
|----|--------------|----------------|
| 3. | Weekly | 6 Monthly |
| 4. | Bi -Weekly | 7 Bi - Monthly |
| 5. | Semi-Monthly | 8 Quarterly |
| | | 9 Yearly |

TIME INDICATOR (T)

Enter the appropriate code. Codes are as follows:

- F Employed Full Time and Part Time
- N Employed in second job (same person) not entitled to Work Deductions

THE FOLLOWING INCOME ENTRIES MUST BE WITHIN THE TIME FRAME INDICATED BY THE PERIOD CODE.

GROSS INCOME (GROSS)

Enter the individual's average Gross Amount of Earned Income for the period indicated by the Period Code.

HEALTH INSURANCE (INSUR)

Enter the Health Insurance costs paid for the period indicated by the period code (Not valid entries for BT 02).

COURT ORDERED SUPPORT PAYMENTS (CT-SUP)

If appropriate, enter the monthly amount

WORK - RELATED EXPENSES (WK-REL)

Expense disregard allowed for blind individuals (CTG 2 or 6) during SSI-related budgeting (BT'S 04-10)

IMPAIRMENT-RELATED WORK EXPENSE (IRWE)

Enter the monthly amount of impairment related work expense. Entry is allowed only when an individual has a categorical indicator code of 3 (Disabled) or 7 (SSI-Related Child Disabled).

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**CHILD CARE (CH-CR)**

Enter the Childcare costs for the period indicated by the Period code. For BT 04, enter the total childcare expense in the first CHLD-CR occurrence. For the other budget types, enter the actual cost of child care paid per child.

CHILD'S MONTH AND YEAR OF BIRTH (MO/YR)

Enter the month and year child was born.

Enter the appropriate information for the second earned income as defined above.

UNEARNED INCOME LINE NUMBER (UNEARNED INCOME LN)

Allows for entry of 6 unearned incomes. Enter the line number of person with unearned income for each occurrence of unearned income.

CATEGORICAL INDICATOR (C)

Enter the appropriate code, which indicates the categorical relatedness of the individual in receipt of the income as follows:

- 1 SSI-Related Adult - Aged
- 2 SSI-Related Adult - Blind
- 3 SSI Related Adult - Disabled
- 4 Non SSI Related Adult (LIF, ADC, and TMA Related)
- 4 Non SSI Related Adult ADC-Related, Not valid after November, 1997**
- 5 Non-SSI Related Adult (S/CC-Related)
- 5 Non-SSI Related Adult (HR-Related) Not valid after November, 1997**
- 6 SSI-Related Child - Blind
- 7 SSI-Related Child - Disabled
- 8 Non-SSI Related Child

CHILD IDENTIFIER (N)

Enter a number for the child whose income is being recorded. Acceptable values are 1-9.

SSI -related children can be assigned a value of 1-4. LIF/ADC-Related Children can be assigned a value of 1 - 9.

CHRONIC CARE INDICATOR (I)

Enter "X", if applicable, to indicate the unearned income is received by a person in Chronic Care.

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

UNEARNED INCOME SOURCE (SR)

Enter the appropriate unearned income source code as follows:

- 01 Adoption Subsidy
- 02 Alimony/Spousal Support
- 03 Any Dividends, Interest, or Periodic Receipts from Stocks, Bonds, Mortgages, Bank Interest, Trust Funds, Annuities, Credit Union, Estates, etc.
- 06 Child Support Payment
- 07 Disabled Veterans Benefits (Non-Service Connected)
- 10 GI-Dependency Allotment
- 11 Disabled Veterans Benefits (Service Connected)
- 16 Gross Rental Income from Owned Home
- 18 Income from Friends or Non-Legally Responsible Relatives (received on a recurring basis)
- 19 Income from Friends or Non-Legally Responsible Relatives outside the household (received on a recurring basis)
- 26 Lump Sum Payments
- 28 German Reparation Payments (LIF, S/CC & Chronic Care budgeting, Not allowed with Categorical Indicator Codes 6, 7, & 8)
- 30 Income from Job Training Partnership Act (Formerly CETA)
- 31 Net Income from Rental of House, Store, or other Property
- 32 Net Royalties
- 33 NYS Disabilities Insurance
- 35 Railroad Retirement Benefit - Dependent
- 38 Railroad Retirement Benefit
- 39 Railroad Benefits (Pensions)
- 41 Sick Pay (Private Insurance)
- 42 Social Security Disability Benefit
- 43 Social Security Survivor's Benefit
- 44 Social Security Retirement Benefit
- 46 Social Security Benefit-Dependent
- 48 Social Security Benefit - Pickle
- 49 Unemployment Insurance Benefit
- 50 Union Benefits
- 51 OVR (Office of Vocational Rehabilitation) Training allowance
- 55 Veterans Pension or Benefit
- 59 Worker's Compensation
- 60 Income-In - Kind Provided by LRR-Shelter (MA Only)
- 64 Income-In - Kind Provided by LRR-Meals (MA Only)
- 70 Other Income - In- Kind
- 75 Deemed Income from a Stepparent
- 82 Contribution from a stepparent
- 99 Other

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

PERIOD (P)

Enter the appropriate Period Code as follows:

- | | |
|----------------|--------------|
| 3 Weekly | 7 Bi-Monthly |
| 4 Bi-Weekly | 8 Quarterly |
| 5 Semi-Monthly | 9 Yearly |
| 6 Monthly | |

UNEARNED INCOME AMOUNT (AMOUNT)

Enter the gross amount of the Unearned Income for the period indicated.

UNEARNED INCOME EXEMPTION CODE (CD)

Enter the appropriate unearned income exemption code. Up to 2 exemptions can be entered for each unearned income source.

- 01 Health Insurance Premium
- 02 Court Ordered Support (See Appendix)
- 06 20% RSDI
- 11 One-Third SSI Child Support
- 12 Cost of Living RSDI
- 14 VA Aid and Attendance/Housebound Allowance (BTS 04-10 only)
- 20 Other Amounts Limited by Designated use
- 21 Medicare

EXEMPTION AMOUNT (EXEMPT)

Enter the amount (s) to be exempted from the monthly gross unearned income. Amount(s) should be for the same period as the unearned income. When Code 11 (One-Third Child Support) is used for an SSI related child (ren), this field is left blank. The system will calculate the correct one-third-exemption amount.

RESOURCES (RESOURCES)

Allows for entry for six resources

LINE NUMBER (LN)

Enter the line number of person with the resource for each occurrence.

CATEGORICAL INDICATOR CODE (C) - (UNEARNED INCOME)

Enter the appropriate code which indicates the categorical relatedness of the individual who owns the resource. This field is used for BT'S 04-10 only.

- 1 SSI - Related Adult - Aged
- 2 SSI - Related Adult - Blind
- 3 SSI - Related Adult - Disabled
- 4 Non - SSI Related Adult (LIF Related)
- 5 Non - SSI Related Adult (S/CC Related)
- 6 SSI - Related Child - Blind
- 7 SSI - Related Child - Disabled
- 8 Non - SSI Related Child

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**SSI RELATED CHILD INDICATOR (N)**

Enter a number to identify the SSI related child. Acceptable values are 1-4. If the child has income, use the same number as assigned for earned or unearned income. This field is for BT 04

CHRONIC CARE INDICATOR (I)

Enter the "X", if appropriate, to indicate the Resource is owned by a person in Chronic Care.

RESOURCE CODE (CD)

Enter the appropriate code as below:

- 01 Cash on Hand
- 02 Bank Accounts
- 03 Stocks, Bonds, Securities
- 04 Promissory Notes
- 05 Mortgages, Conditional Sales Contracts
- 06 Trust Funds
- 07 PIA Savings Accounts (only for BT's 7-10 when Chronic Care Indicator is "X")
- 08 Lump Sum Payment (includes tax refunds, insurance settlements, Inheritances, etc).
- 10 German Reparation Payments
- 19 Vehicle
- 22 Equity Value of Automobile
- 42 Straight Life - Countable cash value
- 43 Endowment Insurance
- 44 Exempt Cash Value of Life Insurance for SSI-Related Budgeting
- 45 Burial Reserve to be disregarded for SSI budgeting
- 98 Other Liquid Resources

RESOURCE VALUE (S-VAL)

Enter the value of each available resource that is not exempt.

After the screen has been completed with all field entries move the cursor to the XMT position. Depress XMT key. If the Budget Record Screen is error-free, a MA Budget Summary Screen will result (* see note). The worker is able to take a print of the budget summary screen pressing the "Prior Case Next" Key. The worker is also able to obtain a copy of the Budget Record Screen by paging back by depressing the FCTN and F-2 Key simultaneously and then depressing the "Prior Case Next " Key.

* **NOTE:** If any errors are made, the fields in error will appear as "blinking fields".

CHAPTER 5 -
APPENDICES OF OLD WMS CODES (REFERENCE ONLY)

THE FOLLOWING PUBLIC ASSISTANCE CASE AND INDIVIDUAL CLOSING CODES THAT APPEAR IN APPENDIX A AND B WERE IN USE UNTIL 12/04/2000. THEY ARE BEING RETAINED FOR INFORMANTION ON PAST CASE ACTIONS

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APPENDIX A - PA OLD WMS CASE LEVEL CLOSING CODES

CODE	CATEGORY	REASON
025	ALL	Died. FS disc, MA disc.
026	FA	Increased Earnings of Father. FS cont'd, MA cont'd.
027	FA	Increased Earnings of Mother. FS cont'd, MA cont'd.
031	FA	Increased Earnings of Mother (BCS). FS cont'd, MA cont'd
032	ALL	Increased Earnings of husband or wife. FS cont'd, MA cont'd.
041	SNCA	Increased Earnings of husband or wife. FS cont'd, MA disc.
042	ALL	Increased Earnings of person living in your home. FS cont'd, MA disc.
051	FA	Employment / Increased Earnings of dependent child. FS cont'd, MA cont'd.
052	ALL	Employment through Division Employment Services. FS cont'd, MA cont'd.
053	FA	Parent returned to former job. FS cont'd, MA cont'd.
054	FA	Parent returned to former full time employment. FS cont'd, MA cont'd.
056	FA	Employment Income / Increased Earnings. FS cont'd, MA cont'd.
058	FA/SNCA	Household members that must be included in case refuse to apply. FS cont'd, MA cont'd.
100	FA	Employment through NY State Employment Service. FS cont'd, MA cont'd.
110	FA	Parent now employed full time thorough NYSES. FS cont'd, MA cont'd.
116	ALL	Refused to sign Learnfare authorization form for DSS. FS cont'd, MA cont'd.
120	FA	Parent secured job Employment Income. FS cont'd MA cont'd.
130	FA	Parent was employed part time have returned to full time.
137 ²	ALL	Your emergency financial needs. FS disc, MA N/A.
140	FA	Parent returned to the home and is providing support. FS cont'd, MA cont'd.
141	FA	Office of Child Support Enforcement located parent in household. FS cont'd, MA cont'd
142	ALL	Client did not cooperate with the Quality control Reviewer. FS cont'd, MA cont'd.
143	ALL	In Violation of parole, probation or fleeing to avoid prosecution.FS disc, MA cont'd.
144	ALL	Client did not take part in or complete the alcohol/substance abuse screening requirement. FS cont'd, MA disc.
145	ALL	Client did not take part in or complete the alcohol/substance abuse assessment requirement. FS cont'd, MA disc.
146	ALL	Client did not sign or revoked the consent for the release of treatment information to this department. FS cont'd, MA disc.
147	ALL	Less than 18, unmarried, has child at least 12 weeks failed to participate in program to attain H.S. diploma. FS cont'd, MA cont'd.
148	ALL	Client did not cooperate with the Quality control reviewer. FS cont'd, MA disc.
149	ALL	H/H member 60 or older no longer in H/H resource limit lower. FS disc, MA cont'd.
150	FA	Married and receiving sufficient support. FS cont'd, MA cont'd
151	SNCA	Minor less than 18 years old, unmarried, pregnant or residing with and providing care for a minor dependent child. Ineligible for self and dependent child by refusing to live in an approved, suitable housing arrangement. FS cont'd, MA disc.
152	ALL	Agency has investigated and rejected the claim that the home would jeopardize the health and safety of minor less than 18 years old, unmarried, pregnant or residing with and providing care for a minor dependent child. Ineligible unless minor and child reside in an approved suitable living arrangement. FS cont'd, MA disc.
153	ALL	Client fraudulently misrepresented identity or residence to receive multiple public assistance benefits at the same time. Ineligible to receive public assistance and food stamp benefits for 10 years. FS disc, MA cont'd.
154	ALL	A minor was absent form the home for 45 days or more DSS not notified in the first 5 days (H/H=1). FS cont'd, MA cont'd.

For "NOTE" definitions See Page 5.1-8.

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APPENDIX A - PA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
155	ALL	Minor less than 18 years old, unmarried, pregnant or residing with and providing care for a minor dependent child. Ineligible for self and dependent child by refusing to live in an approved, suitable housing arrangement. FS cont'd, MA cont'd.
156	ALL	Agency has investigated and rejected the claim that the home would jeopardize the health and safety of minor less than 18 years old, unmarried, pregnant or residing with and providing care for a minor dependent child. Ineligible unless minor and child reside in an approved suitable living arrangement. FS cont'd, MA cont'd.
158	SNFP	Failed to provide verification of income and/or resources from a grandparent who is legally responsible for a person on the case. FS cont'd, MA cont'd.
159	SNFP	Failed to provide verification of income and/or resources form a stepparent who is legally responsible for a person on the case. FS Cont'd, MA cont'd.
160	FA	Child support from father sufficient to meet needs. FS cont'd, MA cont'd.
161	FA	Increased support from legally responsible relative. FS cont'd, MA cont'd.
162	ALL	In possession of assets that exceed allowable PA & FS amount. FS disc, MA cont'd.
170	ALL	Sufficient support from relative or friend living outside home. FS cont'd, MA cont'd.
173	ALL	Refused to provide info on employer group health insurance plan. FS cont'd, MA disc.
174	ALL	Refused to enroll in employer group health plan. FS cont'd, MA disc.
175	ALL	Refused to provide info on other than employer health plan. FS cont'd, MA disc.
176	ALL	Refused to enroll in other than employer health plan FS cont'd, MA disc.
181	SNCA	Unemployment Insurance Benefits sufficient to meet needs. FS cont'd, MA disc.
180 ¹	FA	Unemployment Insurance Benefits sufficient to meet needs.FS cont'd, MA cont'd.
185 ²	ALL	Client's identity matches another person who is receiving public assistance in New York State. FS disc, MA disc.
186 ²	ALL	Client's identity matches another person who is receiving public assistance in New York State (AFIS). FS disc, MA disc.
187	SNCA	Refused to comply with finger imaging requirements (HH>1). FS disc, MA disc
188	SNCA	Refused to comply with finger imaging requirements (HH=1). FS disc, MA disc
189	FA	Client and or another adult member of H/H refused to comply with finger imaging requirements. FS disc, MA cont'd.
203	ALL	Income from Military Service Education Benefits is sufficient. FS cont'd, MA cont'd
204	FA	Income from Military Service Allotment is sufficient. FS cont'd, MA cont'd.
207	ALL	Sufficient Social Security Benefits to meet budgetary needs. FS cont'd, MA cont'd.
208	FA	Income from Military Service or Federal pension is sufficient. FS cont'd, MA cont'd.
209	FA	Income from Military Service or Federal Service Life insurance. FS cont'd, MA cont'd.
210	ALL	Income from Railroad Retirement Benefits is sufficient. FS cont'd, MA cont'd.
211	ALL	Income from Worker's Compensation is sufficient. FS cont'd, MA cont'd.
212	ALL	Income from New York State Disability Benefits is sufficient. FS cont'd, MA cont'd.
213	FA	Income from City or State Civil Service Pension is sufficient. FS cont'd, MA cont'd.
215	ALL	Income from Supplemental Security Income is sufficient. FS cont'd, MA cont'd.
216	FA	Pension received from a Non-Governmental Program is sufficient. FS cont'd, MA cont'd.

For "NOTE" definitions See Page 5.1-8.

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APPENDIX A - PA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

CODE	CATEGORY	REASON
221	SNCA	Pension received from a Non-Governmental Program is sufficient. FS cont'd, MA disc.
222	FA	Life Insurance Benefits sufficient to meet budgetary needs. FS cont'd, MA cont'd.
232	FA	Inherited Money or Property sufficient to meet budgetary \$1,000. FS cont'd, MA cont'd
233	FA	Income from Lodger (s) and/or Boarder/Lodger (s) is sufficient. FS cont'd, MA cont'd
234	ALL	Increased support from person living in home sufficient. FS cont'd, MA cont'd.
235	ALL	Pension received from a person living in home sufficient. FS cont'd, MA cont'd.
236	ALL	Funds from a legal settlement you receive from person in home. FS cont'd, MA cont'd.
242	ALL	Requested your case be closed. FS cont'd, MA cont'd.
243	FA	Requested your case be closed (Bureau Child Support). FS disc, MA cont'd.
251	SNCA	Refused other source of employment offered.
252	ALL	Bank account amount exceeds maximum permitted for PA \$1,000. FS cont'd, MA cont'd.
253	SNCA	Bank account amount exceeds maximum permitted for PA \$1,000. FS disc, MA disc.
260	FA	Decrease in expenses income is sufficient to meet needs. FS cont'd, MA cont'd.
261	SNCA	Decrease in expenses income is sufficient to meet needs. FS cont'd, MA disc.
271	ALL	Gross semi-monthly income exceeds 185% of State standard. FS cont'd.
274 ²	ALL	Failed to keep initial application appointment (Used to close an immediate needs case that has been opened with opening code 033). FS Closed.
280	SNCA	Reclassified from FA to SN not eligible for FA exemptions. FS cont'd, MA cont'd.
281	SNCA	Reclassified from FA to SN not eligible for FA exemptions. FS cont'd, MA disc.
287	SNFP/SNCA/ SNNC/FA	Failed to keep EVR appointment (manual notice). FS disc, MA disc.
288	SNFP/SNCA/ SNNC/FA	Ineligible based on EVR evaluation (manual notice). FS disc.
295 ²	ALL	Client did not return to complete interview (Used to close an immediate needs case that has been opened with opening code 033). FS Closed.
301	SNCA	Income from Military Service or other Federal pension. FS cont'd, MA disc.
302	SNCA	Failed to sign consent form regarding substance abuse. FS cont'd, MA disc.
304	SNCA	Income from Military Service Allotment Benefits is sufficient. FS cont'd, MA disc.
305	ALL	Clients identified as receiving public assistance in another state. FS disc, MA disc.
313	SNCA	Income from City or State Civil Service Pension is sufficient. FS cont'd, MA disc.
320	FA	Arithmetical recomputation resulted in correction of budget. FS cont'd, MA cont'd.
321	SNCA	Arithmetical recomputation resulted in correction of budget. FS cont'd, MA disc.
331	SNCA	Life Insurance Benefits sufficient to meet budgetary needs. FS cont'd, MA disc.
332	SNCA	Inherited Money or Property sufficient to meet budgetary needs. FS cont'd, MA disc.
333	SNCA	Income from Lodger (s) and/or Boarder/Lodger (s) is sufficient. FS cont'd, MA disc.
401	FA/SNCA	Administrative Closing on Transitional Benefits Cases. FS disc, MA N/A.
441 ³	SNCA	Output Code for code 815, 3rd offense results in a 180-day sanction.
442 ³	SNCA	Output Code for code 825, 2nd offense results in a 150-day sanction.
446	SNCA	Output Code for code 539, 2nd offense results in a 150-day sanction.
447 ²	SNCA	Refused to accept or complete a job placement referred by OES. FS cont'd.
449 ³	SNCA	Output Code for code 568, 3rd offense results in a 180-day sanction.

For "NOTE" definitions See Page 5.1-8.

APPENDIX A - PA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

CODE	CATEGORY	REASON
448 ²	SNCA	Refused to accept or complete On The Job Training in TEAP. FS cont'd.
460 ²	FA	Adult relative eligible to receive payments in ADC left household.FS cont'd, MA cont'd.
470	FA	Child for whom you receive payments in ADC has left household.FS cont'd, MA cont'd
471	FA	Only dependent Child is 19 not eligible for assistance in household. FS cont'd, MA cont'd
472	FA	Children are 18 will not graduate HS before 19 ineligible for ADC.FS cont'd, MA cont'd
500	ALL	Failed to keep appointment with Bureau of Client Fraud. FS cont'd, MA disc.
501	ALL	Failed to provide information concerning Social Security Benefits. FS cont'd, MA disc.
502	ALL	Failed to provide documents to establish proof of birth. FS cont'd, MA disc.
503	ALL	Failed to furnish pay stub to recompute your current needs. FS cont'd, MA disc.
504	ALL	Failed to keep an appointment with Income Support Center.
507	ALL	Failed to file a petition with the family court requesting support. FS cont'd, MA disc.
508	ALL	Failed to keep appointment with Office of the Inspector General. FS cont'd, MA disc.
509	SNCA	Failed to pursue your claim for SSI benefits. FS cont'd, MA cont'd.
510	ALL	Failed to comply with policy regarding assignment of your property.FS & MA cont'd.
511 ³	SNCA	Failed to report to a HR/FS JOB Search Scheduled Appointment. (Initial occurrence 90 Day Sanction). FS disc.
512 ³	SNCA	Output Code for code 511, 2nd offense results in a 150-day sanction.
513 ³	SNCA	Output Code for code 511, 3rd offense results in a 180-day sanction.
514 ³	SNCA	Output Code for code 815, 2nd offense results in a 150-day sanction.
516	SNCA	Output Code for code 817, 2nd offense results in a 150-day sanction.
517	SNCA	Output Code for code 817, 3rd offense results in a 180-day sanction.
518 ³	SNCA	Output Code for code 544, 2nd offense results in a 150-day sanction.
519 ³	SNCA	Output Code for code 544, 3rd offense results in a 180-day sanction.
530 ³	SNCA	Failed to report to a HR JOB Search Scheduled appointment. (Initial occurrence 90 Day Sanction).
539 ³	SNCA	Refused to accept or complete a vocational training program referred by OES (90-day sanction). FS cont'd.
544 ³	SNCA	Failed to cooperate with a training program referred by NYS Job Service (90-day sanction) FS cont'd.
545 ³	SNCA	Failed to provide at the HR/FS JOB Search appointment a completed Job Search Handbook. (Initial Occurrence 90-Day Sanction). FS disc.
546 ³	SNCA	Output Code for code 545, 2nd offense results in a 150-day sanction.
547 ³	SNCA	Output Code for code 545, 3rd offense results in a 180-day sanction.
549 ³	SNCA	Output Code for code 821, 3rd offense results in 180-day sanction.
551 ²	SNCA	Output code for code 447, 2nd offense results in a 150-day sanction.
552 ²	SNCA	Output code for code 447, 3rd offense results in a 180-day sanction.
553	FA	Failed to accept employment referred by BEGIN. FS cont'd, MA cont'd.
556 ²	SNCA	Output code for code 448, 2nd offense results in a 150-day sanction.
558 ³	SNCA	Output Code for code 530, 2nd offense results in a 150-day sanction.
559 ²	SNCA	Output code for code 448, 3rd offense results in a 180-day sanction.

For "NOTE" definitions See Page 5.1-8.

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APPENDIX A - PA OLD WMS CASE LEVEL CLOSING CODES(CONT'D)

CODE	CATEGORY	REASON
560 ³	SNFP/SNCA/ SNNC	Failed to keep appointment scheduled by OES cooperate with their efforts to place you in a job or training (90 Day Sanction). FS disc.
561	FA	Refused to accept or complete training in BEGIN. FS disc, MA cont'd.
562	ALL	Refused to accept or complete training in NYSESP. FS disc, MA cont'd.
563 ³	SNCA	Output Code for code 530, 3rd offense results in a 180-day sanction.
564	ALL	Refused to accept or complete training in Wildcat. FS cont'd, MA cont'd.
565 ³	SNFP/SNCA/ SNNC	Output Code for code 560, 2nd offense results in a 150-day sanction.
566 ³	SNFP/SNCA/ SNNC	Output Code for code 560, 3rd offense results in a 180-day sanction.
568 ³	SNCA	Failed to have a medical evaluation to determine eligibility and participate in OES (90-day sanction). FS cont'd.
569 ³	SNCA	Output Code for code 568, 2nd offense results in a 150-day sanction.
571	ALL	Failed to keep appointment for photo identification card. FS cont'd, MA cont'd.
572	ALL	Failed to submit referral form indicating application for Social Security or Supplemental Security Income. FS cont'd, MA disc.
573	ALL	Client did not pick up four consecutive Public Assistance payments. FS disc, MA disc.
574	ALL	Failed to report for recertification interview. FS disc, MA disc.
575	ALL	In possession of assets which exceed allowable PA amount. FS cont'd, MA cont'd.
576	ALL	Receiving Public Assistance on more than one case. FS disc, MA disc.
577	SNCA	Failed to report for scheduled medical examination at HSS. FS cont'd, MA cont'd.
578 ⁴	ALL	Failed to keep appointment with Income Support Center or OES to evaluate employability status. FS cont'd, MA disc.
579	ALL	Failed to submit information to determine continuing eligibility of child who has reached age 16, 17, 18, 19, 20, 21. FS cont'd, MA cont'd.
583	ALL	Failed to return with Face to Face request documentation. FS disc, MA disc.
584	ALL	Refused or failed to provide complete and consistent information to establish that funds in a savings account constitute a permissible reserve. FS disc, MA disc.
585	ALL	Refused to provide complete information relating to savings account. FS & MA disc.
587	ALL	Failed to keep at home scheduled interview arranged by appointment letter to discuss continuing eligibility for Public Assistance, Food Stamps and Medicaid. A second letter was left at the home scheduling another appointment at IM center. Failed to appear for this interview. FS disc, MA disc.
588	FA	Client did not cooperate with the Quality control Reviewer. Client given more than one chance to cooperate. Client did not give a good reason why they did not cooperate. FS cont'd.
589 ²	ALL	Income from Increased employment earnings is sufficient. FS disc, MA disc.
592	ALL	Client failed to comply/cooperate with the Eligibility Verification Review (EVR). Did not respond to notification to contact EVR. FS disc, MA disc.
593 ²	ALL	Failed to return the Quarterly Status Report. FS disc, MA cont'd.
594	ALL	Failed to provide information/documentation requested to evaluate continuing eligibility for Public Assistance, Medicaid, and Food Stamps. FS disc, MA cont'd.
595	ALL	Failed to complete and or return the request for information about employment earnings. FS disc, MA disc
596	ALL	Refused to comply/cooperate with Eligibility Verification Review. FS disc, MA disc.

For "NOTE" definitions See Page 5.1-8.

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APPENDIX A - PA OLD WMS CASE LEVEL CLOSING CODES(CONT'D)

CODE	CATEGORY	REASON
597 ³	SNCA	Failed to provide at the HR JOB search appointment a completed JOB Search Handbook. (Initial Occurrence 90-day sanction).
598 ³	SNCA	Output Code for code 597, 2nd offense results in a 150-day sanction.
599 ³	SNCA	Output Code for code 597, 3rd offense results in a 180-day sanction.
600 ²	SNNC	Agency's information as of DATE client has been admitted to a private institution. FS disc, MA disc.
601 ³	SNCA	Output Code for code 825, 3rd offense results in a 180-day sanction.
610 ²	SNNC	Agency's information as of DATE client has been admitted to a public institution. FS disc, MA disc.
611	ALL	Other Reasons. Specify reason. FS cont'd, MA disc.
612	ALL	Other Reasons. FS disc, MA disc.
624	ALL	Member of H/H who does not want public assistance, but whose needs or income is being used to determine H/H continuing eligibility failed to furnish or apply for Social Security number. FS cont'd, MA cont'd.
630 ²	SNNC	Agency's information as of DATE client has been admitted to a penal correctional institution. FS disc, MA disc.
750	ALL	Agency's information as of DATE clients needs are being included in the grant of another person in the home receiving the same type of assistance. FS disc, MA disc.
761	ALL	Client is receiving assistance in a Foster Care Program. FS cont'd, MA disc.
762	ALL	Client is receiving assistance in a Shelter Care Program. FS cont'd, MA disc.
763	ALL	Client is receiving assistance from a Private Agency. FS cont'd, MA cont'd.
803 ³	SNCA	Output Code for code 829, 2nd offense results in a 150-day sanction.
807 ³	SNCA	Output Code for code 829, 3rd offense results in a 180 day sanction
809 ³	SNCA	Failed to adhere to WEP sponsor agency's rule. FS cont'd.
811 ³	SNCA	Output Code for code 809, 3rd offense results in a 180-day sanction.
815 ³	SNCA	Failed to report to the NYS Job Service (90 day sanction). FS cont'd.
817	SNCA	Failed to report to an employer referred by NYS Job Service (90-day sanction). FS cont'd.
819 ³	SNCA	Output Code for code 539, 3rd offense results in a 180-day sanction.
821 ³	SNCA	Refused to accept or complete an educational training program referred by OES (90-day sanction). FS cont'd.
823 ³	SNCA	Output Code for code 821, 2nd offense results in a 150-day sanction.
824	ALL	Failed to appear at a private employer referred by Division of Employment Services. FS cont'd, MA cont'd.
825	SNCA	Failed to report to an employer referred by NYS Job Services. FS cont'd.
828	SNFP/SNCA/ SNNC	Voluntarily terminated employment, reduced earning capacity, failed to furnish sufficient information to show that you did so for a purpose other than qualifying for continued or increase Public Assistance. May reapply in 75 days. FS disc, MA cont'd.
829 ³	SNCA	Failed to report/cooperate with the Work Experience Program Intake Section. (90-day sanction). FS cont'd.
831	SNCA	Failed to attend a treatment program for drugs or alcohol. FS cont'd, MA cont'd.
832	SNCA (18-21)	Failed to attend a treatment program for drugs or alcohol. FS cont'd, MA cont'd.
833	SNCA	Failed to respond to request for written confirmation of participation in appropriate drug or alcohol abuse program. FS cont'd, MA cont'd.
834	SNCA (18-21)	Failed to respond to request for written confirmation of participation in appropriate drug or alcohol abuse program. FS cont'd, MA cont'd.

For "NOTE" definitions See Page 5.1-8.

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APPENDIX A - PA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

CODE	CATEGORY	REASON
835 ³	SNFP/SNCA/ SNNC	Agency's information as of DATE is that the client failed to keep an appointment with the Substance Abuse Case control worker to evaluate participation in an appropriate rehabilitation program, (HH=1). FS cont'd, MA cont'd.
836	SNCA (18-21)	Agency's information as of DATE is that the client failed to keep an appointment with the Drug and Alcohol Abuse Referral Unit to evaluate your participation in an appropriate rehabilitation program. FS cont'd, MA cont'd.
837	SNCA	Agency's information as of DATE is that the client failed to provide medical information needed to determine potential for rehabilitation or return to self support. FS cont'd, MA cont'd.
838	SNCA	Agency's information as of DATE is that the client failed to provide medical information needed to determine their potential for rehabilitation or return to self support. FS cont'd, MA cont'd.
839 ³	SNCA	Output Code for code 809, 2nd offense results in a 150-day sanction.
843 ³	SNCA	Failed to participate in or complete an outpatient alcohol or substance abuse rehabilitation program (45 day sanction). FS cont'd.
844 ³	SNCA	Output Code for code 843, 2nd offense results in a 120-day sanction.
845 ³	SNCA	Output Code for code 843, 3rd offense results in a 180-day sanction.
872 ²	ALL	Client permanently moved to another district within the State. FS disc, MA disc.
875 ³	SNFP/SNCA/ SNNC	Client failed to sign a consent form for release of information regarding outpatient substance abuse treatment. Ineligible to receive public assistance until compliance but no less than 45 days. FS cont'd, MA disc.
876 ³	SNFP/SNCA/ SNNC	Output Code for code 875, 2nd offense results in a 120-day sanction.
877 ³	SNFP/SNCA/ SNNC	Output Code for code 875, 3rd offense results in a 180-day Sanction.
881	ALL	Client has temporarily moved to another district outside the State. FS disc, MA disc.
882	ALL	Client has permanently moved to another district outside the State. FS disc, MA disc.
890	ALL	Clients whereabouts are unknown. FS disc, MA disc.
895	ALL	Other Reasons (To be used only for EVR closings). FS disc, MA cont'd.
896	ALL	Other Reasons. (To be used only for EVR Closings). FS disc, MA disc.
897	ALL	Other Reasons. (To be used only for EVR closings). FS disc, MA cont'd.
900	ALL	After a field investigation, it has been determine that the client is not residing a the address of record. FS disc, MA disc.
911	SNFP	After a field investigation, it has been determine that the client is not residing at the address of record. (To be used only when closing information has been supplied by ACS). FS disc, MA disc.
960 ²	ALL	Case number changed. FS disc, MA disc.
970 ²	ALL	Merged with another suffix. (System Generated). FS disc, MA disc.
974	ALL	Fail to Respond to Computer Match FS Default Code – SYSTEM GENERATED
990	ALL	Other, specify reason. FS cont'd, MA cont'd.

NOTE:

- 1 **Used if household contains any person under age 21**
- 2 **Adequate Notice**
- 3 **If individual is under 21, MA status is continued. If individual is 21 or older, and the AMP date is less than 11/1/1997, MA status is discontinued. Otherwise, MA continues.**
- 4 **This code is to be used at originating center OES only and is limited to a household size of 1.**

APPENDIX B - PA OLD WMS INDIVIDUAL REMOVAL CODES

PA INDIVIDUAL REMOVAL CODES - 331

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
04	FA/SNFP	Dependent child has reached 18 and will not graduate High School before his/her 19th birthday
C5	FA/SNFP	Not Eligible for CAP. Case is still enrolled in CAP action to be taken on the FS component of case. This code can only be used in the CAP Center 017
05	FA/SNFP	Only dependent child has reached age 19
06	ALL	Dependent child left household
07	ALL	An adult left household
10	ALL	Failed to keep or reschedule an appointment with Bureau of Client Fraud Investigation (BCFI).
11	ALL	Failed to provide documentation of birth
12	ALL	Failed to apply for a social security number
15	SNCA/SNNC	Failed to pursue SSI benefits claim and/or fail to cooperate fully with Social Security Administration's Investigation
16	ALL	Failed to comply with policies regarding assignment or utilization of your property
52	ALL	Failed willfully and without good cause to keep rescheduled appointment in the Income Maintenance/Medical Assistance Center to evaluate employment
53	ALL	Refused to provide information on employer group health insurance plan
54	ALL	Refused to enroll in employer group health insurance plan
55	ALL	Refused to provide information on other than employer based TPHI
56	ALL	Refused to enroll in other than employer based TPHI
60	ALL	Failed to attend a treatment program for drug addicts or alcoholics.

APPENDIX B - PA OLD WMS INDIVIDUAL REMOVAL CODES (CONT'D)
PA INDIVIDUAL REMOVAL CODES - 331

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
61	FA/SNFP/ SNCA/SNNC	Failed to respond to letter requesting written confirmation of participation in as appropriated rehabilitation program for drug or alcohol abuse
62	FA/SNFP/ SNCA/SNNC	Failed to keep an appointment with the Drug and Alcohol Abuse Referral Unit to evaluate participation in an appropriate rehabilitation program
63	ALL	Failed to bring in the required permanent identification documents within 30 days.
64	ALL	Failed to comply with request to have a medical evaluation
66	ALL	Fail to comply with Finger Imaging Requirements - Non-Legally Responsible Adult
70	ALL	Client admitted to a private institution
71	ALL	Client admitted to a public institution
72	ALL	Client admitted to a penal or correctional institution
73	ALL	Receiving assistance in a Shelter Care Program
74	ALL	Receiving assistance in a Foster Care Program
75	ALL	Receiving assistance from a private agency
76	ALL	Receiving in-kind assistance from a private agency
81	ALL	Permanently moved to another district within the State
82	ALL	Temporarily moved to another district outside the state
83	ALL	Permanently moved to another district outside the state
84	ALL	Whereabouts are unknown
85	ALL	After a field investigation it has been determine that client is not residing at the address of record

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APPENDIX B - PA OLD WMS INDIVIDUAL REMOVAL CODES (CONT'D)

PA INDIVIDUAL REMOVAL CODES - 331

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
87	ALL	Client needs are included in the grant of another person in the home receiving the same type of assistance
99	ALL	Other reasons
143	ALL	In violation of parole or probation, or fleeing to avoid prosecution, custody or confinement after a felony conviction
144	ALL	Client did not take part in or complete the alcohol/substance abuse screening requirement
145	ALL	Client did not take part in or complete the alcohol/substance assessment requirement
146	ALL	Client did not sign or revoked the consent for the release of treatment information to this department
147	ALL	Client is less than 18 years old, unmarried, have a child at least 12 weeks old and failed to participate in a program to attain a high school diploma or an alternative education or training program
153	ALL	Client fraudulently misrepresented identity or residence to receive multiple public assistance benefits. Ineligible to receive public assistance and food stamp benefits for 10 years
155	ALL	Client is unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child. Refused to live in an approved, suitable housing arrangement.
156	ALL	Client is unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child. Refused to live in an approved, suitable housing arrangement. Investigated and rejected clients claim that the home would jeopardize health and safety.

APPENDIX B - PA OLD WMS INDIVIDUAL REMOVAL CODES (CONT'D)

PA INDIVIDUAL REMOVAL CODES - 331

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
185	ALL	Client identified as receiving public assistance in New York State.
186	ALL	Client identified as receiving public assistance in New York State (AFIS).
305	ALL	Client identified as receiving public assistance in another state.
F43	SNCA/SNNC	Failure to Complete -In Patient Rehabilitation.

Draft

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES

THESE MEDICAL ASSISTANCE CASE CLOSING CODES WERE IN USE UNTIL 12/13/93. THEY WERE REPLACED BY THE CODES THAT APPEAR ON PAGES 4.1-13 THROUGH 4.1-65 IN THIS MANUAL. THEY ARE BEING RETAINED FOR INFORMATION ON PAST CASE ACTIONS.

TURNAROUND DOCUMENT - DSS 3517 (SECTION 10)

CASE REASON CODES - DEATH OF RECIPIENT

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
025*	ALL	The only person on the case currently in receipt of Medical Assistance is now deceased. 18 NYCRR 360-2.6

* Adequate Notice

Draft

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

CHANGE IN EMPLOYMENT, SUPPORT, OR INCOME

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
026	ADC/ADCU SSI-Related	The employment or increased earnings of the father living in the home exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8
027	ADC/ADCU SSI - Related	The employment or increased earnings of the mother living in the home exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8
031	ADC/ADCU SSI- Related	The employment or increased earnings of the mother living in the home exceed (s) the allowable Medicaid income standard for a household of your size. (To be used only when the closing information has been supplied by the Bureau of Child Support). 189 NYCRR 360-4.6, 360-4.7, 360-4.8
032	HR Families SSI- Related	The employment or increased earnings of yourself or of your husband/wife living in the home exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-1.2 PART 352
041	HR Single Adults/ Couples	The employment or increased earnings of yourself or of your husband/wife living in the home is sufficient to meet the budgetary needs of your family unit. (If the household contains any person under age 21, use code 032.) 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8, 360-1.2, PART 352
120	ADC/ADCU	A parent secured a job and the income from employment exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8
130	ADC/ADCU	The parent who employed part - time is now employed full time and the income from employment exceed (s) the allowable 18 NYCRR 360-4.6, 360-4.7, 360-4.8

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

CHANGE IN EMPLOYMENT, SUPPORT, OR INCOME (CONT'D)

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
140	ADC SSI-Related	The child(ren)'s parent has returned to the home and is providing support which exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8
150	ADC SSI- Related	You have married and are receiving support which exceed(s) the allowable Medicaid income standard for a household of your size 18 NYCRR 360-4.6, 360-4.7, 360-4.8
170	ALL	The support you receive from a relative or friend living outside the home exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART352
180	ADC/ADCU HR Families	The Unemployment Insurance Benefits you receive exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART 352
181	HR Single Adults/ Couples	The unemployment Insurance Benefits you receive are sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8, 360-1.2, PART 352
207	ALL	The Social Security Benefits you receive exceed(s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2 PART 352
208	ADC/ADCU HR Families SSI- Related	The income you receive from a Military Service or other Federal pension exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-3.3, 360-4.6, 360-4.7, 360-4.8,360-1.2, PART 352
301	HR Single Adults/ Couples	The income you receive from a Military Service or other Federal pension is sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8, 360-1.2, PART 352

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

CHANGE IN EMPLOYMENT, SUPPORT, OR INCOME (CONT'D)

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
209	ADC/ADCU HR Families SSI-Related	The income you receive from a Military Service or other Federal Service Life Insurance exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2 PART 352
203	ALL	The income you receive from Military Service Education Benefits exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352
302	HR/Single Adults/ Couples	The income you receive from a Military Service or other Federal Service Life Insurance is sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 362-3.8, 360-1.2, PART 352
204	ADC/ADCU HR Families SSI Related	The income you receive from a Military Service Allotment exceed (s) the allowable Medicaid income standard for household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART 352
304	HR Single Adult/ Couples	The income you receive from a Military Service allotment exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-3.8, 360-1.2, PART 352
210	ALL	The income you receive from Railroad Retirement Benefits exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352
211	ALL	The income you receive from Worker's Compensation exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3360-1.2, PART 352

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

CHANGE IN EMPLOYMENT, SUPPORT, OR INCOME (CONT'D)

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
212	ALL	The income you receive from New York State Disability Benefits exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352
213	ADC/ADCU HR Families SSI -Related	The income you receive from a City or State Civil Service Pension exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352
313	HR Single Adults/ Couples	The income you receive from a City or State Civil Service Pension is sufficient to meet your budgetary needs 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8,360-1.2 PART 352
216	ADC/ADCU Adults/ Couples	The pension of benefits you receive from a non-governmental program exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352
221	HR Single Adults/ Couples	The pension or benefits you receive from a non- governmental program is sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART 352
222	ADC/ADCU HR Families SSI-Related	You have received Life Insurance Benefits which exceed(s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART 352

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

CHANGE IN EMPLOYMENT, SUPPORT, OR INCOME (CONT'D)

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
331	HR Single Adults/ Couples	You have received Life Insurance Benefits sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8, 360-1.2, PART 352
233	HR Single Adults/ Couples	The income you receive from Lodger (s) and/or Boarder/Lodger (s) exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-1.2 PART 352
333	HR Single Adults/ Couples	The income you receive from Lodger (s) and/or Boarder/Lodger (s) is sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8,360-1.2, PART 352
234	ALL	The support or increase in support you receive from a person iving in the home exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART 352
589*	ALL	The income you receive from increased employment earnings is sufficient to meet your budgetary needs. 18 NYCRR 360-1.2, 360-2.5, 360-3.3, 360-4.3, PART 352

* Adequate

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

NO CHANGE IN INCOME OR RESOURCES

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
242	ALL	Our information as of _____ is that you have requested that your case be closed. 18 NYCRR 360-2.6
260	ADC/ADCU HR Families SSI-Related	There has been a decrease in your expenses. Your income exceeds allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2 PART 352
261	HR Single Adults/ Couples	There has been a decrease in your expenses. Your income is now sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8, 360-1.2 PART 352
269	ADC/ADCU HR Families	You were entitled to the first \$30 and one- third of the remainder income disregard for four months. That period has expired and the amount formerly dis-regarded will now be counted in your income. Therefore, your income exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.2,360-1.2 PART 352
271	HR	Federal and state law provides that if your gross monthly income exceed s 185% of the state standard of need you will no longer meet the Public Assistance eligibility standard which is a requirement for Medical Assistance eligibility. The monthly standard of need for your household is \$ (specify) but your monthly gross income is \$(specify) which is more than 185% of the standard of need. Accordingly, you are no longer eligible for assistance. 18 NYCRR 352.18 (a), 360-1.2, 360-3.3, 360-3.8
272	ADC/ADCU HR Families	You were entitles to a \$30 monthly earned income disregard for twelve months. That period has expired and the amount formerly disregarded. Will now be counted in your income. Therefore, your income exceed (s) the allowable Medical income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

CHANGE IN SITUATION CAUSING ELIGIBILITY

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
320	ALL	An arithmetical recomputation has resulted in a correction of your budget. Your income exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.8, 360-3.3, 360-1.2, PART 352

Draft

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
173	ALL	You refused to provide information on your employer group health insurance plan. 18 NYCRR 360-3.2
174	ALL	You refused to enroll in your employer group health insurance plan. 18 NYCRR 360-3.2
175	ALL	You refused to provide information on other than employer based group health insurance plan. 18 NYCRR 360-3.2
176	ALL	You refused to enroll in other than employer based group health insurance plan. 18 NYCRR 360-3.2

Draft

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS

MA CASE CLOSING CODES - 241

CODE CATEGORY REASON

447 HR

**Code 551-Output Code
for a 120 Day Sanction**

**Code 552-Output Code
for a 180 Day Sanction**

You refused to accept or complete a job placement program to which you were referred by the Office of Employment Services. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement.

18 NYCRR 360-3.3, 360-1.2, PART 385

500 ALL

You failed to keep an appointment with the Bureau of Client Fraud Investigation (HRA) or failed to contact the Bureau of Client Fraud investigation (HRA) to reschedule said appointment.

18 NYCRR 360-1.2, 360-2.3, PART 351

504 ALL

You failed to keep an appointment with the Medical Assistance Office to discuss your eligibility for Medical Assistance and failed to contact the Medical Assistance Office to reschedule the appointment.

18 NYCRR 360-1.2, 360-2.2, 360-3.3, PART 351

507 ALL

You were asked to file a petition with the Family Court requesting medical support from your legally -responsible relative (s), and you failed to do so.

18 NYCRR 360-1.2, 360-2.2, 360-2.3, PART 369

508 ALL

You failed to keep an appointment with the Office of the Inspector General (HRA), or failed to contact the Office of the Inspector General (HRA) to reschedule said appointment.

18 NYCRR 360-1.2, PART 351

510 ALL

You have failed to comply with our policies regarding assignment or utilization of your non-exempt property.

18 NYCRR 360-4.4

511 HR Single

**Code 512-Output code
for a 150 Day Sanction**

**Code 513-Output Code
for 180 Day Sanction**

You failed to report to HR/FS Job Search Scheduled Appointment (Initial Occurrence - 75-Day Sanction).

18 NYCRR 360-1.2, 360-3.3, PART 385

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS

MA CASE CLOSING CODES - 241

CODE CATEGORY REASON

530 HR Single

You failed to report to report to HR Job Search Schedule Appointment (Initial Occurrence - 75 Day Sanction).

18 NYCRR 360-1.2, 360-3.3, PART 385

Code 558-Output Code for a 150 Day Sanction
Code 563-Output Code for a 180 Day Sanction

539 HR

You refused to accept or to complete a vocational training program to which you were referred by the Office of Employment Services. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement.

18 NYCRR 360-1.2, 360-3.3, PART 385

Code 446-Output Code for a 120 Day Sanction
Code 819-Output Code for a 180 Day Sanction

544 HR

You failed to report to or cooperate with a training program to which you were referred by the New York State Job Service. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 Days and until such time as you are willing to comply with this requirement.

18 NYCRR 360-1.2, 360-3.3, PART 385

Code 518-Output Code for a 120 Day Sanction
Code 519-Output Code for 180 Day Sanction

545 HR Single

You failed to cooperate with HR/FS Job Search Rules and and Regulations (Initial Occurrence - 75 Day Sanction).

18 NYCRR 360-1.2, 260-3.3, PART 385

Code 546-Output Code for a 150 Day Sanction
Code 547-Output Code for a 180 Day Sanction

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

MA CASE CLOSING CODES - 241

CODE CATEGORY REASON

560 HR

**Code 565-Output Code
for a 120 Day Sanction
Code 566-Output Code
for a 180 Day Sanction**

You failed to report to an appointment schedule for you by the Office of Employment Services or failed to cooperate with their efforts to place you on a job or in training. We have determined that your action was willful and without good cause you are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement.
18 NYCRR 360-1.2, 360-3.3, PART 385

597 HR Single

**Code 598-Output Code
for a 150 Day Sanction
Code 599-Output Code
for a 180 Day Sanction**

You failed to cooperate with HR Job Search Rules and Regulations. (Initial Occurrence - 75 Day Sanction)
18 NYCRR 360-1.2, 360-3.3, PART 385

562 HR

You refused to accept or complete training in the New York State Employment Service Program. We have determined that your action was willful and without good cause.
18 NYCRR 360-3.3, 360-1.2, PART 385

568 HR

**Code 569-Output Code
for a 120 Day Sanction
Code 449-Output Code
for a 180 Day Sanction**

You failed to comply with our request to have a medical evaluation to determine your employability and availability to participate in the Office of Employment Services Programs. We have determine that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement.
18 NYCRR 360-3.3, 360-1.2, PART 385

574 ALL

You failed to report for your recertification interview for Medical Assistance.
18 NYCRR 351.21, 351.22, 360-1.2, 360-2.2, 360-3.3

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
577	ALL	You failed to comply with our request to have medical evaluation. 18 NYCRR 385.4, 360-1.2
581	HR	You failed to comply with employment related requirements. 18 NYCRR 360-1.2, 360-3.3, PART 385
583	ALL	You failed to provide information/documentation required by this agency to establish your continuing eligibility for Medical Assistance. 18 NYCRR 360-2.3, 360-1.2, PART 351
584	ALL	You refused or failed to provide complete and consistent information to establish that the funds in your savings account constitute a permissible reserve. 18 NYCRR 360-4.8, 360-3.3, 360-1.2, PART 352
587	ALL	You were not at home for a schedule interview arranged by appointment letter to discuss your continuing eligibility for Medical Assistance. 18 NYCRR 360-1.2, 360-2.2, PART 351
815	HR	You failed to report to the New York State Job Service for a job placement interview. We have determined that your Code 516- Output Code for a 120 Day Sanction action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-1.2, 360-3.3, PART 385

<p>Code 514-Output Code for a 120 Day Sanction</p> <p>Code 441-Output Code for a 180 Day Sanction</p>

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

MA CASE CLOSING CODES - 241

CODE CATEGORY REASON

817 HR

**Code 516-Output Code
for a 120 Day Sanction**

**Code 517-Output Code
for a 180 Day Sanction**

You failed to report to an employer to whom you were referred by the New York State Job Service.

Code 823 - Output Code for a 120 Day Sanction

We have determined that your action was willful and without good cause. You are disqualified from Medical Assistance for 60 days and until; such as you are willing to comply with this requirement.

18 NYCRR 360-1.2, 360-3.3, PART 385

821 HR

**Code 823-Output Code
for a 120 Day Sanction**

**Code 549-Output Code
for a 180 Day Sanction**

You refused to accept or complete an educational training program to which you were referred by the office of Employment Services.

We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 Days and until such time as you are willing to comply with this requirement.

18 NYCRR 360-1.2, 360-3.3, PART 385

825 HR

**Code 442-Output Code
for a 120 Day Sanction**

**Code 601-Output Code
for a 180 Day Sanction**

You failed to accept an employer's offer to work through the New York State Job Service.

We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement.

18 NYCRR 360-1.2, 360-3.3, PART 385

827 HR

You voluntarily terminated your employment or reduced your earning capacity and failed to furnish sufficient information to show that you did so for a purpose other than qualifying for continued or increased Medical Assistance. You are ineligible for 75 days and until such times as you are willing to comply with work requirement.

18 NYCRR 385.8, 360-1.2, 360-3.3

832 ALL

You failed to attend a treatment program for drug addicts or alcoholics.

18 NYCRR 385.4, 360-1.2, 360-3.3

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

MA CASE CLOSING CODES - 241

CODE CATEGORY REASON

833 ALL You failed to respond to our letter requesting written confirmation of your participation in an appropriate rehabilitation program for drug or alcohol abuse.

18 NYCRR 385.4, 360-1.2, 360.3. PART 385

837 ALL You failed to provide medical information needed to determine your potential for rehabilitation or return to self support.

18 NYCRR 385.4, 360-1.2, 360-3.3

Draft

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

ADMISSION TO PRIVATE OR PUBLIC INSTITUTION

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
600*	HR	You have been admitted to a private institution. 18 NYCRR 360-1.2, 360-1.3, 360-3.3, PART 352
610*	HR	You have been admitted to public institution. 18 NYCRR 360-3.4, 360-3.3, 360-1.2, PART 352
630*	ALL	You have been admitted to a penal or correctional institution 18 NYCRR 360-3.4, 360-3.3, 360-1.2, PART 352

* **Adequate Notice**

Draft

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

RECEIPT OF OTHER TYPES OF ASSISTANCE

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
763	HR	You are receiving assistance from a private agency. 18 NYCRR 351.22, 360-3.3

Draft

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

MOVED OR WHEREABOUTS UNKNOWN

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
872*	ALL	You have permanently moved to another district within the State; therefore you are no longer eligible for Medical Assistance from this district. If you continue to be in need of Medical Assistance you should contact the local social services agency in your new county of residence. 18 NYCRR 311.3, 311.4
882	ALL	You have permanently moved to another district outside the State; therefore you are no longer eligible for Medical Assistance from this district. 18 NYCRR 311.4
890	ALL	Your present whereabouts are unknown to us; therefore, you are not eligible for Medical Assistance benefits. 18 NYCRR 351.2 (b), 360-1.2
900	ALL	After a field investigation, it has been determined that you are not residing at the address of record. 18 NYCRR 351.2, 360-1.2

* Adequate

Draft

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

MISCELLANEOUS

MA CASE CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
190	FA/SNFP	End of four month extension of Medical Assistance eligibility after a finding of ineligibility for FA resulting from unemployment
197*	MSSI	You are no longer eligible for SSI and have been determined ineligible for MA-SSI (Immediate Closing).
779		Multi – Suffix Re-affiliated Client While we evaluate if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged This decision is based on Department Regulation (s) 360-2.6 This code is generated by PA Individual Reason Code Y97
784		Combined PA/MA Discontinuance We will discontinue your Medical Assistance effective (date) This is for the same reason that your Public Assistance is being discontinued. Instruction: The regulation cited is dependent on the PA Reason Code. This decision is based on Department Regulation (s) _____. This code is generated for individual closing codes F63 and E72. The MA coverage date is the mailing date.
962	ALL	You will be receiving increased Social Security Benefits as of _____. Your new Social Security amount will be _____. Due to this increase we have determined that as of _____ you are no longer eligible for full Medicaid coverage because you have more income than Medicaid allows for a household of your size. 18 NYCRR 360-1.2, 360-3.3, 360-4.6, 360-4.7, 360-4.8
963	ALL	Your resources exceed the level that Medicaid allows for a household of your size. 18 NYCRR 360-1.2, 360-3.3, 360-4.6, 360-4.7,360-4.8
964	SSI-Related	You have failed to complete the mail recertification process. 18 NYCRR 360-2.1, 360-2.2
990	ALL	Other reasons Specify reason - This code is used only if none of the foregoing reasons are applicable.

APPENDIX C - MA OLD WMS CASE LEVEL CLOSING CODES (CONT'D)**CASE REASON CODES FOR TMA-MA TRANSITIONAL BENEFITS ON CLOSED PA CASES****MA CASE CLOSING CODES - 241**

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
850	ADC/ADCU HR/HRPG	Client no longer meets statutory requirements. MA case closing at the end of transaction month. Reason and citation must be specified by worker. 18 NYCRR 360-3.3 (c)
851	ADC/ADCU HR/HRPG	MA suffix one month extension. 18 NYCRR 360-3.3 (c)
852	ADC/ADCU HR/HRPG	MA suffix three month extension. 18 NYCRR 360- 3.3 (c)
401	ADC/ADCU HR/HRPG	Administrative closing on Transitional Benefits Cases.

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APPENDIX D - MA OLD WMS INDIVIDUAL REMOVAL CODES

THESE MEDICAL ASSISTANCE INDIVIDUAL REMOVAL CODES WERE IN USE UNTIL 05/08/00. THEY WERE REPLACED BY THE CODES THAT APPEAR ON PAGES 4.2-14 THROUGH 4.2-16 IN THIS MANUAL. THEY ARE BEING RETAINED FOR INFORMATION ON PAST INDIVIDUAL ACTIONS.

TURNAROUND DOCUMENT – DSS 3517 (SECTION 15)

MA INDIVIDUAL REMOVAL CODES - 341

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
01	ALL	A dependent child in the household is deceased 18 NYCRR 360-2.6
02	ALL	An adult in the household is deceased. 18 NYCRR 360-2.6
04	FA/SNFP	Your dependent child has reached age 18 and will not graduate from high school before his/her 19th birthday. He/she is no longer eligible for assistance in the Family Assistance category or IVE Adoption Assistance. If still in need, he/she should apply for Home Relief. 18 NYCRR 30-2.2, 360-2.6
05	FA/SNFP	Your only dependent child has reached age 19. Therefore, he/she is no longer eligible to receive assistance in the Family Assistance category or IVE Adoption Assistance. If still in need, he/she should apply for SNCA/SNNC 18 NYCRR 360-2
06	ALL	A dependent child has left the household. 18 NYCRR 360-2.6
07	ALL	An adult has left the household 18 NYCRR 360-2.6
10	ALL	You failed to keep or reschedule an appointment with the Bureau of Client Fraud Investigation (HRA). 18 NYCRR 360-1.2, PART 351
12	ALL	You failed to comply with the Social Security number requirement for____. 18 NYCRR 360-1.2, 360-2.2, 369.2, PART 351
53	ALL	You refused to provide information on your employer group health insurance plan. 18 NYCRR 360-3.2
54	ALL	You refused to enroll in your employer group health insurance plan. 18 NYCRR 360-3.2

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APPENDIX D - MA OLD WMS INDIVIDUAL REMOVAL CODES (CONT'D)

MA INDIVIDUAL REMOVAL CODES - 341

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
55	ALL	You refused to provide information on other than employer-based TPHI 18 NYCRR 360-3.2
56	ALL	You refused to enroll in other than employer based TPHI. 18 NYCRR 360-3.2
60	ALL	You failed to attend a treatment program for drug addicts or alcoholics 18 NYCRR 385.4, 360-1.2
61	ALL	You failed to respond to a letter requesting written confirmation of participation in an appropriate rehabilitation program for drug or alcohol abuse. 18 NYCRR 385.4, 360-1.2
62	ALL	You failed to keep appointment with the Drug and Alcohol Abuse Referral Unit, to evaluate participation in appropriate rehabilitation program. 18 NYCRR 360-3.3, 360-1.2, 360-5 PART 385
64	ALL	You failed to comply with our request to have a medical evaluation. 18 NYCRR 385.4, 360-1.2
70	SNCA/SNNC	You have been admitted to a private institution. 18 NYCRR 360-1.2, 360-1.3, 360-3.3 PART 352
71	ALL	You have been admitted to a private institution. 18 NYCRR 360-3.3, 360-3.4, 360-1.2, PART 352
72	ALL	You have been admitted to a penal or correctional institution. 18 NYCRR 360-1.2, 360-1.3, 360-3.3, PART 352
75	SNCA/SNNC	You are receiving assistance from a private agency. 18 NYCRR 351.22, 360-3.3, 360-1.2
78	ALL	You were granted Medical Assistance solely for the treatment of a medical condition which has now expired. 18 NYCRR 360-3.2

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APPENDIX D - MA OLD WMS INDIVIDUAL REMOVAL CODES (CONT'D)

MA INDIVIDUAL REMOVAL CODES - 341

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
81	ALL	You have permanently moved to another district within the state; therefore, you are no longer eligible for Medical Assistance from this district. If you continue to be in need of Medical Assistance you should contact the local social services agency in your new county of residence. 18 NYCRR 311.3, 311.4
83	ALL	You have permanently moved to another district outside the state: therefore, you are no longer eligible for Medical Assistance from this district. 18 NYCRR 311.4
84	ALL	Your present whereabouts are unknown to us; therefore, you are not eligible for Medical Assistance benefits. 18 NYCRR 351.2 (b), 360-1.2
85	ALL	After a field investigation it has been determined that you are not residing at the address of record 18 NYCRR 351.2, 360-1.2
91	FA/SNFP	You have failed to present medical bills Safety Net families which meet or exceed your monthly SSI Related surplus/excess income. Therefore, you are not eligible for Medical Assistance Benefits. If you wish to pursue Medical Assistance Benefits you must present the required medical bills. 18 NYCRR 360-4.8
94	SSI	You are no longer eligible for SSI and have been determined ineligible for MA SSI. 18 NYCRR 360-3
99	ALL	Other reasons
Y83	ALL	Opened in error via Newborn process

APPENDIX E - FS OLD WMS CASE LEVEL CLOSING CODES

THESE FOOD STAMPS CASE CLOSING CODES WERE IN USE UNTIL 05/08/00. THEY WERE REPLACED BY THE CODES THAT APPEAR ON PAGES 1.3-58 THROUGH 1.3-67 IN THIS MANUAL. THEY ARE BEING RETAINED FOR INFORMATION ON PAST CASE ACTIONS.

TURNAROUND DOCUMENT – DSS 3517 (SECTION 10)
FS CASE CLOSING CODES - 231

<u>CODE</u>	<u>VALUE</u>
388	Failure to Comply with Finger Imaging Requirements 18 NYCRR 387.17
411	Ineligible Alien (HH=1) Close the FS portion of a PA/FS case permanently because the alien/client has lost eligibility as a result of the Personal Responsibility and work Opportunity Reconciliation Act of 1996. 18 NYCRR 387.9 (a) (2)
740	Forced Closing N/A
901	Death of all Household Members (Notice not required) 18 NYCRR 387.20 (c) (1)
902	Change in Rent Expense 18 NYCRR 387.10 (a), 387.12 (e)
903	Change in Utility Expense 18 NYCRR 387.10 (a), 387.12 (e)
904	Change in Child Care Expense 18 NYCRR 387.10 (a), 387.12 (d)
905	Change in Telephone Expense 18 NYCRR 387.10 (a), 387.12 (e)
906	Change in Medical Expense 18 NYCRR 387.10 (a), 387.12 (c)
907	Change in Household composition 18 NYCRR 387.10 (a)
908	Institutionalization of only recipient in single person case 18 NYCRR 387.1 (t) (4) (vi), (vii) or (viii)
909	Combined with other PA/FS Household. 18 NYCRR 387.1 (t)

APPENDIX E - FS OLD WMS CASE LEVEL CLOSING CODES (CONT'D)**FS CASE CLOSING CODES - 231**

<u>CODES</u>	<u>VALUE</u>
910	Combine with other NPA/FS Household. 18 NYCRR 387.1 (t)
915	Receipt of or increase in Boarder/Lodger income beyond allowable maximum 18 NYCRR 387.10 (a)
916	Receipt of or increase in employment income beyond allowable maxim (Excludes jobs VIA NYSES) 18 NYCRR 387.10 (a)
917	Receipt of earned income from job secured thru NYSES and increase exceeds allowable maximum. 18 NYCRR 387.10 (a)
918	Receipt of or increase (other than COLA) in Social Security benefits beyond allowable maximum. 18 NYCRR 387.10 (a)
919	COLA in Social Security increases Social Security benefits beyond allowable maximum. 18 NYCRR 387.10 (a)
920	Receipt of our increase (other than COLA) in SSI benefits beyond allowable maximum. 18 NYCRR 387.10 (a)
921	COLA in SSI increase SSI benefits beyond allowable maximum 18 NYCRR 387.10 (a)
922	Receipt of or increase in UIB benefits beyond allowable maximum 18 NYCRR 387.10 (a)
923	Receipt of or increase in relative contributions/support beyond allowable maximum 18 NYCRR 387.10 (a)
924	Receipt of or increase in income of non-household member N/A
925	Failure to verify income (to be used only by the Income Clearance Program (ICP)) 18 NYCRR 387.8 (c)

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APPENDIX E - FS OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

FS CASE CLOSING CODES - 231

<u>CODES</u>	<u>EDIT</u>	<u>VALUE</u>
926		Receipt of or increase in other unearned income 18 NYCRR 387.10 (a)
927		Failure to provide information required to establish eligibility for Food Stamp benefits (to be used in instances where a recipient fails to comply with a computer match call- in letter). 18 NYCRR 387.8 (c)
928		Resources exceed allowable maximum 18 NYCRR 387.9 (b)
931	R	Failure to verify residence 18 NYCRR 387.8 (c), 387.17 (f)
932	R	Failure to verify residence 18 NYCRR 387.8 (c), 387.17 (f)
933	R	Failure to verify resources 18 NYCRR 387.8 (c), 387.17 (f)
934	R	Failure to verify household size 18 NYCRR 387.8 (c), 387.17 (f)
935	R	Failure to verify citizenship/alien status 18 NYCRR 387.8 (c), 387.17 (f)
936	R	Failure of case head of provide identification document 18 NYCRR 387.8 (c), 387.17 (f)
937	R	Failure to file recertification application 18 NYCRR 387.8 (c), 387.17 (f)
938	R	Failure to verify questionable information at recertification 18 NYCRR 387.8 (c), 387.17 (f)
940		Change in Food Stamp Regulations. N/A
V29		Failure to Provide Verification-Expedited FS (Timely) 18 NYCRR 387.8, 387.9, 387.14

R- To be used at recertification only

S- System generated Mass Recalculation closing codes

APPENDIX E - FS OLD WMS CASE LEVEL CLOSING CODES (CONT'D)

FS CASE CLOSING CODES - 231

<u>CODES</u>	<u>EDIT</u>	<u>VALUE</u>
946	S	Adjusted household size is 0 18 NYCRR 387.1 (t)
947	S	Failed Gross Income test 18 NYCRR 387.10 (a)
948	S	Failed Net F.S.I. test. 18 NYCRR 387.10 (a)
949	S	Coupon Amount less than or = 0 18 NYCRR 387.10 (a), 387.15
950		Failure to verify questionable information. 18 NYCRR 387.8 (c)
951		Failure to comply with Food Stamp Work Regulations 18 NYCRR 387.9 (a) (4), 387.1 (t) (4) (iv), 387.13 (e)
952		Terminated employment voluntarily 18 NYCRR 387.13 (i)
954		Refused to comply with Social Security Number regulations 18 NYCRR 387.9 (a) (5), 387.1 (t) (4) (iv)
956		Failure to attend drug/alcohol treatment program. N/A
958		Failure to cooperate with NYSDSS FS quality control review 18 NYCRR 7 CFR 273.2 (d) (2)
961		Concealed receipt of duplicate assistance on more than one case. 18 NYCRR 387.1 (t)
971		Originally ineligible: agency error in budget calculation 18 NYCRR 387.10 (a)
973		Failure to report for ID Card N/A
975		Case number change: reopened under different number N/A

R- To be used at recertification only

S- System generated Mass Recalculation closing codes

APPENDIX E - FS OLD WMS CASE LEVEL CLOSING CODES (CONT'D)**FS CASE CLOSING CODES - 231**

<u>CODES</u>	<u>VALUE</u>
981	Recipients request: written 18 NYCRR 358-3.3 (e) (1) (xi)
983	Recipients request: not written 18 NYCRR 358-3.3 (e) (1) (xi)
985	Moved out of NYC: written request 18 NYCRR 387.9 (a) (1)
988	Moved out of NYC: Verbal request 18 NYCRR 387.9 (a) (1)
989	Whereabouts unknown 18 NYCRR 387.9 (a) (1)
992	Intentional Program Violation 18 NYCRR 387.1 (t) (4) (iii) 399.9 (c), 399.9 (g)
999	Other
F1	Purchase Illegal Drugs with FS-IPV (1st Violation (hh=1). Close the FS portion of a PA/FS case for 12 months because the client has been convicted of using FS to obtain illegal drugs. 18 NYCRR 359.9

APPENDIX F - FS OLD WMS INDIVIDUAL REMOVAL/SANCTION CODES

THE FOOD STAMPS INDIVIDUAL REMOVAL CODES WERE IN USE UNTIL 05/08/00. THE FOOD STAMPS INDIVIDUAL SANCTION CODE WERE USED UNTIL 11/18/02. THESE CODES ARE BEING RETAINED FOR INFORMATION OF PAST INDIVIDUAL ACTIONS.

TURNAROUND DOCUMENT – DSS 3517 (SECTION 15)

FS INDIVIDUAL CLOSING CODES - 351

<u>CODES</u>	<u>VALUE</u>
399	Duplicate Assistance Within NYS (This code is used when there has been an Automated Finger Imaging Match –AFIS) 18 NYCRR 351.2 (a), 351.9
K1	FS Ineligible Student 18 NYCRR 387.9 (a) (3), 387.1 (ee), 387.1 (t) (4) (i)
K2	Ineligible Alien 18 NYCRR 387.9 (a) (2), 387.1 (t) (4) (ii)
K4	Failure to Apply/Provide SSN 18 NYCRR 387.9 (a) (5), 387.1 (t) (4) (iv)
K5	Other FS Closing No citation available
K6	Dead 18 NYCRR 387.20 (c) (1)

FS INDIVIDUAL SANCTION CODES - 351

<u>CODES</u>	<u>VALUE</u>
DS	Sanction Period - 12 Months 359.9
DY	Sanction Period - 24 Months 359.9
DF	Sanction Period - Forever 359.9
E1	Failure to Comply with the Food Stamp Program's employment and training requirements. 387.13
Z1	FS Individual Fraud Sanction 359.9

APPENDIX G - PA OLD WMS CASE OPENING CODES

THESE PUBLIC ASSISTANCE CASE OPENING CODES WERE IN USE UNTIL 12/04/00. THEY ARE BEING RETAINED FOR INFORMATION ON PAST CASE ACTIONS.

TURNAROUND DOCUMENT – DSS 3517 (SECTION 10)**PA CASE OPENING CODES - 222**

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
012	ADC	Illness, injury or other impairment of other ADC grantee
015	ADC/ADCU	Lay-off, discharge or other reason of ADC father
016	ADC/ADCU	Lay-off, discharge or other reason of ADC mother
017	ADC,ADCU	Lay-off, discharge or other reason of other ADC grantee
046	FA/SNFP	CAP; this code is used to accept a PA application as a FA case enrolled in the Child Assistance Program
047	FA/SNFP	Transfer from FA to CAP; this code is used to reopen a closed FA case in CAP
048	FA/SNFP	Transfer from CAP to FA; This code is used to reopened an FA case that has been closed by CAP. (This code can be used by all income Support Centers except 017)

APPENDIX G - PA OLD WMS CASE OPENING CODES (CONT'D)

THESE PUBLIC ASSISTANCE CASE OPENING CODES WERE IN USE UNTIL 02/20/07. THEY ARE BEING RETAINED FOR INFORMATION ON PAST CASE ACTIONS.

TURNAROUND DOCUMENT – DSS 3517 (SECTION 10)
PA CASE OPENING CODES - 222

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
002	ALL	Illness, injury, or impairment of recipient.
005	FA/SNFP SNCA/SNNC	Lay-off, discharge, or other reason.
008	ALL	Case accepted for Single Issue payments that have been ordered by a Fair Hearing decision. (MA will remain in AP status.)
009	SNFP/SNCA SNNC/EAF	Case accepted only for emergency shelter arrears and/or emergency utility arrears which applicant agrees to repay.
010	FA/SNFP	Illness, injury, or other impairment of FA father.
011	FA/SNFP	Illness, injury, or other impairment of FA mother.
020	ALL	Loss of or reduction in support of child due to death of parent.
021	FA/SNFP	Leaving home by parent and stopping or reducing support for reason of divorce.
022	ALL	Leaving home by parent and stopping or reducing support for reason of separation.
023	ALL	Leaving home by parent and stopping or reducing support for reason of desertion.
024	ALL	Leaving home by parent and stopping or reducing support for reason of other (hospital, prison).
030	ALL	Loss of or reduction of support from person outside the home. (FA father absent throughout 6 months preceding application.)
033	ALL	Case accepted for immediate needs (pre-investigation), pre-determination grants and one-shot deals.
035	ALL	Loss of or reduction in support from other person in home as a result of death.
036	ALL	Loss of or reduction in support from other person in home as a result of leaving home and stopping or reducing support (hospitalization, etc.).

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APPENDIX G - PA OLD WMS CASE OPENING CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
037	ALL	Loss of or reduction in support from other person in home as a result of illness, injury or other impairment.
038	ALL	Loss of or reduction in support from other person in home as a result of lay-off, discharge, or other reason.
040	ALL	Loss of or reduction in support from other person in home as a result of loss of or reduction in support from person outside home.
045	ALL	Loss of or reduction in support from other person in home as a result of loss of or reduction in other income.
050	ALL	Loss of or reduction in support from other person in home as a result of other material changes.
060	ALL	Change in state law or agency policy increases need because of:
064	ALL	Eligible as a result of Hurricane Katrina.
065	ALL	Return of recipient or relative (ill or previously institutionalized).
066	ALL	Closed in error. (Employment Unit approval is needed if case was closed due to an employment-related reason.)
070	ALL	Living below agency standards.
075	ALL	Other.
080	FA/SNFP	Transfer from Family Assistance or Safety Net Federal Participation.
081	FA/SNFP	Transfer from Safety Net Cash Assistance.
082	ALL	Transfer from Emergency Assistance to Families.
097	ALL	Aid Continuing - Case awaiting Fair Hearing decision.
098	ALL	Employment Unit approved override with documentation that allows the opening of CvB or JOB Search closings or sanctions during the infraction period.
101	ALL	To be used to override an IPV sanction and open a case/suffix during the infraction period. Use of this code is restricted to EPF as the Origination Center.
623	SNCA/SNNC FA/SNFP	To be used to override a Drug and Alcohol Closing or Rejection Code during the infraction period. Removes the last sanction.

APPENDIX H - PA OBSOLETE CNS CASE LEVEL CODES

PA CASE CLOSING CODES - 222

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E41	FA/SNFP	Voluntary Quit or Reduced Earnings (HH=1)
E50	FA/SNFP	Failed to Return Quarterly Report
E51	FA/SNFP	Failed to Return Quarterly Report - All Questions
E52	FA/SNFP	Failure to Complete Quarterly Report - Signature
E54	FA/SNFP	Failure to Complete Quarterly Report - Dated Early
E81	SNCA/SNNC	Refused Photo ID (HH=1)
E84	SNCA/SNNC	Failure to Sign Lien (HH=1)
F43	SNCA/SNNC	Failure to Complete -In Patient Rehabilitation
G50	SNCA/SNNC	Failed to Return Quarterly Report
G51	SNCA/SNNC	Failed to Complete Quarterly Report - All Questions
G52	SNCA/SNNC	Failure to Complete Quarterly Report - Signature
G53	ALL	Failure to Return Complete Quarterly Report - Proof
G54	SNCA/SNNC	Failure to Complete Quarterly Report - Dated Early
M17	ALL	Failure to Complete Employment Process
M51	SNCA/SNNC	Failed to Complete Quarterly Report - Selected Questions
M53	ALL	Failed to Complete Quarterly Report - Partial Proof
N13	FA/SNFP	Failure to Apply for or Use Benefits or Resources
N49	ALL	Refused Offer of a Home (HH=1)
N50	ALL	Refused Offer of a Home - Rejection of Claim
N51	FA/SNFP	Failure to Complete Quarterly Report - Selected Questions
V40	SNCA/SNNC	Excess Resources
V42	SNCA/SNNC	Excess Resources - Failed to Sell Property
V43	SNCA/SNNC	Excess Resources - End of Six Month Period
W24	SNCA/SNNC	Failure to Provide Verification - Stepparent/Grandparent
W25	SNCA/SNNC	Failure to Provide Verification - Filing unit
Y83	ALL	Opened in Error via Newborn Process

APPENDIX I - PA/FS OBSOLETE CASE LEVEL REJECTION CODES

THE PA AND FS CASE LEVEL REJECTION CODES LISTED IN THIS APPENDIX WERE USED UNTIL 11/21/05. THEY ARE BEING RETAINED FOR INFORMATION ON PAST CASE ACTIONS.

PA CASE LEVEL REJECTION CODES - 222

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
057	ALL	Failure of All Household Members to Apply
109	ALL	Diverted from PA by Agency/Contractor Efforts
118	SNCA/SNNC	Failed to Comply with the Automated Finger Imaging System (AFIS) Requirements
119	ALL	Duplicate Assistance Within NYS (This Code is Used when there has been an Automated Finger Imaging Match (AFIS))
122	FA/SNFP	Failed to Comply with the Automated Finger Imaging System (AFIS)
123	SNCA/SNNC	Non-Qualified Alien Emergency Medical Condition - Excess Income (SNCA/SNNC Related)
124	SNCA/SNNC	Non-Qualified Alien Emergency Medical Condition - Excess Resources (SNCA/SNNC Related)
125	FA/SNFP	Non-Qualified Alien - Emergency Medical Condition - Excess Income and Resources (FA/SNFP Related)
126	FA/SNFP	Qualified Alien Five Year Ban - Emergency Medical Condition Excess Income (FA/SNFP Related)
127	FA/SNFP	Qualified Alien Five Year Ban - Emergency Medical Condition Excess Resources (FA/SNFP Related)
201	ALL	Excess Income
202	SNCA/SNNC	Excess Income
205	ALL	Excess Resources (Includes Lump Sum Payments)
206	SNCA/SNCC	Excess Resources (Includes Lump Sum Payments)
220	ALL	Undocumented Alien
225	ALL	Non Resident
230	ALL	Failure to Sign a Treatment Program Consent Form
231	ALL	Recovery, Lien Assignment Homestead

APPENDIX I - PA/FS OBSOLETE CASE LEVEL REJECTION CODES (CONT'D)
PA CASE LEVEL REJECTION CODES - 222

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
240	ALL	Refuses to Register or Seek Work
245	ALL	Failed to Keep EVR Appointment
246	ALL	Ineligible Based on EVR Evaluation
250	ALL	Refuses Other Source of Employment Offered
255	ALL	Refuses to Accept Training or Education
265	ALL	Unable to Locate
270	ALL	Moved Out of District
275	ALL	Death Before Determination: No Outstanding Medical Bills
276	ALL	Death Before Determination: Outstanding Medical Bills
277	SNCA/SNNC	Non-Compliance with Outpatient Rehabilitation Program for Alcohol or Substance Abuse - (HH=1)
282	ALL	Fleeing Felon - Probation or Parole Violator
283	ALL	Failure to Comply With Drug/Alcohol Screening
284	ALL	Minor Failed to Complete High School Education
285	ALL	Other
286	ALL	Other
290	SNCA/SNNC	Transferred Property for Purpose of Qualifying for Assistance
291	ALL	Refused to Provide Information: Employer Group Health Insurance Plan
292	ALL	Refused to Enroll in Employer Group Health Insurance Plan
293	ALL	Refused to Provide Information: Other Than Employer Health Insurance Plan.
294	ALL	Refused to Enroll in Other Than Employer Based Group Health Insurance Plan
307	ALL	Receiving Multiple Benefits
308	FA/SNFP	Refused Offer of a Home

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APPENDIX I - PA/FS OBSOLETE CASE LEVEL REJECTION CODES (CONT'D)

PA CASE LEVEL REJECTION CODES - 222

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
319	ALL	Other
360	ALL	Duplicate Assistance Within NYS
361	ALL	Duplicate Assistance - Interstate
521	ALL	6 Month 1st Offense – Less Than \$1,000 (HH=1) - MANUAL NOTICE
522	ALL	12 Months 2nd Offense-Less Than \$3,900 (HH=1) - MANUAL NOTICE
523	ALL	12 Months 1st Offense Between \$1,000 & \$3,900 - (HH=1)
524	ALL	18 Months if 3 rd Offense - (HH=1)
525	ALL	18 Months if 1st Offense More Than \$3,900 - (HH=1)
526	ALL	18 Months if 2 nd Offense More Than \$3,900 - (HH=1)
527	ALL	5 Years 4 th or Subsequent Offense - (HH=1)
528	ALL	Court Ordered Disqualification – (HH=1)
625	ALL	Failed to Furnish or Apply for a Social Security Number
F53	ALL	Refusal by Parent to Apply for Child
F98	ALL	Client Request Childcare in Lieu of TA - PA Only

APPENDIX J - PA/FS OBSOLETE INDIVIDUAL REJECTION CODES

THE PA AND FS INDIVIDUAL REJECTION CODES LISTED IN THIS APPENDIX WERE USED UNTIL 11/18/02. THEY ARE BEING RETAINED FOR INFORMATION ON PAST CASE ACTIONS.

PA INDIVIDUAL REJECTION CODES - 331

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
C6	FA/SNFP	Not eligible for CAP
PO	ALL	Undocumented Alien
P5	ALL	Non-Resident
T5	ALL	Unable to Locate
U0	ALL	Moved Out of District
U5	ALL	Death before Determination: No Outstanding Medical Bills.
U6	ALL	Death before Determination: Outstanding Medical Bills.
V5	ALL	Other
V6	ALL	Other
W0	FA/SNFP SNCA/SNNC	Transferred Property for Purpose of Qualifying for Assistance
X1	ALL	Failure to Comply with Finger Imaging Requirements-Non Legally Responsible Adult.
119	ALL	Duplicate Assistance In NYS: This code is used when there has been an Automated Finger Imaging Match (AFIS).
123	SNCA/SNNC	Non-Qualified Alien-Emergency Medical Condition-Excess Income (SNCA Related)
124	SNCA/SNNC	Non-Qualified Alien Emergency Medical Condition-Excess Resources
125	FA/SNFP SNCA/SNNC	Non-Qualified Alien Emergency Medical Condition-Excess Income and Resources (FA Related)
126	FA/SNFP	Qualified Alien Five Year Ban-Emergency Medical Condition Excess Income (FA] Related)
127	FA/SNFP	Qualified Alien Five Year Ban-Emergency Medical Condition Excess Resources ([FA Related)
282	ALL	Fleeing Felon-Probation or Parole Violator
284	ALL	Minor Failed to Complete High School Education
307	ALL	Receiving Multiple Benefits

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APPENDIX J - PA/FS OBSOLETE INDIVIDUAL REJECTION CODES (CONT'D)

PA INDIVIDUAL REJECTION CODES - 331

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
360	ALL	Duplicate Assistance Non-AFIS, In NYS
361	ALL	Duplicate Assistance Interstate
531	ALL	6 Month 1st Offense – Less Than \$1,000
532	ALL	12 Months 2nd Offense-Less Than \$3,900
533	ALL	12 Months 1st Offense Between \$1,000 & \$3,900
534	ALL	18 Months if 3rd Offense
535	ALL	18 Months if 1st Offense More Than \$3,900
536	ALL	18 Months if 2nd Offense More Than \$3,900
537	ALL	5 years 4th or Subsequent Offense
538	ALL	Court Ordered Disqualification

FS INDIVIDUAL REJECTION CODES - 331

<u>CODE</u>	<u>VALUE</u>
F1	FS Ineligible Student 387.9 (a) (3), 387.1 (ee), 387.1 (t) (4) (i)
F2	Ineligible Alien 387.9 (a) (2), 387.1 (t) (4) (ii)
F3	Striker 387.16 (j)
F4	Failure to Apply/Provide SSN 387.9 (a) (5)
F5	Other FS Rejection N/A
F6	Dead 387.20 (c) (i)
356	Ineligible Alien for Food Assistance Program 388.3

APPENDIX K - PA OBSOLETE INDIVIDUAL SANCTION CODES

THE PA INDIVIDUAL SANCTION CODES LISTED IN THIS APPENDIX WERE USED UNTIL 11/18/02. THEY ARE BEING RETAINED FOR INFORMATION ON PAST CASE ACTIONS.

PA INDIVIDUAL SANCTION CODES - 331

<u>CODE</u>	<u>CATGORY</u>	<u>REASON</u>
13*	ALL	Failed to provide information about an absent parent or spouse.
14	ALL	Failed to file a petition requesting medical support.
20	SNCA/SNNC	Failed to cooperate with the Work Experience Program Intake.
21	SNCA	Failed to report to or failed to cooperate with the Work Experience Program
22	ALL	Failed to report to a scheduled appointment with the BEGIN.
23	ALL	Failed to report to a scheduled appointment with the BEGIN Career Planning Program.
24	SNCA/SNNC	Failed to report to or failed to cooperate with the Work Experience Program Intake Section.
23	ALL	Failed to report to a scheduled appointment with the BEGIN Career Planning Program.
24	SNCA/SNNC	Failed to report to or failed to cooperate with the Work Experience Program Intake Section.
25	SNCA/SNNC	Failed to adhere to the Sponsor Agency's regulations governing your participation. (WEP) 90 day sanction.
26	SNCA	Failed to adhere to the Sponsor Agency's regulations governing your participation. (WEP) 150 day sanction
27	SNCA	Failed to adhere to the Sponsor Agency's regulations governing your participation. (WEP) 180 day sanction.
28	ALL	Failed to continue attending the BEGIN Career Planning meetings.
29	ALL	Failed to report to the BEGIN Job Club.
30	ALL	Failed to report to continue attending the BEGIN Job Club sessions.
31	ALL	Failed to report to a scheduled appointment at the BEGIN Language Program.

APPENDIX K - PA OBSOLETE INDIVIDUAL SANCTION CODES (CONT'D)

PA INDIVIDUAL SANCTION CODES - 331

<u>CODE</u>	<u>CATGORY</u>	<u>REASON</u>
32	ALL	Failed to continue attending the BEGIN Language program.
33	ALL	Failed to report to a scheduled appointment at the BEGIN Work-Study Program.
35	ALL	Failed to continue attending the BEGIN Work-Study Program.
36	ALL	Failed to continue your attendance in the TEAP Program.
37	SNCA/SNNC	Failed to report to an appointment scheduled by the Job Placement Unit.
38	SNCA/SNNC	Failed to report to an appointment scheduled by the Job Placement Unit, or failed to cooperate with efforts to be place on a job or in training. (150 day sanction)
39	ALL	Failed to report to the BEGIN Job Club Prep.
41	SNCA/SNNC	Failed to report to an appointment scheduled by the Job Placement Unit, or failed to cooperate with efforts to be place on a job or in training. (180 day sanction)
43	ALL	Failed to continue in the BEGIN Job Club Prep.
42*	FA/SNFP SNCA/SNNC	Voluntary Quit (1st Occurrence) 90 day sanction.
50*	FA/SNFP SNCA/SNNC	Voluntary Quit (2nd Occurrence) 150 day sanction.
51*	FA/SNFP SNCA/SNNC	Voluntary Quit (3rd Occurrence) 180 day sanction.
44	ALL	Failed to report to the BEGIN Assessment Program.
45	ALL	Refused to accept or complete training in the Wildcat Subsidized Employment Program.
154	ALL	Minor absent from the household for 45 consecutive days or more.
283	ALL	Failure to Comply With Drug or Alcohol Screening
308	FA	Refused Offer Of a Home

APPENDIX K - PA OBSOLETE INDIVIDUAL SANCTION CODES (CONT'D)
PA INDIVIDUAL SANCTION CODES - 331

<u>CODE</u>	<u>CATGORY</u>	<u>REASON</u>
D1	ALL	Non-Compliance with Outpatient Rehabilitation Program for Alcohol or Substance Abuse 45 day sanction.
D2		(Output Code) 120 day sanction.
D3		(Output Code) 180-day sanction.
E2	ALL	Failed to participate in BEGIN.
Q0	ALL	Recovery, Lien Assignment: Homestead.
Q1	ALL	Recovery, Lien Assignment Homestead.
S0	FA/SNFP SNCA/SNNC	Refuses an Offer of Employment.
W1	ALL	Refused to Provide Information: Employer Group Health Plan.
W2	ALL	Refused to Enroll in Employer Group Health Insurance Plan
W3	ALL	Refused to Provide Information Other than Employer Based Health Insurance Plan.
W4	ALL	Refused to Enroll in Other than Employer Based Health Insurance Plan.
E3	ALL	Failed to participate in BEGIN 90-day sanction.
E4	ALL	Failed to participate in BEGIN 180-day sanction.
E6	ALL	Refused to accept employment or training.
E7	ALL	Failed to accept employment or training 90-day sanction.
E8	ALL	Refused to accept employment or training 180-day sanction.
E65	ALL	Failure to Complete Employment Assessment - Non-Durational.

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APPENDIX L - MA OBSOLETE INDIVIDUAL REJECTION/SANCTION CODES

MA INDIVIDUAL REJECTION CODES - 341

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
P0*	ALL	Undocumented Alien You failed to verify your citizenship or that you are an alien admitted for lawful permanent residence. 18 NYCRR 360-3.2
P5	ALL	Non-Resident We have determined that you are not a resident of this district. 18 NYCRR 351. 2 (b), 360-1.2
R2	ALL	Duplicate Application You are already receiving Medical Assistance on case number _____. We are, therefore, rejecting your duplicate application dated _____. 18 NYCRR 351.22 (E) (1), 360-1.2
R4	ALL	Failed To Provide Information/Documentation You failed to provide information/documentation required by MAP to establish eligibility for Medical Assistance. 18 NYCRR 360-1.2, 360-2.2, 360-2.3, 360-3.3
T5	ALL	Unable to Locate Your present whereabouts are unknown. 18 NYCRR 351.8 (a), 360-1.2
U0*	ALL	Moved out of District You have permanently moved outside this district. If you continue to be in need of Medical Assistance you should contact the local Social Services agency in your new county/state of residence. 18 NYCRR 311.3, 311.4, 360-3.5

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APPENDIX L - MA OBSOLETE INDIVIDUAL REJECTION/SANCTION CODES (CONT'D)

MA INDIVIDUAL SANCTION CODES - 341

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
13	FA/SNFP SNCA/SNNC	You failed, without good cause, to provide information about an absent parent or spouse. 18 NYCRR 369.2, 360-1.2, 370-2
14	FA/SNFP	You failed, without good cause, to file a petition requesting medical support from a legally responsible relative. 18 NYCRR 369.2, 360-1.2
23	FA/SNFP SNCA/SNNC	On DATE you failed to report to a scheduled appointment with the BEGIN Career Planning Program. We have determined that your action was willful and without good cause. 18 NYCRR 360-1.2, 360-3.3, PART 385 (Note: for FA case other persons in the case must be reclassified)
28	FA/SNFP SNCA/SNNC	On DATE you failed to continue attending the BEGIN Career Planning meetings. We have determined that your action was willful and without good cause. 18 NYCRR 360-1.2, 360-3.3, PART 385 (Note: For FA, other persons on the case must be reclassified)
30	FA/SNFP SNCA/SNNC	You failed to report to an employer to whom you were referred by the New York State Employment Service. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 30 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385 (Note: For FA- other persons on the case must be reclassified)
31	FA/SNFP SNCA/SNNC	You failed to report to a training program to which you were referred by the New York State Employment Service. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 30 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385 (Note: For FA - Other persons on the case must be reclassified)

APPENDIX L - MA OBSOLETE INDIVIDUAL REJECTION/SANCTION CODES (CONT'D)

MA INDIVIDUAL SANCTION CODES - 341

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
40	FA/SNFP SNCA/SNNC	You failed to accept an employer's offer to work the New York State Employment Service. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 30 days and until such time you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385 (Note: For ADCU - Other persons on the case must be reclassified)
42	SNCA/SNNC	You voluntarily terminated employment or reduced earning capacity and failed to furnish sufficient information to show that the action taken was for a purpose other than qualifying for continued or increased Medical Assistance. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 75 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385
44	FA/SNFP SNCA/SNNC	You refused to accept or complete training in the New York State Employment Service Program. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 30 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385 (Note: FA - Other persons on the case must be reclassified)
50	FA/SNFP	You voluntarily terminated employment or reduced earnings capacity and failed to furnish sufficient information to show that action taken was for a purpose other than to qualify for continued or increased Medical Assistance. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 30 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385 (Note: For FA - Other persons on the case must be reclassified)

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APPENDIX L - MA OBSOLETE INDIVIDUAL REJECTION/SANCTION CODES (CONT'D)

MA INDIVIDUAL SANCTION CODES - 341

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
Q0*	ALL	Assignment of Property You failed to comply with our policies regarding assignment or utilization of your non-exempt property. 18 NYCRR 360-4.4
W1	ALL	TPHI Resources You refused to provide information on your employer group health insurance plan. 18 NYCRR 360-3.2
W2	ALL	TPHI Resources You refused to enroll in an employer group health insurance plan. 18 NYCRR 360-3.2
W3	ALL	TPHI Resources You refused to provide information on other than an employer based group health insurance plan. 18 NYCRR 360-3.2
W4	ALL	TPHI Resources You refused to enroll in other than an employer based group health insurance plan. 18 NYCRR 360-3.2
F43	ALL	Failure to accept treatment for alcoholism and drugs

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APPENDIX M - MA OBSOLETE CNS CASE LEVEL CODES

MA CASE LEVEL CLOSING CODES - 241

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
E17	MA	Incorrect/fraudulent Social Security Number
F43	MA	Failure to accept treatment for alcoholism and drugs
F57	MA	Excess Income, Children at Least Six Years of Age We will discontinue Medical Assistance beginning _____. This is because your net family income of \$_____ is more than 133% of the Federal Poverty Level of \$_____ which is the income limit for children who are at least six years old and have not reached their 19th birthday. In addition, your net family is over the allowable Medical Assistance income limit. You are over the limit by \$_____. The amount over the limit is called excess Income. Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your income is over the limit. If you have incurred or paid medical bills in the amount equal to or more Than the amount your income is over the Medical Assistance limit, bring These bills to your local social service office prior to effective date above Regulations 360-4.1, 360-4.7, 360-4.8
F58	MA	We will discontinue Medical Assistance beginning _____. This is because your net family income of \$_____ is more than 133% of the Federal Poverty Level of \$_____ which is the income limit for children who are at least six years old and have not reached their 19th birthday. In addition, net family income and countable resources are over the limit by \$_____. Your countable resources are over the limit by \$_____. The amount over the limit are called excess income and excess resources. Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your income is over the limit. Your net family income is over the allowable Medical Assistance income limit. You are over the limit by \$_____. If you have incurred or paid medical bills in the amount equal to or more than the amount your income is over the Medical Assistance limit, bring these bills to your local social service office prior to effective date above Regulations 360-4.1, 360-4.7, 360-4.8
E42	MA	Excess Income CHP Transition child 6-18 Above 100% FPL
E43	MA	Excess Income and Resources - CHP Transition child 6-18 Above 100% FPL (CNS)
V30	MA	Failure to comply with child support enforcement unit

APPENDIX N - FS OLD WMS CASE LEVEL DENIAL (REJECTION) CODES
FS CASE LEVEL REJECTION CODES - 231

<u>CODES</u>	<u>VALUE</u>
119	Duplicate Assistance within NYS (This code is used when there has been an Automated Finger Imaging Match-AFIS). 18 NYCRR 351.2 (a), 351.9
122	Failure to comply with Finger Imaging Requirements. 18 NYCRR 387.17
214	Death of all household members. NYCRR 387.9 (a) (1)
223	Institutionalization of only Applicant. NYCRR 387.1 (t), (4), (vi), (vii), (viii)
224	Combined with other PA/FS Case. 18 NYCRR 387.1 (t) (1) (iii)
226	Combined with other NPA/FS Case. 18 NYCRR 387.1 (t) (1) (iii)
227	Income exceeds allowable maximum. 18 NYCRR 387.10 (a)
228	Rejected as a result of WRS/UIB clearance. 18 NYCRR 387.1 (t)
229	Failure to resolve Computer Match Discrepancy. 18 NYCRR 387.8 (c), 387.14 (a) (3) (i) (a) (4)
237	Resources exceed allowable maximum. 18 NYCRR 387.9 (b)
238	Refusal to verify income. 18 NYCRR 387.8 (c)
239	Refusal to verify residence. 18 NYCRR 387.8 (c)
248	Refusal to verify resources. 18 NYCRR 387.8 (c)
249	Refusal to verify household size. 18 NYCRR 387.8 (c)
254	Refusal to verify Citizenship/Alien Status. 18 NYCRR 387.8 (c)

APPENDIX N - FS OLD WMS CASE LEVEL DENIAL (REJECTION) CODES (CONT'D)**FS CASE LEVEL REJECTION CODES - 231**

<u>CODES</u>	<u>VALUE</u>
257	Refusal of case head to verify identity. 18 NYCRR 387.8 (c)
258	Failure to report to Application Interview. 18 NYCRR 387.8 (c)
259	Refusal to verify questionable information. 18 NYCRR 387.8 (c)
262	Failure to comply with Food Stamp work registration 18 NYCRR 387.9 (a) (4), 387.13 (e)
263	Voluntary Quit 18 NYCRR 387.13 (i)
264	Refusal to apply for SSN. 18 NYCRR 387.9 (a) (5), 387.1 (t) (4) (iv)
266	Already Active 18 NYCRR 387.1 (t)
267	Moved out of NYC 18 NYCRR 387.9 (a) (1)
268	Whereabouts Unknown. 18 NYCRR 387.9 (a) (1)
273	Other Use appropriate citation
355	Ineligible Alien 18 NYCRR 387.9 (a) (2)
356	Ineligible Alien for Food Assistance Program 18 NYCRR 388.3
943	Not in receipt of Food Stamps (SYSTEM GENERATED)

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CASE (SUFFIX) LEVEL

PA, MA, AND FS Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
A20	1.3-1								
A30	1.3-1						1.3-5		
A32	1.3-1						1.3-5		
A33							1.3-5		
A34							1.3-5		
A36	1.3-1						1.3-5		
A39							1.3-5		
A40							1.3-5		
A42							1.3-5		
A43							1.3-5		
A48							1.3-5		
A49							1.3-5		
B11									1.3-60
B12									1.3-60
B13									1.3-60
B14									1.3-60
B15									1.3-60
B26									1.3-60
E03						4.1-54			
E04						4.1-24			
E05						4.1-24			
E07						4.1-25			
E10		1.3-7						1.3-22	
E11						4.1-25			
E12						4.1-19			
E15						4.1-19			
E18			1.3-46						
E19			1.3-46						
E22						4.1-25			
E23						4.1-51			
E24						4.1-26			
E26						4.1-26			
E27						4.1-26			
E28									1.3-60
E29								1.3-22	1.3-60
E30		1.3-7	1.3-27			4.1-27		1.3-22	1.3-60
E31			1.3-27			4.1-27			
E32			1.3-27			4.1-27			
E33			1.3-27			4.1-27			
E34		1.3-7	1.3-27						
E35			1.3-27			4.1-28			
E36			1.3-28			4.1-28			
E37						4.1-28			
E38			1.3-28						
E39			1.3-28			4.1-28			1.3-60
E40			1.3-28			4.1-29			1.3-61
E49						4.1-31			
E50									1.3-61
E51									1.3-61
E52									1.3-61
E54									1.3-61

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PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
E58						4.1-60			
E60		1.3-7	1.3-38			4.1-42			
E61		1.3-7				4.1-42		1.3-22	1.3-61
E62						4.1-42			
E63		1.3-7				4.1-42		1.3-22	1.3-61
E64		1.3-7							
E65			1.3-31						
E66			1.3-38			4.1-42			
E68						4.1-32			
E69		1.3-7	1.3-31						
E70								1.3-22	1.3-61
E71								1.3-22	1.3-61
E72		1.3-8	1.3-40					1.3-22	1.3-61
E73		1.3-8	1.3-40			4.1-42			
E74								1.3-22	
E75								1.3-22	
E76								1.3-22	1.3-62
E77								1.3-22	1.3-62
E78								1.3-22	1.3-62
E79						4.1-43			
E83						4.1-60			
E87						4.1-60			
E88						4.1-61			
E91			1.3-44						
E92			1.3-31						
E93						4.1-61			
E95		1.3-8	1.3-56			4.1-55		1.3-22	1.3-62
F09						4.1-40			
F10		1.3-8							
F11			1.3-56						
F12		1.3-8	1.3-32			4.1-45			
F13						4.1-19			
F15								1.3-22	1.3-62
F17		1.3-8	1.3-32			4.1-45			1.3-62
F19			1.3-32						1.3-62
F20		1.3-8	1.3-32			4.1-45			
F21								1.3-22	1.3-62
F22									1.3-62
F26						4.1-40			
F28						4.1-30			
F30								1.3-23	1.3-63
F31						4.1-33			
F32						4.1-33			
F33		1.3-9	1.3-28						
F35		1.3-9	1.3-56					1.3-23	1.3-63
F37								1.3-23	
F39			1.3-29						
F40		1.3-9	1.3-32			4.1-45			
F43						4.1-46			
F44		1.3-9	1.3-33			4.1-46			

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PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
F45		1.3-9	1.3-33			4.1-46			
F46		1.3-9	1.3-33			4.1-46			
F49								1.3-23	
F52		1.3-10							
F53		1.3-10	1.3-33						
F55						4.1-33			
F56						4.1-34			
F59						4.1-34			
F62			1.3-46						
F63		1.3-10	1.3-40			4.1-43		1.3-23	
F65									1.3-63
F68						4.1-35			
F69						4.1-35			
F70								1.3-23	1.3-63
F71								1.3-23	1.3-63
F76			1.3-33						
F81		1.3-10	1.3-34						
F84		1.3-10	1.3-34						
F85									1.3-63
F86								1.3-23	1.3-63
F87						4.1-36			
F89						4.1-36			
F90								1.3-23	1.3-64
F92		1.3-10	1.3-56			4.1-46		1.3-23	1.3-64
F93		1.3-10							
F94								1.3-23	1.3-64
F95								1.3-23	1.3-64
F96									1.3-64
F98		1.3-11							
FX1		1.3-11							
FX2		1.3-11							
FX3		1.3-11							
G01			1.3-46						
G10			1.3-44			4.1-19			
G11						4.1-46			
G12			1.3-34						
G14						4.1-20			
G16			1.3-47						
G17			1.3-47						
G20			1.3-44						
G21			1.3-47						
G22			1.3-47						
G23			1.3-47						
G24			1.3-47						
G25			1.3-48						
G26			1.3-48						
G27			1.3-48						
G28			1.3-48						
G29			1.3-48						
G30			1.3-58						
G31			1.3-58						

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PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
G32			1.3-58						
G33			1.3-58						
G36			1.3-44						
G37			1.3-44						
G39			1.3-56			4.1-55			
G40			1.3-29						
G41		1.3-11	1.3-29						
G53									1.3-64
G56						4.1-20			
G58						4.1-37			
G59						4.1-37			
G60		1.3-11	1.3-48			4.1-43			
G61			1.3-38						
G62			1.3-38			4.1-43			
G65								1.3-23	
G66						4.1-46			
G81			1.3-49						
G83						4.1-61			
G87			1.3-41						
G88			1.3-41			4.1-55			
G89		1.3-11	1.3-41						
G90			1.3-41						
G92		1.3-12	1.3-42						
G93						4.1-61			
G94			1.3-42						
G95		1.3-12	1.3-49			4.1-55			
G96		1.3-12	1.3-42						
G97			1.3-42						
G98			1.3-42			4.1-55			
G99		1.3-12	1.3-42						
GX1			1.3-34						
GX2			1.3-34						
GX3			1.3-34						
H02						4.1-51			
H10						4.1-50			
H11						4.1-50			
I46			1.3-43						1.3-64
J05								1.3-23	1.3-64
M15		1.3-12	1.3-34						
M20									1.3-64
M24						4.1-47			1.3-64
M25		1.3-12	1.3-35			4.1-47			1.3-65
M26								1.3-23	1.3-65
M27								1.3-23	1.3-65
M34								1.3-24	
M35		1.3-12							
M37		1.3-13							
M40		1.3-13							
M44			1.3-35						
M48		1.3-13	1.3-39						
M49			1.3-39						

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REASON CODE INDEX (CONT'D)

PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
M50			1.3-39						
M53									1.3-65
M66		1.3-13						1.3-24	
M67		1.3-13						1.3-24	
M68			1.3-56			4.1-43			1.3-65
M71		1.3-13							
M76		1.3-14							
M77		1.3-14							
M78		1.3-14							
M79		1.3-14							
M81			1.3-49						
M82			1.3-49						
M88		1.3-14	1.3-35			4.1-47		1.3-24	1.3-65
M89						4.1-47			
M90								1.3-24	1.3-65
M91								1.3-24	1.3-65
M97			1.3-45			4.1-44		1.3-24	1.3-65
M98		1.3-14	1.3-45			4.1-44		1.3-24	1.3-66
M99		1.3-15	1.3-45			4.1-44		1.3-24	1.3-66
MC1						4.1-74			
MC2						4.1-74			
N10		1.3-15						1.3-24	1.3-66
N12			1.3-35						
N13		1.3-15							
N14		1.3-15	1.3-35						
N15		1.3-15	1.3-49						
N16		1.3-15	1.3-36						
N17		1.3-16	1.3-36						
N18									1.3-66
N19		1.3-16							
N20			1.3-36						
N21		1.3-16							
N31								1.3-24	
N32								1.3-24	
N33								1.3-24	
N41			1.3-29						1.3-66
N42			1.3-29						1.3-66
N43			1.3-29						1.3-66
N66			1.3-45			4.1-44		1.3-24	1.3-67
N70			1.3-50						
N71			1.3-50						
N72			1.3-50						
N88			1.3-36						
N90								1.3-24	1.3-67
NF1								1.3-25	1.3-67
NF2								1.3-25	1.3-67
P30			1.3-59						
P31			1.3-59						
P32			1.3-59						
Q22							1.3-6		
Q23							1.3-6		
R10			1.3-50						

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PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
R11			1.3-51						
R99								1.3-25	
U13						4.1-20			
U14						4.1-21			
U15						4.1-62			
U16						4.1-21			
U20						4.1-21			
U21						4.1-22			
U23						4.1-22			
U33						4.1-38			
U34						4.1-38			
U35						4.1-39			
U40		1.3-16	1.3-43			4.1-37		1.3-25	
U41		1.3-16	1.3-43					1.3-25	1.3-66
U42		1.3-16	1.3-43						
U43			1.3-43						
U44		1.3-16	1.3-43					1.3-25	1.3-68
U45									1.3-68
U54						4.1-39			
U59						4.1-39			
U61						4.1-22			
U97									1.3-68
V13						4.1-48			
V20			1.3-30						
V21		1.3-17						1.3-25	1.3-68
V23		1.3-17	1.3-30						
V24		1.3-17	1.3-30						
V25		1.3-17	1.3-30						
V26			1.3-30						
V50			1.3-51						
VE1			1.3-37						
VE2			1.3-37						
VE3			1.3-37						
W10		1.3-17							
W11		1.3-17	1.3-36						
W23		1.3-18	1.3-30						
W40		1.3-18	1.3-37						
WC1			1.3-37						
WC2			1.3-37						
WE1		1.3-18						1.3-25	1.3-68
WE2		1.3-18						1.3-25	1.3-68
WE3		1.3-18						1.3-25	1.3-68
WF1								1.3-25	
WF2								1.3-25	
WF3								1.3-25	

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PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
WS1		1.3-19	1.3-52						
WS2		1.3-19	1.3-52						
WS3		1.3-19	1.3-53						
WS4		1.3-20	1.3-53						
WS5		1.3-20	1.3-54						
WS6		1.3-20	1.3-54						
WS7		1.3-20	1.3-55						
WS8		1.3-21	1.3-55						
WX1			1.3-37						
WX2			1.3-37						
WX3			1.3-37						
X12						4.1-50			
X13						4.1-50			
X50						4.1-51			
X51						4.1-52			
X52						4.1-53			
Y10									1.3-69
Y12							1.3-25		
Y19	1.3-1								
Y29									1.3-68
Y37	1.3-1								
Y38	1.3-1								
Y39	1.3-1								
Y41	1.3-1								
Y42	1.3-2								
Y43	1.3-2								
Y45							1.3-6		
Y46	1.3-2								
Y47	1.3-2								
Y50		1.3-21							
Y65	1.3-2								
Y66									1.3-69
Y67	1.3-2			1.3-4					
Y78			1.3-51						
Y84						4.1-49			
Y86			1.3-51						
Y87			1.3-51						
Y93			1.3-57						1.3-69
Y94		1.3-21					1.3-25		
Y95		1.3-21	1.3-57						
Y96			1.3-57						
Y98			1.3-57						
Y99		1.3-21	1.3-57			4.1-55	1.3-25		1.3-69
Z11									1.3-69

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REASON CODE INDEX (CONT'D)

PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
018				4.1-2					
019				4.1-2					
029							1.3-6		
044				4.1-2					
061				4.1-2					
063				4.1-2					
064							1.3-6		
067				4.1-2					
068				4.1-2					
069				4.1-2					

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PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
071				4.1-2					
074				4.1-2					
076				4.1-2					
077				4.1-2					
078				4.1-3					
079				4.1-3					
083				4.1-3					
084				4.1-3					
085				4.1-3					
086				4.1-3					
087	1.3-4			4.1-3					
088	1.3-4			4.1-3					
089	1.3-4			4.1-3					
090	1.3-4			4.1-3					
091	1.3-4			4.1-3					
092				4.1-3					
093	1.3-4			4.1-4					
094	1.3-4			4.1-4					
095	1.3-4			4.1-4					
096				4.1-4					
099							1.3-6		
103				4.1-7					
104				4.1-7					
105				4.1-13					
112				4.1-14					
113				4.1-7					
114	1.3-1						1.3-6		
123				4.1-5					
124				4.1-5					
125				4.1-5					
126				4.1-6					
127				4.1-6					
128				4.1-6					
129				4.1-6					
131				4.1-7					
132				4.1-7					
133				4.1-8					
134				4.1-8					

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PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
163					4.1-8				
164					4.1-8				
166						4.1-64			
167					4.1-9				
168					4.1-13				
178						4.1-56			
194						4.1-56			
198					4.1-17				
200					4.1-14				
201					4.1-9				
202					4.1-9				
205					4.1-9				
206					4.1-10				
217					4.1-10				
218					4.1-14				
219					4.1-14				
220					4.1-6				
225					4.1-12				
230					4.1-14				
235					4.1-14				
244			1.3-41						
247					4.1-15				
265					4.1-12				
270					4.1-12				
275					4.1-12				
283					4.1-15				
285					4.1-15				
289					4.1-15				
290					4.1-10				
291					4.1-13				
292					4.1-13				
293					4.1-13				
294					4.1-13				
296					4.1-16				
297					4.1-16				
298					4.1-16				
299					4.1-17				
307					4.1-16				
322						4.1-58			
323						4.1-58			
354					4.1-10				
357					4.1-13				
381					4.1-10				
382					4.1-10				
383					4.1-11				
399									1.3-69
400	1.3-1								
506				4.1-4					
576						4.1-44			

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PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
667						4.1-64			
669						4.1-56			
670				4.1-4					
671				4.1-4					
730						4.1-64			
731						4.1-64			
732						4.1-64			
736						4.1-64			
740						4.1-56			
741						4.1-64			
750						4.1-64			
753				1.3-4					
756						4.1-65			
759						4.1-65			
761						4.1-65			
763						4.1-65			
770						4.1-65			
772						4.1-65			
773						4.1-66			
774						4.1-66			
775						4.1-66			
776						4.1-66			
777						4.1-66			
778						4.1-67			
779						4.1-67			
780						4.1-67			
781						4.1-67			
782						4.1-67			
783						4.1-68			
784						4.1-68			
785						4.1-68			
786						4.1-68			
787						4.1-69			
799						4.1-69			
800				1.3-4					
812						4.1-69			
839				1.3-4					
840						4.1-49			
841						4.1-49			
842						4.1-49			
846						4.1-69			
847						4.1-69			
886					4.1-15				
887					4.1-15				
889				4.1-4					
901							1.3-6		

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PA, MA, AND FS Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			FS PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
902						4.1-70			
905						4.1-70			
911						4.1-70			
914									1.3-69
923				4.1-4					
939			1.3-40			4.1-70			1.3-69
944									1.3-69
955						4.1-70			
957						4.1-71			
958						4.1-71			
959						4.1-72			
962						4.1-71			
966						4.1-72			
968									1.3-69
971						4.1-59			
972						4.1-59			
976									1.3-69
977									1.3-69
980						4.1-63			
983						4.1-23			
985						4.1-63			
991						4.1-56			
992									1.3-69
993						4.1-23			
994						4.1-23			
995						4.1-23			
996						4.1-63			
997						4.1-23			
998						4.1-23			

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For PA and MA Individual Opening, Rejection (Denial), Sanction and Removal Codes

CODE	PA PAGE				MA PAGE				FS PAGE			
	AC	RJ	SN	CL	AC	RJ	SN	CL	AC	RJ	SN	CL
J3					4.2-5							
J4					4.2-5							
J5					4.2-5							
LX									1.5-4			
LL									1.5-4			
LZ									1.5-4			
V7	1.5-3											
E06						4.2-11						
E20						4.2-7						
E21			1.5-14				4.2-26					
E55						4.2-7						
E56						4.2-7						
E59						4.2-7						
E72		1.5-6		1.5-24		4.2-14		4.2-23		1.5-11		
E73		1.5-6		1.5-24		4.2-14		4.2-23				
E88												
E90				1.5-24				4.2-25				
E94		1.5-6		1.5-24		4.2-7		4.2-17				
E95		1.5-6		1.5-24		4.2-12		4.2-25		1.5-11		1.5-29
E96				1.5-24						1.5-11		1.5-29
E97				1.5-24								
F09						4.2-9		4.2-19				
F12			1.5-14				4.2-28					
F15										1.5-11		1.5-29
F17			1.5-14				4.2-26					
F20			1.5-14				4.2-26				1.5-22	
F21										1.5-11		1.5-29
F22										1.5-11		1.5-29
F26						4.2-10		4.2-20				
F28						4.2-10		4.2-20				
F30										1.5-11		1.5-29
F32						4.2-8		4.2-18				
F35		1.5-6		1.5-25						1.5-11		1.5-29
F40			1.5-14				4.2-28					
F44			1.5-15				4.2-27					
F45			1.5-15				4.2-27					
F46			1.5-15				4.2-27					
F50		1.5-7				4.2-12						
F51		1.5-7				4.2-12						
F60		1.5-7		1.5-25		4.2-14		4.2-23		1.5-11		1.5-30
F61				1.5-25								
F63		1.5-7		1.5-25		4.2-14		4.2-23		1.5-11		

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For PA and MA Individual Opening, Rejection (Denial), Sanction and Removal Codes

CODE	PA PAGE				MA PAGE				FS PAGE			
	AC	RJ	SN	CL	AC	RJ	SN	CL	AC	RJ	SN	CL
F66		1.5-7		1.5-25		4.2-13		4.2-22				
F68						4.2-8		4.2-18				
F75		1.5-7		1.5-25		4.2-14		4.2-23				
F76		1.5-7		1.5-26								
F81						4.2-11						
F84			1.5-15				4.2-28					
F85									1.5-11			1.5-30
F86									1.5-12			1.5-30
F87						4.2-8		4.2-18				
F88		1.5-8		1.5-26								
F89						4.2-9		4.2-19				
F90									1.5-12			1.5-30
F91									1.5-12			1.5-30
F92		1.5-8		1.5-26		4.2-11	4.2-21	4.2-25	1.5-12			1.5-30
F93		1.5-8		1.5-26		4.2-11	4.2-21	4.2-25				
F94									1.5-12			1.5-30
F95									1.5-12			1.5-30
H01						4.2-15						
H02								4.2-24				
M33		1.5-8		1.5-26								
M97		1.5-8		1.5-26		4.2-13		4.2-22	1.5-12			1.5-30
M98		1.5-9		1.5-27		4.2-13		4.2-22	1.5-12			1.5-31
M99		1.5-9		1.5-27		4.2-13		4.2-22	1.5-12			1.5-31
N20			1.5-16									
N31		1.5-9							1.5-12			
N32									1.5-13			
N33									1.5-13			
N41			1.5-16								1.5-22	
N42			1.5-16								1.5-22	
N43			1.5-16								1.5-22	
N44		1.5-9		1.5-27								
N49		1.5-9		1.5-27								
N50		1.5-10		1.5-27								
N66		1.5-10		1.5-28		4.2-13		4.2-22	1.5-13			1.5-31
N90									1.5-13			1.5-31
U44		1.5-10		1.5-28								
V30			1.5-17									
V97						4.2-11		4.2-21				
W40			1.5-17									
X40						4.2-15		4.2-24				
X43						4.2-15		4.2-24				
X44						4.2-15		4.2-24				
Y84						4.2-15		4.2-21				
Y97				1.5-28								
Y98		1.5-10		1.5-28		4.2-16		4.2-25				
Y99		1.5-10		1.5-28		4.2-16		4.2-25	1.5-13			1.5-31

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For PA and MA Opening, Rejection (Denial), Sanction and Removal Codes

CODE	PA PAGE				MA PAGE				FS PAGE			
	AC	RJ	SN	CL	AC	RJ	SN	CL	AC	RJ	SN	CL
064	1.5-3								1.5-4			
96	1.5-3											
97	1.5-3											
067					4.2-6							
068					4.2-6							
069					4.2-6							
074					4.2-6							
101	1.5-3											
114	1.5-3								1.5-4			
670					4.2-6							
671					4.2-6							
920					4.2-6							
921				1.5-28	4.2-6							
968												1.5-31
A2	1.5-1											
A4					4.2-5							
A5	1.5-1											
C0	1.5-1											
C1	1.5-1											
C2	1.5-1											
C3	1.5-1											
C4	1.5-1											
D0	1.5-1											
D5	1.5-1											
D6	1.5-1											
D7	1.5-2											
D8	1.5-2											
E5	1.5-2											
F0	1.5-2											
G0	1.5-2											
G5	1.5-2											
G6	1.5-2											
H0	1.5-2											
H5	1.5-2											
I0	1.5-2											
I1	1.5-2											
I2	1.5-3											
I3	1.5-3											
I4					4.2-5							
I5					4.2-5							
I9					4.2-5							
J0					4.2-5							
J1					4.2-5							
J2					4.2-5							

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For PA and MA Individual Opening, Rejection (Denial), Sanction and Removal Codes

CODE	PA PAGE				MA PAGE				FS PAGE			
	AC	RJ	SN	CL	AC	RJ	SN	CL	AC	RJ	SN	CL
GX1			1.5-15				4.2-27					
GX2			1.5-15				4.2-27					
GX3			1.5-15				4.2-27					
NF1											1.5-22	
NF2											1.5-22	
VE1			1.5-16									
VE2			1.5-16									
VE3			1.5-16									
W12		1.5-10		1.5-28								
WC1			1.5-17									
WC2			1.5-17									
WE1			1.5-17								1.5-22	
WE2			1.5-17								1.5-22	
WE3			1.5-17								1.5-22	
WF1											1.5-23	
WF2											1.5-23	
WF3											1.5-23	
WS1			1.5-18									
WS2			1.5-18									
WS3			1.5-19									
WS4			1.5-19									
WS5			1.5-20									
WS6			1.5-20									
WS7			1.5-21									
WS8			1.5-21									

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