

# **WELFARE MANAGEMENT SYSTEM**

## **WORKER'S GUIDE TO CODES**

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NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

AND

NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF MEDICAID  
MANAGEMENT

**Written By**

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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.

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**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 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)

**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 CODES (LANG)**

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

**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.

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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 Actio
- T Timely, No Notice
- A Adequate, No Notice
- R Reissuance of a Notice that was previously sent

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 CODES (LANG) - 255**

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

**LANGUAGE READ CODES (LANG READ) – 281**

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

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**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

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**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) and MA (MA: REAS - 241)

<u>CODE</u>	<u>CATEGORY</u>	
002	ALL	<u>Illness, injury, or impairment of recipient.</u>  <b>PA: SNFP/SNCA/SNNC: 18NYCRR 370.2 (a) FA: 18NYCRR 369.2 (g)</b> <b>MA: 360-3</b>
005	FA/SNFP SNCA/SNNC	<u>Lay-Off, discharge or other reason.</u>  <b>PA: SNFP/SNCA/SNNC: 18NYCRR 370.2 (a)</b> <b>FA: 18NYCRR 369.2 (g) 352.31 MA: 360-3</b>
008	ALL	Case accepted for Single Issue payments that have been ordered by a Fair Hearing decision. <u>MA will remain in AP status.</u>  <b>PA: Not applicable MA: Not applicable</b>
009	SNFP/SNCA <u>SNNC/EAF</u>	Case accepted only for emergency shelter arrears and/or emergency utility arrears which applicant agrees to repay. <b>MA will remain in AP status</b>  <b>PA: 18NYCRR 352.7 (g) (4) MA: Not applicable</b>
010	FA/SNFP	Illness, injury or other impairment of FA father.  <b>PA: 18NYCRR 369.2 (g); 352.31 MA: 360-3</b>
011	FA/SNFP	Illness, injury or other impairment of FA mother.  <b>PA: 18NYCRR 369.2 (g) 352.31 MA: 360-3</b>
020	ALL	Loss of or reduction in support of child due to death of parent.  <b>PA: 369.2 (g), 352.31 MA: 360-3</b>
021	FA/SNFP	Leaving home by parent and stopping or reducing support for reason of divorce.  <b>PA: 369.2 (g), 352.31 MA: 360-3</b>
022	ALL	Leaving home by parent and stopping or reducing support for reason of separation.  <b>PA: 369.2 (g), 352.31 MA: 360-3</b>



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CASE REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 222) and MA (MA: REAS - 241) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
023	ALL	Leaving home by parent and stopping or reducing support for reason of desertion.  <b>PA: 369.2 (g), 352.31</b> <b>MA: 360-3</b>
024	ALL	Leaving home by parent and stopping or reducing support for reason of other (hospital, prison).  <b>PA: 369.2 (g), 352.310</b> <b>MA: 360-3</b>
030	ALL	Loss of or reduction in support from person outside home. (FA father absent throughout 6 months preceding application).  <b>PA: 369.2 (g), 352.31</b> <b>MA: 360-3</b>
033	ALL	Case accepted for immediate needs (pre-investigation), pre-determination grants and one shot deals.  <b>PA: 351.8 (c) (4)</b> <b>MA: 360-3</b>
035	ALL	Loss of or reduction in support from other person in home as a result of death.  <b>PA: 352.1, 352.29 (b)</b> <b>MA: 360-3</b>
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.).  <b>PA: 352.1, 352.29 (b)</b> <b>MA: 360-3</b>
037	ALL	Loss of or reduction in support from other person in home as a result of illness, injury or other impairment.  <b>PA: 352.1, 352.29 (b)</b> <b>MA: 360-3</b>
038	ALL	Loss of or reduction in support from other person in home as a result of lay-off, discharge or other reason.  <b>PA: 352.1, 352.29 (b)</b> <b>MA: 360-3</b>

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CASE REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 222) and MA (MA: REAS - 241) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
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.  <b>PA: 352.1, 352.29 (b)</b> <b>MA: 360-3</b>
045	ALL	Loss of or reduction in support from other person in home as a result of loss of or reduction in other income  <b>PA: 352.1, 352.29 (b)</b> <b>MA: 360-3</b>
050	ALL	Loss of or reduction in support from other person in home as a result of other material changes.  <b>PA: 352.1, 352.29 (b)</b> <b>MA: 360-3</b>
060	ALL	Change in state law or agency policy increase need because of:  <b>PA: 352.1 (Additional regulatory citations may be necessary depending on the reason for the change)</b> <b>MA: 360-3</b>
065	ALL	Return of recipient or relative (ill or previously institutionalized).  <b>PA: 352.30</b> <b>MA: 360-3</b>
066	ALL	Closed in Error. (Employment Unit approval is needed if case was closed due to an Employment related reason.)  <b>PA: 352.1</b> <b>MA: 360-3</b>
070	ALL	Living below agency standards.  <b>PA: 352.1, 352.29 (b)</b> <b>MA: 360-3</b>
075	ALL	Other.  <b>PA: The regulatory citation would depend on the circumstances</b> <b>MA: 360-3</b>
080	FA/SNFP	Transfer from Family Assistance or Safety Net Federal Participation  <b>PA: 355.5, 370.2 (e)</b> <b>MA: 360-3</b>

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CASE REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 222) and MA (MA: REAS - 241) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
081	FA/SNFP	Transfer from Safety Net Cash Assistance.  <b>PA: 355.5, 369.2</b> <b>MA: 360-3</b>
082	ALL	Transfer from Emergency Assistance to Families.  <b>PA: 370.2 (a), 369.2</b> <b>MA: 360</b>
097	ALL	Aid Continuing-Case Awaiting Fair Hearing decision.  <b>No Notice Required</b>
098	ALL	Employment Unit Approved Override with documentation that allows the opening of CvB or JOB Search closings or sanctions during the infraction period.  <b>No Notice Required</b> <b>To be used if:</b> <ol style="list-style-type: none"><li>1. Client was incarcerated</li><li>2. Client was hospitalized</li><li>3. There had been a change of address</li><li>4. Fair Hearing decision reversed and OES closing</li></ol>
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 ( <b>Manual Notice Required</b> ).  <b>PA: 18NYCRR 359.9 (a), 352.30 (g)</b> <b>MA: SSL 366 (1) (a) (1)</b>
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.  <b>No Notice Required</b>
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.  <b>No Notice Required</b>

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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.  <b>360-3</b>
088	ALL	Disabled child/children receiving medical/nursing care at home.  <b>360-3</b>
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.  <b>360-3</b>
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.  <b>360-3</b>
091	FA/SNFP SSI Related	Medical bills equal to or greater than excess income.  <b>360-4.8 (c)</b>
093	MA SSI	SSI new opening on SDX, determined eligible for MA-SSI. (Case Type 22)  <b>360-3</b>
094	ALL	Medical need – no recent change in financial circumstances.  <b>360-3</b>
095	ALL	Administrative.  <b>360-3</b>

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CASE REASON CODES (CONT'D)

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

<u>CODE</u>	<u>REASON</u>
099	Meeting eligibility requirements  <b>387.14, 387.15</b>  or  Expedited FS benefits <b>387.8</b>
114	Override Opening Code - Prior Sanction History Remains To be used to override a sanction without deleting prior infraction record.
901	Override code to reopen case closed with Transitional FS.  <b>387.8</b>

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CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222)

<u>CODE</u>	<u>CATEGORY</u>	
057	ALL	<b><u>Failure of All Household Members to Apply</u></b> 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. <b>NAME</b> refused to apply for public assistance so your household is ineligible for public assistance. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 352.30; MA: 360-2.6</b>
109	ALL	<b><u>Diverted from PA by Agency/Contractor Efforts</u></b> No notice will be issued.
118	SNCA/SNNC	<b><u>Failed to Comply with the Automated Finger Imaging System (AFIS) Requirements</u></b> You refused to comply with the Automated Finger Imaging system (AFIS) requirements. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: See 18 NYCRR 351.2; MA: 360-2.6</b>
119	ALL	<b><u>Duplicate Assistance Within NYS (This Code is Used when there has been an Automated Finger Imaging Match (AFIS))</u></b> You are not eligible to receive public assistance because your identity matches another person who is receiving public assistance. <b>MA status RJ, FS status RJ</b>  <b>PA: 351.8 (a) (2) (i), 351.1 (b) (2) (ii), 351.2, 351.9; MA: 360-2.2 (e), (f)</b>
122	FA/SNFP	<b><u>Failed to Comply with the Automated Finger Imaging System (AFIS)</u></b> You refused to comply with the Automated Finger Imaging System (AFIS) requirements. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: See 18 NYCRR 351.2; MA: 360-2.6</b>
123	SNCA/SNNC	<b><u>Non-Qualified Alien Emergency Medical Condition - Excess Income (SNCA/SNNC Related)</u></b> The non-qualified alien's household income exceeds the standard based on household size. <b>MA status RJ, FS Separate Determination</b>  <b>PA: 18 NYCRR 352.29; MA: SSL Section 122, 18 NYCRR 360-4.8</b>

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CASE REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
124	SNCA/SNNC	<p><b><u>Non-Qualified Alien Emergency Medical Condition - Excess Resources (SNCA/SNNC Related)</u></b>                      The non-qualified alien's resources exceed the resource standard based on household's size.  <b>MA status RJ, FS Separate Determination</b></p> <p><b>PA: 18NYCRR 352.23; MA: SSL Section 122, 18 NYCRR 360-4.8</b></p>
125	FA/SNFP	<p><b><u>Non-Qualified Alien - Emergency Medical Condition - Excess Income and Resources (FA/SNFP Related)</u></b>                      The non-qualified alien's income and resources exceed the household standard based on household size.  <b>MA Separate Determination, FS Separate Determination</b></p> <p><b>PA: 18 NYCRR 352.29,352.23;                      MA: SSLSection 122,18 NYCRR 360-4.8</b></p>
126	FA/SNFP	<p><b><u>Qualified Alien Five Year Ban - Emergency Medical Condition Excess Income (FA/SNFP Related)</u></b>                      The qualified alien who has been in this country for less than five years has income that exceeds the household standard based on household size.  <b>MA Separate Determination, FS Separate Determination</b></p> <p><b>PA: 18 NYCRR 352.29, MA: SSL Section 122, 18 NYCRR 360-4.8</b></p>
127	FA/SNFP	<p><b><u>Qualified Alien Five Year Ban - Emergency Medical Condition Excess Resources (FA/SNFP Related).</u></b>                      The qualified alien who has been in this country for less than five years has resources that exceed the resource standard base on household size.  <b>MA Separate Determination, FS Separate Determination</b></p> <p><b>PA: 18 NYCRR 352.23; MA: SSL Section 122, 18 NYCRR 360-4.8</b></p>
201	ALL	<p><b><u>Excess Income.</u></b>                      Your income is sufficient to meet the budgetary needs of your family unit.  <b>MA Separate Determination, FS Separate Determination</b></p> <p><b>PA: 18 NYCRR 352.29, 352.1, 352.2, 352.3; MA: 360-2.2</b></p>
202	SNCA/SNNC	<p><b><u>Excess Income.</u></b>                      Your income is sufficient to meet the budgetary needs of your family unit.  <b>MA status RJ, FS Separate Determination</b></p> <p><b>PA: 18 NYCRR 352.29, 352.1, 352.2, 352.3;                      MA: 360-1.2, 360-2.2, 360-2.5</b></p>

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CASE REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
205	ALL	<b><u>Excess Resources (Includes Lump Sum Payments)</u></b> Your resources are sufficient to meet the budgetary needs of your family unit. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 18 NYCRR 352.23 (a) (b), 352.29 (h); MA: 360-2.2</b>
206	SNCA/SNCC	<b><u>Excess Resources (Includes Lump Sum Payments)</u></b> Your resources are sufficient to meet the budgetary needs of your family unit. <b>MA status RJ, FS Separate Determination</b>  <b>PA: 18 NYCRR 352.23 (a), (b), 352.29 (h); MA: 360-1.2, 360-2.2 360-2.5</b>
220	ALL	<b><u>Undocumented Alien</u></b> You failed to verify your citizenship or that you are an alien admitted for lawful permanent residence. <b>MA Separate Determination, FS status RJ</b>  <b>PA: 18 NYCRR 351.2 (h); MA: 360-3.2</b>
225	ALL	<b><u>Non Resident</u></b> We have determined that you are not a resident of this district. <b>MA status RJ, FS status RJ</b>  <b>PA: 18 NYCRR 351.2 (g); MA: 360-3.2</b>
230	ALL	<b><u>Failure to Sign a Treatment Program Consent Form</u></b> You failed to sign the required consent form for disclosure of your non-medical records from your residential substance abuse treatment program. Therefore, your eligibility for public assistance cannot be determined. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 18 NYCRR 351.2 (e), 370.2, 385.2, 385.19; MA: 360-2.2</b>
231	ALL	<b><u>Recovery, Lien Assignment Homestead</u></b> You failed to comply with our policies regarding assignment or utilization of your non-exempt property. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 18 NYCRR 352.27 (a); MA: 360-2.2</b>



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CASE REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
240	ALL	<b><u>Refuses to Register or Seek Work</u></b> You refused to register with the New York State Employment Service. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 12 NYCRR 1300.9 (e), (1-3), 1300.9 (e) (5) (i), 1300.11, 1300.12</b> <b>MA: 360-2.2</b>
245	ALL	<b><u>Failed to Keep EVR Appointment</u></b> You failed to keep an appointment with the eligibility Verification Review Program EVR or failed to contact the EVR program to keep your appointment. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 18 NYCRR 351.1; MA: 360-1.2, 360-2.2, 360-2.3</b>
246	ALL	<b><u>Ineligible Based on EVR Evaluation</u></b> Based on the reasons for rejection in the Eligibility Verification Review (EVR) report select the appropriate rejections language and citations from the WGC manual, which match the rejection reason. A separate determination is required for Food Stamps unless the ineligibility reason also renders the client ineligible for food stamps. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 351.1; MA: 360-1.2, 360-2.2, 360-2.3</b>
250	ALL	<b><u>Refuses Other Source of Employment Offered</u></b> You refused to accept an offer of employment. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 12 NYCRR 1300.9 (e) (1-3), 1300.9 (e) (5) (i), 1300.11, 1300.12; MA: 360-1.2, 360-3.3</b>
255	ALL	<b><u>Refuses to Accept Training or Education</u></b> You refused to accept a referral to a training or education program. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 12 NYCRR 1300.9 (a) (8-10), 1300-9 (e) (14), 1300.9 (c), 1300.11, 1300.12; MA: 360-1.2, 360-3.3</b>

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CASE REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
265	ALL	<b><u>Unable to Locate</u></b> Your present whereabouts are unknown. <b>MA status RJ, FS status RJ</b>  <b>PA: 18 NYCRR 351.8 (a) (3) (ii); MA: 351.1,360.2</b>
270	ALL	<b><u>Moved Out of District</u></b> You have permanently moved outside this district. <b>MA status RJ, FS status RJ</b>  <b>PA: 18 NYCRR 311.3; MA: 311.3, 360-1.2, 360-2.5 MA: 311.3, 360-1.2, 360-2.5</b>
275	ALL	<b><u>Death Before Determination: No Outstanding Medical Bills</u></b> We have determined that the applicant is deceased and there are no outstanding medical bills. <b>MA status RJ, FS status RJ</b>  <b>PA: 18 NYCRR 351.8 (a) (3) (ii); MA status 360-2.2</b>
276	ALL	<b><u>Death Before Determination: Outstanding Medical Bills</u></b> We have determined that the applicant is deceased and there are outstanding medical bills. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: See 18 NYCRR 351.8 (a) (3) (ii); MA: 360-2.2</b>
277	SNCA/SNNC	<b><u>Non-Compliance with Outpatient Rehabilitation Program for Alcohol or Substance Abuse - (HH=1)</u></b> 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. <b>MA status RJ, FS Separate Determination</b>  <b>PA: See 18 NYCRR 351.2 (e), 370.2, 385.2, 385.19; MA: 360-3.4 (a) (3)</b>

Code 278- Output code for a 120-day sanction
Code 279- Output code for a 180-day sanction

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CASE REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
282	ALL	<p><b><u>Fleeing Felon - Probation or Parole Violator</u></b> You are ineligible to receive public assistance because you violated parole or probation or you are fleeing to avoid prosecution, custody or confinement after a felony conviction. <b>MA Separate Determination, FS status RJ</b></p> <p><b>PA: 18 NYCRR 351.2 (k) (3); MA: 360-2.6</b></p>
283	ALL	<p><b><u>Failure to Comply With Drug/Alcohol Screening</u></b> You are ineligible to receive public assistance because you did not take part in or complete the alcohol and/or substance abuse screening requirement. <b>MA status RJ, FS Separate Determination</b></p> <p><b>PA: 18 NYCRR 351.2 (i); MA: 360-2.6</b></p>
284	ALL	<p><b><u>Minor Failed to Complete High School Education</u></b> You are ineligible to receive public assistance because you are 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 educational or training program. <b>MA Separate Determination, FS Separate Determination</b></p> <p><b>PA: 351.2 (k) (1); MA: 360-2.6</b></p>
285	ALL	<p><b><u>Other</u></b> <b>MA Separate Determination, FS Separate Determination</b></p> <p><b>PA: No citation; MA: No citation</b></p>
286	ALL	<p><b><u>Other</u></b> <b>MA status RJ, FS Separate Determination</b></p> <p><b>PA: No citation; MA: No citation</b></p>
290	SNCA/SNNC	<p><b><u>Transferred Property for Purpose of Qualifying for Assistance</u></b> We have determined that you transferred property for the purpose of qualifying for assistance. <b>MA status RJ, FS Separate Determination</b></p> <p><b>PA: 18 NYCRR 370.2 (c) (6); MA: 360-1.2, 360-2.2, 360-2.5</b></p>

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CASE REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
291	ALL	<b><u>Refused to Provide Information: Employer Group Health Insurance Plan</u></b> You refused to provide information on the employer group health insurance plan. <b>MA status RJ, FS Separate Determination</b>  <b>PA: See 18 NYCRR 349.6; MA: 360-3.2</b>
292	ALL	<b><u>Refused to Enroll in Employer Group Health Insurance Plan</u></b> <b>MA status RJ, FS Separate Determination</b>  <b>PA: See 18 NYCRR 349.6; MA: 360-3.2</b>
293	ALL	<b><u>Refused to Provide Information: Other Than Employer Health Insurance Plan.</u></b> You refused to provide information other than an employer based group health insurance plan. <b>MA status RJ, FS Separate Determination</b>  <b>PA: See 18 NYCRR 351.2 (e) 352.23 (a); MA: 360-3.2</b>
294	ALL	<b><u>Refused to Enroll in Other Than Employer Based Group Health Insurance Plan</u></b> You refused to enroll in other than an employer based group insurance plan. <b>MA status RJ, FS Separate Determination</b>  <b>PA: See 18 NYCRR 351.2 (e), 352.23 (a); MA: 360-3.2</b>
307	ALL	<b><u>Receiving Multiple Benefits</u></b> 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. <b>MA Separate Determination, FS status RJ</b>  <b>PA: 18 NYCRR 351.2 (k) (2), 359.9 (d) (1); MA: 360-2.2</b>
308	FA/SNFP	<b><u>Refused Offer of a Home</u></b> You are ineligible to receive public assistance because you are unmarried less than 18 years old, either pregnant or residing with and providing care for a minor dependent child, and you refuse to live 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. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 18 NYCRR 369.2; MA: 360.26</b>

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CASE REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
319	ALL	<b><u>Other</u></b> Case not eligible for NPA/FS Separate Determination. <b>MA status RJ; FS status RJ</b>  <b>PA: No Citation; MA: No citation</b>
360	ALL	<b><u>Duplicate Assistance Within NYS</u></b> You are not eligible to receive public assistance because your identity matches another person who is receiving public assistance. <b>MA status Rj; FS status RJ</b>  <b>PA: 351.8 (a) (2) (I), 351.1 (b) (2) (ii), 351.2, 351.9; MA: 360-2.2 (e), (f)</b>
361	ALL	<b><u>Duplicate Assistance - Interstate</u></b> You are not eligible to receive public assistance because your identity matches another person who is receiving public assistance in another state. <b>MA status RJ, FS status RJ</b>  <b>PA: 18 NYCRR 351.8 (a), (2) (i), 351.1 (b) (2) (ii), 351.2, 351.9</b> <b>MA: 360-2.2 (e) (f)</b>
521	ALL	<b><u>6 Month 1st Offense – Less Than \$1,000 (HH=1) - MANUAL NOTICE</u></b> 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 1 <sup>st</sup> 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. <b>MA Separate Determination, FS Separate Determination</b>  <b>PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)</b> <b>FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</b>

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

<u>CODE</u>	<u>CATEGORY</u>	
522	ALL	<p><b><u>12 Months 2nd Offense-Less Than \$3,900 (HH=1) - MANUAL NOTICE</u></b> 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 2<sup>nd</sup> 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.</p> <p><b>MA Separate Determination, FS Separate Determination</b></p> <p><b>PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)</b> <b>FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</b></p>
523	ALL	<p><b><u>12 Months 1st Offense Between \$1,000 &amp; \$3,900 - (HH=1)</u></b> 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 1<sup>st</sup> 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.</p> <p><b>MA Separate Determination, FS Separate Determination</b></p> <p><b>PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)</b> <b>FS: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</b></p>

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

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

CODE  
524

CATEGORY  
ALL

**18 Months if 3<sup>rd</sup> Offense - (HH=1)**

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 3<sup>rd</sup> 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 Separate Determination, 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**

525

ALL

**18 Months if 1st Offense More Than \$3,900 - (HH=1)**

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 1<sup>st</sup> 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 Separate Determination, 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**

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CASE REASON CODES (CONT'D)

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

CODE  
526

CATEGORY  
ALL

**18 Months if 2<sup>nd</sup> Offense More Than \$3,900 - (HH=1)**

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 2<sup>nd</sup> 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 Separate Determination, 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**

527

ALL

**5 Years 4<sup>th</sup> or Subsequent Offense - (HH=1)**

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 4<sup>th</sup> 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 Separate Determination, 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**



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CASE REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
528	ALL	<p><b><u>Court Ordered Disqualification – (HH=1)</u></b> 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. 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. <b>MA Separate Determination, FS Separate Determination</b></p> <p><b>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</b></p>
625	ALL	<p><b><u>Failed to Furnish or Apply for a Social Security Number</u></b> We have determined that a member of your household who does not want public assistance but whose needs or income is being used to determine the household's eligibility, failed to furnish or apply for a Social Security Number. <b>MA Separate Determination, FS Separate Determination</b></p> <p><b>PA: 18 NYCRR 351.2 (c), 369.2 (b), 370.2 (d); MA: 360-1.2, 369.2, and 370.2</b></p>
F53	ALL	<p><b><u>Refusal by Parent to Apply for Child</u></b> Your application for public assistance is rejected because you refused to apply for a child in the household, under age 18 and not receiving SSI. <b>MA Separate Determination, FS Separate Determination.</b></p> <p><b>PA: 18 NYCRR 352.30(a)</b></p>
F98	ALL	<p><b><u>Client Request Childcare in Lieu of TA - PA Only</u></b> Your application for public assistance is rejected because you requested childcare in lieu of Temporary Assistance. <b>MA discontinued, FS Separate Determination.</b></p> <p><b>PA: 410-w of Social Service Law MA: 18NYCRR 360-2.6 FS: 18NYCRR 387.14 and 387.15</b></p>

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CASE REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
Y50	ALL	<b><u>Client Request To Withdraw Application (POS)</u></b> <b>(Adequate Notice)</b> Your application for public assistance is rejected because you requested to withdraw your application after the POS interview had begun. <b>MA discontinued, FS Separate Determination.</b>
Y94	ALL	<b><u>Client Request To Withdraw Application - PA Only (POS)</u></b> <b>(Adequate Notice)</b> Your application for public assistance is rejected because you requested to withdraw your application after the POS interview had begun. <b>MA Separate Determination, FS Separate Determination.</b>

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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. <b>387.7(a), 387.14(a)</b>
E29	Failure to Provide Verification, Alien Sponsor <b>18 NYCRR 387.8 (c), 387.9 (a) (7), 387.9 (b), 387.10, 387.14 (a)</b>
E30	Excess Income <b>18 NYCRR 387.17</b>
E61	Not a Resident of District <b>18 NYCRR 387.9 (a)</b>
E63	Not a Resident of State <b>18 NYCRR 387.9 (a)</b>
E70	Ineligible Boarder <b>18 NYCRR 387.1, 387.14 (a), 387.16 (b)</b>
E71	In Commercial Boarding Home <b>18 NYCRR 387.1</b>
E72	Institutionalized (HH=1) <b>18 NYCRR 387.1, 387.14 (a) (5)</b>
E74	Elderly/Disabled Ineligible for Separate Household Status <b>387.1</b>
E75	Refusal of Everyone in Household to Apply <b>387.1(w), 387.9(a)</b>
E76	Living with Child <b>18 NYCRR 387.1</b>
E77	Living with Parent <b>18 NYCRR 387.1</b>
E78	Living with Child's Other Parent <b>18 NYCRR 387.1</b>
E95	Died (HH=1) <b>18 NYCRR 387.1</b>
F15	Failure to Verify Date of Birth (HH=1) <b>18 NYCRR 387.1, 387.8 (c), 387.9 (a)</b>
F21	Failure to Apply/Provide SSN (HH=1) <b>18 NYCRR 387.9 (a), 387.10 (b), 387.16 (c)</b>

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

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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 <b>387.16(j)</b>
M66	Receiving FS in Another Case <b>387.1</b>
M67	Part of Another FS Application <b>387.1</b>
M88	Refusal to Comply with Finger Imaging Requirements <b>18 NYCRR 387.17</b>
M90	Client Request, Written or Face to Face <b>18 NYCRR 387.20</b>
M91	Client Request, Phone <b>18 NYCRR 387.20</b>
M97	Receiving Multiple Benefits (HH=1) <b>18 NYCRR 381.1</b>
M98	Duplicate Assistance (non-AFIS), in NYS (HH=1) <b>18 NYCRR 351.2 (a), 351.9</b>
M99	Duplicate Assistance (AFIS) in NYS (HH=1) <b>18 NYCRR 351.2 (a), 351.9</b>
N10	Failure to Keep/Complete Appointment <b>18 NYCRR 387.7 (a), 387.14 (a)</b>
N31	Voluntary Quit, 1st Occurrence (HH=1) <b>Department Regulation 387.13</b>
N32	Voluntary Quit, 2nd Occurrence (HH=1) <b>Department Regulation 387.13</b>
N33	Voluntary Quit, 3rd Occurrence (HH=1) <b>Department Regulation 387.13</b>
N66	Duplicate Assistance (non-AFIS), Interstate (HH=1) <b>18 NYCRR 351.2 (a), 351.9</b>
N90	IPV, Traded FS for Firearms, Ammunition, or Explosives (HH=1) <b>18 NYCRR 359.9</b>

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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) <b>18 NYCRR 359.9</b>
NF2	IPV: Purchased Illegal Drugs with FS, 2nd Violation (HH=1) <b>18 NYCRR 359.9</b>
R99	Referred to MAP for separate determination ( <b>SYSTEM GENERATED</b> )
U40	Excess Resources <b>18 NYCRR 387.17</b>
U41	Transfer of Resources <b>18 NYCRR 387.9 (a)</b>
U44	Excess Resources, Alien Sponsor's Resources <b>18 NYCRR 387.1, 387.9 (b), 387.10</b>
V21	Failure to Provide Verification <b>18 NYCRR 387.8 (c), 387.9 (a) (7), 387.14 (a)</b>
WE1	Failure to Comply with Employment Requirements, 1st Occurrence (HH=1) <b>12 NYCRR 1300.9</b>
WE2	Failure to Comply with Employment Requirements, 2nd Occurrence (HH=1) <b>12 NYCRR 1300.9</b>
WE3	Failure to Comply with Employment Requirements, 3rd Occurrence (HH=1) <b>12 NYCRR 1300.9, 18 NYCRR 359.9</b>
WF1	FS IPV Infraction, 1st Occurrence (HH=1) <b>Department Regulations 387.10, 359.3</b>
WF2	FS IPV Infraction, 2nd Occurrence (HH=1) <b>Department Regulations 387.10, 359.3</b>
WF3	FS IPV Infraction, 3rd Occurrence (HH=1) <b>Department Regulations 387.10, 359.3</b>
Y50	Client Request To Withdraw Application - PA Only (POS)
Y94	Client Request To Withdraw Application (POS)
Y99	Other

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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	<b><u>Excess Income (No TMA)</u></b> Public assistance has been discontinued because income exceeds household's budgeted needs. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 359.29; MA: 360-2.6; FS: 18 NYCRR 387.17</b>
E31	FA/SNFP	<b><u>Increased Earnings (TMA Eligible)</u></b> Public assistance has been discontinued due to increased earnings that exceed the household's budgeted needs. <b>MA continued for 6 months, FS continued (See Note).</b>  <b>PA: 18 NYCRR 359.29; MA: 360-2.6; FS: 18 NYCRR 387.17</b>
E32	ALL	<b><u>Excess Income - Increased Support Collection - (MA Extension)</u></b> Public assistance has been discontinued because the increase in the amount of support exceeds the household's budgeted needs. <b>MA continued for four months, FS continued (See Note).</b>  <b>PA: 18 NYCRR 352.29; MA: 360-3.3 (c); FS: 18 NYCRR 387.17</b>
E33	ALL	<b><u>Excess Income - Increased Earnings (TMA Guaranteed)</u></b> 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. <b>MA continued for six months, FS continued (See Note).</b>  <b>PA: 18 NYCRR 352.29; MA: 360 – 3.3; FS: 18 NYCRR 387.17</b>
E34	SNCA/SNNC	<b><u>Excess Income - Receipt of SSI (HH=1)</u></b> Public assistance has been discontinued because the SSI payment amount exceeds the household's budgeted needs. <b>MA continued, FS continued (See Note)</b>  <b>PA: 18 NYCRR 352.29; MA: 360 2.6; FS: 18 NYCRR 387.17</b>
E35	SNCA/SNNC	<b><u>Excess Income (No TMA)</u></b> Public assistance has been discontinued because income exceeds household's budgeted needs. <b>MA continued, FS continued (See Note)</b>  <b>PA: 18 NYCRR 352.29; MA: 360-2.6; FS: 18 NYCRR 387.17</b>

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



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

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

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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><b><u>Excess Income - COLA</u></b>                      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.  <b>MA continued, FS continued (See Note)</b></p> <p><b>PA: 18 NYCRR 352.29, 352.31, 352.32; MA: 360-2.2;                      FS: 18 NYCRR 387.17</b></p>
G40	SNCA/SNNC	<p><b><u>Excess Income - Budgeting Error</u></b>                      Public assistance has been discontinued because the case was opened in error due to an incorrect budget calculation.  <b>MA continued, FS continued (See Note)</b></p> <p><b>PA: 18 NYCRR 352.29; MA: 360-2.2; FS: 18 NYCRR 387.17</b></p>
G41	SNCA/SNNC	<p><b><u>Voluntary Quit or Reduced Earnings - Recipient (HH=1)</u></b>                      Public assistance has been discontinued because the client either quit a job or reduced earnings in order to receive public assistance.  <b>MA continued, FS Separate Determination.</b></p> <p><b>PA: 12NYCRR 1300.13; MA: 360-2.2; FS: 18 NYCRR 387.17</b></p>
N41	ALL	<p><b><u>Voluntary Quit 1st Occurrence 90 Days (HH=1)</u></b>                      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.  <b>MA discontinued; FS Continued</b></p> <p><b>PA: 12 NYCRR 1300.13 (a); MA: 360-2.6; FS: 18NYCRR 387.17</b></p>
N42	ALL	<p><b><u>Voluntary Quit 2nd Occurrence 150 Days (HH=1)</u></b>                      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.  <b>MA discontinued; FS Continued</b>  <b>PA: 12 NYCRR 1300.13 (a); MA: 360-2.6; FS: 18NYCRR 381.17</b></p>
N43	ALL	<p><b><u>Voluntary Quit 3rd and Subsequent Occurrences 180 Days (HH=1)</u></b>                      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.  <b>MA discontinued; FS Continued</b>  <b>PA: 12 NYCRR 1300.13 (a); MA: 360-2.6; FS: 18NYCRR 381.17</b></p>

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

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

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

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**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>	
E64	ALL	<b><u>Failure to Complete Eligibility Process</u></b> Public assistance has been discontinued because the client failed to keep an employment-related appointment. <b>MA continued, FS Separate Determination..</b>  PA: 18 NYCRR 351.2, 351.8 (a) (2) 351.2 (a); MA 360-3.3; FS: 18 NYCRR 387.8
E65	ALL	<b><u>Failure to Complete Employment Assessment (non-durational)</u></b> Public assistance has been discontinued because the client failed to keep an employment-related appointment. <b>MA continued, FS Separate Determination.</b>  PA: 18 NYCRR 351.2, 351.8 (a) (2) 351.21 (a); MA: 360-3.3; FS: 18 NYCRR 387.8
E92	ALL	<b><u>Failure to Provide Proof of Citizenship or Eligible Alien Status (HH=1)</u></b> Public assistance has been discontinued because the client proved neither citizenship nor legal residency. <b>MA continued, FS discontinued.</b>  PA: 18 NYCRR 349.3; MA: 360-2.6; FS: 18 NYCRR 387.1 387.9 (a)

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

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**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	<b><u>Failure to Apply for SSI (HH=1)</u></b> Public assistance has been discontinued because the client failed to apply for or complete an application for SSI. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.2; MA: 360-2.6; FS: 18 NYCRR 387.17</b>
F17	ALL	<b><u>Failure to Validate Incorrect SSN (HH=1)</u></b> Public assistance has been discontinued because the client failed to provide a valid SSN or prove that an application was filed. <b>MA discontinued, FS discontinued.</b>  <b>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)</b>
F19	ALL	<b><u>Refusal to Cooperate with Quality Control</u></b> Public assistance has been discontinued because the client did not cooperate with Quality Control reviewer. <b>MA continued, FS Separate Determination.</b>  <b>PA: 18 NYCRR 326.1, 351.22 (d); MA: 360-2.6; FS: 18 NYCRR 387.17</b>
F20	ALL	<b><u>Failure to Provide SSN (HH=1)</u></b> Public assistance has been discontinued because the client failed to provide a valid SSN or prove that they had applied for themselves or other members of the household. <b>MA continued, FS discontinued.</b>  <b>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)</b>
F40	ALL	<b><u>Failure to Enroll In a Group Health Plan (HH=1)</u></b> Public assistance has been discontinued because the client has failed to apply for and/or use group health insurance benefits. <b>MA discontinued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 349.6; MA: 360-2.2; FS: 18 NYCRR 387.8</b>

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

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**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	<b><u>Failure to Comply with Drug and /or Alcohol Screening (HH=1)</u></b> Public assistance has been discontinued because you did not take part in or complete the alcohol/substance abuse screening requirement. <b>MA discontinued, FS continued (See Note).</b>  PA: 18 NYCRR 351.2 (i); MA: 360-2.6; FS: 18 NYCRR 387.17
F45	SNCA/SNNC	<b><u>Failure to Comply with Drug and/or Alcohol Assessment (HH=1)</u></b>  Public assistance has been discontinued because you did not take part in or complete the alcohol/substance abuse screening requirement. <b>MA discontinued, FS continued (See Note).</b>  PA: 18 NYCRR 351.2 (i); MA: SSL 366(1) (a) (1); FS: 18NYCRR 387.17
F46	SNCA/SNNC	<b><u>Failure to Sign or Revoked the Treatment Informational Consent Form (HH=1)</u></b> Public assistance has been discontinued because you did not sign or you revoked the consent for the release of treatment information to this department. <b>MA discontinued, FS continued (See Note).</b>  PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1); FS: 18 NYCRR 387.17
F53	ALL	<b><u>Refusal by Parent to Apply for Child</u></b> Public assistance has been discontinued because the client refused to apply for child in the household, under age 18 and not receiving SSI. <b>MA continued, FS Separate Determination.</b>  PA: 18 NYCRR 352.30(a)
F76	ALL	<b><u>Minor Failed to Complete High School Education (HH=1)</u></b> 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. <b>MA continued, FS continued (See Note).</b>  PA: 18 NYCRR 351.2 (k); MA: 360-2.6; FS: 18 NYCRR 387.17

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

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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>	
F81	ALL	<b><u>Refused Photo ID (HH=1)</u></b> Public assistance has been discontinued because the client refused to have a photo identification card made. <b>MA continued, FS Separate Determination.</b>  <b>PA: 18 NYCRR 383.3; MA: 360-2.6; FS: 18 NYCRR 387.17</b>
F84	ALL	<b><u>Failure to Sign Lien (HH=1)</u></b> Public assistance has been discontinued because the client refused to sign a lien agreement on property. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 352.27; MA: 360-2.6; FS: 18 NYCRR 387.17</b>
GX1	ALL	<b><u>Failure to Take Part in Rehabilitation Program - First Offense(HH=1)</u></b> 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. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.2 (i); MA: 360-2.2 (d) 370.2; FS: 18 NYCRR 387.17</b>
<div style="border: 1px solid black; padding: 5px;"><p>Code <b>GX2</b>-Output code for a <u>120-day</u> sanction</p><p>Code <b>GX3</b>-Output code for a <u>180-day</u> sanction</p></div>		
G12	SNCA/SNNC	<b><u>Failure to Apply for SSI (HH=1)</u></b> Public assistance has been discontinued because the client failed to apply for or complete an application for SSI. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.2; MA: 360-2.2; FS: 18 NYCRR 387.17</b>
G19	ALL	<b><u>Refusal to Cooperate with Quality Control</u></b> Public assistance has been discontinued because the client did not cooperate with quality control reviewer. <b>MA continued, FS Separate Determination.</b>  <b>PA: 18 NYCRR 326.1, 351.22 (d); MA: SSL 366 (1) (a) (1)</b> <b>FS: 18 NYCRR 387.17</b>
M15	SNCA/SNNC	<b><u>Failure to Sign Repayment or Earnings Assignment</u></b> 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. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 370.2; MA: 360-2.2; FS: 18 NYCRR 387.17</b>

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

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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	<b><u>Failure to Respond to a Computer Match Call-In</u></b> Public assistance has been discontinued because the client failed to contact the office to discuss computer match information. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18NYCRR 351.22 (e); MA: 360-2.2; FS: 18NYCRR 387.8 (c), 387.14 (a)</b>
M44	SNCA/SNNC	<b><u>Failure to Get A Medical Statement (HH=1)</u></b> Public assistance has been discontinued because the recipient has failed to provide a medical statement from a medical professional. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.21 (f); MA: 360-2.2; FS: 18 NYCRR 387.17</b>
M88	SNCA/SNNC	<b><u>Failure to Comply with Finger Imaging Requirement (HH=1)</u></b> Public assistance has been discontinued because the client failed to comply with finger imaging requirements. <b>MA continued, FS discontinued</b>  <b>PA: 18 NYCRR 351.2 351.9; MA: 360-2.2; FS: 18 NYCRR 387.17</b>
N12	ALL	<b><u>Failure to Apply for or Use Benefits or Resources</u></b> Public assistance has been discontinued because the client failed to apply for or use available benefits or resources. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.2; MA: 360-2.2; FS: 18 NYCRR 387.17</b>
N14	ALL	<b><u>Household Member Failed to Apply</u></b> Public assistance has been discontinued because a member(s) of the household failed to apply for public assistance. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 352.30; MA: 360-2.6; FS: 18 NYCRR 387.17</b>

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



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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	<b><u>Failure to Contact Agency</u></b> Public assistance has been discontinued because the client failed to contact the agency regarding eligibility for assistance. <b>MA continued, FS Separate Determination.</b>  <b>PA: 18 NYCRR 351.22 (a); MA: 360-3.3; FS: 387.8</b>
N17	ALL	<b><u>Failure to Complete Eligibility Process</u></b> Public assistance has been discontinued because the client failed to keep an eligibility-related appointment. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.2, 351.8 (a) (2), 351.21 (a); MA: 360-3.3; FS: 18 NYCRR 387.8</b>
N20	ALL	<b><u>Failure to Notify of Minor's Temporary Absence (HH=1)</u></b> 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. <b>MA continued, FS Separate Determination.</b>  <b>PA: 18 NYCRR 349.4; MA: 360-2.6; FS: 387.17</b>
N88	FA/SNFP	<b><u>Failure to Comply with Finger Imaging Requirement</u></b> Public assistance has been discontinued because the client failed to comply with finger imaging requirements. <b>MA continued, FS discontinued.</b>  <b>PA: 18 NYCRR 351.2, 351.9; MA: 360-2.2; FS: 18 NYCRR 387.17</b>
W11	ALL	<b><u>Failure to Keep Appointment for Medical Assessment</u></b> Public assistance has been discontinued because the client failed to keep an examination appointment with a doctor we referred you to. <b>MA continued, FS Separate Determination.</b>  <b>351.2, 351.8(a)(2)</b>

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

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CASE REASON CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

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

CODE     CATEGORY  
VE1        ALL

Code **VE2**-Output code for a 150-day sanction  
Code **VE3**-Output code for a 180-day sanction

**Intentional Misrepresentation of a Disability (HH=1) 90 Day Sanction**  
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.**

**PA: 12NYCRR 1300.2 (d); MA: 18NYCRR 360-2.6; FS: 387.17**

W40        ALL

**Failure/Refusal to Become Employable (HH=1)**  
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.**

**PA: 12 NYCRR 1300.12 (a) (1); MA: 18 NYCRR 360-2.6  
FS 18 NYCRR 387.17**

WC1        SNCA

Code **WC2**-Output code for a 180-day sanction

**Failure to Comply with Employment Requirements Determined by the Refugee Service Agency (HH=1) 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 Separate Determination.**

**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**

WX1        FA/SNFP/  
              SNCA/SNNC

Code **WX2**-Output code for a 150-day sanction  
Code **WX3**-Output code for a 180-day sanction

**Failure to Comply with Employment Requirements – 90-Day Sanction - (SYSTEM GENERATED)**  
Public assistance has been discontinued because the client failed to keep an appointment to complete an employment assessment.  
**MA continued, FS Separate Determination.**

**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**

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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	<b><u>Unable to Locate</u></b> Public assistance has been discontinued because the client's whereabouts are unknown. <b>MA discontinued, FS discontinued.</b>  <b>PA: 18 NYCRR 351.22; MA: 360-2.2; FS: 18 NYCRR 387.9 (a)</b>
E66	ALL	<b><u>Not a Resident of the State</u></b> Public assistance has been discontinued because the client moved out of state. <b>MA discontinued, FS discontinued.</b>  <b>PA: 18 NYCRR 351.2 (g); MA: 360-3.5, FS: 18 NYCRR 387.9 (a)</b>
G61*	ALL	<b><u>Not a Resident of the District*</u></b> 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. <b>MA discontinued, FS discontinued.</b>  <b>PA: 18 NYCRR 351.2; MA: 360-2.2; FS: 18 NYCRR 387.17</b>
G62	ALL	<b><u>Moved out of District</u></b> Public assistance has been discontinued because the client has moved from New York City and did not request continuation of public assistance. <b>MA continued, FS discontinued.</b>  <b>PA: 18 NYCRR 311.3; MA: 351.2 (g) (1); FS: 18 NYCRR 387.9 (a)</b>

\* 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).

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**CASE REASON CODES (CONT'D)**  
**LIVING ARRANGEMENTS**

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

CODE	CATEGORY	
M48	SNCA/SNNC	<b><u>Refused Parent's Offer of a Home</u></b> 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. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 370.2; MA: 360-2.6; FS: 18 NYCRR 387.17</b>
M49	ALL	<b><u>Refused Offer of a Home</u></b> 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. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 369.2; MA: SSL 366 (1) (a) (1); FS: 18 NYCRR 387.17</b>
M50	ALL	<b><u>Refused Offer of a Home - Rejection of Claim that Housing Arrangement (s) Would Jeopardize Health and Safety</u></b> 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. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 369.2; MA: SSL 366 (1) (a) (1) FS: 18 NYCRR 387.17</b>

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

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

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

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

\* Adequate Notice

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CASE REASON CODES (CONT'D)

CLIENT REQUEST

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

CODE	CATEGORY	
F98	ALL	<b><u>Client Request Childcare in Lieu of TA - PA Only – (Verbal)</u></b> Public assistance has been discontinued because the client requests childcare in lieu of Temporary Assistance. <b>MA continued, FS Separate Determination.</b>
*G87	ALL	<b><u>Client Request - Eligibility Mail-Out</u></b> Public assistance has been discontinued because the client asked for the case to be closed on the returned Eligibility Mail Out form. <b>MA continued, FS discontinued.</b>  <b>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17</b>
*G88	ALL	<b><u>Client Request - PA, FS &amp; MA – (Written)</u></b> Public assistance has been discontinued because the client asked for the case to be closed in writing. <b>MA discontinued, FS discontinued.</b>  <b>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17</b>
*G89	ALL	<b><u>Client Request - PA &amp; MA – (Written)</u></b> Public assistance has been discontinued because the client wrote asking for the PA and MA portions of the case to be closed. <b>MA discontinued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.22 (a); MA: 360-2.6; FS: 18 NYCRR 387.17</b>
*G90	ALL	<b><u>Client Request - PA &amp; FS – (Written)</u></b> Public assistance has been discontinued because the client wrote asking that the PA and FS portions of the case be closed. <b>MA continued, FS discontinued.</b>  <b>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17</b>
*G92	ALL	<b><u>Client Request - PA Only – (Written)</u></b> Public assistance has been discontinued because the client wrote asking the PA portion of the case be closed. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17</b>

\* Adequate Notice

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

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CASE REASON CODES (CONT'D)

CLIENT REQUEST (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
G94	ALL	<b><u>Client Request - PA &amp; FS – (Verbal)</u></b> Public assistance has been discontinued because the client asked that the PA and FS portions of the case be closed. <b>MA continued, FS discontinued.</b>  <b>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18NYCRR 387.20</b>
G96	ALL	<b><u>Client Request - PA Only – (Verbal)</u></b> Public assistance has been discontinued because the client asked that the PA portion of the case be closed. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.20</b>
G97	ALL	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)  PA: 18 NYCRR 351.22 (e); MA360-3.3 (c); 18 NYCRR 387.17
G98	ALL	Client Request - PA, FS & MA – (Verbal) Public assistance has been discontinued because the client asked that the case be closed. MA discontinued, FS discontinued.  PA: 18 NYCRR 351.22; MA: 360-2.6; FS: 18 NYCRR 387.17
G99	ALL	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).  PA: 18 NYCRR 351.22 (e); MA: 360-2.6; FS: 18 NYCRR 387.17

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

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

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



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

\* 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.

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CASE REASON CODES (CONT'D)  
DUPLICATE ASSISTANCE

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

<u>CODE</u>	<u>CATEGORY</u>	
M97	ALL	<p><b><u>Receiving Multiple Benefits (HH=1)</u></b> 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. <b>MA discontinued, FS discontinued.</b></p> <p><b>PA: 18 NYCRR 351.2 (k) (2), 359.9 (d) (1); MA: 360-2.2</b> <b>FS: 351.2, 351.9</b></p>
*M98	ALL	<p><b><u>Duplicate Assistance - Non AFIS, In NYS</u></b> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in New York State. <b>MA discontinued, FS discontinued.</b></p> <p><b>PA: 351.8 (a) (2) (i) 351.1 (b) (2) (ii), 351.2, 351.9; MA: 360-2.2 (e), (f)</b> <b>FS: 351.2 (a) 351.9</b></p>
*M99	ALL	<p><b><u>Duplicate Assistance - AFIS, In NYS</u></b> Public assistance has been discontinued because the client's identify matches another person who is receiving public assistance in New York State. <b>MA discontinued, FS discontinued.</b></p> <p><b>This code us used when there has been an Automated Finger Imaging Automated Match (AFIS).</b></p> <p><b>PA: 351.9</b> <b>MA: 360-2.2 (e) (f); FS: 351.2 (a), 351.9</b></p>
N66	ALL	<p><b><u>Duplicate Assistance, Non - AFIS Interstate (HH=1)</u></b> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in another state. <b>MA discontinued, FS discontinued.</b></p> <p><b>PA: 18 NYCRR 351.9</b> <b>MA: 360-2.2 (e) (f); FS: 18 NYCRR 351.2 (a), 351.9</b></p>

\* Adequate

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**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	<b><u>Failed to Keep EVR Office Appointment</u></b> Public Assistance has been discontinued because the client failed to keep an office appointment with Eligibility Verification Review Investigator. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.4; MA: 360-2.2; FS: 18 NYCRR 387.17</b>
E19	ALL	<b><u>Failed to Keep BFI Appointment</u></b> Public assistance has been discontinued because the client failed to keep an office appointment with Bureau of Fraud Investigator. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.4; MA: 360-2.2; FS: 18 NYCRR 387.17</b>
F62	ALL	<b><u>Moved Out of District – EVR Only</u></b> Public assistance has been discontinued because the client has moved from New York City and did not request continuation of public assistance. <b>MA continued FS discontinued.</b>  <b>PA: 18 NYCRR 311.3; MA: 351.2 (g) (1); FS: 18 NYCRR 387.9 (a)</b>
*G01	ALL	<b><u>Failure to Provide Verification – (SYSTEM GENERATED)</u></b> Public assistance has been discontinued because the client failed to provide verification of mortgage, lease, or rent receipts to determine whether the case is eligible for public assistance. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</b>
*G02	ALL	<b><u>Failure to Provide Verification – (SYSTEM GENERATED)</u></b> Public assistance has been discontinued because the client failed to provide verification of driver's license, non-drivers photo ID, or military ID to determine whether the case is eligible for public assistance. <b>MA continued, FS Separate Determination.</b>  <b>PA: 18 NYCRR 351.6; MA: 360- 2.2; FS: 18 NYCRR 387.17</b>
G03*	ALL	<b><u>Failure to Provide Verification – (SYSTEM GENERATED)</u></b> Public assistance has been discontinued because the client failed to provide a deed, savings statement or bank book. <b>MA continued, FS continued (See Note).</b>  <b>PA: 18 NYCRR 351.6; MA: 360- 2.2; FS: 18 NYCRR 387.17</b>

\* 0 = zero

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

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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>	
*G04	ALL	<b><u>Failed to Provide Verification – (SYSTEM GENERATED)</u></b> Public assistance has been discontinued because the client failed to provide Naturalization papers or passport. <b>MA continued, FS Separate Determination.</b>  PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17
*G05	ALL	<b><u>Failed to Provide Verification – (SYSTEM GENERATED)</u></b> Public assistance has been discontinued because the client failed to provide water bill or utility bill. <b>MA continued, FS continued (See Note).</b>  PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17
*G06	ALL	<b><u>Failed to Provide Verification – (SYSTEM GENERATED)</u></b> Public assistance has been discontinued because the client failed to provide birth certificate, baptismal certificate, or adoption papers. <b>MA continued, FS continued (See Note).</b>  PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17
*G07	ALL	<b><u>Failed to Provide Verification – (SYSTEM GENERATED)</u></b> Public assistance has been discontinued because the client failed to provide a social security card. <b>MA continued, FS Separate Determination.</b>  PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17
*G08	ALL	<b><u>Failed to Provide Verification – (SYSTEM GENERATED)</u></b> Public assistance has been discontinued because the client failed to provide prison release papers. <b>MA continued, FS continued (See Note).</b>  PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17
*G09	ALL	<b><u>Failed to Provide Verification – (SYSTEM GENERATED)</u></b> Public assistance has been discontinued because the client failed to provide school attendance records. <b>MA continued, FS continued (See Note).</b>  PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17

\* 0 = zero

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

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**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><b><u>Failed to Respond to Two or More EVR Notices Left at Residence</u></b> Public assistance has been discontinued because the client failed to contact the agency regarding eligibility for assistance. <b>MA continued, FS continued (See Note).</b></p> <p><b>PA: 18 NYCRR 351.22 (a); MA: 360-3.3; FS: 18 NYCRR 387.8</b></p>
G17	ALL	<p><b><u>Several Attempts at Home Visit</u></b> 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. <b>MA continued, FS continued (See Note).</b></p> <p><b>PA: 18 NYCRR 351.28; MA: 360-2.6; 18 NYCRR 387.17; FS: 387.17</b></p>
G21	ALL	<p><b><u>Failure to Cooperate with EVR - Income</u></b> Public assistance has been discontinued because the client refused to answer questions regarding income. <b>MA continued, FS Separate Determination.</b></p> <p><b>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</b></p>
G22	ALL	<p><b><u>Failure to Cooperate with EVR - Assets</u></b> Public assistance has been discontinued because the client refused to answer questions regarding your assets. <b>MA continued, FS continued (See Note).</b></p> <p><b>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</b></p>
G23	ALL	<p><b><u>Failure to Cooperate with EVR - Residence</u></b> Public assistance has been discontinued because the client refused to answer questions regarding your residence. <b>MA continued, FS Separate Determination.</b></p> <p><b>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</b></p>
G24	ALL	<p><b><u>Failure to Cooperate with EVR - Legally Responsible Spouse</u></b> Public assistance has been discontinued because the client refused to answer questions regarding your legally responsible spouse. <b>MA continued, FS continued (See Note).</b></p> <p><b>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</b></p>

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

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

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

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**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>	
*G95	ALL	<p><b><u>Died - EVR Only (HH=1)</u></b>                      Public assistance has been discontinued because Eligibility Verification Review has determined that the individual is deceased.  <b>MA continued, FS discontinued.</b></p> <p><b>PA: 18 NYCRR 351.8; MA: 360-2.2; FS: 18 NYCRR 387.1</b></p>
N15	ALL	<p><b><u>Failure to Keep Appointment with EVR/FEDS Home Visit</u></b>                      Public assistance has been discontinued because the client failed to keep the appointment at the client's home with the agency investigator.  <b>MA continued, FS continued (See Note).</b></p> <p><b>PA: 18 NYCRR 351.4; MA: 360-2.2; FS: 18 NYCRR 387.17</b></p>
R10	ALL	<p><b><u>Failed to Keep FEDS Office Appointment with Agency Investigator</u></b>                      Public assistance has been discontinued because the client failed to keep an office appointment with the agency investigator.  <b>MA continued, FS continued (See Note).</b></p> <p><b>PA: 18 NYCRR 351.4; MA: 360-2.2; FS: 18 NYCRR 387.17</b></p>
R11	ALL	<p><b><u>Failed to Keep FEDS Office Appointment with Inspector General</u></b>                      Public assistance has been discontinued because the client failed to keep an office appointment with the Inspector General.  <b>MA continued, FS continued (See Note).</b></p> <p><b>PA: 18 NYCRR 351.4; MA: 360-2.2; FS: 18 NYCRR 387.17</b></p>
V50	ALL	<p><b><u>Failure to Verify - EVR</u></b>                      Public assistance has been discontinued because the client failed to provide EVR with information to determine whether the case is eligible for public assistance.  <b>MA continued, FS continued (See Note).</b></p> <p><b>PA: 18 NYCRR 351.6; MA: 360-2.2; FS: 18 NYCRR 387.17</b></p>
Y78	ALL	<p><b><u>Ineligible Based Upon EVR Evaluation – Manual Notice Required</u></b>                      Based on the reasons for rejection in the Eligibility Verification Review report select the appropriate closing language and citations from the WGC manual, which match the closing reason.</p> <p><b>MA continued. FS separate determination is required unless the reason for not being eligible also renders the client ineligible for FS.</b></p>

\* Adequate

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

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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>	
Y86	ALL	<b><u>Other Reason (EVR) – Manual Notice Required</u></b> To be used only for EVR closings. <b>Should only be used when reason for closing PA requires a FS Separate Determination</b> <b>MA continued, FS separate determination .</b>  PA: 18 NYCRR351.5, 351.6, 351.21; MA: 360-2; FS: 18 NYCRR 387.9
Y87	ALL	<b><u>Other Reason (EVR) – Manual Notice Required</u></b> To be used only for EVR closings. <b>MA continued, FS discontinued.</b>  PA: 18 NYCRR 351.5, 351.6, 351.21; MA: 360-2; FS: 18 NYCRR 387.9



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

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

CODE      CATEGORY  
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 1<sup>st</sup> 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

**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 2<sup>nd</sup> 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.

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CASE REASON CODES (CONT'D)

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

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

CODE      CATEGORY  
WS3        ALL

**12 Months 1st Offense Amt. Between \$1,000 & \$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 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.**

**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**

WS4        ALL

**18 Months if 3rd Offense (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 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.**

**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.

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CASE REASON CODES (CONT'D)

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

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

CODE  
WS5

CATEGORY  
ALL

**18 Months if 1st Offense More 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 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.**

**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**

WS6

ALL

**18 Months if 2nd Offense More 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 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.**

**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.

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CASE REASON CODES (CONT'D)

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

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

CODE      CATEGORY  
WS7        ALL

**5 Years 4th or Subsequent Offense (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 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.**

**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**

WS8        ALL

**Court Ordered Disqualification (HH=1)**

**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.**

**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.

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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	<b><u>Died (HH=1)</u></b> Public assistance has been discontinued because the only person receiving public assistance in the household has died. <b>MA discontinued, FS discontinued.</b>  PA: 18 NYCRR 351.8; MA: 360-2.2
F11	ALL	<b><u>Failure to Access Benefits (SYSTEM GENERATED)</u></b> Public assistance has been discontinued because at least two full months of benefits have not been used. <b>MA continued; FS continued (See Note).</b>  PA: 351.22; MA: 360-2.6; FS: 18 NYCRR 387.17
F35	ALL	<b><u>Fleeing Felon – Probation or Parole Violator (HH=1)</u></b> 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. <b>MA continued, FS discontinued.</b>  PA: 18 NYCRR 351.2 (k) (3); MA: 360-2.6; FS: 18 NYCRR 387.1
F92	ALL	<b><u>Ineligible Alien (HH=1) (Timely)</u></b> Close the case because the client is not an eligible alien.  18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
M68	ALL	<b><u>Added to Another Case</u></b> Public assistance has been discontinued because the client was added to another public assistance case. <b>MA discontinued, FS discontinued.</b>  PA: 18 NYCRR 352.1; MA: 360-2.6; FS: 18 NYCRR 387.1
Y93	ALL	<b><u>Case Number Change – No Notice Required</u></b> <b>MA discontinued, FS discontinued.</b>  PA: 18 NYCRR 355.5; MA: 360-2.2; FS: 18 NYCRR 387.1

\* Adequate

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

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

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

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

\* Adequate

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

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

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



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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. <b>18 NYCRR 387.8(c), 387.9 (a) (7), 387.9 (b), 387.10, 387.14 (a)</b>
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. <b>18 NYCRR 387.8 (c), 387.9 (a) (7), 387.9 (b), 387.10, 387.14 (a)</b>
E30		<u>Excess Income (Timely)</u> Close case when income exceeds the appropriate (gross and/or net) income eligibility limit. <b>18 NYCRR 387.10</b>
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. <b>18 NYCRR 387.10, 387.12, 387.15</b>

Edits

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

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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>
E76	R	<p><b><u>Living with Child (Recert Closing) (Adequate)</u></b>                      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.  <b>18 NYCRR 387.1</b></p>
E77	R	<p><b><u>Living With Parent (Recert Closing) (Adequate)</u></b>                      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.  <b>18 NYCRR 387.1</b></p>
E78	R	<p><b><u>Living with Child's Other Parent (Recert Closing) (Adequate)</u></b>                      Close case at recertification when a parent joins a household that consists of his/her child and the child's other parent.  <b>18 NYCRR 387.1</b></p>
E95		<p><b><u>Died (Adequate)</u></b>                      Close a one-person case due to death.  <b>18 NYCRR 387.1</b></p>
F15	R	<p><b><u>Failure to Verify Date of Birth (HH=1) (Adequate)</u></b>                      Close one-person case when the person fails to verify Date of Birth.  <b>18 NYCRR 387.1, 387.8 (c), 387.9 (a)</b></p>
F17		<p><b><u>Failure to Validate Incorrect Social Security Number (HH=1) (Timely)</u></b>                      Close a one person case when that person fails to validate a Social Security Number that the match with SSA records indicates is invalid.  <b>18 NYCRR 387.1, 387.8 (c), 387.9 (a), 387.10 (b), 387.16 (c)</b></p>
F19		<p><b><u>Refusal to Cooperate with Quality Control (Timely)</u></b>                      Close case for refusal to cooperate with a quality control review.  <b>18 NYCRR 387.9 (a) (7) (ii)</b></p>
F21	R	<p><b><u>Failure to Provide Social Security Number (Recert Closing) (HH=1) (Adequate)</u></b>                      Close case at recertification for failure to apply for or provide a Social Security number.  <b>18 NYCRR 387.9 (a), 387.10 (b), 387.16 (c)</b></p>
F22	R	<p><b><u>Failure to Verify Social Security Number (Recert Closing) (HH=1) (Adequate)</u></b>                      Close a one-person case when the person fails to verify their Social Security number.  <b>18 NYCRR 387.1, 387.8 (c), 387.9 (a)</b></p>

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>
F30		<b><u>Trafficking in FS Benefits of \$500 or more (HH=1) (Timely)</u></b> Close case permanently because the client has been convicted of trafficking in FS in the amount of \$500 or more. <b>18 NYCRR 359.9 (c)</b>
F35		<b><u>Fleeing Felon Probation/Parole Violator (HH=1) (Timely)</u></b> 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. <b>18 NYCRR 387.1</b>
F65	B	<b><u>Will Receive Food Stamp in a PA Case (Adequate)</u></b> Close case because all members are receiving FS in a PA case. <b>18 NYCRR 387.1</b>
F70	R	<b><u>Parental Control of Child (Adequate)</u></b> 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. <b>18 NYCRR 387.1</b>
F71	R	<b><u>Child Under Parental Control (Adequate)</u></b> 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. <b>18 NYCRR 387.1</b>
F85		<b><u>Refusal to Verify Alien Status (Timely)</u></b> Close the case because client (s) refused to verify alien status. <b>18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)</b>
F86	R	<b><u>Refusal to Verify Alien Status (Recert Closing) (Adequate)</u></b> Close the case because the client (s) refused to verify alien status at recertification. <b>18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)</b>

Edits

R- To be used at recertification only.

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>
F90		<b><u>Ineligible Student (HH=1) (Timely)</u></b> Close one-person case because the student does not meet the FS eligibility requirements. <b>18 NYCRR 387.1, 387.9 (a)</b>
F92		<b><u>Ineligible Alien (Timely)</u></b> Close the case because the client (s) is (are) not an eligible alien (s). <b>18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)</b>
F94		<b><u>Able Bodied Adult without Dependents (ABAWD) (HH=1) (Timely)</u></b> 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. <b>18 NYCRR 387.13 (n)</b>
F95		<b><u>Ineligible Alien for Food Assistance Program (Timely)</u></b> Close the case because the member of the household is an alien who is not eligible to participate in the Food Assistance Program. <b>18 NYC 388.3</b>
F96		<b><u>Opened in Error-Excess Income (Timely)</u></b> Close case that was opened in error, because of excess income. <b>18 NYCRR 387.10</b>
G53		<b><u>Failure to Return 6 Month Periodic Report – Proof (Timely)</u></b> Close case because the client failed to return the proof requested in the periodic report. <b>18 NYCRR 387.17</b>
I46	B	<b><u>Excess Resources - Elderly Person (s) not In Home (Timely)</u></b> 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. <b>18 NYCRR 387.1, 387.10 (a), 387.15</b>
J05		<b><u>Automatic FS Separate Determination – FS Default Code (At Recert) (System Generated)</u></b>
M20		<b><u>Failure to Provide Information During Certification Period (Timely)</u></b> Close case for refusal to cooperate/failure to provide requested information within the certification period. <b>18 NYCRR 387.8 (c), 387.9 (a) (7), 387.14 (a)</b>
M24		<b><u>Failure to Resolve a Computer Match (Adequate)</u></b> Close case for failure to resolve information received in a computer match. <b>18 NYCRR 387.8 (c), 387.14 (a)</b>

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>
M25		<b><u>Failure to respond to a Computer Match Call-In (Timely)</u></b> Close case for failure to respond to a request to contact the agency to discuss information received in a computer match. <b>18 NYCRR 387.8 (c), 387.14 (a)</b>
M26	B	<b><u>Failure to Provide Verification of Wage Match at Recertification (Adequate)</u></b> Close case at recertification for failure to provide verification of information received from a Wage Match. <b>18 NYCRR 387.8 (c), 387.14 (a)</b>
M27	B	<b><u>Failure to Provide Verification of UIB Match at Recertification (Adequate)</u></b> Close case at recertification for failure to provide verification of information received from a UIB match. <b>18 NYCRR 387.8 (c), 387.14 (a)</b>
M53		<b><u>Failed to Complete 6 Month Periodic Report - Partial Proof (Timely)</u></b> Close case because the recipient failed to provide complete proof of the statements made in the mailer. <b>18 NYCRR 387.17</b>
M68		<b><u>Added to another Food Stamp Case (Timely)</u></b> Close case because all members are receiving FS in another case. <b>18 NYCRR 387.1</b>
M88		<b><u>Failure to comply with Finger Imaging Requirements (Timely)</u></b> Close the case because the client (s) failed to comply with the finger imaging requirements. <b>18 NYCRR 387.17</b>
M90		<b><u>Client Request - Written or Verbal In Person (Adequate)</u></b> Close case at the client's written or verbal in person request. <b>18 NYCRR 387.20</b>
M91	B	<b><u>Client Request -Phone (Timely)</u></b> Close case at client's request made by phone. <b>18 NYCRR 387.20</b>
M97		<b><u>Receiving multiple Benefits (HH=1) (Timely)</u></b> 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. <b>18 NYCRR 381.1</b>

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		<b><u>Duplicate Assistance, Non-AFIS, In NYS (Adequate)</u></b> Close the case because the client's identity matches another person who is receiving Food Stamps in New York State. <b>18 NYCRR 351.2 (a), 351.9</b>
M99		<b><u>Duplicate Assistance, AFIS, In NYS (Adequate)</u></b> 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. <b>18 NYCRR 351.2 (a), 351.9</b>
N10	R	<b><u>Failure to Keep Appointment (Adequate)</u></b> 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. <b>18 NYCRR 387.7 (a), 387.14 (a)</b>
N18		<b><u>Failure to Validate Incorrect Social Security Number (Timely)</u></b> Close multi-person case for failure to validate a Social Security Number that match with Social Security Administration records that indicates is invalid. <b>18 NYCRR 387.1, 387.8 (c), 387.9 (a), 387.10 (b), 387.16 (c)</b>
N41	B	<b><u>Voluntary Quit (HH=1) (Timely) (1st Occurrence = 2 months)</u></b> 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. <b>12 NYCRR 1300.13</b>
N42	B	<b><u>Voluntary Quit (HH=1) (Timely) (2nd Occurrence = 4 months)</u></b> 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. <b>12 NYCRR 1300.13</b>
N43	B	<b><u>Voluntary Quit (HH=1) (Timely) (3rd Occurrence = 6 months)</u></b> 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. <b>12 NYCRR 1300.13</b>

Edits

R – To be used only at recertification.

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

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

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

Edits

R- To be used at recertification only.

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**RESERVED FOR EXPANSION**

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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]**

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**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

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**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
- \*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

**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.

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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
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 <sup>1</sup>	SNCA/SNNC	8/22/96 or later	5 years from date of entry
63	ALL	Date Converted to SN	None
67 <sup>2</sup>	SNCA/SNNC	8/22/96 or later	5 years from date of entry
88	ALL	Date Charge Expired	Indefinite

**TEENAGE SERVICE ACT INDICATOR (TASA) - 304**

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

<sup>1</sup> ACI Indicator of B, F, or K is required for code 60.

<sup>2</sup> ACI Indicator of G, O, S, or is required for code 67

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SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

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.
17	ALL	WE	Teen Parent Age 16-19 Without HS Diploma.
20	FA/SNFP SNCA/SNNC	WE WR/WE <sup>1</sup>	Mandatory Employable.
24	FA/SNFP SNCA/SNNC	WE/WA <sup>4</sup> WR/WE <sup>2</sup>	Pregnant - 4th Month or Beyond.
27	ALL	WE	Employed Full-Time - 30 Hours Per Week or More.
29	ALL	WE	Single Parent or Caretaker Relative of a child Under 6.
30	ALL	WE	Child Less Than 16 years Old.
31	ALL	WE	Exempted Parent or Caretaker of Child Under Age 1 on same PA Case.
32	ALL	WE	Advanced Age - 60 Years Old or Older.
34	ALL	WE	Exempted Parent or Caretaker of Child Under Age 1 Not on Same PA Case.
35	ALL	WE	In School Full-Time Between the Ages of 16 through 18.
36	ALL	WE	Incapacitated.

**FOR NPA/FS INDIVIDUALS IN A PA HOUSEHOLD:**

- <sup>1</sup> SNCA/SNNC individuals age 60 or older must be coded WE for Food Stamps.
- <sup>2</sup> 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.
- <sup>3</sup> 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.
- <sup>4</sup> If FA/SNFP and age is >5 and <18 or >49 and <60.



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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	Exempt - Needed in Home to Care for Incapacitated Household Member and no other individual is available or appropriate to provide such care.
41	ALL	WE	Temporary Illness - 3 Month Exemption.
42	ALL	WE	Temporary Incapacity - 6 Month Exemption.
43	ALL	WE	Incapacitated - SSI Application Filed.
44	ALL	WE	In Receipt of SSI and/or SSA Disability.
45	ALL	WE	Work Requirements Waived.
46	FA/SNFP SNCA/SNNC	WE WE <sup>1, 2</sup> /WA <sup>3</sup>	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-Time Limit Exemption
49	FA/SNFP	WE	Incapacitated-Time Limit Exemption (4 to 6 months exemption)
63	ALL	WE	Substance Abuser - In Rehabilitation or Waiting for Rehabilitation - EXEMPT.
64	ALL	WR	Substance Abuser - In Rehabilitation or Waiting for Rehabilitation - NON-EXEMPT.

FOR NPA/FS INDIVIDUALS IN A PA HOUSEHOLD:

- <sup>1</sup> SNCA/SNNC individuals age 60 or older must be coded WE for Food Stamps.
- <sup>2</sup> 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.
- <sup>3</sup> 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.

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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 due to medical reasons, including the period prior to the completion of the disability review procedure for individuals with alleged health related limitations.
73	ALL	WE	OVESID Participant. (Office of Vocational and Educational Services for Individuals with Disabilities).
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 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.

<sup>4</sup> Not applicable

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**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>
35	ALL	Child 18 expected to graduate by 19th birthday.
36	ALL	Incapacitated 30 days to 1 year.
38	ALL	Needed in home to care for incapacitated household member.
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

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**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

- A<sup>1</sup> Appropriate for referral to Office of Child Support Enforcement (OCSE)
- B<sup>1</sup> No Referral: Both parents in household (In-Wedlock)
- D<sup>1</sup> No referral: Absent parent deceased. Death has been verified either by Public Assistance staff or by Child Support staff.
- G<sup>1</sup> 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.
- K<sup>2</sup> Referral received by OCSE: Individual is now known to the Child Support Management System (CSMS). There is NO good cause.
- p<sup>1</sup> Referral: Good cause. Child support enforcement activity should proceed, without the involvement of the client.

<sup>1</sup> For these values the individual must be less than 21 years old.

<sup>2</sup> 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)**

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

- T<sup>1</sup> Temporarily no referral: Good cause claimed at the Office of Child Support Enforcement. Requires an investigation to determine whether child support enforcement activity may proceed.
- W<sup>2</sup> 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

<sup>1</sup> For these values the individual must be less than 21 years old.

<sup>2</sup> 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

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**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.

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**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

**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

\* These fields will not appear on the TAD. System values will be obtained from ancillary form LDSS-4718 Race/Ethnic Code Data Entry form



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**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) (PA Only)
- A County Specific Approved Exemption

**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

**FOOD ASSISTANCE PROGRAM (FAP) - 353**

- F Eligible For Food Assistance Program

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

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

\* 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 <b>PA: 355.5, 369.2; MA: 360-3</b>
I3	ALL	Adding newborn child PA/MA eligible from current date <b>Citations to be provided late</b>
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 <b>No Notice Issued.</b>
96	ALL	Client now willing to comply with departmental policy <b>Citations to be provided later</b>
97	ALL	Aid Continuing – Case awaiting Fair Hearing Decision (To be used with approval of OES) <b>No Notice Issued</b>
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 <b>PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1)</b>
114	ALL	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)

OPENING CODES – FS (FS: REAS - 351)

<u>CODE</u>	<u>VALUE</u>
LL	Meets Eligibility Requirements <b>387.14, 387.15</b>
LX	Override Code to reopen individual line closed with Transitional FS. <b>387.8</b>
LZ	Override Code to reopen individual line automatically sanctioned for an employment-related infraction.
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:

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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	<b><u>Institutionalized (HH=1)</u></b> Application for Public Assistance is denied because the client has been institutionalized. <b>MA See Note <sup>3</sup>; FS Status RJ.</b> <b>PA: 18 NYCRR 352.31(a) 370.2; MA: 360-2.2;</b> <b>FS: 18 NYCRR 387.1, 387.14 (a) (5)</b>
E73	ALL	<b><u>In Foster Care</u></b> 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. <b>MA Status RJ; FS Status RJ.</b> <b>PA: 18NYCRR 352.30 (a), 369.4 (c); MA: 360-2.6</b> <b>FS: 18 NYCRR 387.17</b>
E90	ALL	<b><u>Client Requested Removal from Case</u></b> Application for public assistance is denied because the client asked to be removed from the case. <b>MA Status RJ; FS Status RJ.</b> <b>PA: 18 NYCRR 352.22; MA: 360-2.2</b>
E94	ALL	<b><u>Receiving SSI</u></b> Application for public assistance is denied because the client's SSI payment amount exceeds the individual's budgeted needs. <b>MA Status RJ; FS Status RJ.</b> <b>PA: 18 NYCRR 352.29; MA: 360-2.6</b>
E95	ALL	<b><u>Died</u></b> Application for public assistance is denied because the client is deceased. <b>MA Status RJ; FS Status RJ.</b> <b>PA: 18 NYCRR 351.8; MA: 360-2.6</b>
F35	ALL	<b><u>Fleeing Felon - Probation or Parole Violator</u></b> 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. <b>MA Status AP; FS Status RJ.</b> <b>PA: 18 NYCRR 351.2 (k) (3); MA: 360-2.6</b>

Note:

<sup>3</sup> 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.

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INDIVIDUAL REASON CODES (CONT'D)

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

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



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INDIVIDUAL REASON CODES (CONT'D)

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

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

Note:

- <sup>1</sup> 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.
- <sup>3</sup> 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.

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INDIVIDUAL REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
M98	ALL	<p><b><u>Duplicate Assistance - Non AFIS In NYS</u></b> Application for public assistance is denied because the client's identify matches another person who is receiving public assistance in New York State. <b>MA Status RJ; FS Status RJ.</b> <b>PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</b></p>
M99	ALL	<p><b><u>Duplicate Assistance - AFIS In NYS</u></b> <b>This code is used when there has been an Automated Finger Imaging Match (AFIS)</b> Application for public assistance is denied because the client's identity matches another person who is receiving public assistance in New York State. <b>MA Status RJ; FS Status RJ.</b> <b>PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</b></p>
N31	ALL	<p><b><u>Voluntary Quit</u></b> 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. <b>MA Status AP; FS Status AP.</b> <b>PA: 12 NYCRR 1300.13 (a); MA: 366 (1)(a)(1)</b></p>
N44	ALL	<p><b><u>Fail to Get Medical Statement</u></b> Application for public assistance is denied because applicant failed to get medical statements to prove medical disability exists. <b>MA Status AP; FS Status AP.</b> <b>PA: 18 NYCRR 351.21 (f); MA: 360-2.6</b></p>
N49	ALL	<p><b><u>Minor Parent Refused Offer of a Home</u></b> 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. <b>MA Status AP; FS Status RJ.</b> <b>PA: 18 NYCRR 369.2; MA: 360-2.6</b></p>

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INDIVIDUAL REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
N50	ALL	<p><b><u>Minor Parent Refused Offer of a Home - Rejection of Claim that Housing Arrangement(s) would Jeopardize Health and Safety</u></b> 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. <b>MA Status AP, FS Status RJ.</b> <b>PA: 18 NYCRR 369.2; MA: 360-2.6</b></p>
N66	ALL	<p><b><u>Duplicate Assistance - Non AFIS, Interstate</u></b> Application for public assistance is denied because the client matches another person who is receiving public assistance in another state. <b>MA Status RJ; FS Status RJ.</b> <b>PA: 18 NYCRR 351.8 (a) (2) (i), 351.1 (b) (2) (ii), 351.2, 351.9;</b> <b>MA: 360-2.2 (e) (f)</b></p>
U44	FA	<p><b><u>Excess Resources - Deemed Resources of Alien Sponsor</u></b> Application for public assistance is denied because the total amount of resources of the alien sponsor exceeds the resource limit. <b>MA Status AP; FS Status AP.</b> <b>PA: 18 NYCRR 349.3, 352.33; MA: 360-2.6</b></p>
Y98	ALL	<p><b><u>Other – Manual Notice Required</u></b> This code is to be used if none of the other reason codes for denial are applicable. <b>MA Status RJ, FS Status AP.</b> <b>PA: Unknown; MA: 360-2.2</b></p>
Y99	ALL	<p><b><u>Other – Manual Notice Required</u></b> This code is to be used if none of the other reason codes for denial are applicable. <b>MA Status RJ, FS Status AP.</b> <b>PA: Unknown; MA: 360-3.3; FS: 18 NYCRR 387.17</b></p>

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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)

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INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – FS (FS: REAS - 351) (cont'd)

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

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INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – FS (FS: REAS - 351) (cont'd)

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

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INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331)

<u>CODE</u>	<u>CATEGORY</u>	
E21	ALL	<b><u>Failure to Provide Child's SSN</u></b> 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. <b>MA discontinued, FS discontinued.</b> <b>PA: (FA/SNFP) 18 NYCRR 369.2, (SNCA/SNNC) 370.2; MA: 360-2.6</b>
F12	ALL	<b><u>Failure to Apply for SSI</u></b> Public assistance has been discontinued because the client failed to apply for or complete an application for SSI <b>MA: See Note<sup>1</sup>; FS continued.</b> <b>PA: 18 NYCRR 351.2; MA: 360-2.6</b>
F17	ALL	<b><u>Failure to Validate Incorrect SSN</u></b> Note: Cannot be used for individuals with category codes 15,36,48. <b>MA discontinued, FS discontinued.</b> <b>PA: (SNCA/SNNC) 18 NYCRR 370.2, (FA/SNFP) 18 NYCRR 369.2;</b> <b>MA: 360-2.6</b>
F20	ALL	<b><u>Failure to Provide SSN</u></b> 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. <b>MA discontinued, FS discontinued.</b> <b>PA: (SNCA/SNNC) 18 NYCRR 370.2, (FA/ SNFP) 18 NYCRR 369.2;</b> <b>MA: 360-2.6</b>
F40	ALL	<b><u>Failure to Enroll in Group Health Plan</u></b> Public assistance has been discontinued because the client has failed to sign up and use group health insurance benefits. <b>MA discontinued, FS continued.</b> <b>PA: 18 NYCRR 349.6; MA: 360-2.2</b>

Note:

- <sup>1</sup> 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	<b><u>Failure to Comply with Drug and/or Alcohol Screening</u></b> Public assistance has been discontinued because the <b>NAME</b> did not take part in or complete the alcohol/substance abuse screening requirement. <b>MA See Note<sup>2</sup>, FS continued.</b> <b>PA: 18 NYCRR 351.2 (i); MA: 360-2.6</b>
F45	ALL	<b><u>Failure to Comply with Drug and/or Alcohol Assessment</u></b> Public assistance has been discontinued because <b>NAME</b> did not take part in or complete the alcohol/substance abuse assessment requirement. <b>MA See Note<sup>2</sup>, FS continued.</b> <b>PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1)</b>
F46	SNCA/SNNC	<b><u>Failure to Sign or Revoked the Treatment Informational Consent Form</u></b> Public assistance has been discontinued because you did not sign or you revoked the consent for the release of treatment information to this department. <b>MA discontinued, FS continued.</b> <b>PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1)</b>
F84	ALL	<b><u>Failure to Sign Lien</u></b> Public assistance has been discontinued because the client refused to sign a lien agreement on property. <b>MA See Note<sup>1</sup>, FS continued.</b> <b>PA: 18 NYCRR 352.27; MA: 360-2.6</b>
GX1	FA/SNFP	<b><u>Failure to Take Part in Rehabilitation Program – 1st Offense</u></b> 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. <b>MA See Note<sup>1</sup>, FS continued.</b> <b>PA: 18 NYCRR 351.2 (i); MA: 366 (1) (a) (1)</b>

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

Note:

- <sup>1</sup> 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.
- <sup>2</sup> 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)

<u>CODE</u>	<u>CATEGORY</u>	
N20	ALL	<p><b><u>Failure to Notify of Minors Temporary Absence</u></b> 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 <b>45</b> 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). <b>MA See Note<sup>1</sup>, FS continued</b> <b>PA: 18NYCRR 349.4, MA: 360-2.6</b></p>
N41	ALL	<p><b><u>Voluntary Quit 1st Occurrence</u></b> 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 <u>and</u> until compliance. <b>MA discontinued; FS Continued</b> <b>12 NYCRR 1300.13 (a); MA: 360-2.6</b></p>
N42	ALL	<p><b><u>Voluntary Quit 2nd Occurrence</u></b> 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 <u>and</u> until compliance; HH w/o child = 5 months <u>and</u> until compliance. <b>MA discontinued; FS Continued</b> <b>12 NYCRR 1300.13 (a); MA: 360-2.6</b></p>
N43	ALL	<p><b><u>Voluntary Quit 3rd Occurrence (and Subsequent)</u></b> 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 <u>and</u> until compliance; HH w/o child = 6 months <u>and</u> until compliance. <b>MA discontinued; FS Continued</b> <b>12 NYCRR 1300.13 (a); MA: 360-2.6</b></p>
VE1	ALL	<p><b><u>Intentional Misrepresentation of a Disability - 90 Day Sanction</u></b> 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. <b>MA See Note<sup>1</sup>, FS continued</b> <b>PA: 12 NYCRR 1300.2 (d) MA: 18NYCRR 360-2.6</b></p>

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

<sup>1</sup> 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>	
V30	ALL	<b><u>Failure to Comply with IV-D</u></b> This is because the client failed to meet the cooperation requirement of the child support enforcement program. <b>Budget Reduction Code. Case status will not change.</b> <b>MA continued; FS continued</b>  <b>PA: 18 NYCRR 369.2; MA: 18 NYCRR 360-2.6</b> <b>FS: 18 NYCRR 387.10, 387.12</b>
W40	ALL	<b><u>Failure/Refusal to Become Employable</u></b> This is because (Name) failed to report to a job interview, accept employment, or voluntarily quit a job they were referred to by the Refugee Service Agency. <b>MA See Note <sup>1</sup>, FS continued</b>  <b>PA: 12 NYCRR 1300.12 (a) (1); MA: 18NYCRR 360-2.6</b>
WC1	SNCA	<b><u>Failure to Comply with Employment Requirements Determined by the Refugee Service Agency 90 day sanction.</u></b> <b><u>(Manual Notice Required)</u></b> 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. <b>MA continued, FS continued</b>  <b>PA:18 NYCRR 373.6 (h); MA: 360-2.1, 360-2.2</b>
WE1	ALL	<b><u>Failure to Comply with Employment Requirements (1<sup>st</sup> Occurrence)</u></b> Individual failed to comply with employment requirements <b>If FA case or Safety Net case with children until compliance. Else 90-day sanction.</b> <b>MA See Note <sup>1</sup>; FS Continued</b>  <b>12 NYCRR 1300.9 (E); MA: 366 (1) (a) (1)</b>

Code WC2 - Output code for 180 day sanction

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

<sup>1</sup> 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      CATEGORY  
WS1        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 1<sup>st</sup> 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 <sup>1</sup>, 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 2<sup>nd</sup> 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 <sup>1</sup>, FS continued.**

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

<sup>1</sup> 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>	
WS3	ALL	<p><b><u>Orig. ID: EPF Only IPV - 12 Months 1st Offense Between \$1,000 &amp; \$3,900</u></b></p> <p>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 1<sup>st</sup> 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.</p> <p><b>MA See Note <sup>1</sup>; FS continued.</b></p> <p><b>PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)</b></p>
WS4	ALL	<p><b><u>Orig. ID: EPF Only IPV - 18 Months if 3rd Offense</u></b></p> <p>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 3<sup>rd</sup> 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.</p> <p><b>MA continued <sup>1</sup>; FS continued.</b></p> <p><b>PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)</b></p>

<sup>1</sup> 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  
WS5      CATEGORY  
            ALL

**Orig. ID: EPF Only IPV - 18 Months if 1st 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 1<sup>st</sup> 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 <sup>1</sup>, FS cont'd.**

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

WS6      ALL

**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 2<sup>nd</sup> 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 <sup>1</sup>; FS cont'd.**

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

<sup>1</sup> 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  
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 4<sup>th</sup> 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 <sup>1</sup>; 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 <sup>1</sup>; FS cont'd**

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

<sup>1</sup> 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 – FS (FS: REAS - 351)**

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

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**INDIVIDUAL REASON CODES (CONT'D)**

**SANCTION CODES – FS (FS: REAS - 351) (cont'd)**

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



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INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – PA (PA: REAS - 331)

<u>CODE</u>	<u>CATEGORY</u>	
E72	ALL	<b><u>Institutionalized</u></b> Public assistance has been discontinued because the client was admitted or committed to an institution. <b>MA discontinued, FS discontinued.</b> <b>PA: 18 NYCRR 352.31 (a); MA: 360-2.6</b>
E73	ALL	<b><u>In Foster Care</u></b> Public assistance has been discontinued because the child is in Foster Care and there is no plan for him/her to return home. <b>MA discontinued, FS continued.</b> <b>PA: 18 NYCRR 352.30, 369.4; MA: 360-1.2, 360-2, 360-3.3</b>
E90	ALL	<b><u>Client Requested Removal from Case</u></b> Public assistance has been discontinued because the client asked to be removed from the case. <b>MA discontinued, FS discontinued.</b> <b>PA: 18 NYCRR 352.22; MA: 360-2.2</b>
E94	ALL	<b><u>Receiving SSI</u></b> Public assistance has been discontinued because the client's SSI payment amount exceeds the individual's budgeted needs. <b>MA continued, FS continued.</b> <b>PA: 18 NYCRR 352.29; MA: 360-2.6</b>
E95	ALL	<b><u>Died</u></b> Public assistance is discontinued because the client is deceased. <b>MA discontinued, FS discontinued.</b> <b>PA: 18 NYCRR 351.8; MA: 360-2.6</b>
E96	FA/SNFP	<b><u>Failure to Apply for Public Assistance on Behalf of a Newborn</u></b> 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. <b>MA continued, FS discontinued.</b> <b>PA: 18NYCRR 366 (g); MA: Not Applicable</b>
E97	ALL	<b><u>Client Requested Removal from Case</u></b> Public assistance has been discontinued because the client asked to be removed from the case. <b>MA continued, FS discontinued.</b> <b>PA: 18 NYCRR 352.22; MA: 360-2.2</b>

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INDIVIDUAL REASON CODES (CONT'D)

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

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

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INDIVIDUAL REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
F76	ALL	<b><u>Minor Parent Not in School</u></b> 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. <b>MA continued, FS continued.</b> <b>PA: 18 NYCRR 351.2 (k) (4); MA: 360-2.6</b>
F88	ALL	<b><u>Failure to Comply With Finger Imaging Requirement - Non Legally Responsible Adult</u></b> Public assistance has been discontinued because of your failure to comply with finger imaging requirements. <b>MA continued, FS continued.</b> <b>PA: 18 NYCRR 351.2 351.9; MA: 360-2.2</b>
F92	ALL	<b><u>Failure to Provide Proof of Citizenship or Eligible Alien Status</u></b> Public assistance has been discontinued because the client failed to provide proof of citizenship or of being a legal alien resident. <b>MA continued, FS continued.</b> <b>PA: 18 NYCRR 349.3; MA: 360-2.6</b>
F93	ALL	<b><u>Failure/Refusal to Sign Citizenship/Alien Declaration</u></b> Application for public assistance is denied because the client failed to sign the citizenship or satisfactory alien status declaration on the application form. <b>MA Status RJ; FS Status RJ</b> <b>PA: 18 NYC 351.2 (h); MA: 18 NYCRR 360-2.6</b>
M33	FA/SNFP	<b><u>Excess Income - Deemed Income of Alien Sponsor</u></b> Public assistance has been discontinued because the deemed income of the alien sponsor exceeds the client's budgeted needs. <b>MA continued, FS continued.</b> <b>PA: 18 NYCRR 349.3 352.33; MA: 360-2.2</b>
M97	ALL	<b><u>Receiving Multiple Benefits</u></b> 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 <b><u>DATE</u></b> . <b>MA discontinued, FS discontinued.</b> <b>PA: 18 NYCRR 351.2 (i) (2), 359.9 (d) (1); MA: 366 (1) (a) (1)</b>

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INDIVIDUAL REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
M98	ALL	<p><b><u>Duplicate Assistance - Non AFIS In NYS</u></b> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in New York State. <b>MA discontinued, FS discontinued.</b> <b>PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</b></p>
M99	ALL	<p><b><u>Duplicate Assistance - AFIS In NYS</u></b> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in New York State. <b>MA discontinued, FS discontinued.</b> <b>This code is used when there has been an Automated Finger Imaging Match (AFIS)</b> <b>PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</b></p>
N44	ALL	<p><b><u>Fail to Get Medical Statement</u></b> Public Assistance has been discontinued because the client failed to get medical statements to prove medical disability exists. <b>MA Status RJ; FS Status AP.</b> <b>PA: 18 NYCRR 351.21 (f); MA: 360-2.6</b></p>
N49	ALL	<p><b><u>Minor Parent Refused Offer of a Home</u></b> 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. <b>MA continued, FS continued.</b> <b>PA: 18 NYCRR 369.2; MA: 360-2.6</b></p>
N50	ALL	<p><b><u>Refused Offer of a Home - Rejection of Claim that Housing Arrangement(s) would Jeopardize Health and Safety</u></b> 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. <b>MA continued, FS continued.</b> <b>PA: 18 NYCRR 369.2; MA: 360-2.6</b></p>

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INDIVIDUAL REASON CODES (CONT'D)

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

<u>CODE</u>	<u>CATEGORY</u>	
N66	ALL	<b><u>Duplicate Assistance - Non AFIS Interstate</u></b> Public assistance has been discontinued because the client matches another person who is receiving public assistance in another state. <b>MA discontinued, FS discontinued.</b>  <b>PA: 18 NYCRR 351.8 (a) (2) (i), 351.1 (b) (2) (ii), 351.2, 351.9;</b> <b>MA: 360-2.2 (e) (f)</b>
U44	FA	<b><u>Excess Resources - Deemed Resources of Alien Sponsor</u></b> Public assistance has been discontinued because the total amount of resources of the alien sponsor exceeds the resource limit. <b>MA continued, FS continued.</b>  <b>PA: 18 NYCRR 349.3, 352.33; MA: 360-2.6</b>
Y97	ALL	<b><u>Re-affiliated for FS purposes</u></b> <b>MA continued, FS continued.</b>  <b>PA: 351.21 (f); MA: 360-1.2, 360-2, 360-3.3</b>
Y98	ALL	<b><u>Other – Manual Notice Required</u></b> This code is to be used if none of the other reasons for closing a case are not applicable. <b>MA continued, FS continued.</b>  <b>PA: Unknown; MA: 360-2.2</b>
Y99	ALL	<b><u>Other – Manual Notice Required</u></b> This code is to be used if none of the other reasons for closing a case are applicable. <b>MA continued, FS continued.</b>  <b>PA: Unknown; MA: 360-3.3</b>
921	ALL	<b><u>Active Unborn Now Activated to Newborn</u></b> Public assistance has been discontinued because the unborn has been activated for MA/FS. <b>MA continued, FS continued.</b>  <b>This code is system generated when there has been an Automated Newborn Activation transaction.</b>

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**INDIVIDUAL REASON CODES (CONT'D)**

**REMOVAL CODES – FS (FS: REAS - 351)**

<u>CODE</u>	<u>VALUE</u>
E95	<b><u>Died</u></b> Case member dies. <b>18 NYCRR 387.1</b>
E96	<b><u>Failure to Apply for Food Stamps on Behalf of a Newborn</u></b> 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. <b>18 NYCRR 387.10, 387.12</b>
F15	<b><u>Failure to Verify Date of Birth</u></b> Client refuses to verify Date of Birth. <b>18 NYCRR 387.1, 387.8(c), 387.9(a)</b>
F21	<b><u>Failure to Provide Social Security Number during Recertification Interview</u></b> Client refuses to furnish a Social Security number, or refuses to apply for a Social Security number. <b>18 NYCRR 387.9(a), 387.10(b), 387.16(c)</b>
F22	<b><u>Failure to Verify Social Security Number</u></b> Client refuses to verify Social Security number <b>18 NYCRR 387.1, 387.8(c), 387.9(a)</b>
F30	<b><u>Trafficking in FS Benefits of \$500 or More</u></b> Close the line permanently because the client has been convicted of trafficking in FS in the amount of \$500 or more. <b>18 NYCRR 359.9(c)</b>
F35	<b><u>Fleeing Felon Probation/Parole Violator</u></b> 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. <b>18 NYCRR 387.1</b>

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**INDIVIDUAL REASON CODES (CONT'D)**

**REMOVAL CODES – FS (FS: REAS - 351) (cont'd)**

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

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INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – FS (FS: REAS - 351) (cont'd)

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



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**RESERVED FOR EXPANSION**

**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)

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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



**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)

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**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 I (NYC / Nassau / Suffolk / Westchester / Rockland)
- 16 Congregate Care Level II – 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

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**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 II
- 28 Congregate Care Level I-Rest of State
- 29 Congregate Care Level II-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 II Facility-NYC, Nassau, Suffolk, Westchester, and Rockland
- 32 Residential Treatment Center-Level II 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
- 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 (FSUA: 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

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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

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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)

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**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

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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

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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**



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**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
84	Individual In Care - FS Only
85	Individual in care
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>B</b>	Biweekly	<b>1</b>	Once per Month
<b>M</b>	Monthly	<b>2</b>	Twice per Month
<b>S</b>	Semi- Monthly	<b>3</b>	Three Times per Month
<b>W</b>	Weekly	<b>4</b>	Four Times per Month
<b>5</b>	Five Times per Month		

**PROGRAM INDICATOR CODE (PROG)**

<b>B</b>	Both PA and FS
<b>F</b>	FS Only
<b>P</b>	PA Only
<b>I</b>	PA Only (Ineligible Student)
<b>L</b>	Both PA and FS (LRR Individual)

**USAGE CODES (INCOME: U)**

1 through 7 Number of Boarder/Lodgers or Lodgers

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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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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

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**CHAPTER 3 -  
DATA ENTRY FORMS**

**PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575**

**PICK-UP CODES**

- 1 Special Roll Check
- 2 Pended Until 45<sup>th</sup> 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)**

<b><u>*CODE</u></b>	<b><u>TYPE OF ALLOWANCE</u></b>	<b><u>COMMENTS</u></b>
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 <b>DSS 3575</b> . 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)
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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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**PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)**

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

<b><u>*CODE</u></b>	<b><u>TYPE OF ALLOWANCE</u></b>	<b><u>COMMENTS</u></b>
09	RENT ONLY	Supplementation of current month or previous month(s) rent while in receipt of PA, or for a direct vendor Payment. 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 <b>DSS-3575</b> . Maybe authorized only once in a consecutive 12-month period. Consultant: Case Consultant (212) 331-5533 180 Water Street 21 <sup>st</sup> 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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**PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)**

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

<b><u>*CODE</u></b>	<b><u>TYPE OF ALLOWANCE</u></b>	<b><u>COMMENTS</u></b>
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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**PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)**

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

<b><u>*CODE</u></b>	<b><u>TYPE OF ALLOWANCE</u></b>	<b><u>COMMENTS</u></b>
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 <b>DSS-3575</b> . 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 <b>04</b> . <b>"Pre-Approval Needed from Center Director"</b>
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 <b>40</b> .

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

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

<b><u>*CODE</u></b>	<b><u>TYPE OF ALLOWANCE</u></b>	<b><u>COMMENTS</u></b>
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 <b>FH-1</b> 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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**PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)**

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

<b><u>*CODE</u></b>	<b><u>TYPE OF ALLOWANCE</u></b>	<b><u>COMMENTS</u></b>
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	
57	CHILD CARE ALLOWANCE FOR NON-PA, NON- LEGALLY RESPONSIBLE CARETAKER	
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	MAINTENANCE 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)
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**PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)**

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

<b><u>*CODE</u></b>	<b><u>TYPE OF ALLOWANCE</u></b>	<b><u>COMMENTS</u></b>
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)
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**PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)**

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

<b><u>*CODE</u></b>	<b><u>TYPE OF ALLOWANCE</u></b>	<b><u>COMMENTS</u></b>
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	
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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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.
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.

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

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

<b><u>*CODE</u></b>	<b><u>TYPE OF ALLOWANCE</u></b>	<b><u>COMMENTS</u></b>
F1	DAYCARE-IN-HOME NON RELATIVE-FULL TIME	
P1	DAYCARE-IN-HOME NON RELATIVE-PART TIME	
F2	DAYCARE-FAMILY HOME FULL TIME	
P2	DAYCARE-FAMILY HOME PART TIME	
F3	DAYCARE-GROUP FAMILY- FULL TIME	
P3	DAYCARE GROUP FAMILY PART TIME	
F4	DAYCARE CENTER FULL TIME	
P4	DAYCARE CENTER PART TIME	
F5	DAYCARE-IN-HOME RELATIVE-FULL TIME	
P5	DAYCARE-IN-HOME RELATIVE-PART TIME	
F6	INFORMAL CHILDCARE RELATIVE -FULL TIME	
P6	INFORMAL CHILDCARE- RELATIVE-PART TIME	

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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>
F7	INFORMAL CHILDCARE NON-RELATIVE FULL TIME	
P7	INFORMAL CHILDCARE NON RELATIVE-PART TIME	
F8	SCHOOL AGE CHILDCARE PROGRAM FULL TIME	For School age children four years of age and older.
P8	SCHOOL AGE CHILDCARE PROGRAM PART TIME	For school age children four years of age and older.
F9	LEGALLY OPERATING CENTER EXEMPT FROM LICENSING REQUIREMENTS FULL- TIME	
P9	LEGALLY OPERATING EXEMPT FROM LICENSING REQUIREMENTS PART TIME	
K3	CAP CHILD SUPPORT RECONCILIATION	Discontinued.
K4	CAP CHILDCARE	Discontinued.
K5	CAP GRANT	Discontinued.

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**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 and Westchester
- 16 Congregate Care Level 11 - State Certified - NYC, Nassau, Suffolk and Westchester
- 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 Facility -Non Level 11
- 28 Congregate Care Level 1- Rest of State
- 29 Congregate Care Level 11-State Certified -Rest of State
- 31 Residential Treatment Center-Level 11 Facility -NYC, Nassau, Suffolk and Westchester
- 32 Residential Treatment Center - Level 11 Facility - Rest of State
- 33 Homeless Shelter - Tier 1 or Tier 11 (Less than 3 meals Per Day)
- 34 Homeless Shelter - Tier 11 (3 meals per day)

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**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
- 41 Jiggets-Approved Excess Shelter

**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



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**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)
- 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)
- 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

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**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

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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

**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 | Opitical   | 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	BC EMPIRE
25	AIRFREIGHT WAREHOUSECORP
27	ALBANY INTERNATIONAL
28	ALLIED INTERNATIONAL UNION
29	ALLIED SECURITY HEALTH AND WELFARE
45	BS EMPIRE
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
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

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

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
62	CENTRUS
65	CHATWINS HEALTHCARE ADMINISTRATORS
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
A8	ALTA HEALTH STRATEGIES
A9	ACORDIA OF WESTERN PENNSYLVANIA
AA	ACCIDENT INSURANCE
AB	AETNA CASUALTY AND SURETY CO.
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	N. AMERICAN HEALTH PLAN
AK	ALLIED BENEFIT ADMINISTRATORS
AL	AMERICAN GROUP ADMIN
AM	AMERICORPS
AO	ALTA RX PRESCRIPTION DRUGS
AP	AARP
AS	ASSOC PLAN ADMIN INC (APA)
AU	AMERICAN MED. INS. CO.
AY	VIRGINIA SURETY COMPANY INC
AZ	AMERICAN PROGR.HLTH INS.CO.
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

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

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
B8	BC UTICA
B9	BS UTICA
BA	BANKER'S LIFE COMPANY
BB	BANKER'S MULTIPLE LIFE INS. CO.
BC	BC CENTRAL NEW YORK
BD	BC NE NY
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
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
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
CC	CONTINENTAL ASSURANCE COMPANY
CD	CONTINENTAL CASUALTY COMPANY
CE	BC/BS OF MICHIGAN
CH	CHUBB LIFE AMERICA
CI	COLONIAL PENN INSURANCE COMPANY
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.
CP	CHP OF BASSETT



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

**INSURER CODES (CONT'D)**

<u>CODES</u>	<u>VALUE</u>
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
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
DM	BLUE CHOICE:MEDICARE COST
DN	CHP ALBANY:MEDICARE COST
DO	CHP ALBANY:MEDICARE RISK
DP	DIVERSIFIED PHARMACEUTICAL SVC
DQ	CHP POUGHKEEPSIE:MEDICARE COST
DR	HIP GNY:MEDICARE COST
DS	HIP GNY:MEDICARE RISK
DT	UNIVERA PLAN:MEDICARE RISK
DU	UNIVERA PLAN:MEDICARE COST
DV	CAREMARK
DW	H M 0 BLUE PREFERRED
DX	DELTA DENTAL
E1	EQUICOR
E2	EMPLOYEE SECURITY FUND
E3	ELM-CO AGENCY INC
E5	EXPRESS SCRIPTS
E6	PARTNERS HEALTH PLAN
EA	EMPIRE ST. MUT.LIFE INS. CO.
EB	EQUITABLE LIFE ASSURANCE CO
EC	EMPL. MUT. LIAB. INS. CO./WIS.

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INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
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
EL	BS/NENY:SR.BLUE
EZ	BC EMPIRE BLUE EMPIRE PLAN
F1	FIRST FORTIS
F2	FIRST HEALTH
F3	CORPORATE HLTH.ADMISTRATORS
F4	INDEPENDENT HEALTH ASSOCIATION
F5	PAN AMERICAN LIFE
F6	SNL ADMINISTRATORS
F7	UNITED HEALTH CARE
F8	VYTRA HEALTH CARE
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
FL	ECKERD HEALTH SERVICES
FM	ECPA
FN	EDUCATOR'S MUTUAL
FQ	EOCNC/MULTIPLAN
FR	FOUNDATION HEALTH PLAN
FU	UNITED AMERICAN LIFE INS CO
G1	GROUP ADMINISTRATORS
G2	GUARDIAN CHOICE
GA	GUARDIAN INS. & ANNUITY CO INC
GC	GERBER LIFE INSURANCE COMPANY
GF	EPOCH GROUP
GG	UNION GOV EMPL LIFE INS CO NY
GI	GENERAL INS EXCHANGE AGENCY
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
GY	MEDCO
GZ	MEDICAL CLAIMS SERVICE
H1	HOLLOW METAL TRUST FUND
H4	FIRST REHABILITATION LIFE

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INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
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
HE	HARTFORD ACC./INDEMN CO.
HF	HARTFORD LIFE INS CO
HG	MAGNA CARE
HH	HEALTH CARD SYSTEMS
HI	HOME LIFE INSURANCE COMPANY
HJ	HEALTH PLAN ADMINISTRATORS
HL	HEALTH CARE PLAN
HN	HEALTH SERVICES MEDICAL CORP
HO	HOSP/ PLAN/MED-SURG CARE INC
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
IA	INT LIFE INVESTORS INS CO
IB	GE FINANCIAL ASSURANCE
IC	GE FINANCIAL ASSURANCE
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
J6	UNICARE LIFE INS. CO.
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
KB	KAISER HEALTH PLAN THE N.EAST
KL	INDEPENDENT HEALTH ENCOMPASS 65
KM	BC/BS WNY SR. BLUE

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

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
KN	ASO HEALTH PLANS
KO	INTEG. ALTERNATIVES COMM. NETWORK
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
M9	UNITED HEALTH CARE
MA	METRA HEALTH SERVICE CORP.
MB	MUTUAL OF OMAHA INS. CO.
MC	UNICARE
MD	MEDI-PLAN
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
MQ	MOHAWK VALLEY PHYS. HLTH PLAN
MS	UNION MILK PLANT EMP WELF TRUST
MT	MID-HUDSON HEALTH PLAN
MV	MVP 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

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

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
NI	NATIONAL INSURANCE SERVICES INC
NJ	PARTNERS HEALTH PLAN
NK	NATIONWIDE LIFE INS. CO.
NL	NEW ENGLAND MUTUAL LIFE INS. CO
NM	NORTHAMERICAN ADMINISTRATORS
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
P1	PRINCIPAL MUTUAL INS CO
P2	PHYSICIANS HEALTH SERVICES
P3	PHARM SERV CORP OF NY (PSCNY)
P4	PREFERRED CARE:MEDICARE RISK
P5	HRA
P6	HUMANA
P7	HUMANA DENTAL
P8	HUMANA HEALTHCARE PL
P9	HUMANA INS
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
PG	PENN GENERAL SERV OF NEW ENG INC
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	PAID PRESCRIPTIONS
PR	PREFERRED CARE
PS	UNIVERA
PT	BS/PENNSYLVANIA
PU	POMCO INSURANCE
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

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

INSURER CODES (CONT'D)

<u>CODES</u>	<u>VALUE</u>
RE	ROCHESTER HEALTH NETWORK
RF	ROCH.HOSP SERV CORP/GENESEE VAL
RM	RMSCO INSURANCE
SB	SIEBA LTD
SD	SUSQUEHANNA ADMINISTRATORS INC
SE	SEARS, ROEBUCK & COMPANY
SG	SECURITY MUTUAL LIFE INS. CO.
SH	SENTRY LIFE INS. CO./NY
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
TA	UNION TEACHERS INS.&ANN TRST
TB	TRAVELERS
TC	TRANSAMERICA INSURANCE COMPANY
TD	TRANSWORLD LIFE INS. CO. OF NY
TE	JOHN ALDEN
TU	TRAVELERS HEALTH NETWORK
U1	UNION BAKERY&CONFECT WRKRS
U2	US HEALTH CARE:MEDICARE RISK
U3	UPSTATE ADMINISTRATIVE SERVICES
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.
UQ	U.S. HEALTH CARE
VA	VETERANS AID
VB	EXPRESS SCRIPTS
WA	WASHINGTON NAT. LIFE INS.CO.
WB	WORKERS COMP.
WF	EMPLOYERS OF WAUSAU
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
WT	WELLCARE OF NY
XR	UNITED CONCORDIA CO. INC.
ZB	ZURICH INSURANCE COMPANY

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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)

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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



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**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**

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**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)**

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

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**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)**

<b><u>VALUE</u></b>	<b><u>MEANING</u></b>
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)

**VALUE**      **MEANING**

**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. (Can be used only on WTPY screen (NQRF04)
M02	Case or individual rejected-failure to respond to RFI information request or financially ineligible because of information on RFI.

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SCREEN NQRF02 / NQRF03 / NQRF04 (CONT'D)

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

M03            RFI individual not the same as client.

M06            Case or individual rejected-failure to respond to RFI information request or financially ineligible because of information on RFI.

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.

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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)

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**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
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 Disabled
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

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MA CASE REASON CODES

OPENING CODES - MA (MA: REAS - 241)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
018	MA	<b>Medical Assistance/Family Planning Benefits Program</b> For FPBP eligible at or below 200% of FPL. At the case and individual level For Cat codes 68 or 69 only
019	MA	<b>Medical Assistance/Family Planning Benefits Program</b> To activate the case when the case includes FPBP individuals and other Expanded eligible individuals.
039	MA	<b>Determined MA eligibility using Expanded Eligibility Criteria</b> Regulation 360-1.4, 360-3.3, 360-4.1, 360-4.7, 360-4.8
044	MA	<b>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.</b> Regulation 360-3
061	MA	<b>RVI Fair Hearing Opening Code in Undercare</b>
063	MPE	<b>Transitional opening code for disaster relief to presumptive eligibility</b> Regulation 358-2.2
067	FHP	<b>Eligible single/childless couples (can only be used on FHP cases).</b>
068	FHP	<b>Parents at the case level (can only be used on FHP cases.)</b>
069	FHP	<b>Pregnant women on MA case.</b>
071	MA	<b>Pay-In Excess Income</b> Regulation 360-4.8 (c)
074	FHP	<b>Parents and Expanded Eligibility Children</b> Regulation
076	MPE	<b>Presumptive Eligibility</b> Regulation
077	MA- SSI Related	<b>Blind and disabled individuals who lose eligibility for SSI payments;</b> 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). May also be used for participants of the Working Disabled Program. HED use only. 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. May also be used for participants of the Working Disabled Program. 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
506	QI1	Qualified Individual Opening code for Qualified Individuals - QI1
670	MBI-DBG	Eligible at or below 150%
671	MBI-MI	Eligible at or below 250% but greater than 150%
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
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

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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	All	<b>Non-Qualified Alien – Emergency – Excess Income</b> We have denied your application for Medical Assistance dated _____. This is because you are a non-qualified alien and your income exceeds the standard based on your household size. <b>Regulation SSL Section 122, 18 NYCRR 360-4.8</b>
124	All	<b>Non-Qualified Alien – Emergency – Excess Resources</b> We have denied your application for Medical Assistance dated _____. This is because you are a non-qualified alien and your resources exceed the standard based on your household size. <b>Regulation SSL Section 122, 18 NYCRR 360-4.8</b>
125	All	<b>Non-Qualified Alien – Emergency – Excess Income and Resources</b> We have denied your application for Medical Assistance dated _____. This is because you are a non-qualified alien and your income and resources exceed the standard based on your household size. <b>Regulation SSL Section 122, 18 NYCRR 360-4.8</b>
126	All	<b>Qualified Alien – 5 Year Ban – Emergency – Excess Income</b> We have denied your application for Medical Assistance dated _____. You are a qualified alien who has been in this country for less than five years. However, your income exceeds the Family Assistance standard based on your household size. <b>Regulation SSL Section 122, 18 NYCRR 360-4.8</b>
127	All	<b>Qualified Alien – 5-Year Ban – Emergency – Excess Resources</b> We have denied your application for Medical Assistance dated _____. You are a qualified alien who has been in this country for less than five years. However, your resources exceed the Family Assistance standard based on your household size. <b>Regulation SSL Section 122, 18 NYCRR 360-4.8</b>
128	All	<b>Non-Qualified Alien – No Emergency</b> We have denied your application for Medical Assistance dated _____. This is because you are not a citizen or a qualified alien. Persons who are not citizens or qualified aliens may receive Medical Assistance coverage only for the treatment of emergency medical conditions, or for medical services provided to pregnant women. <b>Regulation SSL Section 122, 18 NYCRR 360-4</b>
129	All	<b>Qualified Alien – 5 Year Ban – No Emergency</b> We have denied your application for Medical Assistance dated _____. This is because qualified aliens who entered the United States after August 22, 1996, may receive Medical Assistance during their first five years in the United States only for the treatment of emergency medical conditions, or for medical services provided to pregnant women. <b>Regulation SSL Section 122, 18 NYCRR 360-4</b>

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MA CASE REASON CODES (CONT'D)

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

ALIEN/CITIZENSHIP STATUS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
220	All	<b>Undocumented Alien</b> We have denied your application for Medical Assistance dated _____. This is because you failed to verify your citizenship or that you are a legal alien admitted for permanent residence. <b>Regulation 18 NYCRR 360-3.2</b>

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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	<b>Excess Income - Parents and 19-20 Years Old Not Living with Parents</b> 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. <b>Regulation 18 NYCRR 369-ee and 360-4.8</b>
104	FHP	<b>Excess Income - Single/Childless Couples</b> 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. <b>Regulation 18 NYCRR 352.18(a),360-1.2, 360-3.3, 360-3.8 and SSL 369-ee and 366(1)(a)(1)</b>
113	MA	<b>Excess Income Child 6 to 18 Above 100% FPL (Non CNS)</b> 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.
131	All	<b>Qualified Individual (QI - 2) Over Income</b> 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. <b>Regulation SSL Subdivision 3 of Section 367-a</b>
132	All	<b>Qualified Individual (QI - 2) Over Resources NYC Only</b> 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. <b>Regulation SSL Subdivision 3 of Section 367-a</b>

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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)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
133	All	<b>Qualified Individual (QI – 2) Over Income and Resources NYC Only</b> 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
134	All	<b>Qualified Individual (QI – 1) Over Income NYC Only</b> 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
135	All	<b>Qualified Individual (QI – 1) Over Resources NYC Only</b> 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
136	All	<b>Qualified Individual (QI – 1) Over Income and Resources NYC Only</b> 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
163	MA	<b>Excess Income &amp; Resources Child 6 to 18 above 100% FPL</b> 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 \$___.
164	FHP	<b>FHP Excess Resources (NYC)</b> 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. <b>This decision is based on Section 369-ee of the Social Services Law.</b>

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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><b>FHP Excess Income/Resources (NYC)</b> We have denied your application for Family Health Plus effective <u>date</u>. <b>Choose one of the following messages:</b> <b>Message 1 (SCCs Over Income and Resources) (EEC = S or N)</b> 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. <b>Message 2 (FNP Parents Over Income and Resources) (EEC = F)</b> 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. <b>This decision is based on Section 369-ee of the Social Services Law.</b></p>
201	ALL	<p><b>Excess Income MA – SSI Related</b> 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><b>Excess Income</b> 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. <b>Regulation 18 NYCRR 360-1.2, 360-3.3, 360-3.8, Part 352</b></p>
205	FA/SNFP	<p><b>Excess Resources – SSI Related – Under 21</b> 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. <b>Regulation 18 NYCRR 360-1.2, 360-3.3, 360-4.7, 360-4.8, Part 352</b></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)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
206	SNCA/SNNC	<b>Excess Resources</b> 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. <b>Regulation 18 NYCRR 352-23, 360-1.2, 360-3.3, 360-3.8</b>
217	SNCA/SNNC	<b>Gross Income Test</b> 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	<b>Transfer of Property</b> 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. <b>Regulation 18 NYCRR 360-4.4</b>
354	FHP	<b>Excess Income of Parents and Children</b> 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. <b>Regulation 18 NYCRR 369-ee</b>

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**MA CASE REASON CODES (CONT'D)**

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

**LIVING ARRANGEMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
225	All	<b>Not a Resident of District</b> We have denied your application for Medical Assistance dated _____. This is because we determined that you are not a resident of this district. <b>Regulation 18 NYCRR 351-2(b), 360-1.2 iiiii</b>
265	All	<b>Unable to Locate</b> We have denied your application for Medical Assistance dated _____. This is because your present whereabouts are unknown. <b>Regulation 18 NYCRR 351-8(a), 360-3.3</b>
270	All	<b>Moved Out of District</b> 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. <b>Regulation 18 NYCRR 311.3, 311.4</b>
275	All	<b>Death Before Determination</b> 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. <b>Regulation 18 NYCRR 351-8(a), 360-1.2</b>



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**MA CASE REASON CODES (CONT'D)**

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

**HEALTH INSURANCE**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
105	FHP	<b>Receipt of Equivalent Health Insurance</b> 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. <b>Regulation 360-4.1, 360-4.8, 369-ee</b>
291	All	<b>TPHI Resources</b> 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 <b>Regulation 18 NYCRR 360-3.3</b>
292	All	<b>TPHI Resources</b> We have denied your application for Medical Assistance dated _____. This is because you refused to enroll in an employer sponsored group health insurance plan. <b>Regulation 18 NYCRR 360-3.2</b>
293	All	<b>TPHI Resources</b> 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. <b>Regulation 18 NYCRR 360-3.2</b>
294	All	<b>TPHI Resources</b> 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. <b>Regulation 18 NYCRR 360-3.2</b>
357	FHP	<b>Failure to Provide FHP Plan and Provider Selection Form</b> 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. <b>Regulation 360-4.1, 360-4.8</b>

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**MA CASE REASON CODES (CONT'D)**

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

**OTHER ELIGIBILITY REQUIREMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
112	All	<b>Incorrect/Fraudulent Social Security Number (HH=1)</b> 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. <b>Regulation 18 NYCRR 360-2.3(a) and SSL Section 369-ee</b>
200	All	<b>Eligibility Interview</b> 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. <b>Regulation 18 NYCRR 360-2.2</b>
218	All	<b>Documentation</b> 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. <b>Regulation 18 NYCRR 352-1.2, 360-2.3, Part 351</b>
219	All	<b>Social Security Number</b> We have denied your application for Medical Assistance dated _____. This is because you refused to furnish or apply for a Social Security number for _____. <b>Regulation 18 NYCRR 360-1.2, 369.2, 370.2, Part 351</b>
230	All	<b>Assignment of Property</b> 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. <b>Regulation 18 NYCRR 360-4.4</b>
235	SNA/SNNC	<b>Persons Under 21 – Legally Responsible Relative</b> We have denied your application for Medical Assistance dated _____. This is because you failed to provide the required information concerning a legally responsible relative. <b>Regulation 18 NYCRR 360-1.2, 360-2.2, 360-2.5, 360-2.3, 370.2, Part 351</b>

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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>
247	All	<b>Referred for Assistance</b> We have denied your application for Medical Assistance dated _____. This is because you accepted our referral to another agency that can meet your needs. <b>Regulation 18 NYCRR 360-2.2</b>
283	All	<b>Failure to Comply with Drug/Alcohol Screening</b> 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. <b>Regulation 18 NYCRR 369.ee</b>
285	All	<b>Other</b>
289	All	<b>Refuses Other Benefits</b> 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. <b>Regulation 18 NYCRR 360-2.3</b>
886	Q11	<b>Fund Exhausted</b> 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. <b>This decision is based on: Subdivision 3 Section 367-a of the Social Services Law</b>
887	Q11	<b>Over Income</b> 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. <b>Subdivision 3 of Section 367 of the Social services Law</b>

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**MA CASE REASON CODES (CONT'D)**

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

**OTHER ELIGIBILITY REQUIREMENTS (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
296	All	<b>Retroactive Eligibility (for Payment of Bills Offline)</b> 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. <b>Regulation 18 NYCRR 360.16, 360-1.2, Part 350, Part 351</b>
297	All	<b>Duplicate Application</b> We have denied your application for Medical Assistance dated _____. This is because you are already receiving Medical Assistance on case number _____. <b>Regulation 18 NYCRR 351.22(e)(1), 360-1.2</b>
298	All	<b>Eligible for Cash Assistance</b> 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. <b>Regulation 18 NYCRR 351.8,360-1.2</b>
307	All	<b>Receiving Multiple Benefits</b> 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. <b>Regulation 360-2.2</b>

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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	<b>60-Day Presumptive Eligibility Period Ended/Ineligible for MA</b> 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. <b>Regulation 18 NYCRR 360-3.7, 358-3.3 Part 531</b>
299	All	<b>No Presumptive Eligibility</b> 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. <b>Regulation 18 NYCRR 360-3.7, Part 531</b>
R99	All	<b>Separate Determination</b> Referred to MAP for Separate Determination (Output Only). <b>Regulation 360-2.2, 360-2.4</b>

\* Adequate Notice

\*\*Worker must list presumptive program

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**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	<b>Didn't Return Form</b> 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. <b>Regulation (s) 360-2 (e) and 360- 2.3</b>
F13	MA/FHP	<b>Disc MA/FHP Fail to Return Recert Post Partum</b> 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. <b>Regulations 360-2.2(e), 360-2.2(f), 360-2.3 and Section 369-ee</b>
E15	MA	<b>Pregnant Woman Didn't Return Form</b> 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. <b>Regulation(s) 360-2.2 (e), 360-2.2 (f), 360-2.3</b>
G10	MA/FHP	<b>Didn't Show for Interview</b> 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. <b>Regulation 351.22, 360-2.2 (e), 360-2.2 (f), 360-2.3</b>

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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>
G14	MA	<p><b>Failed to Return Recertification Renewal Notification Form</b></p> <p>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.</p> <p>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 34<sup>th</sup> Street 1<sup>st</sup> 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.</p> <p><b>Regulation 351.22, 360-2.2(e) 360-2.2(f), 360-2</b></p>
G56	FPBP	<p><b>Disc FPBP Fail to Return Renewal</b></p> <p>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 _____.</p> <p>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.</p> <p><b>Regulation 360-2.2(e) and 360-2.3 and Section 366(1)(a)(11)</b></p>
U13	MA/FHP	<p><b>Did Not Return Information</b></p> <p>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)</p> <p>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.</p> <p><b>Regulation (s) 360-2.2 (e), 360-2.2 (f), 360-2.3</b></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)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
U14	MA	<p><b>Didn't Show for Interview Pregnant Woman</b> 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. <b>Regulation 360-2.2 (e), 360-2.2 (f), 360-2.3</b></p>
U16	MA	<p><b>Did Not Return Information, Pregnant Woman</b> 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. <b>Regulation 360-2.2 (e), 360- 2.3</b> 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. # _____ <b>Regulation 360-3.3(c)</b></p>
U20	MA	<p><b>Did Not State Unable to Get Information</b> 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: (List Items) 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. <b>Regulation 351.1(b) (92) (ii), 351.2, 351.5351.6, 351.8(a) (2) (ii), 360-2.3</b></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)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
U21	MA	<p><b>Unable to Get Information But Not A Good Reason</b></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. <b>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</b></p>
U23	MA	<p><b>Failure to Provide Required Information about Legally Responsible Relatives</b></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. <b>Regulation 352.23(a), 351.2(e), 360-2.3</b></p>
U61	FPBP	<p><b>Disc MA/FHP Fail to Return Recert Post Partum</b></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 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 <b>Regulations 360-2.2(e) and 360-2.3 and Section 366(1)(a)(11)</b></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)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
983	All	<b>Did Not Return Forms For Recertification</b> 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) <b>Regulation 18 NYCRR 351.22, 360-2.2(e), 360-2.2(f), and 360-2.3</b>
993	MPE	<b>Did Not Show For Interview</b> 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. <b>Regulation 360- 2.2 (e), 360- 2.2 (f) and 360-2.3.</b>
994	MSSI	<b>Did Not Return Forms</b> 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. <b>Regulation 360 – 2.2 (e), 360- 2.2 (f) and 360- 2.3</b>
995	All	<b>Did Not Return Information</b> 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. <b>Regulation 360-2.2 (e), 360-2.2 (f), 360-2.3</b>
997	MA	<b>Pregnant Woman Did Not Return Forms.</b> 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. <b>Regulation 360-2.2 (e), 360-2.2 (f), 360 -2.3</b>
998	MA	<b>Pregnant Woman Did Not Return Information.</b> 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). <b>Regulation 360-2.2 (e), 360-2.2 (f), 360-2.3</b>

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MA CASE REASON CODES (CONT'D)

RESERVED FOR EXPANSION

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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**

<b>E04</b>	<b>FHP</b>	<p><b>Excess Income Single/Childless Couple MA/FHP</b> We will discontinue Medical Assistance/Family Health Plus effective _____. <b>Message 1 (Income over FHP limit and 185% PA Standard of need).</b> 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. <b>Regulation 369-ee and 366(1)(a)(1)</b> <b>Message 2 (Gross income over FHP limit and net income over PA Standard of need)</b> 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. <b>Regulation 18 NYCRR 360-4.1, 360-4.8 and SSL Section 369-ee, 366-(1)(a)(1)</b></p>
<b>E05</b>	<b>FHP</b>	<p><b>Individual - Excess Income Due to COLA Increase</b> 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. <b>Regulation 18 NYCRR 360-4.8</b></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

E07	FHP	<p><b>Excess Income Due to COLA Increase and Ineligible for Surplus</b></p> <p>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.</p> <p><b>Choose Message 1 or 2</b></p> <p>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.</p> <p><b>Regulation SSL Section 369-ee and 366(1)(a)(1)</b></p> <p>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.</p> <p><b>Regulation 18 NYCRR 360-4.1, 360-4.8 and SSL Section 369-ee, 366-(1)(a)(1)</b></p>
E11	MA	<p><b>Excess Income, End of Second Recertification Period</b></p> <p>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.</p> <p><b>Regulation 360-4.8</b></p>
E22	FHP	<p><b>Case Ineligible Due to Excess Income for Family Health Plus</b></p> <p>We will discontinue Medical Assistance effective _____.</p> <p>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.</p> <p><b>Regulation 369-ee, 366 (1) (a) (9)</b></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>
E24	FHP	<p><b>Individual Reaching Age 65 Excess Income</b> 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. <b>Regulation 18 NYCRR 360-4.8 369-ee</b></p>
E26	FHP	<p><b>Persons Turning 65 Excess Resources</b> 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. <b>Regulation 18 NYCRR 360-4.8 and 369-ee</b></p>
E27	FHP	<p><b>Persons Turning 65 Ineligible for MA Excess Income/Resources</b> 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. <b>Regulation 18 NYCRR 360-4.8 and 369-ee</b></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	<p><b>Excess Income</b></p> <p>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.</p> <p>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.</p> <p>Please read the enclosed "Explanation of the Excess Income Program".</p> <p><b>Regulation 360-4.8</b></p>
E31	MA	<p><b>Excess Income - MA to TMA Eligible Increased Earnings/ New Employment</b></p> <p>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.</p> <p><b>Regulation 18 NYCRR 360-4.8</b></p>
E32	MA	<p><b>Excess Income Child/Spousal Support Extension</b></p> <p>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.</p> <p><b>Regulation 18 NYCRR 360-4.8</b></p>
E33	MA	<p><b>Excess Income MA to TMA Guarantee-Increased Earnings/New Employment</b></p> <p>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.</p> <p>Please look at the budget calculation section to see how we figured you excess income.</p> <p><b>Regulation 18 NYCRR 360-4.8</b></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)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E35	MA	<p><b>HR Related Single/Childless Couples; Over Income</b> We will discontinue Medical Assistance effective _____. <b>Choose one of the following:</b> <b>Over Gross Income Limit</b> 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. <b>Regulation 18 NYCRR 360-2.2</b></p> <p><b>1. Over Net Income Limit</b> 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. <b>Regulation 18 NYCRR 360-2.2</b></p>
E36	MA	<p><b>Excess Income – Child/Spousal Support</b> We will discontinue Medical Assistance beginning _____. This is because 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 \$_____. Also, you do not have unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount. <b>Regulation 18 NYCRR 360-4.8</b></p>
E37	MA- SN	<p><b>Parents; Over Income</b> 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. <b>Regulation 360-4.1, 360-4.7, 360-4.8</b></p>
E39	MA	<p><b>Excess Income Due to COLA Increase</b> 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>

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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

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**

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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**

<b>E42</b>	<b>MA</b>	<p><b>Excess Income CHP Transition child 6-18 Above 100% FPL</b> We will discontinue your Medical Assistance effect___. 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 over the income limit for children ages six through eighteen years. Your income is over the allowable Medical Assistance limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$__. Even through the child(ren) are no longer eligible for Medical Assistance as explained in this notice we will continue coverage until the date shown under the CONTIUNATIONS/ EXTENSIONS section of this notice. After that date the child(ren) will be enrolled in the Child Health Plus B program.</p> <p><b>Regulation 18 NYCRR 360-4.8 and section 366(q)(1) of the Social Service Law</b></p>
<b>E43</b>	<b>MA</b>	<p><b>Excess Income and Resources- CHP Transition Child 6-18 Above 100% FPL (CNS)</b> We will discontinue your Medical Assistance/Family Health Plus 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 and resources are over the allowable Medical Assistance limits. The amount over the limits are called excess income and excess resources. Your monthly excess amount is \$__. Your excess resource amount is \$__. Event through the children are no longer eligible for Medical Assistance as explained in this notice, we will continue coverage until the date shown under the CONTINUATIONS/EXTENSIONS section of this notice.</p> <p><b>Regulation 18NYCRR 360-4.8 and Section 366(4)(q)(1) of the Social Service Law</b></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**

**E49 MA 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.**

**E55 MA Discontinue MA Excess Income Child 1 - 19**  
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 \$ \_\_\_\_\_ which is the income limit for children between the ages of one and nineteen. 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 in the future, or if your income goes down, you may reapply for Medical Assistance/ Family Health Plus. To qualify for spenddown, you must tell us of your resource if You have not already done so, since there is a resource limit for Medical Assistance.  
Please read the Sections: "Explanation of the Excess Income Program" "Explanation of the Excess Resource Program" and "Optional Pay-In Program".  
**Regulations 360-4.1, 360-4.7 and 360-4.8. and 366(4)(q)(1)**

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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

**E56**    **MA**    **Discontinue MA Excess Inc/Res Children 1 - 19**  
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 \$ \_\_\_\_ which is the income limit for children age one through age 18. 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 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 of your excess resources and expect to have medical bills which are equal to more than excess income or if your income or resources go down in the future, you may reapply in the future.  
Please read the Sections: "Explanation of the Excess Income Program," "Explanation of the Excess Resource Program" and "Optional Pay-In Program" **Regulations 360-4.1, 360-4.7 and 360-4.8.**

**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**

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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>
F31	MA-SN	<p><b>Parents; Over Income/Resources</b> We will discontinue Medical Assistance effective ____.</p> <p><b>Message 1 (Over Resources)</b> 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><b>Message 2 (Over Income and Resources)</b> 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. <b>Regulations 360-4.1, 360-4.7, 3</b></p>
F32	MA	<p><b>Excess Income Child 6-18 Above 100% of FPL(CNS)</b> 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><b>Excess Income, Children Age 1-5</b> 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". <b>Regulations 360-4.1, 360-4.7, 360-4.8</b></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>
F56	MA	<p><b>Excess Income and Excess Resources Children age 1 – 5</b></p> <p>We will discontinue Medical Assistance beginning ____.</p> <p>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>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.</p> <p>Please look at the enclosed budget calculation to see how we figured you excess income and resources.</p> <p>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.</p> <p>If you incur medical bills in the amount of your excess income in the future you may reapply.</p> <p>Please read the enclosed "Explanation of the Excess Income/Excess Resource Program"</p> <p><b>Regulation 360-4.1, 360-7.7, 360-4.8.</b></p>
F59	MA	<p><b>Excess Resource</b></p> <p>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"</p> <p><b>Section Regulation 360-4.8</b></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>
F68	MA	<p><b>Excess Income and Resources- Child 6-18 Above 100%Federal Poverty Level (CNS)</b> 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.</p> <p>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.</p> <p><b>Regulation 18 NYCRR 360-4.1,360-4.8</b></p>
F69	MA	<p><b>Excess Income and Excess Resources</b> 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.</p> <p>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".</p> <p><b>Regulation360-4.8</b></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><b>Discontinue FHP Excess Resources (NYC)</b> 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. <b>This decision is based on Section 369-ee of the Social Services Law.</b></p>
F89	FHP	<p><b>Discontinue FHP Excess Income/Resources (NYC)</b> We will discontinue Family Health Plus effective <u>date</u>. <b>Choose one of the following messages:</b> <b>Message 1 (SCCs Over Income and Resources) (EEC = S or N)</b> 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. <b>This decision is based on Section 369-ee of the Social Services Law.</b> <b>Message 2 (FNP Parents Over Income and Resources) (EEC = F)</b> 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. <b>This decision is based on Section 369-ee of the Social Services Law.</b></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)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
G58	QI1	<p><b>Annual Fund Exhausted</b></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><b>This decision is based on: subdivision 3 of Section 367-a of the Social Services Law</b></p>
G59	QI1	<p><b>Discontinue Qualified Individual (QI-1) Over Income (NYC)</b></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><b>This decision is based on: subdivision 3 of Section 367-a of the Social Services Law</b></p>
U40		<p><b>Disc MA Excess Resource Over 65 Chronic Care</b></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 \$ ____.</p> <p>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><b>Regulation 360-4.8.</b></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>
U33	MA	<p><b>Excess Income/60 Day Postpartum Extension Period Is Over</b> 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><b>Regulation (s) 360-4.1, 360-4.7, 360-4.8</b></p>
U34	MA	<p><b>Excess Resources/60 Day Postpartum Extension Period Is Over</b> 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><b>Regulation 360-4.1, 360-4.7, 360-4.8</b></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

U35	MA	<p><b>Excess Income and Excess Resources/60 Day Postpartum Extension is Over.</b> 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><b>Transfer of Resources Institutionalized Individual, Excess Income</b> 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. <b>Regulation 360-4.4, 360-4.7, 360-4.8</b></p>
U59		<p><b>Disc Excess Income Over 65 Chronic Care</b> 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.</p> <p>Please look at the budget calculation section 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 in the future, you may reapply.</p> <p>Please read the Sections: "Explanation of the Excess Income Program", <b>Regulation 360-4.8.</b></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)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
905	FHP/SN	<b>Exceed FHP Limit and are Ineligible for Surplus</b> 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. <b>Regulation 18 NYCRR 360-4.1, 360-4.8 Section 369-ee and 366 (1)(a)(1)</b>
962	MA	<b>Excess Income due to Increase in Social Security Benefit</b> 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. <b>Regulation 18 NYCRR 360-1.2, 360-3.3, 360-4.6, 360-4.7, 360-4.8</b>

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MA CASE REASON CODES (CONT'D)

RESERVED FOR EXPANSION

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**MA CASE REASON CODES (CONT'D)**

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

**LIVING ARRANGEMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E60	All	<b>Unable to Locate</b> We will discontinue Medical Assistance beginning _____. This is because we have not been able to find you. If, however, you receive this notice and are still in need of Medical Assistance, please contact us. <b>Regulation 360-2.2(f), 360-2.3</b>
E61*	All	<b>Not a Resident of District</b> We will discontinue Medical Assistance effective _____. This is because you no longer live in <u>New York City</u> . We must provide Medical Assistance only to persons who live in <u>New York City</u> . We have referred your case to the county where you now live. Please contact them for any further information. <b>Regulation 351.2 (g) (1)</b>
E62*	MA	<b>Between 21- 65, in a Psychiatric Institution</b> 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. <b>Regulation 360-3.4</b>
E63*	All	<b>Not a State Resident</b> 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. <b>Regulation 351.2(g) (1), 360-3.5, 360-3.6 and 366(1)(b)</b>
E66	All	<b>Not a State Resident</b> (See E63 above for language and citations) This code is used as the equivalent of E63 when the closing will clock-down. <b>Regulation 351.2(g)(1) 360-3.5, 360-3.6</b>
E73	MA	<b>Foster Care</b> 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. <b>Regulation 360-2.6</b>

\* Adequate Notice

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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	<b>MA Not Provided in Current Living Arrangement</b> 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. <b>Regulation 360-6.6</b>
F63	All	<b>In Prison</b> We will discontinue Medical Assistance effective _____. This is because you are in a prison. <b>Regulation 360-6.6</b>
G60	All	<b>Unable to Locate (EVR Use Only)</b> 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. <b>Regulation 360-2.2 (f), 360-2.3</b>
M68	All	<b>Added to Another Case</b> We will discontinue Medical Assistance effective _____. This is because yo were added to another Medical Assistance case. <b>Regulation 360-2.6</b>

•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	<p><b>Receiving Multiple Benefits (HH=1)</b> 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>). <b>Regulation 18 NYCRR 360-2.2</b></p>
M98	All	<p><b>Concurrent Benefits Intra-State</b> 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. <b>Regulation 18 NYCRR 351.9</b></p>
M99	All	<p><b>Duplicate Assistance AFIS</b> 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. <b>Regulation 18 NYCRR 360-2.2(e)(f)</b></p>
N66	All	<p><b>Concurrent Benefits Inter-State</b> 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. <b>Regulation 18 NYCRR 351.9</b></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**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F12	All	<b>Failure to Apply for SSA</b> 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. <b>Regulation 18 NYCRR 360-2.3</b>
F17		<b>Incorrect/Fraudulent Social Security Number (HH = 1)</b> 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. <b>Regulation 18 NYCRR 360-2.3 (A)</b>
F20	All	<b>Failure to Provide a Social Security Number (HH = 1)</b> 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): <b>Regulation 18 NYCRR 351.2 (c) 360-2.3 (a)</b>
F40	All	<b>Failure to Enroll in a Group Health Plan</b> 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. <b>Regulation 18 NYCRR 360-3.2 (d)</b>
F43	All	<b>Failure to Accept Treatment for Alcoholism and Drugs (HH=)</b> We will discontinue Medical Assistance effective _____. This is because you are not currently in an Alcohol and/or Drug treatment program that is available to you. Medical Assistance recipients certified disabled as a result of alcohol or drug abuse are required to accept referral to and participate in an approved treatment program. You may reapply if you are willing to receive treatment for your alcohol and/or drug abuse. <b>Regulation 18 NYCRR 360-5.10</b>

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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)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F44	All	<b>Failure to Comply with Drug and/ or Alcohol Screening (HH=1)</b> We will discontinue Medical Assistance effective _____. This is because you did not take part in, or complete the alcohol/substance abuse screening requirement. <b>Regulation 18 NYCRR 360-2.6</b>
F45	All	<b>Failure to Comply with Drug and /or Alcohol Assessment (HH=1)</b> We will discontinue Medical Assistance effective _____. This is because you did not take part in, or complete the alcohol/substance abuse assessment requirement. <b>Regulation SSL 366 (1) (a) (1)</b>
F46	All	<b>Failure to Sign or Revoked the Treatment Informational Consent Form (HH=1)</b> 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. <b>Regulation SSL 366 (1) (a) (1)</b>
F92	All	<b>Non-Qualified PRUCOL Alien Ineligible For Full MA</b> We will discontinue Medical Assistance effective _____. This is because you are not a citizen or a qualified alien. <b>Regulation 122 of the Social Service Law</b>
G11	All	<b>Failure to Appear for Interview Appointment with Agency</b> 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. <b>Regulation 18 NYCRR 360-2.2 (f), 351.22</b>

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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)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
M24	All	<p><b>Failed To Submit Computer Match Information</b> 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. <b>Regulation 351.1 (b) (2) (ii), 351.22 (e), 360-2.3, 18 NYCRR 360-4.4</b></p>
M25	All	<p><b>Failed To Respond To Computer Match Call In Letter</b> 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. <b>Regulation 351.1 (b) (2) (ii), 351.22 (e), 360-2.3</b></p>
M88	All	<p><b>Failed to Comply with Finger Imaging Requirements</b> 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. <b>Regulation Chapter 83 of the Laws of 1995 and Chapter 436 of the Laws of 1997.</b></p>
V13	All	<p><b>Failure to Utilize Benefits and Resources</b> 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 _____. <b>Regulation 18 NYCRR 360-2.3</b></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)

CODE CATEGORY

V30 All

REASON

**Failure to Comply with IV-D Requirements**

We will discontinue Medical Assistance effective \_\_\_\_\_. This is because you did not help the Child Support Enforcement Unit obtain medical support for children you are applying for whose parents do not live with them. If the child for whom you want Medical Assistance was born out of wedlock, you must help the Child Support Enforcement Unit establish who the father of the child is.

In addition, you must also help to get the parents of the child to pay medical support. Failure to help the Child Support Enforcement Unit without good cause is grounds for discontinuance of Medical Assistance. 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.

**Choose One Or More Messages**

**Message 1 (Failure/Refusal to Assign Rights from Health Insurance)**

You did not assign rights to payment for medical care from (NAME)'s health or medical insurance for (NAME).

**Message 2 (Failure/Refusal to Assign Rights from Court Ordered Support)**

You did not assign your rights to support for medical care from (NAME) for (NAME) under court ordered support.

**Message 3 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Paternity) – Failure to Provide Information**

You did not cooperate with the Child Support Enforcement Unit in establishing paternity for (NAME). You failed or refused to provide information which you have concerning the identity or whereabouts of the Child(ren)'s father, although requested to do so.

**Message 4 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Paternity) – Failure to Appear as a Witness**

You did not cooperate with the Child Support Enforcement Unit in establishing paternity for (NAME). You failed to appear as a witness in court or at a hearing concerning the children(s) paternity.

**Message 5 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Support) – Failure to Provide Information**

You did not cooperate with the Child Support Enforcement Unit in obtaining support from (NAME) for (NAMES). You failed or refused to provide information concerning the identity or whereabouts of the child(ren)'s non-custodial parents although requested to do so.

**Message 6 (Failure/Refusal to Cooperate with the Child Support Enforcement Unit Regarding Support) – Failure to Appear as a Witness**

You did not cooperate with Child Support Enforcement Unit in obtaining support from (NAME) for (NAMES). You failed to appear as a witness in a court proceeding concerning the establishment of support for the child(ren).

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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>
V30	All	<p><b>Failure to Comply with IV-D Requirements (Cont'd.)</b> <b><u>Write this Message Once at End</u></b> You did not give us a good reason for not wanting to help the Child Support Enforcement Unit. Examples of good reasons for not wanting to help are:</p> <ul style="list-style-type: none"><li>•Fear of emotional or physical harm to you or the children in your family.</li><li>•The child was born due to rape or incest.</li><li>•The child is available for adoption or you are currently being assisted by an agency to determine whether to put the child up for adoption, and discussions have not gone on for more than three months.</li></ul> <p><b>Regulation 346, 347, 360-3.2 (b), 369-2.3</b></p>
Y84	FHP	<p><b>Failure to Provide Health Plan and Provider Selection Form</b> 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. <b>MA: 360-4.1, 360-4.8</b></p>
840	All	<p><b>TMU – Report of Resources and Unearned Income</b> TMU has determined that you have failed to provide documentation relating to a report of resources and unearned income. <b>Regulation 360-1.2, 360-2.2, 360-2.3, PART 351</b></p>
841	All	<p><b>TMU – Excess Resources</b> TMU has determined that your resources exceed the level that Medicaid allows for a household of your size. <b>Regulation 360-4.6, 360-4.7, 360-1.2, 360-3.3</b></p>
842	All	<p><b>TMU – Transfer of Assets</b> 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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CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SPOUSAL IMPOVERISHMENT

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H10	All	<b>Failure to Provide Resource Information - No Undue Hardship</b> 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. <b>Regulation 360-4.10 (c).</b>
H11	All	<b>Failure to Provide Resource Information - Undue Hardship</b> 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. <b>Regulation 360-4.10 (c)</b>
X12	All	<b>Failure to Execute an Assignment of Support</b> 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. <b>Regulation 360-4.10 (c)</b>
X13	All	<b>Excess Resources for Institutionalized Spouse</b> 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. \$(max CSRA) 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. <b>Regulation 360-4.10 (c)</b>

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MA CASE REASON CODES (CONT'D)

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

HEALTH INSURANCE

CODE CATEGORY REASON

E23	FHP	<p><b>Equivalent Health Insurance</b> 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. <b>Regulation 360-4.1, 360-4.8, 369-ee</b></p>
X50	MA	<p><b>COBRA Coverage of Group Health Insurance Premiums - Regular</b> 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: <b>Message 1 (No longer entitled to COBRA continuation coverage)</b> This is because you are no longer entitled to COBRA continuation coverage for the following reason _____. <b>Message 2 (Over net income)</b> 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. <b>Message 3 (Over resources)</b> 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. <b>Message 4 (Not cost effective)</b> This is because we determined that it is no longer cost effective to pay your health insurance premiums. <b>Message 5 (Employer has less than 75 employees)</b> This is because Medical Assistance payment of COBRA continuation premiums is available when the coverage is through an employer of 75 or more employees. <b>Message 6 (Other)</b> This is because: _____. <b>Choose Message A (Use if all members of the household are discontinued).</b> <b>You are responsible for payment of your premiums after the effective date.</b> <b>Regulation 360-7.5</b></p>



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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><b>COBRA Coverage of Group Health Insurance Premiums</b> <b>Prior Conditional Acceptance</b> 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><b>Message 1</b> This is because you are no longer entitled to COBRA continuation coverage for the following reason _____.</p> <p><b>Message 2 (Over net income)</b> 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><b>Message 3 (Over resources)</b> 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><b>Message 4 (Not cost effective)</b> This is because we determined that it is no longer cost effective to pay your health insurance premiums.</p> <p><b>Message 5 (Employer has less than 75 employees)</b> 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><b>Message 6 (Other)</b> This is because: _____.</p> <p><b>Choose Message A (Use if all members of the household are discontinued)</b> You are responsible for all premium bills we paid for you. Regulation 360-7.5</p>

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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:***

1. 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.

2. 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.

3. 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.

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

5. This is because \_\_\_\_\_.

**Regulation 360-7.7 (Use for all)**

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**MA CASE REASON CODES (CONT'D)**

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

**OTHER**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E03	MA	<p><b>Disc MA NonQual/Non PRUCOL Alien Post-Part Infant Continues</b> 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:</p> <ul style="list-style-type: none"><li>•persons lawfully admitted for permanent residence;</li><li>•persons admitted as refugees;</li><li>•persons granted asylum;</li><li>•persons granted status as Cuban and Haitian entrants;</li><li>•persons with deportation withheld;</li><li>•persons admitted as Amerasian immigrants;</li><li>•persons paroled into the United States for at least one year;</li><li>•persons granted conditional entry; or</li><li>•persons determined to be battered or subject to extreme cruelty in the United States by a family member.</li></ul> <p>PRUCOL aliens include:</p> <ul style="list-style-type: none"><li>•persons paroled into the United States for less than one year;</li><li>•persons residing in the United States pursuant to an Order of Supervision;</li><li>•persons residing in the United States pursuant to an indefinite stay deportation;</li><li>•persons residing in the United States pursuant to an indefinite voluntary departure.</li><li>•persons on whose behalf an immediate relative petition has been approved and their families covered by the petition.</li><li>•persons who have filed applications for adjustment of status that the Immigration and Naturalization Service (INS) has accepted as "properly filed" or has granted;</li><li>•persons granted stays of deportation.</li><li>•persons granted voluntary departure.</li><li>•persons granted deferred action status.</li><li>•persons who entered and continuously resided in the United States before January 1, 1972.</li><li>•persons granted suspension of deportation; or</li><li>•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: <i>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.</i> <i>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.</i></li></ul> <p><b>E03 continued on next page</b></p>

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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	<b>Disc MA Non Qualified/Non PRUCOL Alien Post-Part Infant (Cont'd)</b> 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. <b>Regulation 360-3.3(c) Social Service Law (GIS) 01-MA-026 and 01MA-030</b>
E95*	All	<b>Death</b> We will discontinue Medical Assistance on _____. This is because this person has died. <b>Regulation 360-2.6</b>
G88*	All	<b>Client's Request</b> 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. <b>Regulation 360-2.6</b>
G95*	All	<b>Death (EVR Use Only)</b> We will discontinue Medical Assistance on _____. This is because this person has died. <b>Regulation 360-2.6</b>
G98	All	<b>Client's Request (Timely)</b> 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. <b>Regulation 360-2.6</b>
Y99	All	<b>Other (Manual Notice Required)</b> 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> ). <b>Regulation for Social Service Department (<u>worker fill in</u>)</b>

\*Adequate

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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*	All	<b>Emergency Medical Condition</b> You were granted Medical Assistance solely for the treatment of an emergency medical condition, which has now expired. <b>Regulation 18 NYCRR 360-3.2</b>
194	MSSI	<b>Ineligible for MA-SSI</b> You are no longer eligible for SSI and have been determined ineligible for MA-SSI. <b>Regulation 18 NYCRR 360-2.6, 360-3.3</b>
669		<b>12-Month Automatic Extension (System Generated)</b> Due to disaster of 09/11/01
740	All	<b>Forced Closing.</b>
991	MSSI	<b>Discontinue SSI – Separate MA Determination</b> Your eligibility for SSI has been discontinued or suspended. A separate determination of your continuing eligibility for MA will be made. <b>Regulation 18 NYCRR 360- 2.2 (Stenson). Adequate Notice</b>

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MA CASE REASON CODES (CONT'D)

RESERVED FOR EXPANSION

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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	<b>Other (Adequate Notice)</b> This decision is based on ( <u>Worker Fill</u> ).
323	MPE	<b>Excess Income/Non-Resident/Non-Qualified Alien (timely)</b> 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: <b>Choose one of the following for the Manual Notice</b> 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. <b>Regulation 366(1)(a)(1) and 396-ee</b> 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. <b>Regulation 366, 369-ee, and 18 NYCRR 360-4.8</b> 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.) <b>Regulation</b> 4. You are not a resident of New York City. <b>Regulation 62 and 18 NYCRR 360-2.2</b> 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.) <b>Regulation Section 122 of Social Services Law and GIS 01MA026</b>

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**MA CASE REASON CODES (CONT'D)**

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

**DISASTER RELIEF (CONT'D)**

**CODE CATEGORY REASON**

**971 MPE** **Failure to Appear for an Interview**  
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.

**Regulation18 NYCRR 360-2.2(f), 369-ee**

**972 MPE** **Failure to Provide Documentation**  
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.  
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: \_\_\_\_\_.  
If you have not submitted the documents, you need to bring them to us at the above address before the effective date above.  
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.

**Regulation18 NYCRR 360-2, 369-ee**



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**MA CASE REASON CODES (CONT'D)**

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

**PCAP CASES**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E58		<p><b>Failure to Return PCAP Recertification Renewal Notification</b> 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. <b>Regulation 18 NYCRR 351.22, 360-2.2(e), 360-2.2(f), 360-2.3.</b></p>
E83	MA	<p><b>Client's Request Written, PCAP Clients – Infant Extension</b> 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>). <b>Regulation 360-2.6</b> 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) <b>Regulation (s) 360-3.3 (c)</b></p>
E87		<p><b>Failure to Comply with Recert Procedure PCAP Client Didn't Show for Interview Newborn Extension</b> 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 <b>Regulations 360-2.2(e) 360-2.2(f), 360-2.2.3</b> 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>

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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	<b>Client's Request Written, PCAP Clients (Entire Case)</b> 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). <b>Regulation 360-2.6</b>
996	MA	<b>Failure to Comply with Recert Procedure PCAP Client Didn't Show</b> For interview Newborn Extension (System Generated) Auto PCAP Code 996 will generate the same language as E87.
E93	MA	<b>Client's Request Written, PCAP Clients – Infant Extension</b> 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). <b>Regulation 360-2.6</b> 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]) <b>Regulation 360-3.3 (c)</b>
G83	MA	<b>Client's Request Verbal – Infant Extension</b> We will discontinue Medical Assistance effective _____. This is because on _____ you asked us to close your case. <b>Regulation 360-2.6</b> 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> <b>Regulation 360-3.3 (c).</b>
G93	MA	<b>Client's Request Verbal – Infant Extension</b> We will discontinue Medical Assistance effective _____. This is because on _____ you asked us to close your case. <b>Regulation 360-2.6</b> 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 (List names and CINS) <b>Regulation 360-3.3 (c)</b>
G96	MA	<b>Client Request Verbal</b> We will discontinue Medical Assistance effective _____. This is because on _____ you asked us to close your case. <b>Regulation 360-2.6</b>

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

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MA CASE REASON CODES (CONT'D)

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

PCAP CASES (CONT'D)

CODE CATEGORY REASON

U15 MA

**Failure to Comply With Recert Procedure – Didn't Return Information**

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**

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)**

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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><b>Failure to Comply With Recert Procedure – Didn't Return Information</b></p> <p>We will discontinue Medical Assistance effective _____</p> <p>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.</p> <p>If your Medical Assistance is discontinued, all your Medical Assistance services, including your home care services, will be discontinued.</p> <p>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.</p> <p>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.</p> <p><b>Regulations 360-2.2(e), 360-2.3</b></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</p> <p><b>Regulations 360-3.3(c)</b></p>
985		<p><b>Failure to Return PCAP Recertification Renewal Notification</b></p> <p>We will discontinue Medical Assistance effective _____.</p> <p>We are discontinuing your Medical Assistance because you or your representative failed to return the Medical Assistance Recertification/Renewal Notification form by _____.</p> <p>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.</p> <p><b>Regulation 18 NYCRR 351.22, 360-2.2(e), 360-2.2(f), 360-2</b></p>

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**MA CASE REASON CODES (CONT'D)**

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

**PCAP CASES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
846	FPBP	<p><b>Disc FPBP Fail to Return renewal</b></p> <p>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 _____.</p> <p>You may request a Fair Hearing if you disagree with any decision explained in 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></p> <p>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.</p> <p>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.</p> <p><b>Regulations: 360-2.2(e), 360-2.3 366(1)(a)(11).</b></p>
847	FPBP	<p><b>Disc FPBP Didn't Return Info</b></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.</p> <p>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></p> <p>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.</p> <p>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><b>Regulations: 360-2.2(e), 360-2.3 and 366(1)(a)(11).</b></p>

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MA CASE REASON CODES (CONT'D)

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

PCAP CASES (CONT'D)

CODE CATEGORY REASON

846 FPBP

**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. However, 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.

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. You or your representative must return the Recertification/Renewal Notification in order for us to determine your eligibility for continuing coverage.

**Regulations: 360-2.2(e), 360-2.3 366(1)(a)(11).**

847 FPBP

**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 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.

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).**

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**MA CASE REASON CODES (CONT'D)**

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

**SYSTEM GENERATED MA EXTENSION CODES**

**CODE CATEGORY REASON**

(Viewable only on CNS)

166	All	<b>Authorization Lapsed More Than 90-Days</b> This case has been closed automatically because its authorization has lapsed more than 90 days. (System generated output code). <b>No citation required.</b>
667	HRA	<b>HRA system generated 2 months extension for MA cases awaiting Recert Update (Graus)</b>
730		<b>PA Denied/ MA Application Under Review NYC</b> 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. <b>Regulation</b>
736		<b>MA Extension for CHP Transition</b> 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.
741		<b>Combined PA/MA Discontinuance</b> We will discontinue Medical Assistance effective _____. This is for the same reason as your Public Assistance is being discontinued. <b>Regulations 360-3.6</b> <b>Note: Medical Assistance benefits will stop the same day as PA.</b>
750		<b>Discontinue PA/MA Death</b> 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 <b>Regulation 360-2.6</b>
756		<b>PA/MA Continue Unchange- Full Coverage</b> These persons will continue to be entitled to full services under Medical Assistance Program. <b>Regulation 360-2.6</b>
759		<b>Continue MA until FHP Determination</b> 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. <b>Regulation 360-2.6</b>

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**MA CASE REASON CODES (CONT'D)**

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

**SYSTEM GENERATED MA EXTENSION CODES (CONT'D)**

**CODE CATEGORY REASON**

(Viewable only on CNS)

- 761 **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.**
- 763 **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)**
- 770 **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. If you do not respond when we write, your Medical Assistance case  
may be closed at that time.  
**Regulation 360-2.6, 360-2.2 (d), 370.2**  
**This code is generated by CNS codes GX1, GX2 and Gx3**
- 772 **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.  
If you have any questions, call the general information number  
printed on page one of the Notice.  
**Regulation 360-4.1, 360-4.7, 360-4.8**



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**MA CASE REASON CODES (CONT'D)**

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

**SYSTEM GENERATED MA EXTENSION CODES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
773		<b>Combined PA/MA Continue of Newborn</b> 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. <b>Regulation 360-3.3(c).</b>
774		<b>Combined PA/MA Discontinuance</b> We will discontinue your Medical Assistance effective _____. This is for the same reason as your Public Assistance is being discontinued. <b>Regulation cited is dependent on the PA Reason Code.</b> <b>This code is generated for failure to recertify (PA code G10) or coverage code 30</b>
775		<b>Combined PA/MA Continued Unchanged – Pending Decision</b> 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. <b>Regulation cited is dependent on the PA Reason Code.</b>
776		<b>Foster Care</b> The following individual will continue to receive Medical Assistance coverage through the Foster Care Program effective ( <u>date</u> ). <b>Regulation 360-2.6</b> <b>This code is generated by PA code E73</b>
777		<b>Managed Care – Guaranteed Eligibility</b> 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. <b>Regulation 360-10.5</b> 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)

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MA CASE REASON CODES (CONT'D)

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

SYSTEM GENERATED MA EXTENSION CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
778		<p><b>Combined PA/MA Transitional Medical Assistance (TMA) Acceptance 1<sup>st</sup> Six-Months</b> 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>).</p> <p>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.</p> <p><b>Regulation 360-3.3 (c)</b> <b>This code is generated by CNS codes E31 or E33</b></p>
779		<p><b>Multi-Suffix Reaffiliated (Y97) (NYC Only)</b> While we evaluate if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged for: _____.</p> <p>If you have any questions, call your worker at the general information number printed on page one of the notice.</p> <p><b>Regulation 360-2.6</b></p>
780		<p><b>Combined PA/MA Support Extension</b> 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.</p> <p><b>Regulation 360- 3.3 (c)</b> <b>PA Code E32 generates this code</b></p>
781		<p><b>Failure to Participate in Drug/Alcohol Program (Ages 21- 65)</b> 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.</p> <p><b>Regulation 360-2.2 (d), 370.2</b> <b>This code is generated by PA codes GX1, GX2 and GX3</b></p>
782		<p><b>Added to Another Case</b> 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.</p> <p><b>Regulation 352.1</b></p>

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MA CASE REASON CODES (CONT'D)

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

SYSTEM GENERATED MA EXTENSION CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
783		<p><b>Continuous Eligibility for Children (NYC Only)</b> 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><b>Regulation 366(4)(q).</b></p>
784		<p><b>Discontinue PA/MA Immediate (NYC ONLY)</b> We will discontinue your Medical Assistance effective _____ for _____. This is for the same reason as your Public Assistance is being discontinued</p> <p><b>Regulation cite is dependent on the PA Reason Code</b></p>
785		<p><b>Failed to Participate in Drug/Alcohol Rehabilitation Program</b> 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><b>Regulation 360-2.2 (d) and 370-2</b> <b>This code is generated for MA coverage code 30</b></p>
786		<p><b>Failure to Participate in Drug/Alcohol PCP (Guarantee) (NYC Only)</b> 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><b>Regulation 360-2.2 (d), 370.2 and 18 NYCRR 360-10.5</b> <b>This code is generated by PA codes GX1, GX2 and GX3.</b></p>

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MA CASE REASON CODES (CONT'D)

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

SYSTEM GENERATED MA EXTENSION CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
787		<b>Reinstate PA/ MA PA Sanction Ended (NYC Only)</b> 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. <b>Regulation 360-3.3</b>
799		<b>Combined PA MA FS Non Sanction MA PA (NYC Only)</b> <u>Name</u> ) cannot be included in your Medical Assistance case for the same reason that individual cannot be included in your Public case. ( <u>Name</u> ) 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.
812		<b>Recalculation of Contribution Toward Chronic Care Single Cola</b> 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 <b>January 1, 2004</b> due to a cost of living adjustment. The monthly deduction For Medicare Part B premium will also change as _____. As of <b>February 1</b> , 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. <b>IMPORTANT INFORMATION:</b> Your monthly income contribution is based on a projection of income expected to be received. Adjustments will be made if your income or circumstances change. <b>Regulations 18 NYCRR 360-4.9 and 360-4.3 and section 366.</b>
902	FHP	<b>Individuals Who Exceed the FHP Limit due to COLA Increase</b> 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) <b>Regulation 18NYCRR 360-4.8</b>

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**MA CASE REASON CODES (CONT'D)**

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

**SYSTEM GENERATED MA EXTENSION CODES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATAGORY</u></b>	<b><u>REASON</u></b>
911	MSSI	<b>Medical Assistance Case Opened In Error</b> 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. <b>Regulation 18NYCRR 360-2.6 and 360-3.3</b>
955		<b>Continue MA – Recipient Must Call for Recert Interview</b> 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. <b>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.</b> <b>Regulation 360- 2.2 (e)</b>
958		<b>NOTICE OF DECISION ON YOUR MEDICAL ASSISTANCE</b> We will discontinue Medical Assistance effective ____ for: This is because you or your representative did not complete and return the requested in an earlier notice, as you were instructed information. 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) 692-6161 for further instructions. You must call before the discontinue Medical Assistance effective date shown above. <b>Regulation 18 NYCRR 360-2.2(f) and 360-2.3</b>
957	MSSI	<b>No Longer Eligible For SSI</b> 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 <b>Regulation 18NYCRR 360-2.6 and 360-3.3</b>

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MA CASE REASON CODES (CONT'D)

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

SYSTEM GENERATED MA EXTENSION CODES (CONT'D)

CODE CATAGORY REASON

(viewable only on CNS)

959

**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**

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)

CONFIRMATION CODES - MA (MA: REAS - 241)

SYSTEM GENERATED

CODE CATAGORY 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.

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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

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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)
- 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)
- 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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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  
\*16 HR Coverage (Disabled As of Version 2004.1 for input/generated)  
17 Eligibility for Payment of Health Insurance Premium Only  
18 Family Planning Only Eligible at or Below 200% of FPL  
19 Community coverage with community based long term care **(Case Type 20 Only)**  
20 Community coverage without long term care **(Case Type 20 Only)**  
21 Outpatient coverage with community based long term care **(Case Type 20 Only)**  
22 Outpatient coverage without long term care **(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  
\*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

MEDICARE SAVINGS PROGRAM (MSP) - 345

P Qualified Medicare Beneficiary (QMB)  
L Specified Low Income Medicare Beneficiary (SLIMB)  
U Qualified Individual 1 (Q11)  
X New Value for QDWI - Has not been defined by DOH

\*These codes are obsolete as of Version 2004.1 and will be removed from the manual at a later date.

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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 to care for incapacitated household member.
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.

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**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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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. <b>MA: 360-3</b>
I5	SSI Related	Medicare Premium, co-insurance and deductible only. <b>MA: 360-3</b>
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. <b>MA: 360-3</b>
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. <b>MA: 360-3</b>
J1	FA/SNFP MA - SSI-Related	Medical bills equal to or greater than excess income. <b>MA: 360-3</b>
J2	SSI	SSI recipient not yet appearing on SDX-determined eligible for MA-SSI. <b>MA: 360-3</b>
J3	SSI	SSI new opening on SDX, determined eligible for MA-SSI (Case Type 22) <b>MA: 360-3</b>
J4	All	Medical need – no recent change in financial circumstances. <b>MA: 360-3</b>
J5	All	Administrative <b>MA: 360-3</b>
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 <b>MA: 360-3</b>

\* 0 = Zero

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**OPENING CODES - MA (MA: REAS - 341) (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	
067	FHP	<b>Single and Childless Couple Eligible for FHP</b> Eligible single and childless couples can only be used on FHP <b>MA: 369-ee</b>
068	FHP	<b>FHP Parents</b> FHP Parents level can only be used on FHP cases. <b>MA: 369-ee</b>
069	FHP	<b>Pregnant Woman on MA Case</b> FHP eligible pregnant woman active on a MA Case Type 20. <b>MA: 369-ee</b>
074	FHP	<b>Family Health Plus Parent and Expanded Eligibility Children</b> <b>FHP Parents and children with expanded eligibility (can only be used on FHP cases)</b> <b>MA: 369-ee</b>
920	MA	<b>Add Newborn To Case (System Generated)</b> This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth <b>MA: 366-g</b>
921	MA	<b>Unborn/Newborn Conversion (System Generated)</b> This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth. (listed on case as unborn) <b>MA: 366-g</b>  <b>This is because the infant's mother was receiving Medical Assistance at the</b> 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.



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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	<b>Excess Income of Parents and Children</b> 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 \$_____. <b>MA: 360-6.2 and 369-ee</b>
E59	MA	<b>Pregnant Woman, Excess Income (MA Only)</b> 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. <b>MA: 360-4.1, 360-4.7 and 360-4.8.</b>
E94	All	<b>Receiving SSI</b> We have denied your application for Medical Assistance dated _____. This is because your SSI payment amount exceeds the individual Budgeted needs. <b>MA: 360-2.6</b>
F55	ALL	<b>Child age 1-5, excess income (MA Only)</b> 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. <b>MA: 360-4.1, 360-4.7, 360- 4.8</b>
F56	ALL	<b>Child age 1-5, Excess Income and Excess Resource (MA Only)</b> 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 <b>MA: 360-4.1, 360-4.7 and 360-4.8</b>

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MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION 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><b>Excess Income Child 6 Through 18 Above 100% of the Federal Poverty Level</b></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 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> <p>Regulation 18 NYCRR 360-4.8</p>
F68	MA/FHP	<p><b>Excess Income and Resources Child 6 Through 18 Above 100% Federal Poverty Level</b></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><b>FHP Excess Resources (NYC)</b></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><b>This decision is based on Section 369-ee of the Social Services Law.</b></p>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**EXCESS INCOME/RESOURCES (CONT'D)**

**CODE    CATEGORY    REASON**

<b>F89</b>	<b>MA/FHP</b>	<p><b>FHP Excess Income/Resources (NYC)</b> We have denied your application for Medical Assistance/Family Health Plus. <b>Choose one of the following messages:</b> <b>Message 1 (SCCs Over Income and Resources) (EEC = S or N)</b> 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. <b>Message 2 (FNP Parents Over Income and Resources) (EEC = F)</b> 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 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>
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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**ELIGIBILITY REQUIREMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E06	All	<b>Non-Qualified Alien – No emergency</b> We have denied your application for Medical Assistance/Family Health Plus dated _____. 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. MA: 360-3.3 Section 122 and 369-ee
E92	All	<b>Ineligible Alien/Non-Qualified PRUCOL Alien Ineligible for MA</b> We will denied your application for Medical Assistance dated _____. This is because you are not a citizen or a qualified alien. MA: 360-2.6
F81	MA	<b>Photo ID Refusal (MA Only)</b> We have denied your application for Medical Assistance date _____. 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. MA: 360-2.2
F92	All	<b>Failure to Provide Proof of Citizenship or Eligible Alien Status</b> We have denied your application for Medical Assistance dated _____. This is because you failed to provide proof of citizenship or of being a legal alien resident. MA: 360-2.6
F93	All	<b>Failure/Refusal to Sign Citizenship/Alien Declaration</b> We have denied your application for Medical Assistance dated _____. This is because you failed to sign Citizenship and Alien Declaration. MA: 360-2.6
Y84	FHP	<b>Failure to Provide Health Plan and Provider Selection Form</b> 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. MA: 360-4.1, 360-4.8

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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	<b>Died</b> We have denied your application for Medical Assistance dated _____. This is because the client is deceased. <b>MA: 360-2.6</b>
F50	MA	<b>Death Before Determination – No Unpaid Medical Bills</b> 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. <b>MA: 360-2.2 and 360-2.3.</b>
F51	MA	<b>Death Before Determination Insufficient information</b> 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. <b>MA: 360-2.2 and 360-2.3.</b>

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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	<b>Will Receive MA in Another Case</b> We have denied your application for Medical Assistance dated _____. This is because the client has been added to another case. <b>MA: 360-2.2</b>
M97	All	<b>Receipt of Multiple Benefits – 10 YR.</b> 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. <b>MA: 360-2.2</b>
M98	All	<b>Receipt of Concurrent Assistance – Non AFIS Match Intrastate w/o A/C</b> 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. <b>MA: 351.9</b>
M99	All	<b>Receipt of Concurrent Assistance – AFIS Match – w/o A/C</b> 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. <b>MA: 360-2.2</b>
N66	All	<b>Receipt of Concurrent Assistance - on AFIS Match – Interstate w/o A/C</b> 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). <b>MA: 351.9</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**LIVING ARRANGEMENTS**

<b><u>CASE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E72	All	<b>Institutionalized</b> We have denied your application for Medical Assistance dated _____. This is because the client was admitted or committed to an institution. <b>MA: 360-2.6</b>
E73	All	<b>In Foster Care</b> 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 <b>MA: 360-1.2, 360-2, 360-3.3</b>
F60	All	<b>Left Household</b> We have denied your application for Medical Assistance dated _____. This is because <i>client</i> left the household. <b>MA: 360-2.2</b>
F63	All	<b>In Prison</b> We have denied your application for Medical Assistance dated _____. This is because <i>client</i> is in a prison. <b>MA: 360-6.6</b>
F75	All	<b>Absent from Household Without Good Cause</b> We have denied your application for Medical Assistance dated _____. This is because the client was absent from the household for 45 days or more more, without good cause. <b>MA: 366 (4) (q).</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**FAILURE TO SELECT HEALTH PLAN**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
X40	FHP	<p><b>Failed to Choose Plan FHP FP (NYC)</b> 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. <b>MA: 369-ee</b></p>
X43	FHP	<p><b>Failed to Choose Plan FHP SCC (NYC)</b> 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. <b>MA: 360-4.1, 360-4.8 and 369-ee</b></p>
X44	FHP	<p><b>Failed to Choose Plan FNP Parent (NYC)</b> 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. <b>MA: 360-4.1, 360-4.8, 366(1)(a)(9)</b></p>



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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	<b>Other- Manual Notice Req. (No MA Ext./E)</b> This code is to be used if none of the other reasons for rejection or individual are applicable. MA: 360-2.2
Y99	All	<b>Other- Manual Notice Required</b> Rejection individual for which there is no other appropriate reason code. No notice is generated by the system. Workers must manually complete the notice. <b>This decision is based on Department Regulation(s)_____.</b>

**RESERVED FOR EXPANSION**

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341)**

**EXCESS INCOME/RESOURCES**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E42	MA-FHP	<p><b>Excess Income Child 6 Through 18 Above 100% Federal Level (Categorical Codes 46, 51 or 60 to must be used with this code)</b> Your eligibility for Medical Assistance/Family Health Plus will end 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 Limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$____.</p> <p>Even though the child(ren) are no longer eligible for Medical Assistance as explained in this notice, we will continue coverage until the date shown under the CONTINUATIONS/ EXTENSIONS section of this notice. After that date the child(ren) will be enrolled in Child Health Plus B program. <b>Regulation 18 NYCRR 360-4.8 section 366(4)(q)(1) of the Social Service Law</b></p>
E43	MA-FHP	<p><b>MA Child 6 Through 18 Excess Income and Excess Resources (Categorical Codes 46, 51, or 60 must be used with this code)</b> Your eligibility for Medical Assistance will end 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 countable resources are over the allowable Medical Assistance limit. The Amounts over the limit are called excess income and excess resources. Your monthly excess income amount is \$____. Your excess resource amount is \$____.</p> <p>Even though the child(ren) are no longer eligible for Medical Assistance as explained in this notice, we will continue coverage until the date shown under the CONTINUATIONS/EXTENSIONS section of this notice. After that date the child(ren) will be enrolled in the child Health Plus B program. <b>Regulation 18 NYCRR 360-4.8 and Section 366(4)(q)(1) of the Social Service Law</b></p>
E94	All	<p><b>Receiving SSI</b> We will discontinue Medical Assistance effective _____. This is because your SSI payment amount exceeds the individual's budgeted needs. <b>MA: 360-2.6</b></p>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**EXCESS INCOME/RESOURCES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F32	MA-FHP	<p><b>MA Child 6 through 18 Excess Income</b> <b>(Categorical Codes 44, 46,47 or 51 must be used with this code)</b> 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><b>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)</b> 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><b>Discontinue FHP Excess Resources (NYC)</b> 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>. <b>Choose one of the following messages:</b> <b>Message 1 (SCCs Over Income and Resources) (EEC = S or N)</b> 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. <b>Message 2 (FNP Parents Over Income and Resources) (EEC = F)</b> 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 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>
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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**ELIGIBILITY REQUIREMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F92	All	<b>Failure to Provide Proof of Citizenship or Eligible Alien Status</b> We will discontinue Medical Assistance effective _____. This is because you failed to provide proof of citizenship or of being a legal alien resident. <b>MA: 360-2.6</b>
F93	All	<b>Failure/Refusal to Sign Citizenship/Alien Declaration</b> We will discontinue Medical Assistance effective _____. This is because you failed to sign Citizenship and Alien Declaration. <b>MA: 360-2.6</b>
Y84	FHP	<b>Failure to Provide Health Plan and Provider Selection Form</b> 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. <b>MA: 360-4.1, 360-4.8</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**RECEIPT OF MULTIPLE OR CONCURRENT ASSISTANCE**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F66	All	<b>Will Receive MA in Another Case</b> We will discontinue your Medical Assistance effective _____. This is because the client has been added to another case. <b>MA: 360-2.2</b>
M97	All	<b>Receipt of Multiple Benefits – 10 YR.</b> 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. <b>MA: 360-2.2</b>
M98	All	<b>Receipt of Concurrent Assistance – Non AFIS Match Intrastate w/o A/C</b> 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. <b>MA: 351.9</b>
M99	All	<b>Receipt of Concurrent Assistance – Non AFIS Match – w/o A/C</b> We will discontinue your Medical Assistance effective _____. This is because we believe that you are already receiving Medical Assistance because the identities match. <b>MA: 360-2.2</b>
N66	All	<b>Receipt of Concurrent Assistance – on – AFIS Match – Interstate w/o A/C</b> 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). <b>MA: 351.9</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**LIVING ARRANGEMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E72	All	<b>Institutionalized</b> We will discontinue your Medical Assistance effective _____. This is because the client was admitted or committed to an institution. <b>MA: 360-2.6</b>
E73	All	<b>In Foster Care</b> We will discontinue your Medical Assistance effective _____. This is because the child is in foster care and there is no plan of return. <b>MA: 360-1.2, 360-2, 360-3.3</b>
F60	All	<b>Left Household.</b> We will discontinue your Medical Assistance effective _____. This is because client left the household. <b>MA: 360-2.2</b>
F63	All	<b>In Prison</b> We will discontinue your Medical Assistance effective _____. This is because the client is in prison. <b>MA: 360-6.6</b>
F75	All	<b>Absent from Household Without Good Cause</b> 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. <b>MA: 366 (4) (q)</b>



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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**FAILURE TO SELECT HEALTH PLAN**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
X40	FHP	<b>Discontinue MA Failed to Choose Plan FHP FP (NYC)</b> 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. <b>MA: 369-ee</b>
X43	FHP	<b>Discontinue MA Failed to Choose Plan FHP SCC (NYC)</b> 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. <b>MA: 360-4.2, 360-4.8 and 369-ee</b>
X44	FHP	<b>Discontinue MA Failed to Choose Plan FNP Parent (NYC)</b> 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. <b>MA: 360-4.1, 360-4.8, 366(1)(a)(9)</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**OTHER**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E90	All	<b>Client Requested Removal from Case</b> We will discontinue your Medical Assistance effective _____. This is because client asked to be removed from the case. <b>MA: 360-2.6</b>
E92	All	<b>Ineligible Alien/Non-Qualified PRUCOL Alien Ineligible for MA</b> We will discontinue your Medical Assistance effective _____. This is because you are not a citizen or a qualified alien. <b>MA: 360-2.6</b>
E95	All	<b>Died</b> We will discontinue your Medical Assistance effective _____. This is because the client died. <b>MA: 360-2.6</b>
F92	All	<b>Failure to Provide Proof of Citizenship or Eligible Alien Status</b> 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. <b>MA: 360-2.6</b>
F93	All	<b>Failure /Refusal to Sign Citizenship/Alien Declaration</b> We will discontinue Medical Assistance effective _____. This is because client failed to sign Citizenship and Alien Declaration. <b>MA: 360-2.6</b>
Y98	All	<b>Other – Manual Notice Req. (No MA Ext./E)</b> This code is to be used if none of the other reasons for closing an individual are applicable. <b>MA: 360-2.2</b>
Y99	All	<b>Other – Manual Notice Required</b> Close individual for which there is not other appropriate reason code. No notice is generated by the system. Workers must manually complete the notice. <b>This decision is based on Department Regulation(s)</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**SANCTION CODES - MA (MA: REAS - 341)**

**FAILURE TO PROVIDE/VALIDATE SSN**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E21	MA	<b>Failure to Provide Child's SSN</b> We will discontinue Medical Assistance effective _____. This is because the client failed to provide a Social Security card for each child on the case. <b>MA: 360-2.6</b>
F17	All	<b>Incorrect/Fraudulent Social Security Number (HH = 1)</b> 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)
F20	All	<b>Failure to Provide SSN</b> We will discontinue Medical Assistance effective _____. This is because the client failed to provide a SSA card, or apply for a SSA card. <b>MA: 360-2.6</b>

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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>
F43	S/CC SNCA/SNNC	<b>Failure to Complete In-Patient Rehabilitation</b> We will discontinue Medical Assistance effective _____. This is because the client failed to take part in and complete an in-patient rehabilitation program. <b>MA: 360-2.2</b>
F44	SNCA/SNNC	<b>Failure to Comply With Drug and Alcohol Screening</b> We will discontinue Medical Assistance effective _____. This is because the client did not take part in, or complete the alcohol/substance abuse screening requirement <b>MA: 360-2.6</b>
F45	SNCA/SNNC	<b>Failure to Comply With Drug and /Alcohol Assessment</b> We will discontinue Medical Assistance effective _____. This is because the client did not take part in or complete the alcohol/substance abuse assessment requirement. <b>MA: 360-2.6</b>
F46	SNCA/SNNC	<b>Failure to Sign or Revoked the Treatment Informational Consent Form</b> 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. <b>MA: 360-2.6</b>
GX1	SNCA/SNNC	<b>Failure to Take Part in Rehabilitation Program-First Offense</b> 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 <b>45</b> days. <b>MA: 360-2.2 (d), 370.2</b>
GX2	SNCA/SNNC	<b>Failure to Take Part in Rehabilitation Program-Second Offense</b> 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 <b>120</b> days. <b>MA: 360-2.2 (d), 370.2</b>
GX3	SNCA/SNNC	<b>Failure to Take Part in Rehabilitation Program-Third Offense</b> 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 <b>180</b> days. <b>MA: 360-2.2 (d), 370.2</b>

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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	<b>Failure to Enroll in Group Health Plan</b> 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. <b>MA: 360-2.2</b>
F84	All	<b>Failure to Sign Lien</b> We will discontinue Medical Assistance effective _____. This is because the client refused to sign a property lien agreement. <b>MA: 360-2.6</b>
F12	All	<b>Failure to Apply For SSI</b> We will discontinue Medical Assistance effective _____. This is because the client failed to apply for, or complete an application for SSI. <b>MA: 360-2.6</b>

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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

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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
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
SC	01447341	Partners in Health / St. Barnabas Comm. Hlth Plan
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  
25 OMR-Sub-Chapter Exception  
30 HHCP Long Term Home Health Care Program (Project in Progress)  
31 Community Alternative System Agency (CASA) Community Based  
32 CASA Individual in SNF/HRF  
35 Case Management  
38 UT Exempt  
39 Aid Continuing  
40 SNF-Expense Level  
41 ICF-DD Expense Level  
42 Hospital/SNF Expense Level  
43 Hospital/ICF-DD Expense Level  
44 Alternate Care Demo  
45 Hospital/Home Demo  
46 OMRDD Home and Community Based Services (HCBS)Waiver (IRA, FC or at Home)  
47 OMRDD Home and Community Based Services Waiver-(HCBS) (CR and Subchapter A Day Treatment)  
48 OMRDD Home and Community Based Services Waiver-(HCBS), (CR and Subchapter  
49 IRA RES Hab Consumer.  
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  
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  
70 CAH IX  
71 CAH X  
81 (TBI) Traumatic Brain Injury



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RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478 (CONT'D)

**MA RESTRICTION/EXCEPTION TYPE CODES (CONT'D)**

- 82 Cash and Counseling (Project in Progress)
- 83 Alcohol and Substance Abuse ASA (Project in Progress)
- 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

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RESERVED FOR EXPANSION

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**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

Code Definitions Prior to  
November 1997

01	LIF-Related	01	ADC -Related
02	S/CC-Related	02	HR-Related
04	SSI - Related, (AB/AD/OAA)	05	SSI-Related, ADC Related
05	SSI - Related, (AB/AD/OAA) LIF - Related	06	SSI-Related, (AB/AD/OAA) HR-Related
06	SSI - Related, (AB/AD/OAA) S/CC - Related	09	Chronic Care, ADC-Related
07	Chronic Care	10	Chronic Care, HR-Related
08	Chronic Care, SSI-Related, (AB/AD/OAA)		

**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

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**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.

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**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)**

See EDC 1 for explanation.

**AGE INDICATOR (AI)**

Enter appropriate indicator:

- N Less than 60 yrs 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

**NOTE:** When there is a "T" in the EEC field no entry is permitted in Shelter Type field.

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**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 (ADDITIONAL ALLOWANCES 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)
- 23 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.

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**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 (in) eligibility. Valid for BT'S 04-10 only.

- A Adult (s)
- S SLIMB/QI1 (If ineligible for SLIMB the system will automatically calculate and display the QI1 budget results)

**DATE OF INSTITUTIONALIZATION (DT INS)**

Enter the date the person became institutionalized.

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**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 for on 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.



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**MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**

**CATEGORICAL INDICATOR CODE (CTG)**

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 04-06 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 is 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

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**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 (For cases with from dates of 1/1/91 or later)
- P Employed Part Time For Cases With effective from dates prior to 1/1/91
- N Employed, 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).

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**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.

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**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

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**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 (TG)**

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)
- 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

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**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
- 22 Equity Value of Automobile
- 42 Straight Life
- 43 Endowment
- 44 Cash Value of Life Insurance to be disregarded for SSI 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.

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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 all errors are made, the fields in error will appear as "blinking fields".

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**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 INFORMATION ON PAST CASE ACTIONS

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APPENDIX A - PA OLD WMS CASE LEVEL CLOSING CODES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
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 <sup>2</sup>	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 from 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 <sup>1</sup>	FA	Unemployment Insurance Benefits sufficient to meet needs. FS cont'd, MA cont'd.
185 <sup>2</sup>	ALL	Client's identity matches another person who is receiving public assistance in New York State. FS disc, MA disc.
186 <sup>2</sup>	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)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
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.
244 <sup>2</sup>	ALL	Requested your case be closed (Eligibility Questionnaire).
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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>3</sup>	SNCA	Output Code for code 815, 3rd offense results in a 180-day sanction.
442 <sup>3</sup>	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 <sup>2</sup>	SNCA	Refused to accept or complete a job placement referred by OES. FS cont'd.
449 <sup>3</sup>	SNCA	Output Code for code 568, 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)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
448 <sup>2</sup>	SNCA	Refused to accept or complete On The Job Training in TEAP. FS cont'd.
460 <sup>2</sup>	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 <sup>3</sup>	SNCA	Failed to report to a HR/FS JOB Search Scheduled Appointment. (Initial occurrence 90 Day Sanction). FS disc.
512 <sup>3</sup>	SNCA	Output Code for code 511, 2nd offense results in a 150-day sanction.
513 <sup>3</sup>	SNCA	Output Code for code 511, 3rd offense results in a 180-day sanction.
514 <sup>3</sup>	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 <sup>3</sup>	SNCA	Output Code for code 544, 2nd offense results in a 150-day sanction.
519 <sup>3</sup>	SNCA	Output Code for code 544, 3rd offense results in a 180-day sanction.
530 <sup>3</sup>	SNCA	Failed to report to a HR JOB Search Scheduled appointment. (Initial occurrence 90 Day Sanction).
539 <sup>3</sup>	SNCA	Refused to accept or complete a vocational training program referred by OES (90-day sanction). FS cont'd.
544 <sup>3</sup>	SNCA	Failed to cooperate with a training program referred by NYS Job Service (90-day sanction) FS cont'd.
545 <sup>3</sup>	SNCA	Failed to provide at the HR/FS JOB Search appointment a completed Job Search Handbook. (Initial Occurrence 90-Day Sanction). FS disc.
546 <sup>3</sup>	SNCA	Output Code for code 545, 2nd offense results in a 150-day sanction.
547 <sup>3</sup>	SNCA	Output Code for code 545, 3rd offense results in a 180-day sanction.
549 <sup>3</sup>	SNCA	Output Code for code 821, 3rd offense results in 180-day sanction.
551 <sup>2</sup>	SNCA	Output code for code 447, 2nd offense results in a 150-day sanction.
552 <sup>2</sup>	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 <sup>2</sup>	SNCA	Output code for code 448, 2nd offense results in a 150-day sanction.
558 <sup>3</sup>	SNCA	Output Code for code 530, 2nd offense results in a 150-day sanction.
559 <sup>2</sup>	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)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
560 <sup>3</sup>	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 <sup>3</sup>	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 <sup>3</sup>	SNFP/SNCA/ SNNC	Output Code for code 560, 2nd offense results in a 150-day sanction.
566 <sup>3</sup>	SNFP/SNCA/ SNNC	Output Code for code 560, 3rd offense results in a 180-day sanction.
568 <sup>3</sup>	SNCA	Failed to have a medical evaluation to determine eligibility and participate in OES (90-day sanction). FS cont'd.
569 <sup>3</sup>	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 <sup>4</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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.

**WORKER'S GUIDE TO CODES**

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**APPENDIX A - PA OLD WMS CASE LEVEL CLOSING CODES(CONT'D)**

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
597 <sup>3</sup>	SNCA	Failed to provide at the HR JOB search appointment a completed JOB Search Handbook. (Initial Occurrence 90-day sanction).
598 <sup>3</sup>	SNCA	Output Code for code 597, 2nd offense results in a 150-day sanction.
599 <sup>3</sup>	SNCA	Output Code for code 597, 3rd offense results in a 180-day sanction.
600 <sup>2</sup>	SNNC	Agency's information as of DATE client has been admitted to a private institution. FS disc, MA disc.
601 <sup>3</sup>	SNCA	Output Code for code 825, 3rd offense results in a 180-day sanction.
610 <sup>2</sup>	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 <sup>2</sup>	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 <sup>3</sup>	SNCA	Output Code for code 829, 2nd offense results in a 150-day sanction.
807 <sup>3</sup>	SNCA	Output Code for code 829, 3rd offense results in a 180 day sanction
809 <sup>3</sup>	SNCA	Failed to adhere to WEP sponsor agency's rule. FS cont'd.
811 <sup>3</sup>	SNCA	Output Code for code 809, 3rd offense results in a 180-day sanction.
815 <sup>3</sup>	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 <sup>3</sup>	SNCA	Output Code for code 539, 3rd offense results in a 180-day sanction.
821 <sup>3</sup>	SNCA	Refused to accept or complete an educational training program referred by OES (90-day sanction). FS cont'd.
823 <sup>3</sup>	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 <sup>3</sup>	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)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
835 <sup>3</sup>	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 <sup>3</sup>	SNCA	Output Code for code 809, 2nd offense results in a 150-day sanction.
843 <sup>3</sup>	SNCA	Failed to participate in or complete an outpatient alcohol or substance abuse rehabilitation program (45 day sanction). FS cont'd.
844 <sup>3</sup>	SNCA	Output Code for code 843, 2nd offense results in a 120-day sanction.
845 <sup>3</sup>	SNCA	Output Code for code 843, 3rd offense results in a 180-day sanction.
872 <sup>2</sup>	ALL	Client permanently moved to another district within the State. FS disc, MA disc.
875 <sup>3</sup>	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 <sup>3</sup>	SNFP/SNCA/ SNNC	Output Code for code 875, 2nd offense results in a 120-day sanction.
877 <sup>3</sup>	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 <sup>2</sup>	ALL	Case number changed. FS disc, MA disc.
970 <sup>2</sup>	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.

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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.

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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>
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.

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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>
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.

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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

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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

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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

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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, 360-3.3, 360-1.2, PART 352

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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

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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 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, 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



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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

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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

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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

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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

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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 Sanctio  
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.

Code 446-Output Code  
for a 120 Day Sanction  
Code 819-Output Code  
for a 180 Day Sanction

18 NYCRR 360-1.2, 360-3.3, PART 385

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.

Code 518-Output Code  
for a 120 Day Sanction  
Code 519-Output Code  
for 180 Day Sanction

18 NYCRR 360-1.2, 360-3.3, PART 385

545    HR Single

You failed to cooperate with HR/FS Job Search Rules and and Regulations (Initial Occurrence - 75 Day Sanction).

Code 546-Output Code  
for a 150 Day Sanction  
Code 547-Output Code  
for a 180 Day Sanction

18 NYCRR 360-1.2, 260-3.3, PART 385

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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

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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

576	ALL	You are currently receiving Medical Assistance on more than one Medical Assistance case. Since you are eligible to receive Medicaid Assistance on only one case, we are closing case # _____. 18 NYCRR 360-2.6
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

Code 514-Output Code  
for a 120 Day Sanction  
Code 441-Output Code  
for a 180 Day Sanction

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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

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

Code 516-Output Code  
for a 120 Day Sanction

Code 517-Output Code  
for a 180 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

You refused to accept or complete an educational training program to which you were referred by the office of Employment Services.

Code 823-Output Code  
for a 120 Day Sanction

Code 549-Output Code  
for a 180 Day Sanction

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

You failed to accept an employer's offer to work through the New York State Job Service.

Code 442-Output Code  
for a 120 Day Sanction

Code 601-Output Code  
for a 180 Day Sanction

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



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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>
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

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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

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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

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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

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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.

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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

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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)

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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

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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>
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

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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

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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

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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)



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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

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APPENDIX I - 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>	
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 I - PA/FS OBSOLETE INDIVIDUAL REJECTION CODES (CONT'D)

PA INDIVIDUAL REJECTION CODES - 331

CODE CATEGORY

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

CODE

VALUE

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

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APPENDIX J - 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

CODE CATEGORY

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.

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APPENDIX J - PA OBSOLETE INDIVIDUAL SANCTION CODES (CONT'D)

PA INDIVIDUAL SANCTION CODES - 331

CODE CATGORY

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

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APPENDIX J - PA OBSOLETE INDIVIDUAL SANCTION CODES (CONT'D)

PA INDIVIDUAL SANCTION CODES - 331

CODE CATGORY

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 K - 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 K - 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 god 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)



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APPENDIX K - 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 K - 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

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APPENDIX L - MA OBSOLETE CNS CASE LEVEL CODES

MA CASE LEVEL CLOSING CODES - 241

CODE CATEGORY VALUE

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

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APPENDIX M - 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)

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APPENDIX M - 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 ( <b>SYSTEM GENERATED</b> )

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B14									1.3-58
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B26									1.3-58
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E04						4.1-24			
E05						4.1-24			
E07						4.1-25			
E10								1.3-20	
E11						4.1-25			
E12						4.1-18			
E15						4.1-18			
E18			1.3-44						
E19			1.3-44						
E22						4.1-25			
E23						4.1-51			
E24						4.1-26			
E26						4.1-26			
E27						4.1-26			
E28									1.3-58
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E30			1.3-25			4.1-27		1.3-20	1.3-58
E31			1.3-25			4.1-27			
E32			1.3-25			4.1-28			
E33			1.3-25			4.1-27			
E34			1.3-25						
E35			1.3-25			4.1-28			
E36			1.3-26			4.1-28			
E37						4.1-28			
E38			1.3-26						
E39			1.3-26			4.1-28			1.3-58
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E56						4.1-32			
E58						4.1-60			
E60			1.3-36			4.1-42			
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E70							1.3-20	1.3-59	
E71							1.3-20	1.3-59	
E72			1.3-38				1.3-20	1.3-59	
E73			1.3-38			4.1-42			
E74							1.3-20		
E75							1.3-20		
E76							1.3-20	1.3-60	
E77							1.3-20	1.3-60	
E78							1.3-20	1.3-60	
E79						4.1-43			
E83						4.1-60			
E87						4.1-60			
E88						4.1-61			
E91			1.3-42						
E92			1.3-29						
E93						4.1-61			
E95			1.3-54			4.1-55	1.3-20	1.3-60	
F11			1.3-54						
F12			1.3-30			4.1-45			
F13						4.1-18			
F15							1.3-20	1.3-60	
F17			1.3-30			4.1-45		1.3-60	
F19			1.3-30					1.3-60	
F20			1.3-30			4.1-45			
F21							1.3-20	1.3-60	
F22								1.3-60	
F30							1.3-21	1.3-61	
F31						4.1-33			
F32						4.1-33			
F33			1.3-26						
F35			1.3-54				1.3-21	1.3-61	
F37							1.3-21		
F39			1.3-27						
F40			1.3-30			4.1-45			
F43						4.1-45			
F44			1.3-31			4.1-46			
F45			1.3-31			4.1-46			
F46			1.3-31			4.1-46			
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F81			1.3-32						
F84			1.3-32						
F85									1.3-61
F86								1.3-21	1.3-61
F87						4.1-36			
F89						4.1-36			
F90								1.3-21	1.3-62
F92			1.3-54			4.1-46		1.3-21	1.3-62
F94								1.3-21	1.3-62
F95								1.3-21	1.3-62
F96									1.3-62
F98		1.3-18							
G01			1.3-44						
G02			1.3-44						
G03			1.3-44						
G04			1.3-45						
G05			1.3-45						
G06			1.3-45						
G07			1.3-45						
G08			1.3-45						
G09			1.3-45						
G10			1.3-42						4.1-18
G11									4.1-46
G12			1.3-32						
G14									4.1-19
G16			1.3-46						
G17			1.3-46						
G19			1.3-32						
G20			1.3-42						
G21			1.3-46						
G22			1.3-46						
G23			1.3-46						
G24			1.3-46						
G25			1.3-47						
G26			1.3-47						
G27			1.3-47						
G28			1.3-47						
G29			1.3-47						
G30			1.3-56						
G31			1.3-56						
G32			1.3-56						
G33			1.3-56						
G36			1.3-42						
G37			1.3-42						
G40			1.3-27						
G41			1.3-27						
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G61			1.3-36						
G62			1.3-36						
G65							1.3-21		
G83						4.1-61			
G87			1.3-39						
G88			1.3-39			4.1-55			
G89			1.3-39						
G90			1.3-39						
G92			1.3-39						
G93						4.1-61			
G94			1.3-40						
G95			1.3-48			4.1-55			
G96			1.3-40			4.1-61			
G97			1.3-40						
G98			1.3-40			4.1-55			
G99			1.3-40						
GX1			1.3-32						
GX2			1.3-32						
GX3			1.3-32						
H10						4.1-50			
H11						4.1-50			
I46			1.3-41						1.3-62
J05									1.3-62
M15			1.3-32						
M20									1.3-62
M24						4.1-47			1.3-62
M25			1.3-33			4.1-47			1.3-63
M26							1.3-21		1.3-63
M27							1.3-21		1.3-63
M34							1.3-22		
M44			1.3-33						
M48			1.3-37						
M49			1.3-37						
M50			1.3-37						
M53									1.3-63
M66							1.3-22		
M67							1.3-22		
M68			1.3-54			4.1-43			1.3-63
M88			1.3-33			4.1-47	1.3-22		1.3-63
M90							1.3-22		1.3-63
M91							1.3-22		1.3-63
M97			1.3-43			4.1-44	1.3-22		1.3-63
M98			1.3-43			4.1-44	1.3-22		1.3-64
M99			1.3-43			4.1-44	1.3-22		1.3-64
MC1						4.1-73			
MC2						4.1-73			
N10							1.3-22		1.3-64
N12			1.3-33						
N14			1.3-33						

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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
N15			1.3-48						
N16			1.3-34						
N17			1.3-34						
N18									1.3-64
N20			1.3-34						
N31								1.3-22	
N32								1.3-22	
N33								1.3-22	
N41			1.3-27						1.3-64
N42			1.3-27						1.3-64
N43			1.3-27						1.3-64
N66			1.3-43			4.1-44		1.3-22	1.3-65
N88			1.3-34						
N90								1.3-22	1.3-65
NF1								1.3-23	1.3-65
NF2								1.3-23	1.3-65
P30			1.3-57						
P31			1.3-57						
P32			1.3-57						
R10			1.3-48						
R11			1.3-48						
R99					4.1-16			1.3-23	
U13						4.1-19			
U14						4.1-20			
U15						4.1-62			
U16						4.1-20			
U20						4.1-20			
U21						4.1-21			
U23						4.1-21			
U33						4.1-38			
U34						4.1-38			
U35						4.1-39			
U40			1.3-41			4.1-37		1.3-23	
U41			1.3-41					1.3-23	1.3-64
U42			1.3-41						
U43			1.3-41						
U44			1.3-41					1.3-23	1.3-66
U45									1.3-66
U54						4.1-39			
U59						4.1-39			
U61						4.1-21			
U97									1.3-66
V13						4.1-47			
V20			1.3-28						
V21								1.3-23	1.3-66
V23			1.3-28						
V24			1.3-28						
V25			1.3-28						
V26			1.3-28						
V30						4.1-48			
V50			1.3-48						

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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
VE1			1.3-35						
VE2			1.3-35						
VE3			1.3-35						
W11			1.3-34						
W23			1.3-28						
W40			1.3-35						
WC1			1.3-35						
WC2			1.3-35						
WE1								1.3-23	1.3-66
WE2								1.3-23	1.3-66
WE3								1.3-23	1.3-66
WF1								1.3-23	
WF2								1.3-23	
WF3								1.3-23	
WS1			1.3-50						
WS2			1.3-50						
WS3			1.3-51						
WS4			1.3-51						
WS5			1.3-52						
WS6			1.3-52						
WS7			1.3-53						
WS8			1.3-53						
WX1			1.3-35						
WX2			1.3-35						
WX3			1.3-35						
X12						4.1-50			
X13						4.1-50			
X50						4.1-51			
X51						4.1-52			
X52						4.1-53			
Y10									1.3-67
Y29									1.3-66
Y50		1.3-19						1.3-23	
Y66									1.3-67
Y78			1.3-48						
Y84						4.1-49			
Y86			1.3-49						
Y87			1.3-49						
Y93			1.3-54						1.3-67
Y94		1.3-19						1.3-23	
Y95			1.3-55						
Y96			1.3-55						
Y98			1.3-55						
Y99			1.3-55			4.1-55		1.3-23	1.3-67
Z11									1.3-67
002	1.3-1								
005	1.3-1								
008	1.3-1								
009	1.3-1								
010	1.3-1								
011	1.3-1								
018				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
019				4.1-2					
020	1.3-1								
021	1.3-1								
022	1.3-1								
023	1.3-2								
024	1.3-2								
030	1.3-2								
033	1.3-2								
035	1.3-2								
036	1.3-2								
037	1.3-2								
038	1.3-2								
039				4.1-2					
040	1.3-3								
044				4.1-2					
045	1.3-3								
050	1.3-3								
057		1.3-7							
060	1.3-3								
061				4.1-2					
063				4.1-2					
065	1.3-3								
066	1.3-3								
067				4.1-2					
068				4.1-2					
069				4.1-2					
070	1.3-3								
071				4.1-2					
074				4.1-2					
075	1.3-3								
076				4.1-2					
077				4.1-2					
078				4.1-3					
079				4.1-3					
080	1.3-3								
081	1.3-4								
082	1.3-4								
083				4.1-3					
084				4.1-3					
085				4.1-3					
086				4.1-3					
087	1.3-5			4.1-3					
088	1.3-5			4.1-3					
089	1.3-5			4.1-3					
090	1.3-5			4.1-3					
091	1.3-5			4.1-3					
092				4.1-3					
093	1.3-5			4.1-4					
094	1.3-5			4.1-4					
095	1.3-5			4.1-4					
096				4.1-4					
097	1.3-4								

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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
099							1.3-6		
098	1.3-4								
101	1.3-4								
103					4.1-7				
104					4.1-7				
105					4.1-12				
109		1.3-7							
112					4.1-13				
113					4.1-7				
114	1.3-4						1.3-6		
118		1.3-7							
119		1.3-7							
122		1.3-7							
123		1.3-7			4.1-5				
124		1.3-8			4.1-5				
125		1.3-8			4.1-5				
126		1.3-8			4.1-5				
127		1.3-8			4.1-5				
128					4.1-5				
129					4.1-5				
131					4.1-7				
132					4.1-7				
133					4.1-8				
134					4.1-8				
135					4.1-8				
136					4.1-8				
163					4.1-8				
164					4.1-8				
166						4.1-65			
167					4.1-9				
178						4.1-56			
194						4.1-56			
198					4.1-16				
200					4.1-13				
201		1.3-8			4.1-9				
202		1.3-8			4.1-9				
205		1.3-9			4.1-9				
206		1.3-9			4.1-10				
217					4.1-10				
218					4.1-13				
219					4.1-13				
220		1.3-9			4.1-6				
225		1.3-9			4.1-11				
230		1.3-9			4.1-13				
231		1.3-9							
235					4.1-13				
240		1.3-10							
245		1.3-10							
246		1.3-10							
247					4.1-14				
250		1.3-10							



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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
255		1.3-10							
265		1.3-11			4.1-11				
270		1.3-11			4.1-11				
275		1.3-11			4.1-11				
276		1.3-11							
277		1.3-11							
278		1.3-11							
279		1.3-11							
282		1.3-12							
283		1.3-12			4.1-14				
284		1.3-12							
285		1.3-12			4.1-14				
286		1.3-12							
289					4.1-14				
290		1.3-12			4.1-10				
291		1.3-13			4.1-12				
292		1.3-13			4.1-12				
293		1.3-13			4.1-12				
294		1.3-13			4.1-12				
296					4.1-15				
297					4.1-15				
298					4.1-15				
299					4.1-16				
307		1.3-13			4.1-15				
308		1.3-13							
319		1.3-14							
322						4.1-58			
323						4.1-58			
354					4.1-10				
357					4.1-12				
360		1.3-14							
361		1.3-14							
399									1.3-67
400	1.3-4								
506				4.1-4					
521		1.3-14							
522		1.3-15							

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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
523		1.3-15							
524		1.3-16							
525		1.3-16							
526		1.3-17							
527		1.3-17							
528		1.3-18							
623	1.3-4								
625		1.3-18							
667						4.1-65			
669						4.1-56			
670				4.1-4					
671				4.1-4					
730						4.1-65			
736						4.1-65			
740						4.1-56			
741						4.1-65			
750						4.1-65			
756						4.1-65			
759						4.1-65			
761						4.1-66			
763						4.1-66			
770						4.1-66			
772						4.1-66			
773						4.1-67			
774						4.1-67			
775						4.1-67			
776						4.1-67			
777						4.1-67			
778						4.1-68			
779						4.1-68			
780						4.1-68			
781						4.1-68			
782						4.1-68			
783						4.1-69			
784						4.1-69			
785						4.1-69			
786						4.1-69			
787						4.1-70			
799						4.1-70			
812						4.1-70			
840						4.1-49			
841						4.1-49			
842						4.1-49			
846						4.1-64			
847						4.1-64			
886					4.1-14				
889				4.1-4					
877					4.1-14				
901							1.3-6		
902						4.1-70			
905						4.1-40			

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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
911						4.1-71			
914									1.3-67
923				4.1-4					
939			1.3-38						1.3-67
944									1.3-67
955						4.1-71			
957						4.1-71			
958						4.1-71			
959						4.1-72			
962						4.1-40			
966						4.1-72			
968									1.3-67
971						4.1-59			
972						4.1-59			
976									1.3-67
977									1.3-67
980						4.1-63			
983						4.1-22			
985						4.1-63			
991						4.1-56			
992									1.3-67
993						4.1-22			
994						4.1-22			
995						4.1-22			
996						4.1-61			
997						4.1-22			
998						4.1-22			

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REASON CODE INDEX (CONT'D)

INDIVIDUAL LEVEL

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
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			
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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REASON CODE INDEX (CONT'D)

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						4.2-10						
E20						4.2-7						
E21			1.5-14				4.2-25					
E42								4.2-17				
E43								4.2-17				
E59						4.2-7						
E72		1.5-6		1.5-24		4.2-13		4.2-22		1.5-11		
E73		1.5-6		1.5-24		4.2-13		4.2-22				
E88												
E90		1.5-6		1.5-24				4.2-24				
E92						4.2-10		4.2-24				
E94		1.5-6		1.5-24		4.2-7		4.2-17				
E95		1.5-6		1.5-24		4.2-11		4.2-24		1.5-11		1.5-29
E96				1.5-24						1.5-11		1.5-29
E97				1.5-24								
F12			1.5-14				4.2-27					
F15										1.5-11		1.5-29
F17			1.5-14				4.2-25					
F20							4.2-25				1.5-22	
F21										1.5-11		1.5-29
F22										1.5-11		1.5-29
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				4.2-27					
F43							4.2-26					
F44			1.5-15				4.2-26					
F45			1.5-15				4.2-26					
F46			1.5-15				4.2-26					
F50		1.5-7				4.2-11						
F51		1.5-7				4.2-11						
F55						4.2-7						
F56						4.2-7						
F60		1.5-7		1.5-25		4.2-13		4.2-22		1.5-11		1.5-30
F61				1.5-25								
F63		1.5-7		1.5-25		4.2-13		4.2-22		1.5-11		
F68						4.2-8		4.2-18				

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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		4.2-12		4.2-21				
F75		1.5-7		1.5-25		4.2-13		4.2-22				
F76		1.5-7		1.5-26								
F81						4.2-10						
F84			1.5-15				4.2-27					
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		4.2-10	4.2-20	4.2-24	1.5-12			1.5-30
F93		1.5-8		1.5-26		4.2-10	4.2-20	4.2-24				
F94									1.5-12			1.5-30
F95									1.5-12			1.5-30
M33		1.5-8		1.5-26								
M97		1.5-8		1.5-26		4.2-12	4.2-21	4.2-21	1.5-12			1.5-30
M98		1.5-9		1.5-27		4.2-12	4.2-21	4.2-21	1.5-12			1.5-31
M99		1.5-9		1.5-27		4.2-12	4.2-21	4.2-21	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		4.2-12	4.2-21	4.2-21	1.5-13			1.5-31
N90									1.5-13			1.5-31
U44		1.5-10		1.5-28								
V30			1.5-17									
W40			1.5-17									
X40						4.2-14		4.2-23				
X43						4.2-14		4.2-23				
X44						4.2-14		4.2-23				
Y84						4.2-10		4.2-20				
Y97				1.5-28								
Y98		1.5-10		1.5-28		4.2-15	4.2-24	4.2-24				
Y99		1.5-10		1.5-28		4.2-15		4.2-24	1.5-13			1.5-31
GX1			1.5-15				4.2-26					
GX2			1.5-15				4.2-26					
GX3			1.5-15				4.2-26					
NF1											1.5-22	
NF2											1.5-22	
VE1			1.5-16									

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REASON CODE INDEX (CONT'D)

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
VE2			1.5-16									
VE3			1.5-16									
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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**RESERVED FOR EXPANSION**