



**George E. Pataki**  
Governor

**NEW YORK STATE**  
**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE**  
40 NORTH PEARL STREET  
ALBANY, NY 12243-0001

**Robert Doar**  
Commissioner

## Informational Letter

### Section 1

<b>Transmittal:</b>	04-INF-23
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Temporary Assistance
<b>Date:</b>	December 20, 2004
<b>Subject:</b>	Revision of LDSS-4398: "WMS Non-Services Code Cards" (November 2004) Update
<b>Suggested Distribution:</b>	WMS Coordinators Temporary Assistance Directors Food Stamp Benefits Directors HEAP Coordinators Medicaid Directors Employment Coordinators CAP Coordinators TOP Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Bob Gullie 1-800-343-8859, Extension 6-1095 Program Questions: Eastern Region - (518) 473-1469 Central Region - (518) 474-9344 Western Region - (518) 473-0332 Metro Region - (212) 383-1658 WMS Questions: (518) 473-7991
<b>Attachments:</b>	Attachment - WMS Non-Services Code Cards (11/04) - Available on the Intranet - For instructions how to download (See WMS/CNS Coordinator Letter - 1/28/00)
<b>Attachment Available On – Line:</b>	<input checked="" type="checkbox"/>

### Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
97 ADM-21 97 ADM-20 03 INF-6 04 INF-6 02 INF-12 01 INF-7 00 INF-9	04 INF 6				WMS/CNS Coordinator Letter 1/28/00

**Section 2****I. Purpose:**

The purpose of this release is to introduce the 11/04 revision of the LDSS-4398: “WMS Non-Services Code Cards”.

**II. Background**

The WMS Non-Services Code Cards are designed to assist **Upstate** local district staff in locating Welfare Management System (WMS) data-entered and system generated codes.

**III. Program Implications**

The latest updates to the code cards reflect additions, deletions and changes in WMS codes, which have occurred since the last card stock update in November of 2003.

Most of the changes are as a result of Federal and State Welfare Reform Time Limits Tracking reporting requirements and the new MA Attestation of Resources requirements.

**IV. Forms Distribution and Ordering Information**

We expect delivery of the revised WMS Non-Services Code Cards in early March 2005. They will be distributed shortly after that.

Your district **will** automatically receive supplies of the WMS Non-Services Code Cards based on previous ordering practices.

Card Stock code cards will continue to be issued on a periodic basis.

The 11/04 revision of the code cards is also accessible through the Intranet. See the 1/28/00 “Dear WMS /CNS Coordinator” letter for instructions on how to download the code cards through the Intranet.

Requests for additional card stock sets of LDSS-4398 (11/04) should be submitted on OTDA-876 (Rev. 6/98): “Request for Forms or Publications” form, and should be sent to:

Office of Temporary and Disability Assistance  
Document Services  
P.O. Box 1990  
Albany, New York 12201  
Attention: Document Supply Control & Distribution

Questions concerning ordering forms should be directed to Document Services at 1-800-343-8859, extension 4-9522.

**Issued By** \_\_\_\_\_

**Name:** Russell Sykes  
**Title:** Deputy Commissioner  
**Division/Office:** Division of Temporary Assistance

<b>TRANSACTION TYPE CODES – TRANS. TYPE - (PA, MA, FS, HEAP)</b> INITIAL CASE ENTRY 02 Opening                                    09 Open/Close 03 Denial                                        10 Reopening UNDERCARE ENTRY 05 Change 06 Recertification/Reauthorization 07 Closing 08 Recertification/Closing 11 Reactivation 14 Closed Case Maintenance	<h1>1</h1>	<b>PA/FS CODES - (PA) (cont'd)</b> 04 Do Not Authorize - Non-PA Person in Household 05 FS Authorization Determination Pending 06 PA/FS Issuance To Be Handled in Co-Op Case 07 Closed - PA Case But Continue FS 08 Closed - Both PA and FS Cases 09 Closed - FS Case 10 Recert-Close PA/Deny FS 70 Deny PA/Continue FS 71 Deny PA/Continue FS w/Expedited FS 80 Deny PA/Recert - Close FS 81 Deny PA/Recert - Close FS w/Expedited FS (See Pages 30 - 32 for PA/FS Indicator Codes by Transaction) 90 Deny PA/Close FS 91 Deny PA/Close FS w/Expedited FS
<b>PA REASON CODES - REASON CODE -</b> (See PA Reason Code Cards Section)		<b>MA REASON CODES - REASON CODE -</b> (See MA Case Reason Code Cards Section)
<b>FS REASON CODES - REASON CODE -</b> (See FS Case Reason Code Cards Section)		<b>CASE TYPE CODES - CASE TYPE-(PA, MA, FS, HEAP)</b> 11 Family Assistance (FA) 12 Safety Net Non-Cash Assistance (SN-FP) 13 Aid to Dependent Children - Foster-Care (ADC-FC) 16 Safety Net Cash Assistance (SN-CSH) 17 Safety Net Non-Cash Assistance (SN-FNP) 18 Emergency Assistance for Adults (EAA) 19 Emergency Assistance to Families (EAF) 20 Medical Assistance (MA) 21 Medicaid Presumptive Eligibility 22 Medical Assistance - Supplemental Security Income (MA-SSI) 24 Family Health Plus (FHP) 31 Non-Public Assistance Food Stamps (NPA-FS) 32 Public Assistance and Non-Public Assistance Mixed Household (FS-MIX) 60 Home Energy Assistance Program (HEAP)
<b>SAFETY NET INDICATOR - SafeNet - (CT = 17 Only)</b> A Substance Abuse S Safety Net Limit C Cash Limit (Auth From Date must be > 12/01/01)		<b>FISCAL DISTRICT CODES - FISCAL - (PA, MA)</b> (Use Only as Authorized) 01 Albany                                        33 Orange 02 Allegany                                       34 Orleans 03 Broome                                        35 Oswego 04 Cattaraugus                                36 Otsego 05 Cayuga                                         37 Putnam 06 Chautauqua                                38 Rensselaer 07 Chemung                                     39 Rockland 08 Chenango                                    40 St. Lawrence 09 Clinton                                        41 Saratoga 10 Columbia                                    42 Schenectady 11 Cortland                                      43 Schoharie 12 Delaware                                    44 Schuyler 13 Dutchess                                     45 Seneca 14 Erie    46 Steuben 15 Essex                                         47 Suffolk 16 Franklin                                      48 Sullivan 17 Fulton                                        49 Tioga 18 Genesee                                    50 Tompkins 19 Greene                                        51 Ulster 20 Hamilton                                    52 Warren 21 Herkimer                                    53 Washington 22 Jefferson                                    54 Wayne 23 Lewis                                         55 Westchester 24 Livingston                                  56 Wyoming 25 Madison                                      57 Yates 26 Monroe                                       66 New York City 27 Montgomery                                77 Other State or Territory 28 Nassau                                        97 Office of Mental Health 29 Niagara                                       98 Office of Mental 30 Oneida                                        Retardation & Develop- 31 Onondaga                                    mental Disability 32 Ontario
<b>NOTICE INDICATOR - CLIENT NOTICE: IND.</b> A Adequate    N No Notice    T Timely		
<b>LANGUAGE INDICATOR - LANGUAGE</b> E English                                        S Spanish		
<b>HEALTH INSURANCE INDICATOR (HII) (CT 20, 24)</b> 0 No Employer Health Insurance within the past 6 months 1 Insured person no longer works for employer 2 Employer stopped offering health insurance 3 Employer ceased coverage for children 4 Cost of health insurance is no longer affordable 5 CHP/FHP costs less than employer health insurance 6 CHP/FHP offers better benefits than employer health insurance 9 Information not available		
<b>RESOURCE VERIFICATION INDICATOR (RVI)</b> 1 Resources Verified for 36 Months 2 Resources Verified (only) for current month 3 Resources not verified 4 Transfer of resources 9 Exempt from resource verification		
<b>RACIAL ETHNIC CODES - Race (For each code, enter [Y] Yes or [N] No. For MA Only cases [CT 20], enter Y, N or [U] Unknown) (PA, MA, FS, HEAP)</b> <b>ETHNICITY</b> H Hispanic or Latino <b>RACE</b> I American Indian or Alaskan Native A Asian B Black or African American P Native Hawaiian or Other Pacific Islander W White		
<b>PA/FS CODES - (PA)</b> 01 Authorized for PA-FS 02 Do Not Authorize - Declined to Participate for Food Stamps 03 Do Not Authorize - Denied Food Stamps		

**PERIODIC REPORTING CODES - PA/FS PERIODIC  
CNTCT (PA, FS)**

- B Periodic Reporting Required/No Calculated ABEL Budget
- C Periodic Reporting Required/Income Deemed from  
Individuals Living in Household Who Have Earned  
Income or a Recent Work History (PA Only)
- E Periodic Reporting Exempt
- I Periodic Reporting Exempt/Coop Case with Earned  
Income form LRR (Legally Responsible Relative)(PA Only)
- L Periodic Reporting Required/Employed - On-Call

**IV-D INDICATOR - IV-D Ind.**

- Y IV-D Case (PA)
- N Not a IV-D Case
- X IV-D Case to be Excluded From IV-D Monthly Mass  
Authorization (PA)

**SPECIAL PROGRAM CODE - Sp - Code**

- C CAP
- R Refugee Cash Assistance (RCA)
- S NYSNIP

**HEAP INCOME LEVEL CODE - HEAP Income  
(HEAP, PA, FS)**

- 1 Represents Poverty Level Grouping - 75% or Less
- 2 Represents Poverty Level Grouping - 76-100%
- 3 Represents Poverty Level Grouping - 101-125%
- 4 Represents Poverty Level Grouping - 126-150%
- 5 Represents Poverty Level Grouping - over 150%

**MA EXTENSION REASON CODES**

(See MA Reason Codes Pages 12-19 for Definitions of Codes)  
OPENING - 088, 089, 090, 093 (700 and 710 are System-  
Generated: See Page I)

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ALL DENIALS (03) (FOR EAF CASES ONLY)	OPENING (02)/REOPENING (10)/OPEN-CLOSE (09)(cont'd)
<p><b>FINANCIAL ELIGIBILITY NOT MET</b> 201 Excess Income 205 Excess Resources (Includes Lump Sum Payments)</p> <p><b>NON-FINANCIAL PROCEDURAL REQUIREMENTS</b> 215 Not deprived of support or care 220 Undocumented alien 225 Nonresident 230 Recovery, Lien assignment 235 Relative responsible 249 Refuses to Comply with Drug/Alcohol Treatment Requirement 257 Failure to comply with JOB Ready Evaluation 258 Failure to conduct mandatory Job Search 259 Refusal to participate in Education, Employment or Training Program 260 Other procedural requirement 265 Unable to locate 270 Moved out of district 275 Death before determination 280 Referred to another agency or program 285 Other</p>	<p><b>NO MATERIAL CHANGE IN INCOME OR RESOURCES (cont'd)</b> 070 Living below agency standards 075 Other (non-material change in income or resources) 076 Authorized IV-D Payment</p> <p><b>CHILD ASSISTANCE PROGRAM (CAP)</b> 079 Child Assistance Program</p> <p><b>TRANSFERRED FROM OTHER PROGRAM</b> 080 Transferred from FA, SN-FP 081 Transferred from PG-ADC, SN-CSH, SN-FNP 082 Transferred from EAF</p>
<b>1</b>	<p><b>UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)</b></p>
<p><b>OPENING (02)/REOPENING (10)/OPEN-CLOSE (09)</b></p>	<p><b>TRANSFERRED FROM OTHER PROGRAM</b> 978 Transferred from FA, SN-FP to CAP 984 Transferred from CAP</p>
<p><b>MATERIAL CHANGE IN INCOME OR RESOURCES</b> <i>Loss of or reduction in earnings of recipient (or FA, SN-FP Grantee) as a result of:</i> 002 Illness, injury, or other impairment or recipient (CT 16, 17, 19) 005 Lay-off, discharge, or other reason (CT 16, 17, 19) <i>Illness, injury, or other impairment of (FA, SN-FP Only):</i> 010 Father 011 Mother 012 Other Grantee <i>Lay-off, discharge, or other reason (FA, SN-FP Only):</i> 015 Father 016 Mother 017 Other Grantee 020 Loss of or reduction in support of child due to death of parent <i>Leaving home by parent and stopping or reducing support for reason of:</i> 021 Divorce 022 Separation 023 Desertion 024 Other (hospital, imprisoned) <i>Loss of or reduction in support from person outside home (FA, SN-FP Only):</i> 030 Father (absent throughout 6 months preceding application) <i>Loss of or reduction in support from other person in home as a result of:</i> 035 Death 036 Leaving home &amp; stopping or reducing support (hospitalized, etc.) 037 Illness, injury, or other impairment 038 Lay-off, discharge, or other reason 040 Loss or reduction in support from person outside home 045 Loss of or reduction in other income 050 Other material change in resources</p>	<p><b>OTHER UNDERCARE MAINTENANCE ACTIONS</b> 965 Authorize IV-D, HEAP or Other Supportive Payment 966 Other Clockdown Closing Change 994 Cancel Closing</p>
<p><b>NO MATERIAL CHANGE IN INCOME OR RESOURCES</b> 060 Change in state law or agency policy <i>Increased need because of:</i> 065 Return of recipient or relative (ill or previously institutionalized) 066 Other reason</p>	<p><b>CLOSING (07)/RECERTIFICATION CLOSING (08) (FOR EAF CASES ONLY)</b></p> <p>101 Death</p> <p><b>MATERIAL CHANGE IN INCOME OR RESOURCES</b> Employment or increased earnings of person in home: 105 Father (CT 11, 12)      108 Recipient (CT 16, 17) 106 Mother (CT 11, 12)      109 Other Person 107 Child (CT 11, 12)</p> <p><i>Receipt of or increase in support as a result of:</i> 115 Absent parent's return (CT 11, 12) 116 Marriage of parent, marriage of unmarried mother (CT 11, 12)</p> <p><i>Receipt of or increase in support from person outside home:</i> 120 Absent Father (CT 11, 12) 121 Other Person</p> <p><i>Receipt of or increase in benefits of persons under:</i> 125 Governmental program: OASDI 126 Other Federal 127 State or Local: Unemployment Insurance 128 Non-governmental program 130 Other material change in income or resources (Includes Lump Sum Payments)</p> <p><b>NO MATERIAL CHANGE IN INCOME OR RESOURCES</b> 135 Decreased need for other requirement(s)</p> <p><b>NO LONGER MEETS ELIG REQ. OTHER THAN NEED</b> (If two or more reasons apply, report the one occurring first.) (If the occurrences were simultaneous, report reason appearing first on list) 139 Increased hours (SN-FP Only) 140 Change in State Law or agency policy other than need</p>

<b>CLOSING (07)/RECERTIFICATION CLOSING (08) (FOR EAF CASES ONLY) (Cont'd)</b>
<p><i>Refusal to comply with eligibility requirement:</i></p> <p>149 Refused to Comply With Drug/Alcohol Treatment Requirement</p> <p>150 Recovery, lien and/or assignment provisions</p> <p>151 Relative responsibility provisions (including notice to law enforcement officials)</p> <p>158 Refusal to Conduct Mandatory Job Search</p> <p>159 Refusal to participate in Education, Employment or Training Program</p> <p>160 No longer incapacitated (FA, SN-FP parent)</p> <p>165 FA, SN-FP parent returned</p> <p>170 No eligible child in home</p> <p>171 Admitted to public institution</p> <p>172 Admitted to private institution</p> <p>175 Client's Request</p> <p>176 Client's Request - Earned Income (PA Only)</p> <p>177 No contact</p> <p>179 Other (Including moved out of district)</p>
<p><b>TRANSFERRED TO ANOTHER PROGRAM</b></p> <p><b>NOTE:</b> Transfers have priority over and supercede all other codes</p> <p>180 FA, SN-FP</p> <p>181 PG-ADC, SN-CSH, SN-FNP</p> <p>182 EAF</p>
<b>REACTIVATION (11) (PA and FS)</b>
<p>991 Fair Hearing - Aid to Continue</p> <p>992 Court Order to Enjoin Closing</p> <p>993 Closed in Error</p> <p>994 Cancel Closing</p>
<b>ADC-FC ONLY REASON CODES</b>
<p><b><i>CLOSINGS ONLY</i></b></p> <p>096 ADC-FC Closing</p> <p>U66 Currently in Receipt of Assistance</p> <p>E60 Unable to Locate</p> <p>E63 Not a Resident of State</p> <p>E65 Discontinuance, Eligible for Continuous Coverage in new District</p> <p>E79 MA not Provided in Current Living Arrangements</p> <p>E90 Client's Request</p> <p>E95 Deceased</p> <p>U77 Concurrent Benefits, Intra-State, no Aid Continuing</p> <p>U78 Concurrent Benefits, Inter-State, Aid Continuing</p> <p><b><i>ALL TRANSACTIONS (Except Reactivation)</i></b></p> <p>097 Division of Youth-Custody</p> <p>098 Department of Social Services-Custody</p> <p>Y62 Child IV-E Eligible</p>
<b>CLOSED CASE MAINTENANCE (14) (PA and FS)</b>
<p>960 Change of Address (No Change to Benefits)</p> <p>965 Authorize IV-D, HEAP or Other Supportive Payment</p> <p>966 Other Clockdown Closing Change</p> <p>E10 Failure to Keep/Complete Interview, No Scheduled Appointment</p> <p>N10 Failure to Keep/Complete Appointment</p> <p>M20 Refusal to Provide Information (During Certification Period)</p> <p>Y20 PA Benefit Not Changed (No New Budget) (CT 11, 12, 16, 17 Only)</p>

# 1

**CASE LEVEL OPENINGS (02 AND REOPENINGS (10)****PA APPROVAL NOTICES**

<b>CODE</b>	<b>DEFINITION</b>	<b>TRANSACTION TYPE(S)</b>
A20	PA Case Opened: TA Determination Pending	02, 10
A30	PA Approval: Same Deficit Each Month (1 Budget Stored)	02, 10
A31	PA Approval: Two Budgets Stored with Different Effective Dates	02, 10
A32	PA Approval: First Month Prorated	02, 10
A36	PA Approval: First Period Denied - Eligible in Succeeding Months with Same Deficit	02, 10
F36	Responsibility of Former District (CNS Only)	02, 10
L92	Restart Previously Notified Recoupment (CNS Only)	02, 10
R15	Restriction(s) Begins, Ends or is Denied (CNS Only)	02, 10
R30	Recoupment Pended (CNS Only)	02, 10

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<b>FILL INFORMATION</b> A - J NO FILL K - P LIMITED FILL Q - X EXTENSIVE FILL
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**CASE LEVEL DENIALS (03), CLOSINGS (07), RECERTIFICATION CLOSINGS (08). All PA Denial (03) Notices are Adequate. Closing (07) & Recert Closing (08) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.**

**FAILURE TO PROVIDE VERIFICATION**

CODE	DEFINITION	TRANSACTION TYPE(S)
V20	Failure to Provide Verification	07, 08
V21	Failure to Provide Verification	03
V22	Failure to Provide Verification - Mail-In Recert	08
V23	Failure to Provide Verification - Parent/Spouse	03, 07, 08
V24	Failure to Provide Verification - Step/Grandparent	03, 07, 08
V25	Failure to Provide Verification - Filing Unit	03, 07, 08

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**INCOME RELATED**

CODE	DEFINITION	TRANSACTION TYPE(S)
E30	Excess Income (Sep. Deter. if appropriate (TT 03)) (1 Mo. MA Extension if appropriate (TT 07, 08))	03, 07, 08
E31	Excess Income - Increased Earnings - TMA Eligible	07, 08
E32	Excess Income - Increased Support Collection - MA Extension (4 Months)	07, 08
E34 *	Excess Income Receipt of SSI - Single Individual	03, 07, 08
E38	Excess Income - Lump Sum	07, 08
E39	Excess Income - COLA	07, 08
E40	Excess Income - Budgeting Error	07, 08
F33	Excess Income - Deemed Income of Alien Sponsor (CT 11)	03, 07, 08
F38	Excess Income - Lump Sum (No MA Extension)	07, 08
M35	Lump Sum - No Good Reason Provided - DATE 1: DATE (MMDDYY) OF THE NOTICE WHICH ADVISED THEM OF THEIR INELIGIBILITY. - DATE 2: DATE (MMDDYY) THE INELIGIBILITY ENDS.	03
M37	Lump Sum - Shortened Ineligibility Period - DATE 1: DATE (MMDDYY) OF THE NOTICE WHICH ADVISED THEM OF THEIR INELIGIBILITY. - DATE 2: DATE (MMDDYY) THEY WERE INITIALLY TOLD THE INELIGIBILITY WOULD END.	03

**RESOURCES**

CODE	DEFINITION	TRANSACTION TYPE(S)
M48	Parent's Offer of a Home - Minor Not Pregnant or Parenting (CT 16, 17) - NAME 1: PARENT'S NAME.	03, 07, 08
N13	Failure to Use/Apply for Benefit/Resource - NAME 1: NAME OF INDIVIDUAL WHO DID NOT APPLY FOR BENEFIT/ RESOURCE. - LN 1-5: BENEFIT/RESOURCE FOR WHICH THE CLIENT DID NOT APPLY.	03, 07, 08
U40	Excess Resources	03, 07, 08
U41	Transfer of Resources (CT 12, 16, 17)	03, 07, 08
U42	Excess Resources - Refusal to Sell Property	03, 07, 08
U43	Excess Resources - End of 6 Month Period	07, 08
U44	Excess Resources - Deemed Resources of Alien Sponsor (CT 11)	03, 07, 08
UI6	Excess Resources - No Elderly Individual Present	07, 08

**LIVINGARRANGEMENTS**

CODE	DEFINITION	TRANSACTION TYPE(S)
E60 *	Unable to Locate	03, 07, 08
E61	Not a Resident of District	03
E63	Not a Resident of State	03
E64	Moved Out of District Before Determination	03
E66	Not a Resident of State	07, 08
G61	Not a Resident of District	07, 08
M62	Move Out of District - DATE 1: THE MONTH (MMYY) CLIENT MOVED.	07, 08
M63	Will Move Out of State - DATE 1: DATE (MMDDYY) CLIENT WILL MOVE.	07, 08
M66	Receiving PA in Another Case - NAME 1: OTHER PA CASE NAME.	03

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

<b>FILL INFORMATION</b>
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**LIVING ARRANGEMENTS (Cont'd)**

CODE	DEFINITION	TRANSACTION TYPE(S)
M67	Part of Another PA Application - NAME 1: OTHER APPLYING PA CASE NAME.	03
M68	Added to Another Case - NAME 1: OTHER PA CASE NAME.	07, 08

**OTHER FAILURES**

CODE	DEFINITION	TRANSACTION TYPE(S)
E10	Failure to Keep/Complete Interview: No Scheduled Appointment	03
F11	Failure to Access PA Benefits	07
F19	Refused to Cooperate with Quality Control	07, 08
F52	Failure to Provide Information - Federal Reporting	03, 07, 08
F53	Refusal by Parent to Apply for Child (CT 11, 12 Only)	03, 07, 08
F81	Refused Photo ID - Single Individual	03, 07, 08
M15	Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 16, 17) - NAME OF THE INDIVIDUAL WHO REFUSED TO SIGN THE AGREEMENT.	03, 07, 08
M24	Failure to Resolve a Computer Match	07, 08
M25	Failure to Respond to a Computer Match Call-In - NAME 1: TYPE OF COMPUTER MATCH. - NAME 2: NAME OF INDIVIDUAL WHO IS THE SUBJECT OF THE COMPUTER MATCH.	03, 07, 08
M88	Failure to Comply with Finger Imaging Requirement - Legally Responsible Relative (HH > 1) - LN 1-5: NAME(S) OF INDIVIDUAL(S) FAILING TO COMPLY	03, 07, 08
N10	Failure to Keep/Complete Appointment - DATE 1: DATE (MMDDYY) OF THE INTERVIEW.	03
N14	Filing Unit Member Failed to Apply - NAME 1: NAME OF NON-APPLYING MEMBER.	03, 07, 08
N15	Failure to Keep Appointment - EVR/FEDS Home Visit - DATE (MMDDYY) OF HOME VISIT - TIME (HHMM) OF THE HOME VISIT	03, 07, 08
N16	Failure to Contact Agency - DATE (MMDDYY) BY WHICH THE HOUSEHOLD WAS TO HAVE CONTACTED THE AGENCY.	03, 07, 08
N17	Failure to Complete Eligibility Process - DATE 1: APPOINTMENT DATE (MMDDYY) - NAME 1: NAME OF WORKER OR UNIT	03, 07, 08
N19	Failure to Comply with Requirement to Look for Work - NAME 1: NAME OF APPLICANT	03, 07, 08
N21	Failure to Keep Employment Assessment Appointment - DATE 1: EMPLOYMENT ASSESSMENT DATE (MMDDYY) - NAME 1: INDIV WHO DID NOT COMPLY	03, 07, 08
W10	Failure to Keep Investigatory Appointment	03, 07, 08
W11	Failure to Keep Appointment for DSS Medical Assessment	03, 07, 08

**1****OTHER**

CODE	DEFINITION	TRANSACTION TYPE(S)
F98	Client Requests Child Care in Lieu of TA (CT 11, 12, 16, 17)	03, 07, 08
I92	No Eligible Individual (Individual - R/C Required)	03, 07, 08
K65	Excess Support (Worker Authorized) - Closed Case	14
L65	Excess Support (Worker Authorized) - Active Case (TT=05 - WMS/CNS) (TT=06, 07, 08 - CNS Only)	05, 06, 07, 08
M90 *	Client Request - Written - PA and MA - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M91	Client Request - Verbal - PA and MA - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M92 *	Client Request - Written - Earned Income - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	07, 08
M93	Client Request - Verbal - Earned Income - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	07, 08
M94 *	Client Request - Written - PA Only - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M95	Client Request - Verbal - PA Only - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08

<b>FILL INFORMATION</b>
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Q - X EXTENSIVE FILL

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**OTHER (Cont'd)**

CODE	DEFINITION	TRANSACTION TYPE(S)
Y35	Suppress Printing of LDSS-3209 (Authorization) (Changes Limited to Off/Unit/Wrkr, Co-op Case #, Phone #)	05
Y95	Application for Emergency Assistance Only	03, 07
Y98	Other - Manual Notice Required – (No MA Extension/E)	07, 08
Y99	Other - Manual Notice Required (1 Month MA Extension - TT 07, 08)	03, 07, 08

**PERIODIC REPORTING**

CODE	DEFINITION	TRANSACTION TYPE(S)
E50	Failure to Return Periodic Report	07
E51	Failure to Complete Periodic Report - Questions	07
E52	Failure to Complete Periodic Report - Signature/Date	07
E53	Failure to Complete Periodic Report - Proof of Income	07
E54	Failure to Complete Periodic Report - Dated Early	07
N53	Failure to Complete Periodic Report - Partial Proof - LN 1-5: DATE(S) OF THE MISSING PAY STUBS <u>OR</u> DATE(S) OF THE WEEK(S) FOR WHICH VERIFICATION IS MISSING	07

**PA RECOUPMENTS \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
L99	PA Overpayment Balance Statement -AMOUNT 1: CURRENT RECOUPMENT BALANCE	07, 08, 00
R40	Recoupment - Closing & Closed Cases	07, 08, 00

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**PA RESTORED BENEFITS \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
X01	Issue Underpayment Adjustment	07, 08
X02	Underpayment Entirely Offset by Overpayment	07, 08
X03	Underpayment Partially Offset by Overpayment	07, 08
X04	Grant Reviewed - No Adjustment Needed	07, 08

**FAILURE TO RECERTIFY**

CODE	DEFINITION	TRANSACTION TYPE(S)
M10	Failure to Recertify - On - DATE 1: DATE (MMDDYY) OF THE RECERTIFICATION APPOINTMENT	08
M11	Failure to Recertify - By - DATE 1: DATE (MMDDYY) BY WHICH THE CLIENT WAS REQUIRED TO COME IN FOR THE RECERTIFICATION APPOINTMENT	08
M12	Failure to Return Mail-In Recert - DATE 1: DATE (MMDDYY) BY WHICH MAIL-IN RECERTIFICATION FORMS WERE TO BE RETURNED	08

**HEAP ONLY (CT 60)**

CODE	DEFINITION	TRANSACTION TYPE(S)
F01	HEAP Excess Income	03, 07
F02	HEAP Previously Applied for/Automatic Payment Received	03, 07
F03	HEAP Household Resides in Subsidized Housing with Heat Included	03, 07
F04	HEAP Emergency Denial	03, 07
F05	HEAP Application Not Complete or Signed	03, 07
F06	Ineligible Alien	03, 07
F07	Failure to Document Alien Status	03, 07
F08	HEAP Application Received After HEAP Program Year Closing Date	03, 07
M06	Insufficient Information	03, 07
Y99	Manual Notice (Not HEAP Only – Used in Multiple Case Notice Situations)	03, 07

**FILL INFORMATION**  
A - J NO FILL  
K - P LIMITED FILL  
Q - X EXTENSIVE FILL

**60 MONTH TIME LIMIT**

CODE	DEFINITION	TRANSACTION TYPE(S)
G30	Close FA Due to 60 Month Limit/No SNA Application Filed	07, 08
G31	Close FA Due to 60 Month Limit/Deny SNA - Separate SNA Notice Required	07, 08
G32	Close FA Due to 60 Month Limit/Deny SNA - Refusal to Sign Repay. Agreemt./Earnings Assignmt.	07, 08
G33	Close FA Due to 60 Month Limit/Deny SNA - Refusal to Apply for Child	07, 08
P30	Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search	07, 08
P31	Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Employment Assessment	07, 08
P32	Close FA/Deny SNA - Refusal to Take a Job	07, 08

\*\* (CNS Only)

**CASE LEVEL UNDERCARE MAINTENANCE(05), RECERTIFICATIONS(06)**

**CHANGES**

CODE	DEFINITION	TRANSACTION TYPE(S)
B20	New Budget Authorized	05
B22	New Budget Authorized-Neg. Action (CW/QR)	05
B50	Category Change Only	05

**RECERTIFICATIONS**

CODE	DEFINITION	TRANSACTION TYPE(S)
B60	Recertification	06
B61	Recertification - Timely Requirement Waived	06

**PRORATION \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
B90	SSI Proration	05, 06, 07, 08

**RESTRICTIONS \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
R15	Restriction(s) Begins, Ends or is Denied	05, 06

**RECOUPMENTS \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
L92	Restart Previously Notified Recoupment	05, 06
	-AMOUNT 1: CURRENT RECOUPMENT BALANCE	
R20	Recoupment Begins	05, 06
R30	Recoupment Pending	05, 06, 00

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**RESTORED BENEFITS \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
X01	Issue Underpayment Adjustment	05, 06
X02	Underpayment Entirely Offset by Overpayment	05, 06, 00
X03	Underpayment Partially Offset by Overpayment	05, 06
X04	Grant Reviewed - No Adjustment Needed	05, 06, 00

**APPROVALS (Only Valid if Emergency Indicator is being removed-Changed from 'X' to Blank)**

CODE	DEFINITION	TRANSACTION TYPE(S)
A30	PA Approval: Same Deficit Each Month (1 Budget Stored)	05, 06
A31	PA Approval: Two Budgets Stored with Different Effective Dates	05, 06
A32	PA Approval: First Month Prorated	05, 06

**OTHER**

CODE	DEFINITION	TRANSACTION TYPE(S)
Y20	PA Benefit Not Changed (No New Budget)	05, 14, 00
Y22	Case Demographic Change Only	05
903	CIN Unduplication (Data-entered)	05

**HEAP APPROVAL NOTICES FOR PA AND HEAP**

CODE	DEFINITION	TRANSACTION TYPE(S)
A10	Reg. Grant Only - Payment Sent to Fuel/Util Supplier	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A11	Reg. Grant Only - EBT PA Cases	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A12	Reg. Grant Only - EBT FS Cases	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A13	Reg. Grant Only - Check	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A14	Reg. Grant Only - No Funds Avail.	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A15	Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A16	Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A17	Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10

**FILL INFORMATION**  
A - J NO FILL  
K - P LIMITED FILL  
Q - X EXTENSIVE FILL

\* Transaction Type 00 - Notice Prepared Without a WMS Transaction.

\*\* (CNS Only)

A20 PA Case Opened: TA Determination Pending	M63 Will Move Out of State
A30 PA Approval: Same Deficit Each Month (1 Budget Stored)	M66 Receiving PA In Another Case
A31 PA Approval: Two Budgets Stored with Different Effective Dates	M67 Part of Another PA Application
A32 PA Approval: First Month Prorated	M68 Added to Another Case
A36 PA Approval: First Period Denied - Eligible in Succeeding Months with Same Deficit	M88 Failure to Comply with Finger Imaging Requirement - Legally Responsible Relative (HH > 1)
B20 New Budget Authorized	M90 Client Request - Written - PA and MA
B22 New Budget Authorized - Neg. Action - CW/QR	M91 Client Request - Verbal - PA and MA
B50 Category Change Only	M92 Client Request - Written - Earned Income
B60 Recertification	M93 Client Request - Verbal - Earned Income
B61 Recertification - Timely Requirement Waived	M94 Client Request - Written - PA Only
B62 Late Recertification (w/o Good Cause)	M95 Client Request - Verbal - PA Only
B90 SSI Proration	N10 Failure to Keep/Complete Appointment
E10 Failure to Keep/Complete Interview: No Scheduled Appt.	N13 Failure to Use/Apply for Benefit/Resource
E30 Excess Income (No TMA)	N14 Filing Unit Member Failed to Apply
E31 Excess Income - Increased Earnings - TMA Eligible	N15 Failure to Keep Appointment - EVR/FEDS Home Visit
E32 Excess Income - Increased Support Collection - MA Ext.	N16 Failure to Contact Agency
E34 Excess Income - Receipt of SSI Single Individual	N17 Failure to Complete Eligibility Process
E38 Excess Income - Lump Sum	N19 Failure to Comply with Requirement to Look for Work
E39 Excess Income - COLA	N21 Failure to Keep Employment Assessment Appointment
E40 Excess Income - Budgeting Error	N53 Failure to Complete Periodic Report - Partial Proof
E50 Failure to Return Periodic Report	P30 Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search
E51 Failure to Complete Periodic Report - Questions	P31 Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Employment Assessment
E52 Failure to Complete Periodic Report - Signature/Date	P32 Close FA/Deny SNA - Refusal to Take a Job
E53 Failure to Complete Periodic Report - Proof of Income	R15 Restriction(s) Begins, Ends or is Denied
E54 Failure to Complete Periodic Report - Dated Early	R20 Recoupment Begins
E60 Unable to Locate	R30 Recoupment Pending
E61 Not a Resident of District (Denial)	R40 Recoupment - Closing & Closed Cases
E63 Not a Resident of State (Denial)	U40 Excess Resources
E64 Moved out of District Before Determination	U41 Transfer of Resources (CT 12, 16, 17)
E66 Not a Resident of State (Closing)	U42 Excess Resources - Refused to Sell Property
F11 Failure to Access PA Benefits	U43 Excess Resources - End of 6 Month Period
F19 Refusal to Cooperate with Quality Control	U44 Excess Resources - Deemed Resources of Alien Sponsor (CT 11)
F33 Excess Income - Deemed Income of Alien Sponsor (CT 11)	UI6 Excess Resources - No Elderly Individual Present
F36 Responsibility of Former District	V20 Failure to Provide Verification
F38 Excess Income - Lump Sum (No MA Ext.)	V21 Failure to Provide Verification (Denial)
F52 Failure to Provide Information - Federal Reporting	V22 Failure to Provide Verification - Mail-In Recert
F53 Refusal by Parent to Apply for Child (CT 11, 12 Only)	V23 Failure to Provide Verification - Parent/Spouse
F81 Refused Photo ID - Single Individual	V24 Failure to Provide Verification - Step/Grandparent
F98 Client Requests Child Care in Lieu of TA (CT 11, 12, 16, 17)	V25 Failure to Provide Verification - Filing Unit
G30 Close FA Due to 60 Month Limit/No SNA Application Filed	W10 Failure to Keep Investigatory Appointment
G31 Close FA Due to 60 Month Limit/Deny SNA - Separate SNA Notice Required	W11 Failure to Keep Appointment for DSS Medical Assessment
G32 Close FA Due to 60 Month Limit/Deny SNA - Refusal to Sign Repayment Agreement/Earnings Assignment	X01 Issue Underpayment Adjustment
G33 Close FA Due to 60 Month Limit/Deny SNA - Refusal to Apply for Child	X02 Underpayment Entirely Offset by Overpayment
G61 Not a Resident of District - Opened in Error	X03 Underpayment Partially Offset by Overpayment
I92 No Eligible Individual (Indiv. R/C Required)	X04 Grant Reviewed - No Adjustment Needed
K65 Excess Support (Worker Authorized) - Closed Case	Y20 PA Benefit Not Changed (No New Budget)
L65 Excess Support (Worker Authorized) - Active Case	Y22 Case Demographic Change Only
L92 Restart Previously Notified Recoupment	Y35 Suppress Print of LDSS-3209 (Authorization)
L99 PA Overpayment Balance Statement	Y95 Application for Emergency Assistance Only
M10 Failure to Recertify - On	Y98 Other - Manual Notice Required - (No MA Extension/E)
M11 Failure to Recertify - By	Y99 Other - Manual Notice Required (1 Month MA Extension)
M12 Failure to Return Mail-In Recert	002 Loss of or Reduction in Earnings Due to Illness, Injury, or Other Impairment of Recipient (CT 16, 17, 19)
M15 Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 16, 17)	005 Loss of or Reduction in Earnings Due to Lay-off, Discharge, or Other Reason (CT 16, 17, 19)
M24 Failure to Resolve a Computer Match	010 Illness, Injury, or Other Impairment of Father (CT 11, 12)
M25 Failure to Respond to a Computer Match Call-In	011 Illness, Injury, or Other Impairment of Mother (CT 11, 12)
M35 Lump Sum - No Good Reason Provided	012 Illness, Injury, or Other Impairment of Other Grantee (CT 11, 12)
M37 Lump Sum - Shortened Ineligibility Period	015 Lay-off, Discharge, or Other Reason of Father (CT 11, 12)
M48 Parent's Offer of a Home - Minor Not Pregnant or Parenting (CT 16, 17)	016 Lay-off, Discharge, or Other Reason of Mother (CT 11, 12)
M62 Moved Out of District	

017 Lay-off, Discharge, or Other Reason of Other Grantee (CT 11, 12)	128 Receipt of or Increase in Benefits of Persons Under Non-Governmental Program
020 Loss of or Reduction in Support of Child due to Death of Parent (CT 11, 12)	130 Receipt of or Increase in Benefits from Other Material Change in Income or Resources (Includes Lump Sum Pymts)
021 Leaving Home by Parent and Stopping or Reducing Support for Reason of Divorce	135 No Material Change in Income or Resources (Decreased Need for Other Requirement(s))
022 Leaving Home by Parent and Stopping or Reducing Support for Reason of Separation	139 No Longer Meets Eligibility Requirements Other Than Need - Increased Hours (CT 12 Only)
023 Leaving Home by Parent and Stopping or Reducing Support for Reason of Desertion	140 No Longer Meets Eligibility Requirements Other Than Need - Change in State Law or Agency Policy Other Than Need
024 Leaving Home by Parent and Stopping or Reducing Support for Reason of Other (Hospital, Imprisoned)	149 Refused to Comply with Drug/Alcohol Treatment Requirement (Eligibility Requirement)
030 Loss of or Reduction in Support from Father Outside Home (Absent Throughout 6 Months Preceding Application) (CT 11, 12)	150 Recovery, Lien and/or Assignment Provisions (Eligibility Requirement)
035 Loss of or Reduction in Support from Other Person in Home as a Result of Death	151 Relative Responsibility Provisions (Including Notice to Law Enforcement Officials)(Eligibility Requirement)
036 Loss of or Reduction in Support from Other Person in Home as a Result of Leaving Home and Stopping or Reducing Support (Hospitalized, etc.)	158 Refusal to Conduct Mandatory Job Search (Eligibility Requirement)
037 Loss of or Reduction in Support from Other Person in Home as a Result of Illness, Injury, or Other Impairment	159 Refusal to Participate in Education, Employment or Training Program (Eligibility Requirement)
038 Loss of or Reduction in Support from Other Person in Home as a Result of Lay-off, Discharge, or Other Reason	160 No Longer Incapacitated (FA, SN-FP Parent) (Eligibility Requirement)
040 Loss of or Reduction in Support from Other Person in Home as a Result of Loss or Reduction in Support From Person Outside Home	165 FA, SN-FP Parent Returned (Eligibility Requirement)
045 Loss of or Reduction in Support from Other Person in Home as a Result of Loss of or Reduction in Other Income	170 No Eligible Child in Home (Eligibility Requirement)
050 Loss of or Reduction in Support from Other Person in Home as a Result of Other Material Change in Resources	171 Admitted to Public Institution (Eligibility Requirement)
060 Change in State Law or Agency Policy	172 Admitted to Private Institution (Eligibility Requirement)
065 Increased Need Because of Return of Recipient or Relative (Ill or Previously Institutionalized)	175 Client's Request (Eligibility Requirement)
066 Increased Need Because of Other Reason	176 Client's Request-Earned Income (PA Only) (Eligibility Requirement)
070 Increased Need Because of Living Below Agency Standards	177 No Contact (Eligibility Requirement)
075 Increased Need Because of Other (Non-Material Change in Income or Resources)	179 Other (Including Moved Out of District) (Eligibility Requirement)
076 Increased Need Because of Authorized IV-D Payment	180 Transferred to FA, SN-FP
079 Child Assistance Program (CAP)	181 Transferred to PG-ADC, SN-CSH, SN-FNP
080 Transferred From FA, SN-FP	182 Transferred to EAF
081 Transferred From PG-ADC, SN-CSH, SN-FNP	201 Excess Income (CT 19, 60 Only)
082 Transferred From EAF	205 Excess Resources (Includes Lump Sum Payments)
096 ADC-FC Closing	215 Not Deprived of Support or Care (Non-Financial Procedural Requirement)
097 Division of Youth-Custody	220 Undocumented Alien (Non-Financial Procedural Requirement)
098 Department of Social Services-Custody	225 Nonresident (Non-Financial Procedural Requirement)
101 Death	230 Recovery, Lien Assignment (Non-Financial Procedural Requirement)
105 Employment or Increased Earnings of Father in Home	235 Relative Responsible (Non-Financial Procedural Requirement)
106 Employment or Increased Earnings of Mother in Home	249 Refuses to Comply With Drug/Alcohol Treatment Requirement (Non-Financial Procedural Requirement)
107 Employment or Increased Earnings of Child in Home	257 Failure to Comply With JOB Ready Evaluation (Non-Financial Procedural Requirement)
108 Employment or Increased Earnings of Recipient in Home	258 Failure to Conduct Mandatory Job Search (Non-Financial Procedural Requirement)
109 Employment or Increased Earnings of Other Person in Home	259 Refusal to Participate in Education, Employment or Training Program (Non-Financial Procedural Requirement)
115 Receipt of or Increase in Support as a Result of Absent Parent's Return (CT 11, 12)	260 Other Procedural Requirement (Non-Financial Procedural Requirement)
116 Receipt of or Increase in Support as a Result of Marriage of Parent, Marriage of Unmarried Mother (CT 11, 12)	265 Unable to Locate (Non-Financial Procedural Requirement)
120 Receipt of or Increase in Benefits from Person Outside Home (Absent Father)	270 Moved Out of District (Non-Financial Procedural Requirement)
121 Receipt of or Increase in Benefits from Person Outside the Home (Other Person)	275 Death Before Determination
125 Receipt of or Increase in Benefits of Persons Under Governmental Program: OASDI	279 Did not Complete Application/Incomplete Documentation
126 Receipt of or Increase in Benefits of Persons Under Other Federal	280 Referred to Another Agency or Program
127 Receipt of or Increase in Benefits of Persons Under State or Local: Unemployment Ins.	285 Other (CT 19, 60 Only)
	903 CIN Unduplication (Data-entered)
	960 Change of Address (No Change to Benefits)
	965 Authorize IV-D, HEAP or Other Supportive Payment
	966 Other Clockdown Closing Change
	978 Transferred from FA, SN-FP to CAP

984 Transferred from CAP  
 991 Fair Hearing - Aid to Continue  
 992 Court Order to Enjoin Closing  
 993 Closed in Error  
 994 Cancel Closing

**HEAP ONLY**

F01 HEAP Excess Income (HEAP Only)  
 F02 HEAP Previously Applied for/Automatic Payment Received (HEAP Only)  
 F03 HEAP Household Resides in Subsidized Housing with Heat Included (HEAP Only)  
 F04 HEAP Emergency Denial (HEAP Only)  
 F05 HEAP Application Not Complete or Signed (HEAP Only)  
 F06 Ineligible Alien (HEAP Only)  
 F07 Failure to Document Alien Status (HEAP Only)  
 F08 HEAP Application Received After HEAP Program Year Closing Date (HEAP Only)  
 M06 Insufficient Information (HEAP Only)

**PA (TT = 02, 05, 06, 07, 08, 10) and HEAP (TT = 02, 10, 05, 07)**

A10 Reg. Grant Only - Payment Sent to Fuel/Util. Supplier  
 A11 Reg. Grant Only - EBT PA Cases  
 A12 Reg. Grant Only - EBT FS Cases  
 A13 Reg. Grant Only - Check  
 A14 Reg. Grant Only - No Funds Avail.  
 A15 Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier  
 A16 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier  
 A17 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets

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## WMS DATA-ENTERED CODES

OPENING (02)/REOPENING (10)	COMMUNITY MA OPENINGS (cont'd)
<b>MATERIAL CHANGE IN INCOME OR RESOURCES</b>	S84 Accept Institutionalized Individual, Ancillary Only due to Failure to Provide Documentation of Resources (No Excess Income)
<i>Loss of or Reduction in Earnings of Recipient as a Result of:</i>	S85 Accept Community Coverage w/Community Based LTC Due to Failure to Verify
002 Illness, Injury, or Other Impairment of Recipient	<b>FHP</b>
005 Lay-Off, Discharge, or Other Reason	S37 FHP - FNP Parent
020 Loss or Reduction in Support of Child Due to Death of Parent	S38 FHP - FP
<i>Leaving Home by Parent and Stopping or Reducing Support for Reason of:</i>	S39 FHP - S/CC
021 Divorce	<i>Retro Coverage</i>
022 Separation	S57 Approve Retro Period, Deny Ongoing MA - S/CC
023 Desertion	S58 Deny Retro Period, Approve Ongoing MA - S/CC
024 Other (Hospital, Imprisoned)	S59 Approve Retro Period, Deny Ongoing MA - FNP Parent
030 Loss of or Reduction in Support from Person Outside Home - ADC Father (Absent Throughout 6 Months Preceding Application)	S60 Deny Retro Period, Approve Ongoing MA - FNP Parent
<i>Loss of or Reduction in Support from Other Person in Home as a Result of:</i>	S80 Approve Retro, Deny Ongoing MA/FHP - FP
035 Death	S81 Approve Ongoing, Deny Retro Period - FP
036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.)	<b>FPBP</b>
037 Illness, Injury or Other Impairment	S61 Accept 200% of FPBP-FP
038 Lay-Off, Discharge, or Other Reason	S62 FPBP - waived right to MA/FHP
<b>OTHER MATERIAL CHANGE</b>	S66 Acceptance FPBP - S/CC
040 Loss of or Reduction in Support from Person Outside Home	S67 Acceptance FPBP - FNP Parents
045 Loss of or Reduction in Other Income	<i>Prenatal</i>
050 Other Material Change in Resources	S35 Prenatal Care, 200%
<b>NO MATERIAL CHANGE IN INCOME OR RESOURCES</b>	S36 Prenatal Care, 100%
060 Change in State Law or Agency Policy	<i>Medicare Buy-In</i>
<i>Increased Need Because of:</i>	S32 Accept MBI-WPD, No Premium Payment
065 Return of Recipient or Relative (Ill or Previously Institutionalized)	S40 Medicare Buy-In Program
066 Other Reason	S56 SLIMB
070 Living Below Agency Standards	<b>COBRA</b>
075 Other	S41 COBRA Continuation
<b>TRANSFERRED FROM OTHER PROGRAM</b>	C21 Conditional Acceptance, COBRA Continuation
080 FA, SN-FP	<i>Excess Income</i>
081 PG-ADC, SN-CSH, SN-FNP	S20 Excess Income - Spenddown Met (AA)
082 Emergency Assistance to Families	S20 Provisional Coverage Excess Income (Adults Only) (AB)
<b>MA ONLY OPENING CODES</b>	S20 Excess Income - 6 Month Spenddown met (AC)
088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment	S20 Excess Resources - Spenddown met (AD)
089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Loss of 30 + 1/3 or the 30 Dollar Disregard	S20 Excess Income & Resources - Both Met (AE)
090 Beginning of Four Month Extension of Eligibility for MA After Finding of Ineligibility for ADC Resulting From Receipt of Support (Case Type 20 Only)	S20 Excess Income or Resources - Resource Spenddown Met (AF)
*091 Medical Bills Equal to or Greater than Excess Income	S20 Excess Income & Resources - Resource & 6 Mo. Spenddown Met (AG)
092 SSI Recipient Not Yet Appearing on SDX - Determined Eligible for MA-SSI	S20 Child 1-19 at 133% Excess Income - Spenddown Met (BA)
093 Determined Eligible for MA-SSI	S20 Child 1-19 at 133% Excess Income - 6 Month Spenddown Met (BC)
094 Medical Need-No Recent Change in Financial Circumstances	S20 Child 1-19 at 133% Excess Income/Resources - Both Met (BE)
<i>Breast and Cervical Cancer Treatment Program (BCCTP) (District 99 Only)</i>	S20 Child 1-19 at 133% Excess Income/Resources - Resources and 6 month Spenddown Met (BG)
C19 Accept BCCTP	Aliens
<b>COMMUNITY MA OPENINGS</b>	C22 Non-Immigrant/Undocumented Immigrant, Emergency Coverage Only
C24 Accept Community Coverage with Community Based LTC	S77 Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income, Monthly/6 Month Spenddown Met
C50 All covered care and services	S78 Immigrant/Undocumented Immigrant, Emergency, Excess Resources, Spenddown Met
S82 Accept Community Coverage without LTC	S79 Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income and Resources, Both Spenddowns Met, Monthly/6 Month
S83 Accept Institutionalized Individual Ancillary Only, Failed to Provide Documentation of Resources, Excess Income, Spenddown Not Met	<i>Transfers</i>
	S68 Accept Limited Coverage Due to Transfer, Individ. in Comm. Exc. Inc., Spenddown Not Met
	S69 Accept Limited Coverage Due to Transfer, Individ. in Comm., No Excess
	S70 Accept Instit. Individ. Limited Coverage Due to Prohib. Transfer, No Excess
	S71 Accept Instit. Individ. Limited Coverage Due to Prohib. Transfer Exc. Inc., Spenddown Met

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## WMS DATA-ENTERED CODES

OPENING (02)/REOPENING (10) (Cont'd)	
S72 Accept Instit. Individ. Limited Coverage Due to Prohib. Transfer 6-Mo. Exc. Inc. & Res., Spenddown Met S73 Accept Limited Coverage Due to Transfer Individ. in Comm. Exc. Inc., Spenddown Met S74 Accept Limited Coverage Due to Transfer Individ. in Comm. Exc. Inc., 6 Month Spenddown Met S75 Accept Instit. Individ. Limited Coverage Due to Prohib. Transfer Exc. Res., Spenddown Met S76 Accept Limited Coverage Due to Transfer Individ. in Comm. Exc. Res., Spenddown Met	U20 Verification of Factors Which Affect Eligibility, did not State Unable to get Information U21 Verification of Factors Which Affect Eligibility, Unable to Get Info., But Not a Good Reason <b>EXCESS INCOME (S/CC, FNP Parent)</b> U35 Deny MA/FHP/FPBP Excess Income or Excess Income/Resources, S/CC U49 Deny MA/FHP/FPBP Excess Income, FNP Parent V92 S/CC, Ineligible for MA due to Exc. Inc. and/or Res., FHP Inelig. due to Exc. Inc., Elig. for FPBP but declines
<b>INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE</b>	<b>EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)</b>
<i>Income Only</i> V52 Individual - Income Contribution Only V53 Spousal - Income Contribution Only <i>Income/Resource</i> V54 Spousal - Income & Resource Contribution V55 Individual - Income & Resource Contribution <i>No Liability</i> V60 Individual - No Liability Toward Cost of Care V61 Spousal - No Liability Toward Cost of Care <i>Resource Only</i> V62 Spousal - Resource Contribution Only V63 Individual - Resource Contribution Only <i>Waiver Recipient</i> V56 Spousal - Waiver Recipient, Income/Resource Contribution V57 Spousal - Waiver Recipient, Income Contribution Only V58 Spousal - Waiver Recipient, Resource Contribution Only V59 Spousal - Waiver Recipient, No Liability Toward Cost of Care	B39 Deny MA-FPBP, Excess Income & Resources, Child 10-18 E55 Deny MA Excess Income, Child 1-9 E56 Deny MA Excess Income & Excess Resources, Child 1-9 E59 Pregnant Woman. Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown E67 Child Up to Age One, Excess Inc. (Mother Did Not Receive MA in Any Month of Her Pregnancy) F47 Teens Under 19, Inelig. for MA due to Exc. Inc., over 133% of FPL, Elig. for FPBP but declines F79 Deny MA/FPBP, Excess Income, Child 10-18 U32 Excess Income U34 Deny MA, Excess Income or Resources, FHP/FPBP Ineligible, FP U40 Excess Resources U51 Transfer of Assets, Institutionalized Individ., Exc. Res. U52 Transfer of Assets, Institutionalized Individual, Exc. Inc. and Res. U54 Transfer of Assets, Institutionalized Individ. Exc. Inc. U59 Excess Income and Resources V85 Application for Family Planning Only, Exc. Inc., Adult FP, Inelig. for MA due to Exc. Inc. and/or Res., Inelig. for FHP due to Exc. Inc., Elig. for FPBP but declines V91 Excess Income, Does Not Meet 6 Month Excess
<b>INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE - PREVIOUSLY PRIVATE PAY</b>	<b>EQUIVALENT HEALTH INSURANCE</b>
<i>Income Only</i> V64 Individual - Income Contribution Only V65 Spousal - Income Contribution Only <i>Income/Resource</i> V66 Spousal - Income and Resource Contribution V67 Individual - Income and Resource Contribution <i>No Liability</i> V72 Individual - No Liability Toward Cost of Care V73 Spousal - No Liability Toward Cost of Care <i>Resource Only</i> V74 Spousal - Resource Contribution V75 Individual - Resource Contribution <i>Waiver Recipient</i> V68 Spousal - Previously Waiver Recipient, Income & Resource Contribution V69 Spousal - Previously Waiver Recipient, Income Contribution V70 Spousal - Previously Waiver Recipient, Resource Contribution V71 Spousal - Previously Waiver Recipient, No Liability Toward Cost of Care	X10 Excess Income, Does Not Meet 6 Month Excess <b>LIVING ARRANGEMENT</b> E60 Unable to Locate E61 Not a Resident of District E62 Between 21-65, In a Psychiatric Institution <b>LIVING ARRANGEMENT (Cont'd)</b> E63 Not a State Resident E79 MA Not Provided in Current Living Arrangement U79 Concurrent Benefits, Intra or Inter-State U84 Concurrent Benefits, AFIS Match, Intra-State or Inter-State <b>BREAST &amp; CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 &amp; 21)</b> B70 Deny BCCTP - Not in Need of Treatment B71 Deny BCCTP - Not a Resident of State B72 Deny BCCTP - Other Health Insurance V81 Deny BCCTP - Failed to Complete the Eligibility Process
* <b>Code Allowed for Open/Close Transaction, Also Allowed as an Opening/Reopening Code.</b> ** <b>Where Noted, Reason Code is Also Valid for Case Type 22.</b>	<b>OTHER FAILURES</b>
<b>DENIALS (03)</b>	
<b>FAILURE TO PROVIDE VERIFICATION</b>	
E80 Failure to Provide Required Information about Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC F24 Failure to Provide Req. Info. about Income of Non-Applying LRR	F12 Failure to Apply for SSA F14 Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program F21 Failure to Comply with Finger Imaging Requirements F27 Failure to Complete Interview F40 Failure to Enroll in a Group Health Plan H16 Failed to Provide a Medical Statement U71 Failure to Comply with Alcohol/Substance Abuse Requirements V10 Failure to Appear for Interview Appt. w/Agency



## WMS DATA-ENTERED CODES

<b>DENIALS (03) (Cont'd)</b>	
V13	Failure to Utilize Benefits
V14	Failure to Complete the Declaration of Citizenship/ Immigration Status
V30	Failure to Comply with IV-D Requirements
V31	Failure to Provide Social Security Number
<b>SPOUSAL IMPOVERISHMENT</b>	
H10	Failure to Provide Resource Information, No Undue Hardship
H11	Failure to Provide Resource Information, Undue Hardship
X13	Excess Resources for Institutionalized Spouse
<b>HEALTH INSURANCE</b>	
E81	Deny QI-1 Annual Fund Exhausted
U80	Qualified Individual QI-1 Denial Medicare Part B Premium
U82	Qualified Individual QI-1 Accepted for Medicare Part B Premium
X50	Deny Payment of COBRA Continuation Group Health Insurance Premiums
X52	Medicare Buy-In Program, QMB
X53	Medicare Buy-In Program, SLIMB
<b>MBI-WPD</b>	
B43	Deny MBI-WPD, Not a Resident of State
B44	Deny MBI-WPD, Failed to Provide a Medical Statement
B45	Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination
B46	Deny MBI-WPD, Death Before Determination, No Medical Bill in Retro Period
U19	Deny MBI-WPD, Excess Income and/or Resources
U47	Deny MBI-WPD Less than 16 or Over 65 Years
U60	Deny MBI-WPD, Not Currently Working, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance
U62	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, FP
U64	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, S/CC
U70	Deny MBI-WPD, Failure to Submit Proof of Work, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance
<b>ALIENS</b>	
E06	Deny MA/FHP, Non-Immigrant/Undocumented Immigrant, No Medical Emergency
U63	Deny, Non-Qualified Alien, Emergency Medical Condition, Excess Income and/or Resources, FP
U73	Deny, Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC
<b>OTHER</b>	
E18	Death Before Determination, No Medical Bills in Retro Period
E19	Death Before Determination, Insuff. Info. To Make a Deter.
H15	Client Request
U66	Currently in Receipt of Assistance
Y99	Other (Manual Notice Required)
<b>NO ELIGIBLE INDIVIDUAL</b>	
I94	Used as Case Reason Code When All Case Members have an Indiv. Reason Code
<b>UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)</b>	
<b>MA ONLY U/M CODES</b>	
088	Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Employment
089	Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Loss of 30 + 1/3 or the 30 Dollar Disregard
092	SSI Recipient Not Yet on SDX-Determined Eligible for MA-SSI
093	SSI New Opening on SDX-Determined Eligible for MA-SSI
094	Medical Need-No Recent Change in Financial Circumstances
<b>U/MA ACTION WITH NO CHANGE IN BENEFITS</b>	
903	CIN Unduplication (TT 05 Only) (Data-entered)
Y61	No Longer IV-E Eligible
<b>FAILURE TO RECERTIFY</b>	
F13	Failure to Return Recert. Form Discontinue Mother, Continue Child
U14	Disc. FPBP, Failure to Return Renewal Form
<b>FAILURE TO PROVIDE VERIFICATION</b>	
E80	Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.
F24	Failure to Provide Required Info. About Income of Non- Applying LRR
S64	All Covered Care and Services to Community Coverage with no LTC Due to Failure to Provide Documentation of Resources, No Spenddown
S65	Continue MA Unchanged (Limited Benefit Pkg. Due to Resource Documentation)
U20	Verif. Of Factors Which Affect Elig., Did Not State Unable to Get Info.
U21	Verif. Of Factors Which Affect Elig., Unable to Get Info., But Not a Good Reason
V17	Incorrect or Fraudulent Social Security Number
X45	Deny MA/FHP, Failed to Choose a Health Plan for FHP, FP
X46	Deny MA/FHP, Failed to Choose a Health Plan for FHP, S/CC
X47	Deny MA/FHP, Failed to Choose a Health Plan for FHP, FNP Parent
<b>EXCESS INCOME (S/CC, FNP Parent)</b>	
U57	Discontinue MA, Excess Income or Excess Income & Resources, FHP/FPBP Ineligible, S/CC
U86	MA to FHP, S/CC, Chose a Plan
U89	MA to FHP, FNP Parent, Chose a Plan
V77	MA to FPBP, SCC/FNP Parents
X48	Disc. MA, Excess Income or Excess Income & Resources, FHP/ FPBP Ineligible, FNP Parent
X86	FHP to MA, S/CC
<b>EXCESS INCOME/RESOURCE (LIF, ADC-Rel, SSI-Rel)</b>	
B37	Disc. MA/FPBP, Excess Income & Resources, Child 10-18
C12	FNP Mother Over Inc./Res. Postpartum, Infant Continues
E22	Failed to Meet or Pay-In Excess Income for 3 Consecutive Months
F48	Under 19, Family Planning to MA, Income now below 133% of FPL
F82	MA to FPBP, Teen Under 19
F83	MA to FPBP, 60 Days Post-Partum, Teen Under 19
S07	MA Level to Exc. Inc. Due to COLA
S08	Increase in Exc. Inc. Due to COLA
S10	Change in Figures Used to Calculate Excess Inc. Amt.
S19	MA Lev. To Exc. Inc., Spenddown Not Met (BAB)
S19	Continue Exc. Resources - Spenddown Met (BAE)
S19	Increase in Excess Income Amount (AAK)
S28	Spenddown to At or Below MA Level
U32	Disc., Excess Income
U33	Disc., Turning 19, Exc. Income, Not FHP Eligible
U40	Disc., Excess Resources
U58	MA/FHP Disc., Exc. Inc., Parents, 19 & 20 Year Old
U59	Disc., Excess Income and Resources
U75	No Change in Excess Income Amount

## WMS DATA-ENTERED CODES

UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd)	LIVING ARRANGEMENT
U85 MA to FHP, FP, Chose a Plan	E60 Unable to Locate
U87 Spenddown to Family Health Plus, Chose a Plan	E61 Not a Resident of District
U90 Turning 19, MA to FHP, Chose a Plan	E62 Between 21-65, in a Psychiatric Institution
U95 FHP to MA Excess Income, Spenddown not Met - Over 65	E63 Not a State Resident
V76 Full MA to FPBP, Over 19	E79 MA Not Provided in Current Living Arrangement
V78 MA to FPBP, 60 Days Post-Partum, Over 19	E85 Moved Out of Household, No Forwarding Address
V79 Change FHP to FPBP	U65 Not a Resident of District (MA Ext.)
V80 FHP to MA, Spenddown not Met - Under 65	U77 Concurrent Benefits, Intra-State – No Aid Continuing
V84 Over 19, Inelig. for Family Panning due to Exc. Income.	U78 Concurrent Benefits, Inter-State – Aid Continuing
V86 Family Planning to FHP, Chose a Plan, FP, MA Inelig. due to Excess Income and/or Resources	<b>BREAST &amp; CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 &amp; 21)</b>
V87 Family Planning to FHP, Chose a Plan, S/CC, Inelig. for MA	B78 Continue MA/BCCTP Unchanged
V88 Family Planning to MA, S/CC	U24 Spenddown to BCCTP
V89 Family Planning to MA, FP	V83 BCCTP to Regular MA
V90 Discontinue Family Planning, Eligible for FHP but Failed to Choose a Health Plan	<b>OTHER FAILURES</b>
X76 Decrease in Excess Income Amount	E09 Disc., Photo ID Refusal
X77 Decrease in Excess Income Due to COLA	F12 Failure to Apply for SSA
X80 MA to Excess Income, Spenddown not Met - under 65 - Not FHP Eligible	F21 Failure to Comply with Finger Imaging Requirements
X81 MA to FHP Due to COLA, Chose a Plan	F40 Failure to Enroll in a Group Health Plan
X83 Turning 65, FHP Discontinuance, Excess Income	U71 Failure to Comply with Alcohol/Substance Abuse Requirements
X84 Turning 65, FHP Discontinuance, Excess Resources	V13 Failure to Utilize Benefits
X85 Turning 65, FHP Discontinuance, Exc. Inc. and Resources	V30 Failure to Comply with IV-D Requirements
X88 FHP to MA, FNP Parent, FP	V31 Failure to Provide Social Security Number
<b>INCOME/RESOURCE RELATED POST-PARTUM</b>	V38 Failure to Contact Agency
S11 200% to 100% or MA Lev. During Pregnancy or 60 Day Post-Partum	<b>TRANSITIONAL MEDICAL ASSISTANCE (TMA)</b>
S25 Disc. Mother 100% After 60 Day Postpartum to Excess Income, FHP Ineligible Excess Income, Continue Infant	C01 TMA All Reports, Did Not Send Requested Info.
S27 200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan	C02 TMA No Earnings in 1 or More of 3 Prev. Months
S31 MA to Excess Income, Spenddown not Met - After 60 Days Post-partum - Not FHP Eligible	C03 TMA Income Over 185%
U25 S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Chose a Plan	C04 TMA End 12 Mo. - Send in 10 <sup>th</sup> Month
U26 MA to FHP After 60 Day Post-Partum, FP, No Infant, Chose a Plan	E08 MA to TMA - 1 <sup>st</sup> 6 Months
X15 Discontinue Mother Excess Income or Income & Resources, Post-Partum, FHP/FPBP Ineligible, S/CC	H32 TMA Discontinuance, Receiving PA, MA Cont.
<b>INCOME/RESOURCE RELATED - EXPANDED</b>	S01 TMA did not Return Quarterly Report
E23 Child 1-19, Exc. Inc. to 133% FPL, Full Coverage	<b>HEALTH INSURANCE</b>
E49 Child Turning 1 year, Exc. Inc.	C08 COBRA Continuation
E55 Discontinue MA, Excess Income, Child 1-9	C09 QMB Continue Payment for Medicare
E56 Discontinue MA, Excess Income & Resources, Child 1-9	C10 SLIMB Continue Payment for Medicare
E68 Child Turning 1 Year, Exc. Inc. and Res.	S17 Change from SLIMB to QMB Coverage
S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc., Spenddown Not Met (ECB)	S18 Change from QMB to SLIMB Coverage
S19 Child Turning 1 at 200% Over 133% & MA Lev., Exc. Inc., 6 Mo. Spenddown Met (ECC)	X14 No Longer Elig. For MA Payment of AHIP Premiums
S19 Child 1-19 at 133% Over 100% and MA Level - Exc. Inc., Spenddown Not Met (FAB)	X50 Discontinue Payment of COBRA Continuation GHIP
<b>EQUIVALENT HEALTH INSURANCE</b>	X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance.
V27 Discontinue FHP, Equivalent Health Insurance, FNP Parent	X52 Medicare Buy-In Program, QMB
V28 Discontinue FHP, Equivalent Health Insurance, S/CC	X53 Medicare Buy-In Program, SLIMB
V29 Discontinue FHP, Equivalent Health Insurance, FP	<b>MBI-WPD</b>
V35 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FNP Parent	U11 MBI-WPD to Excess Income, Spenddown Not Met, Turning 65
V36 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, S/CC	U12 MBI-WPD to Excess Income, Spenddown Not Met
V37 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FP	U17 MBI-WPD to MA, Full Coverage
	U27 Discontinue MBI-WPD, Turning 65, Excess Resource, Spenddown Not Met
	U28 Discontinue MBI-WPD, No Longer Working, Excess Resource Spenddown Not Met, FHP Ineligible or Equivalent Insurance
	U29 MBI-WPD to MA, No Longer Working, Excess Income, Spenddown not Met, FHP Chose Spenddown or Equivalent Insurance
	U30 MBI-WPD to SD, Non-Financial Reasons, SD Not Met
	U50 MA to MBI-WPD, Client Request
	U53 Spenddown to MBI-WPD
	<b>ALIEN</b>
	C14 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant

1

## WMS DATA-ENTERED CODES

<b>UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd)</b>	
E02 Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency	C06 Add Person to MA Case
E03 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, Infant Continues	C07 Add Person to FHP Case
<b>TRANSFER</b>	C11 Stenson - Continue Unchanged
S02 Transfer by Instit. Individ. Reduce from Full to Limited Cov.	C13 Infant up to Age 1 Guaranteee, Continue Unchanged
S05 Change in Transfer Period - Instit. Individ.	C15 Continue FPBP Unchanged
S09 Instit. Individ. - Transfer - MA Lev. To Limt Cov. & Exc. Inc. - Spenddown Met	C16 Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support
<b>SHORT TERM REHABILITATION</b>	C20 Discontinue MA, Failed to Choose a Health Plan for FHP
S33 Accept, Short Term Rehabilitative Nursing Home Care (Undercare Only)	E90 Client Request, MA/FHP/FPBP
S34 Deny, Short Term Rehabilitative Nursing Home Care (Undercare Only)	E95 Death (Individual)
<b>INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE</b>	S06 Intent to Impose Lien on Real Property - Instit. Individ.
V52 Individual - Income Contribution Only	U37 FHP TO MA, Pregnant, MA Eligible Chose MA
V53 Spousal - Income Contribution Only	U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP
V54 Spousal - Income/Resource Contribution	U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP
V55 Individual - Income/Resource Contribution	U66 Currently in Receipt of Assistance
V56 Spousal - Waiver Recipient Income/Resource Contribution	Y35 Suppress Printing of LDSS-3209 (Authorization) (Changes Limited to Off/Unit/Wrkr, Co-op Case #, Phone #)
V57 Spousal - Waiver Recipient Income Contribution Only	Y77 Undercare Case Maintenance
V58 Spousal - Waiver Recipient Resource Contribution Only	Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Employment
V59 Spousal - Waiver Recipient No Liability Toward Cost	Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Loss of 30 1/3
V60 Individual - No Liability Toward Cost of Care	Y99 Other
V61 Spousal - No Liability Toward Cost of Care	<b>USED WITH INDIVIDUAL REASON CODE(S)</b>
V62 Spousal - Resource Contribution Only	I89 Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code
V63 Individual - Resource Contribution Only	<b>INFORMATIONAL LETTERS</b>
<b>RECALCULATION OF CONTRIBUTION TOWARD CHRONIC CARE</b>	I90 Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 through T02
V11 Recalculation of Contribution Toward Chronic Care-Single-COLA	<b>SPENDDOWN MET</b>
V12 Recalculation of Contribution Toward Chronic Care-Spousal-COLA	T01 Spenddown Met - Bills/Receipts or Combination Bills/Receipts and Pay-In
V40 Spousal - Income Contribution Only	T02 Spenddown Met - Pay-In Only
V41 Individual - Income Contribution Only	<b>MA TO FHP, MUST CHOOSE A PLAN</b>
V42 Individual - Resource Contribution Only	T03 MA to FHP, Must Choose Plan, FNP, S/CC
V43 Spousal - Resource Contribution Only	T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP
V44 Spousal - Income Contribution Remains The Same	T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan
V45 Individual - Income Contribution Remains The Same	<b>SOCIAL SECURITY INFORMATIONAL LETTERS</b>
V46 Spousal - Income/Resource Contribution	T06 SSN Failed Verification/Validation (Active Case)
V47 Individual - Income/Resource Contribution	T07 SSN Failed Verification/Validation (Application)
V48 Spousal - No Liability Toward Cost of Care	<b>FAMILY PLANNING TO FHP, MUST CHOOSE A PLAN</b>
V49 Individual - No Liability Toward Cost of Care	T09 Family Planning to Family Health Plus, FP, Must Choose a Plan
V50 Individual - Excess Resources/Income Contribution Remains the Same	T10 Family Planning to Family Health Plus, S/CC, Must Choose a Plan
V51 Spousal - Excess Resources/Income Contribution Remains the Same	<b>MBI-WPD to MA</b>
<b>PAY-IN</b>	T11 MBI-WPD to MA, Turning 65
S15 Pay-In Credit Due to Uncovered Expenses	T12 MBI-WPD to MA, No Longer Working
S16 Pay-In Refund Due to Uncovered Expenses	U29 MBI-WPD to MA Excess Income Spenddown not Met, No Longer Working
<b>CONTINUOUS COVERAGE</b>	<b>CLOSING (07)/RECERTIFICATION CLOSING (08)</b>
C17 Continuous Coverage	<b>FAILURE TO RECERTIFY</b>
E64 Continuous Coverage - Moved Out of District	F10 Failure to Return Recertification Form
E65 Disc., Elig. for Continuous Coverage, Moved Out of District, Accepted in New District	U14 Disc. FPBP, Failure to Return Renewal Form
<b>NEWBORN/UNBORN</b>	<b>FAILURE TO PROVIDE VERIFICATION</b>
E97 Newborn Added to Case in Error	E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC
E99 Newborn Deceased	F24 Failure to Provide Required Info. About Income of Non-Applying LRR
<b>OTHER</b>	
C05 Continue MA/Family Health Plus Unchanged	

## WMS DATA-ENTERED CODES

**CLOSING (07)/RECERTIFICATION CLOSING (08)(cont'd)**

S63 Discontinuance/Failure to Provide Information to Clear Up Discrepancy

U20 Verification of Factors Which Affect Eligibility, Did Not State unable to get Information

U21 Verif. of Factors Which Affect Elig., Unable to Get Info., But Not a Good Reason

V17 Incorrect or Fraudulent Social Security Number

**FAILED TO CHOOSE A HEALTH PLAN FOR FHP**

X42 Discontinue MA, Failed to Choose a Health Plan for FHP, FP

X43 Discontinue MA, Failed to Choose a Health Plan for FHP, S/CC

**EXCESS INCOME (S/CC, FNP Parent)**

U57 Discontinue MA, Excess Income or Income & Resources, FHP/FPBP Ineligible, S/CC

U72 Excess Inc. COLA, Single/Childless Couple

X17 Over Income or Income & Resources, Post-Partum, No Infant, FHP/FPBP Ineligible, S/CC

X48 Discontinue MA, Excess Income or Income & Resources, FHP/FPBP Ineligible, FNP Parent

**EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)**

B37 Discontinue MA/FPBP, Excess Income & Resources, Child 10-18

E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months

E47 Exc. Inc., Child Turning 6

E48 Exc. Inc. and Res., Child Turning 6

E49 Exc. Inc., Child Turning 1

E55 Discontinue MA, Excess Income, Child 1-9

E56 Discontinue MA, Excess Income & Resources, Child 1-9

E57 Excess Income, Child 6 to 19

E58 Excess Income and Excess Resources, Child 6 to 19

E68 Exc. Inc. and Res., Child Turning 1

U32 Excess Income

U33 Turning 19, Exc. Income, Not FHP Eligible

U40 Excess Resources

U54 Transfer of Assets, Institutionalized Indiv., Exc. Inc.

U55 Transfer of Assets, Institutionalized Indiv., Exc. Resources

U56 Transfer of Assets, Institutionalized Indiv., Exc. Inc. & Res.

U58 Discontinue MA, Excess Income or Excess Income & Resources, FHP/FPBP Ineligible, Spenddown Not Met, FP

U59 Excess Income and Resources

X15 Discontinue Mother Excess Income or Income & Resources, Post-Partum, FHP/FPBP Ineligible, No Infant, FP

X83 Turning 65, FHP Discontinuance, Excess Income

X84 Turning 65, FHP Discontinuance, Excess Resources

X85 Turning 65, FHP Discontinuance, Excess Income and Res.

**EQUIVALENT HEALTH INSURANCE**

V27 Discontinue FHP, Equivalent Health Insurance, FNP Parent

V28 Discontinue FHP, Equivalent Health Insurance, S/CC

V29 Discontinue FHP, Equivalent Health Insurance, FP

V35 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FNP Parent

V36 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, S/CC

V37 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FP

**LIVING ARRANGEMENT**

E60 Unable to Locate

E61 Not a Resident of District

E62 Between 21-65, In a Psychiatric Institution

E63 Not a State Resident

E79 MA Not Provided in Current Living Arrangement

1

U65 Not a Resident of District (MA Ext.)

U77 Concurrent Benefits, Intra-State – No Aid Continuing

U78 Concurrent Benefits, Inter-State – Aid Continuing

**BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21)**

B73 Discontinue BCCTP - Client Request

B74 Discontinue BCCTP - Failure to Recertify

B75 Discontinue BCCTP - Other Health Insurance

B76 Discontinue BCCTP - Moved Out-of-State

B77 Discontinue BCCTP - Death

V82 Discontinue BCCTP - Treatment Ended

V83 Discontinue BCCTP to MA

**FAMILY PLANNING BENEFIT PROGRAM**

B37 Discontinue MA-FPBP Excess Income Resource Child 10-18

F80 Discontinue No Income Eligible for MA or FPBP, Child 10-18

**OTHER FAILURES**

E09 Photo ID Refusal

F12 Failure to Apply for SSA

F21 Failure to Comply with Finger Imaging Requirements

F40 Failure to Enroll in a Group Health Plan

U71 Failure to Comply with Alcohol/Substance Abuse Requirements

V13 Failure to Utilize Benefits

V30 Failure to Comply with IV-D Requirements

V31 Failure to Provide Social Security Number

V38 Failure to Contact Agency

**SPOUSAL IMPOVERISHMENT**

H10 Failure to Provide Res. Information, No Undue Hardship

H11 Failure to Provide Resource Information, Undue Hardship

X13 Exc. Res. for Institutionalized Spouse

**TRANSITIONAL MEDICAL ASSISTANCE (TMA)**

H30 TMA Discontinue, No Dependent Child Under 21

H31 TMA Discontinue, Fraud

H32 TMA Discontinue, Receiving PA, MA Continues

**HEALTH INSURANCE**

X14 No Longer Elig. For MA Payment of AHIP Premiums

X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums

X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance

X52 Medicare Buy-In Program, QMB

X53 Medicare Buy-In Program, SLIMB

**MBI-WPD**

B42 Discontinue MBI-WPD, Client Request

B43 Discontinue MBI-WPD, Not a State Resident

U11 MBI-WPD to Excess Income Spenddown Not Met Turning 65

U18 Discontinue, Not MBI-WPD Eligible, Excess Income and/or Resources, Not MA Eligible Excess Income & Resources, Not FHP Eligible Excess Income or Equivalent Insurance

U27 Discontinue MBI-WPD, Excess Resource Turning 65

U28 Discontinue MBI-WPD, No Longer Working, Excess Resources Spenddown Not Met

U29 MBI-WPD to MA Excess Income Spenddown Not Met, No Longer Working

U46 Discontinue MBI-WPD, Currently in Receipt of Assistance

**ALIENS**

C14 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant

E02 Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency

**CONTINUOUS COVERAGE**

E65 Eligible for Continuous Coverage, Moved Out of District, Accepted in New District

**NEWBORN/UNBORN**

E98 Newborn Case Opened in Error

E99 Newborn Deceased

WMS DATA-ENTERED CODES

**OTHER**

- E90 Client Request, MA/FHP/FPBP
- E95 Death (Individual)
- U66 Currently in Receipt of Assistance
- X44 Discontinue MA, Failed to Choose a Health Plan for FHP, FNP Parent
- Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)
- Y99 Disc., Other (Manual Notice Required)

**NO ELIGIBLE INDIVIDUAL**

- I 94 Used as Case Reason Code When ALL Case Members Have an Individual Reason Code

**OMH/OMR ONLY**

- E13 OMH/OMR Case Type 20 Discharge Into the Community, or Art. 28 or 31 Facility
- E14 OMH/OMR Case Type 22 Discharge Into Community, or Article 28 or 31 Facility
- E15 OMH Only, Lost Elig. Due to Turning Age 22 and In Psychiatric. Center or Residential Treatment Facility

1

**REACTIVATION (11)**

- 991 Fair Hearing - Aid to Continue
- 992 Court Order to Enjoin Closing
- 993 Closed in Error
- 994 Cancel Closing

## WMS DATA-ENTERED CODES

B37	Discontinue MA/FPBP Excess Income & Resources, Child 10-18	E49	Child Turning 1 Excess Income
B39	Deny MA/FPBP Excess Income & Resources, 10-18	E55	Discontinue MA, Excess Income, Child 1-9
B42	Disc MBI-WPD, Client Request	E56	Discontinue MA, Excess Income & Resources, Child 1-9
B43	Deny/Disc MBI-WPD, Not a State Resident	E59	Pregnant Woman Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown
B44	Deny MBI-WPD, Failed to Provide a Medical Statement	E60	Unable to Locate
B45	Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination	E61	Not a Resident of District
B46	Deny MBI-WPD, Death Before Determination, No Medical Bill in Retro Period	E62	Between 21-65 in Psychiatric Institution
B70	Deny BCCTP - Not in Need of Treatment	E63	Not a State Resident
B71	Deny BCCTP - Not a Resident of State	E64	Continuous Coverage - Moved Out of District
B72	Deny BCCTP - Other Health Insurance	E65	Elig. for Continuous Coverage, Moved Out of District. Accepted in New District.
B73	Discontinue BCCTP - Client Request	E67	Denial Child, Up to Age One, Excess Income (Mother Did Not Receive MA in Any Month of Her Pregnancy)
B74	Discontinue BCCTP - Failure to Recertify	E68	Child Turning 1 Excess Income and Resources
B75	Discontinue BCCTP - Other Health Insurance	E79	MA Not Provided in Current Living Arrangement
B76	Discontinue BCCTP - Moved Out-of-State	E80	Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.
B77	Discontinue BCCTP - Death	E81	Deny QI-1 Annual Fund Exhausted
B78	Continue MA/BCCTP Unchanged	E85	Moved Out of Household, No Forwarding Address
C01	TMA All Reports, Did Not Send Requested Info.	E90	Client Request, MA/FHP/FPBP
C02	TMA No Earnings in 1 or More of 3 Previous Months	E95	Death (Single Person)
C03	TMA Income Over 185%	E97	Newborn Added to Case in Error
C04	TMA End 12 Month Send in 10 <sup>th</sup> Month	E98	Newborn Case Opened in Error
C05	Continue MA/Family Health Plus Unchanged	E99	Newborn Deceased
C06	Add person to MA Case	F10	Failure to Return Recertification Form
C07	Add person to FHP Case	F12	Failure to Apply for SS
C08	COBRA Continuation	F13	Failure to Return Recert. Form, Discontinue Mother, Continue Child
C09	QMB Continue Payment for Medicare	F14	Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program
C10	SLIMB Continue Payment for Medicare	F21	Failure to Comply with Finger Imaging Requirements
C11	Stenson - Continue Unchanged	F24	Failure to Provide Req. Info. about Income of Non-Applying LRR
C12	FNP Mother Over Inc./Res. Postpartum, Infant Continues	F27	Failure to Complete Interview
C13	Infant up to Age 1 Guarantee, Continue Unchanged	F40	Failure to Enroll in a Group Health Plan
C14	Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant	F47	Teens Under 19, Inelig. for MA due to Exc. Inc., Over 133% of FPL, Elig. for FPBP but Declines
C15	Continue FPBP Unchanged	F79	Deny MA/FPBP, Excess Income, Child 10-18
C16	Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support	F80	Discontinue MA/FPBP, Excess Income, Spenddown Not Met, Child 10-18
C17	Continuous Coverage	F82	MA to FPBP, Teen Under 19
C19	Accept BCCTP	F83	MA to FPBP, 60 Days Post-Partum, Teen Under 19
C20	Discontinue MA, Failed to Choose a Health Plan for FHP	H10	Spousal Impoverishment - Failure to Provide Resource
C21	Conditional Acceptance, COBRA Continuation	H11	Spousal Impoverishment - Failure to Provide Resource Information - No Undue Hardship
C22	Non-Immigrant/Undocumented Immigrant, Emergency Coverage Only	H15	Client Request
C24	Accept Community Coverage with Community Based LTC	H16	Failed to Provide a Medical Statement
C50	All Covered Care and Services	H30	TMA Discontinue - No Dependent Child Under 21
E02	Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency	H31	TMA Discontinue - Fraud
E03	Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, Infant Continues	H32	TMA Discontinue Receiving PA, MA Continues
E06	Deny MA/FHP Non-Immigrant/Undocumented Immigrant, No Medical Emergency	I89	Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code
E08	MA to TMA 1 <sup>st</sup> 6 Months	I90	Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 or T02
E09	Photo ID Refusal	I94	Used as Case Reason Code When All Case Members have an Indiv. Reason Code
E13	OMH/OMR Case Type 20 Disch. Into the Community, or Art. 28 or 31 Facility	S01	TMA did not Return Quarterly Report
E14	OMH/OMR Case Type 22 Disch. Into Community, or Article 28 or 31 Facility	S02	Transfer by Instit. Indiv. Reduce from Full to Limited Coverage
E15	OMH Only, Lost Elig. Due to Turning Age 22 and In Psych. Center or Resid. Treatment Facility	S05	Change in Transfer Period - Instit. Indiv.
E18	Death Before Determination, No Medical Bills in Retro. Period	S06	Intent to Impose Lien on Real Property - Instit. Indiv.
E19	Death Before Determination, Insuff. Info. To Make a Determination	S07	MA Level to Exc. Inc. Due to COLA
E22	Failed to Meet or Pay-In Excess Income for 3 Consecutive Months	S08	Increase in Exc. Inc. Due to COLA
E23	Child 1-19, Exc. Inc. to 133%, FPL Coverage	S09	Instit. Indiv. - Transfer - MA Level To Limit Cov. & Exc.

## WMS DATA-ENTERED CODES

Inc. - Spenddown Met	Excess Income, Monthly/6 Month Spenddown Met
S10 Change in Figures Used to Calculate Excess Inc. Amount	S78 Non-Immigrant/Undocumented Immigrant, Emergency, Excess Resources Spenddown Met
S11 200% to 100% or MA Level During Pregnancy or 60 Day Post-Partum	S79 Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income & Resources, Both Spenddowns Met, Monthly/6 Month
S15 Pay-In Credit Due to Uncovered Expenses	S80 Approve Retro, Deny Ongoing MA/FHP - FP
S16 Pay-In Refund Due to Uncovered Expenses	S81 Approve Ongoing, Deny Retro Period - FP
S17 Change from SLIMB to QMB Coverage	S82 Accept Community Coverage without LTC
S18 Change from QMB to SLIMB Coverage	S83 Accept Institutionalized Individual Ancillary Only, Failed to Provide Documentation of Resources, Excess Income, Spenddown Not Met
S19 Spenddown (See Undercare Codes)	S84 Accept Institutionalized Individual, Ancillary Only due to Failure to Provide Documentation of Resources (No Excess Income)
S20 Spenddown (See Opening Codes)	S85 Accept Community Coverage w/Community Based LTC Due to Failure to Verify
S25 Discontinue Mother 100%, After 60 Day Post-Partum to Excess Income, FHP Ineligible Excess Income, Continue Infant	T01 Spenddown Met - Bills/Receipts or Combination Bills/Receipts and Pay-In
S27 200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan	T02 Spenddown Met - Pay-In Only
S28 Spenddown to At or Below MA Level	T03 MA to FHP, Must Choose Plan, FNP, S/CC
S31 MA to Excess Income, Spenddown not Met - After 60 Days Post-partum - Not FHP Eligible	T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP
S32 Accept MBI-WPD, No Premium Payment	T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan
S33 Accept, Short-Term Rehabilitative Nursing Home Care (Undercare Only)	T06 SSN Failed Verification/Validation (Active Case)
S34 Deny, Short-Term Rehabilitative Nursing Home Care (Undercare Only)	T07 SSN Failed Verification/Validation (Application)
S35 Prenatal Care, 200%	T09 Family Planning to Family Health Plus, FP, Must Choose a Plan
S36 Prenatal Care, 100%	T10 Family Planning to Family Health Plus, S/CC, Must Choose a Plan
S37 FHP - FNP Parent	T11 MBI-WPD to MA, Turning 65
S38 FHP - FP	T12 MBI-WPD to MA, No Longer Working
S39 FHP - S/CC	U11 MBI-WPD to Excess Income, Spenddown Not Met, Turning 65
S40 Medicare Buy-In Program	U12 MBI-WPD to Excess Income, Spenddown Not Met
S41 COBRA Continuation	U14 Disc. FPBP, Failure to Return Renewal
S56 SLIMB	U17 MBI-WPD to MA, Full Coverage
S57 Approve Retro Period, Deny Ongoing MA - S/CC	U18 Disc. MBI-WPD, Excess Income and/or Resources
S58 Deny Retro Period, Approve Ongoing MA - S/CC	U19 Deny MBI-WPD, Excess Income and/or Resources
S59 Approve Retro Period, Deny Ongoing MA - FNP Parent	U20 Verification of Factors Which Affect Eligibility. Did Not State Unable to Get Information
S60 Deny Retro Period, Approve Ongoing MA - FNP Parent	U21 Verification of Factors Which Affect Eligibility. Unable to get Information but Not a Good Reason
S61 Accept 200% of FPBP-FP	U24 Spenddown to BCCTP
S62 FPBP - Waived right to MA/FHP	U25 S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Chose a Plan
S63 Discontinuance/Failure to Provide Information to Clear Up Discrepancy	U26 MA to FHP After 60 Days Post-Partum, FP, No Infant, Chose Plan
S64 All Covered Care and Services to Community Coverage with no LTC Due to Failure to Provide Documentation of Resources, No Spenddown	U27 Disc. MBI-WPD, Turning 65, Excess Resources, Spenddown Not Met
S65 Continue MA Unchanged (Limited Benefit Pkg. Due to Resource Documentation)	U28 Disc. MBI-WPD, No Longer Working, Excess Resources Spenddown Not Met, FHP Ineligible or Equivalent Insurance
S66 Acceptance FPBP - S/CC	U29 MBI-WPD to MA, No Longer Working, Excess Income, Spenddown Not Met, FHP Chose Spenddown or Equivalent Insurance
S67 Acceptance FPBP - FNP Parents	U30 MBI-WPD to SD, Non-Financial Reasons, SD Not Met
S68 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., Spenddown Not Met	U32 Discontinuance - Excess Income
S69 Accept Limited Coverage Due to Transfer Indiv. in Comm. No Excess	U33 Turning 19, Exc. Income, Not FHP Eligible
S70 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer No Excess	U34 Deny MA, Excess Income or Resources, FHP/FPBP Ineligible, FP
S71 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Excess Inc., Spenddown Met	U35 Deny MA/FHP/FPBP, Excess Income or Excess Income/Resources, S/CC
S72 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer 6-Mo. Exc. Inc. & Res. Spenddown Met	U37 FHP to MA, Pregnant, MA Eligible, Chose MA
S73 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., Spenddown Met	U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did
S74 Accept Limited Coverage Due to Transfer Indiv. in Comm. Excess Income, 6 Month Spenddown Met	
S75 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Exc. Res., Spenddown Met	
S76 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Res., Spenddown Met	
S77 Non-Immigrant/Undocumented Immigrant Emergency,	

## WMS DATA-ENTERED CODES

	Not Choose MA or FHP	V29	Discontinue FHP, Equivalent Health Insurance, FP
U39	Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP	V30	Failure to Comply with IV-D Requirements
U40	Excess Resources	V31	Failure to Provide Social Security Number
U46	Discontinue MBI-WPD, Currently in Receipt of Assistance	V32	Deny MA/FHP, Equivalent Health Insurance, FNP Parent
U47	Deny MBI-WPD, Less than 16 or Over 65 Years	V33	Deny MA/FHP, Equivalent Health Insurance, S/CC
U49	Deny MA/FHP/FPBP Excess Income and/or Resources, FNP Parent	V34	Deny MA/FHP, Equivalent Health Insurance, FP
U50	MA to MBI-WPD, Client's Request	V35	Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FHP Parent
U51	Denial, Transfer of Assets, Institutionalized Individual, Excess Resources	V36	Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, S/CC
U52	Denial, Transfer of Assets, Institutionalized Individual, Excess Income and Resources	V37	Discontinue MA Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FP
U53	Spenddown to MBI-WPD	V38	Failure to Contact Agency
U54	Closing, Transfer of Assets, Institutionalized Individual, Excess Income	V40	Spousal - Income Contribution Only
U55	Transfer of Assets, Institutionalized Indv., Exc. Res.	V41	Individual - Income Contribution Only
U56	Transfer of Assets, Institutionalized Indv., Exc. Inc. & Res.	V42	Individual - Resource Contribution Only
U57	MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children)	V43	Spousal - Resource Contribution Only
U58	MA/FHP Disc., Exc. Inc., Parents, 19 or 20 Year Old	V44	Spousal - Income Contribution Remains The Same
U59	Dis. - Excess Income and Resources	V45	Individual - Income Contribution Remains The Same
U60	Deny MBI-WPD Not Currently Working	V46	Spousal - Income/Resource Contribution
U62	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, FP	V47	Individual - Income/Resource Contribution
U63	Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc.	V48	Spousal - No Liability Toward Cost of Care
U64	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, S/CC	V49	Individual - No Liability Toward Cost of Care
U65	Not a Resident of District (MA Extension)	V50	Individual - Excess Resources/Income Contribution Remains the Same
U66	Already in Receipt of Medicaid	V51	Spousal - Excess Resources/Income Contribution Remains the Same
U70	Deny MBI-WPD, Failure to Submit Proof of Work, MA Ineligible Excess Income and/or Resources FHP Ineligible Excess Income or Equivalent Insurance, FP	V52	Individual - Income Contribution Only
U71	Failure to Comply with Alcohol/Subst. Abuse Requirements	V53	Spousal - Income Contribution Only
U72	Excess Inc. COLA, Single/Childless Couple	V54	Spousal - Income/Resource Contribution
U73	Deny Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC	V55	Individual - Income/Resource Contribution
U75	No Change in Exc. Inc. Amt.	V56	Spousal - Waiver Recipient Income/Resource Contribution
U77	Concurrent Benefits, Intra-State - No Aid Continuing	V57	Spousal - Waiver Recipient Income Contribution Only
U78	Concurrent Benefits, Inter-State - Aid Continuing	V58	Spousal - Waiver Recipient Resource Contribution Only
U79	Concurrent Benefits, Intra or Inter-State	V59	Spousal - Waiver Recipient No Liability Toward Cost
U80	Qualified Individual QI-1 Denial Medicare Part B Premium	V60	Individual - No Liability Toward Cost of Care
U82	Qualified Individual QI-1 Accepted for Medicare Part B Premium	V61	Spousal - No Liability Toward Cost of Care
U84	Concurrent Benefits, AFIS Match, Intra-State or Inter-State	V62	Spousal - Resource Contribution Only
U85	MA to FHP, FP, Chose a Plan	V63	Individual - Resource Contribution Only
U86	MA to FHP, S/CC, Chose a Plan	V64	Individual - Income Contribution Only
U87	Spenddown to Family Health Plus, Chose a Plan	V65	Spousal - Income Contribution Only
U89	MA to FHP, FNP Parent Chose a Plan	V66	Spousal - Income and Resource Contribution
U90	Turning 19, MA to FHP, Chose a Plan	V67	Individual - Income and Resource Contribution
U95	FHP to MA Excess Income, Spenddown not Met - Over 65	V68	Spousal - Previously Waiver Recipient, Income & Resource Contribution
V10	Failure to Appear for Interview Appointment with Agency	V69	Spousal - Previously Waiver Recipient, Income Contribution
V11	Recalculation of Contribution Toward Chronic Care-Single-COLA	V70	Spousal - Previously Waiver Recipient, Resource Contribution
V12	Recalculation of Contribution Toward Chronic Care-Spousal-COLA	V71	Spousal - Previously Waiver Recipient, No Liability Toward Cost of Care
V13	Failure to Utilize Benefits	V72	Individual - No Liability Toward Cost of Care
V14	Failure to Complete the Declaration of Citizenship/Immigration Status	V73	Spousal - No Liability Toward Cost of Care
V17	Incorrect or Fraudulent Social Security Number	V74	Spousal - Resource Contribution
V27	Discontinue FHP, Equivalent Health Insurance, FNP Parent	V75	Individual - Resource Contribution
V28	Discontinue FHP, Equivalent Health Insurance, S/CC	V76	Full MA to FPBP, Over 19
		V77	MA to FPBP, SCC/FNP Parents
		V78	MA to FPBP, 60 Days Post-Partum, Over 19
		V79	Change FHP to FPBP
		V80	FHP to MA, Spenddown Not Met - Under 65
		V81	Deny BCCTP - Failed to Complete Eligibility Process
		V82	Discontinue BCCTP - Treatment Ended
		V83	BCCTP to Regular MA, Discontinue BCCTP to MA
		V84	Over 19, Inelig. for Family Planning due to Exc. Inc.

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## WMS DATA-ENTERED CODES

V85 Application for Family Planning Only, Excess Income, Adult	005 Lay-Off, Discharge, or Other Reason
V86 Family Planning to FHP, Chose a Plan, FP, MA Ineligible due to Excess Income and/or Resources	020 Loss or Reduction in Support of Child Due to Death of Parent
V87 Family Planning to FHP, Chose a Plan, S/CC, Inelig. for MA due to Excess Income and/or Resources	021 Divorce
V88 Family Planning to MA, S/CC	022 Separation
V89 Family Planning to MA, FP	023 Desertion
V90 Discontinue Family Planning, eligible for FHP but failed to Choose a Health Plan	024 Other (Hospital, Imprisoned)
V91 FP, Inelig. for MA due to Exc. Inc. and/or Res., Inelig. for FHP due to Exc. Inc., Elig. for FPBP but declines	030 Loss of or Reduction in Support from Person Outside Home - ADC Father (Absent Throughout 6 Months Preceding Application)
V92 S/CC, Inelig. for MA due to Exc. Inc. and/or Res., FHP Inelig. due to Exc. Inc., Elig. for FPBP but declines	035 Death
X10 Excess Income, Does Not Meet 6 Month Excess	036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.)
X13 Spousal Impoverishment - Excess Resources	037 Illness, Injury or Impairment
X14 No Longer Elig. For MA Payment of AHIP Premiums	038 Lay-Off, Discharge, or Other Reason
X15 Discontinue Mother, Excess Income or Income & Resources, Post-Partum, FHP/FPBP Ineligible, No Infant, FP	040 Loss of or Reduction in Support from Person Outside Home
X17 Over Inc. and/or Res., Single/Childless Couple, Post-Partum, No Infant	045 Loss of or Reduction in Other Income
X42 Discontinue MA, Failed to Choose a Health Plan for FHP, FP	050 Other Material Change in Resources
X43 Discontinue MA, Failed to Choose a Health Plan for FHP, S/CC	060 Change in State Law or Agency Policy
X44 Discontinue MA, Failed to Choose a Health Plan for FHP, FNP Parent	065 Return of Recipient or Relative (Ill or Previously Institutionalized)
X45 Deny MA/FHP, Failed to Choose a Health Plan for FHP, FP	066 Other Person
X46 Deny MA/FHP, Failed to Choose a Health Plan for FHP, S/CC	070 Living Below Agency Standards
X47 Deny MA/FHP, Failed to Choose a Health Plan for FHP, FNP Parent	075 Other
X48 Discontinue MA, Excess Income or Excess Income and Resources, FHP/FPBP Ineligible, FNP Parent	080 FA, SN-FP
X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premium	081 PG-ADC, SN-CSH, SN-FNP
X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premium - Prior Conditional Acceptance	082 Emergency Assistance to Families
X52 Medicare Buy-In Program QMB	088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment
X53 Medicare Buy-In Program SLIMB	089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Loss of 30 + 1/3 or the 30 Dollar Disregard
X76 Decrease in Excess Income Amount	090 Beginning of Four Month Extension of Eligibility for MA After Finding of Ineligibility for ADC Resulting from Receipt of Support (Case Type 20 Only)
X77 Decrease in Excess Income Due to COLA	091 Medical Bills Equal to or Greater than Excess Income
X80 MA to Excess Income, Spenddown not Met - Under 65 - Not FHP Eligible	092 SSI Recipient Not Yet Appearing on SDX - Determined Eligible for MA-SSI
X81 MA to FHP Due to COLA, Chose a Plan	093 Determined Eligible for MA-SSI
X83 Turning 65, FHP Discontinuance, Excess Income	094 Medical Need-No Recert Change in Financial Circumstances
X84 Turning 65, FHP Discontinuance, Excess Resources	903 CIN Unduplication (Data-entered)
X85 Turning 65, FHP Discontinuance, Excess Income & Resources	966 Other Clockdown Closing Change
X86 FHP to MA, S/CC	991 Fair Hearing - Aid to Continue
X88 FHP to MA, FNP Parent, FP	992 Court Order to Enjoin Closing
Y35 Suppress Printing of LDSS-3209 (Authorization)	993 Closed in Error
Y77 Undercare Case Maintenance	994 Cancel Closing
Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Employment	
Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Loss of 30 1/3	
Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)	
Y99 Other (Manual Notice Required)	
Z39 Mail-In	
Z46 SLIMB Recertification	
Z47 Notice of Renewal for BCCTP	
Z48 Cover Letter for FPBP Renewal Form	
Z61 Renewal Form, Community Mail-In	
Z62 Renewal Form, SSI-Related Mail-In	
001 Conversion	
002 Illness, Injury, or Other Impairment of Recipient	

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**CASE LEVEL OPENINGS (02), and REOPENINGS (10). FS OPENING (02) and REOPENING (10) Notices are Adequate, except those Reason Codes highlighted by an asterik (\*) can be Timely or Adequate, depending on the circumstances.**

**FOOD STAMP APPROVAL NOTICES**

CODE	DEFINITION	TRANSACTION TYPE(S)
A30	FS Approval: Same Benefit Each Month	02, 10
A31	FS Approval: Two Different Benefit Amounts in Certification Period	02, 10
A32	FS Approval: 1st Month Prorate-Applied BEFORE the 16th	02, 10
A33	FS Approval: 1st Month Prorate-Applied AFTER the 15th	02, 10
A34	FS Approval: 1st Month Prorate-Proof Provided in SECOND Thirty-Days - BEFORE the 16th	02, 10
A35	FS Approval: 1st Month Prorate-Proof Provided in SECOND Thirty-Days - AFTER the 15th	02, 10
A36	FS Approval: First Month Denied - Eligible in Succeeding Months - Same Benefit Each Month	02, 10
A38	FS Approval: Same Benefit Amount Each Month - Different Budget Dates	02, 10
A39	FS Approval: NYSNIP	02, 10
F36	Responsibility of Former District (CNS Only) (PA/FS Cases Only)	02, 10
Q21	FS Expedited Approval: Pended Verification; Cert. Period = 1 Month PENDED Verification (WCN120)	02, 10
Q22	FS Expedited Approval: Pended Verification; Cert. Period >= 2 Months PENDED Verification (WCN120)	02, 10
Z15**	Continuing Your FS (Call-In) - Short Cert Period - "On/At" -- DATE 1: DATE (MMDDYY) OF INTERVIEW -- TIME (HHMM) OF INTERVIEW	02, 10

**FOOD STAMP SEPARATE DETERMINATION**

CODE	DEFINITION	TRANSACTION TYPE(S)
B18*	FS Separate Determination Opening: Certification Period Unchanged	02,10
B19*	FS Separate Determination Opening: Certification Period Extended	02,10

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**FOOD STAMP SEPARATE DETERMINATION**

CODE	DEFINITION	TRANSACTION TYPE(S)
L92	Restart/Transfer a Previously Noticed Claim: Recoup at 10% NAME: Individual Associated with Claim AMOUNT: Current Claim Balance	02,10
L94	Restart/Transfer a Previously Notice Claim: Recoup at 20% NAME: Individual Associated with Claim AMOUNT: Current Claim Balance	02,10
R21	Agency Error Claim: Recoupment Begins	02,10
R22	Inadvertent Household Error Claim: Recoupment Begins	02,10
R23	Intentional Program Violation Claim: Recoupment Begins	02,10
R24	Agency Claim: Recoupment Pended	02,10
R25	Inadvertent Household Error Claim: Recoupment Pended	02,10
R26	Intentional Program Violation Claim: Recoupment Pended	02,10
R27	Agency Error Claim: Closed Cases	02,10
R28	Inadvertent Household Error Claim: Closed Cases	02,10
R29	Intentional Program Violation Claim: Closed Cases	02,10

\*\* (CNS Only)

<b>FILL INFORMATION</b>
A - J NO FILL
K - P LIMITED FILL
Q - X EXTENSIVE FILL

**CASE LEVEL DENIALS (03), CLOSINGS (07), RECERTIFICATION CLOSINGS (08). All FS Denial (03) & Recert Closing (08) Notices are Adequate. FS Closing (07) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.**

**REFUSAL TO PROVIDE INFORMATION**

CODE	DEFINITION	TRANSACTION TYPE(S)
E28	Failure/Refusal to Provide Information - Alien Sponsor	07
M20	Refusal to Provide Information (During Certification Period) - DATE 1: DATE (MMDDYY) BY WHICH THE CLIENT IS TO PROVIDE THE INFORMATION - LN 1-5: INFORMATION CLIENT WAS TO PROVIDE	07

**FAILURE TO PROVIDE VERIFICATION**

CODE	DEFINITION	TRANSACTION TYPE(S)
E29	Failure/Refusal to Provide Verification - Alien Sponsor	03, 08
G15	Expedited PA/FS Failure to Verify (TA Case Types Only)	All 3 Tx Types with PA/FS Ind = 08, 09, 80, 81, 90, 91
M26	Failure to Provide Verification of Wage Match - DATE 1: DATE (MMDDYY) BY WHICH CLIENT WAS TOLD TO PROVIDE VERIFICATION - NAME 1: INDIVIDUAL'S NAME	03, 07, 08
M27	Failure to Provide Verification of UIB Match - DATE 1: DATE (MMDDYY) BY WHICH CLIENT WAS TOLD TO PROVIDE VERIFICATION - NAME 1: INDIVIDUAL'S NAME	03, 07, 08
V19	Request for Contact (TA Case Types Only)	All 3 Tx Types with PA/FS Ind = 05, 07, 70, 71
V21	Failure to Provide Verification	03, 07, 08
Y29	Expedited FS Failure to Verify (Case Types 31 & 32 Only)	07

**INCOME RELATED**

CODE	DEFINITION	TRANSACTION TYPE(S)
E30	Excess Income	03, 07, 08
E39 *	Excess Income - COLA (Adequate Notice for QR)	07, 08
E40	Excess Income - Budgeting Error	07, 08
F37	Excess Income - FS Disaster Area	03
F96	Opened in Error - Excess Income	07
M34	Excess Income - Including Striker's Income LN 1: LINE NUMBER OF STRIKER	03

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**RESOURCES**

CODE	DEFINITION	TRANSACTION TYPE(S)
F49	Excess Resources - FS Disaster Area	03
U40	Excess Resources	03
U41	Transfer of Resources	03, 07, 08
U44 *	Excess Resources - Alien Sponsor's Resources (Adequate Notice for QR)	03, 07, 08
U45	Excess Resources - Increased Resources	07, 08
U97	Opened in Error - Excess Resources	07
UI6	Excess Resources - No Elderly Individual Present (Indiv. R/C for Elderly Indiv. Not Present In HH Required)	07, 08

**LIVING ARRANGEMENTS**

CODE	DEFINITION	TRANSACTION TYPE(S)
E61 *	Not a Resident of District	03, 07, 08
E63 *	Not a Resident of State	03, 07, 08
E65	Not a Resident of Disaster Area	03
E70	Ineligible Boarder	03, 07, 08
E71	In Commercial Boarding Home	03, 07, 08
E74	Elderly/Disabled Ineligible for Separate Household Status	03, 07, 08

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

<p><b>FILL INFORMATION</b> A - J NO FILL K - P LIMITED FILL Q - X EXTENSIVE FILL</p>
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**CASE LEVEL DENIALS (03), CLOSINGS (07), RECERTIFICATION CLOSINGS (08) (Cont'd). All FS Denial (03) & Recert Closing (08) Notices are Adequate. FS Closing (07) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.**

**LIVING ARRANGEMENTS (Cont'd)**

CODE	DEFINITION	TRANSACTION TYPE(S)
E76	Living with Child	03, 07, 08
E77	Living with Parent	03, 07, 08
E78	Living with Child's Other Parent	03, 07, 08
F65 *	Will Receive FS in PA Case	07, 08
F70	Parental Control of Child	03, 07, 08
F71	Child Under Parental Control	03, 07, 08
M62	Moved Out of District (DFR-TA Case Types Only) DATE: MONTH/YEAR (MMYY) OF THE MOVE	07, 08
M66	Receiving FS in Another Case NAME 1: OTHER FOOD STAMP CASE NAME	03
M67	Part of Another FS Application NAME 1: OTHER APPLYING FOOD STAMP NAME	03
M68	Added to Another Case NAME 1: OTHER FOOD STAMP CASE NAME	07, 08

**OTHER FAILURES**

CODE	DEFINITION	TRANSACTION TYPE(S)
E10	Failure to Keep/Complete Interview, No Scheduled Appointment	03, 08
E75	Refusal of Everyone in the Household to Apply	03, 08
F17	Failure to Validate Incorrect SSN (HH = 1)	07, 08
F19	Refused to Cooperate with Quality Control	07, 08
M24	Failure to Resolve a Computer Match NAME 1: TYPE OF COMPUTER MATCH NAME 2: NAME OF THE INDIVIDUAL WHO IS THE SUBJECT OF THE COMPUTER MATCH	07, 08
M25	Failure to Respond to a Computer Match Call-In NAME 1: TYPE OF COMPUTER MATCH NAME 2: NAME OF THE INDIVIDUAL WHO IS THE SUBJECT OF THE COMPUTER MATCH	07, 08
N10	Failure to Keep/Complete Appointment DATE 1: DATE (MMDDYY) OF THE INTERVIEW	03, 08
N18	Failure to Validate Incorrect SSN (HH > 1) NAME 1: NAME OF INDIVIDUAL	07, 08

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**OTHER**

CODE	DEFINITION	TRANSACTION TYPE(S)
A02	PA Denial/Recert CL - FS Declined (TA Case Types Only)	03, 08
B10	PA OP/CL/CHG - FS Continue Unchanged (TA Case Types Only)	02, 05, 07, 10
I92	No Eligible Individual (Indiv. R/C Required)	03, 07, 08
J05	Separate FS Notice Will Be Sent (TA Case Types Only) (Auto TBA, if Eligible)	03, 07, 08
J06	Separate FS Notice will be Sent (TA Case Types Only) (Worker Completes TBA)	03, 07, 08
L05	FS Benefit Change - FS Co-Op Case closed (TA Case Types Only)	03, 07, 08
L10	PA OP/CL/CHG - FS Continue Unchanged - Worker Name Included (TA Case Types Only)	02, 05, 07, 10
L11	PA OP/CL/CHG - FS Increase (TA Case Types Only)	02, 05, 07, 10
L12	PA OP/CL/CHG - FS Decrease (TA Case Types Only)	02, 05, 07, 10
L13	PA OP/CL/CHG - FS Increase - Worker Name Included (TA Case Types Only)	02, 05, 07, 10
L14	PA OP/CL/CHG - FS Decrease - Worker Name Included (TA Case Types Only)	02, 05, 07, 10
M88	Refusal to Comply with Finger Imaging Requirement NAME(S) OF THE INDIVIDUAL(S) WHO FAILED TO COMPLY	03, 07, 08
M90 *	Client Request - Written or Face-to-Face DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M91	Client Request - Phone DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
R11	PA Denial/Recert CL - FS Continue (TA Case Types Only)	03, 08
R12	PA Denial/Recert CL - FS Continue - Worker Name Included (TA Case Types Only)	03, 08
Y99	Other - <b>Manual Notice Required</b>	03, 07, 08

<p><b>FILL INFORMATION</b> A - J NO FILL K - P LIMITED FILL Q - X EXTENSIVE FILL</p>
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**CASE LEVEL DENIALS (03), CLOSINGS (07), RECERTIFICATION CLOSINGS (08) (Cont'd). All FS Denial (03) & Recert Closing (08) Notices are Adequate. FS Closing (07) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.**

**OTHER**

CODE	DEFINITION	TRANSACTION TYPE(S)
Z97	Missed FS Application Interview (TA Case Types Only)	All Three Tx Types with PA/FS Ind = 05, 10
Z98	Missed FS Recertification Interview (TA Case Types Only)	Tx Type 08 with PA/FS Ind = 08

**PERIODIC REPORTING**

CODE	DEFINITION	TRANSACTION TYPE(S)
E50	Failure to Return Periodic Report	07
E51	Failure to Complete Periodic Report - Questions	07
E52	Failure to Complete Periodic Report - Signature/Date	07
E53	Failure to Complete Periodic Report - Proof of Income	07
E54	Failure to Complete Periodic Report - Dated Early	07
E46	Failure to Complete/Sign/Return NYSNIP 24 Month Interim Report	07
N53	Failure to Complete Periodic Report - Partial Proof	07
	LN 1-5: DATE (MMDDYY) OF THE MISSING PAY STUBS <u>OR</u> DATE(S) OF THE WEEK(S) FOR WHICH VERIFICATION IS MISSING	

**FOOD STAMP CLAIMS \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
L99	Food Stamp Overpayment Balance Statement (Use for NPA/FS or PA/FS Cases during closing or recert. closings when FS Claim balance is greater than zero)	07, 08
R27	Agency Error Claim: Closed Cases	07, 08
R28	Inadvertent Household Error Claim: Closed Cases	07, 08
R29	Intentional Program Violation Claim: Closed Cases	07, 08

**RESTORED/SUPPLEMENTAL BENEFITS \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
X01	Issue Restored FS Benefits	07, 08
X02	Restored FS Benefits Entirely Offset by FS Claim	07, 08
X03	Restored FS Benefits Partially Offset by FS Claim	07, 08
X04	Restored FS Benefits Denied	07, 08
X05	Issue Supplemental FS Benefits	07, 08

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**FAILURE TO RECERTIFY**

CODE	DEFINITION	TRANSACTION TYPE(S)
G10	Failure to Recertify (PA R/C M10, or M11 Required)	08
Y10	Failure to Recertify (No Notice Required)	08

\*\* (CNS Only)

<p><b>FILL INFORMATION</b> A - J NO FILL K - P LIMITED FILL Q - X EXTENSIVE FILL</p>
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**CASE LEVEL UNDERCARE MAINTENANCE (05), RECERTIFICATIONS (06), REACTIVATIONS (11), CLOSED CASE MAINTENANCE (14)**

**UNDERCARE MAINTENANCE**

CODE	DEFINITION	TRANSACTION TYPE(S)
B20	New Budget Authorized	05
B21	New Budget Authorized: Certification Period Extended	05
B22	New Budget Authorized: Decrease - 6 Month Reporting Process	05
B23	New Budget Authorized: Return to "Regular" FS from NYSNIP	02, 10
B24	New Budget Authorized: October Allotment Increase	05
B25	New Budget Authorized: JAN COLA Adjustment	05
B27	New Budget Authorized: FS to NYSNIP	02, 10
B28	New Budget Authorized: FS to NYSNIP Reduction	02, 10
B29	New Budget Authorized: NYSNIP Rebudgeted	02, 10
B80	New Budget Authorized: No Longer Qualified for 24-Month Certification Period	05
G15	Expedited PA/FS Failure to Verify (TA Case Types Only)	Tx Type 05, 06, 07 with PA/FS Ind = 09
960	Change of Address (No Changes to Benefits)	05, 06,14
965	Authorize IV-D or HEAP Payment	05, 06,14
966	Other Clockdown Closing Change	05, 06,14

**RECERTIFICATIONS**

CODE	DEFINITION	TRANSACTION TYPE(S)
B30	Recertification Approval: Same Benefit Amount Each Month	06,11
B31	Recertification Approval: Two Different Benefit Amounts in Certification Period	06,11
B32	Recertification Approval: First Month Budgeting Necessary	06,11
B33	Recertification Approval: Return to "Regular" FS from NYSNIP	06
B34	Recertification Approval: Certification Period Spans ALL & Allotment Remains Same	06,11
B35	Recertification Approval: Same Benefit Amt. Each Month - 2 Budget Calculations w/Different Budget Dates	06,11
B36	Recertification Approval: FS to NYSNIP	06
B38	Recertification Approval: NYSNIP	06

**FOOD STAMP CLAIMS \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
L92	Restart/Transfer a Previously Noticed Claim: Recoup at 10% NAME: Individual Associated with Claim AMOUNT: Current Claim Balance	05,06,11
L94	Restart/Transfer a Previously Noticed Claim: Recoup at 20% NAME: Individual Associated with Claim AMOUNT: Current Claim Balance	05, 06,11
R21	Agency Error Claim: Recoupment Begins	05, 06,11
R22	Inadvertent Household Error Claim: Recoupment Begins	05, 06,11
R23	Intentional Program Violation Claim: Recoupment Begins	05, 06,11
R24	Agency Error Claim: Recoupment Pended	05, 06,11, 00
R25	Inadvertent Household Error Claim: Recoupment Pended	05, 06,11, 00
R26	Intentional Program Violation Claim: Recoupment Pended	05, 06,11, 00
R27	Agency Error Claim: Closed Cases	00
R28	Inadvertent Household Error Claim: Closed Cases	00
R29	Intentional Program Violation Claim: Closed Cases	00

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**RESTORED/SUPPLEMENTAL BENEFITS \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
X01	Issue Restored FS Benefits	05, 06,11
X02	Restored FS Benefits Entirely Offset by FS Claim	05, 06,11, 00
X03	Restored FS Benefits Partially Offset by FS Claim	05, 06,11
X04	Restored FS Benefits Denied	05, 06,11, 00
X05	Issue Supplemental FS Benefits	05, 06,11

**OTHER**

CODE	DEFINITION	TRANSACTION TYPE(S)
A02	Food Stamps Declined (PA Case Types Only)	05, 06
A04	PA/FS Ind. Changed to "04 - Non-PA Person in HH" (TA Case Types Only)	05, 06

\*\* (CNS Only)

OTHER CODES CONTINUED ON NEXT PAGE

<b>FILL INFORMATION</b>
A - J NO FILL
K - P LIMITED FILL
Q - X EXTENSIVE FILL

**CASE LEVEL UNDERCARE MAINTENANCE (05), RECERTIFICATIONS (06), REACTIVATIONS (11), CLOSED CASE MAINTENANCE (14) (cont'd)****OTHER (cont'd)**

<b>OTHER (cont'd) CODES</b>	<b>DEFINITION</b>	<b>TRANSACTION TYPE(S)</b>
A05	FS Close - Non-PA Person in HH (TA Case Types Only)	05, 06
G34	FS Change After TA Approval Determination or Provision of Pended Verification (TA Case Types Only)	02, 05, 10
G35	FS Close After TA Approval Determination or Provision of Pended Verification (TA Case Types Only)	05
J05	Separate Food Stamp Notice Will be Sent (TA Case Types Only)	05, 06
L02	PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (TA Case Types Only)	05, 06
L05	FS Benefit Change - FS Co-Op Case Closed (TA Case Types Only)	05, 06
V19	Food Stamp Request for Contact (TA Case Types Only)	All 3 Tx Types with PA/FS Ind = 01,05
Y20	FS Benefit Not Changed (No New Budget) (TA Case Types Only)	05,14, 00
Y22	Case Demographic Change Only	05
Y23	Case Opened w/Expedited FS Only: Delayed Verification Received - No Notice Required	05
Y35	Suppress Printing of LDSS-3209 (Authorization) (Changes Limited to Off/Unit/Wrkr, Co-op Case #, or Phone #)	05
Z97	Missed FS Application Interview (TA Case Types Only)	Tx 05, 06 with PA/FS Ind = 03
903	CIN Unduplication (Data-entered)	05
991	Fair Hearing - Aid to Continue	05,11
992	Court Order to Enjoin Closing	05,11
993	Closed in Error	05,11
994	Cancel Closing	05,11

**HEAP APPROVAL NOTICES FOR FS AND HEAP**

<b>CODES</b>	<b>DEFINITION</b>	<b>TRANSACTION TYPE(S)</b>
A10	Reg. Grant Only - Payment Sent to Fuel/Util. Supplier	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A11	Reg. Grant Only - EBT PA Cases	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A12	Reg. Grant Only - EBT FS Cases	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A13	Reg. Grant Only - Check	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A14	Reg. Grant Only - No Funds Available	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A15	Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A16	Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A17	Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10

\*Transaction Type 00 - Notice Prepared Without a WMS Transaction

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<b>FILL INFORMATION</b>
A - J NO FILL
K - P LIMITED FILL
Q - X EXTENSIVE FILL

A02 PA Denial/Recert. CL - FS Declined (TA Case Types Only)	E70 Ineligible Boarder
A04 Food Stamps Declined (PA Case Types Only)	E71 In Commercial Boarding Home
A05 FS Close - Non-PA Person in HH (TA Case Types Only)	E74 Elderly/Disabled Ineligible for Separate Household Status
A30 FS Approval: Same Benefit Each Month	E75 Refusal of Everyone in the Household to Apply
A31 FS Approval: Two Different Benefit Amounts in Certification Period	E76 Living with Child
A32 FS Approval: 1st Month Prorate-Applied BEFORE the 16th	E77 Living with Parent
A33 FS Approval: 1st Month Prorate-Applied AFTER the 15th	E78 Living with Child's Other Parent
A34 FS Approval: 1st Month Prorate-Proof Provided in SECOND Thirty-Days - BEFORE the 16th	F17 Failure to Validate Incorrect SSN-HH=1
A35 FS Approval: 1st Month Prorate-Proof Applied in SECOND Thirty-Days - AFTER the 15th	F19 Refused to Cooperate with Quality Control
A36 FS Approval: 1st Month Denied-Eligible in Succeeding Months-Same Benefit Each Month	F36 Responsibility of Former District
A38 FS Approval: Same Benefit Amount Each Month - Different Budget Dates	F37 Excess Income: FS Disaster Area
A39 FS Approval: NYSNIP	F49 Excess Resources: FS Disaster Area
B10 PA OP/CL/CHG - FS Continue Unchanged (TA Case Types Only)	F65 Will Receive FS in PA Case
B18 FS Separate Determination Opening: Certification Period Unchanged	F70 Parental Control of Child
B19 FS Separate Determination Opening: Certification Period Extended	F71 Child Under Parental Control
B20 New Budget Authorized	F96 Opened in Error - Excess Income
B21 New Budget Authorized: Certification Period Extended	G10 Failure to Recertify (TA Case Types Only)
B22 New Budget Authorized: Decrease - 6 Month Reporting Process	G15 Expedited PA/FS Failure to Verify (TA Case Types Only)
B23 New Budget Authorized: Return to "Regular" FS from NYSNIP	G34 FS Change After TA Approval Determination or Provision of Pended Verification (TA Case Types Only)
B24 New Budget Authorized: October Allotment Increase	G35 FS Close After TA Approval Determination or Provision of Pended Verification (TA Case Types Only)
B25 New Budget Authorized: JAN COLA Adjustment	I92 No Eligible Individual (Individual R/C Required)
B27 New Budget Authorized: FS to NYSNIP	J05 Separate FS Will Be Sent (TA Case Types Only) (Auto TBA, If Eligible)
B28 New Budget Authorized: FS to NYSNIP (Reduction)	J06 Separate FS Notice Will Be Sent (TA Case Types Only) (Worker Completes TBA)
B29 New Budget Authorized: NYSNIP Re-budgeted	L02 PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (PA Case Types Only)
B30 Recert. Approval: Same Benefit Amount Each Month	L05 FS Benefit Change - FS Co-Op Case Closed (TA Case Types Only)
B31 Recertification Approval: Two Different Benefit Amounts in Certification Period	L10 PA OP/CL/CHG - FS Continue Unchanged - Worker Name Included (TA Case Types Only)
B32 Recert. Approval: First Month Budgeting Necessary	L11 PA OP/CL/CHG - FS Increase (TA Case Types Only)
B33 Recertification Approval: Return to "Regular" FS from NYSNIP	L12 PA OP/CL/CHG - FS Decrease (TA Case Types Only)
B34 Recertification Approval: Certification Period Spans ALL And Allotment Remains the Same	L13 PA OP/CL/CHG - FS Increase - Worker Name Included (TA Case Types Only)
B35 Recertification Approval: Same Benefit Amt. Each Month-2 Bgt. Calculations w/Different Bgt. Dates	L14 PA OP/CL/CHG - FS Decrease - Worker Name Included (TA Case Types Only)
B36 Recertification Approval: FS to NYSNIP	L19 Request for Contact - Six Month Reporters on TBA
B38 Recertification Approval: NYSNIP	L92 Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 10%
B80 New Budget Authorized: No Longer Qualified for 24-Month Certification Period	L94 Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 20%
E10 Failure to Keep/Complete Interview: No Scheduled Appointment	L99 Food Stamp Overpayment Balance Statement
E28 Failure to Provide Information - Alien Sponsor	M20 Refusal to Provide Information (During Cert. Period)
E29 Failure to Provide Verification - Alien Sponsor	M24 Failure to Resolve a Computer Match
E30 Excess Income	M25 Failure to Respond to a Computer Match Call-In
E39 Excess Income - COLA	M26 Failure to Provide Verification of Wage Match
E40 Excess Income - Budgeting Error	M27 Failure to Provide Verification of UIB Match
E46 Failure to Complete/Sign/Return NYSNIP 24-Mo. Interim Report	M34 Excess Income - Including Striker's Income
E50 Failure to Return Periodic Report	M62 Moved Out of District (DFR-TA Case Types Only)
E51 Failure to Complete Periodic Report - Questions	M66 Receiving FS in Another Case
E52 Failure to Complete Periodic Report - Signature/Date	M67 Part of Another FS Application
E53 Failure to Complete Periodic Report - Proof of Income	M68 Added to Another Case
E54 Failure to Complete Periodic Report - Dated Early	M88 Refusal To Comply with Finger Imaging Requirement
E61 Not a Resident of District	M90 Client Request - Written or Face-to-Face
E63 Not a Resident of State	M91 Client Request - Phone
E65 Not a Resident of Disaster Area	N10 Failure to Keep/Complete Appointment
	N18 Failure to Validate Incorrect SSN - HH > 1
	N53 Failure to Complete Periodic Report - Partial Proof
	Q21 FS Expedited Approval: Pended Verification; Cert Period = 1 Month



Q22 FS Expedited Approval: Pended Verification; Cert Period > 2 Months  
 R11 PA Denial/Recert CL - FS Continue (TA Case Types Only)  
 R12 PA Denial/Recert CL - FS Continue - Worker Name Included (TA Case Types Only)  
 R21 Agency Error Claim: Recoupment Begins  
 R22 Inadvertent Household Error Claim: Recoupment Begins  
 R23 Intentional Program Violation Claim: Recoupment Begins  
 R24 Agency Error Claim: Recoupment Pended  
 R25 Inadvertent Household Error Claim: Recoupment Pended  
 R26 Intentional Program Violation Claim: Recoupment Pended  
 R27 Agency Error Claim: Closed Cases  
 R28 Inadvertent Household Error Claim: Closed Cases  
 R29 Intentional Program Violation Claim: Closed Cases  
 UI6 Excess Resources - No Elderly Individual Present (Individual R/C for Elderly Individual Not Present in HH Required)  
 U40 Excess Resources  
 U41 Transfer of Resources  
 U44 Excess Resources - Alien Sponsor's Resources  
 U45 Excess Resources - Increased Resources  
 U97 Opened in Error - Excess Resources  
 V19 Food Stamp Request for Contact (TA Case Types Only)  
 V21 Failure to Provide Verification  
 X01 Issue Restored FS Benefits  
 X02 Restored FS Benefits Entirely Offset by FS Claim  
 X03 Restored FS Benefits Partially Offset by FS Claim  
 X04 Restored FS Benefits Denied  
 X05 Issue Supplemental FS Benefits  
 Y10 Failure to Recertify (No Notice Required)  
 Y20 FS Benefit Not Changed (No New Budget) (PA Case Types Only)  
 Y22 Case Demographic Change Only  
 Y23 Case Opened with Expedited FS Only: Delayed Verification Received - No Notice Required  
 Y29 Expedited FS Failure to Verify (Case Types 31 & 32 Only)  
 Y35 Suppress Printing of DSS-3209 (Authorization)  
 Y92 Expedited FS Issued - PA Determination Pending (PA Case Types Only)  
 Y99 Other - Manual Notice Required  
 Z15 Continuing Your Food Stamps: Short Certification Period  
 903 CIN Unduplication (Data-entered)  
 960 Change of Address (No Change to Benefits)  
 965 Authorize IV-D or HEAP Payment  
 966 Other Clockdown Closing Change  
 991 Fair Hearing - Aid to Continue  
 992 Court Order to Enjoin Closing  
 993 Closed in Error  
 994 Cancel Closing

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**FS (TT = 02, 05, 06, 07, 08, 10) AND HEAP (TT = 02, 05, 07, 10)**

A10 Reg. Grant Only - Payment Sent to Fuel/Util. Supplier  
 A11 Reg. Grant Only - EBT PA Cases  
 A12 Reg. Grant Only - EBT FS Cases  
 A13 Reg. Grant Only - Check  
 A14 Reg. Grant Only - No Funds Avail.  
 A15 Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier  
 A16 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier  
 A17 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets

**WMS NON-TRANSACTION-BASED CODES (00)****PUBLIC ASSISTANCE**

<b>Code</b>	<b>Definition</b>
Z20	Continuing Your PA and FS (Call-In) – “On/At” - DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW
Z21	Continuing Your PA (Call-In) – “By” - DATE (MMDDYY) BY WHICH RECIPIENT MUST COME TO LOCAL DISTRICT FOR INTERVIEW
Z25	Continuing Your PA and FS (Call-In) – Group Recertification - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF THE INTERVIEW
Z50	PA Category Reassessment Call-In - DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW
Z51	Application Call-In - DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW
Z52	PA Category Reassessment Call-In with Appointment Address - DATE 1: DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW - OFFICE CODE WHERE THE INTERVIEW IS TO TAKE PLACE
Z53	Application Call-In with Appointment Address - DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW - OFFICE CODE WHERE THE INTERVIEW IS TO TAKE PLACE
Z80	Continuing Your PA and FS (Call-In) With Appointment Address - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF THE APPOINTMENT - CODE OF THE OFFICE WHERE INTERVIEW IS TO TAKE PLACE
Z81	Continuing Your PA and FS (Call-In) – Group Recertification with Appointment Address - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF THE INTERVIEW - OFFICE CODE WHERE THE INTERVIEW IS TO TAKE PLACE

**MEDICAL ASSISTANCE****SLIMB RECERTIFICATION**

<b>Code</b>	<b>Definition</b>
Z46	SLIMB Recertification

**COMMUNITY MAIL-IN RENEWAL**

<b>Code</b>	<b>Definition</b>
Z48	Cover Letter for FPBP Renewal Form
Z61	Renewal Form, Community Mail-In

**CHRONIC CARE RECERTIFICATION****(WITH OR WITHOUT A SPOUSE IN THE COMMUNITY)**

<b>Code</b>	<b>Definition</b>
Z39	Mail-In

**SSI-RELATED MAIL-IN RENEWAL**

<b>Code</b>	<b>Definition</b>
Z62	Renewal Form, SSI-Related Mail-In

**BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only)**

<b>Code</b>	<b>Definition</b>
Z47	Notice of Renewal for BCCTP

**OTHER**

<b>Code</b>	<b>Definition</b>
L19	Request for Contact - Six Month Reporters on TBA
V19	Food Stamp Request for Contact (FS Case Types Only)

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## WMS NON-TRANSACTION-BASED CODES (00)

**FOOD STAMPS**

<b>Code</b>	<b>Definition</b>
Z10	Continuing Your FS (Call-In) – “On/At” - DATE 1: DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW
Z12	Continuing Your FS (Call-In) – SSI/Group Home
Z13	Continuing Your FS (Call-In) – Homebound
Z15	Continuing Your FS (Call-In) – Short Cert Period – “On/At” - DATE 1: DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW
Z16	Continuing Your FS/MA (Call-In) – “On/At” - DATE 1: DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW
Z17	Continue FS – Homebound – No Application Sent
Z18	Continuing Your FS – Group Recertification - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF INTERVIEW
Z19	Continuing Your Food Stamps (Call-In) PA/FS Mix “On/At” - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF INTERVIEW
Z75	Continuing Your FS: NYSNIP or A/D = A “On/At” - DATE 1: POTENTIAL CASE CLOSING DATE
Z90	Continuing Your Food Stamps – “On/At” with Appointment Address Included - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF APPOINTMENT - OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED
Z91	Continuing Your Food Stamps – Group Recertification with Appointment Address Included - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF INTERVIEW - OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED
Z92	FS/MA – (Call-In) Concurrent Certification Period Appointment Address Included - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF INTERVIEW - OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED
Z93	Continuing Your Food Stamps – PA/FS Mix with Appointment Address Included - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF INTERVIEW - OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED
Z97	Missed FS Application Interview (Use App/Reg # to Prepare) - DATE 1: MISSED INTERVIEW DATE
Z98	Missed FS Recertification Interview - DATE 1: MISSED INTERVIEW DATE

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PATX = 02 (OPENING) OR 10 (REOPENING)		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
01 AUTHORIZED FS	A30-A36, A38, Q21-Q22, L92, L94 B10, B24, G34, L10-L14, R21-R26, V19*	ALL DENIAL R/C ALL CLOSE R/C
02 DECLINE FS	A02	NO R/C ALLOWED
03 DENIED FS	ALL DENIAL R/C	ALL DENIAL R/C
04 NON-PAIN HH	A04	NO R/C ALLOWED
05 PENDING DETERM.	J05, V19*	NO R/C ALLOWED
06 FS ISSUED CO-OP CASE	L02	NO R/C ALLOWED

\* V19 NOT allowed as only R/C entry .... must be used with J05 or B10, L10-L14

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<b>PATX = 03 (DENIAL) OR PATX = 07 &amp; EMERGENCY IND = X.</b>		
<b>INDICATOR VALUE</b>	<b>VALID FS CASE REASON CODES:</b>	<b>VALID FS INDIVIDUAL REASON CODES:</b>
02 DECLINED FS	A02 ONLY	NO R/C ALLOWED
03 DENIED FS	ALL DENIAL R/C	ALL DENIAL R/C
05 PENDING DETERMINATION	J05, V19*, Z97	NO R/C ALLOWED
70 DENY PA/CONTINUE FS	R11 + R12 Z10-15, Z17-18, Z90-93, J05, V19*	ALL RECERT-CL R/C NO R/C ALLOWED
71 DENY PA/CONTINUE FS W/EXPFS	R11 + R12 Z10-15, Z17-18, Z90-93, J05, V19*	ALL RECERT-CL R/C NO R/C ALLOWED
80 DENY PA/RECERT-CL FS	ALL RECERT-CL R/C INCLUDING J05, L05+, R27-R29	ALL RECERT-CL R/C (*EXCEPT WITH J05 OR L05)
81 DENY PA/RECERT-CL FS W/EXPFS	ALL RECERT-CL R/C INCLUDING J05, L05+, R27-R29	ALL RECERT-CL R/C (*EXCEPT WITH J05 OR L05)
90 DENY PA/CLOSE FS	ALL CLOSE R/C INCLUDING J05, L05+, R27-R29	ALL CLOSE R/C (*EXCEPT WITH J05 OR L05)
91 DENY PA/CLOSE FS W/EXPFS	ALL CLOSE R/C INCLUDING J05, L05+, R27-R29	ALL CLOSE R/C (*EXCEPT WITH J05 OR L05)

\* May only be used when r/c R11, R12 or J05 is also entered.

+ May only be used when current PA/FS Indicator value = 06.

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<b>PATX = 07 &amp; EMERGENCY IND = BLANK (CLOSE).</b>		
<b>INDICATOR VALUE</b>	<b>VALID FS CASE REASON CODES:</b>	<b>VALID FS INDIVIDUAL REASON CODES:</b>
03 DENIED FS	ALL DENIAL R/C	ALL DENIAL R/C
05 PENDING DETERMINATION	J05, Z97	NO R/C ALLOWED
07 CLOSE PA/CONTINUE FS	B10 L10-14, R21-26, L92, L94, V19*+ Z10-15, Z17-18, Z90-93, J05, L05+, V19*	ALL CLOSE R/C NO R/C ALLOWED
08 CLOSE BOTH PA & FS	ALL CLOSE R/C + J05, L05+, R27-R29	ALL CLOSE R/C NO R/C ALLOWED
09 CLOSE FS	ALL CLOSE R/C + J05, L05+, R27-R29	ALL CLOSE R/C NO R/C ALLOWED

\* May only be used when r/c B10, L10-L14, or J05 is also entered.

+ May only be used when current PA/FS Indicator value = 06.

PATX = 08 & EMERGENCY IND = BLANK (RECERT-CLOSE).		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
02 DECLINED FS	A02 ONLY	NO R/C ALLOWED
05 PENDING DETERMINATION	J05, Z97	NO R/C ALLOWED
07 CLOSE PA/CONTINUE FS	R11, R12, R21-26, L92, L94, V19* + Z10-15, Z17-18, Z90-93, J05, L05+, V19*	ALL RECERT-CL R/C NO R/C ALLOWED
08 CLOSE BOTH PA & FS	ALL RECERT-CL R/C + G10, J05, L05+, R27-R29, Z98	ALL RECERT-CL R/C NO R/C ALLOWED
09 CLOSE FS	ALL RECERT-CL R/C + G10, J05, L05+, R27-R29, Z98	ALL RECERT - CL R/C NO R/C ALLOWED
10 RECERT-CL PA/DENY FS	ALL DENIAL R/C + Z97	ALL DENIAL R/C

\* May only be used when r/c R11, R12, J05 is also entered.

+ May only be used when current PA/FS Indicator value = 06.

NOTE: IF A PA/FS CODE IS ENTERED ON CNS, A CNS FS REASON CODE ENTRY IS REQUIRED.

# 1

PATX = 05 & EMERGENCY IND = BLANK (U/M)		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
01 AUTHORIZED FS  (Prior PA/FS Ind = 02, 03, 05, 09, blank)	B20, B22, B24, B25, L92, L94, R21-R26, X01- X05, Y20 (If PA R/C = B50, X01-X04), Y22 Y23, 903, 960, 965, 966, 991-994, J05, V19* G34 A30-A35, A38, Q21, Q22, L92, L94	ALL R/C OTHER THAN RECERT-CL NO R/C ALLOWED  ALL DENIAL R/C
02 DECLINED FS	A02 ONLY	NO R/C ALLOWED
03 DENIED FS	ALL DENIAL R/C + Z97	ALL DENIAL R/C
04 NON-PAIN HH	A04 ONLY	NO R/C ALLOWED
05 PENDING DETERMINATION	J05, V19*	NO R/C ALLOWED
06 FS ISSUED IN CO-OP CASE	L02 ONLY	NO R/C ALLOWED
09 CLOSE FS	ALL CLOSE R/C + B10, L10-L14 A05, J05, L05+, R27-R29, G35	ALL R/C OTHER THAN RECERT-CL NO R/C ALLOWED

\* May only be used when r/c B20, B22, B24, J05 is also entered.

PA TX = 06 & EMERGENCY IND = BLANK (RECERT)		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
<b>01 AUTHORIZED FS</b> (Prior PA/FS Ind must = 02, 03, 05, 09)	<b>B30-B35, R21-R26, L92, L94</b> <b>J05, V19* X01-X05</b> <b>A30-A35, A38, Q21, Q33, L92, L94</b>	<b>ALL R/C OTHER THAN CLOSE-ONLY</b> <b>NO R/C ALLOWED</b> <b>ALL R/C OTHER THAN CLOSE-ONLY</b>
<b>02 DECLINED FS</b>	<b>A02 ONLY</b>	<b>NO R/C ALLOWED</b>
<b>03 DENIED FS</b>	<b>ALL DENIAL R/C + Z97</b>	<b>ALL DENIAL R/C</b>
<b>04 NON-PA IN HH</b>	<b>A04 ONLY</b>	<b>NO R/C ALLOWED</b>
<b>06 FS ISSUED IN CO-OP CASE</b>	<b>L02 ONLY</b>	<b>NO R/C ALLOWED</b>
<b>09 CLOSE FS</b>	<b>ALL RECERT-CLOSE R/C+</b> <b>A05, J05, L05+, R27-R29</b>	<b>ALL R/C OTHER THAN CLOSE-ONLY</b> <b>NO R/C ALLOWED</b>

\* May only be used when r/c B30-B35 or J05 is also entered.

+ May only be used when current PA/FS Indicator = 06

**NOTE: IF A PA/FS CODE IS ENTERED ON CNS, A CNS FS REASON CODE ENTRY IS REQUIRED.**

# 1

PA TX = 00 & EMERGENCY IND = BLANK (CNS ONLY)		
Case Status = ACTIVE Current PA/FS IND	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
<b>01 AUTHORIZED FS</b> PA r/c = R15, R16 PA r/c = R30 PA r/c = X02, X04 PA r/c = Y20	<b>Y20</b> <b>R24, R25, R26, Y20</b> <b>X02, X04, Y20</b> <b>R24, R25, R26, X02, X04, Z98, V19</b>	<b>NO R/C ALLOWED</b>
<b>NOT = 01 (not authorized)</b> PA r/c = R30 PA r/c = X02, X04, R15, R16 PA r/c = Y20	<b>L99, R27, R28, R29, Y20</b> <b>generates FS r/c 943</b> <b>L99, R27, R28, R29, Z97, V19</b>	<b>NO R/C ALLOWED</b>
<b>If Case Status = CLOSED OR DENIED (PA/FS Indicator NOT Considered)</b> PA r/c = L99 PA r/c = R40 PA r/c = Y20	<b>L99, R27, R28, R29, Z97, V19</b> <b>L99, R27, R28, R29, Y20</b> <b>L99, R27, R28, R29, Z97, V19</b>	<b>NO R/C ALLOWED</b>

\* No other r/c entry required for this transaction type.

PA TX = 14 (CLOSED CASE MAINTENANCE)		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
<b>03 DENIED FS</b>	<b>E10, N10 Only</b>	<b>NO R/C ALLOWED</b>
<b>09 CLOSE FS</b>	<b>M20 Only</b>	<b>NO R/C ALLOWED</b>

**WMS DATA-ENTERED CODES****PREGNANCY/PARENTING CODES**

- 1 Pregnant Teen
- 2 Teen Parent
- 3 Neither Pregnant Nor Parenting
- 4 Other TASA (Teenage Services Act)
- 5 Pregnant Woman Under 21 - Applying For Unborn Only

**SOCIAL SECURITY NUMBER CODES - SSN - (PA, MA, FS, HEAP)**

- A Validation Failed: SSN Not on SSA File
- B Validation Failed: No Match on Name
- C Validation Failed: No Match on DOB and Sex
- D Validation Failed: No Match on DOB
- E Validation Failed: No Match on SEX
- X SSN SSA Validation/Deceased
  - 1 SSN Present
  - 2 SSN Applied For
  - 3 SSN Applied For and Denied
  - 4 SSN Not Applied For
- +7 SSN SSA Input
- +8 SSN SSA Validation
- +9 SSN Failed SSA Validation

**2**

+ Can be data-entered or system-generated

**MARITAL STATUS - MS - (PA, MA, FS)**

- 1 Married
- 2 Single
- 3 Formal Separation
- 4 Informal Separation
- 5 Divorced
- 6 Widowed
- 7 Annulment
- 8 Abandonment/Desertion

**SEX - (PA, MA, FS, HEAP)**

- M Male
- F Female
- U Unborn

**SSI STATUS CODES - SSI STAT - (PA, MA)**

- 1 Active
- 2 Pending
- 3 Closed/Denied/Suspended (Appeals Exhausted)
- 4 Deemed Eligible
- 5 Closed SSI, Continue OASDI/Disabled Adult Child/Zebly Child

**OTHER NAME CODES - OTHER NAMES - (PA, MA, FS)**

- A Also Known As
- M Maiden Name



**WMS DATA-ENTERED CODES**

**RELATIONSHIP CODES - REL.Cd - (PA, MA, FS)**

01 Applicant/Payee/MA ID Card Recipient	08 Niece/Nephew	16 Ward (Not CT 11, 12)
02 Legal Spouse	09 Grandson/Granddaughter	17 Cousin
03 Non-Legal Union	10 Grandmother/Grandfather	18 None
04 Son	11 Aunt/Uncle	19 Parent
05 Daughter	12 Essential Person	20 Sister/Brother
06 Step-Son	13 Other Eligible Relationship (CT 11,12)	21 Step-Parent
07 Step-Daughter	14 Other Relationship (Not CT 11, 12)	22 Step-Sister/Step-Brother
	15 Legal Guardian (Not CT 11, 12)	30 Non-Legal Union, Child in Common

**HIGHEST DEGREE – Degr – (PA)**

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

**3**

**INDIVIDUAL CATEGORICAL CODES - Cat. Cd - (PA, MA)**

01 FA/SN/LIF Death of Parent	41 MA Only - Newborn (PA Only)
02 FA/SN/LIF Incapacity of Parent	42 ADC-Related Pregnant Woman (MA Level) (Case Type 20 Only)
03 FA/SN/LIF Imprisonment of Parent	43 Expanded MA Levels Pregnant Woman (Case Type 20 Only)
05 FA/SN/LIF Divorce, Annulment, or Legal Separation of Parent	44 Expanded Infant 0 Up to 1 Under 100% FPL
06 FA/SN/LIF Abandonment or Desertion by Parent	45 Expanded Infant 0 Up to 1: 100%-200% FPL
07 FA/SN/LIF Removed by Court Order	46 Expanded Child(ren) 1 Up to 6 - 133% FPL
08 FA/SN/LIF Child Unemployed Principal Wage Earner	47 Expanded Child(ren) 6 Up to 19 - 100% FPL
09 FA/SN/LIF Child (No Deprivation) or SCC Single Individual or Childless Couple (Not Aged or Disabled)	48 FA/LIF Pregnant Woman (Deprivation)
10 Aged	53 Continuous Coverage - LIF Child 0 Up to 19
11 Blind/For Case Type 60 Only – Both Aged and Disabled	54 Continuous Coverage - All Expanded Children Except Infants 0 Up to 1 (100% - 200% FPL)
12 Disabled/Case Type 60 Only – Includes Blindness	55 Continuous Coverage - Expanded Infant 0 Up to 1 - 100% - 200% FPL
13 FA/SN/LIF Dependent Relative	56 FHP Singles and Childless Couples/19-20 Not Living with Parents (Case Type 24 Only)
15 FA/SN/LIF Pregnant Woman (No Deprivation)	57 FHP Parents/19-20 Living with Parents (Case Type 24 Only)
16 Public Home FNP (CT 20 – Pub. Home Dists. Only)	58 FHP Pregnant Woman 100% FPL (Case Type 20 Only)
17 OMH Inpatient Age 21-22 (OMH Only)	59 FHP Pregnant Woman 200% FPL (Case Type 20 Only)
18 Emergency Shelter – FP (MA, MA-SSI)	60 Child 6-18 Years of Age 100 - 133% FPL
21 ADC-Related Adult (Deprivation) (Case Type 20 Only)	61 Presumptive Eligibility - Healthy Women Partnership (Under 65)
22 ADC-Related Child (Deprivation) (Case Type 20 Only)	62 Presumptive Eligibility - Healthy Women Partnership (65 +Over)
25 ADC-Related Child (No Deprivation) (Case Type 20 Only)	63 Presumptive Eligibility - Healthy Women Partnership (Male) (FNP)
26 FA/SN/LIF Adult Intact Family (No Deprivation)	67 Continuous Coverage - Child 6-18 100-133% FPL
32 Non-NYS IV-E - Foster Care	68 Family Planning Only - FP
33 Non-IV-E - Adoption/Special Needs	69 Family Planning Only - FNP
34 Non-NYS IV-E - Adoption	70 Medicaid Buy-In - Disabled Basic Group
35 Presumptive Eligibility-Home Care/LT’S/CAP (CT 20 Only)	71 Medicaid Buy-In - Medically Improved
36 Presumptive Eligibility - Pregnant Woman (Case Type 20 Only)	
37 FNP Alien (Case Type 20 Only)	
39 FNP Parent Living with His/Her Child(ren) Above the PA Standard	
39 FNP Parent Living with His/Her Child(ren)	
40 CAP - MA Only	

**FOOD ASSISTANCE PROGRAM INDICATOR - FAP IND.**

(X Individual Eligible for FAP)

**EMPLOYABILITY CODES – EMP CODES (PA, MA, FS)**

- 16 Work Limited
- 17 Teen Head of Household or Married Teen Enrolled in Secondary School or Equivalent
- 20 Non-Exempt
- 24 Pregnant (Within 30 Days of Medically Verified Date of Delivery)
- 27 Employed
- 29 Single Parent or Caretaker Relative of a Child Under Six (6) Child Under 16 Years \*\*
- 31 Exempted Parent or Caretaker Relative of a Child Under One (1) – In Same PA Case
- 32 Advanced Age (60 Years or Older)
- 34 Exempted Parent or Caretaker Relative of a Child Under One (1) – Not In Same PA Case

## WMS DATA-ENTERED CODES

**EMPLOYABILITY CODES (cont'd)**

- 35 Non Head of Household In School Full-Time (Age 16 through 18 inclusive)
- 36 Incapacitated/Disabled (More Than 6 Months)
- 38 Exempt-Needed in the Home to Care for an Incapacitated Household Member and No Other Individual is Available or Appropriate to Provide Such Care
- 39 (Reserved for Future Use)
- 41 Temporary Illness (1 to 3 Month Exemption)
- 42 Temporary Incapacity (4 to 6 Month Exemption)
- 43 Incapacitated (SSI Application Filed)
- 44 Incapacitated (In Receipt of SSI)
- 45 Work Requirements Waivable-Exempt
- 46 Work Requirements Waivable -- Non-Exempt
- 47 Incapacitated/Disabled - Time Limit Exemption (More Than 6 Months)
- 48 Needed in the Home to Care for Incapacitated Child-Time Limit Exemption
- 49 Incapacitated - Time Limit Exemption (4 to 6 Months Exemption)
- 63 Substance Abuser (In Rehabilitation or Waiting for Rehabilitation) Exempt
- 64 Substance Abuser (In Rehabilitation or Waiting for Rehabilitation) Non-Exempt
- 70 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 OVESID Participant
- 77 Non-Exempt From PA Work Requirements/Exempt from FS Work Requirements and ABAWD
- 78 Non-Exempt From PA and FS Work Requirements/ABAWD Exempt
- 99 Unborn \*\*
- WR NPA FS Work Registration Required (ABAWD Required)
- WE NPA FS Work Registration Exempt
- WA NPA FS Work Registration Required (ABAWD Exempt)

3

\*\* Use of Employability Code Will **Not** Allow Employment Record Creation

Reason Codes are Valid for all Transactions Unless Otherwise Specified. All PA Denial (03) Notices are Adequate. Closing (07) & Recert Closing (08) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.

**INCOME RELATED**

CODE	DEFINITION
M33	Excess Income – Deemed Income of Alien Sponsor (HH >1) (CT 11) - THE INDIVIDUAL'S TOTAL INCOME - THE AMOUNT OF THE INCOME DEEMED FROM THE SPONSOR
M71	Continue Applicant Voluntary Quit Sanction - DATE 1: SANCTION END DATE + 1 DAY
M72	Continue Recipient Voluntary Quit Sanction - DATE 1: SANCTION END DATE + 1 DAY
N31	Voluntary Quit or Reduced Earnings – Applicant - DATE 1: DATE (MMDDYY) OF THE QUIT OR REDUCED EARNINGS
N41	Voluntary Quit or Reduced Earnings – Recipient (Except TT 02, 03) (1st Occurrence)
N42	Voluntary Quit or Reduced Earnings - Recipient (Except TT 02, 03) (2nd Occurrence)
N43	Voluntary Quit or Reduced Earnings - Recipient (Except TT 02, 03) (3rd Occurrence)

**RESOURCES**

CODE	DEFINITION
U44	Excess Resources – Deemed Resources of Alien Sponsor (HH>1) (CT 11)

**LIVING ARRANGEMENTS**

CODE	DEFINITION
E72 *	Institutionalized
E73 *	In Foster Care
F60	Left Household
F61	No Longer Essential to Household – (Essential Person) (Except TT 02, 03)
F63 *	In Prison
F66	Will Receive PA In Other Case (TT 05, 06, 07, 08 Only)
F75	Temporary Absence of Minor
M98 *	In Receipt of Concurrent Assistance – Non-AFIS Intrastate Match (With Reliable Residence Determination) - LOCATION OF MATCH
M99 *	In Receipt of Concurrent Assistance – AFIS Match - LOCATION OF MATCH
N49	Living Arrangements – Pregnant/Minor Parent (No Health/Safety Claim) - NAME OF THE PERSON OFFERING THE HOME
N50	Living Arrangements – Pregnant/Minor Parent (Health/Safety Claim Denied) - NAME OF THE PERSON OFFERING THE HOME
N66	In Receipt of Concurrent Assistance – Non-AFIS Match (Interstate or Intrastate w/o Reliable Residence Determination) - LOCATION OF MATCH

3

**OTHER FAILURES**

CODE	DEFINITION
E21	Failure to Provide Child's SSN
F12	Failure to Apply for SSI
F17	Failure to Validate Incorrect SSN
F21	Failure to Provide a Social Security Number
F40	Failure to Enroll in Group Health Plan
F44	Failure to Comply with Drug/Alcohol Screening
F45	Failure to Comply with Drug/Alcohol Assessment
F46	Failure to Comply with Drug/Alcohol Release of Information
F84	Failure to Sign Lien
F88	Failure to Comply with AFIS (Non-Legally Responsible Relative)
F92	Failure to Provide Proof of Citizenship or Eligible Alien Status
F93	Failure/Refusal to Sign Citizenship/Alien Declaration
GX1	Failure to Take Part in Drug/Alcohol Rehab – Recipient (Except TT 02, 03) (1st Occurrence/45 Days)

OTHER FAILURES CODES CONTINUED ON NEXT PAGE

FILL INFORMATION	
A-J	NO FILL
K-P	LIMITED FILL
Q-X	EXTENSIVE FILL

Reason Codes are Valid for all Transactions Unless Otherwise Specified. All PA Denial (03) Notices are Adequate. Closing (07) & Recert Closing (08) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.

**OTHER FAILURES (Cont'd)**

CODE	DEFINITION
GX2	Failure to Take Part in Drug/Alcohol Rehab – Recipient (Except TT 02, 03) (2 <sup>nd</sup> Occurrence/120 Days)
GX3	Failure to Take Part in Drug/Alcohol Rehab – Recipient (Except TT 02, 03) (3 <sup>rd</sup> Occurrence/180 Days)
M74	Continue Employment Requirement Sanction - DATE 1: SANCTION END DATE + 1 DAY
M77	Continue Drug/Alcohol Requirement Sanction - DATE 1: SANCTION END DATE + 1 DAY
MX1	Failure To Take Part in Drug/Alcohol Rehab – Applicant (1 <sup>st</sup> Occurrence/45 Days) - DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB
MX2	Failure to Take Part in Drug/Alcohol Rehab – Applicant (2 <sup>nd</sup> Occurrence/120 Days) - DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB
MX3	Failure to Take Part in Drug/Alcohol Rehab – Applicant (3 <sup>rd</sup> Occurrence/180 Days) - DATE 1: DATE (MMDDYY) OF REFUSAL TO TAKE PART IN REHAB
N20	Failure to Notify District of Minor's Temporary Absence - Amount 1: Number of Months Ineligible
V30	Failure to Comply with IV-D Support Requirements
W40	Failure/Refusal to Become Employable
WE1	Failure to Comply with Employment Requirements (1 <sup>st</sup> Occurrence)
WE2	Failure to Comply with Employment Requirements (2 <sup>nd</sup> Occurrence)
WE3	Failure to Comply with Employment Requirements (3 <sup>rd</sup> Occurrence)

3

**INTENTIONAL PROGRAM VIOLATIONS**

CODE	DEFINITION
M78	Continue IPV Sanction - DATE 1: SANCTION END DATE + 1 DAY
Pend IPV – Infraction ends on or after 8/20/97: (WMS Only - Manual Notice Required)	
WP1 *	IPV: 6 Month Disqualification (1 <sup>st</sup> Offense/Infraction < \$1,000)
WP2 *	IPV: 12 Month Disqualification (2 <sup>nd</sup> Offense/Infraction < \$3,900)
WP3 *	IPV: 12 Month Disqualification (1 <sup>st</sup> Offense/Infraction \$1,000-\$3,900)
WP4 *	IPV: 18 Month Disqualification (3 <sup>rd</sup> Offense)
WP5 *	IPV: 18 Month Disqualification (1 <sup>st</sup> Offense/Infraction > \$3,900)
WP6 *	IPV: 18 Month Disqualification (2 <sup>nd</sup> Offense/Infraction > \$3,900)
WP7 *	IPV: 5 Year Disqualification (4 <sup>th</sup> or Subsequent Offense)
WP8 *	IPV: Court Ordered Disqualification
Start IPV – Infraction on or after 8/20/97: (WMS Only - Manual Notice Required)	
WS1 *	IPV: 6 Month Disqualification (1 <sup>st</sup> Offense/Infraction < \$1,000)
WS2 *	IPV: 12 Month Disqualification (2 <sup>nd</sup> Offense/Infraction < \$3,900)
WS3 *	IPV: 12 Month Disqualification (1 <sup>st</sup> Offense/Infraction \$1,000-\$3,900)
WS4 *	IPV: 18 Month Disqualification (3 <sup>rd</sup> Offense)
WS5 *	IPV: 18 Month Disqualification (1 <sup>st</sup> Offense/Infraction > \$3,900)
WS6 *	IPV: 18 Month Disqualification (2 <sup>nd</sup> Offense/Infraction > \$3,900)
WS7 *	IPV: 5 Year Disqualification (4 <sup>th</sup> or Subsequent Offense)
WS8 *	IPV: Court Ordered Disqualification

<b>FILL INFORMATION</b>	
A-J	NO FILL
K-P	LIMITED FILL
Q-X	EXTENSIVE FILL

Reason Codes are Valid for all Transactions Unless Otherwise Specified. All PA Denial (03) Notices are Adequate. Closing (07) & Recert Closing (08) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.

**OTHER  
CODE**

**DEFINITION**

BE1	Intentional Misrepresentation of a Disability (1st Occurrence)
BE2	Intentional Misrepresentation of a Disability (2nd Occurrence)
BE3	Intentional Misrepresentation of a Disability (3rd Occurrence)
E90	Client Request Declined TA
E94	Receiving SSI (HH>1)
E95 *	Died
F35	Fleeing Felon/Probation – Parole Violator
F76	Minor Parent Not in School
M76	Continue Multiple Benefit 10 Year Sanction - DATE 1: SANCTION START DATE
M79	Continue Failure to Report Absence of Minor Sanction - DATE 1: SANCTION END DATE + 1 DAY
M97	Receiving Multiple Benefits (10 Year Sanction) - DATE 1: SANCTION START DATE
Y98	Other – Manual Notice Required – No MA Extension/E
Y99	Other – Manual Notice Required – 1 Month MA Extension
903	CIN Unduplication (TT 05 Only) (Data-entered)

**3**

<b>FILL INFORMATION</b>	
A-J	NO FILL
K-P	LIMITED FILL
Q-X	EXTENSIVE FILL

BE1	Intentional Misrepresentation of a Disability (1st Occ.)	N66	In Receipt of Concurrent Assistance – Non AFIS Match (Interstate or Intrastate without Reliable Residence Determination)
BE2	Intentional Misrepresentation of a Disability (2nd Occ.)	U44	Excess Resources – Deemed Resources of Alien Sponsor (CT 11) (HH>1)
BE3	Intentional Misrepresentation of a Disability (3rd Occ.)	V30	Failure to Comply with IV-D Support Requirements
E21	Failure to Provide Child's SSN	W40	Failure/Refusal to Become Employable
E72	Institutionalized	WE1	Failure to Comply with Employment Requirements (1 <sup>st</sup> Occurrence)
E73	In Foster Care	WE2	Failure to Comply with Employment Requirements (2 <sup>nd</sup> Occurrence)
E90	Client Request Declined TA	WE3	Failure to Comply with Employment Requirements (3 <sup>rd</sup> Occurrence)
E94	Receiving SSI (HH>1)	WP1	Pended IPV: 6 Month Disqualification (1 <sup>st</sup> Offense/Infraction < \$1,000)
E95	Died (Indiv. Status = 13)	WP2	Pended IPV: 12 Month Disqualification (2 <sup>nd</sup> Offense/Infraction < \$3,900)
F12	Failure to Apply for SSI	WP3	Pended IPV: 12 Month Disqualification (1 <sup>st</sup> Offense/Infraction \$1,000-\$3,900)
F17	Failure to Validate Incorrect SSN	WP4	Pended IPV: 18 Month Disqualification (3 <sup>rd</sup> Offense)
F21	Failure to Provide SSN	WP5	Pended IPV: 18 Month Disqualification (1 <sup>st</sup> Offense/Infraction > \$3,900)
F35	Fleeing Felon/Probation – Parole Violator	WP6	Pended IPV: 18 Month Disqualification (2 <sup>nd</sup> Offense/Infraction > \$3,900)
F40	Failure to Enroll in Group Health Plan	WP7	Pended IPV: 5 Year Disqualification (4 <sup>th</sup> or Subsequent Offense)
F44	Failure to Comply with Drug/Alcohol Screening	WP8	Pended IPV: Court Ordered Disqualification
F45	Failure to Comply with Drug/Alcohol Assessment	WS1	IPV: 6 Month Disqualification (1 <sup>st</sup> Offense/Infraction < \$1,000)
F46	Failure to Comply with Drug/Alcohol Release of Information	WS2	IPV: 12 Month Disqualification (2 <sup>nd</sup> Offense/Infraction < \$3,900)
F60	Left Household	WS3	IPV: 12 Month Disqualification (1 <sup>st</sup> Offense/Infraction \$1,000-\$3,900)
F61	No Longer Essential to Household (Essential Person)	WS4	IPV: 18 Month Disqualification (3 <sup>rd</sup> Offense)
F63	In Prison	WS5	IPV: 18 Month Disqualification (1 <sup>st</sup> Offense/Infraction > \$3,900)
F66	Will Receive PA In Other Case	WS6	IPV: 18 Month Disqualification (2 <sup>nd</sup> Offense/Infraction > \$3,900)
F75	Temporary Absence of Minor	WS7	IPV: 5 Year Disqualification (4 <sup>th</sup> or Subsequent Offense)
F76	Minor Parent Not in School	WS8	IPV: Court Ordered Disqualification
F84	Failure to Sign Lien	Y98	Other – Manual Notice Required – No MA Extension/E
F88	Failure to Comply with AFIS – (Non-Legally Responsible Relative)	Y99	Other – Manual Notice Required – 1 Month MA Extension
F92	Failure to Provide Proof of Citizenship or Eligible Alien Status	903	CIN Unduplication (TT 05 Only) (Data-entered)
F93	Failure/Refusal to Sign Citizenship/Alien Declaration		
GX1	Failure to Take Part in Drug/Alcohol Rehab – Recipient (1 <sup>st</sup> Occurrence/45 Days)		
GX2	Failure to Take Part in Drug/Alcohol Rehab – Recipient (2 <sup>nd</sup> Occurrence/120 Days)		
GX3	Failure to Take Part in Drug/Alcohol Rehab – Recipient (3 <sup>rd</sup> Occurrence/180 Days)		
M33	Excess Income – Deemed Income of Aien Sponsor (CT 11) (HH>1)		
M71	Continue Applicant Voluntary Quit Sanction		
M72	Continue Recipient Voluntary Quit Sanction		
M74	Continue Employment Requirement Sanction		
M76	Continue Multiple Benefit 10 Year Sanction		
M77	Continue Drug/Alcohol Requirement Sanction		
M78	Continue IPV Sanction		
M79	Continue Failure to Report Absence of Minor Santion		
M97	In Receipt of Multiple Benefits (10 Year Sanction)		
M98	In Receipt of Concurrent Assistance – Non AFIS Intrastate Match		
M99	In Receipt of Concurrent Assistance – AFIS Match		
MX1	Failure to Take Part in Drug/Alcohol Rehab – Applicant (1 <sup>st</sup> Occurrence/45 Days)		
MX2	Failure to Take Part in Drug/Alcohol Rehab – Applicant (2 <sup>nd</sup> Occurrence/120 Days)		
MX3	Failure to Take Part in Drug/Alcohol Rehab – Applicant (3 <sup>rd</sup> Occurrence/180 Days)		
N20	Failure to Notify District of Minor's Temporary Absence		
N31	Voluntary Quit or Reduced Earnings – Applicant		
N41	Voluntary Quit or Reduced Earnings – Recipient (1st Occ.)		
N42	Voluntary Quit or Reduced Earnings - Recipient (2nd Occ.)		
N43	Voluntary Quit or Reduced Earnings - Recipient (3rd Occ.)		
N49	Living Arrangements – Pregnant/Minor Parent (No Health/Safety Claim)		
N50	Living Arrangements – Pregnant/Minor Parent (Health/Safety Claim Denied)		

3

**Reason Codes Are Valid for All Transactions Unless Otherwise Specified**

**Reason Codes Are Valid for All Transactions Unless Otherwise Specified. All FS Denial (03) & Recert Closing (08) Notices are Adequate. FS Closing (07) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.**

**INCOME RELATED**

<b>CODE</b>	<b>DEFINITION</b>
F72	Continue Voluntary Quit Sanction: Sanction Period Completed; Compliance Only (HH=1) (Denial)
F73	Continue Voluntary Quit Sanction: Sanction Period Completed; Compliance Only (HH>1) (All Tx Types)
M71	Continue Voluntary Quit Sanction (HH=1) (Denial) DATE: Sanction End Date + 1 Day
M72	Continue Voluntary Quit Sanction (HH>1)(All Tx Types) DATE: Sanction End Date + 1 Day
N31	Voluntary Quit/Reduction of Work Hours – Applicant (1 <sup>st</sup> Occurrence) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N32	Voluntary Quit/Reduction of Work Hours – Applicant (2 <sup>nd</sup> Occurrence) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N33	Voluntary Quit/Reduction of Work Hours – Applicant (3 <sup>rd</sup> Occurrence) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMDDYY) APPLICANT QUIT
N41	Voluntary Quit/Reduction of Work Hours – Recipient (1 <sup>st</sup> Occurrence)
N42	Voluntary Quit/Reduction of Work Hours – Recipient (2 <sup>nd</sup> Occurrence)
N43	Voluntary Quit/Reduction of Work Hours – Recipient (3 <sup>rd</sup> Occurrence) - NAME 1: EMPLOYER NAME - DATE 1: DATE (MMYY) CLIENT QUIT

# 3

**LIVING ARRANGEMENTS**

<b>CODE</b>	<b>DEFINITION</b>
E72	Institutionalized
F60	Left Household
F63	In Prison
F91	Boarder
M98	In Receipt of Concurrent Assistance Non-AFIS Intrastate Match - LOCATION OF MATCH
M99	In Receipt of Concurrent Assistance – AFIS Match - LOCATION OF MATCH
N66	In Receipt of Concurrent Assistance – Non-AFIS Match (Interstate or Intrastate w/o Reliable Residence Determination) - LOCATION OF MATCH

**OTHER FAILURES**

<b>CODE</b>	<b>DEFINITION</b>
F15	Failure to Verify DOB
F20	Failure to Provide SSN (During Certification Period)
F21	Failure to Provide SSN
F22	Failure to Verify SSN
F77	Continue Employment Requirement Sanction: Sanction Period Completed; Compliance Only (HH=1) (Denial)
F78	Continue Employment Requirement Sanction: Sanction Period Completed; Compliance Only (HH>1) (All Tx Types)
F85	Failure to Verify Alien Status
F86	Failure to Verify Alien
M73	Continue Employment Requirement Sanction (HH=1)(Denial) DATE: Sanction End Date + 1 Day
M74	Continue Employment Requirement Sanction (HH>1)(All Tx Types) DATE: Sanction End Date + 1 Day
WE1	Failure to Comply w/Employment Requirement (1 <sup>st</sup> Occurrence)
WE2	Failure to Comply w/Employment Requirement (2 <sup>nd</sup> Occurrence)
WE3	Failure to Comply w/Employment Requirement (3 <sup>rd</sup> Occurrence)

<b>FILL INFORMATION</b>	
A-J	NO FILL
K-P	LIMITED FILL
Q-X	EXTENSIVE FILL

**Reason Codes Are Valid for All Transactions Unless Otherwise Specified. All FS Denial (03) & Recert Closing (08) Notices are Adequate. FS Closing (07) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.**

**INTENTIONAL PROGRAM VIOLATION**

<b>CODE</b>	<b>DEFINITION</b>
N90 *	IPV: Traded FS for Firearms, Ammunition or Explosives - DATE 1: (MMDDYY) THE INDIVIDUAL WAS FOUND GUILTY BY THE COURT
NF1 *	IPV: Purchased Illegal Drugs w/FS (1 <sup>st</sup> Occurrence) (Infraction Date After 09/20/96) - DATE 1: SANCTION END DATE
NF2 *	IPV: Purchased Illegal Drugs with FS (2 <sup>nd</sup> Occurrence) (Infraction Date After 09/20/96) - DATE 1: (MMDDYY) THE INDIVIDUAL WAS FOUND GUILTY BY THE COURT
NFA *	IPV: Purchased Illegal Drugs with FS (1 <sup>st</sup> Occurrence) (Infraction Date Prior to 09/21/96) - DATE 1: SANCTION END DATE
WF1 *	FS Intentional Program Violation; Disqualification Starts or Continues - 1 <sup>st</sup> Occurrence (Infraction Date After 09/20/96)
WF2 *	FS Intentional Program Violation; Disqualification Starts or Continues - 2 <sup>nd</sup> Occurrence (Infraction Date After 09/20/96)
WF3 *	FS Intentional Program Violation; Disqualification Starts or Continues - 3 <sup>rd</sup> Occurrence (Infraction Date After 09/20/96)
WFA *	FS Intentional Program Violation; Disqualification Starts or Continues - 1 <sup>st</sup> Occurrence (Infraction Date Prior to 09/21/96)
WFB *	FS Intentional Program Violation; Disqualification Starts or Continues - 2 <sup>nd</sup> Occurrence (Infraction Date Prior to 09/21/96)

# 3

**OTHER**

<b>CODE</b>	<b>DEFINITION</b>
E95 *	Died
F30	Trafficking in FS Benefits of \$500 or More
F35	Fleeing Felons/Probation-Parole Violators
F90	Ineligible Student
F92	Ineligible Alien
F94	ABAWD Ineligible (Able-Bodied Adults Without Dependents)
F95	Alien Ineligible for Food Assistance Program
F97	District Discontinues FAP: Individual Remains Ineligible Alien
M75	Continue Multiple Benefit 10 Yr. Sanction (HH=1) (Denial) DATE: Sanction Start Date
M76	Continue Multiple Benefit 10 Yr. Sanction (HH>1)(All Tx Types) DATE: Sanction Start Date
M97	Receiving Multiple Benefits (10-Yr. Sanction) - DATE 1: SANCTION START DATE
Y99	Other – <b>Manual Notice Required</b>
903	CIN Unduplication (TT 05 Only) (Data-entered)

<b>FILL INFORMATION</b>	
A-J	NO FILL
K-P	LIMITED FILL
Q-X	EXTENSIVE FILL



E72 Institutionalized	N41 Voluntary Quit/Reduction of Work Hours – Recipient (1 <sup>st</sup> Occurrence)
E95 Died	N42 Voluntary Quit/Reduction of Work Hours – Recipient (2 <sup>nd</sup> Occurrence)
F15 Failure to Verify DOB	N43 Voluntary Quit/Reduction of Work Hours – Recipient (3 <sup>rd</sup> Occurrence)
F20 Failure to Provide SSN	N66 In Receipt of Concurrent Assistance: Non-AFIS Match (Interstate or Intrastate w/o Reliable Residence Determination)
F21 Failure to Provide SSN	N90 IPV: Traded FS for Firearms, Ammunition or Explosives
F22 Failure to Verify SSN	NF1 IPV: Purchased Illegal Drugs with FS (1 <sup>st</sup> Occurrence) (Infraction Date After 9/20/96)
F30 Trafficking in FS Benefits of \$500 or More	NF2 IPV: Purchased Illegal Drugs with FS (2 <sup>nd</sup> Occurrence) (Infraction Date After 9/20/96)
F35 Fleeing Felons/Probation-Parole Violator	NFA IPV: Purchased Illegal Drugs with FS (1 <sup>st</sup> Occurrence) (Infraction Date Prior to 9/21/96)
F60 Left Household	WE1 Failure to Comply with Employment Requirement (1 <sup>st</sup> Occurrence)
F63 In Prison	WE2 Failure to Comply with Employment Requirement (2 <sup>nd</sup> Occurrence)
F72 Continue Voluntary Quit Sanction: Sanction Period Completed (HH=1) (Denial)	WE3 Failure to Comply with Employment Requirement (3 <sup>rd</sup> Occurrence)
F73 Continue Voluntary Quit Sanction: Sanction Period Completed (HH>1) (All Tx Types)	WF1 FS Intentional Program Violation; Disqualification Starts or Continues (1 <sup>st</sup> Occurrence) (Infraction Date After 09/20/96)
F77 Continue Employment Requirement Sanction: Sanction Period Completed (HH=1) (Denial)	WF2 FS Intentional Program Violation; Disqualification Starts or Continues (2 <sup>nd</sup> Occurrence) (Infraction Date After 09/20/96)
F78 Continue Employment Requirement Sanction: Sanction Period Completed (HH>1) (All Tx Types)	WF3 FS Intentional Program Violation; Disqualification Starts or Continues (3 <sup>rd</sup> Occurrence) (Infraction Date After 09/20/96)
F85 Failure to Verify Alien Status	WFA FS Intentional Program Violation; Disqualification Starts or Continues (1 <sup>st</sup> Occurrence) (Infraction Date Prior to 09/21/96)
F86 Failure to Verify Alien Status (Denial/Recert-Closing)	WFB FS Intentional Program Violation; Disqualification Starts or Continues (2 <sup>nd</sup> Occurrence) (Infraction Date Prior to 09/21/96)
F90 Ineligible Student	Y99 Other – Manual Notice Required
F91 Boarder	903 CIN Unduplication (TT 05 Only) (Data-entered)
F92 Ineligible Alien	
F94 ABAWD Ineligible (Able-Bodied Adult Without Dependents)	
F95 Alien Ineligible for Food Assistance Program	
F97 District Discontinues FAP: Individual Remains Ineligible Alien	
M71 Continue Voluntary Quit Sanction (HH=1)(Denial)	
M72 Continue Voluntary Quit Sanction (HH>1)(All Tx Types)	
M73 Continue Employment Requirement Sanction (HH=1)(Denial)	
M74 Continue Employment Requirement Sanction (HH>1)(All Tx Types)	
M75 Continue Multiple Benefit 10 Yr. Sanctio (HH=1)(Denial)	
M76 Continue Multiple Benefit 10 Yr. Sanction (HH>1) (All Tx Types)	
M97 In Receipt of Multiple Benefits (10-Yr. Sanction)	
M98 In Receipt of Concurrent Assistance: Non-AFIS Intrastate Match	
M99 In Receipt of Concurrent Assistance: AFIS Match	
N31 Voluntary Quit/Reduction of Work Hours – Applicant (1 <sup>st</sup> Occurrence)	
N32 Voluntary Quit/Reduction of Work Hours – Applicant (2 <sup>nd</sup> Occurrence)	
N33 Voluntary Quit/Reduction of Work Hours – Applicant (3 <sup>rd</sup> Occurrence)	

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**MA INDIVIDUAL REASON CODES**

MA Individual Reason Codes Are the Same as MA Case Reason Codes

## WMS DATA-ENTERED CODES

**STATE & FEDERAL CHARGE CODES – St/Fed Chgs – (PA, MA)***STATE CHARGE*

- 04 Indian on NYS Reservation
- 05 OMH/OMRDD Releasee
- 07 OMH/OMRDD Inpatient
- 08 OMH/OMRDD Family Care
- 11 Oxford Home Resident
- 18 State-Operated ICF
- 19 Privately-Operated ICF
- 21 VORCCA (Voluntary-Operated Residential Care Center for Adults – Non-621)
- 22 SOCR (State-Operated Community Residence – Non-621)
- 23 VOFC (Voluntary-Operated Family Care), OMH Home & Community Based Services (HCBS) Waiver
- 24 VOCC (Voluntary-Operated Community Residence – Non-621)
- 25 VOCC (Voluntary-Operated Community Residence – 621)
- 26 SOCR (State-Operated Community Residence – KEYES) [OMH, OMR Only]
- 27 SOCR (State-Operated Community Residence – Non-KEYES) [OMH, OMR Only]
- 28 SORCCA (State-Operated Residential Care Center for Adults) [OMH Only]
- 29 VORCCA (Voluntary-Operated Residential Care Center for Adults)
- 37 Relocated Relative of an Institutionalized Veteran
- 50 Home Care – State Charge (Case Type 20 Only)
- 63 TANF Individual Exceeding 5 Year Limit
- 64 TANF Native American on NYS Reservation Exceeding 5 Year Limit
- 67 Qualified Alien in the 5 Year Ban for Medicaid/PRUCOL

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*FEDERAL CHARGE*

- 03 American Repatriate
- 30 Refugees/Asylee (Refugee Assistance Program)
- 31 Unaccompanied Refugee Minor
- 34 Cuban Entrants
- 35 Cuban/Haitian Unaccompanied Entrant Minor
- 36 Haitian Entrants
- 60 TANF Ineligible Alien

**TIME LIMIT EXEMPTION INDICATOR - T Lm - (PA)**

- T TANF/60 Month Exemption (Case Types 11 or 12 Only - includes CAP)
- S Safety Net Cash/24 Month Exemption (Case Type 16 Only)
- A Aid Continuing (Case Types 11, 12 and 16 Only)

**MOTHER'S LINE NUMBER - Mom Ln - (PA)**

- Enter Biological or Adoptive Mother's Line Number or
- 98 Mother Not in Household (And Not in Case)

**VETERANS STATUS INDICATOR – Vet Stat – (PA, MA, FS)**

- 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 a Veteran
- 9 Not a Veteran

**RACIAL ETHNIC CODES – Race – (PA, MA, FS, HEAP) (For each code, enter [Y] Yes or [N] No. For MA Only cases [CT 20], enter Y, N or [U] Unknown)***ETHNICITY*

- H Hispanic or Latino

*RACE*

- I American Indian or Alaskan Native
- A Asian
- B Black or African American
- P Native Hawaiian or Pacific Islander
- W White

## WMS DATA-ENTERED CODES

**EDUCATIONAL STATUS – Ed Stat – (PA)**

00 No Formal Education

01-12 Grade Level Completed in Primary/Secondary School Including Secondary Level Vocational School or Adult High School

**CITIZENSHIP/ALIEN INDICATOR CODE – Cit**

- A Person Granted Asylum
- B Battered Alien
- C Citizen
- D Trafficking Victims
- E Alien Only Eligible for Emergency MA
- F Person Granted Conditional Entry
- G Person Paroled into the U.S. for at Least 1 Year
- H Cuban and Haitian Entrant
- J Person Whose Deportation is Being Withheld
- K Lawful Permanent Resident W/O 40 Quarters or 40 Quarters Not Determined
- M Qualified Alien on Active Duty in Armed Forces (Incl. Spouse & Dependent Child)
- N PRUCOL Alien Diagnosed with AIDS or Residing in RHCF on 8/4/97
- O PRUCOL Eligible for MA/FHP/CHPA/SN/FAP
- R Person Admitted as Refugee/Amerasian
- S Lawful Permanent Resident With 40 Qualifying Quarters
- T Person Paroled into the U.S. for Less Than One Year
- V Veteran of the Armed Forces (Incl. Spouse & Dependent Child)

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<b>AGE</b>	<b>PROCEDURAL</b>
+102 Individual Turning 3 (PA) 6 (MA)	207 Six Month Client Contact Due
+103 Individual Turning 14 Years	249 Annual Case Review
+104 Individual Turning 16 Years	250 Individual Due for Periodic CHAP Examination
+105 Individual Turning 18 Years	302 End of Authorization Period
+106 Individual Turning 21 Years	303 Expiration Date of Utility Guarantee Contract - Notification Required
+108 Widow Turning 60 Years	326 Follow-up on Alcohol/Drug Referral
+109 Individual Turning 62 Years	327 Follow-up on Application for SSN
+110 Individual Turning 65 Years	328 Follow-up on Referral (Other)
+111 Individual Turning 72 Years	335 Follow-up on Request for Verification
+113 Individual Turning 19 Years	+ 410 Initial 18 Month Foster Care Review by Court
+114 Individual Turning 20 Years	+ 411 Twenty-Four Month Foster Care Review by Court
115 Important CAP Child Care Age	<b>OTHER</b>
+116 Individual Turning 1 (CT = 11: CAP, 12, 16, 17, 20)	+ 308 End of POS Authorization - Other than FC, DC, or HH
+117 Individual Turning 13	316 End of SSI Self-Support Plans
221 Significant Birthday	318 End of Student Status
+403 In Psych Institution Prior to 21 <sup>st</sup> Birthday - Turning 22	406 RSDI Disability Benefit for 24 Month Buy-In Eligibility
	407 Sixty-First Day in Institution for Chronic Care Eligibility
<b>ELIGIBILITY</b>	<b>MA*</b>
<b>CASE COMPOSITION</b>	210 End of One Year MA Coverage for the Newborn
112 Individual Leaving Household	500 End of 90 Day to Transfer Resources to Community Spouse
201 Expected Date of Confinement	501 Protective Services for Adults (PSA Client)
402 Return or Addition of Individual to Case	502 SGA Demonstration Project
<b>CATEGORICAL CLAIMING</b>	503 End of Automatic MA Extension
206 Begin Six Month of Pregnancy	504 Emergency Medical Care/Alien
214 End of Three Month Extension of ADC Due to Ineligibility of Minor	505 End of Property Transfer Prohibition
276 End of the 12 Month TMA (CAP)	506 MA Special Project G
304 End of Incapacity	507 MA Special Project H
305 End of Incapacity (180 Days)	508 MA Special Project I
314 End of Sixth Month Temporary Hotel/Motel Status	509 MA Special Project J
317 End of State-Federal Charge	520 End of Emergency Shelter FP Eligibility
323 End of EAF Authorization (End of Emergency)	523 Formerly Insured Person, No Longer Works for Employer
331 End of State Charge Status for a Relative of an Institutionalized Veteran	524 Employer Stopped Offering Health Insurance
336 Review Exemption From Cash SNA Time Limit	525 Employer Stopped Offering Health Insurance for Dependents, but Continues Employee Coverage
337 Review Exemption From FA Time Limit	526 Cost of Health Insurance No Longer Affordable
338 Review State Charge Code 63	527 CHPlus or FHPlus Less Costly than former Health Ins.
351 Refugees, Cuban/Haitian Entrants-(CT 16, 17-MA-8 Mos.)	528 CHPlus or FHPlus Provides better benefits than Former Health Insurance
401 End of Illness, 90 Days or Less	529 MC/FHP Guarantee Ending; Authorize Family Planning Services
405 Needy Person Not State Resident	* Use Only as Instructed by NYSDOH Office of Medicaid Management
408 End Month After Month Client Moved Between Districts	
414 Re-evaluation of Disability	
<b>EMPLOYABILITY</b>	
275 End of Job Opportunity Development Program Involvement	
301 End of Approved Training Plan	
324 End-Up to Six Months Seeking Employment (Day Care Sub-Goal)	
<b>FINANCIAL</b>	
202 Begin Fourth Month of Pregnancy	404 Release from OMH or OMRDD Facility
204 End of 30 and 1/3/\$30 Eligibility, Calculate New Budget	** 900 Widow Turning 50
208 End of Six Month Student Earned Income Disregard	** 901 Widower Turning 50
212 End of Child Care Extension	** 902 Widower Turning 60
213 End of Higher Shelter Rate - Rebudget Rental Supplement (E-HSR-RR)	903 Committee/Conservator Accounting Due
215 End of Mandatory Military Deduction for the G.I. Bill - Recalculate Budget	904 Food Stamp Recertification Due
230 End of Medicare Prescription Drug Discount/Credit	905 End of Ninety Day OHC Authorization
306 End of Income from Educational Grant or Loan	906 SSA Increase Pending
+307 End of Recoupment	908 Open Enrollment for Medicare B
309 End of Resource Exception	909 Expected Medicare Eligibility - Individual in Disability Benefit Status for 24 Months
319 End of Wage Garnishment	910 Spouse Turning 62
409 Receipt of Anticipated Income, as UIB, etc.	911 Spouse Turning 65
412 End of Ninety Day Resource Spend Down Evaluation	912 Ninety Days Since Application Made for SSI Benefits
413 Date of Expected Availability of Resource	** Codes will be computer-generated for fiscal districts 97 and 98. These codes can be manually entered for all districts.
	+ Can be data-entered or system-generated.

**SANCTIONED**

- 209 End of Mandated Job Search Sanction
- 216 Three Month Notice Due-Option to End Jobs Sanction
- 217 End of Education, Employment or Training Program Sanction
- 218 End of FS Sanction (IPV)
- 219 End of Durational Drug/Alcohol Sanction
- 220 End of IPV Disqualification
- 310 End of Sanction, Parent Refusing to Sign Interim Assistance Agreement
- 311 End of Sanction, Parent Refusing to Execute Interim Assistance Agreement for Child
- 312 End of Sanction, Parent Refusing to Pursue SSI Claim
- 313 End of Sanction for Reducing Earnings

**DOMESTIC VIOLENCE WAIVERS**

- +277 End of IV-D Waiver
- +278 End of Employment Waiver
- +279 End of Drug/Alcohol Waiver
- +280 End of Other Waiver
- +333 Domestic Violence Waiver Expires

**OTHER**

- 415 Ninety Days from Oral Report Date (Without Regard - Pre-Indicated Protective Determination)
  - 999 Other
- + Can be data-entered or system -generated

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4	<p>+102 Individual Turning 3 (PA)/6(MA)</p> <p>+103 Individual Turning 14 Years</p> <p>+104 Individual Turning 16 Years</p> <p>+105 Individual Turning 18 Years</p> <p>+106 Individual Turning 21 Years</p> <p>+108 Widow Turning 60 Years</p> <p>+109 Individual Turning 62 Years</p> <p>+110 Individual Turning 65 Years</p> <p>+111 Individual Turning 72 Years</p> <p>112 Individual Leaving Household</p> <p>+113 Individual Turning 19</p> <p>+114 Individual Turning 20</p> <p>115 Important CAP Child Care Age</p> <p>+116 Individual Turning 1 (CT = 11: CAP, 12, 16, 17, 20)</p> <p>+117 Individual Turning 13</p> <p>201 Expected Date of Confinement</p> <p>202 Begin 4<sup>th</sup> Month of Pregnancy</p> <p>204 End of 30 + 1/3/\$30 Eligibility – Calculate New Budget</p> <p>206 Begin 6<sup>th</sup> Month of Pregnancy</p> <p>207 Six Month Client Contact Due</p> <p>208 End of Six Month Student Earned Income Disregard</p> <p>209 End of Mandated Job Search Sanction</p> <p>*210 End of One Year MA Coverage for the Newborn</p> <p>212 End of Child Care Extension</p> <p>213 End of Higher Shelter Rate – Rebudget Rental Supplemental (E-HSR-RR)</p> <p>214 End of Three Month Extension of ADC Due to Ineligibility of a Minor</p> <p>215 End of Mandatory Military Deduction for the G.I. Bill – Recalculate Budget</p> <p>216 Three Month Notice Due-Option to End Jobs Sanction</p> <p>217 End of Educ., Empl. or Training Program Sanction</p> <p>218 End of FS Sanction (IPV)</p> <p>219 End of Durational Drug/Alcohol Sanction</p> <p>220 End of IPV Disqualification</p> <p>221 Significant Birthday</p> <p>230 End of Medicare Prescription Drug Discount/Credit</p> <p>249 Annual Case Review</p> <p>250 Individual Due for Periodic CHAP Examination</p> <p>275 End of Job Opportunity Development Program Involvement</p> <p>276 End of the 12 Month TMA (CAP)</p> <p>+277 End of IV-D Waiver</p> <p>+278 End of Employment Waiver</p> <p>+279 End of Drug/Alcohol Waiver</p> <p>+280 End of Other Waiver</p> <p>301 End of Approved Training Plan</p> <p>302 End of Authorization Period</p> <p>303 Exp. Date of Utility Guarantee Contract - Notif. Required</p> <p>304 End of Incapacity</p> <p>305 End of Incapacity (180 Days)</p> <p>306 End of Income from Education Grant or Loan</p> <p>+307 End of Recoupment</p> <p>+308 End of POS Authorization – Other Than FC, DC, or HH</p> <p>309 End of Resource Exception</p> <p>310 End of Sanction, Parent Refusing to Sign Intrm Assist. Agrmnt</p> <p>311 End of Sanction, Parent Refusing to Execute Interim Assistance Agreement for Child</p> <p>312 End of Sanction, Parent Refusing to Pursue SSI Claim</p> <p>313 End of Sanction for Reducing Earnings</p> <p>314 End of Sixth Month Temporary Hotel/Motel Status</p> <p>316 End of SSI Self-Support Plans</p> <p>317 End of State-Federal Charge</p> <p>319 End of Wage Garnishment</p> <p>323 End of EAF Authorization (End of Emergency)</p>	<p>324 End – Up to 6 Mnths. Seeking Empl. (Day-Care Sub-Goal)</p> <p>326 Follow-up on Alcohol/Drug Referral</p> <p>327 Follow-up on Application for SSN</p> <p>328 Follow-up on Referral (Other)</p> <p>331 End of State Charge Status for a Relative of an Instit. Veteran</p> <p>335 Follow-up on Request for Verification</p> <p>336 Review Exemption From Cash SNA Time Limit</p> <p>337 Review Exemption From FA Time Limit</p> <p>338 Review State Charge Code 63</p> <p>351 Refugees, Cuban/Haitian Entrants (CT 16, 17-MA-8 Mos.)</p> <p>401 End of Illness, 90 Days or Less</p> <p>402 Return or Addition of Individual to Case</p> <p>+403 In Psych Institution Prior to 21<sup>st</sup> Birthday – Turning 22</p> <p>404 Release from OMH or OMRDD Facility</p> <p>405 Needy Person Not State Resident</p> <p>406 RSDI Disability Benefit for 24 Month Buy-In Eligibility</p> <p>407 Sixty-First Day in Institution for Chronic Care Eligibility</p> <p>408 End Month After Month Client Moved Between Districts</p> <p>409 Receipt of Anticipated Income, As UIB, etc.</p> <p>+410 Initial 18 Month Foster Care Review by Court</p> <p>+411 Twenty-Four Month Foster Care Review by Court</p> <p>412 End of Ninety Day Resource Spend Down Evaluation</p> <p>413 Date of Expected Availability of Resource</p> <p>414 Re-Evaluation of Disability</p> <p>415 Ninety Days from Oral Report Date (Without Regard-Pre-Indicated Protective Determination)</p> <p>*500 End of 90 Days to Transfer Res. to Community Spouse</p> <p>*501 Protective Services for Adults (PSA Client)</p> <p>*502 SGA Demonstration Project</p> <p>*503 End of Automatic MA Extension</p> <p>*504 Emergency Medical Care/Alien</p> <p>*505 End of Property Transfer Prohibition</p> <p>*506 MA Special Project G</p> <p>*507 MA Special Project H</p> <p>*508 MA Special Project I</p> <p>*509 MA Special Project J</p> <p>*520 End of Emergency Shelter FP Eligibility</p> <p>523 Formerly Insured Person, No Longer Works for Employer</p> <p>524 Employer Stopped Offering Health Insurance</p> <p>525 Employer Stopped Offering Health Insurance for Dependents, but Continues Employee Coverage</p> <p>526 Cost of Health Insurance No Longer Affordable</p> <p>527 CHPlus or FHPlus Less Costly than former Health Insur.</p> <p>528 CHPlus or FHPlus Provides better benefits than former Health Insurance</p> <p>529 MC/FHP Guar. Ending; Authorize Family Planning Services</p> <p>**900 Widow Turning 50</p> <p>**901 Widower Turning 50</p> <p>**902 Widower Turning 60</p> <p>903 Committee/Conservator Accounting Date</p> <p>904 Food Stamp Recertification Due</p> <p>905 End of Ninety Day OHC Authorization</p> <p>906 SSA Increase Pending</p> <p>908 Open Enrollment for Medicare B</p> <p>909 Expected Medicare Eligibility – Individuals in Disability Benefit Status for 24 Months</p> <p>910 Spouse Turning 62</p> <p>911 Spouse Turning 65</p> <p>912 Ninety Days Since Application Made for SSI Benefits</p> <p>999 Other</p> <p>* Use Only As Instructed by NYSDOH Office of Medicaid Management</p> <p>** Codes will be system-generated for fiscal districts 97 and 98. These codes can be manually entered for all districts.</p> <p>+ Can be data-entered or system-generated.</p>
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**WMS DATA-ENTERED CODES****NATIONALITY CODES – Nat.**

01 Afghanistan	04 Czechoslovakia	07 Laos	10 Vietnam
02 Cambodia	05 Ethiopia	08 Romania	11 Haiti
03 Cuba	06 Iraq	09 USSR	12 Other

**RESETTLEMENT AGENCY CODES – Res. Agy.**

01 American Council for Nationalities Service (ACNS)	06 Lutheran Immigration and Refugee Service (LIRS)
02 American Fund for Czechoslovak Refugee Program	07 Tolstoy Foundation
03 Church World Services (CWS)	08 United States Catholic Conference (USCC)
04 Hebrew Immigration Aid Society, Inc. (HIAS)	09 World Relief Refugee Services
05 International Rescue Committee, Inc. (IRC)	10 Other

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## WMS DATA-ENTERED CODES

**INDIVIDUAL DISPOSITION STATUS CODES - IND. STAT. - (PA, MA, FS, HEAP)**

- 07 Active
- 08 Inactive - Excess Restricted Income/Non-Applying HH Member (PA Only)
- 10 Inactive - Sanctioned
- 11 Denied
- 13 Deceased
- 15 Deleted
- 20 Case Closed (System-Generated at Closings)

**MA COVERAGE CODES - CV. CODE - (PA, MA)**

- |   |   |  |
|---|---|--|
| 5 | <ul style="list-style-type: none"> <li>01 Full Coverage</li> <li>*02 Out-Patient Coverage</li> <li>04 No Coverage - Ineligible</li> <li>05 Sanctioned</li> <li>*06 Provisional Eligibility Excess Income</li> <li>*07 Emergency Services Only</li> <li>*08 Presumptive Eligibility - Home Care</li> <li>*09 Medicare Part B Coinsurance And Deductible Only <ul style="list-style-type: none"> <li>10 All Services Except Long Term Care (Case Types 20 and 22 Only)</li> <li>11 Legal/Alien - Full Coverage</li> </ul> </li> <li>*13 Presumptive Eligibility - Prenatal Care A</li> <li>*14 Presumptive Eligibility - Prenatal Care B</li> <li>*15 Perinatal Coverage <ul style="list-style-type: none"> <li>16 HR Coverage</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>*17 Health Insurance Continuation Only</li> <li>*18 Family Planning Services Only</li> <li>19 Community Coverage with Community-based LTC</li> <li>20 Community Coverage without LTC</li> <li>21 Outpatient Coverage with Community-based LTC</li> <li>22 Outpatient Coverage without LTC</li> <li>23 Outpatient Coverage with no Nursing Facility Services</li> <li>30 PCP Full Coverage</li> <li>*31 PCP Coverage Only</li> <li>32 PCP/HR Coverage</li> <li>*33 PCP/HR Guarantee Coverage</li> <li>34 Family Health Plus</li> <li>36 Family Health Plus Guarantee</li> </ul> <p>* (Case Type 20 Only)</p> |
|---|---|--|

**PRINCIPAL PROVIDER CODES - PRIN. PROV. - (PA, MA)**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>00 No Principal Provider</li> <li>01 Private-Skilled Nursing</li> <li>02 Private-Intermediate Care</li> <li>03 Public-Skilled Nursing</li> <li>04 Public-Intermediate Care</li> <li>05 OMRDD Developmental Center</li> </ul> | <ul style="list-style-type: none"> <li>06 OMH Psychiatric Center</li> <li>07 Acute Hospital-Long Term Care</li> <li>08 Hospital-Excess</li> <li>10 Child Care Facility</li> <li>12 OMR Small Residential Unit (SRU)</li> <li>14 Personal Care Service</li> </ul> |
|---|--|

**CARD CODES (MA)**

- N Non-Photo Card
- P Photo
- R Roster
- X No Card

**ELECTRONIC BENEFITS INDICATOR - Cash and Food Stamps - EBCD - (PA, FS)**

- X Individual designated as having access to cash and/or Food Stamp Benefits. Only one individual per case can be designated with indicator.

**AFIS EXEMPTION INDICATOR - AFIS - (PA, MA, FS)**

- 1 Finger Imaged
- 2 Exempted: L&R Index Fingers Permanently Unavailable or Unusable
- 3 Temporarily Unavailable One Finger
- 4 Temporarily Unavailable Two Fingers
- 5 Exempted Individual Good Cause Reason
- 6 Exempted Homebound Individual
- 7 Exempted SSI Related
- 8 Exempted Congregate Care Facility
- 9 Exempted Long Term Care (In-Patient)(MA Only)
- A County Specific Approved Exemption

Values 1-4 are **NOT** worker enterable: these values will be system-filled via a weekly AFIS batch update interface.  
Values 5-8 and "A" are allowed for all valid case types.



## WMS DATA-ENTERED CODES

**LOCAL ACTION CODES - ACT - (PA, FS, HEAP)**

1 Check/ATP Issued	6 Other
2 Prepare and Issue Check/ATP	7 Replacement Check/ATP Issued
3 Hold	8 Prepare and Issue Replacement Check/ATP
4 Release	9 Void
5 Cancel	

**PAYMENT TYPE CODES - PAY. TYP. (PA, MA, FS, HEAP)**

(See Payment Type Code Cards Pages 48-51)

**METHOD OF PAYMENT CODES – Meth Pay - (PA, MA, FS, HEAP)**

01 Unrestricted	07 Vendor as Billed Subject to Review
02 Vendor as Authorized	08 Other
03 Vendor as Billed	09 Restricted
04 Vendor as Billed Subject to Limit	10 Food Stamp Cash Out
05 Associated Name A	11 Vendor Line of Credit - HEAP
06 Associated Name B	

**ISSUANCE CODES - Iss - (PA, MA, FS, HEAP)**

- 1 Recurring - Same
- 2 Once Only
- P Prorate

**PAYMENT SCHEDULE CODES - PAY. SCH. (PA, MA, FS, HEAP)**

A Annually	N Bi-Monthly - Odd Months Only
B Bi-Annually	O Other
D Daily	Q Quarterly
E Bi-Monthly - Even Months Only	S Semi-Monthly
M Monthly	W Weekly

**PICK-UP CODES – P-U Cd. - (PA, MA, FS, HEAP)**

1 Mailed	5 Delivered by Agency
2 NYSES	6 Other
3 Agency Pick-Up	A-Z Locally Designated NYSES Office Code
4 Vendor Direct	

**SPECIAL CLAIMING CATEGORY CODE – Clm. Cd. - (PA, MA, HEAP)**

A Emergency Assistance to Adults	(Use the following codes only for NPA-FS [CT-31], FS-MIX [CT-32], MA Only [CT-20] or FHP [CT-24] Cases, for Child Care payments which can only be issued on Screen 9 of WMS)
B Day Care Supplemental	1 Self Support - Employment
C Child Assistance Program	2 Self Support - Training & Education
D FP Payment	3 Self Support - Seeking Employment
E Edge	4 Self Support - Both Employment & Training/Educ.
F Emergency Assistance to Families	5 Self Support - Transitional Child Care
H Home Energy Assistance Program	6 Self Care - Illness
J Disaster-Related Emergency (PA, FS)	7 Self Care - Incapacity
K Disaster-Related Emergency - EAF	8 Self Care - Absence
M Administration	9 In Lieu of Temporary Assistance - Employment
N Non-reimbursable	
P FNP Payment	
Q 133% Medicaid Expansion	
R All Other - FNP	
S Family Planning - Other - FNP	
T Family Planning - Sterilization - FNP	
U Screening - FNP	
V All Other - FP	
X Family Planning - Other - FP	
Y Family Planning - Sterilization - FP	
Z Screening - FP	

6

<b>CHILD ASSISTANCE PROGRAM (CAP)</b>		<b>GRANT (Cont'd)</b>	
K1	CAP Grant	08	SES – In
K3	CAP Support Reconciliation	09	SES – Out
<b>CHILD CARE</b>		18	Child Support Disregard
02	Legally Operating Center - Exempt from Licensing Requirements - Full Time	42	Replacement of Lost/Stolen Cash Grant
03	Legally Operating Center - Exempt from Licensing Requirements - Part-Time	69	Cash Grant Unrestricted
30	Day Care in-Home Non-Relative (Full-Time)	70	Cash Replacement for Lost/Stolen or Mismanaged SSI Grant
31	Day Care in-Home Non-Relative (Part-Time)	87	Cash Grant for Income Not Received
32	Day Care Family Home (Full-Time)	<b>HEAP</b>	
33	Day Care Family Home (Part-Time)	H0	Heating Equipment Repair/Replacement Estimates
34	Day Care Group Family (Full-Time)	H1	Regular HEAP Benefit
36	Day Care Group Family (Part-Time)	H5	HEAP Emergency Benefit - Repair Heating Equipment
37	Day Care Center (Full-Time)	H6	HEAP Emergency Benefit - Shelter/Relocation
38	Day Care Center (Part-Time)	H7	HEAP Emergency Benefit - Replace Heating Equipment
R0	Day Care In-Home Relative - Full Time	H8	HEAP Emergency Benefit - Propane Tank Deposit
R1	Day Care In-Home Relative - Part Time	H9	HEAP Supplemental Benefit
R2	Informal Child Care - Relative - Full Time	J1	HEAP Emergency Benefit - Additional Benefit
R3	Informal Child Care - Relative - Part Time	J2	HEAP Reissue Benefit
R4	Informal Child Care - Non Relative - Full Time	04	HEAP Emergency Benefit - Non-Utility
R5	Informal Child Care - Non Relative - Part Time	16	HEAP Emergency Benefit - Domestic Heat-related Utility
R6	School Age Child Care Program - Part Time	17	HEAP Emergency Benefit - Utility
R8	School Age Child Care Program - Full Time	<b>MEDICAL ASSISTANCE</b>	
<b>EMERGENCIES</b>		A1	Transportation Billed Separately
A7	Refrigerator Rental Allowance for Homeless Family Temporarily Placed in a Hotel/Motel	A2	Personal Care Services
C3	Payment for Services and Supplies Received Prior to EAA Application (EAA)	A3	Personal Care Services - Non-Family Planning
C7	Transportation for Homeless Families	L1	Drug and Sickroom Supplies
C9	Payment for Services to Cope with an Emergency	L2	Prosthetic Appliances and Eye Glasses
F5	Diversion Payment (CT 11, 12, 19 Only)	L3	Lab and Radiologist Services Billed Separately
F6	Diversion Rental Payment (CT 11, 12, 19 Only)	L4	Health Insurance Continuation - 185% Poverty
52	Emergency Allowance to Forestall Eviction	L5	Health Insurance Continuation - 100% Poverty
57	Emergency Food Grant Allowance	L6	Health Insurance Continuation - Expedited Payment
60	Emergency Payment to Prevent Shut-Off or Restore Service	M1	Hospital Services - Inpatient - Public
<b>FOOD ASSISTANCE PROGRAM (FAP)</b>		M2	Hospital Services - Inpatient - Private
X1	Expedited FAP Benefit	M3	Hospital Services - Outpatient - Public
X3	Single Issue FAP Benefit	M4	Hospital Services - Outpatient - Private
X6	Ongoing FAP Benefit	M5	Skilled Nursing Home - Private
<b>FOOD STAMPS</b>		M6	Skilled Nursing Home - Public
91	Expedited ATP	M7	Health Related Facilities - Public - Mentally Retarded
93	Single Issuance ATP (Not Expedited)	M8	Health Related Facilities - Public - Other
94	FS Retroactive Benefits	M9	Health Related Facilities - Private - Mentally Retarded
95	FS Restored Benefits	P1	Health Related Facilities - Private - Other
96	FS Ongoing Benefits	P2	Free Standing Clinics
97	Food Stamps Supplemental	P3	Physician's Services
F2	Food Stamp Employment/Training Related Expenses	P4	Dental Services
F3	FSE & T Dependent Care Payment	P5	Other Practitioner's Services
<b>GRANT</b>		P6	Child Caring Agencies Per Diem Costs
A4	Grant Assistance to Guide Dogs	P7	Home Health Aide's Services
C0	Replacement of Stolen Cash (EAA)	P8	Nursing Services In-Home
C1	Replacement of Lost/Mismanaged Cash (EAA)	P9	Care at Home
E1	Grant to Essential Person (PA)	19	Health Maintenance Organization Payment
E4	Job Opportunity Diversion Payment (MA)	24	Health Insurance Premium
E6	Fuel for Heating Refund	<b>MEALS</b>	
E9	Restricted PNA	20	Dinner Allowance
05	Case Recurring Grant	21	Lunch, Dinner Allowance
06	Partial Allowance	22	All Meals Allowance
07	Underpayment Adjustment	35	Home Delivered Meals (PA Grant)
		54	Restaurant Allowance - Dinner
		55	Restaurant Allowance - Lunch and Dinner
		56	Restaurant Allowance - All Meals
		<b>PURCHASE</b>	
		72	Living Room

<p><b>PURCHASE (Cont'd)</b></p> <p>73 Bedroom with Single Bed 74 Bedroom with Two Single Beds 75 Bedroom with Double Bed 76 Kitchen (Excluding Appliances) 77 Range 78 Refrigerator 79 Bathroom 84 Payment on Furniture 88 Cabinet for Linens</p>	<p><b>UTILITIES/FUEL (Cont'd)</b></p> <p>58 Natural Gas 59 Other Than Natural Gas 63 Water Bills</p>
<p><b>REPAIRS</b></p> <p>41 Appliance Repair Cost Estimate 43 Heating Equipment - Repairs/Replacement 44 Cooking Stove - Repairs/Replacement 45 Refrigerator - Repairs/Replacement 51 Cost of Repairs to Recipient Owned Home 98 Home Repair (PA)</p>	<p><b>OTHER</b></p> <p>C4 Payment for Services and Supplies Received Prior to SSI Application (EAA) C5 Nutritional Requirements (EAA) D1 IV-D Payment D2 Child Visitation Allowance D3 Excess Current Support D4 Excess Support Arrears D7 Transitional Services Payments (TANF Ineligible Due to Employment) (CT 11, 12, 19 Only) D9 Diversion Transportation Payment (CT 11, 12, 19 Only) T5 TANF Services Block Grant 25 Life Insurance Premiums 26 Chattel Mortgage 29 Related Foster Care Expenses 71 Other 81 Housekeeping 82 Camp Fees (CT 11, 12 Only) 83 Red Cross 85 Burial 86 Transportation Expenses - Removal from State 90 Cost of Clothing</p>
<p><b>SHELTER</b></p> <p>A6 Approved Facility/Congregate Care Facility C2 Furniture Allowance for Establishment of a Home D8 Private Adult Care Institution E3 Rental Supplement (RENT-SUP) E5 Emergency Shelter Allowance G1 Shelter/R&amp;B to Guardian (CT 17 Only) Q1 Family Shelter Tier I Q2 Family Shelter Tier II Q4 Transitional Housing Q5 Security Deposit - Not Reported Q6 Residential Domestic Violence 10 Shelter 40 Room and Board 46 Private Rent 47 Mortgages, Taxes and Assessments on Client Owned Home 48 Public Housing Rent Allowance 49 Housing Development Cooperative Unit 50 Temporary Residence in Hotels and Motels 53 Allowance to Retain Shelter During Temporary Absence in Medical Facility 62 Taxes and Interest 64 Real Property Expenses 65 Moving Expenses 66 Storage Expenses 67 Security Deposit 68 Broker's Finder's Fee</p>	<p style="font-size: 48pt; text-align: center;">6</p>
<p><b>TRAINING</b></p> <p>14 TEAP (Training and Employment Assistance Program) R7 Transportation R9 Employment and Training Essential Needs T1 On the Job Training Grant T2 Extended Supportive Services T3 Training Tuition and Fees</p>	
<p><b>UTILITIES/FUEL</b></p> <p>E6 Fuel for Heating Refund E7 Electricity W1 Court Ordered Retroactive Payment 11 Fuel 12 Utilities to OTG 13 Security Deposit - Utilities 23 Water 28 Cooking Fuel</p>	

A1	Transportation Billed Separately	P3	Physician's Services
A2	Personal Care Services	P4	Dental Services
A3	Personal Care Services - Non-Family Planning	P5	Other Practitioner's Services
A4	Grant Assistance to Guide Dogs	P6	Child Caring Agencies Per Diem Costs
A6	Approved Facility/Congregate Care Facility	P7	Home Health Aide's Services
A7	Refrigerator Rental Allowance for Homeless Family Temporarily Placed in a Hotel/Motel	P8	Nursing Services In-Home
C0	Replacement of Stolen Cash (EAA)	P9	Care at Home
C1	Replacement of Lost/Mismanaged Cash (EAA)	Q1	Family Shelter Tier I
C2	Furniture Allowance for Establishment of a Home	Q2	Family Shelter Tier II
C3	Payment for Services and Supplies Received Prior to EAA Application (EAA)	Q4	Transitional Housing
C4	Payment for Services and Supplies Received Prior to SSI Application (EAA)	Q5	Security Deposit - Not Reported
C5	Nutritional Requirements (EAA)	Q6	Residential Domestic Violence
C7	Transportation for Homeless Families	R0	Day Care In Home Relative - Full Time
C9	Payment for Services to Cope with an Emergency	R1	Day Care In Home Relative - Part Time
D1	IV-D Payment	R2	Informal Child Care - Relative - Full Time
D2	Child Visitation Allowance	R3	Informal Child Care - Relative - Part Time
D3	Excess Current Support	R4	Informal Child Care - Non Relative - Full Time
D4	Excess Support Arrears	R5	Informal Child Care - Non Relative - Part Time
D7	Transitional Services Payments (TANF Ineligible Due to Employment) (CT 11, 12, 19 Only)	R6	School Age Child Care Program - Part Time
D8	Private Adult Care Institution	R7	Transportation
D9	Diversion Transportation Payment (CT 11, 12, 19 Only)	R8	School Age Child Care Program - Full Time
E1	Grant to Essential Person (PA)	R9	Employment and Training Essential Needs
E3	Rental Supplement (RENT-SUP)	T1	On the Job Training Grant
E4	Job Opportunity Diversion Payment (MA)	T2	Extended Supportive Services
E5	Emergency Shelter Allowance	T3	Training Tuition and Fees
E6	Fuel for Heating Refund	T5	TANF Services Block Grant
E7	Electricity	X1	Expedited FAP Benefit
E9	Restricted PNA	X3	Single Issue FAP Benefit
F2	Food Stamp Employment/Training Related Expenses	X6	Ongoing FAP Benefit
F3	FSE & T Dependent Care Payment	W1	Court Ordered Retroactive Payment
F5	Diversion Payment (CT 11, 12, 19 Only)	02	Legally Operating Center - Exempt from Licensing Requirements - Full-Time
F6	Diversion Rental Payment (CT 11, 12, 19 Only)	03	Legally Operating Center - Exempt from Licensing Requirements - Part-Time
G1	Shelter/R&B to Guardian (CT 17 Only)	04	HEAP Emergency Benefit - Non-Utility
H0	Heating Equip. Repair/Replacement Estimates	05	Case Recurring Grant
H1	Regular HEAP Benefit	06	Partial Allowance
H5	HEAP Emergency Benefit - Repair Heating Equipment	07	Underpayment Adjustment
H6	HEAP Emergency Benefit - Shelter/Relocation	08	SES - In
H7	HEAP Emergency Benefit - Replace Heating Equipment	09	SES - Out
H8	HEAP Emergency Benefit - Propane Tank Deposit	10	Shelter
H9	HEAP Supplemental Benefit	11	Fuel
J1	HEAP Emergency Benefit - Additional Benefit	12	Utilities to OTG
J2	HEAP Reissue Benefit	13	Security Deposit - Utilities
K1	CAP Grant	14	TEAP (Training and Employment Assistance Program)
K3	CAP Support Reconciliation	16	HEAP Emergency Benefit - Domestic Heat-related Utility
L1	Drug and Sickroom Supplies	17	HEAP Emergency Benefit - Utility
L2	Prosthetic Appliances and Eye Glasses	18	Child Support Disregard
L3	Lab and Radiologist Services Billed Separately	19	Health Maintenance Organization Co-Payment
L4	Health Insurance Continuation - 185% Poverty	20	Dinner Allowance
L5	Health Insurance Continuation - 100% Poverty	21	Lunch, Dinner Allowance
L6	Health Insurance Continuation - Expedited Payment	22	All Meals Restaurant Allowance
M1	Hospital Services - Inpatient - Public	23	Water
M2	Hospital Services - Inpatient - Private	24	Health Insurance Premiums
M3	Hospital Services - Outpatient - Public	25	Life Insurance Premiums
M4	Hospital Services - Outpatient - Private	26	Chattel Mortgage
M5	Skilled Nursing Home - Private	28	Cooking Fuel
M6	Skilled Nursing Home - Public	29	Related Foster Care Expenses
M7	Health Related Facilities - Public - Mentally Retarded	30	Day Care In Home - Non Relative (Full-Time)
M8	Health Related Facilities - Public - Other	31	Day Care In Home - Non Relative (Part-Time)
M9	Health Related Facilities - Private - Mentally Retarded	32	Day Care Family Home (Full-Time)
P1	Health Related Facilities - Private - Other	33	Day Care Family Home (Part-Time)
P2	Free Standing Clinics	34	Day Care Group Family (Full-Time)
		35	Home Delivered Meals (PA Grant)
		36	Day Care Group Family (Part-Time)

6

37	Day Care Center (Full-Time)
38	Day Care Center (Part-Time)
40	Room and Board
41	Appliance Repair Cost Estimate
42	Replacement of Lost/Stolen Cash Grant
43	Heating Equipment - Repairs/Replacement
44	Cooking Stove - Repairs/Replacement
45	Refrigerator - Repairs/Replacement
46	Private Rent
47	Mortgages, Taxes and Assessments on Client Owned Homes
48	Public Housing Rent Allowance
49	Housing Development Cooperative Unit
50	Temporary Residence in Hotels & Motels
51	Cost of Repairs to Recipient Owned Home
52	Emergency Allowance to Forestall Eviction
53	Allowance to Retain Shelter During Temporary Absence in Medical Facility
54	Restaurant Allowance - Dinner
55	Restaurant Allowance - Lunch and Dinner
56	Restaurant Allowance - All Meals
57	Emergency Food Grant Allowance
58	Natural Gas
59	Other Than Natural Gas
60	Emergency Payment to Prevent Shut-Off or Restore Service
62	Taxes and Interest
63	Water Bills
64	Real Property Expenses
65	Moving Expenses
66	Storing Expenses
67	Security Deposit
68	Broker's Finder's Fee
69	Cash Grant
70	Cash Replacement for Lost, Stolen or Mismanaged SSI Grant
71	Other
72	Living Room
73	Bedroom with Single Bed
74	Bedroom with Two Single Beds
75	Bedroom with Double Bed
76	Kitchen (Excluding Appliances)
77	Range
78	Refrigerator
79	Bathroom
81	Housekeeping
82	Camp Fees (CT 11, 12 Only)
83	Red Cross
84	Payment on Furniture
85	Burial
86	Transportation Expenses - Removal from State
87	Cash Grant for Income Not Received
88	Cabinet for Linens
89	Stove for Heating
90	Cost of Clothing
91	Expedited ATP
93	Single Issuance ATP (Not Expedited)
94	FS Retroactive Benefits
95	FS Restored Benefits
96	FS Ongoing Benefits
97	Food Stamps Supplemental
98	Home Repairs (PA)

6

**WMS DATA-ENTERED CODES****ASSOCIATED NAME AND ADDRESS CODES - ASSOC. NAME & ADDRESS - (PA, MA, FS, HEAP)**

- 01 Case Member Not at Case Residence
- 02 Restricted Payment Payee
- 03 Authorized Representative
- 04 HEAP Vendor
- 05 Vendor
- 06 Committee
- 07 Guardian
- 08 Protective Payee
- 10 Recipient of Second MA ID Card
- 11 Eligible Relative Not Applying
- 12 Child Under 21 Living Outside Household (Not a Case Member)
- 13 Alternate Payee
- 14 Policy Holder's Name and Insurer's Mailing Address for Policy 1
- 15 Policy Holder's Name and Insurer's Mailing Address for Policy 2
- 16 TEAP (The Employment Assistance Program Employer)
- 17 Essential Person
- 18 Job Opportunity Development Program Employer

**7****(OMH-OMRDD)**

- 80 Authorized Representative (SSI)
- 81 Authorized Representative (SSA)
- 82 Authorized Representative (VA)
- 83 Authorized Representative (Civil Service)
- 84 Authorized Representative (Railroad Retirement)
- 85 Authorized Representative (Other)
- 86 Conservator
- 87 Trustee
- 88 Parent
- 89 Spouse
- 90 Legal Representative
- 91 Other Next of Kin

**CANADIAN PROVINCE CODES**

(Enter in 'STATE' (ST) Field of Third and Fourth Occurrence of Associated Names and Addresses)

- AB Alberta
- BC British Columbia
- MB Manitoba
- NB New Brunswick
- NF Newfoundland
- NS Nova Scotia
- NT Northwest Territories
- ON Ontario
- PE Prince Edward Island
- PQ Province of Quebec
- SK Saskatchewan
- YT Yukon Territories

**ASSOCIATED NAME NOTICE INDICATOR**

- 1 Notice
- 2 Notice Plus Attachments
- 3 Attachments to Associated Name Only

**WMS NON-SERVICES  
CODE CARD INDEX**

	<b>KEY</b>	
<b>ABBREVIATION</b>		<b>DEFINITION</b>
ABEL.....		Automated Budget & Eligibility Logic (PA)
MBL.....		Medicaid Automated Budget and Eligibility Logic
Sys Gen.....		WMS System-Generated Codes
MARE.....		MA Restriction/Exception Subsystem Codes
PP.....		Principal Provider Subsystem Codes

  

	<b>Page</b>
ABEL Codes .....	A, B, C
Additional Allowances (MBL) .....	D
Age Indicator (AI) (MBL) .....	D
Aged/Disabled Indicator (FS) .....	A
AFIS Exemption Indicator .....	54
Anticipated Future Action Codes (AFA) (Screen 4), by Number .....	52
Anticipated Future Action Codes (AFA) (Screen 4), by Subject .....	50-51
Anticipated Future Action Codes (AFA) (Screen 4), System-Generated .....	I
Associated Name and Address Codes (Screen 7) .....	60
Associated Name Notice Indicator (Screen 7) .....	60
Bottom-Line Reason Codes (MBL) .....	E
Budget Type (MBL) .....	D
Call-In Reason Codes, Recertification (CNS) (PA, MA, FS) .....	32-33
Canadian Province Codes (Screen 7) .....	60
Card Codes (Screen 5) .....	54
Case Status Codes (Sys Gen) .....	I
Case Type Codes (ABEL) .....	A
Case Type Codes (Screen 1) .....	1
Categorical Indicator Codes (MBL) .....	E
Chronic Care Budgeting Codes (MBL) .....	D
Citizenship/Alien Indicator Code (Screen 3) .....	49
Contribution Codes (MBL) .....	D
Disregard Indicator (ABEL) .....	B
Domestic Violence Subsystem Codes .....	H
Earned Income Disregard Code (MBL) .....	E
Earned Income Source	
ABEL .....	B
MBL .....	F
Educational Status (Screen 3) .....	49
Electronic Benefits Indicator (EBCD) (Screen 5) .....	54
Employability Codes (Screen 3) .....	39-40
Expanded Eligibility Code (EEC) (MBL) .....	D
Federal/State Charge Codes (Screen 3) .....	48
1 <sup>st</sup> Month Shelter Payment Source (ABEL) .....	A
Fiscal District Codes (Screen 1) .....	1
Food Assistance Program (FAP) .....	39
IV-D Indicator (Screen 1) .....	2
FS Aged/Disabled Indicator .....	A
FS Case Reason Codes (Screen 1), by Number .....	30-31
FS Case Reason Codes (Screen 1), by Subject .....	24-29
FS Categorical Eligibility Indicator (ABEL) .....	A
FS Expense Indicator Codes (ABEL) .....	A
FS Individual Reason Codes (Screen 3), by Number .....	47
FS Individual Reason Codes (Screen 3), by Subject .....	45-46
Frequency Codes (ABEL) .....	B
Fuel Type	
ABEL .....	A
MBL .....	D

**WMS NON-SERVICES  
CODE CARD INDEX  
(Continued)**

	<b>Page</b>
Health Insurance Indicator (HII) .....	1
HEAP Approval Reason Codes (PA/HEAP Cases) .....	9, 12
HEAP Approval Reason Codes (FS/HEAP Cases) .....	29, 31
HEAP Automated Benefit Calculation Codes .....	C
HEAP Denial/Closing Reason Codes .....	8, 12
HEAP Income Level Code (Screen 1) .....	2
Highest Degree (PA) (Screen 3) .....	39
Household Child Indicator (HC) .....	A
Individual Categorical Codes (Screen 3) .....	39
Individual Disposition Status Codes (Screen 5) .....	54
Individual Disposition Status Codes (Sys Gen) .....	I
Issuance Codes (Screen 6) .....	55
Language Indicator (Screen 1) .....	1
Line Number (ABEL) .....	A
Local Action Codes (Screen 6) .....	55
Local Codes (MBL) .....	E
MA Case and Individual Reason Codes (Screen 1), by Number .....	20-23
MA Case and Individual Reason Codes (Screen 1), by Subject .....	13-19
MA Coverage Codes (Screen 5) .....	54
MA Extension Reason Codes (Screen 1) .....	2
MA Restriction/Exception Record Source Codes (MA, R/E) .....	I
MA Restriction/Exception Record Source Codes (Sys Gen) .....	H, I
MA Restriction/Exception Status Flag Codes (MA R/E) .....	H
MA Restriction/Exception Status Flag Codes (Sys Gen) .....	H, I
MA Restriction/Exception Subsystem Codes (MA R/E) .....	H
MA Restriction/Exception Type Codes (MA R/E) .....	H
Managed Care Codes (MA) .....	H
Marital Status Codes (Screen 2) .....	38
Miscellaneous PA/FS Case Reason Codes (PA Case Types Only) .....	25-31
MBL Codes (MBL) .....	D, E, F, G
Method of Payment Codes (Screen 6) .....	55
Mother's Line Number .....	48
Nationality Codes (Screen 4) .....	53
Notice Indicator (Screen 1) .....	1
Other FS Allowances (ABEL) .....	A
Other Name Codes (Screen 2) .....	38
Other PA Allowance (ABEL) .....	A
Other/Unearned Income Sources (ABEL) .....	B
Override Reason codes (PA, MA, FS) .....	L
PA/FS Codes (Screen 1) .....	1
PA/FS Indicator Codes, by Transaction .....	34-37
PA Individual Reason Codes (Screen 3), by Number .....	44
PA Individual Reason Codes (Screen 3), by Subject .....	41-43
PA Case Reason Codes (Screen 1), by Number .....	10-12
PA Case Reason Codes (Screen 1), by Subject .....	3-9
Parent Indicator (PA) (Sys Gen) .....	J
Payment Schedule Codes (Screen 6) .....	55
Payment Type Codes (Screen 6), by Number .....	58-59
Payment Type Codes (Screen 6), by Subject .....	56-57
Pending Data Status Codes (Sys Gen) .....	I, J
Period (MBL) .....	F
Pick-up Codes (Screen 6) .....	55
Pregnancy/Parenting Codes (Screen 2) .....	38
Prepaid Capitation Plan Subsystem Codes .....	H
Principal Provider Codes (PP) .....	H



**WMS NON-SERVICES  
CODE CARD INDEX  
(Concluded)**

	<b>Page</b>
Principal Provider Codes (Screen 5) .....	54
Principal Provider Payment Exception Type Codes (PP) .....	H
Principal Provider Subsystem Codes (PP) .....	H
Quarterly Reporting Codes (Screen 1) .....	1, 2
Racial Ethnic Codes (Screen 1), (Screen 3) .....	1, 48
Reason Codes, Bottom-Line (MBL) .....	E
Reason Codes, FS Case (Screen 1) .....	24-31
Reason Codes, MA Case (Screen 1) .....	13-23
Reason Codes, PA Case (Screen 1) .....	3-12
Reason Codes, FS Individual (Screen 3) .....	45-47
Reason Codes, MA Individual (Screen 3) .....	13-23
Reason Codes, PA Individual (Screen 3) .....	41-44
Reason Codes, System-Generated (Sys Gen) .....	I
Recalculation Indicator (ABEL) .....	B
Recertification Call-In Reason Codes (CNS) (PA, MA, FS) .....	32-33
Recipient Aid Category Codes (MA) (Sys Gen) .....	J, K
Recoupment/Claim Types (ABEL) .....	B
Relationship Codes (Screen 3) .....	39
Resettlement Agency Codes (Screen 4) .....	53
Resource (MBL) .....	G
Resource Codes (CNS) (PA, FS) .....	L
Resource Line Numbers (CNS) .....	L
RFI Resolution Codes .....	H
Resource Verification Indicator (RVI) .....	1
Safety Net Indicator .....	1
Separate Determination Indicator (ABEL) .....	A
Sex Codes(Screen 2) .....	38
Shelter Frequency (ABEL) .....	A
Shelter Proration Indicator (ABEL) .....	A
Shelter Restrictors/Indicators (ABEL) .....	A
Shelter Type	
ABEL .....	A
FS/SSI .....	A
MBL .....	D
Social Security Number Codes (Screen 2) .....	38
Social Security Number Codes (Sys Gen) .....	J
Special Claiming Category Codes (Screen 6) .....	55
Special Program Code .....	2
SSI-Related Budgeting Codes (MBL) .....	D
SSI Status Codes (Screen 2) .....	38
State/Federal Charge Codes (Screen 3) .....	48
Subsystem Codes .....	H
System-Generated Codes (Sys Gen) .....	I, J, K
Time Codes (MBL) .....	F
Time Limit Exemption Indicator .....	48
Transaction Type (MBL) .....	D
Transaction Type (ABEL) .....	A
Transaction Type Codes (Screen 1) .....	1
Transaction Type Codes (Sys Gen) .....	J
Unearned Income Exemption (MBL) .....	G
Unearned Income Source (MBL) .....	F, G
Veterans Status Indicator (Screen 3) .....	48
Work Deductions Indicator (ABEL) .....	B

**WMS ABEL CODES**

<p><b>TRANSACTION TYPE (TRAN/TT)</b>                  01 Application Denial                  02 Opening                  03 Denial                  05 Change                  06 Recertification/Reauthorization                  07 Closing                  08 Recertification – Closing                  09 Open/Close                  10 Reopening                  12 Forced Closing</p>	03 Own Home (Including Trailer) 04 Room & Board 05 Hotel/Motel Permanent 06 Hotel/Motel Temporary (u) 07 Migrant Labor Camp 09 Medical Facility (\$40 PNA only) (u) 10 Congregate Care Level II-Drug/Alcohol Treatment Facility (Residential Treatment Center) 11 Non-Commerical Room Only 12 Non-Level II Alcohol Treatment Facility (u) 13 State Operated Community Residence (FS Only) 15 Congregate Care Level I-Family Care 16 Congregate Care Level II-Not Drug/Alcohol Treatment or Apartment-like 17 Congregate Care Level II-Apartment-like (OMH/OMRDD Supportive/Supervised Apartments; DSS Enriched Housing) 19 Tier II Family Shelter (3 Meals/Day) (u) 20 Rental Supplement 21 Shelter for Homeless (3 Meals/Day) (u) 22 Residential Program for Victims of Domestic Violence (3 Meals/Day) (u) 23 Undomiciled 33 Homeless Shelter Tier II (Less Than 3 Meals/Day) (u) 36 Shelter for Homeless (Less Than 3 Meals/Day) (u) 37 Residential Program for Victims of Domestic Violence (Less Than 3 Meals/Day) (u) 38 Subsidized Housing (Non-Certificate) 44 Supportive/Specialized Housing (District 55 Only)
<p><b>SEPARATE DETERMINATION INDICATOR (SD)</b>                  X Separate Determination T FS Transitional Benefit</p>	
<p><b>CASE TYPE (CASE/CT)</b>                  11 FA 17 SN-FNP                  12 SN-FP 19 EAF                  13 ADC-FC 31 NPA-FS                  16 SN-CSH 32 FS-MIX</p>	
<p><b>GROUP HOME 2 PERSON HH TYPE</b>  <i>(Shelter Types 10, 12, 13, 15, 16 and 17)</i>                  1 Both TA 4 Both SSA                  2 1 TA and 1 SSA 5 1 SSA &amp; 1 Neither TA or SSA                  3 1 TA &amp; 1 Neither TA or SSA 6 Both Neither TA or SSA</p>	
<p><b>HOUSEHOLD CHILD INDICATOR</b>                  1 No Child in Household 2 Child in Household</p>	
<p><b>FUEL TYPE (TY)</b>                  1 Natural Gas 7 Propane                  2 Oil 8 Municipal Electric                  3 PSC Electric 9 Other Fuel                  4 Coal 0 Heat Included in Shelter Costs                  5 Wood X No Fuel Allowed                  6 Kerosene U Unknown (NYSNIP Only)</p>	<p><b>SHELTER TYPES NYSNIP</b>                  94 SSI High Shelter, SUA Eligible                  95 SSI Low Shelter, SUA Eligible                  96 SSI High Shelter, No SUA                  97 SSI Low Shelter, No SUA                  98 SSI Shelter Cost and SUA Unknown</p>
<p><b>FS CATEGORICAL ELIGIBILITY INDICATOR (CE)</b>                  Y Yes N No</p>	
<p><b>FS AGED/DISABLED INDICATOR</b>                  X Aged/Disabled                  A All Adults Aged/Disabled                  S NYSNIP Case</p>	<p><b>SHELTER PRORATION INDICATOR (PRO/PI) (PA Only)</b>                  C Prorate Children’s Share of Shelter Needs                  N Prorate All Needs Except Shelter                  S Prorate Shelter Expenses Only                  P Prorate Parent’s Share of Needs                  1-9 Number of Essential Persons</p>
<p><b>FS EXPENSE INDICATOR CODES (HT/AC/UTIL/PHONE)</b>                  A Excess Charge                  X Standard Allowance                  0 Third Party Pays Heating Cost Directly to Vendor/ Undocumented Incurred HT/AC Costs                  Z Standard Allowance HEAP Ineligible (Not Customer of Record)(Also NYSNIP Public Housing Cases with AC Costs)                  H HEAP Eligible                  N No Expense                  R Refuses HEAP                  U Unknown (NYSNIP Only)</p>	<p><b>SHELTER RESTRICTORS/INDICATORS (IND/RES/SI/R) (PA Only)</b>                  X Shelter Allowance                  E Entire Shelter Cost                  P Entire Shelter – Primary Restriction (CT 12, 17)                  S Entire Shelter – Secondary Restriction (CT 12, 17)                  Q Utilities 1<sup>st</sup>/Shelter Allowance                  R Utilities 1<sup>st</sup>/Excess Shelter</p> <p><b>SHELTER FREQUENCY (FRQ) (PA Only)</b>                  W Weekly B Bi-Weekly                  S Semi-Monthly M Monthly</p> <p><b>1<sup>st</sup> MONTH SHELTER PAYMENT SOURCE (SRC)</b>                  I Income R Resource/Exempt Income</p>
<p><b>HC - HOUSEHOLD CHILD INDICATOR (CT 16, 17)</b>                  1 No Child in Household                  2 Child in Household</p>	
<p><b>SHELTER TYPE u = unlimited (TY)</b>                  01 Rent Private (Including Trailer Lot or Commerical Room)                  02 Rent Public</p>	<p><b>OTHER PA ALLOWANCE (TY) (PA Only)</b>                  01 Restaurant Allowance – Dinner                  02 Restaurant Allowance – Lunch – Dinner                  03 Restaurant Allowance – Breakfast – Lunch – Dinner                  +06 Refrigerator Rental                  09 Chattel Mortgages</p>

## WMS ABEL CODES

13 Home Delivered Meals	05 Monthly Net Amount of Educational Grants & Loans (FS Only)
14 Other Shelter Needs	06 Child Support Payments
+17 Supplemental Child Care	07 Disabled Veteran's Benefits (Non-Service Connected)
18 Expenses Incident to Pregnancy	08 Loan (CT 16, 17)
40 Temporarily Absent Person(s) – In Congregate Care	09 Foster Care Payments (FS Only)
45 Person(s) Not in Care – Residing in Congregate Care Facility	10 GI Dependency Allotment
+ Not Included in the Eligibility Determination	11 Disabled Veteran's Benefits (Service Connected)
<b>OTHER FS ALLOWANCES (OTHER TYPE)</b>	12 Gifts
15 FS Installation Fee	13 Child/Spousal Support Assigned to Agency (PA Only)
16 Pro-Rated FS Installation Fee	17 Spousal Support (Arrears)(CT 16, 17, 31, 32)
<b>LINE NUMBER (LN)</b>	18 Income from Friends or Non-Legally Responsible Relatives
01-20 Line Number of Individual in case with income	21 Post Compliance Emergency Payment (PA Only)
98 Income is received by individual in co-op PA case	22 Income-In-Kind (PA Only)
99 Legally Responsible Non-Case Member in Home	24 Excess Support Payment
<b>DISREGARD INDICATOR (I) (PA Only)</b>	26 Lump Sum Payments (PA Only)
1 If Eligible, Give Disregard	31 Earnings from Subsidized Private or Public Sector Employment (FS Only)
2 Calculate With Disregard	33 NYS Disability Insurance
3 Calculate With \$30 (Prior to 11/1/97)	35 Railroad Retirement Benefit – Dependent
6 No Disregard (CT 16, 17 Only)	37 Public Assistance Grant (FS Only)
<b>EARNED INCOME SOURCES (SRC)</b>	38 Railroad Retirement Benefit
01 Salaries, Wages	39 Retirement Benefits (Pensions)
04 Work Experience	40 PA Grant Reduction
05 Irregular or Infrequent Income	41 Sick Pay (Private Insurance)
06 Other Earnings	42 Social Security Disability Benefit
07 VISTA	43 Social Security Survivor's Benefit
08 Severance Pay	44 Social Security Retirement Benefit
09 Family Day Care Provider Income	45 SSI Benefit
10 Employer-Provided Sick Pay	46 Social Security Benefit – Dependent
12 Lump Sum (PA Only)	49 Unemployment Insurance Benefit Compensation
13 Lump Sum Received by Current Wage Earner (PA Only)	50 Union Benefits
20 Net Business Income/Income from Self-Employment	54 HUD Utility Allowance (PA Only)
22 Earnings of a LRR in Co-op Case (PA Only)	55 Veteran's Pensions or Benefit
30 Training Allowance (FS Only)	59 Worker's Compensation
31 Earnings From Subsidized Private or Public Sector Employment (PA Only)	72 Income of a LRR in Co-op Case (PA Only)
35 School to Work Employment Program (FS Only)	73 Earnings of a Dependent Child Who Is A Full or Part-Time Student Who Is Not Employed Full-Time (PA Only)
40 Earnings from JTPA	75 Deemed Income from a Step-Parent (PA Only)
44 Office for Vocational and Educational Services for Individuals With Disabilities	76 Deemed Income from a Sponsor (PA Only)
45 Income From Boarder/Lodger	77 Net Income from Rental of House, Store or Other Property, Worked Less than 20 Hours Per Week (FS Only)
46 Net Income From Rental of House, Store or Other Property, Worked More than 20 Hours per Week	79 Income from the Trust Fund of an Infant
47 Net Income from Rental of House, Store or Other Property, Worked Less than 20 Hours per Week (PA Only)	82 Contribution from a Step-Parent (PA Only)
48 Income from a Roomer	83 Contribution from a Sponsor
49 Earned Income of a Sponsor (FS Only)	84 Unearned Income of a Sponsor (FS Only)
<b>FREQUENCY CODES (FRQ/F)</b>	85 Deemed Income from a Grandparent (PA Only)
1-5 Number of Times Received or Paid in the Month	86 Contribution from a Grandparent (PA Only)
W Weekly	87 IV-D Payment (FS Only)
B Bi-Weekly	88 Parent's Share of Needs (PA Only)
S Semi-Monthly	89 Parent's Share of Needs Less Than Prorated Share (PA Only)
M Monthly	90 Reverse Annuity Mortgage Loan
<b>WORK DEDUCTIONS INDICATOR (D) (PA Only)</b>	91 Earned Income Tax Credit - Data Collection Only
F Full Time	99 Other
P Part Time	<b>RECALCULATION INDICATOR (RECALC)</b>
N No Deductions Allowed	Y Yes
<b>OTHER/UNEARNED INCOME SOURCES (SRC)</b>	N No
01 Adoption Subsidy	<b>RECOUPMENT/CLAIM TYPES (TY/TYP/T)</b>
02 Alimony/Spousal Support (Non-Arrears)	1 Agency Error
03 Any Dividends, Interest or Periodic Receipts from Stocks, Bonds, Mortgages, Bank Interest, Trust Funds, Annuities, Credit Unions, Estates, etc.	2 Client Error
04 Black Lung Disease	3 Advance Payment (PA Only)
	4 PA Fraud/FS IPV
	5 IV-D Payment (PA Only)
	6 Applicant Shelter Arrears In Excess of Allowance; Other Non-Rent Shelter Expenses (PA Only)

**WMS ABEL CODES**  
**AUTOMATED HEAP BENEFIT CALCULATION**

**FUEL TYPE**

0	Heat Included	5	Wood
1	Natural Gas	6	Kerosene
2	Oil	7	Propane
3	PSC Electric	8	Municipal Electric
4	Coal		

**BENEFIT TYPE**

R Regular  
E Emergency  
B Both

**VULNERABLE (VULN IND)**

Y Yes  
N No

**HEAP CATEGORICAL INDICATOR (HPCAT ELIG IND)**

Y Yes  
N No

**EMERGENCY TYPE**

A Heat Related Domestic  
B Natural Gas - Heat Only  
C Natural Gas - Heat and Domestic  
D Electric Heat  
E Non Utility Fuel  
F Non Utility Fuel and Domestic  
G Furnace Repair  
H Propane Reconnect  
J Furnace Replacement  
K Municipal Electric - Heat & Domestic

**WMS MBL CODES**

<b>BUDGET TYPE (BT)</b>			
01 LIF/ADC-Related	07 Chronic Care	02 S/CC	08 Chronic Care/SSI Related
04 SSI Related	09 Chronic Care and LIF/ADC-Related	05 SSI Related and LIF/ADC-Related	10 Chronic Care and S/CC
06 SSI Related and S/CC	15 Other (Bottom Line Only)		
<b>TRANSACTION TYPE (TRAN)</b>			
02 Opening	06 Recertification	10 Reopening	
05 Change	09 Open/Close		
<b>EXPANDED ELIGIBILITY CODES (EEC)</b>			
A AIDS Insurance	H COBRA Insurance	S FHP for Singles/Childless Couples (100%)	
B EEC For C, D, F, I, P	I Infants Birth to 1 year	T Transitional Medicaid	
C Child(ren) 1 to 5 Years	J Medicaid/Family Planning	V MBI-WPD (SSI Related Budgeting Prior to MBI-WPD Budgeting)	
D Child(ren) 6 to 18 Years	K Family Planning Only	W MBI-WPD (Only)	
E Disabled Adult Child (DAC)	N FHP for 19-20 Not Living w/Parents (100%)		
F FHP for Families/19-20 Living with Parents (150%)	P Pregnant Woman		
<b>AGE INDICATOR (AI)</b>		<b>FUEL TYPE (TY)</b>	
Y Individual(s) in the Household is 60 Years of Age or Older	1 Natural Gas	4 Coal	7 Propane
N No One in the Household is 60 Years of Age or Older	2 Oil	5 Wood	8 Municipal Electric
	3 PSC Electric	6 Kerosene	9 Other Fuel
			0 Heat Included in Shelter Costs
<b>SHELTER TYPE (TY) (u = unlimited)</b>			
01 Rent	16 Congregate Care Level II (NYC, Nassau, Suffolk, Westchester)		
02 Rent Public	18 Foster Care (u)		
03 Own Home	20 Emergency Rental Supplement Program (u)		
04 Room & Board (u)	22 Shelter for Victims of Domestic Violence (u)		
05 Hotel Perm.	23 Undomiciled		
06 Hotel Temp. (u)	28 Congregate Care Level I (Rest of State)		
07 Migrant Camp	29 Congregate Care Level II (Rest of State)		
09 Medical Facility (\$40 PNA only) (u) (Other Than Title XIX Facility)	33 Homeless Shelter Tier II - Less Than 3 Meals/Day		
11 Room	34 Homeless Shelter Tier II - 3 Meals/Day		
12 Non-Level II Alcohol Treatment Facility	35 Homeless Shelter Non-Tier I or Tier II - 3 Meals/Day		
14 Public Home (u) (Other Than Title XIX Facility)	36 Shelter for Homeless - Less Than 3 Meals/Day (u)		
15 Congregate Care Level I (NYC, Nassau, Suffolk, Westchester)	37 Residential Program for Victims of Domestic Violence - Less Than 3 Meals/Day (u)		
<b>ADDITIONAL ALLOWANCES (TY)</b>			
01 Dinner	18 Pregnancy (Output Only)	21 Dependent Member of Single Institutionalized Individual	
02 Lunch & Dinner	19 Community Maintenance Allowance	23 Family Member Allowance	
03 Breakfast, Lunch & Dinner	20 Transitional Child Care	99 Other	
13 Home Delivered Meals			
<b>SSI RELATED BUDGETING CODES</b>			
<b>Deeming Codes (DEEM)</b>		<b>Living Arrangements Codes (LA)</b>	
1 Deem Spouse to Spouse *	1 Single Person Living Alone or Living with Others	2 Couple Living Alone or Living with Others	
2 Deem to SSI-Related Child	3 Family Care Level - Upstate (Dist 97/98 Only)	4 Family Care Level - New York City (Dist 97/98 Only)	
3 Deem Spouse to Spouse and SSI Related Child*	5 Individual - Temporarily Absent	6 Couple - At Least One of Whom is Temporarily Absent	
4 No Deeming			
* Use when only one spouse is SSI-Related			
<b>CHRONIC CARE BUDGETING CODES</b>		<b>BUY-IN INDICATOR CODES (BUY)</b>	
<b>Budget Screen Indicator (BS)</b>		A Calculate Buy-In Eligibility for Adult(s) in the Case	
1 Chronic Care and Community Screens		B Calculate Buy-In Eligibility for Adult(s) and Child(ren) in the Case	
<b>Personal Incidental Allowance Codes (PIA)</b>		C Calculate Buy-In Eligibility for Children in the Case	
1 \$35.00	3 MA Level	S Calculate Eligibility for SLMB/QI-1/QI-2	
2 \$50.00	4 \$90.00 Veteran		
<b>CONTRIBUTION CODES (CON)</b>			
1 Contributing the Table of Support Amount	3 Contributing less than the Table of Support - adjudicated		
2 Contributing more than the Table of Support	4 Contributing less than the Table of Support - not adjudicated		
	5 Refuses to Contribute		

## WMS MBL CODES

**LOCAL CODES (LOC)**

01 Albany	21 Herkimer	40 St. Lawrence
02 Allegany	22 Jefferson	41 Saratoga
03 Broome	23 Lewis	42 Schenectady
04 Cattaraugus	24 Livingston	43 Schoharie
05 Cayuga	25 Madison	44 Schuyler
06 Chautauqua	26 Monroe	45 Seneca
07 Chemung	27 Montgomery	46 Steuben
08 Chenango	28 Nassau	47 Suffolk
09 Clinton	29 Niagara	48 Sullivan
10 Columbia	30 Oneida	49 Tioga
11 Cortland	31 Onondaga	50 Tompkins
12 Delaware	32 Ontario	51 Ulster
13 Dutchess	33 Orange	52 Warren
14 Erie	34 Orleans	53 Washington
15 Essex	35 Oswego	54 Wayne
16 Franklin	36 Otsego	55 Westchester
17 Fulton	37 Putnam	56 Wyoming
18 Genesee	38 Rensselaer	57 Yates
19 Greene	39 Rockland	66 New York City
20 Hamilton		

**EARNED INCOME DISREGARD CODE (EID)**

1 Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months)	5 Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months)/ \$30
2 Calculate with \$30 & 1/3 (Budget Eff. From Date Prior to 11/1/97)	6 Calculate LIF % (Not on LIF in 1 of the 4 Preceding Months)
3 Calculate with \$30 (Budget Eff. From Date Prior to 11/1/97)	
4 Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months)/\$30 & 1/3	

**CATEGORICAL INDICATOR CODES (CTG, C)**

1 SSI Related Spouse/Parent/Individual - Aged	5 Non-SSI Related Spouse/Parent (S/CC)
2 SSI Related Spouse/Parent/Individual - Blind	6 SSI Related Child - Blind
3 SSI Related Spouse/Parent/Individual - Disabled	7 SSI Related Child - Disabled
4 Non-SSI Related Spouse/Parent (LIF/ADC Related)	8 Non-SSI Related Child

**BOTTOM-LINE REASON CODES (REASON CD)***Case Cannot be Budgeted Due to Family Composition*

- 001 Married Couple in Chronic Care
- 002 Married Couple in Family Care
- 003 S/CC Budget for Intact Household
- 004 Under 21 - Both Spouse and Parent Responsible
- 005 SSI-Related Child in Chronic Care
- 006 Child(ren) living with Parent in Congregate Care
- 007 to 015 - Reserved for Future Expansion

*Case Cannot be Budgeted Due to System Limitation*

- 101 Case With More Than Two Earned Incomes
- 102 Dollar Amount of Resources/Income Exceeds Seven Characters
- 103 Pro-rate of PA-Need for Coop Household
- \*104 Supplemental Energy Allowance
- \*105 PNA Increases
- 108 Deeming Waiver Case
- \*110 S/CC Congregate Care GIT
- 111 to 115 - Reserved for Future Expansion

*Case Cannot be Budgeted Due to Litigation or Regulation Change*

- 201 Case Affected by Lynch v. Rank Decision
- \*202 Case Affected by Rickey v. Perales Decision
- \*203 Case Affected by Schmidt v. Perales Decision
- 204 COBRA
- 205 to 215 - Reserved for Future Expansion

*Other*

- 301 Four Month Extension
- 302 Special Eligibility
- 304 to 315 - Reserved for Future Expansion

\* Budgeting now supported by MBL.

## WMS MBL CODES

**EARNED INCOME SOURCE (SRC)**

- 01 Salaries, Wages (Employer-Provided Sick Pay)
- 05 Irregular or Infrequent Income
- 06 Other Earnings
- 08 Severance Pay
- 09 Family Day Care Provider Income
- 11 Income-In-Kind Shelter
- 12 Lump Sum
- 13 Lump Sum Received by Current Wage Earner
- 15 Other Income-In-Kind
- 20 Net Business Income
- 32 Net Royalties
- 40 Earnings from JTPA
- 44 Office for Vocational and Educational Services for Individuals with Disabilities
- 45 Income from Boarder/Lodger
- 46 Net Income from Rental of House, Store or Other Property, Worked More than 20 Hours per Week
- 47 Net Income from Rental of House, Store or Other Property, Worked Less than 20 Hours per Week
- 48 Income from Roomer

**PERIOD (PER, P)**

- |             |                |              |          |
|-------------|----------------|--------------|----------|
| 3 Weekly    | 5 Semi-Monthly | 7 Bi-Monthly | 9 Yearly |
| 4 Bi-Weekly | 6 Monthly      | 8 Quarterly  |          |

**TIME CODES (T)**

- |             |                 |
|-------------|-----------------|
| F Full Time | N No Deductions |
|-------------|-----------------|

**UNEARNED INCOME SOURCE (SR)**

- 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.
- 04 Black Lung Disease Program
- 06 Child Support Payments
- 07 Disabled Veterans Benefits (Non-Service Connected)
- 10 GI - Dependency Allotment
- 11 Disabled Veterans Benefits (Service Connected)
- 12 Gifts
- 16 Gross Rental Income from Owned Home
- 18 Income from Friends or Non-Legally Responsible Relatives
- 19 Income from Friends or Non-Legally Responsible Relatives Outside the Household
- 20 Income from Garden or Livestock
- 26 Lump Sum Payments
- 28 German/Austrian Reparation Payments
- 30 Income from JTPA
- 31 Net Income from Rental of House, Store or Other Property
- 33 NYS Disability Insurance
- 34 Older American Act Income
- 35 Railroad Retirement Benefit - Dependent
- 38 Railroad Retirement Benefit
- 39 Retirement 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
- 47 Social Security Benefit - DAC
- 48 Social Security Benefit - Pickle
- 49 Unemployment Insurance Benefit
- 50 Union Benefits
- 51 OVESID Training Allowance
- 55 Veteran's Pensions or Benefit
- 59 Worker's Compensation
- 60 Income-In-Kind Provided by LRR - Shelter

**WMS MBL CODES****UNEARNED INCOME SOURCE (SR) (cont'd)**

- 64 Income-In-Kind Provided by LRR - Meals
- 70 Other Income-In-Kind
- 73 Earnings of a Child or Minor who is a Full or Part Time Student who is Not Employed Full Time
- 75 Deemed Income from a Stepparent
- 82 Contribution from a Stepparent
- 99 Other

**UNEARNED INCOME EXEMPTION (EXEMPT)**

- 01 Health Insurance Premium
- 02 Court Order Support
- 03 Other Federal, State or County Tax
- 06 20% R.S.D.I.
- 11 One-Third SSI Child Support
- 12 Cost of Living RSDI Increase Resulting in SSI Ineligibility
- 14 VA Aid and Attendance/Housebound Allowance
- 15 Receipt/Increase in SSICB resulting in SSI Ineligibility
- 20 Other Amounts Limited by Designated Use
- 21 Medicare

**RESOURCE****Liquid Resources (CD)**

- 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 Account
- 08 Lump Sum Payments (includes tax refunds, insurance settlements, inheritances, etc.)
- 10 Reparation Payments
- 22 Vehicle
- 91 Resources Above MA Level/Determination FHP
- 98 Other Liquid Resources

**Life Insurance (Life-Ins.)**

- 42 Straight Life
- 43 Endowment
- 44 Cash Value of Life Insurance to be Disregarded for SSI Budgets
- 45 Burial Reserve to be Disregarded for SSI Budgeting



**WMS SUBSYSTEM CODES**

<b>MA RESTRICTION/EXCEPTION SUBSYSTEM CODES</b>		94 OMH Exempt
		95 OMRDD Waivered Services Look Alikes
		96 (SPM) Seriously and Persistently Mentally Ill Adults and (SED) Seriously Emotionally Disturbed Children
<b>MA RESTRICTION/EXCEPTION RECORD SOURCE CODES (SYSTEM-GENERATED)</b>		<b>PRINCIPAL PROVIDER SUBSYSTEM CODES</b>
G System Generated Code		
E User Entered Record		
<b>MA RESTRICTED/EXCEPTION STATUS FLAG CODES (SYSTEM-GENERATED)</b>		<b>PRINCIPAL PROVIDER CODES</b>
1 Active	2 Inactive	00 No Principal Provider
<b>MA RESTRICTION/EXCEPTION TYPE CODES</b>		01 Private - Skilled Nursing
02 Podiatry		02 Voluntary - Intermediate Care (VOICF)
03 Dental		03 Public - Skilled Nursing
04 Durable Medical Equipment		04 State - Intermediate Care
05 Pharmacy		05 OMRDD Developmental Center
06 Physician		06 OMH Psychiatric Center
08 Clinic		07 Acute Hospital - Long Term Care
09 In-Patient Hospital		08 Hospital - Excess
25 OMR - Sub-Chapter A Exception		10 Child Care Facility
30 HHCP Long Term Home Health Care Program (Project In Progress)		12 OMR Small Residential Unit (SRU)
31 Community Alternative Systems Agency (CASA) - Community Based		14 Personal Care Services
32 CASA Individual in SNF/HRF		16 Assisted Living Program (ALP)
35 Case Management		DL Delete
38 UT Exempt		<b>PRINCIPAL PROVIDER PAYMENT EXCEPTION TYPE CODES (PA, MA)</b>
39 Aid Continuing		1 Per Diem Payments to Provider are Not Allowed
40 SNF - Expense Level		2 Per Diem Payments to Provider are Allowed
41 ICF-DD Expense Level		<b>RFI - RESOLUTION CODES</b>
42 Hospital/SNF Expense Level		1 No Action Needed - Application Denied or Withdrawn or Case Closed
43 Hospital/ICF-DD Expense Level		2 Current Case Data is Correct
44 Alternate Care Demo		3 Case Rebudgeted Due to CINTRAK Data
45 Hospital/Home Demo		4 Application Denied or Withdrawn Due to CINTRAK Data
46 OMRDD Home and Community Based Services (HCBS) Waiver (IRA, FC or at Home)		5 Case Closed - Failed to Respond
47 OMRDD Home and Community Based Services (HCBS) Waiver (CR and Subchapter A Day Treatment)		6 Case Closed - Financially or Categorically Ineligible
48 OMRDD Home and Community Based Services Waiver-- (HCBS), (CR and Subchapter A Day Treatment)		7 No Case Change - Referral for Investigation
49 IRA RES Hab Consumer		8 Client and Matched Individual Not the Same Person
50 Prenatal Connect		9 SSA Validation Data Acknowledged
51 Connect		X Emergency Processing Required
53 HR Underserved		<b>PREPAID CAPITATION PLAN SUBSYSTEM CODES</b>
55 MCC Pharmacy		Benefits Package - User Entered in Concert with Provider ID and County Code #
56 MCC Physician		Prepaid Capitation Plan Capitation Code
58 MCC Clinic		3 Individual Enrollee
59 MCC Hospital		0 End of Capitation
62 Care at Home (CAH I)		<b>DOMESTIC VIOLENCE SUBSYSTEM CODES</b>
63 CAH II		ASSESSMENT STATUS WAIVER STATUS
64 CAH III		C - Credible A - Approved
65 CAH IV		D - Client Declination D - Denied
66 CAH V		F - Failure to Show P - Partially Approved
67 CAH VI		N - Not Credible R - Requested
68 CAH VII		P - Pending
69 CAH VIII		DENIAL REASONS
70 CAH IX		C - Fraudulent Claim P - No Program Require.
71 CAH X		D - Failure to Provide Doc. R - Client Request
81 (TBI) Traumatic Brain Injury		F - Failure to Show T - No Threat of Danger
82 Cash and Counseling (Project in Progress)		N - Not Credible
83 Alcohol and Substance Abuse ASA (Project in Progress)		O - Other
90 Managed Care Excluded		
91 Managed Care Exempt		
92 DOH Exempt		

**WMS SYSTEM-GENERATED CODES**

<b>ANTICIPATED FUTURE ACTION CODES</b> <b>ANTIC. FUT. ACT. - (PA, MA, FS)</b>	
101	Individual Turning 6 Weeks
102	Individual Turning 3 (PA)/6(MA)
103	Individual Turning 14 Years
104	Individual Turning 16 Years
105	Individual Turning 18 Years
106	Individual Turning 21 Years
108	Widow Turning 60 Years
109	Individual Turning 62 Years
110	Individual Turning 65 Years
111	Individual Turning 72 Years
113	Individual Turning 19 Years
114	Individual Turning 20 Years
116	Individual Turning 1 (CT = 11: CAP, 12, 16, 17, 20)
221	Significant Birthday
308	End of POS Authorization - Other Than FC, DC, or HH
333	Domestic Violence Waiver Expires
403	In Psych Institution Prior to 21 <sup>st</sup> Birthday - Turning 22
410	Initial 18 Month Foster Care Review by Court
411	Twenty-Four Month Foster Care Review by Court
<b>CASE STATUS CODES - CASE STATUS (PA, MA, FS)</b>	
01	New
10	Active
14	Closed
15	Denied
21	Active – override
22	Closed – override
23	Denied – override
<b>INDIVIDUAL DISPOSITION STATUS CODES</b> <b>IND. STAT. - (PA, MA, FS, HEAP)</b>	
20	Case Closed (System-Generated at Closings)
<b>MA RESTRICTION/EXCEPTION RECORD</b> <b>SOURCE CODES (MA)</b>	
G	System Generated Code
E	User Entered Code
<b>MA RESTRICTION/EXCEPTION STATUS</b> <b>FLAG CODES (MA)</b>	
1	Active
2	Inactive
<b>REASON CODES - REASON CODE (PA, MA, FS)</b>	
001	Conversion
720	PCP Enrollment or Disenrollment
740	Case Now in Receipt of Cash Assistance (Forced Closing)
901	Individual Added to Case (Individual Level – PA, FS)
941	Not a State Resident (SSI Recipient)
942	Death (SSI Recipient)
943	Not in Receipt of FS
944	PA Undercare FS Benefit Decision Not Complete
945	PA Undercare FS Benefit Remains Co-Op
968	Forced Closing of Case (FS)
979	Utility Fix
986	CIN Unduplication
987	Separate Two Persons with Same CIN
988	Auto SDX/WMS Interface
990	WMS/SSN Enumeration
A65	Excess Support - Address Verification (TT=05, 14)
A66	Excess Support - Payment Auth. (TT=14)
Y11	Auto-Close NYSNIP Shelter Type 98 Case: Failure to Redeem FS
Y34	IV-D Ind Changed to Y
<b>PA/MA DENIALS</b>	
754	Combined PA/MA Denial
755	Denial, Failure to Participate in a Drug/Alcohol Program
766	Failure to Comply with a PA Employment Requirement

(CT 16, 17)	
768 Failure to Comply with a PA Employment Requirement (CT 12)	
793 PA/MA Denial – Client’s Request	
795 Failure to Sign PA Consent Form to Release Drug/Alcohol Treatment Records	
797 Failure to Sign Citizenship – Alien Declaration	
802 Combined PA/MA Denial-Ineligible Alien	
<b>PA DENIALS/MA ACTION</b>	
753 PA Denial, MA Separate Determination	
789 PA Denial, MA Separate Determination (SSI/SSA Benefits Suspended)	
<b>PA/MADISCONTINUANCE</b> <b>(Closings and Recertification Closings)</b>	
761 Combined PA/MA Discontinuance	
762 Discontinuance, Failure to Participate in a Drug/Alcohol Program	
767 Failure to Comply with a PA Employment Requirement (CT 16, 17)	
769 Failure to Comply with a PA Employment Requirement (CT 12)	
790 Failure to Sign PA Consent Form to Release Drug/Alcohol Treatment Records	
791 Lump Sum – Not Eligible for MA	
792 Failure to Sign Citizenship – Alien Declaration	
794 PA/MA Discontinuance – Client’s Request	
803 Combined PA/MA Discontinuance - Ineligible Alien	
805 New Resident Qualified Alien - Ineligible for 12 Months	
861 PA/No MALanguage	
<b>PA DISCONTINUANCE/MA EXTENSIONS</b> <b>(Closings and Recertification Closings)</b>	
700 MA Continuing Pending Separate Determination	
705 No PA Recert	
707 Beginning MA Extension after PA Closing	
710 Begin PCP Guaranteed Eligibility Period	
715 Continuous Eligibility or Continuous/PCP Guarantee	
756 MA Continues Unchanged	
758 MA Continues Unchanged Pending Decision	
760 MA Continuation of Newborn	
763 MA Continues, Support Extension	
764 TMA Acceptance, First Six Months	
765 MA/PCP Extension	
771 Two Month MA Postpartum Extension	
827 MA Continues Unchanged - Reporting Required	
858 Continuous Eligibility for Children	
859 Continuous Eligibility for Children - Moved Out of District	
<b>PA ACCEPTANCE</b>	
839 MA Acceptance	
840 MA Acceptance - Managed Care Coverage	
841 MA Denied	
842 MA Denied First Month(s) - MA Eligible Subsequent Months	
843 MA Denied First Month(s) - Manage Care Coverage Subsequent Months	
844 MA Denied First and Subsequent Months	
<b>PA UNDERCARE</b>	
J65 Excess Support	
Y33 DV Update	
820 Separate Manual MA Notice Required	
821 MA Continues Unchanged	
<b>MA OPENING</b>	
923 Case Opened for Newborn	
<b>MA UNDERCARE</b>	
920/198 Newborn Added to Case	
921/196 Unborn Name Conversion	
946 Recalculation of Contribution toward Chronic Care, Single, COLA (Upstate)	

## WMS SYSTEM-GENERATED CODES

<b>MA DISCONTINUANCE</b>		<b>SOCIAL SECURITY NUMBER CODES (PA, MA, FS, HEAP)</b>	
922	Inmate in a Penal Institution	+A	Validation Failed: SSN Not on SSA File
<b>PENDING DATA STATUS CODES (PA, MA, FS)</b>		+B	Validation Failed: No Match on Name
AC/DBR	Awaiting Direct Budget Reauthorization Completion	+C	Validation Failed: No Match on DOB and Sex
AT/CUI	Awaiting Transmission After CIN Undupe of Inactive Case	+D	Validation Failed: No Match on DOB
AT/DEN	Awaiting Transmission After App. Denial	+E	Validation Failed: No Match on Sex
AT/DRB	Awaiting Transmission After Direct Budget	7	SSN SSA Input
AT/FCFD	Awaiting Transmission After Forced Closing	8	SSN SSA Validation
AT/FDE	Awaiting Transmission After FDE	9	SSN Failed SSA Validation
AT/FDEOV	Awaiting Transmission After FDE-Override	<b>TRANSACTION TYPE CODES (TRANS TYPE) (PA, MA, FS, HEAP)</b>	
AT/REA	Awaiting Transmission After Reactivation	01	Application Denial
AT/REAOV	Awaiting Transmission After Reactivation Override	04	FDE Withdrawal
AT/UM	Awaiting Transmission After Undercare	11	Reactivation
AT/UMOV	Awaiting Transmission After U/M-Override	12	Forced Closing of Case
AU/CUI	Awaiting Local Update After CIN Undupe of Inactive Case	13	Forced Deletion of Individuals
AU/DBR	Awaiting Local Update After Direct Budget Reauthorization	<b>PARENT INDICATOR (PA)</b>	
AU/DEN	Awaiting Local Update After App. Denial	0	Child Only
AU/FCFD	Awaiting Local Update After Forced Closing	1	Single Parent Households and Two Parent Households with One Disabled Parent
AU/FDE	Awaiting Local Update After FDE	2	Two Parent Households with No Disabled Parent
AU/FDEOV	Awaiting Local Update After FDE-Override	<b>RECIPIENT AID CATEGORY CODES (MA)</b>	
AU/REA	Awaiting Local Update After Reactivation	09	PG-ADC (FP)
AU/REAOV	Awaiting Local Update After Reactivation Override	10	FA-Family Assistance
AU/UM	Awaiting Local Update After Undercare	11	ADU-U (FP)
AU/UMOV	Awaiting Local Update After UM Override	12	IV-E (FP)
CUI/BUP	CIN Undupe Awaiting Batch Update of Inactive Case	13	PG-ADC (FP)
DBR/BUP	Signed-Off After Direct Budget Reauthorization - Awaiting Batch Update	16	TANF with Deprivation (FP)
DBR/SSG	Awaiting Sign-Off After Direct Budget Reauthorization	17	TANF without Deprivation (FP)
DEN/BUP	Sign-Off After App. Denial - Awaiting Batch Update	18	Safety Net w/out deprivation (FP)
DEN/SSG	Awaiting Sign-Off After App. Denial	19	Safety Net - Non-Cash (FP)
FCFD/BUP	Signed-Off After Forced Closing - Awaiting Batch Update	20	Supplemental Payment (NYC) (FNP) 100% Local
FDE/ALEC	Full Data Entry - Awaiting Local Error Correction	21	LIF W/out Depriv/SCC (FP)
FDE/BUP	Signed-Off After FDE - Awaiting Batch Update	22	RESERVE FOR FUTURE USE
FDE/ERR	Awaiting Error Correction After FDE	23	MA-CW (FP)
FDEOVER	Overridden Full Data Entry	24	MA-Aged (FP)
FDE/SSG	Awaiting Sign-Off After FDE	25	MA-Blind (FP)
NOPEND	No Pending Data Exists	26	MA-Disabled (FP)
REAC/BUP	Signed-Off After Case Reactivation - Awaiting Batch Update	27	ADC Medically Needy (FP)
REAC/ERR	Awaiting Undercare Maintenance Error Correction After Case Reactivation	28	Public Home (FNP)
REAC/OVR	Overridden Reactivation	30	Presumptive Eligibility for Children (FP)
REAC/SSG	Awaiting Sign-Off After Case Reactivation	31	Poverty Level Child (FP)
REAC/UM	Awaiting Undercare Maintenance After Case Reactivation	32	LIF Related w/deprivation (FP)
UM/ALEC	Undercare Maintenance - Awaiting Local Error Correction	35	Presumptive Eligibility Home Care (FNP) State/Local
UM/BUP	Signed-Off After Undercare Maintenance - Awaiting Batch Update	36	RESERVE FOR FUTURE USE
UM/CL	Awaiting Clearance Resolution	37	Alien Eligibility (FNP) State/Local
UM/CLERR	Awaiting Clearance Resolution and Error Correction	38	Alien Eligibility (FP)
UM/ERR	Awaiting Undercare Maintenance Error Correction	39	FNP Related Parent Living Child (FP)
UMOVER	Overridden Undercare	40	Public Shelter Resident (FNP) 100% Local
UM/SSG	Awaiting Sign-Off After Undercare Maintenance Reauthorization	41	Presumptive Eligibility Prenatal A (FP)
		42	Presumptive Eligibility Prenatal B (FP)
		43	Prenatal Care (FP)
		44	Infant (200% FPL)(FP)
		45	Child 1-6 (133% FPL)(FP)
		47	Child Welfare (FNP) 100% Local
		48	Child Continuous Coverage (FP)
		49	Expanded-Continuous Coverage
		50	SSI Aged (FP)
		51	SSI Blind (FP)
		52	SSI Disabled (FP)
		53	SSI Pend Aged (FP)
		54	SSI Pend Blind (FP)
<b>NOTE:</b> The Pending Data Status Codes have been listed in alphabetic mnemonic order. Pending Data Status Code would always appear as mnemonics on the WMS Inquiry Screens.			

**WMS SYSTEM-GENERATED CODES****RECIPIENT AID CATEGORY CODE (MA) (cont'd)**

- 55 SSI Pend Disabled (FP)
- 56 Family Planning Coverage (FP)
- 57 Poverty Level Infant (FP)
- 58 Infant - Continuous Coverage (200% FPL)(FP)
- 59 CAP/MA Guarantee (FNP) State/Local
- 60 Safety Net - Aged (FP)
- 61 Safety Net - Blind (FP)
- 62 Safety Net - Disabled (FP)
- 63 Safety Net - (FP)
- 66 Emergency Shelter (FP)
- 67 Safety Net w/deprivation (FP)
- 68 FHP Singles/Childless Couples (FP)
- 69 FHP Parents/19-20 years olds (FP)
- 70 FHP Pregnant Woman 100% FPL (FP)
- 71 Child 6-18 100-133% FPL (FP)
- 72 FHP Pregnant Woman 200% FPL (FP)
- 74 Presumptive Eligibility - Healthy Women Partnership  
(Under 65)
- 75 Presumptive Eligibility - Healthy Women Partnership  
(65 +Over)
- 76 Legal Alien (FNP)
- 77 Presumptive Eligibility - Healthy Women Partnership - Male  
(FNP)
- 78 LIF/SN/TL - Cash (FP)
- 79 LIF/SN/TL - NC (FP)
- 81 Child-Continuous Coverage 6-18 (100-133% FPL)
- 82 Medicaid Buy-In - Disabled Basic Group
- 83 Medicaid Buy-In - Medically Improved

**MISCELLANEOUS PA, MA, FS CODES****RESOURCE LINE NUMBERS**

01-20 Line Number of Individual in Case with Resources  
 88 Alien Sponsor has Resource

**RESOURCE CODES**

<u>PA RESOURCE CODES</u>		<u>FS RESOURCE CODES</u>	
CODE	DEFINITION	CODE	DEFINITION
01	Cash on Hand	01	Cash on Hand
02	Bank Account	02	Bank Accounts
03	Stocks, Bonds, Securities	03	Stocks, Bonds, Securities
04	Promissory Notes	06	Trust Fund
05	Mortgages	22	Vehicle
06	Trust Fund	87	Non-Exempt Real Property
09	Burial Reserve	99	Other Resources
22	Vehicle		
86	Income Tax Refunds		
87	Non-Exempt Real Property		
88	Cash Value of Life Insurance		
99	Other Resources		

**OVERRIDE REASON CODES (PA, MA, FS)**

01 Pending Fair Hearing – Aid to Continue (PA & MA Only)  
 02 Fair Hearing Decision  
 03 Court Decision  
 04 Department Policy Change  
 05 Administrative Reason  
 06 Non-Reimbursable Care, Payment for Services