



**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>	06-INF-35
<b>To:</b>	Local District Commissioners
<b>Issuing Division/Office:</b>	Division of Employment and Transitional Supports
<b>Date:</b>	December 5, 2006
<b>Subject:</b>	Revision of LDSS-4398: "WMS Non-Services Code Cards" (October 2006) (Update)
<b>Suggested Distribution:</b>	Temporary Assistance Staff Food Stamp Benefits Staff Medicaid Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
<b>Contact Person(s):</b>	Forms Questions: Bob Gullie 1-800-343-8859 Extension 6-1095 Program Questions: Food Stamp Bureau - (518) 473-1469 Temporary Assistance - (518) 474-9344 HEAP - (518) 473-0332 Metro Region - (212) 961-8207 WMS Questions: (518) 473-7991
<b>Attachments:</b>	Attachment - WMS Non-Services Code Cards (10/06) - 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 05 INF-27 03 INF-6 04 INF-6 02 INF-12 01 INF-7 00 INF-9 99 INF-1					WMS/CNS Coordinator Letter 12/2/05 WMS/CNS Coordinator Letter 1/28/00

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## Section 2

### I. Purpose

The purpose of this release is to introduce the 10/06 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 2005.

### IV. Forms Ordering Information:

We expect delivery of the revised WMS Non-Services Code Cards in late January 2007 and that 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 10/06 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 (10/06) should be submitted on OTDA-876 (Rev. 2/00): “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 Employment and Transitional Supports**

**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

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

- 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
- P Pending 45th Day from Application
- 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 for Definitions of Codes)  
See Page J for System-Generated Codes)

**1**



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>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>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>CLOSING (07)/RECERTIFICATION CLOSING (08) (FOR EAF CASES ONLY)</b></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>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>CLOSINGS ONLY</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>ALL TRANSACTIONS (Except Reactivation)</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

CODE	DEFINITION	TRANSACTION TYPE(S)
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

**1**

<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). 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

**1****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
F34	Excess Income - Section 8 - Lower Standard of Need	07, 08
F38	Excess Income - Lump Sum (No MA Extension)	07, 08
M35	Lump Sum - No Good Reason Provided	03
	- DATE 1: DATE (MMDDYY) OF THE NOTICE WHICH ADVISED THEM OF THEIR INELIGIBILITY.	
	- DATE 2: DATE (MMDDYY) THE INELIGIBILITY ENDS.	
M37	Lump Sum - Shortened Ineligibility Period	03
	- 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.	

**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

**LIVING ARRANGEMENTS**

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

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

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

**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.**

**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 - for Home Visit Including EVR/FEDS - 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
M40	Intentionally Providing Incorrect Information - ENTER FF 1-5: INCORRECT INFORMATION	03
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

<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.**

**OTHER (Cont'd)**

CODE	DEFINITION	TRANSACTION TYPE(S)
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
Y35	Suppress Printing of LDSS-3209 (Authorization) (Changes Limited to Off/Unit/Wrkr, Co-op Case #, Phone #) Address Fields	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

**1****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 DENIAL/CLOSING CODES (CT 11, 12, 16, 17 & 60)**

CODE	DEFINITION	TRANSACTION TYPE(S)
F01	HEAP Excess Income	03, 05, 07
F02	HEAP Previously Applied for/Automatic Payment Received	03, 05, 07
F03	HEAP Emergency Denial - Not Customer of Record	03, 05, 07
F04	HEAP Emergency Denial - Not Tenant of Record	03, 05, 07
F05	HEAP Application Not Complete or Signed	03, 05, 07
F06	Ineligible Alien	03, 05, 07
F07	Failure to Document Alien Status	03, 05, 07
F08	HEAP Application Received After HEAP Program Year Closing Date	03, 05, 07
G71	Refusal to Switch to a Participating Vendor (Oil Project Districts Only)	03, 05, 07
G72	Failure to Provide Documentation of Switch to a Participating Vendor (Oil Project Districts Only)	03, 05, 07
G73	Resources Available to Meet an Emergency	03, 05, 07
G74	Ineligible to Apply through the Mail	03, 05, 07
M03	Ineligible Living Situation for HEAP	03, 05, 07
M04	HEAP Emergency Denial	03, 05, 07
M06	Insufficient Information	03, 05, 07
Y99	Manual Notice (Not HEAP Only - Used in Multiple Case Notice Situations)	03, 05, 07

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

\*\* (CNS Only)

**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.**

**60 MONTH TIME LIMIT**

<b>CODE</b>	<b>DEFINITION</b>	<b>TRANSACTION TYPE(S)</b>
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
G38	FA Sixty Months Closing (Case Type 11 Only)	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

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

# 1

## 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)
B89	Removal of SSI Proration	05, 06, 07, 08
B90	SSI Proration	05, 06, 07, 08

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## 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 Pended	05, 06, 00

## 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

## LIVING ARRANGEMENT (TEMPORARY HOUSING)\*\*

CODE	DEFINITION	TRANSACTION TYPE(S)
R70	Client's Share of Temporary Housing Cost	02, 05, 06, 10, 00
R71	Ineligible for Temporary Housing Assistance	02, 03, 05, 06, 07, 08, 10, 00

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

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

\*\* (CNS Only)



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

## 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
A21	Regular Grant - Vendor ( <i>System Generated - HEAP AutoPay Only</i> )	(HEAP) 02, 05, 07, 10

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A20 PA Case Opened: TA Determination Pending	M35 Lump Sum - No Good Reason Provided
A30 PA Approval: Same Deficit Each Month (1 Budget Stored)	M37 Lump Sum - Shortened Ineligibility Period
A31 PA Approval: Two Budgets Stored with Different Effective Dates	M40 Intentionally Providing Incorrect Information
A32 PA Approval: First Month Prorated	M48 Parent's Offer of a Home - Minor Not Pregnant or Parenting (CT 16, 17)
A36 PA Approval: First Period Denied - Eligible in Succeeding Months with Same Deficit	M62 Moved Out of District
B20 New Budget Authorized	M63 Will Move Out of State
B22 New Budget Authorized - Neg. Action - CW/QR	M66 Receiving PA In Another Case
B50 Category Change Only	M67 Part of Another PA Application
B60 Recertification	M68 Added to Another Case
B61 Recertification - Timely Requirement Waived	M88 Failure to Comply with Finger Imaging Requirement - Legally Responsible Relative (HH > 1)
B62 Late Recertification (w/o Good Cause)	M90 Client Request - Written - PA and MA
B89 Removal of SSI Proration	M91 Client Request - Verbal - PA and MA
B90 SSI Proration	M92 Client Request - Written - Earned Income
E10 Failure to Keep/Complete Interview: No Scheduled Appt.	M93 Client Request - Verbal - Earned Income
E30 Excess Income (No TMA)	M94 Client Request - Written - PA Only
E31 Excess Income - Increased Earnings - TMA Eligible	M95 Client Request - Verbal - PA Only
E32 Excess Income - Increased Support Collection - MA Ext.	N10 Failure to Keep/Complete Appointment
E34 Excess Income - Receipt of SSI Single Individual	N13 Failure to Use/Apply for Benefit/Resource
E38 Excess Income - Lump Sum	N14 Filing Unit Member Failed to Apply
E39 Excess Income - COLA	N15 Failure to Keep Appointment - for Home Visit Including EVR/ FEDS
E40 Excess Income - Budgeting Error	N16 Failure to Contact Agency
E50 Failure to Return Periodic Report	N17 Failure to Complete Eligibility Process
E51 Failure to Complete Periodic Report - Questions	N19 Failure to Comply with Requirement to Look for Work
E52 Failure to Complete Periodic Report - Signature/Date	N21 Failure to Keep Employment Assessment Appointment
E53 Failure to Complete Periodic Report - Proof of Income	N53 Failure to Complete Periodic Report - Partial Proof
E54 Failure to Complete Periodic Report - Dated Early	P30 Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search
E60 Unable to Locate	P31 Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Employment Assessment
E61 Not a Resident of District (Denial)	P32 Close FA/Deny SNA - Refusal to Take a Job
E63 Not a Resident of State (Denial)	R15 Restriction(s) Begins, Ends or is Denied
E64 Moved out of District Before Determination	R20 Recoupment Begins
E66 Not a Resident of State (Closing)	R30 Recoupment Pended
F11 Failure to Access PA Benefits	R40 Recoupment - Closing & Closed Cases
F19 Refusal to Cooperate with Quality Control	R50 TA Work Requirements Determination
F33 Excess Income - Deemed Income of Alien Sponsor (CT 11)	R60 Continue Vendor Payments
F34 Excess Income - Section 8 - Lower Standard of Need	R70 Client's Share of Temporary Housing Cost
F36 Responsibility of Former District	R71 Ineligible for Temporary Housing Assistance
F38 Excess Income - Lump Sum (No MA Ext.)	U40 Excess Resources
F52 Failure to Provide Information - Federal Reporting	U41 Transfer of Resources (CT 12, 16, 17)
F53 Refusal by Parent to Apply for Child (CT 11, 12 Only)	U42 Excess Resources - Refused to Sell Property
F81 Refused Photo ID - Single Individual	U43 Excess Resources - End of 6 Month Period
F98 Client Requests Child Care in Lieu of TA (CT 11, 12, 16, 17)	U44 Excess Resources - Deemed Resources of Alien Sponsor (CT 11)
G30 Close FA Due to 60 Month Limit/No SNA Application Filed	UI6 Excess Resources - No Elderly Individual Present
G31 Close FA Due to 60 Month Limit/Deny SNA - Separate SNA Notice Required	V20 Failure to Provide Verification
G32 Close FA Due to 60 Month Limit/Deny SNA - Refusal to Sign Repayment Agreement/Earnings Assignment	V21 Failure to Provide Verification (Denial)
G33 Close FA Due to 60 Month Limit/Deny SNA - Refusal to Apply for Child	V22 Failure to Provide Verification - Mail-In Recert
G38 FA Sixty Months Closing (CT 11 Only)	V23 Failure to Provide Verification - Parent/Spouse
G61 Not a Resident of District - Opened in Error	V24 Failure to Provide Verification - Step/Grandparent
I92 No Eligible Individual (Indiv. R/C Required)	V25 Failure to Provide Verification - Filing Unit
K65 Excess Support (Worker Authorized) - Closed Case	W10 Failure to Keep Investigatory Appointment
L65 Excess Support (Worker Authorized) - Active Case	W11 Failure to Keep Appointment for DSS Medical Assessment
L92 Restart Previously Notified Recoupment	X01 Issue Underpayment Adjustment
L99 PA Overpayment Balance Statement	X02 Underpayment Entirely Offset by Overpayment
M10 Failure to Recertify - On	X03 Underpayment Partially Offset by Overpayment
M11 Failure to Recertify - By	X04 Grant Reviewed - No Adjustment Needed
M12 Failure to Return Mail-In Recert	Y20 PA Benefit Not Changed (No New Budget)
M15 Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 16, 17)	Y22 Case Demographic Change Only
M24 Failure to Resolve a Computer Match	Y35 Suppress Print of LDSS-3209 (Authorization)
M25 Failure to Respond to a Computer Match Call-In	Y95 Application for Emergency Assistance Only
	Y98 Other - Manual Notice Required - (No MA Extension/E)
	Y99 Other - Manual Notice Required (1 Month MA Extension)

Z20	Continuing Your PA and FS (Call-In) - "On/At"	098	Department of Social Services-Custody
Z21	Continuing Your PA (Call-In) - "By"	101	Death
Z25	Continuing Your PA and FS (Call-In) - Group Recertification	105	Employment or Increased Earnings of Father in Home
Z50	PA Category Reassessment Call-In	106	Employment or Increased Earnings of Mother in Home
Z51	Application Call-In	107	Employment or Increased Earnings of Child in Home
Z52	PA Category Reassessment Call-In w/Appointment Address	108	Employment or Increased Earnings of Recipient in Home
Z53	Application Call-In with Appointment Address	109	Employment or Increased Earnings of Other Person in Home
Z80	Continuing Your PA and FS (Call-In) w/Appointment Address	115	Receipt of or Increase in Support as a Result of Absent Parent's Return (CT 11, 12)
Z81	Continuing Your PA and FS (Call-In) - Group Recertification w/Appointment Address	116	Receipt of or Increase in Support as a Result of Marriage of Parent, Marriage of Unmarried Mother (CT 11, 12)
002	Loss of or Reduction in Earnings Due to Illness, Injury, or Other Impairment of Recipient (CT 16, 17, 19)	120	Receipt of or Increase in Benefits from Person Outside Home (Absent Father)
005	Loss of or Reduction in Earnings Due to Lay-off, Discharge, or Other Reason (CT 16, 17, 19)	121	Receipt of or Increase in Benefits from Person Outside the Home (Other Person)
010	Illness, Injury, or Other Impairment of Father (CT 11, 12)	125	Receipt of or Increase in Benefits of Persons Under Governmental Program: OASDI
011	Illness, Injury, or Other Impairment of Mother (CT 11, 12)	126	Receipt of or Increase in Benefits of Persons Under Other Federal
012	Illness, Injury, or Other Impairment of Other Grantee (CT 11, 12)	127	Receipt of or Increase in Benefits of Persons Under State or Local: Unemployment Ins.
015	Lay-off, Discharge, or Other Reason of Father (CT 11, 12)	128	Receipt of or Increase in Benefits of Persons Under Non-Governmental Program
016	Lay-off, Discharge, or Other Reason of Mother (CT 11, 12)	130	Receipt of or Increase in Benefits from Other Material Change in Income or Resources (Includes Lump Sum Pymts)
017	Lay-off, Discharge, or Other Reason of Other Grantee (CT 11, 12)	135	No Material Change in Income or Resources (Decreased Need for Other Requirement(s))
020	Loss of or Reduction in Support of Child due to Death of Parent (CT 11, 12)	139	No Longer Meets Eligibility Requirements Other Than Need - Increased Hours (CT 12 Only)
021	Leaving Home by Parent and Stopping or Reducing Support for Reason of Divorce	140	No Longer Meets Eligibility Requirements Other Than Need - Change in State Law or Agency Policy Other Than Need
022	Leaving Home by Parent and Stopping or Reducing Support for Reason of Separation	149	Refused to Comply with Drug/Alcohol Treatment Requirement (Eligibility Requirement)
023	Leaving Home by Parent and Stopping or Reducing Support for Reason of Desertion	150	Recovery, Lien and/or Assignment Provisions (Eligibility Requirement)
024	Leaving Home by Parent and Stopping or Reducing Support for Reason of Other (Hospital, Imprisoned)	151	Relative Responsibility Provisions (Including Notice to Law Enforcement Officials)(Eligibility Requirement)
030	Loss of or Reduction in Support from Father Outside Home (Absent Throughout 6 Months Preceding Application) (CT 11, 12)	158	Refusal to Conduct Mandatory Job Search (Eligibility Requirement)
035	Loss of or Reduction in Support from Other Person in Home as a Result of Death	159	Refusal to Participate in Education, Employment or Training Program (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.)	160	No Longer Incapacitated (FA, SN-FP Parent) (Eligibility Requirement)
037	Loss of or Reduction in Support from Other Person in Home as a Result of Illness, Injury, or Other Impairment	165	FA, SN-FP Parent Returned (Eligibility Requirement)
038	Loss of or Reduction in Support from Other Person in Home as a Result of Lay-off, Discharge, or Other Reason	170	No Eligible Child in Home (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	171	Admitted to Public Institution (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	172	Admitted to Private Institution (Eligibility Requirement)
050	Loss of or Reduction in Support from Other Person in Home as a Result of Other Material Change in Resources	175	Client's Request (Eligibility Requirement)
060	Change in State Law or Agency Policy	176	Client's Request-Earned Income (PA Only) (Eligibility Requirement)
065	Increased Need Because of Return of Recipient or Relative (Ill or Previously Institutionalized)	177	No Contact (Eligibility Requirement)
066	Increased Need Because of Other Reason	179	Other (Including Moved Out of District) (Eligibility Requirement)
070	Increased Need Because of Living Below Agency Standards	180	Transferred to FA, SN-FP
075	Increased Need Because of Other (Non-Material Change in Income or Resources)	181	Transferred to PG-ADC, SN-CSH, SN-FNP
076	Increased Need Because of Authorized IV-D Payment	182	Transferred to EAF
079	Child Assistance Program (CAP)	201	Excess Income (CT 19, 60 Only)
080	Transferred From FA, SN-FP	205	Excess Resources (Includes Lump Sum Payments)
081	Transferred From PG-ADC, SN-CSH, SN-FNP	215	Not Deprived of Support or Care (Non-Financial Procedural Requirement)
082	Transferred From EAF	220	Undocumented Alien (Non-Financial Procedural Requirement)
096	ADC-FC Closing	225	Nonresident (Non-Financial Procedural Requirement)
097	Division of Youth-Custody	230	Recovery, Lien Assignment (Non-Financial Procedural Requirement)
		235	Relative Responsible (Non-Financial Procedural Requirement)

249 Refuses to Comply With Drug/Alcohol Treatment Requirement (Non-Financial Procedural Requirement)  
 257 Failure to Comply With JOB Ready Evaluation (Non-Financial Procedural Requirement)  
 258 Failure to Conduct Mandatory Job Search (Non-Financial Procedural Requirement)  
 259 Refusal to Participate in Education, Employment or Training Program (Non-Financial Procedural Requirement)  
 260 Other Procedural Requirement (Non-Financial Procedural Requirement)  
 265 Unable to Locate (Non-Financial Procedural Requirement)  
 270 Moved Out of District (Non-Financial Procedural Requirement)  
 275 Death Before Determination  
 279 Did not Complete Application/Incomplete Documentation  
 280 Referred to Another Agency or Program  
 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

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**HEAP DENIAL/CLOSING (CT 11, 12, 16, 17, 60) (TT = 03, 05, 07)**

F01 HEAP Excess Income (HEAP Only)  
 F02 HEAP Previously Applied for/Automatic Payment Received (HEAP Only)  
 F03 HEAP Emergency Denial - Not Customer of Record  
 F04 HEAP Emergency Denial - Not Tenant of Record  
 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)  
 G71 Refusal to Switch to a Participating Vendor (Oil Project Districts Only)  
 G72 Failure to Provide Documentation of Switch to a Participating Vendor (Oil Project Districts Only)  
 G73 Resources Available to Meet an Emergency  
 G74 Ineligible to Apply through the Mail  
 M03 Ineligible Living Situation for HEAP  
 M04 HEAP Emergency Denial (HEAP Only)  
 M06 Insufficient Information (HEAP Only)

**HEAPAPPROVALNOTICES**

**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  
 A21 Regular Grant - Vendor (*System Generated - HEAP AutoPay Only*)

## WMSDATA-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 Accept FHP - MA Ineligible Due to Exc Inc and/or Res, FNP Parent
020 Loss or Reduction in Support of Child Due to Death of Parent	S38 Accept FHP - MA Ineligible Due to Exc Inc and/or Res, FP
<i>Leaving Home by Parent and Stopping or Reducing Support for Reason of:</i>	S39 Accept FHP - MA Ineligible Due to Exc Inc and/or Res
021 Divorce	<i>Retro Coverage</i>
022 Separation	S57 Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res., FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, S/CC
023 Desertion	S58 Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, S/CC
024 Other (Hospital, Imprisoned)	S59 Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FNP Parent
030 Loss of or Reduction in Support from Person Outside Home - ADC Father (Absent Throughout 6 Months Preceding Application)	S60 Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, 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 Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FP
035 Death	S81 Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, FP
036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.)	<b>FPBP</b>
037 Illness, Injury or Other Impairment	C43 Accept FPBP, Waived Right to MA/FHP
038 Lay-Off, Discharge, or Other Reason	S61 Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FP
<b>OTHER MATERIAL CHANGE</b>	S66 Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, S/CC
040 Loss of or Reduction in Support from Person Outside Home	S67 Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FNP Parent
045 Loss of or Reduction in Other Income	<b>MBI-WPD</b>
050 Other Material Change in Resources	S32 Accept MBI-WPD, No Premium Payment
<b>NO MATERIAL CHANGE IN INCOME OR RESOURCES</b>	<i>Prenatal</i>
<i>Increased Need Because of:</i>	C42 Accept Pregnancy, 100%
065 Return of Recipient or Relative (Ill or Previously Institutionalized)	S35 Prenatal Care, Between 100% and 200%
066 Other Reason	<i>Medicare Buy-In</i>
070 Living Below Agency Standards	C40 Accept QMB
075 Other	C44 Accept SLIMB
<b>TRANSFERRED FROM OTHER PROGRAM</b>	<b>COBRA</b>
080 FA, SN-FP	C21 Conditional Acceptance, COBRA Continuation
081 PG-ADC, SN-CSH, SN-FNP	C41 Accept COBRA Continuation
082 Emergency Assistance to Families	<i>Health Insurance</i>
<b>MA ONLY OPENING CODES</b>	X26 Accept MA Payment of Insurance Premiums
088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment	<i>Qualified Individual (QI-1)</i>
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	C28 QI-1 Acceptance
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)	<i>Excess Income and Resources</i>
*091 Medical Bills Equal to or Greater than Excess Income	S20 Excess Income, Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AA)
092 SSI Recipient Not Yet Appearing on SDX - Determined Eligible for MA-SSI	S20 Provisional Coverage Excess Income, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance or Over 65# (AB)
093 Determined Eligible for MA-SSI	S20 Excess Income, 6 Month Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AC)
094 Medical Need-No Recent Change in Financial Circumstances	S20 Excess Resources - Spenddown Not Met (AD)
588 MSP Conversion	S20 Accept MA with a Spenddown, Excess Income & Resources, Both Met, FHP Ineligible to Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AE)
<i>Breast and Cervical Cancer Treatment Program (BCCTP) (District 99 Only)</i>	
C19 Accept BCCTP	
<b>COMMUNITY MA OPENINGS</b>	
C24 Accept Community Coverage with Community Based LTC	
C50 All covered care and services	
S82 Accept Community Coverage without LTC	
S83 Accept Institutionalized Individual Ancillary Only, Failed to Provide Documentation of Resources, Excess Income, Spenddown Not Met	

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## WMSDATA-ENTERED CODES

OPENING (02)/REOPENING (10) (Cont'd)	INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE
<p>S20 Excess Income &amp; Resources, Resource Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AF)</p> <p>S20 Excess Inc. &amp; Res., Resource and 6 Month Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65, (AG)</p> <p>S20 Child 1-5 Over 133% Excess Income - Spenddown Met (BA)</p> <p>S20 Child 1-5 Over 133% Excess Income - 6 Mo. Spenddown Met (BC)</p> <p>S20 Child 1-5 Over 133% Excess Income/Resources - Both Met (BE)</p> <p>S20 Child 1-5 Over 133% Excess Income/Resources - Resource and 6 month Spenddown Met (BG)</p> <p>S20 Child 6-18, Over 100%, Exc. Inc., Spenddown Met (CA)</p> <p>S20 Child 6-18, Over 100%, Exc. Inc., 6 Mo. Spenddown Met (CC)</p> <p>S20 Child 6-18, Over 100%, Excess Income &amp; Resources, Both Met (CE)</p> <p>S20 Child 6-18, Over 100%, Excess Income and Resources, Resources and 6 Month Spenddown Met # (CG)</p>	<p><i>Income Only</i></p> <p>V52 Individual - Income Contribution Only</p> <p>V53 Spousal - Income Contribution Only</p> <p><i>Income/Resource</i></p> <p>V54 Spousal - Income &amp; Resource Contribution</p> <p>V55 Individual - Income &amp; Resource Contribution</p> <p><i>No Liability</i></p> <p>V60 Individual - No Liability Toward Cost of Care</p> <p>V61 Spousal - No Liability Toward Cost of Care</p> <p><i>Resource Only</i></p> <p>V62 Spousal - Resource Contribution Only</p> <p>V63 Individual - Resource Contribution Only</p> <p><i>Waiver Recipient</i></p> <p>V56 Spousal - Waiver Recipient, Income/Resource Contribution</p> <p>V57 Spousal - Waiver Recipient, Income Contribution Only</p> <p>V58 Spousal - Waiver Recipient, Resource Contribution Only</p> <p>V59 Spousal - Waiver Recipient, No Liability Toward Cost of Care</p>
<p><i>Aliens</i></p> <p>C22 Non-Immigrant/Undocumented Immigrant, Emer. Coverage Only</p> <p>S77 Non-Immigrant/Undocu. Immigrant, Emerg., Excess Income, 6 Mo. Spenddown Met</p> <p>S78 Non-Immigrant/Undocumented Immigrant, Emergency, Excess Resources, Spenddown Met</p> <p>S79 Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income &amp; Resources, Either Both Met or Resource and 6 Month Spenddown Met</p> <p><i>Transfers</i></p> <p>S68 Accept Limited Coverage Due to Transfer, Indiv. in Comm. Exc. Inc., Spenddown Not Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, or Over 65</p> <p>S69 Accept Limited Coverage Due to Transfer, Indiv. in Comm., No Excess</p> <p>S70 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer, No Excess</p> <p>S71 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Exc. Inc., Spenddown Met</p> <p>S72 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Resource and 6 Month Spenddown Met</p> <p>S73 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., Spenddown Met</p> <p>S74 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., 6 Month Spenddown Met</p> <p>S75 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Exc. Res., Spenddown Met</p> <p>S76 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Res., Spenddown Met</p>	<p><b>INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE - PREVIOUSLY PRIVATE PAY</b></p> <p><i>Income Only</i></p> <p>V64 Individual - Income Contribution Only</p> <p>V65 Spousal - Income Contribution Only</p> <p><i>Income/Resource</i></p> <p>V66 Spousal - Income and Resource Contribution</p> <p>V67 Individual - Income and Resource Contribution</p> <p><i>No Liability</i></p> <p>V72 Individual - No Liability Toward Cost of Care</p> <p>V73 Spousal - No Liability Toward Cost of Care</p> <p><i>Resource Only</i></p> <p>V74 Spousal - Resource Contribution</p> <p>V75 Individual - Resource Contribution</p> <p><i>Waiver Recipient</i></p> <p>V68 Spousal - Previously Waiver Recipient, Income &amp; Resource Contribution</p> <p>V69 Spousal - Previously Waiver Recipient, Income Contribution</p> <p>V70 Spousal - Previously Waiver Recipient, Resource Contribution</p> <p>V71 Spousal - Previously Waiver Recipient, No Liability Toward Cost of Care</p> <p><b>* Code Allowed for Open/Close Transaction, Also Allowed as an Opening/Reopening Code.</b></p> <p><b>** Where Noted, Reason Code is Also Valid for Case Type 22.</b></p>
<p><i>Home Equity Excess</i></p> <p>C30 Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, No Spenddown</p> <p>S91 Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, Excess Income, Spenddown Met</p> <p>X91 Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, Excess Income and/or Resources, 6 Month Spenddown Met</p>	<p style="text-align: center;"><b>DENIALS (03)</b></p> <p><b>FAILURE TO PROVIDE VERIFICATION</b></p> <p>E80 MA/FHP Failed to Provide Required Information about Non-Applying LRR, Inc. &amp;/or Res.</p> <p>F24 Failure to Provide Req. Info. about Income of Non-Applying LRR</p> <p>U20 Verification of Factors Which Affect Eligibility, did not State Unable to get Information</p> <p>U21 Verification of Factors Which Affect Eligibility, Unable to Get Info., But Not a Good Reason</p> <p>X23 MA/FHP, Failed to Provide Amount of Resource(s) at Application</p> <p><b>FAILURE TO CHOOSE A HEALTH PLAN FOR FHP</b></p> <p>X45 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP</p> <p>X46 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC</p> <p>X47 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent</p>

## WMSDATA-ENTERED CODES

<b>DENIALS (03) (Cont'd)</b>	
<b>EXCESS INCOME /RESOURCES(S/CC, FNP Parent)</b>	
U35	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC
U49	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent
<b>EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)</b>	
E55	Child 1-5, Excess Income
E56	Child 1-5, Excess Income & Excess Resources
E59	Pregnant Woman. Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown
E67	Child Up to Age One, (Mother Did Not Receive MA in Any Month of Her Pregnancy), Excess Inc., Spenddown Not Met
S88	Child 6-18, Deny MA Due to Exc Inc or Inc and Res, FPBP Ineligible Due to Exc Inc, Eligible but Declines, or Age Ineligible
U32	Excess Income, Age 65 and Older
U34	Deny MA Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
U40	Excess Resources, Age 65 and Older
U51	Transfer of Assets, Institutionalized Indiv., Exc. Res., Spenddown Not Met
U52	Transfer of Assets, Institutionalized Individual, Exc. Inc. and Res., Spenddown Not Met
U54	Transfer of Assets, Institutionalized Indiv. Exc. Inc., Spenddown Not Met
U59	Excess Income and Resources, Age 65 and Older
V85	FPBP Ineligible Due to Excess Income, No Application for MA/FHP
X10	Excess Income, Inpatient Hospital Bill, Does Not Meet 6 Month Excess
<b>EQUIVALENT HEALTH INSURANCE</b>	
V32	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent
V33	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC
V34	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP
<b>LIVING ARRANGEMENT</b>	
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
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>OTHER FAILURES</b>	
E09	Photo ID Refusal
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 through Employer
H16	Failed to Provide Medical Statement to Determine Disability/Incapacity, FNP or S/CC
U71	Failure to Comply with Alcohol/Substance Abuse Requirements
V10	Failure to Appear for Interview Appt. w/Agency
V13	Failure to Utilize Benefits and/or Resources
V14	Failure to Complete the Declaration of Citizenship/Immigration Status
V17	Incorrect or Fraudulent Social Security Number
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), Over Income or Other
X25	Deny MA Payment of Health Insurance Premiums
X50	Deny Payment of COBRA Continuation of Group Health Insurance Premiums
X52	Medicare Buy-In Program, QMB Ineligible
X53	Medicare Buy-In Program, SLIMB Ineligible
<b>MBI-WPD</b>	
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 Bills in Retro Period
U19	MBI-WPD Ineligible, Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Health Insurance
U60	MBI-WPD Ineligible, Not Currently Working, Ineligible for MA Due to Excess Income and/or Resources, FHP Ineligible Due to 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
U74	MBI-WPD Ineligible, Not Certified Disabled, MA/FHP Ineligible, FNP
<b>ALIENS</b>	
E06	Deny MA/FHP, Non-Immigrant/Undocumented Immigrant, No Medical Emergency
U63	Non-Immigrant/Undocumented Immigrant, 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.
F29	Entered State to Obtain Medical Care
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

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## WMSDATA-ENTERED CODES

UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)	
<b>MA ONLY U/M CODES</b>	S10 Change in Figures Used to Calculate Excess Inc. Amt.
088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Employment	S19 Continue Exc. Resources - Spenddown Met (BAE)
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	S19 Increase in Excess Income Amount (AAK)
092 SSI Recipient Not Yet on SDX-Determined Eligible for MA-SSI	S28 Spenddown to At or Below MA Level
093 SSI New Opening on SDX-Determined Eligible for MA-SSI	U32 Excess Income, Age 65 and Older
094 Medical Need-No Recent Change in Financial Circumstances	U33 Turning 19, Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Ins. or Public Employee, FPBP Ineligible due to Exc Inc or Eligible but Declines
<b>U/MACTION WITH NO CHANGE IN BENEFITS</b>	U40 Excess Resources, Age 65 or Older
903 CIN Unduplication (TT 05 Only) (Data-entered)	U58 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Health Insurance or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
Y61 No Longer IV-E Eligible	U59 Excess Income and Resources, Age 65 and Older
<b>FAILURE TO RECERTIFY</b>	U75 No Change in Excess Income Amount
F10 Discontinue MA/FHP Failed to Return Renewal Form	U85 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FP
F13 Discontinue Mother, MA/FHP Failed to Return Renewal Form, 60 Days Post-Partum, Infant Continues	U87 Spenddown to Family Health Plus, Chose a Plan
U14 Disc. FPBP, Failure to Return Renewal Form	U90 Turning 19, MA to FHP Due to Exc Inc and/or Res, Chose a Plan
<b>FAILURE TO PROVIDE VERIFICATION</b>	U95 Turning 65, FHP to MA with Exc Inc, Spenddown Not Met Over 19, MA to FPBP Due to Exc Inc, FHP Ineligible Due to Equivalent Insurance or Public Employee
E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.	V78 Over 19, MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Ins., or Public Employee, 60 Days Post-Partum, Infant Continues
F24 Failure to Provide Required Info. About Income of Non-Applying LRR	V79 FHP to FPBP Due to Exc Inc and/or Res, Equivalent Health Ins., Public Employee, or Over 65
U20 Discontinue MA/FHP/FPBP, Verification of Factors which Affect Eligibility, Did Not State Unable to Get Info.	V80 FHP to MA with Spenddown Due to Over Gross Inc, Chose Spenddown, Equivalent Health Insurance, or Public Employee, Spenddown Not Met, Under 65
U21 Discontinue MA/FHP/FPBP, Verification of Factors which Affect Eligibility, Unable to Get Info, But Not a Good Reason	V84 Over 19, Inelig. for Family Planning due to Exc. Income.
V17 Incorrect or Fraudulent Social Security Number	V86 FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, FP
X42 Disc. MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FP	V87 FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, S/CC
X43 Disc. MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, S/CC	V88 Family Planning to MA, S/CC
X44 Disc. MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FNP Parent	V89 Family Planning to MA, FP
<b>EXCESS INCOME (S/CC, FNP Parent)</b>	V90 Discontinue Family Planning, Eligible for FHP but Failed to Choose a Health Plan
U57 Discontinue MA Due to Exc. Inc. and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC	V93 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, FNP Parent
U86 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, S/CC	V94 Discontinue FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
U89 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FNP Parent	V95 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, FP
V77 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, S/CC	X76 Decrease in Excess Income Amount
X48 Disc. MA Due to Exc. Inc. and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent	X77 Decrease in Excess Income Due to COLA
X86 FHP to MA, S/CC	X80 MA to Spenddown Due to Exc Inc, FHP Ineligible Due to Exc Inc, Chose Spenddown, or Over 65
<b>EXCESS INCOME/RESOURCES (LIF, ADC-Rel, SSI-Rel)</b>	X81 MA to FHP Due to COLA, Chose a Plan
E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months	X83 Turning 65, FHP Discontinuance, Excess Income
F48 Child 10-18, FPBP to MA, Inc Now Below 100%	X84 Turning 65, FHP Discontinuance, Excess Resources
F82 Child 10-18, MA to FPBP	X85 Turning 65, FHP Discontinuance, Exc. Inc. and Resources
F83 Child 10-18, MA to FPBP Due to Exc Inc, Spenddown Not Met, 60 Days Post-Partum	X88 FHP to MA, FNP Parent, FP
S07 MA Level to Exc. Inc. Due to COLA, FHP Ineligible Due to Exc. Inc., Failed to Choose a Plan, Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65	<b>INCOME/RESOURCE RELATED POST-PARTUM</b>
S08 Increase in Exc. Inc. Due to COLA	S11 200% to 100% or MA Lev. During Pregnancy or 60 Day Post-Partum
	S25 Disc. Mother , Continue Infant, 60 Days Post-Partum, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines

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## WMSDATA-ENTERED CODES

<b>UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd)</b>	<b>TRANSITIONAL MEDICAL ASSISTANCE (TMA)</b>
<b>INCOME/RESOURCE RELATED POST-PARTUM (cont'd)</b>	C01 TMA All Reports, Did Not Send Requested Info.
S27 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, Continue Infant, Chose a Plan	C02 TMA No Earnings in 1 or More of 3 Prev. Months
U25 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, S/CC	C03 TMA Income Over 185%
U26 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, FP	C04 TMA End 12 Mo. - Send in 10 <sup>th</sup> Month
X15 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, 60 Days Post-Partum, No Infant, FP	E08 MA to TMA - 1 <sup>st</sup> 6 Months
X17 Discontinue Mother, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, 60 Days Post-Partum, No Infant, 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, Spenddown to Full Coverage	<b>HEALTH INSURANCE</b>
E44 Child Turning 6, Excess Income, Spenddown Not Met	C08 COBRA Continuation
E45 Child Turning 6, Excess Income/Resources, Spenddown Not Met	C09 QMB Continue Payment for Medicare
E49 Child Turning 1, Discontinue MA Due to Exc Inc, Spenddown Not Met	C10 SLIMB Continue Payment for Medicare
E55 Child 1-5, Exc Income, Spenddown Not Met	C23 Continue Payment of Medicare Part B, QI-1
E56 Child 1-5, Exc Inc and Res, Spenddown Not Met	E81 Discontinue QI-1 Coverage, Annual Fund Exhausted
E68 Child Turning 1 Year, Exc. Inc. and Res., Spenddown Not Met	S17 Change from SLIMB to QMB Coverage
U91 Child 6-18 Discontinue MA Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, Eligible but Declines or Age Ineligible	S18 Change from QMB to SLIMB Coverage
<b>EQUIVALENT HEALTH INSURANCE</b>	X14 No Longer Elig. For MA Payment of AHIP Premiums
V35 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent	X18 Discontinue Payment of Medicare Part B, QI-1
V36 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC	X25 Discontinue Payment of Health Insurance Premiums
V37 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP	X50 Discontinue Payment of COBRA Continuation GHIP
<b>LIVING ARRANGEMENT</b>	X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance.
E60 Unable to Locate	X52 Medicare Buy-In Program, QMB
E61 Not a Resident of District	X53 Medicare Buy-In Program, SLIMB
E62 Between 21-65, in a Psychiatric Institution	X70 Discontinue QI-1, Over Income
E63 Not a State Resident	<b>MBI-WPD</b>
E79 MA Not Provided in Current Living Arrangement	U11 MBI-WPD to Excess Income, Spenddown Not Met, Turning 65
E85 Moved Out of Household, No Forwarding Address	U12 MBI-WPD to Excess Income, Spenddown Not Met
U65 Not a Resident of District (MA Ext.)	U17 MBI-WPD to MA, Full Coverage
U77 Concurrent Benefits, Intra-State – No Aid Continuing	U18 Discontinue MBI-WPD, Due to Excess Income and/or Resources, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Insurance
U78 Concurrent Benefits, Inter-State – Aid Continuing	U27 Discontinue MBI-WPD, Turning 65, Excess Resource, Spenddown Not Met
<b>BREAST &amp; CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 &amp; 21)</b>	U28 Discontinue MBI-WPD, No Longer Working, Excess Resources, Spenddown Not Met, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Insurance or Public Employee
B78 Continue MA/BCCTP Unchanged	U30 MBI-WPD Ineligible Due to Non-Financial Reasons, to MA with Spenddown, Spenddown Not Met, FHP Ineligible Due to Exc. Inc., Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65
U24 Spenddown to BCCTP	U50 MA to MBI-WPD, Client Request
V83 BCCTP to Regular MA	U53 Spenddown to MBI-WPD Due to Excess Income and/or Resources, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Insurance
<b>OTHER FAILURES</b>	<b>ALIEN</b>
E09 Disc., Photo ID Refusal	C14 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant
F12 Failure to Apply for SSA	E02 Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency
F21 Failure to Comply with Finger Imaging Requirements	E03 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, Infant Continues
F40 Failure to Enroll in a Group Health Plan	<b>TRANSFER</b>
U71 Failure to Comply with Alcohol/Substance Abuse Requirements	S02 Transfer by Instit. Individ. Reduce from Full to Limited Cov.
V13 Failure to Utilize Benefits	S05 Change in Transfer Period - Instit. Individ.
V30 Failure to Comply with IV-D Requirements	S09 Instit. Individ. - Transfer - MA Lev. To Limit Cov. & Exc. Inc. - Spenddown Met
V31 Failure to Provide Social Security Number	U54 Transfer of Assets, Institutionalized Individual, Excess Income, Spenddown Not Met
V38 Failure to Contact Agency	U55 Transfer of Assets, Institutionalized Individual, Excess Resources, Spenddown Not Met
	U56 Transfer of Assets, Institutionalized Individual, Excess Income and Resources, Spenddown Not Met

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## WMSDATA-ENTERED CODES

<b>UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06) (cont'd)</b>	<b>OTHER (Cont'd)</b>
<b>HOME EQUITY EXCESS</b>	C12 Add FPBP Person(s) to MA Case
C31 Continue MA Unchanged, Institutionalized Individ., Home Equity Interest Exceeds Limit, No Undue Hardship, No Spenddown	C13 Infant up to Age 1 Guarantee, Continue Unchanged
S29 Continue MA Unchanged, Institutionalized Individ., Home Equity Exceeds Limit, No Undue Hardship, Spenddown Met, Exc. Inc. and Res. Spenddown Met, 6 Month Spenddown Met	C15 Continue FPBP Unchanged
<b>SHORT TERM REHABILITATION</b>	C16 Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support
S33 Accept, Short Term Rehabilitative Nursing Home Care (Undercare Only)	C20 Add Person(s) to FPBP Case
S34 Deny, Short Term Rehabilitative Nursing Home Care (Undercare Only)	E90 Client Request, MA/FHP/FPBP
<b>INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE</b>	E95 Death (Individual)
V52 Individual - Income Contribution Only	S06 Intent to Impose Lien on Real Property - Instit. Individ.
V53 Spousal - Income Contribution Only	S87 Continue MA Unchanged (Attestor or Current Documenter Failed to Verify)
V54 Spousal - Income/Resource Contribution	U37 FHP TO MA, Pregnant, MA Eligible Chose MA
V55 Individual - Income/Resource Contribution	U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP
V56 Spousal - Waiver Recipient Income/Resource Contribution	U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP
V57 Spousal - Waiver Recipient Income Contribution Only	U66 Currently in Receipt of Assistance
V58 Spousal - Waiver Recipient Resource Contribution Only	X23 Failed to Provide Amount of Resources at Renewal
V59 Spousal - Waiver Recipient No Liability Toward Cost	Y35 Suppress Printing of LDSS-3209 (Authorization) (Changes Limited to Off/Unit/Wrkr, Co-op Case #, Phone #)
V60 Individual - No Liability Toward Cost of Care	Y77 Undercare Case Maintenance
V61 Spousal - No Liability Toward Cost of Care	Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Employment
V62 Spousal - Resource Contribution Only	Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Loss of 30 1/3
V63 Individual - Resource Contribution Only	Y90 Discontinue - Agency/Client Error
<b>RECALCULATION OF CONTRIBUTION TOWARD CHRONIC CARE</b>	Y99 Other
V11 Recalculation of Contribution Toward Chronic Care-Single-COLA	<b>USED WITH INDIVIDUAL REASON CODE(S)</b>
V12 Recalculation of Contribution Toward Chronic Care-Spousal - COLA	I89 Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code
V40 Spousal - Income Contribution Only	<b>INFORMATIONAL LETTERS</b>
V41 Individual - Income Contribution Only	I90 Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 through T02
V42 Individual - Resource Contribution Only	<b>SPENDDOWN MET</b>
V43 Spousal - Resource Contribution Only	T01 Spenddown Met - Bills/Receipts or Combination Bills/Receipts and Pay-In
V44 Spousal - Income Contribution Remains The Same	T02 Spenddown Met - Pay-In Only
V45 Individual - Income Contribution Remains The Same	<b>MA TO FHP, MUST CHOOSE A PLAN</b>
V46 Spousal - Income/Resource Contribution	T03 MA to FHP, Must Choose Plan, FNP, S/CC
V47 Individual - Income/Resource Contribution	T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP
V48 Spousal - No Liability Toward Cost of Care	T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan
V49 Individual - No Liability Toward Cost of Care	<b>SOCIAL SECURITY INFORMATIONAL LETTERS</b>
V50 Individual - Exc. Res./Inc. Contribution Remains the Same	T06 SSN Failed Verification/Validation (Active Case)
V51 Spousal - Exc. Res./Inc. Contribution Remains the Same	T07 SSN Failed Verification/Validation (Application)
<b>PAY-IN</b>	<b>FAMILY PLANNING TO FHP, MUST CHOOSE A PLAN</b>
S15 Pay-In Credit Due to Uncovered Expenses	T09 Family Planning to Family Health Plus, FP, Must Choose a Plan
S16 Pay-In Refund Due to Uncovered Expenses	T10 Family Planning to Family Health Plus, S/CC, Must Choose a Plan
<b>CONTINUOUS COVERAGE</b>	<b>MBI-WPD to MA</b>
C17 Continuous Coverage	T11 MBI-WPD to MA, Turning 65
E64 Continuous Coverage - Moved Out of District	T12 MBI-WPD to MA, No Longer Working
E65 Disc., Elig. for Continuous Coverage, Moved Out of District, Accepted in New District	U29 MBI-WPD to MA Excess Income Spenddown not Met, No Longer Working
<b>NEWBORN/UNBORN</b>	<b>COMMUNITY COVERAGE</b>
E97 Newborn Added to Case in Error	C26 Community Coverage w/o LTC to Community Coverage w/Community Based LTC
E99 Newborn Deceased	C27 Community Coverage to All Covered Care and Services
<b>OTHER</b>	C60 Community Coverage without Community Based-LTC to All Covered Care and Services, FP
C05 Continue MA/Family Health Plus Unchanged	C61 Community Coverage without Community Based - LTC to All Covered Care and Services, S/CC
C06 Add Person to MA Case	
C07 Add Person to FHP Case	
C11 Stenson - Continue Unchanged	

## WMSDATA-ENTERED CODES

<b>UNDERCARE MAINTENANCE (05)/RECERTIFICATION(06) (Cont'd)</b>	<b>EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel) (Cont'd)</b>
<p><b>COMMUNITY COVERAGE (Cont'd)</b></p> <p>C62 Community Coverage with Community Based - LTC to All Covered Care and Services, S/CC</p> <p>S64 All Covered Care and Services to Community Coverage w/No LTC Due to Failure to Provide Documentation of Resources, No Spenddown</p> <p>S65 Continue MA Unchanged, Limited Benefit Package Due to Resource Documentation</p> <p>S86 Community Coverage w/Community Based LTC to Community Coverage w/No LTC, Failed to Provide Documentation of Resources at Renewal, No Spenddown</p>	<p>E56 Child 1-5, Exc Inc and Res, Spenddown Not Met</p> <p>E68 Child Turning 1, Exc Inc and Res, Spenddown Not Met</p> <p>U32 Exc Inc</p>
<b>CLOSING (07)/RECERTIFICATION CLOSING (08)</b>	<p><b>EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel) (Cont'd)</b></p>
<p><b>FAILURE TO RECERTIFY</b></p> <p>F10 Discontinue MA/FHP Failed to Return Renewal Form</p> <p>U14 Disc. FPBP, Failure to Return Renewal Form</p> <p><b>FAILURE TO PROVIDE VERIFICATION</b></p> <p>E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &amp;/or Res., Age 65 &amp; Older, CC</p> <p>F24 Failure to Provide Required Info. About Income of Non-Applying LRR</p> <p>S63 Discontinue MA/FHP Failure to Provide Information to Clear Up Discrepancy</p> <p>U20 Discontinue MA/FHP/FPBP, Due to Verification of Factors which Affect Eligibility, Did Not State Unable to Get Info.</p> <p>U21 Discontinue MA/FHP/FPBP, Due to Verification of Factors which Affect Eligibility, Unable to Get Info, But Not a Good Reason</p> <p>V17 Incorrect or Fraudulent Social Security Number</p> <p><b>FAILED TO CHOOSE A HEALTH PLAN FOR FHP</b></p> <p>X42 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP</p> <p>X43 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC</p> <p>X44 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent</p>	<p>U33 Turning 19, Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines</p> <p>U40 Exc Res, Age 65 and Older</p> <p>U54 Transfer of Assets, Institutionalized Indiv., Exc. Inc., Spenddown Not Met</p> <p>U55 Transfer of Assets, Institutionalized Indiv., Exc. Resources, Spenddown Not Met</p> <p>U56 Transfer of Assets, Institutionalized Indiv., Exc. Inc. &amp; Res. Spenddown Not Met</p> <p>U58 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP</p> <p>U59 Exc Inc and Res, Age 65 and Older</p> <p>U91 Child 6-18, Discontinue MA Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, Eligible but Declines or Age Ineligible</p> <p>V80 FHP to MA Excess Income SD Not Met, Under 65</p> <p>V94 Discontinue FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP</p> <p>X15 Discontinue Mother Excess Income or Income &amp; Resources, Post-Partum, FHP/FPBP Ineligible, No Infant, FP</p> <p>X83 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc</p> <p>X84 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Res</p> <p>X85 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc and Res</p>
<p><b>EXCESS INCOME (S/CC, FNP Parent)</b></p> <p>U57 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC</p> <p>U72 Excess Inc. Due to COLA, Single/Childless Couple</p> <p>X17 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc In and/or Res, FPBP Ineligible Due to Exc Inc, 60 Days Post-Partum, No Infant, S/CC</p> <p>X48 Discontinue MA due to Exc Inc and/or Res, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent</p>	<p><b>EQUIVALENT HEALTH INSURANCE</b></p> <p>V35 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent</p> <p>V36 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC</p> <p>V37 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP</p> <p>V39 Discontinue FHP Due to Equivalent Insurance or Public Emp.</p>
<p><b>EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)</b></p> <p>E22 Failed to Meet or Pay-In Excess Income for 3 Consec Months</p> <p>E44 Child Turning 6, Excess Income, Spenddown Not Met</p> <p>E45 Child Turning 6, Excess Income and Resources, Spenddown Not Met</p> <p>E47 Exc. Inc., Child Turning 6</p> <p>E48 Exc. Inc. and Res., Child Turning 6</p> <p>E49 Child Turning 1, Discontinue MA Due to Exc Inc, Spenddown Not Met</p> <p>E55 Child 1-5, Exc Income, Spenddown Not Met</p>	<p><b>LIVING ARRANGEMENT</b></p> <p>E60 Unable to Locate</p> <p>E61 Not a Resident of District</p> <p>E62 Between 21-65, In a Psychiatric Institution</p> <p>E63 Not a State Resident</p> <p>E79 MA Not Provided in Current Living Arrangement</p> <p>E85 Moved Out of Household, No Forwarding Address</p> <p>U65 Not a Resident of District (MA Ext.)</p> <p>U77 Concurrent Benefits, Intra-State – No Aid Continuing</p> <p>U78 Concurrent Benefits, Inter-State – Aid Continuing</p> <p><b>BREAST &amp; CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 &amp; 21)</b></p> <p>B73 Discontinue BCCTP - Client Request</p> <p>B74 Discontinue BCCTP - Failure to Recertify</p> <p>B75 Discontinue BCCTP - Other Health Insurance</p> <p>B76 Discontinue BCCTP - Moved Out-of-State</p> <p>B77 Discontinue BCCTP - Death</p> <p>V82 Discontinue BCCTP - Treatment Ended</p> <p>V83 Discontinue BCCTP to MA</p> <p><b>FAMILY PLANNING BENEFIT PROGRAM</b></p> <p>U91 Child 6-18, Dis MA Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, Eligible but Declines, or Age Ineligible</p>

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WMS DATA-ENTERED CODES

<p><b>QUALIFIED INDIVIDUALS (QI-1)</b>                  E81 QI-1, Annual Fund Exhausted                  X18 Discontinue MBI-WPD, Client Request                  X70 QI-1, Over Income</p> <p><b>OTHER FAILURES</b>                  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</p> <p>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                  X23 Failed to Provide Amount of Resources at Renewal</p> <p><b>SPOUSAL IMPOVERISHMENT</b>                  H10 Failure to Provide Res. Information, No Undue Hardship                  H11 Failure to Provide Resource Information, Undue Hardship                  X13 Exc. Res. for Institutionalized Spouse</p> <p><b>TRANSITIONAL MEDICAL ASSISTANCE (TMA)</b>                  H30 TMA Discontinue, No Dependent Child Under 21                  H31 TMA Discontinue, Fraud                  H32 TMA Discontinue, Receiving PA, MA Continues</p> <p><b>HEALTH INSURANCE</b>                  X14 No Longer Elig. For MA Payment of AHIP Premiums                  X25 Discontinue Payment of Health Insurance 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</p> <p><b>MBI-WPD</b>                  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 &amp; 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</p> <p><b>ALIENS</b>                  C14 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant                  E02 Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency</p> <p><b>CONTINUOUS COVERAGE</b>                  E65 Eligible for Continuous Coverage, Moved Out of District, Accepted in New District</p> <p><b>NEWBORN/UNBORN</b>                  E98 Newborn Case Opened in Error                  E99 Newborn Deceased</p> <p><b>OTHER</b>                  E90 Client Request, MA/FHP/FPBP                  E95 Death (Individual)                  U66 Currently in Receipt of Assistance                  Y90 Discontinue - Agency/Client Error                  Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)                  Y99 Disc., Other (Manual Notice Required)</p> <p><b>NO ELIGIBLE INDIVIDUAL</b>                  I 94 Used as Case Reason Code When ALL Case Members Have an Individual Reason Code</p>	<p><b>OMH/OMR ONLY</b>                  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</p> <hr/> <p style="text-align: center;"><b>REACTIVATION (11)</b></p> <hr/> <p>991 Fair Hearing - Aid to Continue                  992 Court Order to Enjoin Closing                  993 Closed in Error                  994 Cancel Closing</p>
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## WMSDATA-ENTERED CODES

B44	Deny MBI-WPD, Failed to Provide a Medical Statement	E06	Deny MA/FHP Non-Immigrant/Undocumented Immigrant, No Medical Emergency
B45	Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination	E08	MA to TMA 1 <sup>st</sup> 6 Months
B46	Deny MBI-WPD, Death Before Determination, No Medical Bills in Retro Period	E09	Photo ID Refusal
B70	Deny BCCTP - Not in Need of Treatment	E13	OMH/OMR Case Type 20 Disch. Into the Community, or Art. 28 or 31 Facility
B71	Deny BCCTP - Not a Resident of State	E14	OMH/OMR Case Type 22 Disch. Into Community, or Article 28 or 31 Facility
B72	Deny BCCTP - Other Health Insurance	E15	OMH Only, Lost Elig. Due to Turning Age 22 and In Psych. Center or Resid. Treatment Facility
B73	Discontinue BCCTP - Client Request	E18	Death Before Determination, No Medical Bills in Retro. Period
B74	Discontinue BCCTP - Failure to Recertify	E19	Death Before Determination, Insuff. Info. To Make a Determination
B75	Discontinue BCCTP - Other Health Insurance	E22	Failed to Meet or Pay-In Excess Income for 3 Consecutive Months
B76	Discontinue BCCTP - Moved Out-of-State	E23	Child 1-19, Spenddown to Full Coverage
B77	Discontinue BCCTP - Death	E44	Child Turning 6, Excess Income, Spenddown Not Met
B78	Continue MA/BCCTP Unchanged	E45	Child Turning 6, Excess Income and Resources, Spenddown Not Met
C01	TMA All Reports, Did Not Send Requested Info.	E49	Child Turning 1, Discontinue MA Due to Exc Inc, Spenddown Not Met
C02	TMA No Earnings in 1 or More of 3 Previous Months	E55	Child 1-5, Exc Income, Spenddown Not Met
C03	TMA Income Over 185%	E56	Child 1-5, Exc Inc and Res, Spenddown Not Met
C04	TMA End 12 Month Send in 10 <sup>th</sup> Month	E59	Pregnant Woman Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown
C05	Continue MA/Family Health Plus Unchanged	E60	Unable to Locate
C06	Add person to MA Case	E61	Not a Resident of District
C07	Add person to FHP Case	E62	Between 21-65 in Psychiatric Institution
C08	COBRA Continuation	E63	Not a State Resident
C09	QMB Continue Payment for Medicare	E64	Continuous Coverage - Moved Out of District
C10	SLIMB Continue Payment for Medicare	E65	Elig. for Continuous Coverage, Moved Out of District. Accepted in New District.
C11	Stenson - Continue Unchanged	E67	Child Up to Age One (Mother Did Not Receive MA in Any Month of Her Pregnancy), Excess Income, Spenddown Not Met
C12	Add FPBP Person(s) to MA Case	E68	Child Turning 1, Exc Inc and Res, Spenddown Not Met
C13	Infant up to Age 1 Guarantee, Continue Unchanged	E79	MA Not Provided in Current Living Arrangement
C14	Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant	E80	MA/FHP, Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.
C15	Continue FPBP Unchanged	E81	Discontinue QI-1, Annual Fund Exhausted
C16	Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support	E85	Moved Out of Household, No Forwarding Address
C17	Continuous Coverage	E90	Client Request, MA/FHP/FPBP
C19	Accept BCCTP	E95	Death (Single Person)
C20	Add Person(s) to FPBP Case	E97	Newborn Added to Case in Error
C21	Conditional Acceptance, COBRA Continuation	E98	Newborn Case Opened in Error
C22	Non-Immigrant/Undocumented Immigrant, Emergency Coverage Only	E99	Newborn Deceased
C23	Continue Payment of Medicare Part B, QI-1	F10	Discontinue MA/FHP Failed to Return Renewal Form
C24	Accept Community Coverage with Community Based LTC	F12	Failure to Apply for SS
C26	Community Coverage w/o LTC to Community Coverage w/ Community Based LTC	F13	Discontinue Mother, MA/FHP Failed to Return Renewal Form, 60 Days Post-Partum, Infant Continues
C27	Community Coverage to All Covered Care and Services	F14	Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program
C28	QI-1 Acceptance	F21	Failure to Comply with Finger Imaging Requirements
C30	Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, No Spenddown	F24	Failure to Provide Req. Info. about Income of Non-Applying LRR
C31	Continue MA Unchanged, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, No Spenddown	F27	Failure to Complete Interview
C40	Accept QMB	F29	Entered State to Obtain Medical Care
C41	Accept COBRA Continuation	F40	Failure to Enroll in a Group Health Plan through Employer
C42	Accept Pregnancy, 100%	F48	Child 10-18, FPBP to MA, Inc. Now Below 100%
C43	Accept FPBP, Waived Right to MA/FHP	F82	Child 10-18, MA to FPBP
C44	Accept SLIMB	F83	Child 10-18, MA to FPBP Due to Exc Inc, Spenddown Not Met, 60 Days Post-Partum
C50	All Covered Care and Services	H10	Spousal Impoverishment - Failure to Provide Resource
C60	Community Coverage without Community Based - LTC to All Covered Care and Services, FP	H11	Spousal Impoverishment - Failure to Provide Resource Information - No Undue Hardship
C61	Community Coverage without Community Based - LTC to All Covered Care and Services, S/CC		
C62	Community Coverage with Community Based LTC to All Covered Care and Services, S/CC		
E02	Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency		
E03	Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, Infant Continues		

## WMSDATA-ENTERED CODES

H15	Client Request	S63	Discontinue MA/FHP Failure to Provide Information to Clear Up Discrepancy
H16	Failed to Provide a Medical Statement to Determine Disability/Incapacity, FNP or S/CC	S64	All Covered Care and Services to Community Coverage with no LTC Due to Failure to Provide Documentation of Resources, No Spenddown
H30	TMA Discontinue - No Dependent Child Under 21	S65	Continue MA Unchanged, Limited Benefit Pkg. Due to Resource Documentation
H31	TMA Discontinue - Fraud	S66	Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, S/CC
H32	TMA Discontinue Receiving PA, MA Continues	S67	Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FNP Parent
I89	Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code	S68	Accept Limited Coverage Due to Transfer, Indiv. in Comm., Exc. Inc., Spenddown Not Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, or Over 65
I90	Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 or T02	S69	Accept Limited Coverage Due to Transfer Indiv. in Comm. No Excess
I94	Used as Case Reason Code When All Case Members have an Indiv. Reason Code	S70	Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer No Excess
S01	TMA did not Return Quarterly Report	S71	Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Excess Inc., Spenddown Met
S02	Transfer by Instit. Indiv. Reduce from Full to Limited Coverage	S72	Accept Instit. Indiv., Limited Coverage Due to Prohib. Transfer, Resource and 6 Month Spenddown Met
S05	Change in Transfer Period - Instit. Indiv.	S73	Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., Spenddown Met
S06	Intent to Impose Lien on Real Property - Instit. Indiv.	S74	Accept Limited Coverage Due to Transfer Indiv. in Comm. Excess Income, 6 Month Spenddown Met
S07	MA Level to Exc. Inc. Due to COLA, FHP Ineligible Due to Excess Income, Failed to Choose a Plan, Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65	S75	Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Exc. Res., Spenddown Met
S08	Increase in Exc. Inc. Due to COLA	S76	Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Res., Spenddown Met
S09	Instit. Indiv. - Transfer - MA Level To Limit Cov. & Exc. Inc. - Spenddown Met	S77	Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income, 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, Either Both Met or Resources and 6 Month Spenddown Met
S15	Pay-In Credit Due to Uncovered Expenses	S80	Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FP
S16	Pay-In Refund Due to Uncovered Expenses	S81	Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, 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, Continue Infant, 60 Days Post-Partum, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines	S86	Community Coverage w/Community Based LTC to Community Coverage w/No LTC, Failed to Provide Documentation of Resources at Renewal, No Spenddown
S27	MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, Continue Infant, Chose a Plan	S87	Continue MA Unchanged (Attestor or current Documenter Failed to Verify)
S28	Spenddown to At or Below MA Level	S88	Child 6-18, Deny MA Due to Exc Inc or Inc and Res, FPBP Eligible Due to Exc Inc, Eligible but Declines, or Age Ineligible
S29	Continue MA Unchanged, Institutionalized Individual, Home Equity Exceeds Limit, No Undue Hardship, Spenddown Met, Excess Income and Resources Spenddown Met, 6 Month Spenddown Met	S91	Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, Excess Income, Spenddown Met
S32	Accept MBI-WPD, No Premium Payment		
S33	Accept, Short-Term Rehabilitative Nursing Home Care (Undercare Only)		
S34	Deny, Short-Term Rehabilitative Nursing Home Care (Undercare Only)		
S35	Prenatal Care, Between 100% and 200%		
S37	Accept FHP, MA Ineligible Due to Exc Inc and/or Res, FNP Parent		
S38	Accept FHP, MA Ineligible Due to Exc Inc and/or Res, FP		
S39	Accept FHP-MA Ineligible Due to Exc Inc and/or Res.		
S57	Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, S/CC		
S58	Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, S/CC		
S59	Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FNP Parent		
S60	Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, FNP Parent		
S61	Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FP		

## WMSDATA-ENTERED CODES

T01	Spenddown Met - Bills/Receipts or Combination Bills/ Receipts and Pay-In	U50	MA to MBI-WPD, Client's Request
T02	Spenddown Met - Pay-In Only	U51	Denial, Transfer of Assets, Institutionalized Individual, Excess Resources, Spenddown Not Met
T03	MA to FHP, Must Choose Plan, FNP, S/CC	U52	Denial, Transfer of Assets, Institutionalized Individual, Excess Income & Resources, Spenddown Not Met
T04	MA to FHP Spenddown Eligible, Must Choose Plan, FP	U53	Spenddown to MBI-WPD
T05	MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan	U54	Transfer of Assets, Institutionalized Individual, Excess Income, Spenddown Not Met
T06	SSN Failed Verification/Validation (Active Case)	U55	Discontinue MA Due to Transfer of Assets, Institutionalized Indv., Exc. Res., Spenddown Not Met
T07	SSN Failed Verification/Validation (Application)	U56	Discontinue MA, Transfer of Assets, Institutionalized Indv., Exc. Inc. & Res., Spenddown Not Met
T09	Family Planning to Family Health Plus, FP, Must Choose a Plan	U57	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC
T10	Family Planning to Family Health Plus, S/CC, Must Choose a Plan	U58	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
T11	MBI-WPD to MA, Turning 65	U59	Excess Income and Resources, Age 65 and Older
T12	MBI-WPD to MA, No Longer Working	U60	Deny MBI-WPD Not Currently Working
U11	MBI-WPD to Excess Income, Spenddown Not Met, Turning 65	U62	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, FP
U12	MBI-WPD to Excess Income, Spenddown Not Met	U63	Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, FP
U14	Disc. FPBP, Failure to Return Renewal	U64	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, S/CC
U17	MBI-WPD to MA, Full Coverage	U65	Not a Resident of District (MA Extension)
U18	Disc. MBI-WPD Due to Excess Income and/or Resources, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Insurance	U66	Already in Receipt of Medicaid
U19	Deny MBI-WPD, Excess Income and/or Resources	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
U20	Discontinue MA/FHP/FPBP Due to Verification of Factors Which Affect Eligibility, Did Not State Unable to Get Info	U71	Failure to Comply with Alcohol/Subst. Abuse Requirements
U21	Discontinue MA/FHP/FPBP due to Verification of Factors Which Affect Eligibility, Unable to Get Info, But Not a Good Reason	U72	Excess Inc. Due to COLA, Single/Childless Couple
U24	Spenddown to BCCTP	U73	Deny Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC
U25	MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, S/CC	U74	MBI-WPD Ineligible, Not Certified Disabled, MA/FHP Ineligible, FNP
U26	MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, FP	U75	No Change in Exc. Inc. Amt.
U27	Disc. MBI-WPD, Turning 65, Excess Resources, Spenddown Not Met	U77	Concurrent Benefits, Intra-State - No Aid Continuing
U28	Disc. MBI-WPD, No Longer Working, Excess Resources, Spenddown Not Met, FHP Ineligible Due to Exc. Inc. and Res., Equivalent Health Insurance or Public Employee	U78	Concurrent Benefits, Inter-State - Aid Continuing
U30	MBI-WPD Ineligible Due to Non-Financial Reasons, to MA with Spenddown, Spenddown Not Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65	U79	Concurrent Benefits, Intra or Inter-State
U32	Excess Income, Age 65 and Older	U80	Qualified Individual (QI-1), Over Income or Other
U33	Turning 19, Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines	U84	Concurrent Benefits, AFIS Match, Intra-State or Inter-State
U34	Deny MA, Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP	U85	MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FP
U35	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC	U86	MA to FHP Due to Exc Inc and/or Res, Chose a Plan, S/CC
U37	FHP to MA, Pregnant, MA Eligible, Chose MA	U87	Spenddown to Family Health Plus, Chose a Plan
U38	Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP	U89	MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FNP Parent
U39	Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP	U90	Turning 19, MA to FHP Due to Exc Inc and/or Res, Chose a Plan
U40	Excess Resources, Age 65 and Older	U91	Child 6-18, Disc. MA Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, Eligible but Declines, or Age Ineligible
U49	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent	U95	Turning 65, FHP to MA with Exc Inc, Spenddown Not Met
		V10	Failure to Appear for Interview Appointment with Agency
		V11	Recalculation of Contribution Toward Chronic Care-Single-COLA
		V12	Recalculation of Contribution Toward Chronic Care-Spousal-COLA
		V13	Failure to Utilize Benefits and/or Resources

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## WMSDATA-ENTERED CODES

V14	Failure to Complete the Declaration of Citizenship/ Immigration Status	V78	Over 19, MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, 60 Days Post-Partum, Infant Continues
V17	Incorrect or Fraudulent Social Security Number	V79	FHP to FPBP Due to Exc Inc and/or Res, Equivalent Health Insurance, Public Employee, or Over 65
V30	Failure to Comply with IV-D Requirements	V80	FHP to MA with Spenddown Due to Over Gross Income, Chose Spenddown, Equivalent Health Insurance, or Public Employee, Spenddown Not Met, Under 65
V31	Failure to Provide Social Security Number	V81	Deny BCCTP - Failed to Complete Eligibility Process
V32	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent	V82	Discontinue BCCTP - Treatment Ended
V33	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC	V83	BCCTP to Regular MA, Discontinue BCCTP to MA
V34	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP	V84	Over 19, Inelig. for Family Planning due to Exc. Inc.
V35	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent	V85	FPBP Ineligible Due to Excess Income, No App. for MA/FHP
V36	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC	V86	FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, FP
V37	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP	V87	FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, S/CC
V38	Failure to Contact Agency	V88	Family Planning to MA, S/CC
V39	Discontinue FHP Due to Equivalent Insurance or Public Emp.	V89	Family Planning to MA, FP
V40	Spousal - Income Contribution Only	V90	Discontinue Family Planning, eligible for FHP but failed to Choose a Health Plan
V41	Individual - Income Contribution Only	V93	MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FNP Parent
V42	Individual - Resource Contribution Only	V94	Disc. FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
V43	Spousal - Resource Contribution Only	V95	MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FP
V44	Spousal - Income Contribution Remains The Same	X10	Excess Income, Inpatient Hospital Bill Does Not Meet 6 Month Excess
V45	Individual - Income Contribution Remains The Same	X13	Spousal Impoverishment - Excess Resources
V46	Spousal - Income/Resource Contribution	X14	No Longer Elig. For MA Payment of AHIP Premiums
V47	Individual - Income/Resource Contribution	X15	Discontinue Mother, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, 60 Day Post-Partum, No Infant, FP
V48	Spousal - No Liability Toward Cost of Care	X17	Discontinue Mother, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, 60 Days Post-Partum, No Infant, S/CC
V49	Individual - No Liability Toward Cost of Care	X18	Discontinue Payment of Medicare Part B, QI-1
V50	Individual - Exc Res/Income Contribution Remains the Same	X23	MA/FHP, Failed to Provide Amount of Resource(s) at App.
V51	Spousal - Exc Res/Income Contribution Remains the Same	X25	Discontinue/Deny Payment of Health Insurance Premiums
V52	Individual - Income Contribution Only	X26	Accept MA Payment of Health Insurance Premiums
V53	Spousal - Income Contribution Only	X42	Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP
V54	Spousal - Income/Resource Contribution	X43	Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC
V55	Individual - Income/Resource Contribution	X44	Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent
V56	Spousal - Waiver Recipient Income/Resource Contribution	X45	Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP
V57	Spousal - Waiver Recipient Income Contribution Only	X46	Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC
V58	Spousal - Waiver Recipient Resource Contribution Only	X47	Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent
V59	Spousal - Waiver Recipient No Liability Toward Cost	X48	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent
V60	Individual - No Liability Toward Cost of Care	X50	Discontinue Payment of COBRA Continuation of Group Health Insurance Premium
V61	Spousal - No Liability Toward Cost of Care	X51	Discontinue Payment of COBRA Continuation of Group Health Insurance Premium - Prior Conditional Acceptance
V62	Spousal - Resource Contribution Only		
V63	Individual - Resource Contribution Only		
V64	Individual - Income Contribution Only		
V65	Spousal - Income Contribution Only		
V66	Spousal - Income and Resource Contribution		
V67	Individual - Income and Resource Contribution		
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		
V72	Individual - No Liability Toward Cost of Care		
V73	Spousal - No Liability Toward Cost of Care		
V74	Spousal - Resource Contribution		
V75	Individual - Resource Contribution		
V76	Over 19, MA to FPBP Due to Exc Inc, FHP Ineligible Due to Equivalent Insurance or Public Employee		
V77	MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee,S/CC		



## WMS DATA-ENTERED CODES

X52 Medicare Buy-In Program, QMB Ineligible	088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment
X53 Medicare Buy-In Program, SLIMB Ineligible	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
X70 Discontinue QI-1, Over Income	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)
X76 Decrease in Excess Income Amount	091 Medical Bills Equal to or Greater than Excess Income
X77 Decrease in Excess Income Due to COLA	092 SSI Recipient Not Yet Appearing on SDX – Determined Eligible for MA-SSI
X80 MA to Spenddown Due to Exc Inc, FHP Ineligible Due to Exc Inc, Chose Spenddown, or Over 65	093 Determined Eligible for MA-SSI
X81 MA to FHP Due to COLA, Chose a Plan	094 Medical Need-No Recert Change in Financial Circumstances
X83 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc	588 MSP Conversion
X84 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Res	903 CIN Unduplication (Data-entered)
X85 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc and Res	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
X91 Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, Excess Income and/or Resources, 6 Month Spenddown Met	993 Closed in Error
Y35 Suppress Printing of LDSS-3209 (Authorization)	994 Cancel Closing
Y77 Undercare Case Maintenance	
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	
Y90 Discontinue - Agency/Client Error	
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	
005 Lay-Off, Discharge, or Other Reason	
020 Loss or Reduction in Support of Child Due to Death of Parent	
021 Divorce	
022 Separation	
023 Desertion	
024 Other (Hospital, Imprisoned)	
030 Loss of or Reduction in Support from Person Outside Home - ADC Father (Absent Throughout 6 Months Preceding Application)	
035 Death	
036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.)	
037 Illness, Injury or Impairment	
038 Lay-Off, Discharge, or Other Reason	
040 Loss of or Reduction in Support from Person Outside Home	
045 Loss of or Reduction in Other Income	
050 Other Material Change in Resources	
060 Change in State Law or Agency Policy	
065 Return of Recipient or Relative (Ill or Previously Institutionalized)	
066 Other Person	
070 Living Below Agency Standards	
075 Other	
080 FA, SN-FP	
081 PG-ADC, SN-CSH, SN-FNP	
082 Emergency Assistance to Families	

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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: Proof Provided in the SECOND Thirty-Days	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
A40	FS Approval: GHSB	02, 10
A42	FS Approval - NYSNIP: 1st Month Prorated; Applied BEFORE the 16th	02
A43	FS Approval - NYSNIP: 1st Month Prorated; Applied AFTER the 15th	02
A46	FS Approval: NYSNIP: Denied 1st Month, Eligible in Succeeding Months	02, 10
A47	FS Approval - NYSNIP: Moved to Another District	02
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

**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

**1****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

<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) (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

**1****OTHER CODE**

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

<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) (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 LN 1-5: DATE (MMDDYY) OF THE MISSING PAY STUBS OR DATE(S) OF THE WEEK(S) FOR WHICH VERIFICATION IS MISSING	07

**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

**1****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

**HEAP DENIAL/CLOSING CODES (CT 31 & 60)**

CODE	DEFINITION	TRANSACTION TYPE(S)
F01	HEAP Excess Income	03, 05, 07
F02	HEAP Previously Applied for/Automatic Payment Received	03, 05, 07
F03	HEAP Emergency Denial - Not Customer of Record	03, 05, 07
F04	HEAP Emergency Denial - Not Tenant of Record	03, 05, 07
F05	HEAP Application Not Complete or Signed	03, 05, 07
F06	Ineligible Alien	03, 05, 07
F07	Failure to Document Alien Status	03, 05, 07
F08	HEAP Application Received After HEAP Program Year Closing Date	03, 05, 07
G71	Refusal to Switch to a Participating Vendor (Oil Project Districts Only)	03, 05, 07
G72	Failure to Provide Documentation of Switch to a Participating Vendor (Oil Project Districts Only)	03, 05, 07
G73	Resources Available to Meet an Emergency	03, 05, 07
G74	Ineligible to Apply through the Mail	03, 05, 07
M03	Ineligible Living Situation for HEAP	03, 05, 07
M04	HEAP Emergency Denial	03, 05, 07
M06	Insufficient Information	03, 05, 07
Y99	Manual Notice (Not HEAP Only - Used in Multiple Case Notice Situations)	03, 05, 07

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

\*\* (CNS Only)

**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	05
B24	New Budget Authorized: October Allotment Increase	05
B25	New Budget Authorized: JAN COLA Adjustment	05
B27	New Budget Authorized: FS to NYSNIP	05
B28	New Budget Authorized: FS to NYSNIP Reduction	05
B29	New Budget Authorized: NYSNIP Rebudgeted	05
B80	New Budget Authorized: No Longer Qualified for 24-Month Certification Period	05
B81	New Budget Authorized: FS to GHSB (Same or Increase)	05
B82	New Budget Authorized: FS to GHSB (Reduction)	05
B83	New Budget Authorized: GHSB Re-budgeted	05
B84	New Budget Authorized: Return to "Regular" FS from GHSB	05
B85	New Budget Authorized: FS to GHSB (COLA) (Same or Increase)	05
B86	New Budget Authorized: FS to GHSB (COLA) (Reduction)	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
B91	Recertification Approval: GHSB Continues	06
B92	Recertification Approval: Return to "Regular" FS from GHSB	06
B93	Recertification Approval: FS to GHSB	06

**1****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
R39	Food Stamp Claim Compromise/Repayment Agreement Acknowledgement (Closed Cases for both NTA/FS and TA/FS Case Types)	00

<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)****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
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**

CODES	DEFINITION	TRANSACTION TYPE(S)
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
A21	Regular Grant - Vendor (System-Generated HEAP Auo-Pay Only)	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10

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

<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)	E10 Failure to Keep/Complete Interview: No Scheduled Appointment
A04 Food Stamps Declined (PA Case Types Only)	E28 Failure to Provide Information - Alien Sponsor
A05 FS Close - Non-PA Person in HH (TA Case Types Only)	E29 Failure to Provide Verification - Alien Sponsor
A30 FS Approval: Same Benefit Each Month	E30 Excess Income
A31 FS Approval: Two Different Benefit Amounts in Certification Period	E39 Excess Income - COLA
A32 FS Approval: 1st Month Prorate-Applied BEFORE the 16th	E40 Excess Income - Budgeting Error
A33 FS Approval: 1st Month Prorate-Applied AFTER the 15th	E46 Failure to Complete/Sign/Return NYSNIP 24-Mo. Interim Report
A34 FS Approval: Proof Provided in the SECOND Thirty-Days	E50 Failure to Return Periodic Report
A36 FS Approval: 1st Month Denied-Eligible in Succeeding Months-Same Benefit Each Month	E51 Failure to Complete Periodic Report - Questions
A38 FS Approval: Same Benefit Amount Each Month - Different Budget Dates	E52 Failure to Complete Periodic Report - Signature/Date
A39 FS Approval: NYSNIP	E53 Failure to Complete Periodic Report - Proof of Income
A40 FS Approval: GHSB	E54 Failure to Complete Periodic Report - Dated Early
A42 FS Approval - NYSNIP: 1st Month Prorated; Applied BEFORE the 16th	E61 Not a Resident of District
A43 FS Approval - NYSNIP: 1st Month Prorated; Applied AFTER the 15th	E63 Not a Resident of State
A46 FS Approval: NYSNIP; Denied 1st Month, Eligible in Succeeding Months	E65 Not a Resident of Disaster Area
A47 FS Approval - NYSNIP: Moved to Another District	E70 Ineligible Boarder
B10 PA OP/CL/CHG - FS Continue Unchanged (TA Case Types Only)	E71 In Commercial Boarding Home
B18 FS Separate Determination Opening: Certification Period Unchanged	E74 Elderly/Disabled Ineligible for Separate Household Status
B19 FS Separate Determination Opening: Certification Period Extended	E75 Refusal of Everyone in the Household to Apply
B20 New Budget Authorized	E76 Living with Child
B21 New Budget Authorized: Certification Period Extended	E77 Living with Parent
B22 New Budget Authorized: Decrease - 6 Month Reporting Process	E78 Living with Child's Other Parent
B23 New Budget Authorized: Return to "Regular" FS from NYSNIP	F17 Failure to Validate Incorrect SSN-HH=1
B24 New Budget Authorized: October Allotment Increase	F19 Refused to Cooperate with Quality Control
B25 New Budget Authorized: JAN COLA Adjustment	F36 Responsibility of Former District
B27 New Budget Authorized: FS to NYSNIP	F37 Excess Income: FS Disaster Area
B28 New Budget Authorized: FS to NYSNIP (Reduction)	F49 Excess Resources: FS Disaster Area
B29 New Budget Authorized: NYSNIP Re-budgeted	F65 Will Receive FS in PA Case
B30 Recert. Approval: Same Benefit Amount Each Month	F70 Parental Control of Child
B31 Recertification Approval: Two Different Benefit Amounts in Certification Period	F71 Child Under Parental Control
B32 Recert. Approval: First Month Budgeting Necessary	F96 Opened in Error - Excess Income
B33 Recertification Approval: Return to "Regular" FS from NYSNIP	G10 Failure to Recertify (TA Case Types Only)
B34 Recertification Approval: Certification Period Spans ALL And Allotment Remains the Same	G15 Expedited PA/FS Failure to Verify (TA Case Types Only)
B35 Recertification Approval: Same Benefit Amt. Each Month-2 Bgt. Calculations w/Different Bgt. Dates	G34 FS Change After TA Approval Determination or Provision of Pended Verification (TA Case Types Only)
B36 Recertification Approval: FS to NYSNIP	G35 FS Close After TA Approval Determination or Provision of Pended Verification (TA Case Types Only)
B38 Recertification Approval: NYSNIP	I92 No Eligible Individual (Individual R/C Required)
B80 New Budget Authorized: No Longer Qualified for 24-Month Certification Period	J05 Separate FS Will Be Sent (TA Case Types Only) (Auto TBA, If Eligible)
B81 New Budget Authorized: FS to GHSB (Same or Increase)	J06 Separate FS Notice Will Be Sent (TA Case Types Only) (Worker Completes TBA)
B82 New Budget Authorized: FS to GHSB (Reduction)	L02 PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (PA Case Types Only)
B83 New Budget Authorized: GHSB Re-budgeted	L05 FS Benefit Change - FS Co-Op Case Closed (TA Case Types Only)
B84 New Budget Authorized: Return to "Regular" FS from GHSB	L10 PA OP/CL/CHG - FS Continue Unchanged - Worker Name Included (TA Case Types Only)
B85 New Budget Authorized: FS to GHSB (COLA) (Same or Increase)	L11 PA OP/CL/CHG - FS Increase (TA Case Types Only)
B86 New Budget Authorized: FS to GHSB (COLA) (Reduction)	L12 PA OP/CL/CHG - FS Decrease (TA Case Types Only)
B91 Recertification Approval: GHSB Continues	L13 PA OP/CL/CHG - FS Increase - Worker Name Included (TA Case Types Only)
B92 Recertification Approval: Return to "Regular" FS from GHSB	L14 PA OP/CL/CHG - FS Decrease - Worker Name Included (TA Case Types Only)
B93 Recertification Approval: FS to GHSB	L19 Request for Contact - Six Month Reporters on TBA
	L92 Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 10%
	L94 Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 20%
	L99 Food Stamp Overpayment Balance Statement
	M20 Refusal to Provide Information (During Cert. Period)

1



## WMSDATA-ENTERED CODES

M24	Failure to Resolve a Computer Match	Z16	Continuing Your FS/MA (Call-In) - "On/At"
M25	Failure to Respond to a Computer Match Call-In	Z17	Continuing Your FS - Homebound - No Application Sent
M26	Failure to Provide Verification of Wage Match	Z18	Continuing Your FS - Group Recertification
M27	Failure to Provide Verification of UIB Match	Z19	Continuing Your FS (Call-In) PA/FS Mix "On/At"
M34	Excess Income - Including Striker's Income	Z75	Continuing Your FS: NYSNIP or A/D = A "On/At"
M62	Moved Out of District (DFR-TA Case Types Only)	Z90	Continuing Your FS - "On/At" w/Appointment Address Included
M66	Receiving FS in Another Case	Z91	Continuing Your FS - Group Recertification w/Appointment Address Included
M67	Part of Another FS Application	Z92	FS/MA - (Call-In) Concurrent Certification Period Appointment Address Included
M68	Added to Another Case	Z93	Continuing Your FS - PA/FS Mix w/Appointment Address Included
M88	Refusal To Comply with Finger Imaging Requirement	Z97	Missed FS Application Interview (Use App/Reg # to Prepare)
M90	Client Request - Written or Face-to-Face	Z98	Missed FS Recertification Interview
M91	Client Request - Phone	903	CIN Unduplication (Data-entered)
N10	Failure to Keep/Complete Appointment	960	Change of Address (No Change to Benefits)
N18	Failure to Validate Incorrect SSN - HH > 1	965	Authorize IV-D or HEAP Payment
N53	Failure to Complete Periodic Report - Partial Proof	966	Other Clockdown Closing Change
Q21	FS Expedited Approval: Pended Verification; Cert Period = 1 Month	991	Fair Hearing - Aid to Continue
Q22	FS Expedited Approval: Pended Verification; Cert Period > 2 Months	992	Court Order to Enjoin Closing
R11	PA Denial/Recert CL - FS Continue (TA Case Types Only)	993	Closed in Error
R12	PA Denial/Recert CL - FS Continue - Worker Name Included (TA Case Types Only)	994	Cancel Closing
R21	Agency Error Claim: Recoupment Begins	<b>1</b>	
R22	Inadvertent Household Error Claim: Recoupment Begins	<b>FS (TT = 02, 05, 06, 07, 08, 10) AND HEAP (TT = 02, 05, 07, 10)</b>	
R23	Intentional Program Violation Claim: Recoupment Begins	A10	Reg. Grant Only - Payment Sent to Fuel/Util. Supplier
R24	Agency Error Claim: Recoupment Pended	A11	Reg. Grant Only - EBT PA Cases
R25	Inadvertent Household Error Claim: Recoupment Pended	A12	Reg. Grant Only - EBT FS Cases
R26	Intentional Program Violation Claim: Recoupment Pended	A13	Reg. Grant Only - Check
R27	Agency Error Claim: Closed Cases	A14	Reg. Grant Only - No Funds Avail.
R28	Inadvertent Household Error Claim: Closed Cases	A15	Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier
R29	Intentional Program Violation Claim: Closed Cases	A16	Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier
R39	Food Stamp Claim Compromise/Repayment Agreement Acknowledgement (Closed Cases for NTA/FS and TA/FS Case Types)	A17	Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets
UI6	Excess Resources - No Elderly Individual Present (Individual R/C for Elderly Individual Not Present in HH Required)	A21	Regular Grant - Vendor ( <i>System-Generated - HEAP Auto-Pay Only</i> )
U40	Excess Resources	<b>HEAP DENIAL/CLOSING (CT 31 &amp; 60) (TT = 03, 05, 07)</b>	
U41	Transfer of Resources	F01	HEAP Excess Income (HEAP Only)
U44	Excess Resources - Alien Sponsor's Resources	F02	HEAP Previously Applied for/Automatic Payment Received (HEAP Only)
U45	Excess Resources - Increased Resources	F03	HEAP Emergency Denial - Not Customer of Record
U97	Opened in Error - Excess Resources	F04	HEAP Emergency Denial - Not Tenant of Record
V19	Food Stamp Request for Contact (TA Case Types Only)	F05	HEAP Application Not Complete or Signed (HEAP Only)
V21	Failure to Provide Verification	F06	Ineligible Alien (HEAP Only)
X01	Issue Restored FS Benefits	F07	Failure to Document Alien Status (HEAP Only)
X02	Restored FS Benefits Entirely Offset by FS Claim	F08	HEAP Application Received After HEAP Program Year Closing Date (HEAP Only)
X03	Restored FS Benefits Partially Offset by FS Claim	G71	Refusal to Switch to a Participating Vendor (Oil Project Districts Only)
X04	Restored FS Benefits Denied	G72	Failure to Provide Documentation of Switch to a Participating Vendor (Oil Project Districts Only)
X05	Issue Supplemental FS Benefits	G73	Resources Available to Meet an Emergency
Y10	Failure to Recertify (No Notice Required)	G74	Ineligible to Apply through the Mail
Y20	FS Benefit Not Changed (No New Budget) (PA Case Types Only)	M03	Ineligible Living Situation for HEAP
Y22	Case Demographic Change Only	M04	HEAP Emergency Denial (HEAP Only)
Y23	Case Opened with Expedited FS Only: Delayed Verification Received - No Notice Required	M06	Insufficient Information (HEAP Only)
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		
Z10	Continuing Your FS (Call-In) - "On/At"		
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"		

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

<b>Code</b>	<b>Definition</b>
R50	TA Work Requirements Determination
R60	Continue Vendor Payments - DATE 1: PRIOR CLOSING DATE
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
Z26	TA Mail-In Recertification
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****1****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

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

**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)

**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

1

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

# 1

<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.

# 1

<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-PA IN 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

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 J05, V19* X01-X05 A30-A35, A38, Q21, Q33, L92, L94</b>	<b>ALL R/C OTHER THAN CLOSE-ONLY NO R/C ALLOWED 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+ A05, J05, L05+, R27-R29</b>	<b>ALL R/C OTHER THAN CLOSE-ONLY 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 R24, R25, R26, Y20 X02, X04, Y20 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 generates FS r/c 943 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 L99, R27, R28, R29, Y20 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

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**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 - Both Aged and Disabled	54 Continuous Coverage - All Expanded Children Except Infants 0 Up to 1 (100% - 200% FPL)
12 Disabled – 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	
40 CAP - MA Only	

**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)
30 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) (1 <sup>st</sup> 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:	
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:

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)

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**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



<p>E72 Institutionalized  E95 Died  F15 Failure to Verify DOB  F20 Failure to Provide SSN  F21 Failure to Provide SSN  F22 Failure to Verify SSN  F30 Trafficking in FS Benefits of \$500 or More  F35 Fleeing Felons/Probation-Parole Violator  F60 Left Household  F63 In Prison  F72 Continue Voluntary Quit Sanction: Sanction Period Completed (HH=1) (Denial)  F73 Continue Voluntary Quit Sanction: Sanction Period Completed (HH&gt;1) (All Tx Types)  F77 Continue Employment Requirement Sanction: Sanction Period Completed (HH=1) (Denial)  F78 Continue Employment Requirement Sanction: Sanction Period Completed (HH&gt;1) (All Tx Types)  F85 Failure to Verify Alien Status  F86 Failure to Verify Alien Status (Denial/Recert-Closing)  F90 Ineligible Student  F91 Boarder  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&gt;1)(All Tx Types)  M73 Continue Employment Requirement Sanction (HH=1)(Denial)  M74 Continue Employment Requirement Sanction (HH&gt;1)(All Tx Types)  M75 Continue Multiple Benefit 10 Yr. Sanction (HH=1)(Denial)  M76 Continue Multiple Benefit 10 Yr. Sanction (HH&gt;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)</p>	3	<p>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)  N66 In Receipt of Concurrent Assistance: Non-AFIS Match (Interstate or Intrastate w/o Reliable Residence Determination)  N90 IPV: Traded FS for Firearms, Ammunition or Explosives  NF1 IPV: Purchased Illegal Drugs with FS (1<sup>st</sup> Occurrence) (Infraction Date After 9/20/96)  NF2 IPV: Purchased Illegal Drugs with FS (2<sup>nd</sup> Occurrence) (Infraction Date After 9/20/96)  NFA IPV: Purchased Illegal Drugs with FS (1<sup>st</sup> Occurrence) (Infraction Date Prior to 9/21/96)  WE1 Failure to Comply with Employment Requirement (1<sup>st</sup> Occurrence)  WE2 Failure to Comply with Employment Requirement (2<sup>nd</sup> Occurrence)  WE3 Failure to Comply with Employment Requirement (3<sup>rd</sup> Occurrence)  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)  Y99 Other – Manual Notice Required  903 CIN Unduplication (TT 05 Only) (Data-entered)</p>
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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
- 68 Qualified Alien Not MOE Eligible

3

*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)

**MEDICARE SAVINGS PLAN INDICATOR - MSPI**

- L Specified Low Income Medicare Beneficiary (SLIMB)
- P Qualified Medicare Beneficiary (QMB)
- U Qualified Individuals (QI1)

**3**

<b>AGE</b>	<b>PROCEDURAL</b>
<b>4</b>	
<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>+113 Individual Turning 19 Years</p> <p>+114 Individual Turning 20 Years</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>221 Significant Birthday</p> <p>+403 In Psych Institution Prior to 21<sup>st</sup> Birthday - Turning 22</p>	<p>207 Six Month Client Contact Due</p> <p>249 Annual Case Review</p> <p>250 Individual Due for Periodic CHAP Examination</p> <p>302 End of Authorization Period</p> <p>303 Expiration Date of Utility Guarantee Contract - Notification Required</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>335 Follow-up on Request for Verification</p> <p>+ 410 Initial 18 Month Foster Care Review by Court</p> <p>+ 411 Twenty-Four Month Foster Care Review by Court</p> <p>Z12 FS Call-In: SSI/Group Home</p> <p>Z13 FS Call-In: Homebound</p> <p>Z14 FS Call-In: Homebound (No Application Sent)</p> <p>Z26 TA Mail-In Recertification</p>
<b>ELIGIBILITY</b>	<b>OTHER</b>
<p><b>CASE COMPOSITION</b></p> <p>112 Individual Leaving Household</p> <p>201 Expected Date of Confinement</p> <p>402 Return or Addition of Individual to Case</p> <p><b>CATEGORICAL CLAIMING</b></p> <p>206 Begin Six Month of Pregnancy</p> <p>214 End of Three Month Extension of ADC Due to Ineligibility of Minor</p> <p>276 End of the 12 Month TMA (CAP)</p> <p>304 End of Incapacity</p> <p>305 End of Incapacity (180 Days)</p> <p>314 End of Sixth Month Temporary Hotel/Motel Status</p> <p>317 End of State-Federal Charge</p> <p>323 End of EAF Authorization (End of Emergency)</p> <p>331 End of State Charge Status for a Relative of an Institutionalized Veteran</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>405 Needy Person Not State Resident</p> <p>408 End Month After Month Client Moved Between Districts</p> <p>414 Re-evaluation of Disability</p> <p><b>EMPLOYABILITY</b></p> <p>275 End of Job Opportunity Development Program Involvement</p> <p>301 End of Approved Training Plan</p> <p>324 End-Up to Six Months Seeking Employment (Day Care Sub-Goal)</p> <p><b>FINANCIAL</b></p> <p>202 Begin Fourth Month of Pregnancy</p> <p>204 End of 30 and 1/3/\$30 Eligibility, Calculate New Budget</p> <p>208 End of Six Month Student Earned Income Disregard</p> <p>212 End of Child Care Extension</p> <p>213 End of Higher Shelter Rate - Rebudget Rental Supplement (E-HSR-RR)</p> <p>215 End of Mandatory Military Deduction for the G.I. Bill - Recalculate Budget</p> <p>230 End of Medicare Prescription Drug Discount/Credit</p> <p>306 End of Income from Educational Grant or Loan</p> <p>+307 End of Recoupment</p> <p>309 End of Resource Exception</p> <p>319 End of Wage Garnishment</p> <p>409 Receipt of Anticipated Income, as UIB, etc.</p> <p>412 End of Ninety Day Resource Spend Down Evaluation</p> <p>413 Date of Expected Availability of Resource</p>	<p>316 End of SSI Self-Support Plans</p> <p>318 End of Student Status</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 style="text-align: center;"><b>MA *</b></p> <p>210 End of One Year MA Coverage for the Newborn</p> <p>500 End of 90 Day to Transfer Resources 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>520 End of Emergency Shelter FP Eligibility</p> <p>+ 522 Expiration of MA 5 Year Ban</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 Ins.</p> <p>528 CHPlus or FHPlus Provides better benefits than Former Health Insurance</p> <p>529 MC/FHP Guarantee Ending; Authorize Family Planning Svcs.</p> <p>* Use Only as Instructed by NYSDOH Office of Medicaid Mgmt.</p> <p style="text-align: center;"><b>OMH/OMRDD</b></p> <p>404 Release from OMH or OMRDD Facility</p> <p>** 900 Widow Turning 50</p> <p>** 901 Widower Turning 50</p> <p>** 902 Widower Turning 60</p> <p>903 Committee/Conservator Accounting Due</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 - Individual 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>** Codes will be computer-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>

**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

**4**

+102 Individual Turning 3 (PA)/6(MA)	328 Follow-up on Referral (Other)
+103 Individual Turning 14 Years	331 End of State Charge Status for a Relative of an Instit. Veteran
+104 Individual Turning 16 Years	335 Follow-up on Request for Verification
+105 Individual Turning 18 Years	336 Review Exemption From Cash SNA Time Limit
+106 Individual Turning 21 Years	337 Review Exemption From FA Time Limit
+108 Widow Turning 60 Years	338 Review State Charge Code 63
+109 Individual Turning 62 Years	351 Refugees, Cuban/Haitian Entrants (CT 16, 17-MA-8 Mos.)
+110 Individual Turning 65 Years	401 End of Illness, 90 Days or Less
+111 Individual Turning 72 Years	402 Return or Addition of Individual to Case
112 Individual Leaving Household	+403 In Psych Institution Prior to 21 <sup>st</sup> Birthday – Turning 22
+113 Individual Turning 19	404 Release from OMH or OMRDD Facility
+114 Individual Turning 20	405 Needy Person Not State Resident
115 Important CAP Child Care Age	406 RSDI Disability Benefit for 24 Month Buy-In Eligibility
+116 Individual Turning 1 (CT = 11: CAP, 12, 16, 17, 20)	407 Sixty-First Day in Institution for Chronic Care Eligibility
+117 Individual Turning 13	408 End Month After Month Client Moved Between Districts
201 Expected Date of Confinement	409 Receipt of Anticipated Income, As UIB, etc.
202 Begin 4 <sup>th</sup> Month of Pregnancy	+410 Initial 18 Month Foster Care Review by Court
204 End of 30 + 1/3/\$30 Eligibility – Calculate New Budget	+411 Twenty-Four Month Foster Care Review by Court
206 Begin 6 <sup>th</sup> Month of Pregnancy	412 End of Ninety Day Resource Spend Down Evaluation
207 Six Month Client Contact Due	413 Date of Expected Availability of Resource
208 End of Six Month Student Earned Income Disregard	414 Re-Evaluation of Disability
209 End of Mandated Job Search Sanction	415 90 Days from Oral Report Date (Without Regard- Pre-Indicated Protective Determination)
*210 End of One Year MA Coverage for the Newborn	*500 End of 90 Days to Transfer Res. to Community Spouse
212 End of Child Care Extension	*501 Protective Services for Adults (PSA Client)
213 End of Higher Shelter Rate – Rebudget Rental Supplemental (E-HSR-RR)	*502 SGA Demonstration Project
214 End of Three Month Ext. of ADC Due to Inelig. of a Minor	*503 End of Automatic MA Extension
215 End of Mand. Military Deduct. for the G.I. Bill – Recalc Bgt	*504 Emergency Medical Care/Alien
216 Three Month Notice Due-Option to End Jobs Sanction	*505 End of Property Transfer Prohibition
217 End of Educ., Empl. or Training Program Sanction	*506 MA Special Project G
218 End of FS Sanction (IPV)	*507 MA Special Project H
219 End of Durational Drug/Alcohol Sanction	*508 MA Special Project I
220 End of IPV Disqualification	*520 End of Emergency Shelter FP Eligibility
221 Significant Birthday	+522 Expiration of MA 5 Year Ban
230 End of Medicare Prescription Drug Discount/Credit	523 Formerly Insured Person, No Longer Works for Employer
249 Annual Case Review	524 Employer Stopped Offering Health Insurance
250 Individual Due for Periodic CHAP Examination	525 Employer Stopped Offering Health Ins. for Dependents, but Continues Employee Coverage
275 End of Job Opportunity Development Program Involvement	526 Cost of Health Insurance No Longer Affordable
276 End of the 12 Month TMA (CAP)	527 CHPlus or FHPlus Less Costly than former Health Insur.
+277 End of IV-D Waiver	528 CHPlus or FHPlus Provides better benefits than former Health Insurance
+278 End of Employment Waiver	529 MC/FHP Guar. Ending; Authorize Family Planning Services
+279 End of Drug/Alcohol Waiver	**900 Widow Turning 50
+280 End of Other Waiver	**901 Widower Turning 50
301 End of Approved Training Plan	**902 Widower Turning 60
302 End of Authorization Period	903 Committee/Conservator Accounting Date
303 Exp. Date of Utility Guarantee Contract - Notif. Required	904 Food Stamp Recertification Due
304 End of Incapacity	905 End of Ninety Day OHC Authorization
305 End of Incapacity (180 Days)	906 SSA Increase Pending
306 End of Income from Education Grant or Loan	908 Open Enrollment for Medicare B
+307 End of Recoupment	909 Expected Medicare Eligibility – Indiv. in Disability Benefit Status for 24 Months
+308 End of POS Authorization – Other Than FC, DC, or HH	910 Spouse Turning 62
309 End of Resource Exception	911 Spouse Turning 65
310 End of Sanc., Parent Refusing to Sign Intrm Assst. Agrmnt.	912 Ninety Days Since Application Made for SSI Benefits
311 End of Sanc., Parent Refusing to Execute Interim Assst. Agrmnt. for Child	999 Other
312 End of Sanction, Parent Refusing to Pursue SSI Claim	Z12 FS Call-In: SSI/Group Home
313 End of Sanction for Reducing Earnings	Z13 FS Call-In: Homebound
314 End of Sixth Month Temporary Hotel/Motel Status	Z14 FS Call-In: Homebound (No Application Sent)
316 End of SSI Self-Support Plans	Z26 TA Mail-In Recertification
317 End of State-Federal Charge	
319 End of Wage Garnishment	
323 End of EAF Authorization (End of Emergency)	
324 End – Up to 6 Mnths. Seeking Empl. (Day-Care Sub-Goal)	
326 Follow-up on Alcohol/Drug Referral	
327 Follow-up on Application for SSN	

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\* Use Only As Instructed by NYSDOH Office of Medicaid Mgmt.

\*\* Codes will be system-generated for fiscal districts 97 and 98.

These codes can be manually entered for all districts.

+ Can be data-entered or system-generated.

**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

**THIRD PARTY HEALTH INSURANCE (TPHI) (SYSTEM-GENERATED)**

Y Other Health Insurance exists on TPL subsystem in eMedNY

**MEDICARE (MCR) (SYSTEM-GENERATED)**

Y Medicare Insurance exists on TPL subsystem in eMedNY

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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)**

- |  |   |
|--|---|
| <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 Savings Program Only</li> <li>10 All Services Except Long Term Care (Case Types 20 and 22 Only)</li> <li>11 Legal/Alien - Full Coverage</li> <li>*13 Presumptive Eligibility - Prenatal Care A</li> <li>*14 Presumptive Eligibility - Prenatal Care B</li> <li>*15 Perinatal Coverage</li> <li>16 HR Coverage</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> |
|--|---|
- \* (Case Type 20 Only)

**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> | 5 | <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
- P Purged

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.

Value P is system-filled via a weekly AFIS batch update interface. However, it can be overwritten by values 5-9 and A.



## 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 on following Pages)

**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	12 Previously Issued Emergency Card

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

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

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**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	

<b>CHILD ASSISTANCE PROGRAM (CAP)</b>		<b>GRANT (Cont'd)</b>	
K1	CAP Grant	69	Cash Grant Unrestricted
K3	CAP Support Reconciliation	70	Cash Replacement for Lost/Stolen or Mismanaged SSI Grant
		87	Cash Grant for Income Not Received
<b>CHILD CARE</b>		<b>HEAP</b>	
02	Legally Operating Center - Exempt from Licensing Requirements - Full Time	H0	Heating Equipment Repair/Replacement Estimates
03	Legally Operating Center - Exempt from Licensing Requirements - Part-Time	H1	Regular HEAP Benefit
30	Day Care in-Home Non-Relative (Full-Time)	H5	HEAP Emergency Benefit - Repair Heating Equipment
31	Day Care in-Home Non-Relative (Part-Time)	H6	HEAP Emergency Benefit - Shelter/Relocation
32	Day Care Family Home (Full-Time)	H7	HEAP Emergency Benefit - Replace Heating Equipment
33	Day Care Family Home (Part-Time)	H8	HEAP Emergency Benefit - Propane Tank Deposit
34	Day Care Group Family (Full-Time)	H9	HEAP Supplemental Benefit
36	Day Care Group Family (Part-Time)	J1	HEAP Emergency Benefit - Additional Benefit
37	Day Care Center (Full-Time)	J2	HEAP Reissue Benefit
38	Day Care Center (Part-Time)	04	HEAP Emergency Benefit - Non-Utility
R0	Day Care In-Home Relative - Full Time	16	HEAP Emergency Benefit - Domestic Heat-related Utility
R1	Day Care In-Home Relative - Part Time	17	HEAP Emergency Benefit - Utility
R2	Informal Child Care - Relative - Full Time		
R3	Informal Child Care - Relative - Part Time		
R4	Informal Child Care - Non Relative - Full Time		
R5	Informal Child Care - Non Relative - Part Time		
R6	School Age Child Care Program - Part Time		
R8	School Age Child Care Program - Full Time		
<b>EMERGENCIES</b>		<b>MEDICAL ASSISTANCE</b>	
A7	Refrigerator Rental Allowance for Homeless Family Temporarily Placed in a Hotel/Motel	A1	Transportation Billed Separately
C3	Payment for Services and Supplies Received Prior to EAA Application (EAA)	A2	Personal Care Services
C7	Transportation for Homeless Families	A3	Personal Care Services - Non-Family Planning
C9	Payment for Services to Cope with an Emergency	L1	Drug and Sickroom Supplies
F5	Diversion Payment (CT 11, 12, 19 Only)	L2	Prosthetic Appliances and Eye Glasses
F6	Diversion Rental Payment (CT 11, 12, 19 Only)	L3	Lab and Radiologist Services Billed Separately
52	Emergency Allowance to Forestall Eviction	L4	Health Insurance Continuation - 185% Poverty
57	Emergency Food Grant Allowance	L5	Health Insurance Continuation - 100% Poverty
60	Emergency Payment to Prevent Shut-Off or Restore Service	L6	Health Insurance Continuation - Expedited Payment
		M1	Hospital Services - Inpatient - Public
		M2	Hospital Services - Inpatient - Private
		M3	Hospital Services - Outpatient - Public
		M4	Hospital Services - Outpatient - Private
		M5	Skilled Nursing Home - Private
		M6	Skilled Nursing Home - Public
		M7	Health Related Facilities - Public - Mentally Retarded
		M8	Health Related Facilities - Public - Other
		M9	Health Related Facilities - Private - Mentally Retarded
		P1	Health Related Facilities - Private - Other
		P2	Free Standing Clinics
		P3	Physician's Services
		P4	Dental Services
		P5	Other Practitioner's Services
		P6	Child Caring Agencies Per Diem Costs
		P7	Home Health Aide's Services
		P8	Nursing Services In-Home
		P9	Care at Home
		19	Health Maintenance Organization Payment
		24	Health Insurance Premium
<b>FOOD STAMPS</b>		<b>MEALS</b>	
91	Expedited ATP	20	Dinner Allowance
92	Food Stamp Replacement	21	Lunch, Dinner Allowance
93	Single Issuance ATP (Not Expedited)	22	All Meals Allowance
94	FS Retroactive Benefits	35	Home Delivered Meals (PA Grant)
95	FS Restored Benefits	54	Restaurant Allowance - Dinner
96	FS Ongoing Benefits	55	Restaurant Allowance - Lunch and Dinner
97	Food Stamps Supplemental	56	Restaurant Allowance - All Meals
F2	Food Stamp Employment/Training Related Expenses		
F3	FSE & T Dependent Care Payment		
<b>GRANT</b>		<b>PURCHASE</b>	
A4	Grant Assistance to Guide Dogs	72	Living Room
C0	Replacement of Stolen Cash (EAA)	73	Bedroom with Single Bed
C1	Replacement of Lost/Mismanaged Cash (EAA)	74	Bedroom with Two Single Beds
E1	Grant to Essential Person (PA)	75	Bedroom with Double Bed
E4	Job Opportunity Diversion Payment (MA)	76	Kitchen (Excluding Appliances)
E6	Fuel for Heating Refund		
E9	Restricted PNA		
05	Case Recurring Grant		
06	Partial Allowance		
07	Underpayment Adjustment		
08	SES - In		
09	SES - Out		
18	Child Support Disregard		
42	Replacement of Lost/Stolen Cash Grant		

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<b>PURCHASE (Cont'd)</b>		<b>OTHER</b>	
77	Range	C4	Payment for Services and Supplies Received Prior to SSI Application (EAA)
78	Refrigerator	C5	Nutritional Requirements (EAA)
79	Bathroom	D1	IV-D Payment
84	Payment on Furniture	D2	Child Visitation Allowance
88	Cabinet for Linens	D3	Excess Current Support
89	Stove for Heating	D4	Excess Support Arrears
<b>REPAIRS</b>		D7	Transitional Services Payments (TANF Ineligible Due to Employment) (CT 11, 12, 19 Only)
41	Appliance Repair Cost Estimate	D9	Diversion Transportation Payment (CT 11, 12, 16, 17, 19 Only)
43	Heating Equipment - Repairs/Replacement	T5	TANF Services Block Grant/Flexible Funding
44	Cooking Stove - Repairs/Replacement	25	Life Insurance Premiums
45	Refrigerator - Repairs/Replacement	26	Chattel Mortgage
51	Cost of Repairs to Recipient Owned Home	29	Related Foster Care Expenses
98	Home Repair (PA)	39	Disaster Card Issuance
<b>SHELTER</b>		71	Other
A6	Approved Facility/Congregate Care Facility	81	Housekeeping
C2	Furniture Allowance for Establishment of a Home	82	Camp Fees (CT 11, 12 Only)
D8	Private Adult Care Institution	83	Red Cross
E3	Rental Supplement (RENT-SUP)	85	Burial
E5	Emergency Shelter Allowance	86	Transportation Expenses - Removal from State
G1	Shelter/R&B to Guardian (CT 17 Only)	90	Cost of Clothing
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		
<b>TRAINING</b>			
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		
<b>UTILITIES/FUEL</b>			
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		
58	Natural Gas		
59	Other Than Natural Gas		
63	Water Bills		

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

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38	Day Care Center (Part-Time)
39	Disaster Card Issuance
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 Unrestricted
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
92	Food Stamp Replacement
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)

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## 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 on following Pages)

**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	12 Previously Issued Emergency Card

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

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

6

**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	

<b>CHILD ASSISTANCE PROGRAM (CAP)</b>		<b>GRANT (Cont'd)</b>	
K1	CAP Grant	69	Cash Grant Unrestricted
K3	CAP Support Reconciliation	70	Cash Replacement for Lost/Stolen or Mismanaged SSI Grant
		87	Cash Grant for Income Not Received
<b>CHILD CARE</b>		<b>HEAP</b>	
02	Legally Operating Center - Exempt from Licensing Requirements - Full Time	H0	Heating Equipment Repair/Replacement Estimates
03	Legally Operating Center - Exempt from Licensing Requirements - Part-Time	H1	Regular HEAP Benefit
30	Day Care in-Home Non-Relative (Full-Time)	H5	HEAP Emergency Benefit - Repair Heating Equipment
31	Day Care in-Home Non-Relative (Part-Time)	H6	HEAP Emergency Benefit - Shelter/Relocation
32	Day Care Family Home (Full-Time)	H7	HEAP Emergency Benefit - Replace Heating Equipment
33	Day Care Family Home (Part-Time)	H8	HEAP Emergency Benefit - Propane Tank Deposit
34	Day Care Group Family (Full-Time)	H9	HEAP Supplemental Benefit
36	Day Care Group Family (Part-Time)	J1	HEAP Emergency Benefit - Additional Benefit
37	Day Care Center (Full-Time)	J2	HEAP Reissue Benefit
38	Day Care Center (Part-Time)	04	HEAP Emergency Benefit - Non-Utility
R0	Day Care In-Home Relative - Full Time	16	HEAP Emergency Benefit - Domestic Heat-related Utility
R1	Day Care In-Home Relative - Part Time	17	HEAP Emergency Benefit - Utility
R2	Informal Child Care - Relative - Full Time		
R3	Informal Child Care - Relative - Part Time	<b>MEDICAL ASSISTANCE</b>	
R4	Informal Child Care - Non Relative - Full Time	A1	Transportation Billed Separately
R5	Informal Child Care - Non Relative - Part Time	A2	Personal Care Services
R6	School Age Child Care Program - Part Time	A3	Personal Care Services - Non-Family Planning
R8	School Age Child Care Program - Full Time	L1	Drug and Sickroom Supplies
		L2	Prosthetic Appliances and Eye Glasses
		L3	Lab and Radiologist Services Billed Separately
		L4	Health Insurance Continuation - 185% Poverty
		L5	Health Insurance Continuation - 100% Poverty
		L6	Health Insurance Continuation - Expedited Payment
		M1	Hospital Services - Inpatient - Public
		M2	Hospital Services - Inpatient - Private
		M3	Hospital Services - Outpatient - Public
		M4	Hospital Services - Outpatient - Private
		M5	Skilled Nursing Home - Private
		M6	Skilled Nursing Home - Public
		M7	Health Related Facilities - Public - Mentally Retarded
		M8	Health Related Facilities - Public - Other
		M9	Health Related Facilities - Private - Mentally Retarded
		P1	Health Related Facilities - Private - Other
		P2	Free Standing Clinics
		P3	Physician's Services
		P4	Dental Services
		P5	Other Practitioner's Services
		P6	Child Caring Agencies Per Diem Costs
		P7	Home Health Aide's Services
		P8	Nursing Services In-Home
		P9	Care at Home
		19	Health Maintenance Organization Payment
		24	Health Insurance Premium
<b>EMERGENCIES</b>		<b>MEALS</b>	
A7	Refrigerator Rental Allowance for Homeless Family Temporarily Placed in a Hotel/Motel	20	Dinner Allowance
C3	Payment for Services and Supplies Received Prior to EAA Application (EAA)	21	Lunch, Dinner Allowance
C7	Transportation for Homeless Families	22	All Meals Allowance
C9	Payment for Services to Cope with an Emergency	35	Home Delivered Meals (PA Grant)
F5	Diversion Payment (CT 11, 12, 19 Only)	54	Restaurant Allowance - Dinner
F6	Diversion Rental Payment (CT 11, 12, 19 Only)	55	Restaurant Allowance - Lunch and Dinner
52	Emergency Allowance to Forestall Eviction	56	Restaurant Allowance - All Meals
57	Emergency Food Grant Allowance		
60	Emergency Payment to Prevent Shut-Off or Restore Service	<b>PURCHASE</b>	
<b>FOOD STAMPS</b>		72	Living Room
91	Expedited ATP	73	Bedroom with Single Bed
92	Food Stamp Replacement	74	Bedroom with Two Single Beds
93	Single Issuance ATP (Not Expedited)	75	Bedroom with Double Bed
94	FS Retroactive Benefits	76	Kitchen (Excluding Appliances)
95	FS Restored Benefits		
96	FS Ongoing Benefits		
97	Food Stamps Supplemental		
F2	Food Stamp Employment/Training Related Expenses		
F3	FSE & T Dependent Care Payment		
<b>GRANT</b>			
A4	Grant Assistance to Guide Dogs		
C0	Replacement of Stolen Cash (EAA)		
C1	Replacement of Lost/Mismanaged Cash (EAA)		
E1	Grant to Essential Person (PA)		
E4	Job Opportunity Diversion Payment (MA)		
E6	Fuel for Heating Refund		
E9	Restricted PNA		
05	Case Recurring Grant		
06	Partial Allowance		
07	Underpayment Adjustment		
08	SES - In		
09	SES - Out		
18	Child Support Disregard		
42	Replacement of Lost/Stolen Cash Grant		

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<b>PURCHASE (Cont'd)</b>		<b>OTHER</b>	
77	Range	C4	Payment for Services and Supplies Received Prior to SSI Application (EAA)
78	Refrigerator	C5	Nutritional Requirements (EAA)
79	Bathroom	D1	IV-D Payment
84	Payment on Furniture	D2	Child Visitation Allowance
88	Cabinet for Linens	D3	Excess Current Support
89	Stove for Heating	D4	Excess Support Arrears
<b>REPAIRS</b>		D7	Transitional Services Payments (TANF Ineligible Due to Employment) (CT 11, 12, 19 Only)
41	Appliance Repair Cost Estimate	D9	Diversion Transportation Payment (CT 11, 12, 16, 17, 19 Only)
43	Heating Equipment - Repairs/Replacement	T5	TANF Services Block Grant/Flexible Funding
44	Cooking Stove - Repairs/Replacement	25	Life Insurance Premiums
45	Refrigerator - Repairs/Replacement	26	Chattel Mortgage
51	Cost of Repairs to Recipient Owned Home	29	Related Foster Care Expenses
98	Home Repair (PA)	39	Disaster Card Issuance
<b>SHELTER</b>		71	Other
A6	Approved Facility/Congregate Care Facility	81	Housekeeping
C2	Furniture Allowance for Establishment of a Home	82	Camp Fees (CT 11, 12 Only)
D8	Private Adult Care Institution	83	Red Cross
E3	Rental Supplement (RENT-SUP)	85	Burial
E5	Emergency Shelter Allowance	86	Transportation Expenses - Removal from State
G1	Shelter/R&B to Guardian (CT 17 Only)	90	Cost of Clothing
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		
<b>TRAINING</b>			
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		
<b>UTILITIES/FUEL</b>			
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		
58	Natural Gas		
59	Other Than Natural Gas		
63	Water Bills		

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

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38	Day Care Center (Part-Time)
39	Disaster Card Issuance
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 Unrestricted
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
92	Food Stamp Replacement
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)

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**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
- 16 TEAP (The Employment Assistance Program Employer)
- 17 Essential Person
- 18 Job Opportunity Development Program Employer
- 67 Provider ID Number

**(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

**7****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 ABEL CODES

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

**RENTER'S BENEFIT RECEIVED (RECD)**

X \$50 (Tier I)  
 W \$40 (Tier II)

**VULNERABLE (VULNIND)**

Y Yes  
 N No

**HEAP CATEGORICAL INDICATOR (HP CAT 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	20 Emergency Rental Supplement Program (u)	02 Rent Public	22 Shelter for Victims of Domestic Violence (u)
03 Own Home	23 Undomiciled	04 Room & Board (u)	28 Congregate Care Level I (Rest of State)
05 Hotel Perm.	29 Congregate Care Level II (Rest of State)	06 Hotel Temp. (u)	33 Homeless Shelter Tier II - Less Than 3 Meals/Day
07 Migrant Camp	34 Homeless Shelter Tier II - 3 Meals/Day	09 Medical Facility (\$40 PNA only) (u) (Other Than Title XIX Facility)	35 Homeless Shelter Non-Tier I or Tier II - 3 Meals/Day
11 Room	36 Shelter for Homeless - Less Than 3 Meals/Day (u)	12 Non-Level II Alcohol Treatment Facility	37 Residential Program for Victims of Domestic Violence - Less Than 3 Meals/Day (u)
14 Public Home (u) (Other Than Title XIX Facility)	42 Congregate Care Level III - Enhanced Residential Care (NYC, Nassau, Suffolk, Westchester, Rockland)	15 Congregate Care Level I (NYC, Nassau, Suffolk, Westchester, Rockland)	44 Supportive/Specialized Housing
16 Congregate Care Level II (NYC, Nassau, Suffolk, Westchester, Rockland)	51 Congregate Care Level III - Enhanced Residential Care (Rest of State)	18 Foster Care (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 Deem to SSI-Related Child	2 Couple Living Alone or Living with Others
3 Deem Spouse to Spouse and SSI Related Child*	3 Family Care Level - Upstate (Dist 97/98 Only)	4 No Deeming	4 Family Care Level - New York City (Dist 97/98 Only)
	5 Individual - Temporarily Absent		6 Couple - At Least One of Whom is Temporarily Absent
* 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		

## WMS MBL CODES

<b>CONTRIBUTION CODES (CON)</b>		3	Contributing less than the Table of Support - adjudicated
1	Contributing the Table of Support Amount	4	Contributing less than the Table of Support - not adjudicated
2	Contributing more than the Table of Support	5	Refuses to Contribute
<b>LOCAL CODES (LOC)</b>			
01	Albany	21	Herkimer
02	Allegany	22	Jefferson
03	Broome	23	Lewis
04	Cattaraugus	24	Livingston
05	Cayuga	25	Madison
06	Chautauqua	26	Monroe
07	Chemung	27	Montgomery
08	Chenango	28	Nassau
09	Clinton	29	Niagara
10	Columbia	30	Oneida
11	Cortland	31	Onondaga
12	Delaware	32	Ontario
13	Dutchess	33	Orange
14	Erie	34	Orleans
15	Essex	35	Oswego
16	Franklin	36	Otsego
17	Fulton	37	Putnam
18	Genesee	38	Rensselaer
19	Greene	39	Rockland
20	Hamilton	40	St. Lawrence
		41	Saratoga
		42	Schenectady
		43	Schoharie
		44	Schuyler
		45	Seneca
		46	Steuben
		47	Suffolk
		48	Sullivan
		49	Tioga
		50	Tompkins
		51	Ulster
		52	Warren
		53	Washington
		54	Wayne
		55	Westchester
		56	Wyoming
		57	Yates
		66	New York City
<b>EARNED INCOME DISREGARD CODE (EID)</b>			
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		
<b>CATEGORICAL INDICATOR CODES (CTG, C)</b>			
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
<b>BOTTOM-LINE REASON CODES (REASON CD)</b>			
<i>Case Cannot be Budgeted Due to Family Composition</i>			
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		
<i>Case Cannot be Budgeted Due to System Limitation</i>			
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		
<i>Case Cannot be Budgeted Due to Litigation or Regulation Change</i>			
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		



## WMS MBL CODES

**BOTTOM-LINE REASON CODES (REASON CD) (Cont'd)***Other*

301 Four Month Extension

302 Special Eligibility

304 to 315 - Reserved for Future Expansion

\* *Budgeting now supported by MBL.***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

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

- 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
- 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
- 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

MA RESTRICTION/EXCEPTION SUBSYSTEM CODES	PRINCIPAL PROVIDER SUBSYSTEM CODES
<b>MA RESTRICTION/EXCEPTION RECORD SOURCE CODES (SYSTEM-GENERATED)</b> G System Generated Code E User Entered Record	<b>PRINCIPAL PROVIDER CODES</b> 00 No Principal Provider 01 Private - Skilled Nursing 02 Voluntary - Intermediate Care (VOICF) 03 Public - Skilled Nursing 04 State - Intermediate Care 05 OMRDD Developmental Center 06 OMH Psychiatric Center 07 Acute Hospital - Long Term Care 08 Hospital - Excess 10 Child Care Facility 12 OMR Small Residential Unit (SRU) 14 Personal Care Services 16 Assisted Living Program (ALP) DL Delete
<b>MA RESTRICTED/EXCEPTION STATUS FLAG CODES (SYSTEM-GENERATED)</b> 1 Active 2 Inactive	<b>PRINCIPAL PROVIDER PAYMENT EXCEPTION TYPE CODES (PA, MA)</b> 1 Per Diem Payments to Provider are Not Allowed 2 Per Diem Payments to Provider are Allowed
<b>MA RESTRICTION/EXCEPTION TYPE CODES</b> 02 Podiatry 03 Dental 04 Durable Medical Equipment 05 Pharmacy 06 Physician 08 Clinic 09 In-Patient Hospital 22 Medicare Part D - Good Cause 25 OMR - Sub-Chapter A Exception 30 LTHHCP Long Term Home Health Care Program 31 Community Alternative Systems Agency (CASA)-Community Based 32 CASA Individual in SNF/HRF 35 Case Management 38 UT Exempt 39 Aid Continuing 40 SNF - Expense Level 41 ICF-DD Expense Level 42 Hospital/SNF Expense Level 43 Hospital/ICF-DD Expense Level 44 Alternate Care Demo 46 OMRDD Home and Community Based Services (HCBS) Waiver (IRA, FC or at Home) 47 OMRDD Home and Community Based Services (HCBS) Waiver (CR and Subchapter A Day Treatment) 48 OMRDD Home and Community Based Services Waiver- (HCBS), (CR and Subchapter A Day Treatment) 49 IRA RES Hab Consumer 50 Prenatal Connect 51 Connect 55 MCC Pharmacy 56 MCC Physician 58 MCC Clinic 59 MCC Hospital 62 Care at Home (CAH I) 63 CAH II 64 CAH III 65 CAH IV 66 CAH V 67 CAH VI 68 CAH VII 69 CAH VIII 70 CAH IX 71 CAH X 81 (TBI) Traumatic Brain Injury 83 Alcohol and Substance Abuse ASA (Project in Progress) 90 Managed Care Excluded 91 Managed Care Exempt 92 DOH Exempt 94 OMH Exempt 95 OMRDD Waivered Services Look Alikes 96 (SPM) Seriously and Persistently Mentally Ill Adults and (SED) Seriously Emotionally Disturbed Children	<b>RFI - RESOLUTION CODES</b> 1 No Action Needed - App. Denied or Withdrawn or Case Closed 2 Current Case Data is Correct 3 Case Rebudgeted Due to CINTRAK Data 4 Application Denied or Withdrawn Due to CINTRAK Data 5 Case Closed - Failed to Respond 6 Case Closed - Financially or Categorically Ineligible 7 No Case Change - Referral for Investigation 8 Client and Matched Individual Not the Same Person 9 SSA Validation Data Acknowledged X Emergency Processing Required
	<b>PREPAID CAPITATION PLAN SUBSYSTEM CODES</b> Benefits Package - User Entered in Concert with Provider ID & County Code # <i>Prepaid Capitation Plan Capitation Code</i> 3 Individual Enrollee 0 End of Capitation <b>PCP Enrollment/Disenrollment Reason Codes</b> <i>Enrollment</i> 01 Enrollment Override 02 Voluntary Enrollment (all input methods) 03 Mandatory Enrollment via Auto Assign 07 Automated Enrollment of a Newborn <i>Disenrollment</i> 59 Lost FHP Eligibility 65 Plan Termination 66 Retro-Active Disenrollment (plan must void claims subsequent to disenrollment date) 85 Death 86 Client Request 93 Client or LDSS Initiated/Excluded or Exempt 95 Lost Medicaid Eligibility 97 Moved Out of Plan's Service Area
	<b>DOMESTIC VIOLENCE SUBSYSTEM CODES</b> ASSESSMENT STATUS WAIVER STATUS C - Credible A - Approved D - Client Declination D - Denied F - Failure to Show P - Partially Approved N - Not Credible R - Requested P - Pending

**WMS SUBSYSTEM CODES**

**DOMESTIC VIOLENCE SUBSYSTEM CODES (cont'd)**

**DENIAL REASONS**

C – Fraudulent Claim

D – Failure to Provide Doc.

F – Failure to Show

N – Not Credible

O – Other

P – No Program Require.

R – Client Request

T – No Threat of Danger



## WMS SYSTEM-GENERATED CODES

MA DISCONTINUANCE		SOCIAL SECURITY NUMBER CODES (PA, MA, FS, HEAP)	
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)
<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.		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)

## 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, HEAP CODES****RESOURCE LINE NUMBERS**

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

**RESOURCE CODES****PA RESOURCE CODES****CODE DEFINITION**

01 Cash on Hand  
 02 Bank Account  
 03 Stocks, Bonds, Securities  
 04 Promissory Notes  
 05 Mortgages  
 06 Trust Fund  
 09 Burial Reserve  
 22 Vehicle  
 86 Income Tax Refunds  
 87 Non-Exempt Real Property  
 88 Cash Value of Life Insurance  
 99 Other Resources

**FS RESOURCE CODES****CODE DEFINITION**

01 Cash on Hand  
 02 Bank Accounts  
 03 Stocks, Bonds, Securities  
 06 Trust Fund  
 22 Vehicle  
 87 Non-Exempt Real Property  
 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



**DELETED PA, MA, FS, HEAP CODES****Deleted with October 23, 2006 WMS Migration:**

The following MA Reason Code:

U47 - MBI-WPD Ineligible, Less Than 16 or 65 Years or Over, Ineligible for MA Due to Excess Income and/or Resources

The following MA Restriction/Exception Type Codes:

45 - Hospital/Home Demo

53 - HR Underserved

82 - Cash and Counseling

**Deleted with July 31, 2006 Migration:**

The following MA Reason Codes:

B42 - Discontinue MBI-WPD, Client Request

B43 - Deny/Disc. MBI-WPD, Not a State Resident

C25 - Child 6-18, Previously Eligible at 133%, Now Over 100%, Referred to CHP B

S19 - Child Turning 1, at 200%, Over 133% & MA Level, Excess Income, Spenddown Not Met (ECB)

S19 - Child 1-5, at 133%, Excess Income to Spenddown Not Met (FAB)

S19 - Child Turning 6, Over 100% MA to Excess Income, Spenddown Not Met (FDB)

S19 - Child 6-18, MA to Spenddown, Excess Income, Spenddown Not Met (GAB)

S31 - MA to Excess Income, Spenddown Not Met - After 60 Days Post-partum - Not FHP Eligible

U29 - MBI-WPD to MA, No Longer Working, Excess Income, Spenddown Not Met, FHP Chose Spenddown or Equivalent Insurance

U46 - Discontinue MBI-WPD, Currently in Receipt of Assistance

The following Associated Name and Address Codes:

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

The following Liquid Resource Codes:

91 - Resources Above MA Level/Determination FHP

**Deleted with March 27, 2006 WMS Migration:**

MA Anticipated Future Action (AFA) Code '509 - Evacuee'