

WMS DATA-ENTERED CODES

<p>QUARTERLY REPORTING CODES - PA/FS QRTL CNTCT (PA, FS)(cont'd)</p> <p>Income form LRR (Legally Responsible Relative)(PA Only) L Quarterly Reporting Required/Employed - On-Call</p>
<p>IV-D INDICATOR - IV-D Ind.</p> <p>Y IV-D Case (PA) N Not a IV-D Case (CT 11, 12 Only) X IV-D Case to be Excluded From IV-D Monthly Mass Authorization (PA)</p>
<p>SPECIAL PROGRAM CODE - Sp - Code</p> <p>C CAP R Refugee Cash Assistance (RCA)</p>
<p>HEAP INCOME LEVEL CODE - HEAP Income (HEAP, PA, FS)</p> <p>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%</p>
<p>MA EXTENSION REASON CODES (See MA Reason Codes Pages 12-19 for Definitions of Codes) OPENING - 088, 089, 090, 093 (700 and 710 are System- Generated: See Page I)</p>

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ALL DENIALS (03) (FOR EAF CASES ONLY)	OPENING (02)/REOPENING (10)/OPEN-CLOSE (09) (Cont'd)
<p>FINANCIAL ELIGIBILITY NOT MET</p> <p>201 Excess Income</p> <p>205 Excess Resources (Includes Lump Sum Payments)</p> <p>NON-FINANCIAL PROCEDURAL REQUIREMENTS</p> <p>215 Not deprived of support or care</p> <p>220 Undocumented alien</p> <p>225 Nonresident</p> <p>230 Recovery, Lien assignment</p> <p>235 Relative responsible</p> <p>249 Refuses to Comply with Drug/Alcohol Treatment Requirement</p> <p>257 Failure to comply with JOB Ready Evaluation</p> <p>258 Failure to conduct mandatory Job Search</p> <p>259 Refusal to participate in Education, Employment or Training Program</p> <p>260 Other procedural requirement</p> <p>265 Unable to locate</p> <p>270 Moved out of district</p> <p>275 Death before determination</p> <p>280 Referred to another agency or program</p> <p>285 Other</p>	<p>050 Other material change in resources</p> <p>NO MATERIAL CHANGE IN INCOME OR RESOURCES</p> <p>060 Change in state law or agency policy</p> <p><i>Increased need because of:</i></p> <p>065 Return of recipient or relative (ill or previously institutionalized)</p> <p>066 Other reason</p> <p>070 Living below agency standards</p> <p>075 Other (non-material change in income or resources)</p> <p>076 Authorized IV-D Payment</p> <p>CHILD ASSISTANCE PROGRAM (CAP)</p> <p>079 Child Assistance Program</p> <p>TRANSFERRED FROM OTHER PROGRAM</p> <p>080 Transferred from FA, SN-FP</p> <p>081 Transferred from PG-ADC, SN-CSH, SN-FNP</p> <p>082 Transferred from EAF</p>
<p>OPENING (02)/REOPENING (10)/OPEN-CLOSE (09)</p>	<p>UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)</p>
<p>MATERIAL CHANGE IN INCOME OR RESOURCES <i>Loss of or reduction in earnings of recipient (or FA, SN-FP Grantee) as a result of:</i></p> <p>002 Illness, injury, or other impairment or recipient (CT 14, 16, 17, 19)</p> <p>005 Lay-off, discharge, or other reason (CT 16, 17, 19) <i>Illness, injury, or other impairment of (FA, SN-FP Only):</i></p> <p>010 Father</p> <p>011 Mother</p> <p>012 Other Grantee</p> <p><i>Lay-off, discharge, or other reason (FA, SN-FP Only):</i></p> <p>015 Father</p> <p>016 Mother</p> <p>017 Other Grantee</p> <p>020 Loss of or reduction in support of child due to death of parent</p> <p><i>Leaving home by parent and stopping or reducing support for reason of:</i></p> <p>021 Divorce</p> <p>022 Separation</p> <p>023 Desertion</p> <p>024 Other (hospital, imprisoned)</p> <p><i>Loss of or reduction in support from person outside home (FA, SN-FP Only):</i></p> <p>030 Father (absent throughout 6 months preceding application)</p> <p><i>Loss of or reduction in support from other person in home as a result of:</i></p> <p>035 Death</p> <p>036 Leaving home and stopping or reducing support (hospitalized, etc.)</p> <p>037 Illness, injury, or other impairment</p> <p>038 Lay-off, discharge, or other reason</p> <p>040 Loss or reduction in support from person outside home</p> <p>045 Loss of or reduction in other income</p>	<p>U/M ACTIONS WITH NO CHANGE IN BENEFITS</p> <p>960 Change of address</p> <p>TRANSFERRED FROM OTHER PROGRAM</p> <p>978 Transferred from FA, SN-FP to CAP</p> <p>984 Transferred from CAP</p> <p>OTHER UNDERCARE MAINTENANCE ACTIONS</p> <p>965 Authorize IV-D, HEAP or Other Supportive Payment</p> <p>966 Other Clockdown Closing Change</p> <p>994 Cancel Closing</p> <p>CLOSING (07)/RECERTIFICATION CLOSING (08) (FOR EAF CASES ONLY)</p> <p>101 Death</p> <p>MATERIAL CHANGE IN INCOME OR RESOURCES</p> <p>Employment or increased earnings of person in home:</p> <p>105 Father (CT 11, 12) 108 Recipient (CT 16, 17)</p> <p>106 Mother (CT 11, 12) 109 Other Person</p> <p>107 Child (CT 11, 12)</p> <p><i>Receipt of or increase in support as a result of:</i></p> <p>115 Absent parent's return (CT 11, 12)</p> <p>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></p> <p>120 Absent Father (CT 11, 12)</p> <p>121 Other Person</p> <p><i>Receipt of or increase in benefits of persons under:</i></p> <p>125 Governmental program: OASDI</p> <p>126 Other Federal</p> <p>127 State or Local: Unemployment Insurance</p> <p>128 Non-governmental program</p> <p>130 Other material change in income or resources (Includes Lump Sum Payments)</p>

<p>CLOSING (07)/RECERTIFICATION CLOSING (08) (FOR EAF CASES ONLY) (Cont'd)</p>	
<p>NO MATERIAL CHANGE IN INCOME OR RESOURCES 135 Decreased need for other requirement(s)</p> <p>NO LONGER MEETS ELIG. REQ. OTHER THAN NEED (If two or more reasons apply, report the one occurring first.) (If the occurrences were simultaneous, report reason appearing first on list)</p> <p>139 Increased hours (SN-FP Only) 140 Change in State Law or agency policy other than need</p> <p><i>Refusal to comply with eligibility requirement:</i> 149 Refused to Comply With Drug/Alcohol Treatment Requirement 150 Recovery, lien and/or assignment provisions 151 Relative responsibility provisions (including notice to law enforcement officials) 158 Refusal to Conduct Mandatory Job Search 159 Refusal to participate in Education, Employment or Training Program 160 No longer incapacitated (FA, SN-FP parent) 165 FA, SN-FP parent returned 170 No eligible child in home 171 Admitted to public institution 172 Admitted to private institution 175 Client's Request 176 Client's Request - Earned Income (PA Only) 177 No contact 179 Other (Including moved out of district)</p>	<h1>1</h1>
<p>TRANSFERRED TO ANOTHER PROGRAM NOTE: Transfers have priority over and supercede all other codes.</p> <p>180 FA, SN-FP 181 PG-ADC, SN-CSH, SN-FNP 182 EAF</p>	
<p style="text-align: center;">REACTIVATION (11) (PA and FS)</p>	
<p>991 Fair Hearing - Aid to Continue 992 Court Order to Enjoin Closing 993 Closed in Error 994 Cancel Closing</p>	
<p style="text-align: center;">ADC-FC ONLY REASON CODES</p>	
<p>CLOSINGS ONLY 096 ADC-FC Closing ALL TRANSACTIONS (Except Reactivation) 097 Division of Youth-Custody 098 Department of Social Services-Custody</p>	
<p style="text-align: center;">CLOSED CASE MAINTENANCE (14) (PA and FS)</p>	
<p>960 Change of Address (No Change to Benefits) 965 Authorize IV-D, HEAP or Other Supportive Payment 966 Other Clockdown Closing Change E10 Failure to Keep/Complete Interview, No Scheduled Appointment N10 Failure to Keep/Complete Appointment M20 Refusal to Provide Information (During Certification Period) Y20 PA Benefit Not Changed (No New Budget) (CT 11, 12, 16, 17 Only)</p>	

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

FAILURE TO PROVIDE VERIFICATION

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

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INCOME RELATED

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

RESOURCES

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

LIVINGARRANGEMENTS

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

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

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

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
F81	Refused Photo ID - Single Individual	03, 07, 08
M15	Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 16, 17) - NAME OF THE INDIVIDUAL WHO REFUSED TO SIGN THE AGREEMENT.	03, 07, 08
M24	Failure to Resolve a Computer Match	07, 08
M25	Failure to Respond to a Computer Match Call-In - NAME 1: TYPE OF COMPUTER MATCH. - NAME 2: NAME OF INDIVIDUAL WHO IS THE SUBJECT OF THE COMPUTER MATCH.	03, 07, 08
M88	Failure to Comply with Finger Imaging Requirement - Legally Responsible Relative (HH > 1) - LN 1-5: NAME(S) OF INDIVIDUAL(S) FAILING TO COMPLY	03, 07, 08
N10	Failure to Keep/Complete Appointment - DATE 1: DATE (MMDDYY) OF THE INTERVIEW.	03
N14	Filing Unit Member Failed to Apply - NAME 1: NAME OF NON-APPLYING MEMBER.	03, 07, 08
N15	Failure to Keep Appointment - EVR/FEDS Home Visit - DATE (MMDDYY) OF HOME VISIT - TIME (HHMM) OF THE HOME VISIT	03, 07, 08
N16	Failure to Contact Agency - DATE (MMDDYY) BY WHICH THE HOUSEHOLD WAS TO HAVE CONTACTED THE AGENCY.	03, 07, 08
N17	Failure to Complete Eligibility Process - DATE 1: APPOINTMENT DATE (MMDDYY) - NAME 1: NAME OF WORKER OR UNIT	03, 07, 08
N19	Failure to Comply with Requirement to Look for Work - NAME 1: NAME OF APPLICANT	03, 07, 08
N21	Failure to Keep Employment Assessment Appointment - DATE 1: EMPLOYMENT ASSESSMENT DATE (MMDDYY) - NAME 1: INDIV WHO DID NOT COMPLY	03, 07, 08
W10	Failure to Keep Investigatory Appointment	03, 07, 08
W11	Failure to Keep Appointment for DSS Medical Assessment	03, 07, 08

OTHER

CODE	DEFINITION	TRANSACTION TYPE(S)
I92	No Eligible Individual (Individual - R/C Required)	03, 07, 08
M90 *	Client Request - Written - PA and MA - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M91	Client Request - Verbal - PA and MA - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M92 *	Client Request - Written - Earned Income - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	07, 08
M93	Client Request - Verbal - Earned Income - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	07, 08
M94 *	Client Request - Written - PA Only - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M95	Client Request - Verbal - PA Only - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
Y95	Application for Emergency Assistance Only	03, 07

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FILL INFORMATION
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OTHER (Cont'd)

CODE	DEFINITION	TRANSACTION TYPE(S)
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

QUARTERLY REPORTING

CODE	DEFINITION	TRANSACTION TYPE(S)
E50	Failure to Return Quarterly Report	07
E51	Failure to Complete Quarterly Report - No Questions Answered	07
E52	Failure to Complete Quarterly Report - Signature/Date	07
E53	Failure to Complete Quarterly Report - Proof of Income	07
E54	Failure to Complete Quarterly Report - Dated Early	07
N51	Failure to Complete Quarterly Report - Selected Questions - LN 1-5: QUESTION NUMBERS NOT ANSWERED	07
N53	Failure to Complete Quarterly 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)
R40	Recoupment - Closing & Closed Cases	07, 08

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

1**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

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

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

60 MONTH TIME LIMIT

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

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

RESTRICTIONS

CODE	DEFINITION	TRANSACTION TYPE(S)
R15	Restriction(s) Begins or Shelter Restriction Indicator Increases From an 'X' to E, Q, R, S or P	05, 06

RECOUPMENTS

CODE	DEFINITION	TRANSACTION TYPE(S)
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

OTHER

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

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

B20	New Budget Authorized	N13	Failure to Use/Apply for Benefit/Resource
B22	New Budget Authorized - Neg. Action - CW/QR	N14	Filing Unit Member Failed to Apply
B50	Category Change Only	N15	Failure to Keep Appointment - EVR/FEDS Home Visit
B60	Recertification	N16	Failure to Contact Agency
B61	Recertification - Timely Requirement Waived	N17	Failure to Complete Eligibility Process
B62	Late Recertification (w/o Good Cause)	N19	Failure to Comply with Requirement to Look for Work
E10	Failure to Keep/Complete Interview: No Scheduled Appt.	N21	Failure to Keep Employment Assessment Appointment
E30	Excess Income (No TMA)	N51	Failure to Complete Quarterly Report - Selected Questions
E31	Excess Income - Increased Earnings - TMA Eligible	N53	Failure to Complete Quarterly Report - Partial Proof
E32	Excess Income - Increased Support Collection - MA Extension	P30	Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search
E34	Excess Income - Receipt of SSI Single Individual	P31	Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Employment Assessment
E38	Excess Income - Lump Sum	P32	Close FA/Deny SNA - Refusal to Take a Job
E39	Excess Income - COLA	R15	Restriction(s) Begins or Shelter Restriction Indicator Increases From an 'X' to E, Q, R, S or P
E40	Excess Income - Budgeting Error	R20	Recoupment Begins
E50	Failure to Return Quarterly Report	R30	Recoupment Pending
E51	Failure to Complete Quarterly Report - No Questions Answered	R40	Recoupment - Closing & Closed Cases
E52	Failure to Complete Quarterly Report - Signature/Date	U40	Excess Resources
E53	Failure to Complete Quarterly Report - Proof of Income	U41	Transfer of Resources (CT 12, 14, 16, 17)
E54	Failure to Complete Quarterly Report - Dated Early	U42	Excess Resources - Refused to Sell Property
E60	Unable to Locate	U43	Excess Resources - End of 6 Month Period
E61	Not a Resident of District (Denial)	U44	Excess Resources - Deemed Resources of Alien Sponsor (CT 11)
E63	Not a Resident of State (Denial)	U16	Excess Resources - No Elderly Individual Present
E64	Moved out of District Before Determination	V20	Failure to Provide Verification
E66	Not a Resident of State (Closing)	V21	Failure to Provide Verification (Denial)
F11	Failure to Access PA Benefits	V22	Failure to Provide Verification - Mail-In Recert
F19	Refusal to Cooperate with Quality Control	V23	Failure to Provide Verification - Parent/Spouse
F33	Excess Income - Deemed Income of Alien Sponsor (CT 11)	V24	Failure to Provide Verification - Step/Grandparent
F38	Excess Income - Lump Sum (No MA Ext.)	V25	Failure to Provide Verification - Filing Unit
F81	Refused Photo ID - Single Individual	W10	Failure to Keep Investigatory Appointment
G30	Close FA Due to 60 Month Limit/No SNA Application Filed	W11	Failure to Keep Appointment for DSS Medical Assessment
G31	Close FA Due to 60 Month Limit/Deny SNA - Separate SNA Notice Required	X01	Issue Underpayment Adjustment
G32	Close FA Due to 60 Month Limit/Deny SNA - Refusal to Sign Repayment Agreement/Earnings Assignment	X02	Underpayment Entirely Offset by Overpayment
G33	Close FA Due to 60 Month Limit/Deny SNA - Refusal to Apply for Child	X03	Underpayment Partially Offset by Overpayment
G61	Not a Resident of District - Opened in Error	X04	Grant Reviewed - No Adjustment Needed
I92	No Eligible Individual (Indiv. R/C Required)	Y20	PA Benefit Not Changed (No New Budget)
M10	Failure to Recertify - On	Y22	Case Demographic Change Only
M11	Failure to Recertify - By	Y95	Application for Emergency Assistance Only
M12	Failure to Return Mail-In Recert	Y98	Other - Manual Notice Required - (No MA Extension/E)
M15	Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 14, 16, 17)	Y99	Other - Manual Notice Required (1 Month MA Extension)
M24	Failure to Resolve a Computer Match	002	Loss of or Reduction in Earnings Due to Illness, Injury, or Other Impairment of Recipient (CT 14, 16, 17, 19)
M25	Failure to Respond to a Computer Match Call-In	005	Loss of or Reduction in Earnings Due to Lay-off, Discharge, or Other Reason (CT 14, 16, 17, 19)
M35	Lump Sum - No Good Reason Provided	010	Illness, Injury, or Other Impairment of Father (CT 11, 12)
M37	Lump Sum - Shortened Ineligibility Period	011	Illness, Injury, or Other Impairment of Mother (CT 11, 12)
M48	Parent's Offer of a Home - Minor Not Pregnant or Parenting (CT 14, 16, 17)	012	Illness, Injury, or Other Impairment of Other Grantee (CT 11, 12)
M62	Moved Out of District	015	Lay-off, Discharge, or Other Reason of Father (CT 11, 12)
M63	Will Move Out of State	016	Lay-off, Discharge, or Other Reason of Mother (CT 11, 12)
M66	Receiving PA In Another Case	017	Lay-off, Discharge, or Other Reason of Other Grantee (CT 11, 12)
M67	Part of Another PA Application	020	Loss of or Reduction in Support of Child due to Death of Parent (CT 11, 12)
M68	Added to Another Case	021	Leaving Home by Parent and Stopping or Reducing Support for Reason of Divorce
M88	Failure to Comply with Finger Imaging Requirement - Legally Responsible Relative (HH > 1)	022	Leaving Home by Parent and Stopping or Reducing Support for Reason of Separation
M90	Client Request - Written - PA and MA	023	Leaving Home by Parent and Stopping or Reducing Support for Reason of Desertion
M91	Client Request - Verbal - PA and MA	024	Leaving Home by Parent and Stopping or Reducing Support for Reason of Other (Hospital, Imprisoned)
M92	Client Request - Written - Earned Income		
M93	Client Request - Verbal - Earned Income		
M94	Client Request - Written - PA Only		
M95	Client Request - Verbal - PA Only		
N10	Failure to Keep/Complete Appointment		

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

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

HEAP ONLY

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

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WMS DATA-ENTERED CODES

OPENING (02)/REOPENING (10)	DENIALS (03)
<p>MATERIAL CHANGE IN INCOME OR RESOURCES <i>Loss of or Reduction in Earnings of Recipient as a Result of:</i> 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 <i>Leaving Home by Parent and Stopping or Reducing Support for Reason of:</i> 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) <i>Loss of or Reduction in Support from Other Person in Home as a Result of:</i> 035 Death 036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.) 037 Illness, Injury or Other Impairment 038 Lay-Off, Discharge, or Other Reason OTHER MATERIAL CHANGE 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 NO MATERIAL CHANGE IN INCOME OR RESOURCES 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 070 Living Below Agency Standards 075 Other TRANSFERRED FROM OTHER PROGRAM 080 FA, SN-FP 081 PG-ADC, SN-CSH, SN-FNP 082 Emergency Assistance to Families MA ONLY OPENING CODES 088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment 089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Loss of 30 + 1/3 or the 30 Dollar Disregard 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) *091 Medical Bills Equal to or Greater than Excess Income 092 SSI Recipient Not Yet Appearing on SDX - Determined Eligible for MA-SSI 093 Determined Eligible for MA-SSI 094 Medical Need-No Recent Change in Financial Circumstances</p> <p>* Code Allowed for Open/Close Transaction, Also Allowed as an Opening/Reopening Code. ** Where Noted, Reason Code is Also Valid for Case Type 22.</p>	<p>FAILURE TO PROVIDE VERIFICATION E80 Failure to Provide Required Information about Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC F24 Failure to Provide Req. Info. about Income of Non-Applying LRR U20 Verification of Factors Which Affect Eligibility, did not State Unable to get Information U21 Verification of Factors Which Affect Eligibility, Unable to Get Info., But Not a Good Reason EXCESS INCOME (S/CC, FNP Parent) U35 Excess Income, S/CC or FNP Parent EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel) E55 Child Age 1-5, Excess Income E56 Child Age 1-5, Excess Income and Resources E57 Child 6 to 19, Excess Income E58 Child 6 to 19, Excess Income and Excess Resources E59 Pregnant Woman. Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown E67 Child Up to Age One, Excess Inc. (Mother Did Not Receive MA in Any Month of Her Pregnancy) U32 Excess Income U34 Exc. Inc., Parents/Disabled Singles/19 & 20 Yr. Old Living w/Parents or on their own U40 Excess Resources U51 Transfer of Assets, Institutionalized Individ., Exc. Res. U52 Transfer of Assets, Institutionalized Individual, Exc. Inc. and Res. U54 Transfer of Assets, Institutionalized Individ. Exc. Inc. U59 Excess Income and Resources X10 Excess Income, Does Not Meet 6 Month Excess LIVING ARRANGEMENT E60 Unable to Locate E61 Not a Resident of District E62 Between 21-65, In a Psychiatric Institution E63 Not a State Resident E79 MA Not Provided in Current Living Arrangement U79 Concurrent Benefits, Intra or Inter-State U84 Concurrent Benefits, AFIS Match, Intra-State or Inter-State OTHER FAILURES 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 H16 Failed to Provide a Medical Statement U71 Failure to Comply with Alcohol/Substance Abuse Requirements V10 Failure to Appear for Interview Appt. w/Agency V13 Failure to Utilize Benefits V14 Failure to Complete the Declaration of Citizenship/Immigration Status V30 Failure to Comply with IV-D Requirements V31 Failure to Provide Social Security Number SPOUSAL IMPOVERISHMENT H10 Failure to Provide Resource Information, No Undue Hardship H11 Failure to Provide Resource Information, Undue Hardship X13 Excess Resources for Institutionalized Spouse</p>

WMS DATA-ENTERED CODES

DENIALS (03) (Cont'd)	
HEALTH INSURANCE	
E81	Annual Fund Exhausted for QI-1 and QI-2 Program
U80	Qualified Individual QI-1 Denial Medicare Part B Premium
U81	Qualified Individual QI-2 Denial Medicare Part B Premium
U82	Qualified Individual QI-1 Accepted for Medicare Part B Premium
U83	Qualified Individual QI-2 Accepted for Partial Payment of Medicare Part B Premium
X50	Deny Payment of COBRA Continuation Group Health Insurance Premiums
X52	Medicare Buy-In Program, QMB
X53	Medicare Buy-In Program, SLIMB
ALIENS	
E06	Non-Qualified Alien - No Emergency
U63	Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc.
U67	Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc. & Res.
U73	FNP Related Non-Qualified Alien, Emerg. Med. Cond., Exc. Inc./Res.
U74	Non-Qualified Alien/Emerg. Med. Cond., Exc. Res.
OTHER	
E18	Death Before Determination, No Medical Bills in Retro Period
E19	Death Before Determination, Insuff. Info. To Make a Determination
H15	Client Request
U36	FHP Denial - Equiv. Health Insurance, Not MA Eligible
U66	Currently in Receipt of Assistance
Y99	Other (Manual Notice Required)
NO ELIGIBLE INDIVIDUAL	
194	Used as Case Reason Code When All Case Members have an Indiv. Reason Code
UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)	
MA ONLY U/M CODES	
088	Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Employment
089	Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Loss of 30 + 1/3 or the 30 Dollar Disregard
092	SSI Recipient Not Yet on SDX-Determined Eligible for MA-SSI
093	SSI New Opening on SDX-Determined Eligible for MA-SSI
094	Medical Need-No Recent Change in Financial Circumstances
U/MACTION WITH NO CHANGE IN BENEFITS	
903	CIN Unduplication (TT 05 Only) (Data-entered)
FAILURE TO RECERTIFY	
F13	Failure to Return Recert. Form Discontinue Mother, Continue Child
S23	Failure to Comply with Recert. Interview Procedures, Discontinue Mother, Infant Continues
U10	Fail. To Comply with Recert. Interview Procedures
FAILURE TO PROVIDE VERIFICATION	
E17	SSN Failed Validation, Incorrect or Fraudulent SSN
E80	Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.
F24	Failure to Provide Required Info. About Income of Non-Applying LRR
U20	Verif. Of Factors Which Affect Elig., Did Not State Unable to Get Info.
U21	Verif. Of Factors Which Affect Elig., Unable to Get Info., But Not a Good Reason
EXCESS INCOME (S/CC, FNP Parent)	
U57	MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children)
U86	MA to FHP, S/CC, Chose a Plan
U89	MA to FHP, FNP Parent, Chose a Plan
U92	MA to FHP, FNP Parent, Must Choose a Plan
U93	MA to FHP, S/CC, Must Choose a Plan
X86	FHP to MA, S/CC
X88	FHP to MA, FNP Parent
EXCESS INCOME/RESOURCE (LIF, ADC-Rel, SSI-Rel)	
C12	FNP Mother Over Inc./Res. Postpartum, Infant Continues
E22	Failed to Meet or Pay-In Excess Income for 3 Consecutive Months
E25	Spenddown to At or Below MA Level
S07	MA Level to Exc. Inc. Due to COLA
S08	Increase in Exc. Inc. Due to COLA
S10	Change in Figures Used to Calculate Excess Inc. Amt.
S19	MA Lev. To Exc. Inc., Spenddown Not Met (BAB)
S19	MA Level to Exc. Inc. and Res. - Res. Spenddown Met (BAH)
S19	MA Level to Exc. Inc - Spenddown Met (BAA)
S19	MA Level to Exc. Res. - Spenddown Met (BAD)
S19	MA Lev. To Exc. Inc. & Res., Spenddown for Both Met (BAF)
S19	MA Lev. To Exc. Inc., 6 mo. Spenddown Met (BAC)
S19	MA Lev. To Exc. Inc. & Res., Both Resource and 6 mo. Spenddown Met (BAI)
S19	Continue Exc. Resources - Spenddown Met (BAE)
S19	Increase in Excess Income Amount (AAK)
U32	Disc., Excess Income
U33	Disc., Turning 19, Exc. Income, Not FHP Eligible
U40	Disc., Excess Resources
U58	MA/FHP Disc., Exc. Inc., Parents, 19 & 20 Year Old
U59	Disc., Excess Income and Resources
U75	No Change in Excess Income Amount
U85	MA to FHP, FP, Chose a Plan
U87	Spenddown to Family Health Plus, Chose a Plan
U88	Turning 19, MA to FHP, Must Choose a Plan
U90	Turning 19, MA to FHP, Chose a Plan
U91	MA to FHP, FP, Must Choose a Plan, Spenddown Eligible
U94	Turning 65, FHP to MA with Excess Income and Resources, Resource Spenddown Met
U95	Turning 65, FHP to MA with Excess Income
U96	Turning 65, FHP to MA with Excess Resources, Spenddown Met
V80	FHP to MA with a Spenddown, over FHP limit or Chose Spenddown
X76	Decrease in Excess Income Amount
X77	Decrease in Excess Income Due to COLA
X80	Full MA Cov. To Excess Income, FHP Info.
X81	MA to FHP Due to COLA, Chose a Plan
X82	MA to FHP Due to COLA Increase, Must Choose a Plan
X83	Turning 65, FHP Discontinuance, Excess Income
X84	Turning 65, FHP Discontinuance, Excess Resources
X85	Turning 65, FHP Discontinuance, Excess Income and Resources
X87	FHP to MA, FP

WMS DATA-ENTERED CODES

UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)	INCOME/RESOURCE RELATED - EXPANDED
INCOME/RESOURCE RELATED POST-PARTUM	E23 Child 1-5, Exc. Inc. to 133% FPL, Full Coverage
S11 200% to 100% or MA Lev. During Pregnancy or 60 Day Post-Partum	E24 Child 6 to 19, Spenddown to 100% FPL
S19 200% MA After 60 Days Post-Partum - Exc. Inc. Spenddown Not Met (CAB)	E47 Child Turning 6, Exc. Inc.
S19 200% MA After 60 Days Post-Partum - Exc. Inc. and Res., Res. Spenddown Met (CAH)	E48 Child Turning 6, Exc. Inc. and Res.
S19 200% MA After 60 Days Post-Partum - Exc. Inc., Spenddown Met (CAA)	E49 Child Turning 1 year, Exc. Inc.
S19 200% MA After 60 Days Post-Partum - Exc. Res., Spenddown Met (CAD)	E55 Child 1-5, Excess Income
S19 200% MA After 60 Days Post-Partum - Exc. Inc. and Res., Both Met (CAF)	E56 Child 1-5, Exc. Inc. and Exc. Res.
S19 200% MA After 60 Days Post-Partum - Exc. Inc., 6 Mo. Spenddown Met (CAC)	E57 Child 6 to 19, Exc. Inc.
S19 200% MA After 60 Days Post-Partum - Exc. Inc./Res., Both Res. And 6 Mo. Spenddown Met (CAI)	E58 Child 6 to 19, Exc. Inc. and Exc. Res.
S19 100% After 60 Days Post-Partum - Exc. Inc., Spenddown Not Met (DAB)	E68 Child Turning 1 Year, Exc. Inc. and Res.
S19 100% After 60 Days Post-Partum - Exc. Inc. and Res., Res. Spenddown Met (DAH)	S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc., Spenddown Not Met (ECB)
S19 100% After 60 Days Post-Partum - Exc. Inc., Spenddown Met (DAA)	S19 Child Turning 1 at 200% Over 133% & MA Lev. Exc. Inc./Res., Res. Spenddown Met (ECH)
S19 100% After 60 Days Post-Partum - Exc. Res., Spenddown Met (DAD)	S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc., Spenddown Met (ECA)
S19 100% After 60 Days Post-Partum - Exc. Inc. and Res., Both Met (DAF)	S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc. & Res., Both Met (ECF)
S19 100% After 60 Days Post-Partum - Exc. Inc., 6 Mo. Spenddown Met (DAC)	S19 Child Turning 1 at 200% Over 133% & MA Lev., Exc. Inc., 6 Mo. Spenddown Met (ECC)
S19 100% After 60 Days Post-Partum - Exc. Inc./Res., Both Res. & 6 Mo. Spenddown Met (DAI)	S19 Child Turning 1 at 200% Over 133% & MA Lev., Exc. Inc. & Res., Both Res. And 6 Mo. Spenddown Met (ECI)
S22 200% to Exc. Inc./Res., Disc. Mother - Continue Child	S19 Child 1-5 at 133% Over 100% and MA Level - Exc. Inc., Spenddown Not Met (FAB)
S25 100% MA After 60 Days Post-Partum to Exc. Income, Not FHP Eligible Disc. Mother, Cont. Child FHP Eligible	S19 Child 1-5 at 133% Over 100% and MA Level - Exc. Inc. and Res., Res. Spenddown Met (FAH)
S26 200% MA After 60 Days Post-Partum to FHP, Infant Continues, Must Choose a Plan	S19 Child 1-5 at 133% Over 100% & MA Lev., Exc. Inc., Spenddown Met (FAA)
S27 200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan	S19 Child 1-5 at 133% Over 100% & MA Level - Exc. Inc. & Res., Both Met (FAF)
S28 100% MA, 60 Days Post-Partum to FHP, Infant Continues, Must Choose a Plan	S19 Child 1-5 at 133% Over 100% & MA Level - Exc. Inc., 6 Mo. Spenddown Met (FAC)
S30 100% MA After 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan	S19 Child 1-5 at 133% Over 100% & MA Level - Exc. Inc. and Res., Both Res. and 6 Mo. Spenddown Met (FAI)
S31 200% MA After 60 Days Post-Partum, Limited Service Package to Spenddown, Not FHP Eligible or Chose MA with a Spenddown	S19 Child Turning 6 at 133% Over 100% & MA Lev., Exc. Inc., Spenddown Not Met (FDB)
U24 S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Must Choose a Plan	S19 Child Turning 6 at 133% Over 100% & MA Lev., Exc. Inc. & Res., Res. Spenddown Met (FDH)
U25 S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Chose a Plan	S19 Child Turning 6 at 133% Over 100% & MA Lev., Exc. Inc., Spenddown Met (FDA)
U26 MA to FHP After 60 Day Post-Partum, FP, No Infant, Chose a Plan	S19 Child Turning 6 at 133% Over 100% & MA Lev., Exc. Inc. and Res., Both Met (FDF)
U27 MA to FHP After 60 Day Post-Partum, FP, No Infant, Must Choose a Plan	S19 Child Turning 6 at 133% Over 100% & MA Lev., Exc. Inc. 6 Mo. Spenddown Met (FDC)
U28 MA to FHP After 60 Day Post-Partum, FNP Mother, No Infant, Chose a Plan	S19 Child Turning 6 at 133% Over 100% & MA Lev., Exc. Inc. and Res., Both Res. and 6 Mo. Spenddown Met (FDI)
U29 MA to FHP After 60 Day Post-Partum, FNP Mother, No Infant, Must Choose a Plan	S19 Child 6 to 19 at 100% and MA Level, Exc. Inc., Spenddown Not Met (GAB)
X15 Disc., Eligible During Pregnancy, After 60 Day Post-Partum Excess Income/Resources, No Infant	S19 Child 6 to 19 at 100% and MA Level, Exc. Inc./Res., Res. Spenddown Met (GAH)
X16 Disc., FNP Mother Over Income/Resources, Post-Partum - No Infant	S19 Child 6 to 19 at 100% and MA Level, Exc. Inc., Spenddown Met (GAA)
	S19 Child 6 to 19 at 100% and MA Level, Exc. Inc. & Res., Both Met (GAF)
	S19 Child 6 to 19 at 100% and MA Level, Exc. Inc., 6 Mo. Spenddown Met (GAC)
	S19 Child 6 to 19 at 100% and MA Level, Exc. Inc. and Res., Res. and 6 Mo. Spenddown Met (GAI)
	S19 Child Turning 19, Excess Income, Spenddown Not Met (GEB)
	S19 Child Turning 19, Excess Income and Resources, Resource Spenddown Met (GEH)
	S19 Child Turning 19, Excess Income, Spenddown Met (GEA)
	S19 Child Turning 19, Excess Resources, Spenddown Met (GED)
	S19 Child Turning 19, Excess Income & Resources, Both Met (GEF)

WMS DATA-ENTERED CODES

UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)(cont'd)	
S19	Child Turning 19, Excess Income, 6 Month Spenddown Met (GEC)
S19	Child Turning 19, Excess Income & Resources, Both Resource and 6 Mo. Spenddown Met (GEI)
LIVING ARRANGEMENT	
E60	Unable to Locate
E61	Not a Resident of District
E62	Between 21-65, in a Psychiatric Institution
E63	Not a State Resident
E79	MA Not Provided in Current Living Arrangement
E85	Moved Out of Household, No Forwarding Address
U65	Not a Resident of District (MA Ext.)
U77	Concurrent Benefits, Intra-State – No Aid Continuing
U78	Concurrent Benefits, Inter-State – Aid Continuing
OTHER FAILURES	
E09	Disc., 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
V10	Failure to Appear for Interview Appt. With Agency
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
TRANSITIONAL MEDICAL ASSISTANCE (TMA)	
C01	TMA All Reports, Did Not Send Requested Info.
C02	TMA No Earnings in 1 or More of 3 Prev. Months
C03	TMA Income Over 185%
C04	TMA End 12 Mo. - Send in 10 th Month
E08	MA to TMA - 1 st 6 Months
H32	TMA Discontinuation, Receiving PA, MA Cont.
S01	TMA did not Return Quarterly Report
HEALTH INSURANCE	
C08	COBRA Continuation
C09	QMB Continue Payment for Medicare
C10	SLIMB Continue Payment for Medicare
S17	Change from SLIMB to QMB Coverage
S18	Change from QMB to SLIMB Coverage
X14	No Longer Elig. For MA Payment of AHIP Premiums
X50	Discontinue Payment of COBRA Continuation GHIP
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
ALIEN	
C14	Non-Qual. Alien - 60 Days Post-Partum - No Infant
E01	Non-Qual. PRUCOL Alien Inelig. For Full MA
E02	Non-Qual. Alien, End of Medical Emergency
E03	Non-Qual. Alien, End of 60 Days Post-Partum, Infant Continues
TRANSFER	
S02	Transfer by Instit. Individ. Reduce from Full to Limited Coverage
S05	Change in Transfer Period - Instit. Individ.
S09	Instit. Individ. - Transfer - MA Lev. To Limt Cov. & Exc. Inc. - Spenddown Met
INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE	
V52	Individual - Income Contribution Only
V53	Spousal - Income Contribution Only
V54	Spousal - Income/Resource Contribution
V55	Individual - Income/Resource Contribution
V56	Spousal - Waiver Recipient Income/Resource Contribution
V57	Spousal - Waiver Recipient Income Contribution Only
V58	Spousal - Waiver Recipient Resource Contribution Only
V59	Spousal - Waiver Recipient No Liability Toward Cost
V60	Individual - No Liability Toward Cost of Care
V61	Spousal - No Liability Toward Cost of Care
V62	Spousal - Resource Contribution Only
V63	Individual - Resource Contribution Only
RECALCULATION OF CONTRIBUTION TOWARD CHRONIC CARE	
V40	Spousal - Income Contribution Only
V41	Individual - Income Contribution Only
V42	Individual - Resource Contribution Only
V43	Spousal - Resource Contribution Only
V44	Spousal - Income Contribution Remains The Same
V45	Individual - Income Contribution Remains The Same
V46	Spousal - Income/Resource Contribution
V47	Individual - Income/Resource Contribution
V48	Spousal - No Liability Toward Cost of Care
V49	Individual - No Liability Toward Cost of Care
V50	Individual - Excess Resources/Income Contribution Remains The Same
V51	Spousal - Excess Resources/Income Contribution Remains The Same
PAY-IN	
S15	Pay-In Credit Due to Uncovered Expenses
S16	Pay-In Refund Due to Uncovered Expenses
CONTINUOUS COVERAGE	
C17	Continuous Coverage
E64	Continuous Coverage - Moved Out of District
E65	Disc., Elig. for Continuous Coverage, Moved Out of District, Accepted in New District
NEWBORN/UNBORN	
E97	Newborn Added to Case in Error
E99	Newborn Deceased
OTHER	
C05	Continue Unchanged
C06	Add Person to MA Case
C07	Add Person to FHP Case
C11	Stenson - Continue Unchanged
C13	Infant up to Age 1 Guarantee, Continue Unchanged
C16	Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support
C20	Discontinue MA, Failed to Choose a Health Plan for FHP
E90	Client Request
E95	Death (Individual)
S06	Intent to Impose Lien on Real Property - Instit. Individ.
U37	FHP TO MA, Pregnant, MA Eligible Chose MA
U38	Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP
U39	Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP
U66	Currently in Receipt of Assistance
X40	FHP Disc., Equiv. Health Insur., Not MA Eligible
X70	FHP Eligible, Chose a Plan within 30 days
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
Y99	Other
USED WITH INDIVIDUAL REASON CODE(S)	
189	Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code

WMS DATA-ENTERED CODES

UNDERCARE MAINT. (05)/ RECERTIFICATION (06)(cont'd)	OTHER FAILURES
INFORMATIONAL LETTER - SPENDDOWN MET I90 Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 or T02 T01 Spenddown Met - Bills/Receipts or Combination Bills/Receipts and Pay-In T02 Spenddown Met - Pay-In Only	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 V10 Failure to Appear for Interview Appointment with Agency 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
CLOSING (07)/RECERTIFICATION CLOSING (08)	
FAILURE TO RECERTIFY F10 Failure to Return Recertification Form U10 Failure to Comply with Recertification Procedures FAILURE TO PROVIDE VERIFICATION E17 SSN Failed Validation, Incorrect or Fraudulent SSN E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC F24 Failure to Provide Required Info. About Income of Non-Applying LRR U20 Verification of Factors Which Affect Eligibility, Did Not State unable to get Information U21 Verif. of Factors Which Affect Elig., Unable to Get Info., But Not a Good Reason EXCESS INCOME (S/CC, FNP Parent) U57 MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children) U72 Excess Inc. COLA, Single/Childless Couple X17 Over Inc. and/or Res., Single/Childless Couple, Post-Partum, No Infant	SPOUSAL IMPOVERISHMENT H10 Failure to Provide Res. Information, No Undue Hardship H11 Failure to Provide Resource Information, Undue Hardship X13 Exc. Res. for Institutionalized Spouse TRANSITIONAL MEDICAL ASSISTANCE (TMA) H30 TMA Discontinue, No Dependent Child Under 21 H31 TMA Discontinue, Fraud H32 TMA Discontinue, Receiving PA, MA Continues HEALTH INSURANCE X14 No Longer Elig. For MA Payment of AHIP Premiums X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance X52 Medicare Buy-In Program, QMB X53 Medicare Buy-In Program, SLIMB
EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel) E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months E47 Exc. Inc., Child Turning 6 E48 Exc. Inc. and Res., Child Turning 6 E49 Exc. Inc., Child Turning 1 E55 Excess Income, Child 1-5 E56 Excess Inc. and Res., Child 1-5 E57 Excess Income, Child 6 to 19 E58 Excess Income and Excess Resources, Child 6 to 19 E68 Exc. Inc. and Res., Child Turning 1 U32 Excess Income U33 Turning 19, Exc. Income, Not FHP Eligible U40 Excess Resources U54 Transfer of Assets, Institutionalized Indiv., Exc. Inc. U55 Transfer of Assets, Institutionalized Indiv., Exc. Resources U56 Transfer of Assets, Institutionalized Indiv., Exc. Inc. & Res. U58 MA/FHP Disc., Exc. Inc., Parents, 19 & 20 Year Old U59 Excess Income and Resources X15 Elig. During Pregnancy, After 60 day Post-Partum Exc. Inc./Res., No Infant X16 FNP Mother Over Inc./Res., Post-Partum - No Infant X83 Turning 65, FHP Discontinuance, Excess Income X84 Turning 65, FHP Discontinuance, Excess Resources X85 Turning 65, FHP Discontinuance, Excess Income and Resources	ALIENS C14 Non-Qualified Alien - End of 60 Day Post Partum - No Infant E01 Non-Qualified PRUCOL Alien-Inelig. For Full MA E02 Non-Qualified Alien - End of Medical Emergency CONTINUOUS COVERAGE E65 Eligible for Continuous Coverage, Moved Out of District, Accepted in New District NEWBORN/UNBORN E98 Newborn Case Opened in Error E99 Newborn Deceased OTHER C20 Discontinue MA, Failed to Choose a Health Plan for FHP E90 Client Request E95 Death (Individual) U66 Currently in Receipt of Assistance X40 FHP Disc., Equiv. Health Insur., Not MA Eligible Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required) Y99 Disc., Other (Manual Notice Required) NO ELIGIBLE INDIVIDUAL I 94 Used as Case Reason Code When ALL Case Members Have an Individual Reason Code OMH/OMR ONLY E13 OMH/OMR Case Type 20 Discharge Into the Community, or Art. 28 or 31 Facility E14 OMH/OMR Case Type 22 Discharge Into Community, or Article 28 or 31 Facility E15 OMH Only, Lost Elig. Due to Turning Age 22 and In Psychiatric. Center or Residential Treatment Facility
LIVING ARRANGEMENT E60 Unable to Locate E61 Not a Resident of District E62 Between 21-65, In a Psychiatric Institution E63 Not a State Resident E79 MA Not Provided in Current Living Arrangement U65 Not a Resident of District (MA Ext.) U77 Concurrent Benefits, Intra-State - No Aid Continuing U78 Concurrent Benefits, Inter-State - Aid Continuing	REACTIVATION (11) 991 Fair Hearing - Aid to Continue 992 Court Order to Enjoin Closing 993 Closed in Error 994 Cancel Closing

WMS DATA-ENTERED CODES

C01	TMA All Reports, Did Not Send Requested Info.	E90	Client Request
C02	TMA No Earnings in 1 or More of 3 Previous Months	E95	Death (Single Person)
C03	TMA Income Over 185%	E97	Newborn Added to Case in Error
C04	TMA End 12 Month Send in 10 th Month	E98	Newborn Case Opened in Error
C05	Continue Unchanged	E99	Newborn Deceased
C06	Add person to MA Case	F10	Failure to Return Recertification Form
C07	Add person to FHP Case	F12	Failure to Apply for SS
C08	COBRA Continuation	F13	Failure to Return Recert. Form, Discontinue Mother, Continue Child
C09	QMB Continue Payment for Medicare	F14	Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program
C10	SLIMB Continue Payment for Medicare	F21	Failure to Comply with Finger Imaging Requirements
C11	Stenson - Continue Unchanged	F24	Failure to Provide Req. Info. about Income of Non-Applying LRR
C12	FNP Mother Over Inc./Res. Postpartum, Infant Continues	F27	Failure to Complete Interview
C13	Infant up to Age 1 Guarantee, Continue Unchanged	F40	Failure to Enroll in a Group Health Plan
C14	Non-Qual. Alien - End of 60 Days Post-Partum - No Infant	H10	Spousal Impoverishment - Failure to Provide Resource
C16	Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support	H11	Spousal Impoverishment - Failure to Provide Resource Information - No Undue Hardship
C17	Continuous Coverage	H15	Client Request
C20	Discontinue MA, Failed to Choose a Health Plan for FHP	H16	Failed to Provide a Medical Statement
E01	Non-Qual., PRUCOL Alien Inelig. For Full MA	H30	TMA Discontinue - No Dependent Child Under 21
E02	Non-Qual., Alien, End of Medical Emergency	H31	TMA Discontinue - Fraud
E03	Non-Qual., Alien, End of 60 Days Post-Partum, Infant Continues	H32	TMA Discontinue Receiving PA, MA Continues
E06	Non-Qualified Alien - No Emergency	I89	Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code
E08	MA to TMA 1 st 6 Months	I90	Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 or T02
E09	Photo ID Refusal	I94	Used as Case Reason Code When All Case Members have an Indiv. Reason Code
E13	OMH/OMR Case Type 20 Disch. Into the Community, or Art. 28 or 31 Facility	S01	TMA did not Return Quarterly Report
E14	OMH/OMR Case Type 22 Disch. Into Community, or Article 28 or 31 Facility	S02	Transfer by Instit. Indiv. Reduce from Full to Limited Coverage
E15	OMH Only, Lost Elig. Due to Turning Age 22 and In Psych. Center or Resid. Treatment Facility	S05	Change in Transfer Period - Instit. Indiv.
E17	SSN Failed Validation, Incorrect or Fraudulent SSN	S06	Intent to Impose Lien on Real Property - Instit. Indiv.
E18	Death Before Determination, No Medical Bills in Retro. Period	S07	MA Level to Exc. Inc. Due to COLA
E19	Death Before Determination, Insuff. Info. To Make a Determination	S08	Increase in Exc. Inc. Due to COLA
E22	Failed to Meet or Pay-In Excess Income for 3 Consecutive Months	S09	Instit. Indiv. - Transfer - MA Level To Limit Cov. & Exc. Inc. - Spenddown Met
E23	Child 1-5, Exc. Inc. to 133%, FPL Coverage	S10	Change in Figures Used to Calculate Excess Inc. Amount
E24	Child 6 to 19, Spenddown to 100% FPL.	S11	200% to 100% or MA Level During Pregnancy or 60 Day Post-Partum
E25	Spenddown to At or Below MA level	S15	Pay-In Credit Due to Uncovered Expenses
E47	Child Turning 6 Excess Income	S16	Pay-In Refund Due to Uncovered Expenses
E48	Child Turning 6 Excess Income and Resources	S17	Change from SLIMB to QMB Coverage
E49	Child Turning 1 Excess Income	S18	Change from QMB to SLIMB Coverage
E55	Child 1-5 Excess Income	S19	Spenddown (See Undercare Codes)
E56	Child 1-5 Excess Income and Resources	S22	200% to Exc. Inc./Res., Disc. Mother - Continue Child
E57	Child 6 to 19, Excess Income	S23	Failure to Comply with Recert. Interview Procedures, Discontinue Mother, Infant Continues
E58	Child 6 to 19, Excess Income & Resources	S25	100% MA After 60 Days Post-Partum to Exc. Income, Not FHP Eligible Disc. Mother, Cont. Child FHP Eligible
E59	Pregnant Woman Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown	S26	200% MA After 60 Days Post-Partum to FHP, Infant Continues, Must Choose a Plan
E60	Unable to Locate	S27	200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan
E61	Not a Resident of District	S28	100% MA, 60 Days Post-Partum to FHP, Infant Continues, Must Choose a Plan
E62	Between 21-65 in Psychiatric Institution	S30	100% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan
E63	Not a State Resident	S31	200% MA, 60 Days Post-Partum, Limited Service Package to Spenddown, Not FHP Eligible or Chose MA with a Spenddown
E64	Continuous Coverage - Moved Out of District	T01	Spenddown Met - Bills/Receipts or Combination Bills/
E65	Elig. for Continuous Coverage, Moved Out of District. Accepted in New District.		
E67	Denial Child, Up to Age One, Excess Income (Mother Did Not Receive MA in Any Month of Her Pregnancy)		
E68	Child Turning 1 Excess Income and Resources		
E79	MA Not Provided in Current Living Arrangement		
E80	Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.		
E81	Annual Fund Exhausted for QI-1 and QI-2 Program		
E85	Moved Out of Household, No Forwarding Address		

WMS DATA-ENTERED CODES

Receipts and Pay-In	U84 Concurrent Benefits, AFIS Match, Intra-State or Inter-State
T02 Spenddown Met - Pay-In Only	U85 MA to FHP, FP, Chose a Plan
U10 Failure to Comply With Recertification Interview Procedures	U86 MA to FHP, S/CC, Chose a Plan
U20 Verification of Factors Which Affect Eligibility. Did Not State Unable to Get Information	U87 Spenddown to Family Health Plus, Chose a Plan
U21 Verification of Factors Which Affect Eligibility. Unable to get Information but Not a Good Reason	U88 Turning 19, MA to FHP, Must Choose a Plan
U24 S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Must Choose A Plan	U89 MA to FHP, FNP Parent Chose a Plan
U25 S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Chose a Plan	U90 Turning 19, MA to FHP, Chose a Plan
U26 MA to FHP After 60 Days Post-Partum, FP, No Infant, Chose Plan	U91 MA to FHP, FP, Must Choose a Plan, Spenddown Eligible
U27 MA to FHP After 60 Day Post-Partum, FP, No Infant, Must Choose a Plan	U92 MA to FHP, FNP Parent, Must Choose a Plan
U28 MA to FHP After 60 Day Post-Partum, FNP Mother, No Infant, Chose a Plan	U93 MA to FHP, S/CC, Must Choose a Plan
U29 MA to FHP after 60 Day Post-Partum, FNP Mother, No Infant, Must Choose a Plan	U94 Turning 65, FHP to MA with Excess Income and Resources, Resource Spenddown Met
U32 Discontinuance - Excess Income	U95 Turning 65, FHP to MA with Excess Income
U33 Turning 19, Exc. Income, Not FHP Eligible	U96 Turning 65, FHP to MA with Excess Resources, Spenddown Met
U34 Exc. Inc., Parents/Disabled Singles/19 & 20 Year Old Living with Parents or on their own	V10 Failure to Appear for Interview Appointment with Agency
U35 Excess Income, S/CC or FNP Parent	V13 Failure to Utilize Benefits
U36 FHP Denial - Equiv. Health Insur., Not MA Eligible	V14 Failure to Complete the Declaration of Citizenship/Immigration Status
U37 FHP to MA, Pregnant, MA Eligible, Chose MA	V30 Failure to Comply with IV-D Requirements
U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP	V31 Failure to Provide Social Security Number
U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP	V38 Failure to Contact Agency
U40 Excess Resources	V80 FHP to MA with a Spenddown, over FHP Limit or Chose Spenddown
U51 Denial, Transfer of Assets, Institutionalized Individual, Excess Resources	X10 Excess Income, Does Not Meet 6 Month Excess
U52 Denial, Transfer of Assets, Institutionalized Individual, Excess Income and Resources	X13 Spousal Impoverishment - Excess Resources
U54 Closing, Transfer of Assets, Institutionalized Individual, Excess Income	X14 No Longer Elig. For MA Payment of AHIP Premiums
U55 Transfer of Assets, Institutionalized Indv., Exc. Res.	X15 Elig. During Pregnancy, After 60 day Post-Partum Exc. Inc./Res., No Infant
U56 Transfer of Assets, Institutionalized Indv., Exc. Inc. & Res.	X16 FNP Mother Over Inc./Res., Post-Partum - No Infant
U57 MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children)	X17 Over Inc. and/or Res., Single/Childless Couple, Post-Partum, No Infant
U58 MA/FHP Disc., Exc. Inc., Parents, 19 or 20 Year Old	X40 FHP Disc., Equiv. Health Insur., Not MA Eligible
U59 Dis. - Excess Income and Resources	X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premium
U63 Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc.	X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premium - Prior Conditional Acceptance
U65 Not a Resident of District (MA Extension)	X52 Medicare Buy-In Program QMB
U66 Already in Receipt of Medicaid	X53 Medicare Buy-In Program SLIMB
U67 Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc. & Res.	X70 FHP Eligible, Chose a Plan within 30 Days
U71 Failure to Comply with Alcohol/Subst. Abuse Requirements	X76 Decrease in Excess Income Amount
U72 Excess Inc. COLA, Single/Childless Couple	X77 Decrease in Excess Income Due to COLA
U73 FNP Related Non-Qualified Alien, Emerg. Med. Cond., Exc. Inc./Res.	X80 Full MA Cov. to Excess Income, FHP Info.
U74 Non-Qualified Alien/Emerg. Med. Cond., Exc. Res.	X81 MA to FHP Due to COLA, Chose a Plan
U75 No Change in Exc. Inc. Amt.	X82 MA to FHP Due to COLA Increase, Must Choose a Plan
U77 Concurrent Benefits, Intra-State - No Aid Continuing	X83 Turning 65, FHP Discontinuance, Excess Income
U78 Concurrent Benefits, Inter-State - Aid Continuing	X84 Turning 65, FHP Discontinuance, Excess Resources
U79 Concurrent Benefits, Intra or Inter-State	X85 Turning 65, FHP Discontinuance, Excess Income and Resources
U80 Qualified Individual QI-1 Denial Medicare Part B Premium	X86 FHP to MA, S/CC
U81 Qualified Individual QI-2 Denial of Medicare Part B Premium	X87 FHP to MA, FP
U82 Qualified Individual QI-1 Accepted for Medicare Part B Premium	X88 FHP to MA, FNP Parent
U83 Qualified Individual QI-2 Accepted for Partial Payment of Medicare Part B Premium	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
	Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)
	Y99 Other (Manual Notice Required)
	001 Conversion
	002 Illness, Injury, or Other Impairment of Recipient
	005 Lay-Off, Discharge, or Other Reason

WMS DATA-ENTERED CODES

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
088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment
089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Loss of 30 + 1/3 or the 30 Dollar Disregard
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)
091 Medical Bills Equal to or Greater than Excess Income
092 SSI Recipient Not Yet Appearing on SDX – Determined Eligible for MA-SSI
093 Determined Eligible for MA-SSI
094 Medical Need-No Recert Change in Financial Circumstances
903 CIN Unduplication (Data-entered)
966 Other Clockdown Closing Change
991 Fair Hearing – Aid to Continue
992 Court Order to Enjoin Closing
993 Closed in Error
994 Cancel Closing

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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 (PA 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 (PA Case Types Only)(For FS Cases, See Page 26)	All 3 Tx Types with PA/FS Ind = 05, 07, 70, 71
V21	Failure to Provide Verification	03, 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
E72	Institutionalized	03, 07, 08
E74	Elderly/Disabled Ineligible for Separate Household Status	03, 07, 08

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

FILL INFORMATION
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, 08
F71	Child Under Parental Control	03, 08
M66	Receiving FS in Another Case	03
	NAME 1: OTHER FOOD STAMP CASE NAME	
M67	Part of Another FS Application	03
	NAME 1: OTHER APPLYING FOOD STAMP NAME	
M68	Added to Another Case	07, 08
	NAME 1: OTHER FOOD STAMP CASE NAME	

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	07, 08
	NAME 1: TYPE OF COMPUTER MATCH	
	NAME 2: NAME OF THE INDIVIDUAL WHO IS THE SUBJECT OF THE COMPUTER MATCH	
M25	Failure to Respond to a Computer Match Call-In	07, 08
	NAME 1: TYPE OF COMPUTER MATCH	
	NAME 2: NAME OF THE INDIVIDUAL WHO IS THE SUBJECT OF THE COMPUTER MATCH	
N10	Failure to Keep/Complete Appointment	03, 08
	DATE 1: DATE (MMDDYY) OF THE INTERVIEW	
N18	Failure to Validate Incorrect SSN (HH > 1)	07, 08
	NAME 1: NAME OF INDIVIDUAL	

1**OTHER**

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

FILL INFORMATION
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 (PA Case Types Only) (For FS Cases, See Page 26)	All Three Tx Types with PA/FS Ind = 05, 10
Z98	Missed FS Recertification Interview (PA Case Types Only) (For FS Cases, See Page 26)	Tx Type 08 with PA/FS Ind = 08

QUARTERLY REPORTING

CODE	DEFINITION	TRANSACTION TYPE(S)
E50	Failure to Return Quarterly Report	07
E51	Failure to Complete Quarterly Report - No Questions Answered	07
E52	Failure to Complete Quarterly Report - Signature/Date	07
E53	Failure to Complete Quarterly Report - Proof of Income	07
E54	Failure to Complete Quarterly Report - Dated Early	07
N51	Failure to Complete Quarterly Report - Selected Questions LN 1-5: QUESTION NUMBERS NOT ANSWERED	07
N53	Failure to Complete Quarterly Report - Partial Proof LN 1-5: DATE (MMDDYY) OF THE MISSING PAY STUBS <u>OR</u> 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

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FAILURE TO RECERTIFY

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

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

UNDERCARE MAINTENANCE

CODE	DEFINITION	TRANSACTION TYPE(S)
B20	New Budget Authorized	05
B21	New Budget Authorized: Certification Period Extended	05
B22	New Budget Authorized: Decrease from Written Client-provided Information	05
B24	New Budget Authorized: October Allotment Increase	05
B25	New Budget Authorized: JAN COLA Adjustment	05
G15	Expedited PA/FS Failure to Verify (PA Case Types Only)	Tx Type 05, 06 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: Categorically Eligible for \$0	06, 11
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

FOOD STAMP CLAIMS

CODE	DEFINITION	TRANSACTION TYPE(S)
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

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

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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" (PA Case Types Only)	05, 06
A05	FS Close - Non-PA Person in HH (PA Case Types Only)	05, 06
J05	Separate Food Stamp Notice Will be Sent (PA Case Types Only)	05, 06
L02	PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (PA Case Types Only)	05, 06
L05	FS Benefit Change - FS Co-Op Case Closed (PA Case Types Only)	05, 06
V19	Food Stamp Request for Contact (PA Case Types Only) (For FS Cases, See Page 26)	All 3 Tx Types with PA/FS Ind = 01, 05
Y20	FS Benefit Not Changed (No New Budget) (PA 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
Z97	Missed FS Application Interview (PA Case Types Only)(For FS Cases, See Page 26)	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

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

*Transaction Type 00 - Notice Prepared Without a WMS Transaction

A02 PA Denial/Recert. CL - FS Declined (PA Case Types Only)	L14 PA Close - FS Decrease - Worker Name Included (PA Case Types Only)
A04 Food Stamps Declined (PA Case Types Only)	L99 Food Stamp Overpayment Balance Statement
A05 FS Close - Non-PA Person in HH (PA Case Types Only)	M20 Refusal to Provide Information (During Cert. Period)
B10 PA Close - FS Continue Unchanged (PA Case Types Only)	M24 Failure to Resolve a Computer Match
B20 New Budget Authorized	M25 Failure to Respond to a Computer Match Call-In
B21 New Budget Authorized: Certification Period Extended	M26 Failure to Provide Verification of Wage Match
B22 New Budget Authorized: Decreased from Written Client-Provided Information	M27 Failure to Provide Verification of UIB Match
B24 New Budget Authorized: October Allotment Increase	M34 Excess Income - Including Striker's Income
B25 New Budget Authorized: JAN COLA Adjustment	M66 Receiving FS in Another Case
B30 Recert. Approval: Same Benefit Amount Each Month	M67 Part of Another FS Application
B31 Recertification Approval: Two Different Benefit Amounts in Certification Period	M68 Added to Another Case
B32 Recert. Approval: First Month Budgeting Necessary	M88 Refusal To Comply with Finger Imaging Requirement
B33 Recertification Approval: Categorically Eligible for \$0	M90 Client Request - Written or Face-to-Face
B34 Recertification Approval: Certification Period Spans ALL And Allotment Remains the Same	M91 Client Request - Phone
B35 Recertification Approval: Same Benefit Amt. Each Month- 2 Bgt. Calculations w/Different Bgt. Dates	N10 Failure to Keep/Complete Appointment
E10 Failure to Keep/Complete Interview: No Scheduled Appointment	N18 Failure to Validate Incorrect SSN - HH > 1
E28 Failure to Provide Information - Alien Sponsor	N51 Failure to Complete Quarterly Report - Selected Questions
E29 Failure to Provide Verification - Alien Sponsor	N53 Failure to Complete Quarterly Report - Partial Proof
E30 Excess Income	R11 PA Denial/Recert CL - FS Continue (PA Case Types Only)
E39 Excess Income - COLA	R12 PA Denial/Recert CL - FS Continue - Worker Name Included (PA Case Types Only)
E40 Excess Income - Budgeting Error	R21 Agency Error Claim: Recoupment Begins
E50 Failure to Return Quarterly Report	R22 Inadvertent Household Error Claim: Recoupment Begins
E51 Failure to Complete Quarterly Report - No Questions Answered	R23 Intentional Program Violation Claim: Recoupment Begins
E52 Failure to Complete Quarterly Report - Signature/Date	R24 Agency Error Claim: Recoupment Pended
E53 Failure to Complete Quarterly Report - Proof of Income	R25 Inadvertent Household Error Claim: Recoupment Pended
E54 Failure to Complete Quarterly Report - Dated Early	R26 Intentional Program Violation Claim: Recoupment Pended
E61 Not a Resident of District	R27 Agency Error Claim: Closed Cases
E63 Not a Resident of State	R28 Inadvertent Household Error Claim: Closed Cases
E65 Not a Resident of Disaster Area	R29 Intentional Program Violation Claim: Closed Cases
E70 Ineligible Boarder	UI6 Excess Resources - No Elderly Individual Present (Individual R/C for Elderly Individual Not Present in HH Required)
E71 In Commercial Boarding Home	U40 Excess Resources
E72 Institutionalized	U41 Transfer of Resources
E74 Elderly/Disabled Ineligible for Separate Household Status	U44 Excess Resources - Alien Sponsor's Resources
E75 Refusal of Everyone in the Household to Apply	U45 Excess Resources - Increased Resources
E76 Living with Child	U97 Opened in Error - Excess Resources
E77 Living with Parent	V19 Food Stamp Request for Contact (PA Case Types Only) (For FS Cases, See Page 26)
E78 Living with Child's Other Parent	V21 Failure to Provide Verification
F17 Failure to Validate Incorrect SSN-HH=1	X01 Issue Restored FS Benefits
F19 Refused to Cooperate with Quality Control	X02 Restored FS Benefits Entirely Offset by FS Claim
F37 Excess Income: FS Disaster Area	X03 Restored FS Benefits Partially Offset by FS Claim
F49 Excess Resources: FS Disaster Area	X04 Restored FS Benefits Denied
F65 Will Receive FS in PA Case	X05 Issue Supplemental FS Benefits
F70 Parental Control of Child	Y10 Failure to Recertify (No Notice Required)
F71 Child Under Parental Control	Y20 FS Benefit Not Changed (No New Budget) (PA Case Types Only)
F96 Opened in Error - Excess Income	Y22 Case Demographic Change Only
G10 Failure to Recertify (PA Case Types Only)	Y23 Case Opened with Expedited FS Only: Delayed Verification Received - No Notice Required
G15 Expedited PA/FS Failure to Verify (PA Case Types Only)	Y29 Expedited FS Failure to Verify (Case Types 31 & 32 Only)
I92 No Eligible Individual (Individual R/C Required)	Y92 Expedited FS Issued - PA Determination Pending (PA Case Types Only)
J05 Separate FS Will Be Sent (PA Case Types Only)	Y99 Other - Manual Notice Required
L02 PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (PA Case Types Only)	903 CIN Unduplication (Data-entered)
L05 FS Benefit Change - FS Co-Op Case Closed (PA Case Types Only)	960 Change of Address (No Change to Benefits)
L10 PA Close - FS Continue Unchanged - Worker Name Included (PA Case Types Only)	965 Authorize IV-D or HEAP Payment
L11 PA Close - FS Increase (PA Case Types Only)	966 Other Clockdown Closing Change
L12 PA Close - FS Decrease (PA Case Types Only)	991 Fair Hearing - Aid to Continue
L13 PA Close - FS Increase - Worker Name Included (PA Case Types Only)	992 Court Order to Enjoin Closing
	993 Closed in Error
	994 Cancel Closing

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

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

MEDICAL ASSISTANCE**COMMUNITY RECERTIFICATION**

Code	Definition
Z30	Scheduled Interview
Z32	Call-In for an Interview Date and Time
Z34	SSI Related Mail-In
Z36	Scheduled MA Group Recert

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

Code	Definition
Z37	Scheduled Interview
Z38	Call-In for an Interview Date and Time
Z39	Mail-In

**CHRONIC CARE RECERTIFICATION
(WITH FAMILY MEMBERS IN COMMUNITY/MAY OR MAY NOT INCLUDE A SPOUSE)**

Code	Definition
Z31	Scheduled Interview
Z33	Call-In for an Interview Date and Time
Z35	Mail-In
Z40	Scheduled Interview with Local DSS or call Facilitated Enroller
Z41	Schedule Appointment
Z42	Group Recertification or call Facilitated Enroller
Z43	Reauthorization Reminder Notice (Automatically mailed 15 days after Z40, Z41, Z42)

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FOOD STAMPS

Code	Definition
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
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**OTHER**

V19 Food Stamp Request for Contact (FS Case Types Only)

PATX = 03 (DENIAL) OR PATX = 07 & EMERGENCY IND = X.		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
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, L05, V19*	ALL RECERT-CL R/C NO R/C ALLOWED
71 DENY PA/CONTINUE FS W/EXP FS	R11 + R12 Z10-15, Z17-18, Z90-93, J05, L05, 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
81 DENY PA/RECERT-CL FS W/EXP FS	ALL RECERT-CL R/C INCLUDING J05, L05, R27-R29	ALL RECERT-CL R/C
90 DENY PA/CLOSE FS	ALL CLOSE R/C INCLUDING J05, L05, R27-R29	ALL CLOSE R/C
91 DENY PA/CLOSE FS W/EXP FS	ALL CLOSE R/C INCLUDING J05, L05, R27-R29	ALL CLOSE R/C

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

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PATX = 07 & EMERGENCY IND = BLANK (CLOSE).		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
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 + 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.

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 + 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	ALL DENIAL R/C

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

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

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PATX=05 & EMERGENCY IND=BLANK (U/M)		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
01 AUTHORIZED FS	B20, B22, B24, R21-R26, Y23 X01-X05, Y20 (If PA R/C = B50, X01-X04), Y22, 960, 965, 966, 991-994, J05, V19*	ALL R/C OTHER THAN RECERT-CL NO R/C ALLOWED
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 A05, J05, L05, R27-R29	ALL R/C OTHER THAN RECERT-CL NO R/C ALLOWED

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

PA TX = 06 & EMERGENCY IND = BLANK (RECERT)		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
01 AUTHORIZED FS	B30-B33, B35, J05, V19* X01-X05	ALL R/C OTHER THAN CLOSE-ONLY NO R/C ALLOWED
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
06 FS ISSUED IN CO-OP CASE	L02 ONLY	NO R/C ALLOWED
09 CLOSE FS	ALL RECERT-CLOSE R/C A05, J05, L05, R27-R29	ALL R/C OTHER THAN CLOSE-ONLY NO R/C ALLOWED

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

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

PA TX = 00 & EMERGENCY IND = BLANK (CNS ONLY)		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
01 AUTHORIZED FS	R24-R26, V19*, X02, X04, Y20, Z98 (IF PA R/C = R30, X02, X04)	NO R/C ALLOWED
02-09 FS NOT AUTHORIZED	R27-R29, V19*, Y20, Z97 (IF PA R/C = R30, R40)	NO R/C ALLOWED

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

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