

WMS DATA-ENTERED CODES

<p>TRANSACTION TYPE CODES – TRANS. TYPE - (PA, MA, FS, HEAP) INITIAL CASE ENTRY 02 Opening 09 Open/Close 03 Denial 10 Reopening UNDERCARE ENTRY 05 Change 06 Recertification/Reauthorization 07 Closing 08 Recertification/Closing 11 Reactivation 14 Closed Case Maintenance</p>	<p>PA/FS CODES - (PA) (cont'd) 90 Deny PA/Close FS 91 Deny PA/Close FS w/Expedited FS</p>																																																																
<p>PA REASON CODES - REASON CODE - (See PA Reason Code Cards Pages 3-11)</p>	<p>CASE TYPE CODES - CASE TYPE-(PA, MA, FS, HEAP) 11 Family Assistance (FA) 12 Safety Net Non-Cash Assistance (SN-FP) 13 Aid to Dependent Children - Foster-Care (ADC-FC) 16 Safety Net Cash Assistance (SN-CSH) 17 Safety Net Non-Cash Assistance (SN-FNP) 18 Emergency Assistance for Adults (EAA) 19 Emergency Assistance to Families (EAF) 20 Medical Assistance (MA) 21 Medicaid Presumptive Eligibility 22 Medical Assistance - Supplemental Security Income (MA-SSI) 24 Family Health Plus (FHP) 31 Non-Public Assistance Food Stamps (NPA-FS) 32 Public Assistance and Non-Public Assistance Mixed Household (FS-MIX) 60 Home Energy Assistance Program (HEAP)</p>																																																																
<p>MA REASON CODES - REASON CODE - (See MA Case Reason Code Cards Pages 12-19)</p>	<p>FISCAL DISTRICT CODES - FISCAL - (PA, MA) (Use Only as Authorized)</p>																																																																
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<p>SAFETY NET INDICATOR - SafeNet - (CT = 17 Only) A Substance Abuse S Safety Net Limit C Cash Limit (Auth From Date must be > 12/01/01)</p>	<p>PERIODIC REPORTING CODES - PA/FS PERIODIC CNTCT (PA, FS) B Periodic Reporting Required/No Calculated ABEL Budget C Periodic Reporting Required/Income Deemed from Individuals Living in Household Who Have Earned Income or a Recent Work History (PA Only) E Periodic Reporting Exempt I Periodic Reporting Exempt/Coop Case with Earned</p>																																																																
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<p>LANGUAGE INDICATOR - LANGUAGE E English S Spanish</p>																																																																	
<p>RACIAL ETHNIC CODES - Race (For each code, enter [Y] Yes or [N] No. For MA Only cases [CT 20], enter Y, N or [U] Unknown) (PA, MA, FS, HEAP) ETHNICITY H Hispanic or Latino RACE I American Indian or Alaskan Native A Asian B Black or African American P Native Hawaiian or Other Pacific Islander W White</p>																																																																	
<p>PA/FS CODES - (PA) 01 Authorized for PA-FS 02 Do Not Authorize - Declined to Participate for Food Stamps 03 Do Not Authorize - Denied Food Stamps 04 Do Not Authorize - Non-PA Person in Household 05 FS Authorization Determination Pending 06 PA/FS Issuance To Be Handled in Co-Op Case 07 Closed - PA Case But Continue FS 08 Closed - Both PA and FS Cases 09 Closed - FS Case 10 Recert-Close PA/Deny FS 70 Deny PA/Continue FS 71 Deny PA/Continue FS w/Expedited FS 80 Deny PA/Recert - Close FS 81 Deny PA/Recert - Close FS w/Expedited FS (See Pages 30 - 32 for PA/FS Indicator Codes by Transaction)</p>																																																																	

WMS DATA-ENTERED CODES

<p>PERIODIC REPORTING CODES - PA/FS PERIODIC CNTCT (PA, FS)(cont'd)</p> <p>Income form LRR (Legally Responsible Relative)(PA Only) L Periodic 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>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 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) 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> <p>TRANSFERRED TO ANOTHER PROGRAM NOTE: Transfers have priority over and supercede all other codes. 180 FA, SN-FP 181 PG-ADC, SN-CSH, SN-FNP 182 EAF</p> <p>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>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>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>	<h1>1</h1>
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CASE LEVEL DENIALS (03), CLOSINGS (07), RECERTIFICATION CLOSINGS (08). All PA Denial (03) Notices are Adequate. Closing (07) & Recert Closing (08) Notices are Timely, except those Reason Codes highlighted by an asterisk (*) are Adequate.

FAILURE TO PROVIDE VERIFICATION

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

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INCOME RELATED

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

RESOURCES

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

LIVINGARRANGEMENTS

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

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

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

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LIVING ARRANGEMENTS (Cont'd)

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

OTHER FAILURES

CODE	DEFINITION	TRANSACTION TYPE(S)
E10	Failure to Keep/Complete Interview: No Scheduled Appointment	03
F11	Failure to Access PA Benefits	07
F19	Refused to Cooperate with Quality Control	07, 08
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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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

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 OR 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

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

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

FILL INFORMATION
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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, Ends or is Denied	05, 06

RECOUPMENTS

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

1**OTHER**

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

HEAP APPROVAL NOTICES FOR PA AND HEAP

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

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

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

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)	N53	Failure to Complete Periodic Report - Partial Proof
E31	Excess Income - Increased Earnings - TMA Eligible	P30	Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search
E32	Excess Income - Increased Support Collection - MA Extension	P31	Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Employment Assessment
E34	Excess Income - Receipt of SSI Single Individual	P32	Close FA/Deny SNA - Refusal to Take a Job
E38	Excess Income - Lump Sum	R15	Restriction(s) Begins, Ends or is Denied
E39	Excess Income - COLA	R20	Recoupment Begins
E40	Excess Income - Budgeting Error	R30	Recoupment Pended
E50	Failure to Return Periodic Report	R40	Recoupment - Closing & Closed Cases
E51	Failure to Complete Periodic Report - Questions	U40	Excess Resources
E52	Failure to Complete Periodic Report - Signature/Date	U41	Transfer of Resources (CT 12, 14, 16, 17)
E53	Failure to Complete Periodic Report - Proof of Income	U42	Excess Resources - Refused to Sell Property
E54	Failure to Complete Periodic Report - Dated Early	U43	Excess Resources - End of 6 Month Period
E60	Unable to Locate	U44	Excess Resources - Deemed Resources of Alien Sponsor (CT 11)
E61	Not a Resident of District (Denial)	U16	Excess Resources - No Elderly Individual Present
E63	Not a Resident of State (Denial)	V20	Failure to Provide Verification
E64	Moved out of District Before Determination	V21	Failure to Provide Verification (Denial)
E66	Not a Resident of State (Closing)	V22	Failure to Provide Verification - Mail-In Recert
F11	Failure to Access PA Benefits	V23	Failure to Provide Verification - Parent/Spouse
F19	Refusal to Cooperate with Quality Control	V24	Failure to Provide Verification - Step/Grandparent
F33	Excess Income - Deemed Income of Alien Sponsor (CT 11)	V25	Failure to Provide Verification - Filing Unit
F38	Excess Income - Lump Sum (No MA Ext.)	W10	Failure to Keep Investigatory Appointment
F81	Refused Photo ID - Single Individual	W11	Failure to Keep Appointment for DSS Medical Assessment
G30	Close FA Due to 60 Month Limit/No SNA Application Filed	X01	Issue Underpayment Adjustment
G31	Close FA Due to 60 Month Limit/Deny SNA - Separate SNA Notice Required	X02	Underpayment Entirely Offset by Overpayment
G32	Close FA Due to 60 Month Limit/Deny SNA - Refusal to Sign Repayment Agreement/Earnings Assignment	X03	Underpayment Partially Offset by Overpayment
G33	Close FA Due to 60 Month Limit/Deny SNA - Refusal to Apply for Child	X04	Grant Reviewed - No Adjustment Needed
G61	Not a Resident of District - Opened in Error	Y20	PA Benefit Not Changed (No New Budget)
I92	No Eligible Individual (Indiv. R/C Required)	Y22	Case Demographic Change Only
L92	Restart Previously Notified Recoupment	Y95	Application for Emergency Assistance Only
L99	PA Overpayment Balance Statement	Y98	Other - Manual Notice Required - (No MA Extension/E)
M10	Failure to Recertify - On	Y99	Other - Manual Notice Required (1 Month MA Extension)
M11	Failure to Recertify - By	002	Loss of or Reduction in Earnings Due to Illness, Injury, or Other Impairment of Recipient (CT 14, 16, 17, 19)
M12	Failure to Return Mail-In Recert	005	Loss of or Reduction in Earnings Due to Lay-off, Discharge, or Other Reason (CT 14, 16, 17, 19)
M15	Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 14, 16, 17)	010	Illness, Injury, or Other Impairment of Father (CT 11, 12)
M24	Failure to Resolve a Computer Match	011	Illness, Injury, or Other Impairment of Mother (CT 11, 12)
M25	Failure to Respond to a Computer Match Call-In	012	Illness, Injury, or Other Impairment of Other Grantee (CT 11, 12)
M35	Lump Sum - No Good Reason Provided	015	Lay-off, Discharge, or Other Reason of Father (CT 11, 12)
M37	Lump Sum - Shortened Ineligibility Period	016	Lay-off, Discharge, or Other Reason of Mother (CT 11, 12)
M48	Parent's Offer of a Home - Minor Not Pregnant or Parenting (CT 14, 16, 17)	017	Lay-off, Discharge, or Other Reason of Other Grantee (CT 11, 12)
M62	Moved Out of District	020	Loss of or Reduction in Support of Child due to Death of Parent (CT 11, 12)
M63	Will Move Out of State	021	Leaving Home by Parent and Stopping or Reducing Support for Reason of Divorce
M66	Receiving PA In Another Case	022	Leaving Home by Parent and Stopping or Reducing Support for Reason of Separation
M67	Part of Another PA Application	023	Leaving Home by Parent and Stopping or Reducing Support for Reason of Desertion
M68	Added to Another Case	024	Leaving Home by Parent and Stopping or Reducing Support for Reason of Other (Hospital, Imprisoned)
M88	Failure to Comply with Finger Imaging Requirement - Legally Responsible Relative (HH > 1)	030	Loss of or Reduction in Support from Father Outside Home (Absent Throughout 6 Months Preceding Application) (CT 11, 12)
M90	Client Request - Written - PA and MA		
M91	Client Request - Verbal - PA and MA		
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		

035	Loss of or Reduction in Support from Other Person in Home as a Result of Death	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)
139	No Longer Meets Eligibility Requirements Other Than Need - Increased Hours (CT 12 Only)	903 CIN Unduplication (Data-entered)
140	No Longer Meets Eligibility Requirements Other Than	960 Change of Address (No Change to Benefits)
		965 Authorize IV-D, HEAP or Other Supportive Payment
		966 Other Clockdown Closing Change
		978 Transferred from FA, SN-FP to CAP
		984 Transferred from CAP
		991 Fair Hearing - Aid to Continue
		992 Court Order to Enjoin Closing
		993 Closed in Error
		994 Cancel Closing

HEAP ONLY

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

PA (TT = 05, 06, 07, 08) 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

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WMS DATA-ENTERED CODES

OPENING (02)/REOPENING (10)	
<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 * 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>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 1-19, Excess Income E56 Child Age 1-19, Excess Income and 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 BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21) 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 FAMILY PLANNING BENEFIT PROGRAM F79 Deny Teen Under 19, Not Eligible for MA or FPBP 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>
DENIALS (03)	
<p>FAILURE TO PROVIDE VERIFICATION E80 Failure to Provide Required Information about Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC</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/MA ACTION 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	
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
V17	Incorrect or Fraudulent Social Security Number
X45	Deny MA/FHP, Failed to Choose a Health Plan for FHP, FP
X46	Deny MA/FHP, Failed to Choose a Health Plan for FHP, S/CC
X47	Deny MA/FHP, Failed to Choose a Health Plan for FHP, FNP Parent
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
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
U90	Turning 19, MA to FHP, Chose a Plan
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
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

<p align="center">UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)</p>	
<p>INCOME/RESOURCE RELATED POST-PARTUM</p>	
S11 200% to 100% or MA Lev. During Pregnancy or 60 Day Post-Partum	S19 Child 1-19 at 133% Over 100% and MA Level - Exc. Inc., Spenddown Not Met(FAB)
S19 200% MA After 60 Days Post-Partum - Exc. Inc. Spenddown Not Met (CAB)	S19 Child 1-19 at 133% Over 100% and MA Level - Exc. Inc. and Res., Res. Spenddown Met (FAH)
S19 200% MA After 60 Days Post-Partum - Exc. Inc. and Res., Res. Spenddown Met (CAH)	S19 Child 1-19 at 133% Over 100% & MA Lev., Exc. Inc., Spenddown Met (FAA)
S19 200% MA After 60 Days Post-Partum - Exc. Inc., Spenddown Met (CAA)	S19 Child 1-19 at 133% Over 100% & MA Level - Exc. Inc. & Res., Both Met (FAF)
S19 200% MA After 60 Days Post-Partum - Exc. Res., Spenddown Met (CAD)	S19 Child 1-19 at 133% Over 100% & MA Level - Exc. Inc., 6 Mo. Spenddown Met (FAC)
S19 200% MA After 60 Days Post-Partum - Exc. Inc. and Res., Both Met (CAF)	S19 Child 1-19 at 133% Over 100% & MA Level - Exc. Inc. and Res., Both Res. and 6 Mo. Spenddown Met (FAI)
S19 200% MA After 60 Days Post-Partum - Exc. Inc., 6 Mo. Spenddown Met (CAC)	<p>LIVING ARRANGEMENT</p>
S19 200% MA After 60 Days Post-Partum - Exc. Inc./Res., Both Res. And 6 Mo. Spenddown Met (CAI)	E60 Unable to Locate
S19 100% After 60 Days Post-Partum - Exc. Inc., Spenddown Not Met (DAB)	E61 Not a Resident of District
S19 100% After 60 Days Post-Partum - Exc. Inc. and Res., Res. Spenddown Met (DAH)	E62 Between 21-65, in a Psychiatric Institution
S19 100% After 60 Days Post-Partum - Exc. Inc., Spenddown Met (DAA)	E63 Not a State Resident
S19 100% After 60 Days Post-Partum - Exc. Res., Spenddown Met (DAD)	E79 MA Not Provided in Current Living Arrangement
S19 100% After 60 Days Post-Partum - Exc. Inc. and Res., Both Met (DAF)	E85 Moved Out of Household, No Forwarding Address
S19 100% After 60 Days Post-Partum - Exc. Inc., 6 Mo. Spenddown Met (DAC)	U65 Not a Resident of District (MA Ext.)
S19 100% After 60 Days Post-Partum - Exc. Inc./Res., Both Res. & 6 Mo. Spenddown Met (DAI)	U77 Concurrent Benefits, Intra-State – No Aid Continuing
S25 100% MA After 60 Days Post-Partum to Exc. Income, Not FHP Eligible Disc. Mother, Cont. Child FHP Eligible	U78 Concurrent Benefits, Inter-State – Aid Continuing
S27 200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan	<p>BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21)</p>
S31 200% MA After 60 Days Post-Partum, Limited Service Package to Spenddown, Not FHP Eligible or Chose MA with a Spenddown	V83 BCCTP to Regular MA
U25 S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Chose a Plan	<p>FAMILY PLANNING BENEFIT PROGRAM</p>
U26 MA to FHP After 60 Day Post-Partum, FP, No Infant, Chose a Plan	F82 MA to FPBP, Teen Under 19
X15 Disc., Eligible During Pregnancy, After 60 Day Post-Partum Excess Income/Resources, No Infant	F83 MA to FPBP, 60 Days Post-Partum, Teen Under 19
<p>INCOME/RESOURCE RELATED - EXPANDED</p>	V76 Full MA to FPBP, Over 19
E23 Child 1-19, Exc. Inc. to 133% FPL, Full Coverage	V77 MA to FPBP, SCC/FNP Parents
E49 Child Turning 1 year, Exc. Inc.	V78 MA to FPBP, 60 Days Post-Partum, Over 19
E55 Child 1-5, Excess Income	V79 Change FHP to FPBP
E56 Child 1-5, Exc. Inc. and Exc. Res.	<p>OTHER FAILURES</p>
E68 Child Turning 1 Year, Exc. Inc. and Res.	E09 Disc., Photo ID Refusal
S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc., Spenddown Not Met (ECB)	F12 Failure to Apply for SSA
S19 Child Turning 1 at 200% Over 133% & MA Lev. Exc. Inc./Res., Res. Spenddown Met (ECH)	F21 Failure to Comply with Finger Imaging Requirements
S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc., Spenddown Met (ECA)	F40 Failure to Enroll in a Group Health Plan
S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc. & Res., Both Met (ECF)	U71 Failure to Comply with Alcohol/Substance Abuse Requirements
S19 Child Turning 1 at 200% Over 133% & MA Lev., Exc. Inc., 6 Mo. Spenddown Met (ECC)	V10 Failure to Appear for Interview Appt. With Agency
S19 Child Turning 1 at 200% Over 133% & MA Lev., Exc. Inc. & Res., Both Res. And 6 Mo. Spenddown Met (ECI)	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
	<p>TRANSITIONAL MEDICAL ASSISTANCE (TMA)</p>
	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 Discontinuance, Receiving PA, MA Cont.
	S01 TMA did not Return Quarterly Report
	<p>HEALTH INSURANCE</p>
	C08 COBRA Continuation
	C09 QMB Continue Payment for Medicare
	C10 SLIMB Continue Payment for Medicare
	S17 Change from SLIMB to QMB Coverage

WMS DATA-ENTERED CODES

UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd)	
S18 Change from QMB to SLIMB Coverage	C06 Add Person to MA Case
X14 No Longer Elig. For MA Payment of AHIP Premiums	C07 Add Person to FHP Case
X50 Discontinue Payment of COBRA Continuation GHIP	C11 Stenson - Continue Unchanged
X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance.	C13 Infant up to Age 1 Guarantee, Continue Unchanged
X52 Medicare Buy-In Program, QMB	C16 Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support
X53 Medicare Buy-In Program, SLIMB	C20 Discontinue MA, Failed to Choose a Health Plan for FHP
ALIEN	E90 Client Request
C14 Non-Qual. Alien - 60 Days Post-Partum - No Infant	E95 Death (Individual)
E01 Non-Qual. PRUCOL Alien Inelig. For Full MA	S06 Intent to Impose Lien on Real Property - Instit. Individ.
E02 Non-Qual. Alien, End of Medical Emergency	U37 FHP TO MA, Pregnant, MA Eligible Chose MA
E03 Non-Qual. Alien, End of 60 Days Post-Partum, Infant Continues	U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP
TRANSFER	U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP
S02 Transfer by Instit. Individ. Reduce from Full to Limited Coverage	U66 Currently in Receipt of Assistance
S05 Change in Transfer Period - Instit. Individ.	X40 FHP Disc., Equiv. Health Insur., Not MA Eligible
S09 Instit. Individ. - Transfer - MA Lev. To Limt Cov. & Exc. Inc. - Spenddown Met	Y77 Undercare Case Maintenance
INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE	Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Employment
V52 Individual - Income Contribution Only	Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Loss of 30 1/3
V53 Spousal - Income Contribution Only	Y99 Other
V54 Spousal - Income/Resource Contribution	USED WITH INDIVIDUAL REASON CODE(S)
V55 Individual - Income/Resource Contribution	I89 Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code
V56 Spousal - Waiver Recipient Income/Resource Contribution	INFORMATIONAL LETTERS
V57 Spousal - Waiver Recipient Income Contribution Only	I90 Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 through T02
V58 Spousal - Waiver Recipient Resource Contribution Only	SPENDDOWN MET
V59 Spousal - Waiver Recipient No Liability Toward Cost	T01 Spenddown Met - Bills/Receipts or Combination Bills/Receipts and Pay-In
V60 Individual - No Liability Toward Cost of Care	T02 Spenddown Met - Pay-In Only
V61 Spousal - No Liability Toward Cost of Care	MA TO FHP, MUST CHOOSE A PLAN
V62 Spousal - Resource Contribution Only	T03 MA to FHP, Must Choose Plan, FNP, S/CC
V63 Individual - Resource Contribution Only	T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP
RECALCULATION OF CONTRIBUTION TOWARD CHRONIC CARE	T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan
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	

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WMS DATA-ENTERED CODES

CLOSING (07)/RECERTIFICATION CLOSING (08)	FAMILY PLANNING BENEFIT PROGRAM
FAILURE TO RECERTIFY	F80 Discontinue Teen Under 19, Not Eligible for MA or FPBP
F10 Failure to Return Recertification Form	OTHER FAILURES
U10 Failure to Comply with Recertification Procedures	E09 Photo ID Refusal
FAILURE TO PROVIDE VERIFICATION	F12 Failure to Apply for SSA
E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC	F21 Failure to Comply with Finger Imaging Requirements
F24 Failure to Provide Required Info. About Income of Non-Applying LRR	F40 Failure to Enroll in a Group Health Plan
U20 Verification of Factors Which Affect Eligibility, Did Not State unable to get Information	U71 Failure to Comply with Alcohol/Substance Abuse Requirements
U21 Verif. of Factors Which Affect Elig., Unable to Get Info., But Not a Good Reason	V10 Failure to Appear for Interview Appointment with Agency
V17 Incorrect or Fraudulent Social Security Number	V13 Failure to Utilize Benefits
FAILED TO CHOOSE A HEALTH PLAN FOR FHP	V30 Failure to Comply with IV-D Requirements
X42 Discontinue MA, Failed to Choose a Health Plan for FHP, FP	V31 Failure to Provide Social Security Number
X43 Discontinue MA, Failed to Choose a Health Plan for FHP, S/CC	V38 Failure to Contact Agency
EXCESS INCOME (S/CC, FNP Parent)	SPOUSAL IMPOVERISHMENT
U57 MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children)	H10 Failure to Provide Res. Information, No Undue Hardship
U72 Excess Inc. COLA, Single/Childless Couple	H11 Failure to Provide Resource Information, Undue Hardship
X17 Over Inc. and/or Res., Single/Childless Couple, Post-Partum, No Infant	X13 Exc. Res. for Institutionalized Spouse
EXCESS INCOME/RESOURCES/TRANSFERS	TRANSITIONAL MEDICAL ASSISTANCE (TMA)
(LIF, ADC-Rel, SSI-Rel)	H30 TMA Discontinue, No Dependent Child Under 21
E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months	H31 TMA Discontinue, Fraud
E47 Exc. Inc., Child Turning 6	H32 TMA Discontinue, Receiving PA, MA Continues
E48 Exc. Inc. and Res., Child Turning 6	HEALTH INSURANCE
E49 Exc. Inc., Child Turning 1	X14 No Longer Elig. For MA Payment of AHIP Premiums
E55 Excess Income, Child 1-19	X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums
E56 Excess Inc. and Res., Child 1-19	X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance
E57 Excess Income, Child 6 to 19	X52 Medicare Buy-In Program, QMB
E58 Excess Income and Excess Resources, Child 6 to 19	X53 Medicare Buy-In Program, SLIMB
E68 Exc. Inc. and Res., Child Turning 1	ALIENS
U32 Excess Income	C14 Non-Qualified Alien - End of 60 Day Post Partum - No Infant
U33 Turning 19, Exc. Income, Not FHP Eligible	E01 Non-Qualified PRUCOL Alien-Inelig. For Full MA
U40 Excess Resources	E02 Non-Qualified Alien - End of Medical Emergency
U54 Transfer of Assets, Institutionalized Indiv., Exc. Inc.	CONTINUOUS COVERAGE
U55 Transfer of Assets, Institutionalized Indiv., Exc. Resources	E65 Eligible for Continuous Coverage, Moved Out of District, Accepted in New District
U56 Transfer of Assets, Institutionalized Indiv., Exc. Inc. & Res.	NEWBORN/UNBORN
U58 MA/FHP Disc., Exc. Inc., Parents, 19 & 20 Year Old	E98 Newborn Case Opened in Error
U59 Excess Income and Resources	E99 Newborn Deceased
X15 Elig. During Pregnancy, After 60 day Post-Partum Exc. Inc./Res., No Infant	OTHER
X83 Turning 65, FHP Discontinuance, Excess Income	E90 Client Request
X84 Turning 65, FHP Discontinuance, Excess Resources	E95 Death (Individual)
X85 Turning 65, FHP Discontinuance, Excess Income and Res.	U66 Currently in Receipt of Assistance
LIVING ARRANGEMENT	X40 FHP Disc., Equiv. Health Insur., Not MA Eligible
E60 Unable to Locate	X44 Discontinue MA, Failed to Choose a Health Plan for FHP, FNP Parent
E61 Not a Resident of District	Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)
E62 Between 21-65, In a Psychiatric Institution	Y99 Disc., Other (Manual Notice Required)
E63 Not a State Resident	NO ELIGIBLE INDIVIDUAL
E79 MA Not Provided in Current Living Arrangement	I 94 Used as Case Reason Code When ALL Case Members Have an Individual Reason Code
U65 Not a Resident of District (MA Ext.)	OMH/OMR ONLY
U77 Concurrent Benefits, Intra-State – No Aid Continuing	E13 OMH/OMR Case Type 20 Discharge Into the Community, or Art. 28 or 31 Facility
U78 Concurrent Benefits, Inter-State – Aid Continuing	E14 OMH/OMR Case Type 22 Discharge Into Community, or Article 28 or 31 Facility
BREAST & CERVICAL CANCER TREATMENT PROGRAM	E15 OMH Only, Lost Elig. Due to Turning Age 22 and In Psychiatric. Center or Residential Treatment Facility
(BCCTP) (District 99 Only) (Case Types 20 & 21)	
B73 Discontinue BCCTP - Client Request	
B74 Discontinue BCCTP - Failure to Recertify	
B75 Discontinue BCCTP - Other Health Insurance	REACTIVATION (11)
B76 Discontinue BCCTP - Moved Out-of-State	991 Fair Hearing - Aid to Continue
B77 Discontinue BCCTP - Death	992 Court Order to Enjoin Closing
V82 Discontinue BCCTP - Treatment Ended	993 Closed in Error
	994 Cancel Closing

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WMS DATA-ENTERED CODES

B70 Deny BCCTP - Not in Need of Treatment	E85 Moved Out of Household, No Forwarding Address
B71 Deny BCCTP - Not a Resident of State	E90 Client Request
B72 Deny BCCTP - Other Health Insurance	E95 Death (Single Person)
B73 Discontinue BCCTP - Client Request	E97 Newborn Added to Case in Error
B74 Discontinue BCCTP - Failure to Recertify	E98 Newborn Case Opened in Error
B75 Discontinue BCCTP - Other Health Insurance	E99 Newborn Deceased
B76 Discontinue BCCTP - Moved Out-of-State	F10 Failure to Return Recertification Form
B77 Discontinue BCCTP - Death	F12 Failure to Apply for SS
C01 TMA All Reports, Did Not Send Requested Info.	F13 Failure to Return Recert. Form, Discontinue Mother, Continue Child
C02 TMA No Earnings in 1 or More of 3 Previous Months	F14 Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program
C03 TMA Income Over 185%	F21 Failure to Comply with Finger Imaging Requirements
C04 TMA End 12 Month Send in 10 th Month	F24 Failure to Provide Req. Info. about Income of Non-Applying LRR
C05 Continue Unchanged	F27 Failure to Complete Interview
C06 Add person to MA Case	F40 Failure to Enroll in a Group Health Plan
C07 Add person to FHP Case	F79 Deny Teen Under 19, Not Eligible for MA or FPBP
C08 COBRA Continuation	F80 Discontinue Teen Under 19, Not Eligible for MA or FPBP
C09 QMB Continue Payment for Medicare	F82 MA to FPBP, Teen Under 19
C10 SLIMB Continue Payment for Medicare	F83 MA to FPBP, 60 Days Post-Partum, Teen Under 19
C11 Stenson - Continue Unchanged	H10 Spousal Impoverishment - Failure to Provide Resource
C12 FNP Mother Over Inc./Res. Postpartum, Infant Continues	H11 Spousal Impoverishment - Failure to Provide Resource Information - No Undue Hardship
C13 Infant up to Age 1 Guarantee, Continue Unchanged	H15 Client Request
C14 Non-Qual. Alien - End of 60 Days Post-Partum - No Infant	H16 Failed to Provide a Medical Statement
C16 Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support	H30 TMA Discontinue - No Dependent Child Under 21
C17 Continuous Coverage	H31 TMA Discontinue - Fraud
C20 Discontinue MA, Failed to Choose a Health Plan for FHP	H32 TMA Discontinue Receiving PA, MA Continues
E01 Non-Qual., PRUCOL Alien Inelig. For Full MA	I89 Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code
E02 Non-Qual., Alien, End of Medical Emergency	I90 Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 or T02
E03 Non-Qual., Alien, End of 60 Days Post-Partum, Infant Continues	I94 Used as Case Reason Code When All Case Members have an Indiv. Reason Code
E06 Non-Qualified Alien - No Emergency	S01 TMA did not Return Quarterly Report
E08 MA to TMA 1 st 6 Months	S02 Transfer by Instit. Indiv. Reduce from Full to Limited Coverage
E09 Photo ID Refusal	S05 Change in Transfer Period - Instit. Indiv.
E13 OMH/OMR Case Type 20 Disch. Into the Community, or Art. 28 or 31 Facility	S06 Intent to Impose Lien on Real Property - Instit. Indiv.
E14 OMH/OMR Case Type 22 Disch. Into Community, or Article 28 or 31 Facility	S07 MA Level to Exc. Inc. Due to COLA
E15 OMH Only, Lost Elig. Due to Turning Age 22 and In Psych. Center or Resid. Treatment Facility	S08 Increase in Exc. Inc. Due to COLA
E18 Death Before Determination, No Medical Bills in Retro. Period	S09 Instit. Indiv. - Transfer - MA Level To Limit Cov. & Exc. Inc. - Spenddown Met
E19 Death Before Determination, Insuff. Info. To Make a Determination	S10 Change in Figures Used to Calculate Excess Inc. Amount
E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months	S11 200% to 100% or MA Level During Pregnancy or 60 Day Post-Partum
E23 Child 1-19, Exc. Inc. to 133%, FPL Coverage	S15 Pay-In Credit Due to Uncovered Expenses
E25 Spenddown to At or Below MA level	S16 Pay-In Refund Due to Uncovered Expenses
E49 Child Turning 1 Excess Income	S17 Change from SLIMB to QMB Coverage
E55 Child 1-19 Excess Income	S18 Change from QMB to SLIMB Coverage
E56 Child 1-19 Excess Income and Resources	S19 Spenddown (See Undercare Codes)
E59 Pregnant Woman Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown	S23 Failure to Comply with Recert. Interview Procedures, Discontinue Mother, Infant Continues
E60 Unable to Locate	S25 100% MA After 60 Days Post-Partum to Exc. Income, Not FHP Eligible Disc. Mother, Cont. Child FHP Eligible
E61 Not a Resident of District	S27 200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan
E62 Between 21-65 in Psychiatric Institution	S31 200% MA, 60 Days Post-Partum, Limited Service Package to Spenddown, Not FHP Eligible or Chose MA with a Spenddown
E63 Not a State Resident	T01 Spenddown Met - Bills/Receipts or Combination Bills/ Receipts and Pay-In
E64 Continuous Coverage - Moved Out of District	T02 Spenddown Met - Pay-In Only
E65 Elig. for Continuous Coverage, Moved Out of District. Accepted in New District.	T03 MA to FHP, Must Choose Plan, FNP, S/CC
E67 Denial Child, Up to Age One, Excess Income (Mother Did Not Receive MA in Any Month of Her Pregnancy)	T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP
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	

WMS DATA-ENTERED CODES

T05	MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan	U96	Turning 65, FHP to MA with Excess Resources, Spenddown Met
U10	Failure to Comply With Recertification Interview Procedures	V10	Failure to Appear for Interview Appointment with Agency
U20	Verification of Factors Which Affect Eligibility. Did Not State Unable to Get Information	V13	Failure to Utilize Benefits
U21	Verification of Factors Which Affect Eligibility. Unable to get Information but Not a Good Reason	V14	Failure to Complete the Declaration of Citizenship/ Immigration Status
U25	S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Chose a Plan	V17	Incorrect or Fraudulent Social Security Number
U26	MA to FHP After 60 Days Post-Partum, FP, No Infant, Chose Plan	V30	Failure to Comply with IV-D Requirements
U32	Discontinuance - Excess Income	V31	Failure to Provide Social Security Number
U33	Turning 19, Exc. Income, Not FHP Eligible	V38	Failure to Contact Agency
U34	Exc. Inc., Parents/Disabled Singles/19 & 20 Year Old Living with Parents or on their own	V76	Full MA to FPBP, Over 19
U35	Excess Income, S/CC or FNP Parent	V77	MA to FPBP, SCC/FNP Parents
U36	FHP Denial - Equiv. Health Insur., Not MA Eligible	V78	MA to FPBP, 60 Days Post-Partum, Over 19
U37	FHP to MA, Pregnant, MA Eligible, Chose MA	V79	Change FHP to FPBP
U38	Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP	V80	FHP to MA with a Spenddown, over FHP Limit or Chose Spenddown
U39	Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP	V81	Deny BCCTP - Failed to Complete Eligibility Process
U40	Excess Resources	V82	Discontinue BCCTP - Treatment Ended
U51	Denial, Transfer of Assets, Institutionalized Individual, Excess Resources	V83	BCCTP to Regular MA
U52	Denial, Transfer of Assets, Institutionalized Individual, Excess Income and Resources	X10	Excess Income, Does Not Meet 6 Month Excess
U54	Closing, Transfer of Assets, Institutionalized Individual Excess Income	X13	Spousal Impoverishment - Excess Resources
U55	Transfer of Assets, Institutionalized Indv., Exc. Res.	X14	No Longer Elig. For MA Payment of AHIP Premiums
U56	Transfer of Assets, Institutionalized Indv., Exc. Inc. & Res.	X15	Elig. During Pregnancy, After 60 day Post-Partum Exc. Inc./Res., 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	X42	Discontinue MA, Failed to Choose a Health Plan for FHP, FP
U63	Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc.	X43	Discontinue MA, Failed to Choose a Health Plan for FHP, S/CC
U65	Not a Resident of District (MA Extension)	X44	Discontinue MA, Failed to Choose a Health Plan for FHP, FNP Parent
U66	Already in Receipt of Medicaid	X45	Deny MA/FHP, Failed to Choose a Health Plan for FHP, FP
U67	Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc. & Res.	X46	Deny MA/FHP, Failed to Choose a Health Plan for FHP, S/CC
U71	Failure to Comply with Alcohol/Subst. Abuse Requirements	X47	Deny MA/FHP, Failed to Choose a Health Plan for FHP, FNP Parent
U72	Excess Inc. COLA, Single/Childless Couple	X50	Discontinue Payment of COBRA Continuation Group Health Insurance Premium
U73	FNP Related Non-Qualified Alien, Emerg. Med. Cond., Exc. Inc./Res.	X51	Discontinue Payment of COBRA Continuation Group Health Insurance Premium - Prior Conditional Acceptance
U74	Non-Qualified Alien/Emerg. Med. Cond., Exc. Res.	X52	Medicare Buy-In Program QMB
U75	No Change in Exc. Inc. Amt.	X53	Medicare Buy-In Program SLIMB
U77	Concurrent Benefits, Intra-State - No Aid Continuing	X76	Decrease in Excess Income Amount
U78	Concurrent Benefits, Inter-State - Aid Continuing	X77	Decrease in Excess Income Due to COLA
U79	Concurrent Benefits, Intra or Inter-State	X80	Full MA Cov. to Excess Income, FHP Info.
U80	Qualified Individual QI-1 Denial Medicare Part B Premium	X81	MA to FHP Due to COLA, Chose a Plan
U81	Qualified Individual QI-2 Denial of Medicare Part B Premium	X83	Turning 65, FHP Discontinuance, Excess Income
U82	Qualified Individual QI-1 Accepted for Medicare Part B Premium	X84	Turning 65, FHP Discontinuance, Excess Resources
U83	Qualified Individual QI-2 Accepted for Partial Payment of Medicare Part B Premium	X85	Turning 65, FHP Discontinuance, Excess Income and Resources
U84	Concurrent Benefits, AFIS Match, Intra-State or Inter-State	X86	FHP to MA, S/CC
U85	MA to FHP, FP, Chose a Plan	X87	FHP to MA, FP
U86	MA to FHP, S/CC, Chose a Plan	X88	FHP to MA, FNP Parent
U87	Spenddown to Family Health Plus, Chose a Plan	Y77	Undercare Case Maintenance
U89	MA to FHP, FNP Parent Chose a Plan	Y78	Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Employment
U90	Turning 19, MA to FHP, Chose a Plan	Y79	Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Loss of 30 1/3
U94	Turning 65, FHP to MA with Excess Income and Resources, Resource Spenddown Met	Y91	MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)
U95	Turning 65, FHP to MA with Excess Income	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 OPENINGS (02), and REOPENINGS (10). FS OPENING (02) and REOPENING (10) Notices are Adequate, except those Reason Codes highlighted by an asterik (*) can be Timely or Adequate, depending on the circumstances.

FOOD STAMP APPROVAL NOTICES

CODE	DEFINITION	TRANSACTION TYPE(S)
A30	FS Approval: Same Benefit Each Month	02, 10
A31	FS Approval: Two Different Benefit Amounts in Certification Period	02, 10
A32	FS Approval: 1st Month Prorate-Applied BEFORE the 16th	02, 10
A33	FS Approval: 1st Month Prorate-Applied AFTER the 15th	02, 10
A34	FS Approval: 1st Month Prorate-Proof Provided in SECOND Thirty-Days - BEFORE the 16th	02, 10
A35	FS Approval: 1st Month Prorate-Proof Provided in SECOND Thirty-Days - AFTER the 15th	02, 10
A36	FS Approval: First Month Denied - Eligible in Succeeding Months - Same Benefit Each Month	02, 10
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

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

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FILL INFORMATION
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 (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 29)	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
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, 07, 08
F71	Child Under Parental Control	03, 07, 08
M62	Moved Out of District (DFR-PA 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

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 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 (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 29)	All Three Tx Types with PA/FS Ind = 05, 10
Z98	Missed FS Recertification Interview (PA Case Types Only) (For FS Cases, See Page 29)	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
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

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

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FILL INFORMATION
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)**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)
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	
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

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

OTHER CODES CONTINUED ON NEXT PAGE

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

WMS DATA-ENTERED CODES

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

OTHER (cont'd) CODES	DEFINITION	TRANSACTION TYPE(S)
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 29)	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 29)	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

*Transaction Type 00 - Notice Prepared Without a WMS Transaction

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FILL INFORMATION A - J NO FILL K - P LIMITED FILL Q - X EXTENSIVE FILL
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A02 PA Denial/Recert. CL - FS Declined (PA Case Types Only)	F17 Failure to Validate Incorrect SSN-HH=1
A04 Food Stamps Declined (PA Case Types Only)	F19 Refused to Cooperate with Quality Control
A05 FS Close - Non-PA Person in HH (PA Case Types Only)	F37 Excess Income: FS Disaster Area
A10 Reg. Grant Only - Payment Sent to Fuel/Util. Supplier	F49 Excess Resources: FS Disaster Area
A11 Reg. Grant Only - EBT PA Cases	F65 Will Receive FS in PA Case
A12 Reg. Grant Only - EBT FS Cases	F70 Parental Control of Child
A13 Reg. Grant Only - Check	F71 Child Under Parental Control
A14 Reg. Grant Only - No Funds Avail.	F96 Opened in Error - Excess Income
A15 Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier	G10 Failure to Recertify (PA Case Types Only)
A16 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier	G15 Expedited PA/FS Failure to Verify (PA Case Types Only)
A30 FS Approval: Same Benefit Each Month	I92 No Eligible Individual (Individual R/C Required)
A31 FS Approval: Two Different Benefit Amounts in Certification Period	J05 Separate FS Will Be Sent (PA Case Types Only)
A32 FS Approval: 1st Month Prorate-Applied BEFORE the 16th	L02 PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (PA Case Types Only)
A33 FS Approval: 1st Month Prorate-Applied AFTER the 15th	L05 FS Benefit Change - FS Co-Op Case Closed (PA Case Types Only)
A34 FS Approval: 1st Month Prorate-Proof Provided in SECOND Thirty-Days - BEFORE the 16th	L10 PA Close - FS Continue Unchanged - Worker Name Included (PA Case Types Only)
A35 FS Approval: 1st Month Prorate-Proof Applied in SECOND Thirty-Days - AFTER the 15th	L11 PA Close - FS Increase (PA Case Types Only)
A36 FS Approval: 1st Month Denied-Eligible in Succeeding Months-Same Benefit Each Month	L12 PA Close - FS Decrease (PA Case Types Only)
B10 PA Close - FS Continue Unchanged (PA Case Types Only)	L13 PA Close - FS Increase - Worker Name Included (PA Case Types Only)
B18 FS Separate Determination Opening: Certification Period Unchanged	L14 PA Close - FS Decrease - Worker Name Included (PA Case Types Only)
B19 FS Separate Determination Opening: Certification Period Extended	L19 Request for Contact - Six Month Reporters on TBA
B20 New Budget Authorized	L92 Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 10%
B21 New Budget Authorized: Certification Period Extended	L94 Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 20%
B22 New Budget Authorized: Decreased from Written Client-Provided Information	L99 Food Stamp Overpayment Balance Statement
B24 New Budget Authorized: October Allotment Increase	M20 Refusal to Provide Information (During Cert. Period)
B25 New Budget Authorized: JAN COLA Adjustment	M24 Failure to Resolve a Computer Match
B30 Recert. Approval: Same Benefit Amount Each Month	M25 Failure to Respond to a Computer Match Call-In
B31 Recertification Approval: Two Different Benefit Amounts in Certification Period	M26 Failure to Provide Verification of Wage Match
B32 Recert. Approval: First Month Budgeting Necessary	M27 Failure to Provide Verification of UIB Match
B33 Recertification Approval: Categorically Eligible for \$0	M34 Excess Income - Including Striker's Income
B34 Recertification Approval: Certification Period Spans ALL And Allotment Remains the Same	M62 Moved Out of District (DFR-PA Case Types Only)
B35 Recertification Approval: Same Benefit Amt. Each Month-2 Bgt. Calculations w/Different Bgt. Dates	M66 Receiving FS in Another Case
E10 Failure to Keep/Complete Interview: No Scheduled Appointment	M67 Part of Another FS Application
E28 Failure to Provide Information - Alien Sponsor	M68 Added to Another Case
E29 Failure to Provide Verification - Alien Sponsor	M88 Refusal To Comply with Finger Imaging Requirement
E30 Excess Income	M90 Client Request - Written or Face-to-Face
E39 Excess Income - COLA	M91 Client Request - Phone
E40 Excess Income - Budgeting Error	N10 Failure to Keep/Complete Appointment
E50 Failure to Return Periodic Report	N18 Failure to Validate Incorrect SSN - HH > 1
E51 Failure to Complete Periodic Report - Questions	N53 Failure to Complete Periodic Report - Partial Proof
E52 Failure to Complete Periodic Report - Signature/Date	Q21 FS Expedited Approval: Pended Verification; Cert Period = Month
E53 Failure to Complete Periodic Report - Proof of Income	Q22 FS Expedited Approval: Pended Verification; Cert Period > 2 Months
E54 Failure to Complete Periodic Report - Dated Early	R11 PA Denial/Recert CL - FS Continue (PA Case Types Only)
E61 Not a Resident of District	R12 PA Denial/Recert CL - FS Continue - Worker Name Included (PA Case Types Only)
E63 Not a Resident of State	R21 Agency Error Claim: Recoupment Begins
E65 Not a Resident of Disaster Area	R22 Inadvertent Household Error Claim: Recoupment Begins
E70 Ineligible Boarder	R23 Intentional Program Violation Claim: Recoupment Begins
E71 In Commercial Boarding Home	R24 Agency Error Claim: Recoupment Pended
E72 Institutionalized	R25 Inadvertent Household Error Claim: Recoupment Pended
E74 Elderly/Disabled Ineligible for Separate Household Status	R26 Intentional Program Violation Claim: Recoupment Pended
E75 Refusal of Everyone in the Household to Apply	R27 Agency Error Claim: Closed Cases
E76 Living with Child	R28 Inadvertent Household Error Claim: Closed Cases
E77 Living with Parent	R29 Intentional Program Violation Claim: Closed Cases
E78 Living with Child's Other Parent	U16 Excess Resources - No Elderly Individual Present (Individual R/C for Elderly Individual Not Present in HH Required)

U40 Excess Resources
U41 Transfer of Resources
U44 Excess Resources - Alien Sponsor's Resources
U45 Excess Resources - Increased Resources
U97 Opened in Error - Excess Resources
V19 Food Stamp Request for Contact (PA Case Types Only)
(For FS Cases, See Page 29)
V21 Failure to Provide Verification
X01 Issue Restored FS Benefits
X02 Restored FS Benefits Entirely Offset by FS Claim
X03 Restored FS Benefits Partially Offset by FS Claim
X04 Restored FS Benefits Denied
X05 Issue Supplemental FS Benefits
Y10 Failure to Recertify (No Notice Required)
Y20 FS Benefit Not Changed (No New Budget)
(PA Case Types Only)
Y22 Case Demographic Change Only
Y23 Case Opened with Expedited FS Only: Delayed
Verification Received - No Notice Required
Y29 Expedited FS Failure to Verify (Case Types 31 & 32 Only)
Y92 Expedited FS Issued - PA Determination Pending
(PA Case Types Only)
Y99 Other - Manual Notice Required
903 CIN Unduplication (Data-entered)
960 Change of Address (No Change to Benefits)
965 Authorize IV-D or HEAP Payment
966 Other Clockdown Closing Change
991 Fair Hearing - Aid to Continue
992 Court Order to Enjoin Closing
993 Closed in Error
994 Cancel Closing

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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

FAMILY HEALTH PLUS MAIL-IN RECERTIFICATION

Code	Definition
Z44	Family Health Plus Recertification
Z45	Family Health Plus Recertification Letter Reminder

SLIMB RECERTIFICATION

Code	Definition
Z46	SLIMB Recertification

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

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WMS NON-TRANSACTION-BASED CODES (00)

CHRONIC CARE RECERTIFICATION

(WITH FAMILY MEMBERS IN COMMUNITY/MAY OR MAY NOT INCLUDE A SPOUSE) (Cont'd)

Code	Definition
Z41	Schedule Appointment
Z42	Group Recertification or call Facilitated Enroller
Z43	Reauthorization Reminder Notice (Automatically mailed 15 days after Z40, Z41, Z42)

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

OTHER

L19	Request for Contact - Six Month Reporters on TBA
V19	Food Stamp Request for Contact (FS Case Types Only)

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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.

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.

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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