

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

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

IV-D INDICATOR - IV-D Ind.

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

SPECIAL PROGRAM CODE - Sp - Code

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

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

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

MA EXTENSION REASON CODES

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

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

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

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

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

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

FAILURE TO PROVIDE VERIFICATION

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

1**INCOME RELATED**

CODE	DEFINITION	TRANSACTION TYPE(S)
E30	Excess Income (Sep. Deter. if appropriate (TT 03)) (1 Mo. MA Extension if appropriate (TT 07, 08))	03, 07, 08
E31	Excess Income - Increased Earnings - TMA Eligible	07, 08
E32	Excess Income - Increased Support Collection - MA Extension (4 Months)	07, 08
E34 *	Excess Income Receipt of SSI - Single Individual	03, 07, 08
E38	Excess Income - Lump Sum	07, 08
E39	Excess Income - COLA	07, 08
E40	Excess Income - Budgeting Error	07, 08
F33	Excess Income - Deemed Income of Alien Sponsor (CT 11)	03, 07, 08
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

LIVING ARRANGEMENTS

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

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

FILL INFORMATION
A - J NO FILL
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Q - X EXTENSIVE FILL

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

LIVING ARRANGEMENTS (Cont'd)

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

OTHER FAILURES

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

1**OTHER**

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

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

OTHER (Cont'd)

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

PERIODIC REPORTING

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

PA RECOUPMENTS **

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

1**PA RESTORED BENEFITS ****

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

FAILURE TO RECERTIFY

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

HEAP ONLY (CT 60)

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

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

60 MONTH TIME LIMIT

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

** (CNS Only)

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

CHANGES

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

RECERTIFICATIONS

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

PRORATION **

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

RESTRICTIONS **

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

RECOUPMENTS **

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

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RESTORED BENEFITS **

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

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

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

OTHER

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

HEAP APPROVAL NOTICES FOR PA AND HEAP

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

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

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

** (CNS Only)

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

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

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

HEAP ONLY

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

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

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

1

WMS DATA-ENTERED CODES

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

1

WMS DATA-ENTERED CODES

OPENING (02)/REOPENING (10) (Cont'd)	
S72 Accept Instit. Individ. Limited Coverage Due to Prohib. Transfer 6-Mo. Exc. Inc. & Res., Spenddown Met S73 Accept Limited Coverage Due to Transfer Individ. in Comm. Exc. Inc., Spenddown Met S74 Accept Limited Coverage Due to Transfer Individ. in Comm. Exc. Inc., 6 Month Spenddown Met S75 Accept Instit. Individ. Limited Coverage Due to Prohib. Transfer Exc. Res., Spenddown Met S76 Accept Limited Coverage Due to Transfer Individ. in Comm. Exc. Res., Spenddown Met	U20 Verification of Factors Which Affect Eligibility, did not State Unable to get Information U21 Verification of Factors Which Affect Eligibility, Unable to Get Info., But Not a Good Reason EXCESS INCOME (S/CC, FNP Parent) U35 Deny MA/FHP/FPBP Excess Income or Excess Income/Resources, S/CC U49 Deny MA/FHP/FPBP Excess Income, FNP Parent V92 S/CC, Ineligible for MA due to Exc. Inc. and/or Res., FHP Inelig. due to Exc. Inc., Elig. for FPBP but declines
INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE	EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)
<i>Income Only</i> V52 Individual - Income Contribution Only V53 Spousal - Income Contribution Only <i>Income/Resource</i> V54 Spousal - Income & Resource Contribution V55 Individual - Income & Resource Contribution <i>No Liability</i> V60 Individual - No Liability Toward Cost of Care V61 Spousal - No Liability Toward Cost of Care <i>Resource Only</i> V62 Spousal - Resource Contribution Only V63 Individual - Resource Contribution Only <i>Waiver Recipient</i> V56 Spousal - Waiver Recipient, Income/Resource Contribution V57 Spousal - Waiver Recipient, Income Contribution Only V58 Spousal - Waiver Recipient, Resource Contribution Only V59 Spousal - Waiver Recipient, No Liability Toward Cost of Care	B39 Deny MA-FPBP, Excess Income & Resources, Child 10-18 E55 Deny MA Excess Income, Child 1-9 E56 Deny MA Excess Income & Excess Resources, Child 1-9 E59 Pregnant Woman. Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown E67 Child Up to Age One, Excess Inc. (Mother Did Not Receive MA in Any Month of Her Pregnancy) F47 Teens Under 19, Inelig. for MA due to Exc. Inc., over 133% of FPL, Elig. for FPBP but declines F79 Deny MA/FPBP, Excess Income, Child 10-18 U32 Excess Income U34 Deny MA, Excess Income or Resources, FHP/FPBP Ineligible, FP U40 Excess Resources U51 Transfer of Assets, Institutionalized Individ., Exc. Res. U52 Transfer of Assets, Institutionalized Individual, Exc. Inc. and Res. U54 Transfer of Assets, Institutionalized Individ. Exc. Inc. U59 Excess Income and Resources V85 Application for Family Planning Only, Exc. Inc., Adult FP, Inelig. for MA due to Exc. Inc. and/or Res., Inelig. for FHP due to Exc. Inc., Elig. for FPBP but declines X10 Excess Income, Does Not Meet 6 Month Excess
INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE - PREVIOUSLY PRIVATE PAY	EQUIVALENT HEALTH INSURANCE
<i>Income Only</i> V64 Individual - Income Contribution Only V65 Spousal - Income Contribution Only <i>Income/Resource</i> V66 Spousal - Income and Resource Contribution V67 Individual - Income and Resource Contribution <i>No Liability</i> V72 Individual - No Liability Toward Cost of Care V73 Spousal - No Liability Toward Cost of Care <i>Resource Only</i> V74 Spousal - Resource Contribution V75 Individual - Resource Contribution <i>Waiver Recipient</i> V68 Spousal - Previously Waiver Recipient, Income & Resource Contribution V69 Spousal - Previously Waiver Recipient, Income Contribution V70 Spousal - Previously Waiver Recipient, Resource Contribution V71 Spousal - Previously Waiver Recipient, No Liability Toward Cost of Care	V32 Deny MA/FHP Equivalent Health Insurance, FNP Parent V33 Deny MA/FHP Equivalent Health Insurance, S/CC V34 Deny MA/FHP Equivalent Health Insurance, FP LIVING ARRANGEMENT E60 Unable to Locate E61 Not a Resident of District E62 Between 21-65, In a Psychiatric Institution LIVING ARRANGEMENT (Cont'd) 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
* Code Allowed for Open/Close Transaction, Also Allowed as an Opening/Reopening Code. ** Where Noted, Reason Code is Also Valid for Case Type 22.	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
DENIALS (03)	OTHER FAILURES
FAILURE TO PROVIDE VERIFICATION	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
E80 Failure to Provide Required Information about Non-Appling LRR, Inc. &/or Res., Age 65 & Older, CC F24 Failure to Provide Req. Info. about Income of Non-Appling LRR	

WMS DATA-ENTERED CODES

DENIALS (03) (Cont'd)	
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
HEALTH INSURANCE	
E81	Deny QI-1 Annual Fund Exhausted
U80	Qualified Individual QI-1 Denial Medicare Part B Premium
U82	Qualified Individual QI-1 Accepted for Medicare Part B Premium
X50	Deny Payment of COBRA Continuation Group Health Insurance Premiums
X52	Medicare Buy-In Program, QMB
X53	Medicare Buy-In Program, SLIMB
MBI-WPD	
B43	Deny MBI-WPD, Not a Resident of State
B44	Deny MBI-WPD, Failed to Provide a Medical Statement
B45	Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination
B46	Deny MBI-WPD, Death Before Determination, No Medical Bill in Retro Period
U19	Deny MBI-WPD, Excess Income and/or Resources
U47	Deny MBI-WPD Less than 16 or Over 65 Years
U60	Deny MBI-WPD, Not Currently Working, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance
U62	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, FP
U64	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, S/CC
U70	Deny MBI-WPD, Failure to Submit Proof of Work, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance
ALIENS	
E06	Deny MA/FHP, Non-Immigrant/Undocumented Immigrant, No Medical Emergency
U63	Deny, Non-Qualified Alien, Emergency Medical Condition, Excess Income and/or Resources, FP
U73	Deny, Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC
OTHER	
E18	Death Before Determination, No Medical Bills in Retro Period
E19	Death Before Determination, Insuff. Info. To Make a Deter.
H15	Client Request
U66	Currently in Receipt of Assistance
Y99	Other (Manual Notice Required)
NO ELIGIBLE INDIVIDUAL	
I94	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)
Y61	No Longer IV-E Eligible
FAILURE TO RECERTIFY	
F13	Failure to Return Recert. Form Discontinue Mother, Continue Child
U14	Disc. FPBP, Failure to Return Renewal Form
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
S64	All Covered Care and Services to Community Coverage with no LTC Due to Failure to Provide Documentation of Resources, No Spenddown
S65	Continue MA Unchanged (Limited Benefit Pkg. Due to Resource Documentation)
U20	Verif. Of Factors Which Affect Elig., Did Not State Unable to Get Info.
U21	Verif. Of Factors Which Affect Elig., Unable to Get Info., But Not a Good Reason
V17	Incorrect or Fraudulent Social Security Number
X45	Deny MA/FHP, Failed to Choose a Health Plan for FHP, FP
X46	Deny MA/FHP, Failed to Choose a Health Plan for FHP, S/CC
X47	Deny MA/FHP, Failed to Choose a Health Plan for FHP, FNP Parent
EXCESS INCOME (S/CC, FNP Parent)	
U57	Discontinue MA, Excess Income or Excess Income & Resources, FHP/FPBP Ineligible, S/CC
U86	MA to FHP, S/CC, Chose a Plan
U89	MA to FHP, FNP Parent, Chose a Plan
V77	MA to FPBP, SCC/FNP Parents
X48	Disc. MA, Excess Income or Excess Income & Resources, FHP/ FPBP Ineligible, FNP Parent
X86	FHP to MA, S/CC
EXCESS INCOME/RESOURCE (LIF, ADC-Rel, SSI-Rel)	
B37	Disc. MA/FPBP, Excess Income & Resources, Child 10-18
C12	FNP Mother Over Inc./Res. Postpartum, Infant Continues
E22	Failed to Meet or Pay-In Excess Income for 3 Consecutive Months
F48	Under 19, Family Planning to MA, Income now below 133% of FPL
F82	MA to FPBP, Teen Under 19
F83	MA to FPBP, 60 Days Post-Partum, Teen Under 19
S07	MA Level to Exc. Inc. Due to COLA
S08	Increase in Exc. Inc. Due to COLA
S10	Change in Figures Used to Calculate Excess Inc. Amt.
S19	MA Lev. To Exc. Inc., Spenddown Not Met (BAB)
S19	Continue Exc. Resources - Spenddown Met (BAE)
S19	Increase in Excess Income Amount (AAK)
S28	Spenddown to At or Below MA Level
U32	Disc., Excess Income
U33	Disc., Turning 19, Exc. Income, Not FHP Eligible
U40	Disc., Excess Resources
U58	MA/FHP Disc., Exc. Inc., Parents, 19 & 20 Year Old
U59	Disc., Excess Income and Resources
U75	No Change in Excess Income Amount

WMS DATA-ENTERED CODES

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

1

WMS DATA-ENTERED CODES

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

WMS DATA-ENTERED CODES

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

S63 Discontinuance/Failure to Provide Information to Clear Up Discrepancy

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

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

V17 Incorrect or Fraudulent Social Security Number

FAILED TO CHOOSE A HEALTH PLAN FOR FHP

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

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

EXCESS INCOME (S/CC, FNP Parent)

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

U72 Excess Inc. COLA, Single/Childless Couple

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

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

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

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

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

E47 Exc. Inc., Child Turning 6

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

E49 Exc. Inc., Child Turning 1

E55 Discontinue MA, Excess Income, Child 1-9

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

E57 Excess Income, Child 6 to 19

E58 Excess Income and Excess Resources, Child 6 to 19

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

U32 Excess Income

U33 Turning 19, Exc. Income, Not FHP Eligible

U40 Excess Resources

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

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

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

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

U59 Excess Income and Resources

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

X83 Turning 65, FHP Discontinuance, Excess Income

X84 Turning 65, FHP Discontinuance, Excess Resources

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

EQUIVALENT HEALTH INSURANCE

V27 Discontinue FHP, Equivalent Health Insurance, FNP Parent

V28 Discontinue FHP, Equivalent Health Insurance, S/CC

V29 Discontinue FHP, Equivalent Health Insurance, FP

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

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

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

LIVING ARRANGEMENT

E60 Unable to Locate

E61 Not a Resident of District

E62 Between 21-65, In a Psychiatric Institution

E63 Not a State Resident

E79 MA Not Provided in Current Living Arrangement

1

U65 Not a Resident of District (MA Ext.)

U77 Concurrent Benefits, Intra-State – No Aid Continuing

U78 Concurrent Benefits, Inter-State – Aid Continuing

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

B73 Discontinue BCCTP - Client Request

B74 Discontinue BCCTP - Failure to Recertify

B75 Discontinue BCCTP - Other Health Insurance

B76 Discontinue BCCTP - Moved Out-of-State

B77 Discontinue BCCTP - Death

V82 Discontinue BCCTP - Treatment Ended

V83 Discontinue BCCTP to MA

FAMILY PLANNING BENEFIT PROGRAM

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

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

OTHER FAILURES

E09 Photo ID Refusal

F12 Failure to Apply for SSA

F21 Failure to Comply with Finger Imaging Requirements

F40 Failure to Enroll in a Group Health Plan

U71 Failure to Comply with Alcohol/Substance Abuse Requirements

V13 Failure to Utilize Benefits

V30 Failure to Comply with IV-D Requirements

V31 Failure to Provide Social Security Number

V38 Failure to Contact Agency

SPOUSAL IMPOVERISHMENT

H10 Failure to Provide Res. Information, No Undue Hardship

H11 Failure to Provide Resource Information, Undue Hardship

X13 Exc. Res. for Institutionalized Spouse

TRANSITIONAL MEDICAL ASSISTANCE (TMA)

H30 TMA Discontinue, No Dependent Child Under 21

H31 TMA Discontinue, Fraud

H32 TMA Discontinue, Receiving PA, MA Continues

HEALTH INSURANCE

X14 No Longer Elig. For MA Payment of AHIP Premiums

X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums

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

X52 Medicare Buy-In Program, QMB

X53 Medicare Buy-In Program, SLIMB

MBI-WPD

B42 Discontinue MBI-WPD, Client Request

B43 Discontinue MBI-WPD, Not a State Resident

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

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

U27 Discontinue MBI-WPD, Excess Resource Turning 65

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

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

U46 Discontinue MBI-WPD, Currently in Receipt of Assistance

ALIENS

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

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

CONTINUOUS COVERAGE

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

NEWBORN/UNBORN

E98 Newborn Case Opened in Error

E99 Newborn Deceased

WMS DATA-ENTERED CODES

OTHER

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

NO ELIGIBLE INDIVIDUAL

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

OMH/OMR ONLY

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

REACTIVATION (11)

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

1

WMS DATA-ENTERED CODES

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

WMS DATA-ENTERED CODES

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

1

WMS DATA-ENTERED CODES

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

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WMS DATA-ENTERED CODES

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

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

FOOD STAMP APPROVAL NOTICES

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

FOOD STAMP SEPARATE DETERMINATION

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

FOOD STAMP SEPARATE DETERMINATION

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

** (CNS Only)

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

INCOME RELATED

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

1**RESOURCES**

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

LIVING ARRANGEMENTS

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

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

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-TA Case Types Only) DATE: MONTH/YEAR (MMYY) OF THE MOVE	07, 08
M66	Receiving FS in Another Case NAME 1: OTHER FOOD STAMP CASE NAME	03
M67	Part of Another FS Application NAME 1: OTHER APPLYING FOOD STAMP NAME	03
M68	Added to Another Case NAME 1: OTHER FOOD STAMP CASE NAME	07, 08

OTHER FAILURES

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

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OTHER

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

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

OTHER

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

PERIODIC REPORTING

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

FOOD STAMP CLAIMS **

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

RESTORED/SUPPLEMENTAL BENEFITS **

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

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FAILURE TO RECERTIFY

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

** (CNS Only)

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

UNDERCARE MAINTENANCE

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

RECERTIFICATIONS

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

FOOD STAMP CLAIMS **

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

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RESTORED/SUPPLEMENTAL BENEFITS **

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

OTHER

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

** (CNS Only)

OTHER CODES CONTINUED ON NEXT PAGE

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) (cont'd)**OTHER (cont'd)**

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

HEAP APPROVAL NOTICES FOR FS AND HEAP

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

*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

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

Q22 FS Expedited Approval: Pended Verification; Cert Period > 2 Months

R11 PA Denial/Recert CL - FS Continue (TA Case Types Only)

R12 PA Denial/Recert CL - FS Continue - Worker Name Included (TA Case Types Only)

R21 Agency Error Claim: Recoupment Begins

R22 Inadvertent Household Error Claim: Recoupment Begins

R23 Intentional Program Violation Claim: Recoupment Begins

R24 Agency Error Claim: Recoupment Pended

R25 Inadvertent Household Error Claim: Recoupment Pended

R26 Intentional Program Violation Claim: Recoupment Pended

R27 Agency Error Claim: Closed Cases

R28 Inadvertent Household Error Claim: Closed Cases

R29 Intentional Program Violation Claim: Closed Cases

UI6 Excess Resources - No Elderly Individual Present (Individual R/C for Elderly Individual Not Present in HH Required)

U40 Excess Resources

U41 Transfer of Resources

U44 Excess Resources - Alien Sponsor's Resources

U45 Excess Resources - Increased Resources

U97 Opened in Error - Excess Resources

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

V21 Failure to Provide Verification

X01 Issue Restored FS Benefits

X02 Restored FS Benefits Entirely Offset by FS Claim

X03 Restored FS Benefits Partially Offset by FS Claim

X04 Restored FS Benefits Denied

X05 Issue Supplemental FS Benefits

Y10 Failure to Recertify (No Notice Required)

Y20 FS Benefit Not Changed (No New Budget) (PA Case Types Only)

Y22 Case Demographic Change Only

Y23 Case Opened with Expedited FS Only: Delayed Verification Received - No Notice Required

Y29 Expedited FS Failure to Verify (Case Types 31 & 32 Only)

Y35 Suppress Printing of DSS-3209 (Authorization)

Y92 Expedited FS Issued - PA Determination Pending (PA Case Types Only)

Y99 Other - Manual Notice Required

Z15 Continuing Your Food Stamps: Short Certification Period

903 CIN Unduplication (Data-entered)

960 Change of Address (No Change to Benefits)

965 Authorize IV-D or HEAP Payment

966 Other Clockdown Closing Change

991 Fair Hearing - Aid to Continue

992 Court Order to Enjoin Closing

993 Closed in Error

994 Cancel Closing

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

A10 Reg. Grant Only - Payment Sent to Fuel/Util. Supplier

A11 Reg. Grant Only - EBT PA Cases

A12 Reg. Grant Only - EBT FS Cases

A13 Reg. Grant Only - Check

A14 Reg. Grant Only - No Funds Avail.

A15 Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier

A16 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier

A17 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets

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

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**SLIMB RECERTIFICATION**

Code	Definition
Z46	SLIMB Recertification

COMMUNITY MAIL-IN RENEWAL

Code	Definition
Z48	Cover Letter for FPBP Renewal Form
Z61	Renewal Form, Community Mail-In

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

Code	Definition
Z39	Mail-In

SSI-RELATED MAIL-IN RENEWAL

Code	Definition
Z62	Renewal Form, SSI-Related Mail-In

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

Code	Definition
Z47	Notice of Renewal for BCCTP

OTHER

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

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WMS NON-TRANSACTION-BASED CODES (00)

FOOD STAMPS

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
Z75	Continuing Your FS: NYSNIP or A/D = A “On/At” - DATE 1: POTENTIAL CASE CLOSING DATE
Z90	Continuing Your Food Stamps – “On/At” with Appointment Address Included - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF APPOINTMENT - OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED
Z91	Continuing Your Food Stamps – Group Recertification with Appointment Address Included - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF INTERVIEW - OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED
Z92	FS/MA – (Call-In) Concurrent Certification Period Appointment Address Included - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF INTERVIEW - OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED
Z93	Continuing Your Food Stamps – PA/FS Mix with Appointment Address Included - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF INTERVIEW - OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED
Z97	Missed FS Application Interview (Use App/Reg # to Prepare) - DATE 1: MISSED INTERVIEW DATE
Z98	Missed FS Recertification Interview - DATE 1: MISSED INTERVIEW DATE

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

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

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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, 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, V19*	ALL RECERT-CL R/C NO R/C ALLOWED
80 DENY PA/RECERT-CL FS	ALL RECERT-CL R/C INCLUDING J05, L05+, R27-R29	ALL RECERT-CL R/C (*EXCEPT WITH J05 OR L05)
81 DENY PA/RECERT-CL FS W/EXP FS	ALL RECERT-CL R/C INCLUDING J05, L05+, R27-R29	ALL RECERT-CL R/C (*EXCEPT WITH J05 OR L05)
90 DENY PA/CLOSE FS	ALL CLOSE R/C INCLUDING J05, L05+, R27-R29	ALL CLOSE R/C (*EXCEPT WITH J05 OR L05)
91 DENY PA/CLOSE FS W/EXP FS	ALL CLOSE R/C INCLUDING J05, L05+, R27-R29	ALL CLOSE R/C (*EXCEPT WITH J05 OR L05)

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

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

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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, R21-26, L92, L94, V19*+ Z10-15, Z17-18, Z90-93, J05, L05+, V19*	ALL CLOSE R/C NO R/C ALLOWED
08 CLOSE BOTH PA & FS	ALL CLOSE R/C + J05, L05+, R27-R29	ALL CLOSE R/C NO R/C ALLOWED
09 CLOSE FS	ALL CLOSE R/C + J05, L05+, R27-R29	ALL CLOSE R/C NO R/C ALLOWED

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

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

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

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

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

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

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

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

PA TX = 06 & EMERGENCY IND = BLANK (RECERT)		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
01 AUTHORIZED FS (Prior PA/FS Ind must = 02, 03, 05, 09)	B30-B35, R21-R26, L92, L94 J05, V19* X01-X05 A30-A35, A38, Q21, Q33, L92, L94	ALL R/C OTHER THAN CLOSE-ONLY NO R/C ALLOWED ALL R/C OTHER THAN CLOSE-ONLY
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.

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

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

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

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

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