



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

- I Periodic Reporting Exempt/Coop Case with Earned  
Income form LRR (Legally Responsible Relative)(PA Only)
- L Periodic Reporting Required/Employed - On-Call

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

- Y IV-D Case (PA)
- N Not a IV-D Case
- P Pending 45th Day from Application
- X IV-D Case to be Excluded From IV-D Monthly Mass  
Authorization (PA)

**SPECIAL PROGRAM CODE - Sp - Code**

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

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

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

**MA EXTENSION REASON CODES**

(See MA Reason Codes for Definitions of Codes)  
See Page J for System-Generated Codes)

**1**

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

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

# 1

**CASE LEVEL OPENINGS (02 AND REOPENINGS (10)**

**PA APPROVAL NOTICES**

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

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

**FAILURE TO PROVIDE VERIFICATION**

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

**1****INCOME RELATED**

CODE	DEFINITION	TRANSACTION TYPE(S)
E30	Excess Income (Sep. Deter. if appropriate (TT 03)) (1 Mo. MA Extension if appropriate (TT 07, 08))	03, 07, 08
E31	Excess Income - Increased Earnings - TMA Eligible	07, 08
E32	Excess Income - Increased Support Collection - MA Extension (4 Months)	07, 08
E34 *	Excess Income Receipt of SSI - Single Individual	03, 07, 08
E38	Excess Income - Lump Sum	07, 08
E39	Excess Income - COLA	07, 08
E40	Excess Income - Budgeting Error	07, 08
F33	Excess Income - Deemed Income of Alien Sponsor (CT 11)	03, 07, 08
F34	Excess Income - Section 8 - Lower Standard of Need	07, 08
F38	Excess Income - Lump Sum (No MA Extension)	07, 08
M35	Lump Sum - No Good Reason Provided	03
	- DATE 1: DATE (MMDDYY) OF THE NOTICE WHICH ADVISED THEM OF THEIR INELIGIBILITY.	
	- DATE 2: DATE (MMDDYY) THE INELIGIBILITY ENDS.	
M37	Lump Sum - Shortened Ineligibility Period	03
	- DATE 1: DATE (MMDDYY) OF THE NOTICE WHICH ADVISED THEM OF THEIR INELIGIBILITY.	
	- DATE 2: DATE (MMDDYY) THEY WERE INITIALLY TOLD THE INELIGIBILITY WOULD END.	

**RESOURCES**

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

**LIVING ARRANGEMENTS**

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

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

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

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

**LIVING ARRANGEMENTS (Cont'd)**

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

**OTHER FAILURES**

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

**OTHER**

CODE	DEFINITION	TRANSACTION TYPE(S)
F98	Client Requests Child Care in Lieu of TA (CT 11, 12, 16, 17)	03, 07, 08
I92	No Eligible Individual (Individual - R/C Required)	03, 07, 08
K65	Excess Support (Worker Authorized) - Closed Case	14
L65	Excess Support (Worker Authorized) - Active Case (TT=05 - WMS/CNS) (TT=06, 07, 08 - CNS Only)	05, 06, 07, 08
M40	Intentionally Providing Incorrect Information - ENTER FF 1-5: INCORRECT INFORMATION	03
M90 *	Client Request - Written - PA and MA - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M91	Client Request - Verbal - PA and MA - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M92 *	Client Request - Written - Earned Income - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	07, 08
M93	Client Request - Verbal - Earned Income - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	07, 08

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

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

**OTHER (Cont'd)**

CODE	DEFINITION	TRANSACTION TYPE(S)
M94 *	Client Request - Written - PA Only - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M95	Client Request - Verbal - PA Only - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
Y35	Suppress Printing of LDSS-3209 (Authorization) (Changes Limited to Off/Unit/Wrkr, Co-op Case #, Phone #) Address Fields	05
Y95	Application for Emergency Assistance Only	03, 07
Y98	Other - Manual Notice Required - (No MA Extension/E)	07, 08
Y99	Other - Manual Notice Required (1 Month MA Extension - TT 07, 08)	03, 07, 08

**PERIODIC REPORTING**

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

**PA RECOUPMENTS \*\***

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

**1****PA RESTORED BENEFITS \*\***

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

**FAILURE TO RECERTIFY**

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

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

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

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

\*\* (CNS Only)

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

**60 MONTH TIME LIMIT**

<b>CODE</b>	<b>DEFINITION</b>	<b>TRANSACTION TYPE(S)</b>
G30	Close FA Due to 60 Month Limit/No SNA Application Filed	07, 08
G31	Close FA Due to 60 Month Limit/Deny SNA - Separate SNA Notice Required	07, 08
G32	Close FA Due to 60 Month Limit/Deny SNA - Refusal to Sign Repay. Agreemt./Earnings Assignmt.	07, 08
G33	Close FA Due to 60 Month Limit/Deny SNA - Refusal to Apply for Child	07, 08
G38	FA Sixty Months Closing (Case Type 11 Only)	07, 08
P30	Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search	07, 08
P31	Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Employment Assessment	07, 08
P32	Close FA/Deny SNA - Refusal to Take a Job	07, 08

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

# 1

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

**CHANGES**

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

**RECERTIFICATIONS**

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

**PRORATION \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
B89	Removal of SSI Proration	05, 06, 07, 08
B90	SSI Proration	05, 06, 07, 08

**1****RESTRICTIONS \*\***

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

**RECOUPMENTS \*\***

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

**RESTORED BENEFITS \*\***

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

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

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

**OTHER**

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

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

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

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

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

\*\* (CNS Only)

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

## HEAP APPROVAL NOTICES FOR PA AND HEAP

CODE	DEFINITION	TRANSACTION TYPE(S)
A10	Reg. Grant Only - Payment Sent to Fuel/Util Supplier	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A11	Reg. Grant Only - EBT PA Cases	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A12	Reg. Grant Only - EBT FS Cases	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A13	Reg. Grant Only - Check	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A14	Reg. Grant Only - No Funds Avail.	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A15	Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A16	Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A17	Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets	(PA) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A21	Regular Grant - Vendor ( <i>System Generated - HEAP AutoPay Only</i> )	(HEAP) 02, 05, 07, 10

# 1

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

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

249 Refuses to Comply With Drug/Alcohol Treatment Requirement (Non-Financial Procedural Requirement)  
 257 Failure to Comply With JOB Ready Evaluation (Non-Financial Procedural Requirement)  
 258 Failure to Conduct Mandatory Job Search (Non-Financial Procedural Requirement)  
 259 Refusal to Participate in Education, Employment or Training Program (Non-Financial Procedural Requirement)  
 260 Other Procedural Requirement (Non-Financial Procedural Requirement)  
 265 Unable to Locate (Non-Financial Procedural Requirement)  
 270 Moved Out of District (Non-Financial Procedural Requirement)  
 275 Death Before Determination  
 279 Did not Complete Application/Incomplete Documentation  
 280 Referred to Another Agency or Program  
 285 Other (CT 19, 60 Only)  
 903 CIN Unduplication (Data-entered)  
 960 Change of Address (No Change to Benefits)  
 965 Authorize IV-D, HEAP or Other Supportive Payment  
 966 Other Clockdown Closing Change  
 978 Transferred from FA, SN-FP to CAP  
 984 Transferred from CAP  
 991 Fair Hearing - Aid to Continue  
 992 Court Order to Enjoin Closing  
 993 Closed in Error  
 994 Cancel Closing

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

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

**HEAPAPPROVALNOTICES**

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

A10 Reg. Grant Only - Payment Sent to Fuel/Util. Supplier  
 A11 Reg. Grant Only - EBT PA Cases  
 A12 Reg. Grant Only - EBT FS Cases  
 A13 Reg. Grant Only - Check  
 A14 Reg. Grant Only - No Funds Avail.  
 A15 Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier  
 A16 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier  
 A17 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets  
 A21 Regular Grant - Vendor (*System Generated - HEAP AutoPay Only*)

## WMSDATA-ENTERED CODES

OPENING (02)/REOPENING (10)	COMMUNITY MA OPENINGS (cont'd)
<b>MATERIAL CHANGE IN INCOME OR RESOURCES</b>	S84 Accept Institutionalized Individual, Ancillary Only due to Failure to Provide Documentation of Resources (No Excess Income)
<i>Loss of or Reduction in Earnings of Recipient as a Result of:</i>	S85 Accept Community Coverage w/Community Based LTC Due to Failure to Verify
002 Illness, Injury, or Other Impairment of Recipient	<b>FHP</b>
005 Lay-Off, Discharge, or Other Reason	S37 Accept FHP - MA Ineligible Due to Exc Inc and/or Res, FNP Parent
020 Loss or Reduction in Support of Child Due to Death of Parent	S38 Accept FHP - MA Ineligible Due to Exc Inc and/or Res, FP
<i>Leaving Home by Parent and Stopping or Reducing Support for Reason of:</i>	S39 Accept FHP - MA Ineligible Due to Exc Inc and/or Res
021 Divorce	<i>Retro Coverage</i>
022 Separation	S57 Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res., FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, S/CC
023 Desertion	S58 Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, S/CC
024 Other (Hospital, Imprisoned)	S59 Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FNP Parent
030 Loss of or Reduction in Support from Person Outside Home - ADC Father (Absent Throughout 6 Months Preceding Application)	S60 Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, FNP Parent
<i>Loss of or Reduction in Support from Other Person in Home as a Result of:</i>	S80 Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FP
035 Death	S81 Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, FP
036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.)	<b>FPBP</b>
037 Illness, Injury or Other Impairment	C43 Accept FPBP, Waived Right to MA/FHP
038 Lay-Off, Discharge, or Other Reason	S61 Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FP
<b>OTHER MATERIAL CHANGE</b>	S66 Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, S/CC
040 Loss of or Reduction in Support from Person Outside Home	S67 Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FNP Parent
045 Loss of or Reduction in Other Income	<b>MBI-WPD</b>
050 Other Material Change in Resources	S32 Accept MBI-WPD, No Premium Payment
<b>NO MATERIAL CHANGE IN INCOME OR RESOURCES</b>	<i>Prenatal</i>
<i>Increased Need Because of:</i>	C42 Accept Pregnancy, 100%
065 Return of Recipient or Relative (Ill or Previously Institutionalized)	S35 Prenatal Care, Between 100% and 200%
066 Other Reason	<i>Medicare Buy-In</i>
070 Living Below Agency Standards	C40 Accept QMB
075 Other	C44 Accept SLIMB
<b>TRANSFERRED FROM OTHER PROGRAM</b>	<b>COBRA</b>
080 FA, SN-FP	C21 Conditional Acceptance, COBRA Continuation
081 PG-ADC, SN-CSH, SN-FNP	C41 Accept COBRA Continuation
082 Emergency Assistance to Families	<i>Health Insurance</i>
<b>MA ONLY OPENING CODES</b>	X26 Accept MA Payment of Insurance Premiums
088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment	<i>Qualified Individual (QI-1)</i>
089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Loss of 30 + 1/3 or the 30 Dollar Disregard	C28 QI-1 Acceptance
090 Beginning of Four Month Extension of Eligibility for MA After Finding of Ineligibility for ADC Resulting From Receipt of Support (Case Type 20 Only)	<i>Excess Income and Resources</i>
*091 Medical Bills Equal to or Greater than Excess Income	S20 Excess Income, Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AA)
092 SSI Recipient Not Yet Appearing on SDX - Determined Eligible for MA-SSI	S20 Provisional Coverage Excess Income, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance or Over 65# (AB)
093 Determined Eligible for MA-SSI	S20 Excess Income, 6 Month Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AC)
094 Medical Need-No Recent Change in Financial Circumstances	S20 Excess Resources - Spenddown Not Met (AD)
588 MSP Conversion	S20 Accept MA with a Spenddown, Excess Income & Resources, Both Met, FHP Ineligible to Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AE)
<i>Breast and Cervical Cancer Treatment Program (BCCTP) (District 99 Only)</i>	
C19 Accept BCCTP	
<b>COMMUNITY MA OPENINGS</b>	
C24 Accept Community Coverage with Community Based LTC	
C50 All covered care and services	
S82 Accept Community Coverage without LTC	
S83 Accept Institutionalized Individual Ancillary Only, Failed to Provide Documentation of Resources, Excess Income, Spenddown Not Met	

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## WMSDATA-ENTERED CODES

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

## WMSDATA-ENTERED CODES

<b>DENIALS (03) (Cont'd)</b>	
<b>EXCESS INCOME /RESOURCES(S/CC, FNP Parent)</b>	
U35	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC
U49	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent
<b>EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)</b>	
E55	Child 1-5, Excess Income
E56	Child 1-5, Excess Income & Excess Resources
E59	Pregnant Woman. Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown
E67	Child Up to Age One, (Mother Did Not Receive MA in Any Month of Her Pregnancy), Excess Inc., Spenddown Not Met
S88	Child 6-18, Deny MA Due to Exc Inc or Inc and Res, FPBP Ineligible Due to Exc Inc, Eligible but Declines, or Age Ineligible
U32	Excess Income, Age 65 and Older
U34	Deny MA Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
U40	Excess Resources, Age 65 and Older
U51	Transfer of Assets, Institutionalized Indiv., Exc. Res., Spenddown Not Met
U52	Transfer of Assets, Institutionalized Individual, Exc. Inc. and Res., Spenddown Not Met
U54	Transfer of Assets, Institutionalized Indiv. Exc. Inc., Spenddown Not Met
U59	Excess Income and Resources, Age 65 and Older
V85	FPBP Ineligible Due to Excess Income, No Application for MA/FHP
X10	Excess Income, Inpatient Hospital Bill, Does Not Meet 6 Month Excess
<b>EQUIVALENT HEALTH INSURANCE</b>	
V32	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent
V33	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC
V34	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP
<b>LIVING ARRANGEMENT</b>	
E60	Unable to Locate
E61	Not a Resident of District
E62	Between 21-65, In a Psychiatric Institution
E63	Not a State Resident
E79	MA Not Provided in Current Living Arrangement
U79	Concurrent Benefits, Intra or Inter-State
U84	Concurrent Benefits, AFIS Match, Intra-State or Inter-State
<b>BREAST &amp; CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 &amp; 21)</b>	
B70	Deny BCCTP - Not in Need of Treatment
B71	Deny BCCTP - Not a Resident of State
B72	Deny BCCTP - Other Health Insurance
V81	Deny BCCTP - Failed to Complete the Eligibility Process
<b>OTHER FAILURES</b>	
E09	Photo ID Refusal
F12	Failure to Apply for SSA
F14	Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program
F21	Failure to Comply with Finger Imaging Requirements
F27	Failure to Complete Interview
F40	Failure to Enroll in a Group Health Plan through Employer
H16	Failed to Provide Medical Statement to Determine Disability/Incapacity, FNP or S/CC
U71	Failure to Comply with Alcohol/Substance Abuse Requirements
V10	Failure to Appear for Interview Appt. w/Agency
V13	Failure to Utilize Benefits and/or Resources
V14	Failure to Complete the Declaration of Citizenship/Immigration Status
V17	Incorrect or Fraudulent Social Security Number
V30	Failure to Comply with IV-D Requirements
V31	Failure to Provide Social Security Number
<b>SPOUSAL IMPOVERISHMENT</b>	
H10	Failure to Provide Resource Information, No Undue Hardship
H11	Failure to Provide Resource Information, Undue Hardship
X13	Excess Resources for Institutionalized Spouse
<b>HEALTH INSURANCE</b>	
E81	Deny QI-1 Annual Fund Exhausted
U80	Qualified Individual (QI-1), Over Income or Other
X25	Deny MA Payment of Health Insurance Premiums
X50	Deny Payment of COBRA Continuation of Group Health Insurance Premiums
X52	Medicare Buy-In Program, QMB Ineligible
X53	Medicare Buy-In Program, SLIMB Ineligible
<b>MBI-WPD</b>	
B44	Deny MBI-WPD, Failed to Provide a Medical Statement
B45	Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination
B46	Deny MBI-WPD, Death Before Determination, No Medical Bills in Retro Period
U19	MBI-WPD Ineligible, Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Health Insurance
U60	MBI-WPD Ineligible, Not Currently Working, Ineligible for MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Insurance
U62	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, FP
U64	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, S/CC
U70	Deny MBI-WPD, Failure to Submit Proof of Work, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance
U74	MBI-WPD Ineligible, Not Certified Disabled, MA/FHP Ineligible, FNP
<b>ALIENS</b>	
E06	Deny MA/FHP, Non-Immigrant/Undocumented Immigrant, No Medical Emergency
U63	Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, FP
U73	Deny, Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC
<b>OTHER</b>	
E18	Death Before Determination, No Medical Bills in Retro Period
E19	Death Before Determination, Insuff. Info. To Make a Deter.
F29	Entered State to Obtain Medical Care
H15	Client Request
U66	Currently in Receipt of Assistance
Y99	Other (Manual Notice Required)
<b>NO ELIGIBLE INDIVIDUAL</b>	
I94	Used as Case Reason Code When All Case Members have an Indiv. Reason Code

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## WMSDATA-ENTERED CODES

UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)	
<b>MA ONLY U/M CODES</b>	S10 Change in Figures Used to Calculate Excess Inc. Amt.
088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Employment	S19 Continue Exc. Resources - Spenddown Met (BAE)
089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Loss of 30 + 1/3 or the 30 Dollar Disregard	S19 Increase in Excess Income Amount (AAK)
092 SSI Recipient Not Yet on SDX-Determined Eligible for MA-SSI	S28 Spenddown to At or Below MA Level
093 SSI New Opening on SDX-Determined Eligible for MA-SSI	U32 Excess Income, Age 65 and Older
094 Medical Need-No Recent Change in Financial Circumstances	U33 Turning 19, Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Ins. or Public Employee, FPBP Ineligible due to Exc Inc or Eligible but Declines
<b>U/MACTION WITH NO CHANGE IN BENEFITS</b>	U40 Excess Resources, Age 65 or Older
903 CIN Unduplication (TT 05 Only) (Data-entered)	U58 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Health Insurance or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
Y61 No Longer IV-E Eligible	U59 Excess Income and Resources, Age 65 and Older
<b>FAILURE TO RECERTIFY</b>	U75 No Change in Excess Income Amount
F10 Discontinue MA/FHP Failed to Return Renewal Form	U85 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FP
F13 Discontinue Mother, MA/FHP Failed to Return Renewal Form, 60 Days Post-Partum, Infant Continues	U87 Spenddown to Family Health Plus, Chose a Plan
U14 Disc. FPBP, Failure to Return Renewal Form	U90 Turning 19, MA to FHP Due to Exc Inc and/or Res, Chose a Plan
<b>FAILURE TO PROVIDE VERIFICATION</b>	U95 Turning 65, FHP to MA with Exc Inc, Spenddown Not Met
E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.	V76 Over 19, MA to FPBP Due to Exc Inc, FHP Ineligible Due to Equivalent Insurance or Public Employee
F24 Failure to Provide Required Info. About Income of Non-Applying LRR	V78 Over 19, MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Ins., or Public Employee, 60 Days Post-Partum, Infant Continues
U20 Discontinue MA/FHP/FPBP, Verification of Factors which Affect Eligibility, Did Not State Unable to Get Info.	V79 FHP to FPBP Due to Exc Inc and/or Res, Equivalent Health Ins., Public Employee, or Over 65
U21 Discontinue MA/FHP/FPBP, Verification of Factors which Affect Eligibility, Unable to Get Info, But Not a Good Reason	V80 FHP to MA with Spenddown Due to Over Gross Inc, Chose Spenddown, Equivalent Health Insurance, or Public Employee, Spenddown Not Met, Under 65
V17 Incorrect or Fraudulent Social Security Number	V84 Over 19, Inelig. for Family Planning due to Exc. Income.
X42 Disc. MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FP	V86 FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, FP
X43 Disc. MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, S/CC	V87 FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, S/CC
X44 Disc. MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FNP Parent	V88 Family Planning to MA, S/CC
<b>EXCESS INCOME (S/CC, FNP Parent)</b>	V89 Family Planning to MA, FP
U57 Discontinue MA Due to Exc. Inc. and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC	V90 Discontinue Family Planning, Eligible for FHP but Failed to Choose a Health Plan
U86 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, S/CC	V93 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, FNP Parent
U89 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FNP Parent	V94 Discontinue FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
V77 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, S/CC	V95 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, FP
X48 Disc. MA Due to Exc. Inc. and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent	X76 Decrease in Excess Income Amount
X86 FHP to MA, S/CC	X77 Decrease in Excess Income Due to COLA
<b>EXCESS INCOME/RESOURCES (LIF, ADC-Rel, SSI-Rel)</b>	X80 MA to Spenddown Due to Exc Inc, FHP Ineligible Due to Exc Inc, Chose Spenddown, or Over 65
E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months	X81 MA to FHP Due to COLA, Chose a Plan
F48 Child 10-18, FPBP to MA, Inc Now Below 100%	X83 Turning 65, FHP Discontinuance, Excess Income
F82 Child 10-18, MA to FPBP	X84 Turning 65, FHP Discontinuance, Excess Resources
F83 Child 10-18, MA to FPBP Due to Exc Inc, Spenddown Not Met, 60 Days Post-Partum	X85 Turning 65, FHP Discontinuance, Exc. Inc. and Resources
S07 MA Level to Exc. Inc. Due to COLA, FHP Ineligible Due to Exc. Inc., Failed to Choose a Plan, Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65	X88 FHP to MA, FNP Parent, FP
S08 Increase in Exc. Inc. Due to COLA	<b>INCOME/RESOURCE RELATED POST-PARTUM</b>
	S11 200% to 100% or MA Lev. During Pregnancy or 60 Day Post-Partum
	S25 Disc. Mother , Continue Infant, 60 Days Post-Partum, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines

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## WMSDATA-ENTERED CODES

<b>UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd)</b>	<b>TRANSITIONAL MEDICAL ASSISTANCE (TMA)</b>
<b>INCOME/RESOURCE RELATED POST-PARTUM (cont'd)</b>	C01 TMA All Reports, Did Not Send Requested Info.
S27 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, Continue Infant, Chose a Plan	C02 TMA No Earnings in 1 or More of 3 Prev. Months
U25 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, S/CC	C03 TMA Income Over 185%
U26 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, FP	C04 TMA End 12 Mo. - Send in 10 <sup>th</sup> Month
X15 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, 60 Days Post-Partum, No Infant, FP	E08 MA to TMA - 1 <sup>st</sup> 6 Months
X17 Discontinue Mother, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, 60 Days Post-Partum, No Infant, S/CC	H32 TMA Discontinuance, Receiving PA, MA Cont.
<b>INCOME/RESOURCE RELATED - EXPANDED</b>	S01 TMA did not Return Quarterly Report
E23 Child 1-19, Spenddown to Full Coverage	<b>HEALTH INSURANCE</b>
E44 Child Turning 6, Excess Income, Spenddown Not Met	C08 COBRA Continuation
E45 Child Turning 6, Excess Income/Resources, Spenddown Not Met	C09 QMB Continue Payment for Medicare
E49 Child Turning 1, Discontinue MA Due to Exc Inc, Spenddown Not Met	C10 SLIMB Continue Payment for Medicare
E55 Child 1-5, Exc Income, Spenddown Not Met	C23 Continue Payment of Medicare Part B, QI-1
E56 Child 1-5, Exc Inc and Res, Spenddown Not Met	E81 Discontinue QI-1 Coverage, Annual Fund Exhausted
E68 Child Turning 1 Year, Exc. Inc. and Res., Spenddown Not Met	S17 Change from SLIMB to QMB Coverage
U91 Child 6-18 Discontinue MA Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, Eligible but Declines or Age Ineligible	S18 Change from QMB to SLIMB Coverage
<b>EQUIVALENT HEALTH INSURANCE</b>	X14 No Longer Elig. For MA Payment of AHIP Premiums
V35 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent	X18 Discontinue Payment of Medicare Part B, QI-1
V36 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC	X25 Discontinue Payment of Health Insurance Premiums
V37 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP	X50 Discontinue Payment of COBRA Continuation GHIP
<b>LIVING ARRANGEMENT</b>	X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance.
E60 Unable to Locate	X52 Medicare Buy-In Program, QMB
E61 Not a Resident of District	X53 Medicare Buy-In Program, SLIMB
E62 Between 21-65, in a Psychiatric Institution	X70 Discontinue QI-1, Over Income
E63 Not a State Resident	<b>MBI-WPD</b>
E79 MA Not Provided in Current Living Arrangement	U11 MBI-WPD to Excess Income, Spenddown Not Met, Turning 65
E85 Moved Out of Household, No Forwarding Address	U12 MBI-WPD to Excess Income, Spenddown Not Met
U65 Not a Resident of District (MA Ext.)	U17 MBI-WPD to MA, Full Coverage
U77 Concurrent Benefits, Intra-State – No Aid Continuing	U18 Discontinue MBI-WPD, Due to Excess Income and/or Resources, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Insurance
U78 Concurrent Benefits, Inter-State – Aid Continuing	U27 Discontinue MBI-WPD, Turning 65, Excess Resource, Spenddown Not Met
<b>BREAST &amp; CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 &amp; 21)</b>	U28 Discontinue MBI-WPD, No Longer Working, Excess Resources, Spenddown Not Met, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Insurance or Public Employee
B78 Continue MA/BCCTP Unchanged	U30 MBI-WPD Ineligible Due to Non-Financial Reasons, to MA with Spenddown, Spenddown Not Met, FHP Ineligible Due to Exc. Inc., Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65
U24 Spenddown to BCCTP	U50 MA to MBI-WPD, Client Request
V83 BCCTP to Regular MA	U53 Spenddown to MBI-WPD Due to Excess Income and/or Resources, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Insurance
<b>OTHER FAILURES</b>	<b>ALIEN</b>
E09 Disc., Photo ID Refusal	C14 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant
F12 Failure to Apply for SSA	E02 Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency
F21 Failure to Comply with Finger Imaging Requirements	E03 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, Infant Continues
F40 Failure to Enroll in a Group Health Plan	<b>TRANSFER</b>
U71 Failure to Comply with Alcohol/Substance Abuse Requirements	S02 Transfer by Instit. Individ. Reduce from Full to Limited Cov.
V13 Failure to Utilize Benefits	S05 Change in Transfer Period - Instit. Individ.
V30 Failure to Comply with IV-D Requirements	S09 Instit. Individ. - Transfer - MA Lev. To Limit Cov. & Exc. Inc. - Spenddown Met
V31 Failure to Provide Social Security Number	U54 Transfer of Assets, Institutionalized Individual, Excess Income, Spenddown Not Met
V38 Failure to Contact Agency	U55 Transfer of Assets, Institutionalized Individual, Excess Resources, Spenddown Not Met
	U56 Transfer of Assets, Institutionalized Individual, Excess Income and Resources, Spenddown Not Met

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## WMSDATA-ENTERED CODES

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

## WMSDATA-ENTERED CODES

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

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WMS DATA-ENTERED CODES

<p><b>QUALIFIED INDIVIDUALS (QI-1)</b>                  E81 QI-1, Annual Fund Exhausted                  X18 Discontinue MBI-WPD, Client Request                  X70 QI-1, Over Income</p> <p><b>OTHER FAILURES</b>                  E09 Photo ID Refusal                  F12 Failure to Apply for SSA                  F21 Failure to Comply with Finger Imaging Requirements                  F40 Failure to Enroll in a Group Health Plan                  U71 Failure to Comply with Alcohol/Substance Abuse Requirements</p> <p>V13 Failure to Utilize Benefits                  V30 Failure to Comply with IV-D Requirements                  V31 Failure to Provide Social Security Number                  V38 Failure to Contact Agency                  X23 Failed to Provide Amount of Resources at Renewal</p> <p><b>SPOUSAL IMPOVERISHMENT</b>                  H10 Failure to Provide Res. Information, No Undue Hardship                  H11 Failure to Provide Resource Information, Undue Hardship                  X13 Exc. Res. for Institutionalized Spouse</p> <p><b>TRANSITIONAL MEDICAL ASSISTANCE (TMA)</b>                  H30 TMA Discontinue, No Dependent Child Under 21                  H31 TMA Discontinue, Fraud                  H32 TMA Discontinue, Receiving PA, MA Continues</p> <p><b>HEALTH INSURANCE</b>                  X14 No Longer Elig. For MA Payment of AHIP Premiums                  X25 Discontinue Payment of Health Insurance Premiums                  X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums                  X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance                  X52 Medicare Buy-In Program, QMB                  X53 Medicare Buy-In Program, SLIMB</p> <p><b>MBI-WPD</b>                  U11 MBI-WPD to Excess Income Spenddown Not Met Turning 65                  U18 Discontinue, Not MBI-WPD Eligible, Excess Income and/or Resources, Not MA Eligible Excess Income &amp; Resources, Not FHP Eligible Excess Income or Equivalent Insurance                  U27 Discontinue MBI-WPD, Excess Resource Turning 65                  U28 Discontinue MBI-WPD, No Longer Working, Excess Resources Spenddown Not Met                  U29 MBI-WPD to MA Excess Income Spenddown Not Met, No Longer Working</p> <p><b>ALIENS</b>                  C14 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant                  E02 Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency</p> <p><b>CONTINUOUS COVERAGE</b>                  E65 Eligible for Continuous Coverage, Moved Out of District, Accepted in New District</p> <p><b>NEWBORN/UNBORN</b>                  E98 Newborn Case Opened in Error                  E99 Newborn Deceased</p> <p><b>OTHER</b>                  E90 Client Request, MA/FHP/FPBP                  E95 Death (Individual)                  U66 Currently in Receipt of Assistance                  Y90 Discontinue - Agency/Client Error                  Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)                  Y99 Disc., Other (Manual Notice Required)</p> <p><b>NO ELIGIBLE INDIVIDUAL</b>                  I 94 Used as Case Reason Code When ALL Case Members Have an Individual Reason Code</p>	<p><b>OMH/OMR ONLY</b>                  E13 OMH/OMR Case Type 20 Discharge Into the Community, or Art. 28 or 31 Facility                  E14 OMH/OMR Case Type 22 Discharge Into Community, or Article 28 or 31 Facility                  E15 OMH Only, Lost Elig. Due to Turning Age 22 and In Psychiatric. Center or Residential Treatment Facility</p> <hr/> <p style="text-align: center;"><b>REACTIVATION (11)</b></p> <hr/> <p>991 Fair Hearing - Aid to Continue                  992 Court Order to Enjoin Closing                  993 Closed in Error                  994 Cancel Closing</p>
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## WMSDATA-ENTERED CODES

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

## WMSDATA-ENTERED CODES

H15	Client Request	S63	Discontinue MA/FHP Failure to Provide Information to Clear Up Discrepancy
H16	Failed to Provide a Medical Statement to Determine Disability/Incapacity, FNP or S/CC	S64	All Covered Care and Services to Community Coverage with no LTC Due to Failure to Provide Documentation of Resources, No Spenddown
H30	TMA Discontinue - No Dependent Child Under 21	S65	Continue MA Unchanged, Limited Benefit Pkg. Due to Resource Documentation
H31	TMA Discontinue - Fraud	S66	Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, S/CC
H32	TMA Discontinue Receiving PA, MA Continues	S67	Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FNP Parent
I89	Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code	S68	Accept Limited Coverage Due to Transfer, Indiv. in Comm., Exc. Inc., Spenddown Not Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, or Over 65
I90	Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 or T02	S69	Accept Limited Coverage Due to Transfer Indiv. in Comm. No Excess
I94	Used as Case Reason Code When All Case Members have an Indiv. Reason Code	S70	Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer No Excess
S01	TMA did not Return Quarterly Report	S71	Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Excess Inc., Spenddown Met
S02	Transfer by Instit. Indiv. Reduce from Full to Limited Coverage	S72	Accept Instit. Indiv., Limited Coverage Due to Prohib. Transfer, Resource and 6 Month Spenddown Met
S05	Change in Transfer Period - Instit. Indiv.	S73	Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., Spenddown Met
S06	Intent to Impose Lien on Real Property - Instit. Indiv.	S74	Accept Limited Coverage Due to Transfer Indiv. in Comm. Excess Income, 6 Month Spenddown Met
S07	MA Level to Exc. Inc. Due to COLA, FHP Ineligible Due to Excess Income, Failed to Choose a Plan, Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65	S75	Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Exc. Res., Spenddown Met
S08	Increase in Exc. Inc. Due to COLA	S76	Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Res., Spenddown Met
S09	Instit. Indiv. - Transfer - MA Level To Limit Cov. & Exc. Inc. - Spenddown Met	S77	Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income, 6 Month Spenddown Met
S10	Change in Figures Used to Calculate Excess Inc. Amount	S78	Non-Immigrant/Undocumented Immigrant, Emergency, Excess Resources Spenddown Met
S11	200% to 100% or MA Level During Pregnancy or 60 Day Post-Partum	S79	Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income & Resources, Either Both Met or Resources and 6 Month Spenddown Met
S15	Pay-In Credit Due to Uncovered Expenses	S80	Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FP
S16	Pay-In Refund Due to Uncovered Expenses	S81	Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, FP
S17	Change from SLIMB to QMB Coverage	S82	Accept Community Coverage without LTC
S18	Change from QMB to SLIMB Coverage	S83	Accept Institutionalized Individual Ancillary Only, Failed to Provide Documentation of Resources, Excess Income, Spenddown Not Met
S19	Spenddown (See Undercare Codes)	S84	Accept Institutionalized Individual, Ancillary Only due to Failure to Provide Documentation of Resources (No Excess Income)
S20	Spenddown (See Opening Codes)	S85	Accept Community Coverage w/Community Based LTC Due to Failure to Verify
S25	Discontinue Mother, Continue Infant, 60 Days Post-Partum, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines	S86	Community Coverage w/Community Based LTC to Community Coverage w/No LTC, Failed to Provide Documentation of Resources at Renewal, No Spenddown
S27	MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, Continue Infant, Chose a Plan	S87	Continue MA Unchanged (Attestor or current Documenter Failed to Verify)
S28	Spenddown to At or Below MA Level	S88	Child 6-18, Deny MA Due to Exc Inc or Inc and Res, FPBP Eligible Due to Exc Inc, Eligible but Declines, or Age Ineligible
S29	Continue MA Unchanged, Institutionalized Individual, Home Equity Exceeds Limit, No Undue Hardship, Spenddown Met, Excess Income and Resources Spenddown Met, 6 Month Spenddown Met	S91	Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, Excess Income, Spenddown Met
S32	Accept MBI-WPD, No Premium Payment		
S33	Accept, Short-Term Rehabilitative Nursing Home Care (Undercare Only)		
S34	Deny, Short-Term Rehabilitative Nursing Home Care (Undercare Only)		
S35	Prenatal Care, Between 100% and 200%		
S37	Accept FHP, MA Ineligible Due to Exc Inc and/or Res, FNP Parent		
S38	Accept FHP, MA Ineligible Due to Exc Inc and/or Res, FP		
S39	Accept FHP-MA Ineligible Due to Exc Inc and/or Res.		
S57	Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, S/CC		
S58	Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, S/CC		
S59	Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FNP Parent		
S60	Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, FNP Parent		
S61	Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FP		

## WMSDATA-ENTERED CODES

T01 Spenddown Met - Bills/Receipts or Combination Bills/ Receipts and Pay-In	U50 MA to MBI-WPD, Client's Request
T02 Spenddown Met - Pay-In Only	U51 Denial, Transfer of Assets, Institutionalized Individual, Excess Resources, Spenddown Not Met
T03 MA to FHP, Must Choose Plan, FNP, S/CC	U52 Denial, Transfer of Assets, Institutionalized Individual, Excess Income & Resources, Spenddown Not Met
T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP	U53 Spenddown to MBI-WPD
T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan	U54 Transfer of Assets, Institutionalized Individual, Excess Income, Spenddown Not Met
T06 SSN Failed Verification/Validation (Active Case)	U55 Discontinue MA Due to Transfer of Assets, Institutionalized Indv., Exc. Res., Spenddown Not Met
T07 SSN Failed Verification/Validation (Application)	U56 Discontinue MA, Transfer of Assets, Institutionalized Indv., Exc. Inc. & Res., Spenddown Not Met
T09 Family Planning to Family Health Plus, FP, Must Choose a Plan	U57 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC
T10 Family Planning to Family Health Plus, S/CC, Must Choose a Plan	U58 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
T11 MBI-WPD to MA, Turning 65	U59 Excess Income and Resources, Age 65 and Older
T12 MBI-WPD to MA, No Longer Working	U60 Deny MBI-WPD Not Currently Working
U11 MBI-WPD to Excess Income, Spenddown Not Met, Turning 65	U62 Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, FP
U12 MBI-WPD to Excess Income, Spenddown Not Met	U63 Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, FP
U14 Disc. FPBP, Failure to Return Renewal	U64 Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, S/CC
U17 MBI-WPD to MA, Full Coverage	U65 Not a Resident of District (MA Extension)
U18 Disc. MBI-WPD Due to Excess Income and/or Resources, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Insurance	U66 Already in Receipt of Medicaid
U19 Deny MBI-WPD, Excess Income and/or Resources	U70 Deny MBI-WPD, Failure to Submit Proof of Work, MA Ineligible Excess Income and/or Resources FHP Ineligible Excess Income or Equivalent Insurance, FP
U20 Discontinue MA/FHP/FPBP Due to Verification of Factors Which Affect Eligibility, Did Not State Unable to Get Info	U71 Failure to Comply with Alcohol/Subst. Abuse Requirements
U21 Discontinue MA/FHP/FPBP due to Verification of Factors Which Affect Eligibility, Unable to Get Info, But Not a Good Reason	U72 Excess Inc. Due to COLA, Single/Childless Couple
U24 Spenddown to BCCTP	U73 Deny Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC
U25 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, S/CC	U74 MBI-WPD Ineligible, Not Certified Disabled, MA/FHP Ineligible, FNP
U26 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, FP	U75 No Change in Exc. Inc. Amt.
U27 Disc. MBI-WPD, Turning 65, Excess Resources, Spenddown Not Met	U77 Concurrent Benefits, Intra-State - No Aid Continuing
U28 Disc. MBI-WPD, No Longer Working, Excess Resources, Spenddown Not Met, FHP Ineligible Due to Exc. Inc. and Res., Equivalent Health Insurance or Public Employee	U78 Concurrent Benefits, Inter-State - Aid Continuing
U30 MBI-WPD Ineligible Due to Non-Financial Reasons, to MA with Spenddown, Spenddown Not Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65	U79 Concurrent Benefits, Intra or Inter-State
U32 Excess Income, Age 65 and Older	U80 Qualified Individual (QI-1), Over Income or Other
U33 Turning 19, Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines	U84 Concurrent Benefits, AFIS Match, Intra-State or Inter-State
U34 Deny MA, Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP	U85 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FP
U35 Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC	U86 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, S/CC
U37 FHP to MA, Pregnant, MA Eligible, Chose MA	U87 Spenddown to Family Health Plus, Chose a Plan
U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP	U89 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FNP Parent
U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP	U90 Turning 19, MA to FHP Due to Exc Inc and/or Res, Chose a Plan
U40 Excess Resources, Age 65 and Older	U91 Child 6-18, Disc. MA Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, Eligible but Declines, or Age Ineligible
U49 Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent	U95 Turning 65, FHP to MA with Exc Inc, Spenddown Not Met
	V10 Failure to Appear for Interview Appointment with Agency
	V11 Recalculation of Contribution Toward Chronic Care-Single-COLA
	V12 Recalculation of Contribution Toward Chronic Care-Spousal-COLA
	V13 Failure to Utilize Benefits and/or Resources

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## WMSDATA-ENTERED CODES

V14	Failure to Complete the Declaration of Citizenship/ Immigration Status	V78	Over 19, MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, 60 Days Post-Partum, Infant Continues
V17	Incorrect or Fraudulent Social Security Number	V79	FHP to FPBP Due to Exc Inc and/or Res, Equivalent Health Insurance, Public Employee, or Over 65
V30	Failure to Comply with IV-D Requirements	V80	FHP to MA with Spenddown Due to Over Gross Income, Chose Spenddown, Equivalent Health Insurance, or Public Employee, Spenddown Not Met, Under 65
V31	Failure to Provide Social Security Number	V81	Deny BCCTP - Failed to Complete Eligibility Process
V32	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent	V82	Discontinue BCCTP - Treatment Ended
V33	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC	V83	BCCTP to Regular MA, Discontinue BCCTP to MA
V34	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP	V84	Over 19, Inelig. for Family Planning due to Exc. Inc.
V35	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent	V85	FPBP Ineligible Due to Excess Income, No App. for MA/FHP
V36	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC	V86	FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, FP
V37	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP	V87	FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, S/CC
V38	Failure to Contact Agency	V88	Family Planning to MA, S/CC
V39	Discontinue FHP Due to Equivalent Insurance or Public Emp.	V89	Family Planning to MA, FP
V40	Spousal - Income Contribution Only	V90	Discontinue Family Planning, eligible for FHP but failed to Choose a Health Plan
V41	Individual - Income Contribution Only	V93	MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FNP Parent
V42	Individual - Resource Contribution Only	V94	Disc. FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
V43	Spousal - Resource Contribution Only	V95	MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FP
V44	Spousal - Income Contribution Remains The Same	X10	Excess Income, Inpatient Hospital Bill Does Not Meet 6 Month Excess
V45	Individual - Income Contribution Remains The Same	X13	Spousal Impoverishment - Excess Resources
V46	Spousal - Income/Resource Contribution	X14	No Longer Elig. For MA Payment of AHIP Premiums
V47	Individual - Income/Resource Contribution	X15	Discontinue Mother, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, 60 Day Post-Partum, No Infant, FP
V48	Spousal - No Liability Toward Cost of Care	X17	Discontinue Mother, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, 60 Days Post-Partum, No Infant, S/CC
V49	Individual - No Liability Toward Cost of Care	X18	Discontinue Payment of Medicare Part B, QI-1
V50	Individual - Exc Res/Income Contribution Remains the Same	X23	MA/FHP, Failed to Provide Amount of Resource(s) at App.
V51	Spousal - Exc Res/Income Contribution Remains the Same	X25	Discontinue/Deny Payment of Health Insurance Premiums
V52	Individual - Income Contribution Only	X26	Accept MA Payment of Health Insurance Premiums
V53	Spousal - Income Contribution Only	X42	Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP
V54	Spousal - Income/Resource Contribution	X43	Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC
V55	Individual - Income/Resource Contribution	X44	Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent
V56	Spousal - Waiver Recipient Income/Resource Contribution	X45	Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP
V57	Spousal - Waiver Recipient Income Contribution Only	X46	Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC
V58	Spousal - Waiver Recipient Resource Contribution Only	X47	Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent
V59	Spousal - Waiver Recipient No Liability Toward Cost	X48	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent
V60	Individual - No Liability Toward Cost of Care	X50	Discontinue Payment of COBRA Continuation of Group Health Insurance Premium
V61	Spousal - No Liability Toward Cost of Care	X51	Discontinue Payment of COBRA Continuation of Group Health Insurance Premium - Prior Conditional Acceptance
V62	Spousal - Resource Contribution Only		
V63	Individual - Resource Contribution Only		
V64	Individual - Income Contribution Only		
V65	Spousal - Income Contribution Only		
V66	Spousal - Income and Resource Contribution		
V67	Individual - Income and Resource Contribution		
V68	Spousal - Previously Waiver Recipient, Income & Resource Contribution		
V69	Spousal - Previously Waiver Recipient, Income Contribution		
V70	Spousal - Previously Waiver Recipient, Resource Contribution		
V71	Spousal - Previously Waiver Recipient, No Liability Toward Cost of Care		
V72	Individual - No Liability Toward Cost of Care		
V73	Spousal - No Liability Toward Cost of Care		
V74	Spousal - Resource Contribution		
V75	Individual - Resource Contribution		
V76	Over 19, MA to FPBP Due to Exc Inc, FHP Ineligible Due to Equivalent Insurance or Public Employee		
V77	MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee,S/CC		

## WMS DATA-ENTERED CODES

X52 Medicare Buy-In Program, QMB Ineligible	088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment
X53 Medicare Buy-In Program, SLIMB Ineligible	089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Loss of 30 + 1/3 or the 30 Dollar Disregard
X70 Discontinue QI-1, Over Income	090 Beginning of Four Month Extension of Eligibility for MA After Finding of Ineligibility for ADC Resulting from Receipt of Support (Case Type 20 Only)
X76 Decrease in Excess Income Amount	091 Medical Bills Equal to or Greater than Excess Income
X77 Decrease in Excess Income Due to COLA	092 SSI Recipient Not Yet Appearing on SDX – Determined Eligible for MA-SSI
X80 MA to Spenddown Due to Exc Inc, FHP Ineligible Due to Exc Inc, Chose Spenddown, or Over 65	093 Determined Eligible for MA-SSI
X81 MA to FHP Due to COLA, Chose a Plan	094 Medical Need-No Recert Change in Financial Circumstances
X83 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc	588 MSP Conversion
X84 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Res	903 CIN Unduplication (Data-entered)
X85 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc and Res	966 Other Clockdown Closing Change
X86 FHP to MA, S/CC	991 Fair Hearing – Aid to Continue
X88 FHP to MA, FNP Parent, FP	992 Court Order to Enjoin Closing
X91 Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, Excess Income and/or Resources, 6 Month Spenddown Met	993 Closed in Error
Y35 Suppress Printing of LDSS-3209 (Authorization)	994 Cancel Closing
Y77 Undercare Case Maintenance	
Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Employment	
Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Loss of 30 1/3	
Y90 Discontinue - Agency/Client Error	
Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)	
Y99 Other (Manual Notice Required)	
Z39 Mail-In	
Z46 SLIMB Recertification	
Z47 Notice of Renewal for BCCTP	
Z48 Cover Letter for FPBP Renewal Form	
Z61 Renewal Form, Community Mail-In	
Z62 Renewal Form, SSI-Related Mail-In	
001 Conversion	
002 Illness, Injury, or Other Impairment of Recipient	
005 Lay-Off, Discharge, or Other Reason	
020 Loss or Reduction in Support of Child Due to Death of Parent	
021 Divorce	
022 Separation	
023 Desertion	
024 Other (Hospital, Imprisoned)	
030 Loss of or Reduction in Support from Person Outside Home - ADC Father (Absent Throughout 6 Months Preceding Application)	
035 Death	
036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.)	
037 Illness, Injury or Impairment	
038 Lay-Off, Discharge, or Other Reason	
040 Loss of or Reduction in Support from Person Outside Home	
045 Loss of or Reduction in Other Income	
050 Other Material Change in Resources	
060 Change in State Law or Agency Policy	
065 Return of Recipient or Relative (Ill or Previously Institutionalized)	
066 Other Person	
070 Living Below Agency Standards	
075 Other	
080 FA, SN-FP	
081 PG-ADC, SN-CSH, SN-FNP	
082 Emergency Assistance to Families	

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

**FOOD STAMP APPROVAL NOTICES**

CODE	DEFINITION	TRANSACTION TYPE(S)
A30	FS Approval: Same Benefit Each Month	02, 10
A31	FS Approval: Two Different Benefit Amounts in Certification Period	02, 10
A32	FS Approval: 1st Month Prorate-Applied BEFORE the 16th	02, 10
A33	FS Approval: 1st Month Prorate-Applied AFTER the 15th	02, 10
A34	FS Approval: Proof Provided in the SECOND Thirty-Days	02, 10
A36	FS Approval: First Month Denied - Eligible in Succeeding Months - Same Benefit Each Month	02, 10
A38	FS Approval: Same Benefit Amount Each Month - Different Budget Dates	02, 10
A39	FS Approval: NYSNIP	02, 10
A40	FS Approval: GHSB	02, 10
A42	FS Approval - NYSNIP: 1st Month Prorated; Applied BEFORE the 16th	02
A43	FS Approval - NYSNIP: 1st Month Prorated; Applied AFTER the 15th	02
A46	FS Approval: NYSNIP: Denied 1st Month, Eligible in Succeeding Months	02, 10
A47	FS Approval - NYSNIP: Moved to Another District	02
F36	Responsibility of Former District (CNS Only) (PA/FS Cases Only)	02, 10
Q21	FS Expedited Approval: Pended Verification; Cert. Period = 1 Month PENDED Verification (WCN120)	02, 10
Q22	FS Expedited Approval: Pended Verification; Cert. Period > = 2 Months PENDED Verification (WCN120)	02, 10
Z15**	Continuing Your FS (Call-In) - Short Cert Period - "On/At" -- DATE 1: DATE (MMDDYY) OF INTERVIEW -- TIME (HHMM) OF INTERVIEW	02, 10

**FOOD STAMP SEPARATE DETERMINATION**

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

**FOOD STAMP SEPARATE DETERMINATION**

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

\*\* (CNS Only)

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

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

**REFUSAL TO PROVIDE INFORMATION**

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

**FAILURE TO PROVIDE VERIFICATION**

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

**INCOME RELATED**

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

**1****RESOURCES**

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

**LIVING ARRANGEMENTS**

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

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

<b>FILL INFORMATION</b>
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**CASE LEVEL DENIALS (03), CLOSINGS (07), RECERTIFICATION CLOSINGS (08) (Cont'd). All FS Denial (03) & Recert Closing (08) Notices are Adequate. FS Closing (07) Notices are Timely, except those Reason Codes highlighted by an asterisk (\*) are Adequate.**

**LIVING ARRANGEMENTS (Cont'd)**

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

**OTHER FAILURES**

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

**OTHER CODE**

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

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

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

**OTHER**

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

**PERIODIC REPORTING**

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

**FOOD STAMP CLAIMS \*\***

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

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

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

**FAILURE TO RECERTIFY**

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

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

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

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

\*\* (CNS Only)

**CASE LEVEL UNDERCARE MAINTENANCE (05), RECERTIFICATIONS (06), REACTIVATIONS (11), CLOSED CASE MAINTENANCE (14)****UNDERCARE MAINTENANCE**

CODE	DEFINITION	TRANSACTION TYPE(S)
B20	New Budget Authorized	05
B21	New Budget Authorized: Certification Period Extended	05
B22	New Budget Authorized: Decrease - 6 Month Reporting Process	05
B23	New Budget Authorized: Return to "Regular" FS from NYSNIP	05
B24	New Budget Authorized: October Allotment Increase	05
B25	New Budget Authorized: JAN COLA Adjustment	05
B27	New Budget Authorized: FS to NYSNIP	05
B28	New Budget Authorized: FS to NYSNIP Reduction	05
B29	New Budget Authorized: NYSNIP Rebudgeted	05
B80	New Budget Authorized: No Longer Qualified for 24-Month Certification Period	05
B81	New Budget Authorized: FS to GHSB (Same or Increase)	05
B82	New Budget Authorized: FS to GHSB (Reduction)	05
B83	New Budget Authorized: GHSB Re-budgeted	05
B84	New Budget Authorized: Return to "Regular" FS from GHSB	05
B85	New Budget Authorized: FS to GHSB (COLA) (Same or Increase)	05
B86	New Budget Authorized: FS to GHSB (COLA) (Reduction)	05
G15	Expedited PA/FS Failure to Verify (TA Case Types Only)	Tx Type 05, 06, 07 with PA/FS Ind = 09
960	Change of Address (No Changes to Benefits)	05, 06, 14
965	Authorize IV-D or HEAP Payment	05, 06, 14
966	Other Clockdown Closing Change	05, 06, 14

**RECERTIFICATIONS**

CODE	DEFINITION	TRANSACTION TYPE(S)
B30	Recertification Approval: Same Benefit Amount Each Month	06, 11
B31	Recertification Approval: Two Different Benefit Amounts in Certification Period	06, 11
B32	Recertification Approval: First Month Budgeting Necessary	06, 11
B33	Recertification Approval: Return to "Regular" FS from NYSNIP	06
B34	Recertification Approval: Certification Period Spans ALL & Allotment Remains Same	06, 11
B35	Recertification Approval: Same Benefit Amt. Each Month - 2 Budget Calculations w/Different Budget Dates	06, 11
B36	Recertification Approval: FS to NYSNIP	06
B38	Recertification Approval: NYSNIP	06
B91	Recertification Approval: GHSB Continues	06
B92	Recertification Approval: Return to "Regular" FS from GHSB	06
B93	Recertification Approval: FS to GHSB	06

**1****FOOD STAMP CLAIMS \*\***

CODE	DEFINITION	TRANSACTION TYPE(S)
L92	Restart/Transfer a Previously Noticed Claim: Recoup at 10% NAME: Individual Associated with Claim AMOUNT: Current Claim Balance	05, 06, 11
L94	Restart/Transfer a Previously Noticed Claim: Recoup at 20% NAME: Individual Associated with Claim AMOUNT: Current Claim Balance	05, 06, 11
R21	Agency Error Claim: Recoupment Begins	05, 06, 11
R22	Inadvertent Household Error Claim: Recoupment Begins	05, 06, 11
R23	Intentional Program Violation Claim: Recoupment Begins	05, 06, 11
R24	Agency Error Claim: Recoupment Pended	05, 06, 11, 00
R25	Inadvertent Household Error Claim: Recoupment Pended	05, 06, 11, 00
R26	Intentional Program Violation Claim: Recoupment Pended	05, 06, 11, 00
R27	Agency Error Claim: Closed Cases	00
R28	Inadvertent Household Error Claim: Closed Cases	00
R29	Intentional Program Violation Claim: Closed Cases	00
R39	Food Stamp Claim Compromise/Repayment Agreement Acknowledgement (Closed Cases for both NTA/FS and TA/FS Case Types)	00

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

**CASE LEVEL UNDERCARE MAINTENANCE (05), RECERTIFICATIONS (06), REACTIVATIONS (11), CLOSED CASE MAINTENANCE (14) (cont'd)****RESTORED/SUPPLEMENTAL BENEFITS \*\***

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

**OTHER**

CODE	DEFINITION	TRANSACTION TYPE(S)
A02	Food Stamps Declined (PA Case Types Only)	05, 06
A04	PA/FS Ind. Changed to "04 - Non-PA Person in HH" (TA Case Types Only)	05, 06
A05	FS Close - Non-PA Person in HH (TA Case Types Only)	05, 06
G34	FS Change After TA Approval Determination or Provision of Pended Verification (TA Case Types Only)	02, 05, 10
G35	FS Close After TA Approval Determination or Provision of Pended Verification (TA Case Types Only)	05
J05	Separate Food Stamp Notice Will be Sent (TA Case Types Only)	05, 06
L02	PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (TA Case Types Only)	05, 06
L05	FS Benefit Change - FS Co-Op Case Closed (TA Case Types Only)	05, 06
V19	Food Stamp Request for Contact (TA Case Types Only)	All 3 Tx Types with PA/FS Ind = 01,05
Y20	FS Benefit Not Changed (No New Budget) (TA Case Types Only)	05,14, 00
Y22	Case Demographic Change Only	05
Y23	Case Opened w/Expedited FS Only: Delayed Verification Received - No Notice Required	05
Y35	Suppress Printing of LDSS-3209 (Authorization) (Changes Limited to Off/Unit/Wrkr, Co-op Case #, or Phone #)	05
Z97	Missed FS Application Interview (TA Case Types Only)	Tx 05, 06 with PA/FS Ind = 03
903	CIN Unduplication (Data-entered)	05
991	Fair Hearing - Aid to Continue	05,11
992	Court Order to Enjoin Closing	05,11
993	Closed in Error	05,11
994	Cancel Closing	05,11

**HEAP APPROVAL NOTICES FOR FS AND HEAP**

CODES	DEFINITION	TRANSACTION TYPE(S)
A10	Reg. Grant Only - Payment Sent to Fuel/Util. Supplier	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A11	Reg. Grant Only - EBT PA Cases	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A12	Reg. Grant Only - EBT FS Cases	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A13	Reg. Grant Only - Check	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A14	Reg. Grant Only - No Funds Available	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A15	Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A16	Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A17	Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10
A21	Regular Grant - Vendor (System-Generated HEAP Auo-Pay Only)	(FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10

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

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

A02 PA Denial/Recert. CL - FS Declined (TA Case Types Only)	E10 Failure to Keep/Complete Interview: No Scheduled Appointment
A04 Food Stamps Declined (PA Case Types Only)	E28 Failure to Provide Information - Alien Sponsor
A05 FS Close - Non-PA Person in HH (TA Case Types Only)	E29 Failure to Provide Verification - Alien Sponsor
A30 FS Approval: Same Benefit Each Month	E30 Excess Income
A31 FS Approval: Two Different Benefit Amounts in Certification Period	E39 Excess Income - COLA
A32 FS Approval: 1st Month Prorate-Applied BEFORE the 16th	E40 Excess Income - Budgeting Error
A33 FS Approval: 1st Month Prorate-Applied AFTER the 15th	E46 Failure to Complete/Sign/Return NYSNIP 24-Mo. Interim Report
A34 FS Approval: Proof Provided in the SECOND Thirty-Days	E50 Failure to Return Periodic Report
A36 FS Approval: 1st Month Denied-Eligible in Succeeding Months-Same Benefit Each Month	E51 Failure to Complete Periodic Report - Questions
A38 FS Approval: Same Benefit Amount Each Month - Different Budget Dates	E52 Failure to Complete Periodic Report - Signature/Date
A39 FS Approval: NYSNIP	E53 Failure to Complete Periodic Report - Proof of Income
A40 FS Approval: GHSB	E54 Failure to Complete Periodic Report - Dated Early
A42 FS Approval - NYSNIP: 1st Month Prorated; Applied BEFORE the 16th	E61 Not a Resident of District
A43 FS Approval - NYSNIP: 1st Month Prorated; Applied AFTER the 15th	E63 Not a Resident of State
A46 FS Approval: NYSNIP; Denied 1st Month, Eligible in Succeeding Months	E65 Not a Resident of Disaster Area
A47 FS Approval - NYSNIP: Moved to Another District	E70 Ineligible Boarder
B10 PA OP/CL/CHG - FS Continue Unchanged (TA Case Types Only)	E71 In Commercial Boarding Home
B18 FS Separate Determination Opening: Certification Period Unchanged	E74 Elderly/Disabled Ineligible for Separate Household Status
B19 FS Separate Determination Opening: Certification Period Extended	E75 Refusal of Everyone in the Household to Apply
B20 New Budget Authorized	E76 Living with Child
B21 New Budget Authorized: Certification Period Extended	E77 Living with Parent
B22 New Budget Authorized: Decrease - 6 Month Reporting Process	E78 Living with Child's Other Parent
B23 New Budget Authorized: Return to "Regular" FS from NYSNIP	F17 Failure to Validate Incorrect SSN-HH=1
B24 New Budget Authorized: October Allotment Increase	F19 Refused to Cooperate with Quality Control
B25 New Budget Authorized: JAN COLA Adjustment	F36 Responsibility of Former District
B27 New Budget Authorized: FS to NYSNIP	F37 Excess Income: FS Disaster Area
B28 New Budget Authorized: FS to NYSNIP (Reduction)	F49 Excess Resources: FS Disaster Area
B29 New Budget Authorized: NYSNIP Re-budgeted	F65 Will Receive FS in PA Case
B30 Recert. Approval: Same Benefit Amount Each Month	F70 Parental Control of Child
B31 Recertification Approval: Two Different Benefit Amounts in Certification Period	F71 Child Under Parental Control
B32 Recert. Approval: First Month Budgeting Necessary	F96 Opened in Error - Excess Income
B33 Recertification Approval: Return to "Regular" FS from NYSNIP	G10 Failure to Recertify (TA Case Types Only)
B34 Recertification Approval: Certification Period Spans ALL And Allotment Remains the Same	G15 Expedited PA/FS Failure to Verify (TA Case Types Only)
B35 Recertification Approval: Same Benefit Amt. Each Month-2 Bgt. Calculations w/Different Bgt. Dates	G34 FS Change After TA Approval Determination or Provision of Pended Verification (TA Case Types Only)
B36 Recertification Approval: FS to NYSNIP	G35 FS Close After TA Approval Determination or Provision of Pended Verification (TA Case Types Only)
B38 Recertification Approval: NYSNIP	I92 No Eligible Individual (Individual R/C Required)
B80 New Budget Authorized: No Longer Qualified for 24-Month Certification Period	J05 Separate FS Will Be Sent (TA Case Types Only) (Auto TBA, If Eligible)
B81 New Budget Authorized: FS to GHSB (Same or Increase)	J06 Separate FS Notice Will Be Sent (TA Case Types Only) (Worker Completes TBA)
B82 New Budget Authorized: FS to GHSB (Reduction)	L02 PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (PA Case Types Only)
B83 New Budget Authorized: GHSB Re-budgeted	L05 FS Benefit Change - FS Co-Op Case Closed (TA Case Types Only)
B84 New Budget Authorized: Return to "Regular" FS from GHSB	L10 PA OP/CL/CHG - FS Continue Unchanged - Worker Name Included (TA Case Types Only)
B85 New Budget Authorized: FS to GHSB (COLA) (Same or Increase)	L11 PA OP/CL/CHG - FS Increase (TA Case Types Only)
B86 New Budget Authorized: FS to GHSB (COLA) (Reduction)	L12 PA OP/CL/CHG - FS Decrease (TA Case Types Only)
B91 Recertification Approval: GHSB Continues	L13 PA OP/CL/CHG - FS Increase - Worker Name Included (TA Case Types Only)
B92 Recertification Approval: Return to "Regular" FS from GHSB	L14 PA OP/CL/CHG - FS Decrease - Worker Name Included (TA Case Types Only)
B93 Recertification Approval: FS to GHSB	L19 Request for Contact - Six Month Reporters on TBA
	L92 Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 10%
	L94 Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 20%
	L99 Food Stamp Overpayment Balance Statement
	M20 Refusal to Provide Information (During Cert. Period)

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

<b>Code</b>	<b>Definition</b>
R50	TA Work Requirements Determination
R60	Continue Vendor Payments - DATE 1: PRIOR CLOSING DATE
Z20	Continuing Your PA and FS (Call-In) – “On/At” - DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW
Z21	Continuing Your PA (Call-In) – “By” - DATE (MMDDYY) BY WHICH RECIPIENT MUST COME TO LOCAL DISTRICT FOR INTERVIEW
Z25	Continuing Your PA and FS (Call-In) – Group Recertification - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF THE INTERVIEW
Z26	TA Mail-In Recertification
Z50	PA Category Reassessment Call-In - DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW
Z51	Application Call-In - DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW
Z52	PA Category Reassessment Call-In with Appointment Address - DATE 1: DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW - OFFICE CODE WHERE THE INTERVIEW IS TO TAKE PLACE
Z53	Application Call-In with Appointment Address - DATE (MMDDYY) OF INTERVIEW - TIME (HHMM) OF INTERVIEW - OFFICE CODE WHERE THE INTERVIEW IS TO TAKE PLACE
Z80	Continuing Your PA and FS (Call-In) With Appointment Address - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF THE APPOINTMENT - CODE OF THE OFFICE WHERE INTERVIEW IS TO TAKE PLACE
Z81	Continuing Your PA and FS (Call-In) – Group Recertification with Appointment Address - DATE 1: DATE (MMDDYY) OF THE INTERVIEW - TIME (HHMM) OF THE INTERVIEW - OFFICE CODE WHERE THE INTERVIEW IS TO TAKE PLACE

**MEDICAL ASSISTANCE****1****SLIMB RECERTIFICATION**

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

**COMMUNITY MAIL-IN RENEWAL**

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

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

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

**SSI-RELATED MAIL-IN RENEWAL**

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

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

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

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

**OTHER**

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

**FOOD STAMPS**

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

1

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

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

# 1

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

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

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

# 1

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

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

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

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

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

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

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

# 1

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

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

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

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

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

# 1

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

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

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