# WMS DATA-ENTERED CODES

**TRANSACTION TYPE CODES – TRANS. TYPE - (PA, MA, FS, HEAP)**

INITIAL CASE ENTRY

02 Opening
03 Denial
09 Open/Close
10 Reopening

UNDERCARE ENTRY

05 Change
06 Recertification/Reauthorization
07 Closing
08 Recertification/Closing
11 Reactivation
14 Closed Case Maintenance

**PA REASON CODES - REASON CODE -**
(See PA Reason Code Cards Pages 3-11)

**MA REASON CODES - REASON CODE -**
(See MA Case Reason Code Cards Pages 12-19)

**FS REASON CODES - REASON CODE -**
(See FS Case Reason Code Cards Pages 20-27)

**SAFETY NET INDICATOR - SafeNet - (CT = 17 Only)**

A Substance Abuse
S Safety Net Limit
C Cash Limit (Auth From Date must be > 12/01/01)

**NOTICE INDICATOR - CLIENT NOTICE: IND.**

A Adequate
N No Notice
T Timely

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**LANGUAGE INDICATOR - LANGUAGE**

E English
S Spanish

**RACIAL ETHNIC CODES - Race (For each code, enter [Y] Yes or [N] No. For MA Only cases [CT 20], enter Y, N or [U] Unknown) (PA, MA, FS, HEAP)**

**ETHNICITY**

H Hispanic or Latino

**RACE**

I American Indian or Alaskan Native
A Asian
B Black or African American
P Native Hawaiian or Other Pacific Islander
W White

**PA/FS CODES - (PA)**

01 Authorized for PA-FS
02 Do Not Authorize - Declined to Participate for Food Stamps
03 Do Not Authorize - Denied Food Stamps
04 Do Not Authorize - Non-PA Person in Household
05 FS Authorization Determination Pending
06 PA/FS Issuance To Be Handled in Co-Op Case
07 Closed - PA Case But Continue FS
08 Closed - Both PA and FS Cases
09 Closed - FS Case
10 Recert-Close PA/Deny FS
70 Deny PA/Continue FS
71 Deny PA/Continue FS w/Expedited FS
80 Deny PA/Recert - Close FS
81 Deny PA/Recert - Close FS w/Expedited FS

(See Pages 30 - 32 for PA/FS Indicator Codes by Transaction)

**PA/FS CODES - (PA) (cont'd)**

90 Deny PA/Close FS
91 Deny PA/Close FS w/Expedited FS

**CASE TYPE CODES - CASE TYPE-(PA, MA, FS, HEAP)**

11 Family Assistance (FA)
12 Safety Net Non-Cash Assistance (SN-FP)
13 Aid to Dependent Children - Foster-Care (ADC-FC)
16 Safety Net Cash Assistance (SN-CSH)
17 Safety Net Non-Cash Assistance (SN-FNP)
18 Emergency Assistance for Adults (EAA)
19 Emergency Assistance to Families (EAF)
20 Medical Assistance (MA)
21 Medicaid Presumptive Eligibility
22 Medical Assistance - Supplemental Security Income (MA-SSI)
24 Family Health Plus (FHP)
31 Non-Public Assistance Food Stamps (NPA-FS)
32 Public Assistance and Non-Public Assistance Mixed Household (FS-MIX)
60 Home Energy Assistance Program (HEAP)

**FISCAL DISTRICT CODES - FISCAL - (PA, MA)**
(Use Only as Authorized)

01 Albany
02 Allegany
03 Broome
04 Cattaraugus
05 Cayuga
06 Chautauqua
07 Chemung
08 Chenango
09 Clinton
10 Columbia
11 Cortland
12 Delaware
13 Dutchess
14 Erie
15 Essex
16 Franklin
17 Fulton
18 Genesee
19 Greene
20 Hamilton
21 Herkimer
22 Jefferson
23 Lewis
24 Livingston
25 Madison
26 Monroe
27 Montgomery
28 Nassau
29 Niagara
30 Oneida
31 Onondaga
32 Ontario
33 Orange
34 Orleans
35 Oswego
36 Otsego
37 Putnam
38 Rensselaer
39 Rockland
40 St. Lawrence
41 Saratoga
42 Schenectady
43 Schoharie
44 Schuyler
45 Seneca
46 Steuben
47 Suffolk
48 Sullivan
49 Tioga
50 Tompkins
51 Ulster
52 Warren
53 Washington
54 Wayne
55 Westchester
56 Wyoming
57 Yates
66 New York City
77 Other State or Territory
97 Office of Mental Health
98 Office of Mental Retardation and Developmental Disability

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

B Periodic Reporting Required/No Calculated ABEL Budget
C Periodic Reporting Required/Income Deemed from Individuals Living in Household Who Have Earned Income or a Recent Work History (PA Only)
E Periodic Reporting Exempt
I Periodic Reporting Exempt/Coop Case with Earned

# WMS DATA-ENTERED CODES

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

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 (CT 11, 12 Only)
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)

**HEAP INCOME LEVEL CODE - HEAP Income (HEAP, PA, FS)**
1 Represents Poverty Level Grouping - 75% or Less
2 Represents Poverty Level Grouping - 76-100%
3 Represents Poverty Level Grouping - 101-125%
4 Represents Poverty Level Grouping - 126-150%
5 Represents Poverty Level Grouping - over 150%

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

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**WMS DATA-ENTERED CODES**

**ALL DENIALS (03) (FOR EAF CASES ONLY)**

**FINANCIAL ELIGIBILITY NOT MET**
201 Excess Income
205 Excess Resources (Includes Lump Sum Payments)
**NON-FINANCIAL PROCEDURAL REQUIREMENTS**
215 Not deprived of support or care
220 Undocumented alien
225 Nonresident
230 Recovery, Lien assignment
235 Relative responsible
249 Refuses to Comply with Drug/Alcohol Treatment Requirement
257 Failure to comply with JOB Ready Evaluation
258 Failure to conduct mandatory Job Search
259 Refusal to participate in Education, Employment or Training Program
260 Other procedural requirement
265 Unable to locate
270 Moved out of district
275 Death before determination
280 Referred to another agency or program
285 Other

1

**OPENING (02)/REOPENING (10)/OPEN-CLOSE (09)**

**MATERIAL CHANGE IN INCOME OR RESOURCES**
*Loss of or reduction in earnings of recipient (or FA, SN-FP Grantee) as a result of:*
002 Illness, injury, or other impairment or recipient (CT 14, 16, 17, 19)
005 Lay-off, discharge, or other reason (CT 16, 17, 19)
*Illness, injury, or other impairment of (FA, SN-FP Only):*
010 Father
011 Mother
012 Other Grantee
*Lay-off, discharge, or other reason (FA, SN-FP Only):*
015 Father
016 Mother
017 Other Grantee
020 Loss of or reduction in support of child due to death of parent
*Leaving home by parent and stopping or reducing support for reason of:*
021 Divorce
022 Separation
023 Desertion
024 Other (hospital, imprisoned)
*Loss of or reduction in support from person outside home (FA, SN-FP Only):*
030 Father (absent throughout 6 months preceding application)
*Loss of or reduction in support from other person in home as a result of:*
035 Death
036 Leaving home and stopping or reducing support (hospitalized, etc.)
037 Illness, injury, or other impairment
038 Lay-off, discharge, or other reason
040 Loss or reduction in support from person outside home
045 Loss of or reduction in other income

**OPENING (02)/REOPENING (10)/OPEN-CLOSE (09) (Cont'd)**

050 Other material change in resources

**NO MATERIAL CHANGE IN INCOME OR RESOURCES**
060 Change in state law or agency policy
*Increased need because of:*
065 Return of recipient or relative (ill or previously institutionalized)
066 Other reason
070 Living below agency standards
075 Other (non-material change in income or resources)
076 Authorized IV-D Payment

**CHILD ASSISTANCE PROGRAM (CAP)**
079 Child Assistance Program

**TRANSFERRED FROM OTHER PROGRAM**
080 Transferred from FA, SN-FP
081 Transferred from PG-ADC, SN-CSH, SN-FNP
082 Transferred from EAF

**UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)**

**TRANSFERRED FROM OTHER PROGRAM**
978 Transferred from FA, SN-FP to CAP
984 Transferred from CAP

**OTHER UNDERCARE MAINTENANCE ACTIONS**
965 Authorize IV-D, HEAP or Other Supportive Payment
966 Other Clockdown Closing Change
994 Cancel Closing

**CLOSING (07)/RECERTIFICATION CLOSING (08) (FOR EAF CASES ONLY)**

101 Death

***MATERIAL CHANGE IN INCOME OR RESOURCES***
Employment or increased earnings of person in home:
105 Father (CT 11, 12)
106 Mother(CT 11, 12)
107 Child (CT 11, 12)
108 Recipient (CT 16, 17)
109 Other Person

*Receipt of or increase in support as a result of:*
115 Absent parent's return (CT 11, 12)
116 Marriage of parent, marriage of unmarried mother (CT 11, 12)

*Receipt of or increase in support from person outside home:*
120 Absent Father (CT 11, 12)
121 Other Person

*Receipt of or increase in benefits of persons under:*
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)

**CLOSING (07)/RECERTIFICATION CLOSING (08) (FOR EAF CASES ONLY)** (Cont'd)

***NO MATERIAL CHANGE IN INCOME OR RESOURCES***
135 Decreased need for other requirement(s)

***NO LONGER MEETS ELIG. REQ. OTHER THAN NEED***
(If two or more reasons apply, report the one occurring first.)
(If the occurrences were simultaneous, report reason appearing first on list)
139 Increased hours (SN-FP Only)
140 Change in State Law or agency policy other than need

*Refusal to comply with eligibility requirement:*
149 Refused to Comply With Drug/Alcohol Treatment Requirement
150 Recovery, lien and/or assignment provisions
151 Relative responsibility provisions (including notice to law enforcement officials)
158 Refusal to Conduct Mandatory Job Search
159 Refusal to participate in Education, Employment or Training Program
160 No longer incapacitated (FA, SN-FP parent)
165 FA, SN-FP parent returned
170 No eligible child in home
171 Admitted to public institution
172 Admitted to private institution
175 Client's Request
176 Client's Request - Earned Income (PA Only)
177 No contact
179 Other (Including moved out of district)

**TRANSFERRED TO ANOTHER PROGRAM**
**NOTE:** Transfers have priority over and supercede all other codes.
180 FA, SN-FP
181 PG-ADC, SN-CSH, SN-FNP
182 EAF

**REACTIVATION (11) (PA and FS)**

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

**ADC-FC ONLY REASON CODES**

***CLOSINGS ONLY***
096 ADC-FC Closing
***ALL TRANSACTIONS*** *(Except Reactivation)*
097 Division of Youth-Custody
098 Department of Social Services-Custody

**CLOSED CASE MAINTENANCE (14) (PA and FS)**

960 Change of Address (No Change to Benefits)
965 Authorize IV-D, HEAP or Other Supportive Payment
966 Other Clockdown Closing Change
E10 Failure to Keep/Complete Interview, No Scheduled Appointment
N10 Failure to Keep/Complete Appointment
M20 Refusal to Provide Information (During Certification Period)
Y20 PA Benefit Not Changed (No New Budget) (CT 11, 12, 16, 17 Only)

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**WMS DATA-ENTERED CODES**

**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.**

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**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 |

**INCOME RELATED**

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

**RESOURCES**

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

**LIVINGARRANGEMENTS**

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

**LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE**

**FILL INFORMATION**
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**K - P LIMITED FILL**
**Q - X EXTENSIVE FILL**

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

**LIVING ARRANGEMENTS (Cont'd)**

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

**OTHER FAILURES**

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

**OTHER**

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

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**FILL INFORMATION**
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**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) |
|---|---|---|
| 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<br>- LN 1-5: DATE(S) OF THE MISSING PAY STUBS OR DATE(S) OF THE WEEK(S) FOR WHICH VERIFICATION IS MISSING | 07 |

**PA RECOUPMENTS**

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

**PA RESTORED BENEFITS**

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

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**FAILURE TO RECERTIFY**

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|---|---|---|
| M10 | Failure to Recertify - On<br>- DATE 1: DATE (MMDDYY) OF THE RECERTIFICATION APPOINTMENT | 08 |
| M11 | Failure to Recertify - By<br>- 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<br>- DATE 1: DATE (MMDDYY) BY WHICH MAIL-IN RECERTIFICATION FORMS WERE TO BE RETURNED | 08 |

**HEAP ONLY**

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

**60 MONTH TIME LIMIT**

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

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

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

**CHANGES**

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

**RECERTIFICATIONS**

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

**RESTRICTIONS**

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

**RECOUPMENTS**

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

**RESTORED BENEFITS**

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

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**OTHER**

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

**HEAP APPROVAL NOTICES FOR PA AND HEAP**

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

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

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

**WMS DATA-ENTERED CODES**

B20 New Budget Authorized
B22 New Budget Authorized - Neg. Action - CW/QR
B50 Category Change Only
B60 Recertification
B61 Recertification - Timely Requirement Waived
B62 Late Recertification (w/o Good Cause)
E10 Failure to Keep/Complete Interview: No Scheduled Appt.
E30 Excess Income (No TMA)
E31 Excess Income - Increased Earnings - TMA Eligible
E32 Excess Income - Increased Support Collection - MA Extension
E34 Excess Income - Receipt of SSI Single Individual
E38 Excess Income - Lump Sum
E39 Excess Income - COLA
E40 Excess Income - Budgeting Error
E50 Failure to Return Periodic Report
E51 Failure to Complete Periodic Report - Questions
E52 Failure to Complete Periodic Report - Signature/Date
E53 Failure to Complete Periodic Report - Proof of Income
E54 Failure to Complete Periodic Report - Dated Early
E60 Unable to Locate
E61 Not a Resident of District (Denial)
E63 Not a Resident of State (Denial)
E64 Moved out of District Before Determination
E66 Not a Resident of State (Closing)
F11 Failure to Access PA Benefits
F19 Refusal to Cooperate with Quality Control
F33 Excess Income - Deemed Income of Alien Sponsor (CT 11)
F38 Excess Income - Lump Sum (No MA Ext.)
F81 Refused Photo ID - Single Individual
G30 Close FA Due to 60 Month Limit/No SNA Application Filed
G31 Close FA Due to 60 Month Limit/Deny SNA - Separate SNA Notice Required
G32 Close FA Due to 60 Month Limit/Deny SNA - Refusal to Sign Repayment Agreement/Earnings Assignment
G33 Close FA Due to 60 Month Limit/Deny SNA - Refusal to Apply for Child
G61 Not a Resident of District - Opened in Error
I92 No Eligible Individual (Indiv. R/C Required)
L92 Restart Previously Notified Recoupment
L99 PA Overpayment Balance Statement
M10 Failure to Recertify - On
M11 Failure to Recertify - By
M12 Failure to Return Mail-In Recert
M15 Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 14, 16, 17)
M24 Failure to Resolve a Computer Match
M25 Failure to Respond to a Computer Match Call-In
M35 Lump Sum - No Good Reason Provided
M37 Lump Sum - Shortened Ineligibility Period
M48 Parent's Offer of a Home - Minor Not Pregnant or Parenting (CT 14, 16, 17)
M62 Moved Out of District
M63 Will Move Out of State
M66 Receiving PA In Another Case
M67 Part of Another PA Application
M68 Added to Another Case
M88 Failure to Comply with Finger Imaging Requirement - Legally Responsible Relative (HH > 1)
M90 Client Request - Written - PA and MA
M91 Client Request - Verbal - PA and MA
M92 Client Request - Written - Earned Income
M93 Client Request - Verbal - Earned Income
M94 Client Request - Written - PA Only
M95 Client Request - Verbal - PA Only
N10 Failure to Keep/Complete Appointment
N13 Failure to Use/Apply for Benefit/Resource
N14 Filing Unit Member Failed to Apply
N15 Failure to Keep Appointment - EVR/FEDS Home Visit
N16 Failure to Contact Agency
N17 Failure to Complete Eligibility Process
N19 Failure to Comply with Requirement to Look for Work
N21 Failure to Keep Employment Assessment Appointment
N53 Failure to Complete Periodic Report - Partial Proof
P30 Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search
P31 Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Employment Assessment
P32 Close FA/Deny SNA - Refusal to Take a Job
R15 Restriction(s) Begins, Ends or is Denied
R20 Recoupment Begins
R30 Recoupment Pended
R40 Recoupment - Closing & Closed Cases
U40 Excess Resources
U41 Transfer of Resources (CT 12, 14, 16, 17)
U42 Excess Resources - Refused to Sell Property
U43 Excess Resources - End of 6 Month Period
U44 Excess Resources - Deemed Resources of Alien Sponsor (CT 11)
UI6 Excess Resources - No Elderly Individual Present
V20 Failure to Provide Verification
V21 Failure to Provide Verification (Denial)
V22 Failure to Provide Verification - Mail-In Recert
V23 Failure to Provide Verification - Parent/Spouse
V24 Failure to Provide Verification - Step/Grandparent
V25 Failure to Provide Verification - Filing Unit
W10 Failure to Keep Investigatory Appointment
W11 Failure to Keep Appointment for DSS Medical Assessment
X01 Issue Underpayment Adjustment
X02 Underpayment Entirely Offset by Overpayment
X03 Underpayment Partially Offset by Overpayment
X04 Grant Reviewed - No Adjustment Needed
Y20 PA Benefit Not Changed (No New Budget)
Y22 Case Demographic Change Only
Y95 Application for Emergency Assistance Only
Y98 Other - Manual Notice Required – (No MA Extension/E)
Y99 Other - Manual Notice Required (1 Month MA Extension)
002 Loss of or Reduction in Earnings Due to Illness, Injury, or Other Impairment of Recipient (CT 14, 16, 17, 19)
005 Loss of or Reduction in Earnings Due to Lay-off, Discharge, or Other Reason (CT 14, 16, 17, 19)
010 Illness, Injury, or Other Impairment of Father (CT 11, 12)
011 Illness, Injury, or Other Impairment of Mother (CT 11, 12)
012 Illness, Injury, or Other Impairment of Other Grantee (CT 11, 12)
015 Lay-off, Discharge, or Other Reason of Father (CT 11, 12)
016 Lay-off, Discharge, or Other Reason of Mother (CT 11, 12)
017 Lay-off, Discharge, or Other Reason of Other Grantee (CT 11, 12)
020 Loss of or Reduction in Support of Child due to Death of Parent (CT 11, 12)
021 Leaving Home by Parent and Stopping or Reducing Support for Reason of Divorce
022 Leaving Home by Parent and Stopping or Reducing Support for Reason of Separation
023 Leaving Home by Parent and Stopping or Reducing Support for Reason of Desertion
024 Leaving Home by Parent and Stopping or Reducing Support for Reason of Other (Hospital, Imprisoned)
030 Loss of or Reduction in Support from Father Outside Home (Absent Throughout 6 Months Preceding Application) (CT 11, 12)

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

**WMS DATA-ENTERED CODES**

**HEAP ONLY**

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

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

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

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**OPENING (02)/REOPENING (10)**

***MATERIAL CHANGE IN INCOME OR RESOURCES***

*Loss of or Reduction in Earnings of Recipient as a Result of:*

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

*Leaving Home by Parent and Stopping or Reducing Support for Reason of:*

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)

*Loss of or Reduction in Support from Other Person in Home as a Result of:*

035 Death
036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.)
037 Illness, Injury or Other Impairment
038 Lay-Off, Discharge, or Other Reason

**OTHER MATERIAL CHANGE**

040 Loss of or Reduction in Support from Person Outside Home
045 Loss of or Reduction in Other Income
050 Other Material Change in Resources

**NO MATERIAL CHANGE IN INCOME OR RESOURCES**

060 Change in State Law or Agency Policy

*Increased Need Because of:*

065 Return of Recipient or Relative (Ill or Previously Institutionalized)
066 Other Reason
070 Living Below Agency Standards
075 Other

**TRANSFERRED FROM OTHER PROGRAM**

080 FA, SN-FP
081 PG-ADC, SN-CSH, SN-FNP
082 Emergency Assistance to Families

**MA ONLY OPENING CODES**

088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment
089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Loss of 30 + 1/3 or the 30 Dollar Disregard
090 Beginning of Four Month Extension of Eligibility for MA After Finding of Ineligibility for ADC Resulting From Receipt of Support (Case Type 20 Only)
*091 Medical Bills Equal to or Greater than Excess Income
092 SSI Recipient Not Yet Appearing on SDX - Determined Eligible for MA-SSI
093 Determined Eligible for MA-SSI
094 Medical Need-No Recent Change in Financial Circumstances

* **Code Allowed for Open/Close Transaction, Also Allowed as an Opening/Reopening Code.**
** **Where Noted, Reason Code is Also Valid for Case Type 22.**

**DENIALS (03)**

**FAILURE TO PROVIDE VERIFICATION**

E80 Failure to Provide Required Information about Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC
F24 Failure to Provide Req. Info. about Income of Non-Applying LRR
U20 Verification of Factors Which Affect Eligibility, did not State Unable to get Information
U21 Verification of Factors Which Affect Eligibility, Unable to Get Info., But Not a Good Reason

**EXCESS INCOME (S/CC, FNP Parent)**

U35 Excess Income, S/CC or FNP Parent

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

E55 Child Age 1-19, Excess Income
E56 Child Age 1-19, Excess Income and Resources
E59 Pregnant Woman. Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown
E67 Child Up to Age One, Excess Inc. (Mother Did Not Receive MA in Any Month of Her Pregnancy)
U32 Excess Income
U34 Exc. Inc., Parents/Disabled Singles/19 & 20 Yr. Old Living w/Parents or on their own
U40 Excess Resources
U51 Transfer of Assets, Institutionalized Indiv., Exc. Res.
U52 Transfer of Assets, Institutionalized Individual, Exc. Inc. and Res.
U54 Transfer of Assets, Institutionalized Indiv. Exc. Inc.
U59 Excess Income and Resources
X10 Excess Income, Does Not Meet 6 Month Excess

**LIVING ARRANGEMENT**

E60 Unable to Locate
E61 Not a Resident of District
E62 Between 21-65, In a Psychiatric Institution
E63 Not a State Resident
E79 MA Not Provided in Current Living Arrangement
U79 Concurrent Benefits, Intra or Inter-State
U84 Concurrent Benefits, AFIS Match, Intra-State or Inter-State

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

B70 Deny BCCTP - Not in Need of Treatment
B71 Deny BCCTP - Not a Resident of State
B72 Deny BCCTP - Other Health Insurance
V81 Deny BCCTP - Failed to Complete the Eligibility Process

**FAMILY PLANNING BENEFIT PROGRAM**

F79 Deny Teen Under 19, Not Eligible for MA or FPBP

**OTHER FAILURES**

E09 Photo ID Refusal
F12 Failure to Apply for SSA
F14 Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program
F21 Failure to Comply with Finger Imaging Requirements
F27 Failure to Complete Interview
F40 Failure to Enroll in a Group Health Plan
H16 Failed to Provide a Medical Statement
U71 Failure to Comply with Alcohol/Substance Abuse Requirements
V10 Failure to Appear for Interview Appt. w/Agency
V13 Failure to Utilize Benefits
V14 Failure to Complete the Declaration of Citizenship/Immigration Status
V30 Failure to Comply with IV-D Requirements
V31 Failure to Provide Social Security Number

**SPOUSAL IMPOVERISHMENT**

H10 Failure to Provide Resource Information, No Undue Hardship
H11 Failure to Provide Resource Information, Undue Hardship
X13 Excess Resources for Institutionalized Spouse

**DENIALS (03) (Cont'd)**

**HEALTH INSURANCE**
E81 Annual Fund Exhausted for QI-1 and QI-2 Program
U80 Qualified Individual QI-1 Denial Medicare Part B Premium
U81 Qualified Individual QI-2 Denial Medicare Part B Premium
U82 Qualified Individual QI-1 Accepted for Medicare Part B Premium
U83 Qualified Individual QI-2 Accepted for Partial Payment of Medicare Part B Premium
X50 Deny Payment of COBRA Continuation Group Health Insurance Premiums
X52 Medicare Buy-In Program, QMB
X53 Medicare Buy-In Program, SLIMB

**ALIENS**
E06 Non-Qualified Alien - No Emergency
U63 Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc.
U67 Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc. & Res.
U73 FNP Related Non-Qualified Alien, Emerg. Med. Cond., Exc. Inc./Res.
U74 Non-Qualified Alien/Emerg. Med. Cond., Exc. Res.

**OTHER**
E18 Death Before Determination, No Medical Bills in Retro Period
E19 Death Before Determination, Insuff. Info. To Make a Determination
H15 Client Request
U36 FHP Denial - Equiv. Health Insurance, Not MA Eligible
U66 Currently in Receipt of Assistance
Y99 Other (Manual Notice Required)

**NO ELIGIBLE INDIVIDUAL**
I94 Used as Case Reason Code When All Case Members have an Indiv. Reason Code

**UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)**

**MA ONLY U/M CODES**
088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Employment
089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Loss of 30 + 1/3 or the 30 Dollar Disregard
092 SSI Recipient Not Yet on SDX-Determined Eligible for MA-SSI
093 SSI New Opening on SDX-Determined Eligible for MA-SSI
094 Medical Need-No Recent Change in Financial Circumstances

**U/M ACTION WITH NO CHANGE IN BENEFITS**
903 CIN Unduplication (TT 05 Only) (Data-entered)

**FAILURE TO RECERTIFY**
F13 Failure to Return Recert. Form Discontinue Mother, Continue Child
S23 Failure to Comply with Recert. Interview Procedures, Discontinue Mother, Infant Continues
U10 Fail. To Comply with Recert. Interview Procedures

**FAILURE TO PROVIDE VERIFICATION**
E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.
F24 Failure to Provide Required Info. About Income of Non-Applying LRR
U20 Verif. Of Factors Which Affect Elig., Did Not State Unable to Get Info.
U21 Verif. Of Factors Which Affect Elig., Unable to Get Info., But Not a Good Reason
V17 Incorrect or Fraudulent Social Security Number
X45 Deny MA/FHP, Failed to Choose a Health Plan for FHP, FP
X46 Deny MA/FHP, Failed to Choose a Health Plan for FHP, S/CC
X47 Deny MA/FHP, Failed to Choose a Health Plan for FHP, FNP Parent

**EXCESS INCOME (S/CC, FNP Parent)**
U57 MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children)
U86 MA to FHP, S/CC, Chose a Plan
U89 MA to FHP, FNP Parent, Chose a Plan
X86 FHP to MA, S/CC
X88 FHP to MA, FNP Parent

**EXCESS INCOME/RESOURCE (LIF, ADC-Rel, SSI-Rel)**
C12 FNP Mother Over Inc./Res. Postpartum, Infant Continues
E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months
E25 Spenddown to At or Below MA Level
S07 MA Level to Exc. Inc. Due to COLA
S08 Increase in Exc. Inc. Due to COLA
S10 Change in Figures Used to Calculate Excess Inc. Amt.
S19 MA Lev. To Exc. Inc., Spenddown Not Met (BAB)
S19 MA Level to Exc. Inc. and Res. - Res. Spenddown Met (BAH)
S19 MA Level to Exc. Inc - Spenddown Met (BAA)
S19 MA Level to Exc. Res. - Spenddown Met (BAD)
S19 MA Lev. To Exc. Inc. & Res., Spenddown for Both Met (BAF)
S19 MA Lev. To Exc. Inc., 6 mo. Spenddown Met (BAC)
S19 MA Lev. To Exc. Inc. & Res., Both Resource and 6 mo. Spenddown Met (BAI)
S19 Continue Exc. Resources - Spenddown Met (BAE)
S19 Increase in Excess Income Amount (AAK)
U32 Disc., Excess Income
U33 Disc., Turning 19, Exc. Income, Not FHP Eligible
U40 Disc., Excess Resources
U58 MA/FHP Disc., Exc. Inc., Parents, 19 & 20 Year Old
U59 Disc., Excess Income and Resources
U75 No Change in Excess Income Amount
U85 MA to FHP, FP, Chose a Plan
U87 Spenddown to Family Health Plus, Chose a Plan
U90 Turning 19, MA to FHP, Chose a Plan
U94 Turning 65, FHP to MA with Excess Income and Resources, Resource Spenddown Met
U95 Turning 65, FHP to MA with Excess Income
U96 Turning 65, FHP to MA with Excess Resources, Spenddown Met
V80 FHP to MA with a Spenddown, over FHP limit or Chose Spenddown
X76 Decrease in Excess Income Amount
X77 Decrease in Excess Income Due to COLA
X80 Full MA Cov. To Excess Income, FHP Info.
X81 MA to FHP Due to COLA, Chose a Plan
X83 Turning 65, FHP Discontinuance, Excess Income
X84 Turning 65, FHP Discontinuance, Excess Resources
X85 Turning 65, FHP Discontinuance, Excess Income and Resources
X87 FHP to MA, FP

**UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)**

**INCOME/RESOURCE RELATED POST-PARTUM**

S11 200% to 100% or MA Lev. During Pregnancy or 60 Day Post-Partum
S19 200% MA After 60 Days Post-Partum - Exc. Inc. Spenddown Not Met (CAB)
S19 200% MA After 60 Days Post-Partum - Exc. Inc. and Res., Res. Spenddown Met (CAH)
S19 200% MA After 60 Days Post-Partum - Exc. Inc., Spenddown Met (CAA)
S19 200% MA After 60 Days Post-Partum - Exc. Res., Spenddown Met (CAD)
S19 200% MA After 60 Days Post-Partum - Exc. Inc. and Res., Both Met (CAF)
S19 200% MA After 60 Days Post-Partum - Exc. Inc., 6 Mo. Spenddown Met (CAC)
S19 200% MA After 60 Days Post-Partum - Exc. Inc./Res., Both Res. And 6 Mo. Spenddown Met (CAI)
S19 100% After 60 Days Post-Partum - Exc. Inc., Spenddown Not Met (DAB)
S19 100% After 60 Days Post-Partum - Exc. Inc. and Res., Res. Spenddown Met (DAH)
S19 100% After 60 Days Post-Partum - Exc. Inc., Spenddown Met (DAA)
S19 100% After 60 Days Post-Partum - Exc. Res., Spenddown Met (DAD)
S19 100% After 60 Days Post-Partum - Exc. Inc. and Res., Both Met (DAF)
S19 100% After 60 Days Post-Partum - Exc. Inc., 6 Mo. Spenddown Met (DAC)
S19 100% After 60 Days Post-Partum - Exc. Inc./Res., Both Res. & 6 Mo. Spenddown Met (DAI)
S25 100% MA After 60 Days Post-Partum to Exc. Income, Not FHP Eligible Disc. Mother, Cont. Child FHP Eligible
S27 200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan
S31 200% MA After 60 Days Post-Partum, Limited Service Package to Spenddown, Not FHP Eligible or Chose MA with a Spenddown
U25 S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Chose a Plan
U26 MA to FHP After 60 Day Post-Partum, FP, No Infant, Chose a Plan
X15 Disc., Eligible During Pregnancy, After 60 Day Post-Partum Excess Income/Resources, No Infant

**INCOME/RESOURCE RELATED - EXPANDED**

E23 Child 1-19, Exc. Inc. to 133% FPL, Full Coverage
E49 Child Turning 1 year, Exc. Inc.
E55 Child 1-5, Excess Income
E56 Child 1-5, Exc. Inc. and Exc. Res.
E68 Child Turning 1 Year, Exc. Inc. and Res.
S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc., Spenddown Not Met (ECB)
S19 Child Turning 1 at 200% Over 133% & MA Lev. Exc. Inc./Res., Res. Spenddown Met (ECH)
S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc., Spenddown Met (ECA)
S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc. & Res., Both Met (ECF)
S19 Child Turning 1 at 200% Over 133% & MA Lev., Exc. Inc., 6 Mo. Spenddown Met (ECC)
S19 Child Turning 1 at 200% Over 133% & MA Lev., Exc. Inc. & Res., Both Res. And 6 Mo. Spenddown Met (ECI)
S19 Child 1-19 at 133% Over 100% and MA Level - Exc. Inc., Spenddown Not Met(FAB)
S19 Child 1-19 at 133% Over 100% and MA Level - Exc. Inc. and Res., Res. Spenddown Met (FAH)
S19 Child 1-19 at 133% Over 100% & MA Lev., Exc. Inc., Spenddown Met (FAA)
S19 Child 1-19 at 133% Over 100% & MA Level - Exc. Inc. & Res., Both Met (FAF)
S19 Child 1-19 at 133% Over 100% & MA Level - Exc. Inc., 6 Mo. Spenddown Met (FAC)
S19 Child 1-19 at 133% Over 100% & MA Level - Exc. Inc. and Res., Both Res. and 6 Mo. Spenddown Met (FAI)

**LIVING ARRANGEMENT**

E60 Unable to Locate
E61 Not a Resident of District
E62 Between 21-65, in a Psychiatric Institution
E63 Not a State Resident
E79 MA Not Provided in Current Living Arrangement
E85 Moved Out of Household, No Forwarding Address
U65 Not a Resident of District (MA Ext.)
U77 Concurrent Benefits, Intra-State – No Aid Continuing
U78 Concurrent Benefits, Inter-State – Aid Continuing

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

V83 BCCTP to Regular MA

**FAMILY PLANNING BENEFIT PROGRAM**

F82 MA to FPBP, Teen Under 19
F83 MA to FPBP, 60 Days Post-Partum, Teen Under 19
V76 Full MA to FPBP, Over 19
V77 MA to FPBP, SCC/FNP Parents
V78 MA to FPBP, 60 Days Post-Partum, Over 19
V79 Change FHP to FPBP

**OTHER FAILURES**

E09 Disc., Photo ID Refusal
F12 Failure to Apply for SSA
F21 Failure to Comply with Finger Imaging Requirements
F40 Failure to Enroll in a Group Health Plan
U71 Failure to Comply with Alcohol/Substance Abuse Requirements
V10 Failure to Appear for Interview Appt. With Agency
V13 Failure to Utilize Benefits
V30 Failure to Comply with IV-D Requirements
V31 Failure to Provide Social Security Number
V38 Failure to Contact Agency

**TRANSITIONAL MEDICAL ASSISTANCE (TMA)**

C01 TMA All Reports, Did Not Send Requested Info.
C02 TMA No Earnings in 1 or More of 3 Prev. Months
C03 TMA Income Over 185%
C04 TMA End 12 Mo. - Send in 10th Month
E08 MA to TMA - 1st 6 Months
H32 TMA Discontinuance, Receiving PA, MA Cont.
S01 TMA did not Return Quarterly Report

**HEALTH INSURANCE**

C08 COBRA Continuation
C09 QMB Continue Payment for Medicare
C10 SLIMB Continue Payment for Medicare
S17 Change from SLIMB to QMB Coverage

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**UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd)**

S18 Change from QMB to SLIMB Coverage
X14 No Longer Elig. For MA Payment of AHIP Premiums
X50 Discontinue Payment of COBRA Continuation GHIP
X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance.
X52 Medicare Buy-In Program, QMB
X53 Medicare Buy-In Program, SLIMB

**ALIEN**
C14 Non-Qual. Alien - 60 Days Post-Partum - No Infant
E01 Non-Qual. PRUCOL Alien Inelig. For Full MA
E02 Non-Qual. Alien, End of Medical Emergency
E03 Non-Qual. Alien, End of 60 Days Post-Partum, Infant Continues

**TRANSFER**
S02 Transfer by Instit. Indiv. Reduce from Full to Limited Coverage
S05 Change in Transfer Period - Instit. Indiv.
S09 Instit. Indiv. - Transfer - MA Lev. To Limt Cov. & Exc. Inc. - Spenddown Met

**INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE**
V52 Individual - Income Contribution Only
V53 Spousal - Income Contribution Only
V54 Spousal - Income/Resource Contribution
V55 Individual - Income/Resource Contribution
V56 Spousal - Waiver Recipient Income/Resource Contribution
V57 Spousal - Waiver Recipient Income Contribution Only
V58 Spousal - Waiver Recipient Resource Contribution Only
V59 Spousal - Waiver Recipient No Liability Toward Cost
V60 Individual - No Liability Toward Cost of Care
V61 Spousal - No Liability Toward Cost of Care
V62 Spousal - Resource Contribution Only
V63 Individual - Resource Contribution Only

**RECALCULATION OF CONTRIBUTION TOWARD CHRONIC CARE**
V40 Spousal - Income Contribution Only
V41 Individual - Income Contribution Only
V42 Individual - Resource Contribution Only
V43 Spousal - Resource Contribution Only
V44 Spousal - Income Contribution Remains The Same
V45 Individual - Income Contribution Remains The Same
V46 Spousal - Income/Resource Contribution
V47 Individual - Income/Resource Contribution
V48 Spousal - No Liability Toward Cost of Care
V49 Individual - No Liability Toward Cost of Care
V50 Individual - Excess Resources/Income Contribution Remains The Same
V51 Spousal - Excess Resources/Income Contribution Remains The Same

**PAY-IN**
S15 Pay-In Credit Due to Uncovered Expenses
S16 Pay-In Refund Due to Uncovered Expenses

**CONTINUOUS COVERAGE**
C17 Continuous Coverage
E64 Continuous Coverage - Moved Out of District
E65 Disc., Elig. for Continuous Coverage, Moved Out of District, Accepted in New District

**NEWBORN/UNBORN**
E97 Newborn Added to Case in Error
E99 Newborn Deceased

**OTHER**
C05 Continue Unchanged
C06 Add Person to MA Case
C07 Add Person to FHP Case
C11 Stenson - Continue Unchanged
C13 Infant up to Age 1 Guarantee, Continue Unchanged
C16 Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support
C20 Discontinue MA, Failed to Choose a Health Plan for FHP
E90 Client Request
E95 Death (Individual)
S06 Intent to Impose Lien on Real Property - Instit. Indiv.
U37 FHP TO MA, Pregnant, MA Eligible Chose MA
U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP
U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP
U66 Currently in Receipt of Assistance
X40 FHP Disc., Equiv. Health Insur., Not MA Eligible
Y77 Undercare Case Maintenance
Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Employment
Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Loss of 30 1/3
Y99 Other

**USED WITH INDIVIDUAL REASON CODE(S)**
I89 Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code

**INFORMATIONAL LETTERS**
I90 Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 through T02

**SPENDDOWN MET**
T01 Spenddown Met - Bills/Receipts or Combination Bills/ Receipts and Pay-In
T02 Spenddown Met - Pay-In Only

**MA TO FHP, MUST CHOOSE A PLAN**
T03 MA to FHP, Must Choose Plan, FNP, S/CC
T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP
T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan

## CLOSING (07)/RECERTIFICATION CLOSING (08)

**FAILURE TO RECERTIFY**
F10 Failure to Return Recertification Form
U10 Failure to Comply with Recertification Procedures

**FAILURE TO PROVIDE VERIFICATION**
E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC
F24 Failure to Provide Required Info. About Income of Non-Applying LRR
U20 Verification of Factors Which Affect Eligibility, Did Not State unable to get Information
U21 Verif. of Factors Which Affect Elig., Unable to Get Info., But Not a Good Reason
V17 Incorrect or Fraudulent Social Security Number

**FAILED TO CHOOSE A HEALTH PLAN FOR FHP**
X42 Discontinue MA, Failed to Choose a Health Plan for FHP, FP
X43 Discontinue MA, Failed to Choose a Health Plan for FHP, S/CC

**EXCESS INCOME (S/CC, FNP Parent)**
U57 MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children)
U72 Excess Inc. COLA, Single/Childless Couple
X17 Over Inc. and/or Res., Single/Childless Couple, Post-Partum, No Infant

**EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)**
E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months
E47 Exc. Inc., Child Turning 6
E48 Exc. Inc. and Res., Child Turning 6
E49 Exc. Inc., Child Turning 1
E55 Excess Income, Child 1-19
E56 Excess Inc. and Res., Child 1-19
E57 Excess Income, Child 6 to 19
E58 Excess Income and Excess Resources, Child 6 to 19
E68 Exc. Inc. and Res., Child Turning 1
U32 Excess Income
U33 Turning 19, Exc. Income, Not FHP Eligible
U40 Excess Resources
U54 Transfer of Assets, Institutionalized Indiv., Exc. Inc.
U55 Transfer of Assets, Institutionalized Indiv., Exc. Resources
U56 Transfer of Assets, Institutionalized Indiv., Exc. Inc. & Res.
U58 MA/FHP Disc., Exc. Inc., Parents, 19 & 20 Year Old
U59 Excess Income and Resources
X15 Elig. During Pregnancy, After 60 day Post-Partum Exc. Inc./Res., No Infant
X83 Turning 65, FHP Discontinuance, Excess Income
X84 Turning 65, FHP Discontinuance, Excess Resources
X85 Turning 65, FHP Discontinuance, Excess Income and Res.

**LIVING ARRANGEMENT**
E60 Unable to Locate
E61 Not a Resident of District
E62 Between 21-65, In a Psychiatric Institution
E63 Not a State Resident
E79 MA Not Provided in Current Living Arrangement
U65 Not a Resident of District (MA Ext.)
U77 Concurrent Benefits, Intra-State – No Aid Continuing
U78 Concurrent Benefits, Inter-State – Aid Continuing

**BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21)**
B73 Discontinue BCCTP - Client Request
B74 Discontinue BCCTP - Failure to Recertify
B75 Discontinue BCCTP - Other Health Insurance
B76 Discontinue BCCTP - Moved Out-of-State
B77 Discontinue BCCTP - Death
V82 Discontinue BCCTP - Treatment Ended

**FAMILY PLANNING BENEFIT PROGRAM**
F80 Discontinue Teen Under 19, Not Eligible for MA or FPBP

**OTHER FAILURES**
E09 Photo ID Refusal
F12 Failure to Apply for SSA
F21 Failure to Comply with Finger Imaging Requirements
F40 Failure to Enroll in a Group Health Plan
U71 Failure to Comply with Alcohol/Substance Abuse Requirements
V10 Failure to Appear for Interview Appointment with Agency
V13 Failure to Utilize Benefits
V30 Failure to Comply with IV-D Requirements
V31 Failure to Provide Social Security Number
V38 Failure to Contact Agency

**SPOUSAL IMPOVERISHMENT**
H10 Failure to Provide Res. Information, No Undue Hardship
H11 Failure to Provide Resource Information, Undue Hardship
X13 Exc. Res. for Institutionalized Spouse

**TRANSITIONAL MEDICAL ASSISTANCE (TMA)**
H30 TMA Discontinue, No Dependent Child Under 21
H31 TMA Discontinue, Fraud
H32 TMA Discontinue, Receiving PA, MA Continues

**HEALTH INSURANCE**
X14 No Longer Elig. For MA Payment of AHIP Premiums
X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums
X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance
X52 Medicare Buy-In Program, QMB
X53 Medicare Buy-In Program, SLIMB

**ALIENS**
C14 Non-Qualified Alien - End of 60 Day Post Partum - No Infant
E01 Non-Qualified PRUCOL Alien-Inelig. For Full MA
E02 Non-Qualified Alien - End of Medical Emergency

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

**NEWBORN/UNBORN**
E98 Newborn Case Opened in Error
E99 Newborn Deceased

**OTHER**
E90 Client Request
E95 Death (Individual)
U66 Currently in Receipt of Assistance
X40 FHP Disc., Equiv. Health Insur., Not MA Eligible
X44 Discontinue MA, Failed to Choose a Health Plan for FHP, FNP Parent
Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)
Y99 Disc., Other (Manual Notice Required)

**NO ELIGIBLE INDIVIDUAL**
I 94 Used as Case Reason Code When ALL Case Members Have an Individual Reason Code

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

## REACTIVATION (11)

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

**WMS DATA-ENTERED CODES**

B70 Deny BCCTP - Not in Need of Treatment
B71 Deny BCCTP - Not a Resident of State
B72 Deny BCCTP - Other Health Insurance
B73 Discontinue BCCTP - Client Request
B74 Discontinue BCCTP - Failure to Recertify
B75 Discontinue BCCTP - Other Health Insurance
B76 Discontinue BCCTP - Moved Out-of-State
B77 Discontinue BCCTP - Death
C01 TMA All Reports, Did Not Send Requested Info.
C02 TMA No Earnings in 1 or More of 3 Previous Months
C03 TMA Income Over 185%
C04 TMA End 12 Month Send in 10th Month
C05 Continue Unchanged
C06 Add person to MA Case
C07 Addd person to FHP Case
C08 COBRA Continuation
C09 QMB Continue Payment for Medicare
C10 SLIMB Continue Payment for Medicare
C11 Stenson - Continue Unchanged
C12 FNP Mother Over Inc./Res. Postpartum, Infant Continues
C13 Infant up to Age 1 Guarantee, Continue Unchanged
C14 Non-Qual. Alien - End of 60 Days Post-Partum - No Infant
C16 Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support
C17 Continuous Coverage
C20 Discontinue MA, Failed to Choose a Health Plan for FHP
E01 Non-Qual., PRUCOL Alien Inelig. For Full MA
E02 Non-Qual., Alien, End of Medical Emergency
E03 Non-Qual., Alien, End of 60 Days Post-Partum, Infant Continues
E06 Non-Qualified Alien - No Emergency
E08 MA to TMA 1st 6 Months
E09 Photo ID Refusal
E13 OMH/OMR Case Type 20 Disch. Into the Community, or Art. 28 or 31 Facility
E14 OMH/OMR Case Type 22 Disch. Into Community, or Article 28 or 31 Facility
E15 OMH Only, Lost Elig. Due to Turning Age 22 and In Psych. Center or Resid. Treatment Facility
E18 Death Before Determination, No Medical Bills in Retro. Period
E19 Death Before Determination, Insuff. Info. To Make a Determination
E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months
E23 Child 1-19, Exc. Inc. to 133%, FPL Coverage
E25 Spenddown to At or Below MA level
E49 Child Turning 1 Excess Income
E55 Child 1-19 Excess Income
E56 Child 1-19 Excess Income and Resources
E59 Pregnant Woman Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown
E60 Unable to Locate
E61 Not a Resident of District
E62 Between 21-65 in Psychiatric Institution
E63 Not a State Resident
E64 Continuous Coverage - Moved Out of District
E65 Elig. for Continuous Coverage, Moved Out of District. Accepted in New District.
E67 Denial Child, Up to Age One, Excess Income (Mother Did Not Receive MA in Any Month of Her Pregnancy)
E68 Child Turning 1 Excess Income and Resources
E79 MA Not Provided in Current Living Arrangement
E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.
E81 Annual Fund Exhausted for QI-1 and QI-2 Program
E85 Moved Out of Household, No Forwarding Address
E90 Client Request
E95 Death (Single Person)
E97 Newborn Added to Case in Error
E98 Newborn Case Opened in Error
E99 Newborn Deceased
F10 Failure to Return Recertification Form
F12 Failure to Apply for SS
F13 Failure to Return Recert. Form, Discontinue Mother, Continue Child
F14 Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program
F21 Failure to Comply with Finger Imaging Requirements
F24 Failure to Provide Req. Info. about Income of Non-Applying LRR
F27 Failure to Complete Interview
F40 Failure to Enroll in a Group Health Plan
F79 Deny Teen Under 19, Not Eligible for MA or FPBP
F80 Discontinue Teen Under 19, Not Eligible for MA or FPBP
F82 MA to FPBP, Teen Under 19
F83 MA to FPBP, 60 Days Post-Partum, Teen Under 19
H10 Spousal Impoverishment - Failure to Provide Resource
H11 Spousal Impoverishment - Failure to Provide Resource Information - No Undue Hardship
H15 Client Request
H16 Failed to Provide a Medical Statement
H30 TMA Discontinue - No Dependent Child Under 21
H31 TMA Discontinue - Fraud
H32 TMA Discontinue Receiving PA, MA Continues
I89 Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code
I90 Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 or T02
I94 Used as Case Reason Code When All Case Members have an Indiv. Reason Code
S01 TMA did not Return Quarterly Report
S02 Transfer by Instit. Indiv. Reduce from Full to Limited Coverage
S05 Change in Transfer Period - Instit. Indiv.
S06 Intent to Impose Lien on Real Property - Instit. Indiv.
S07 MA Level to Exc. Inc. Due to COLA
S08 Increase in Exc. Inc. Due to COLA
S09 Instit. Indiv. - Transfer - MA Level To Limit Cov. & Exc. Inc. - Spenddown Met
S10 Change in Figures Used to Calculate Excess Inc. Amount
S11 200% to 100% or MA Level During Pregnancy or 60 Day Post-Partum
S15 Pay-In Credit Due to Uncovered Expenses
S16 Pay-In Refund Due to Uncovered Expenses
S17 Change from SLIMB to QMB Coverage
S18 Change from QMB to SLIMB Coverage
S19 Spenddown (See Undercare Codes)
S23 Failure to Comply with Recert. Interview Procedures, Discontinue Mother, Infant Continues
S25 100% MA After 60 Days Post-Partum to Exc. Income, Not FHP Eligible Disc. Mother, Cont. Child FHP Eligible
S27 200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan
S31 200% MA, 60 Days Post-Partum, Limited Service Package to Spenddown, Not FHP Eligible or Chose MA with a Spenddown
T01 Spenddown Met - Bills/Receipts or Combination Bills/ Receipts and Pay-In
T02 Spenddown Met - Pay-In Only
T03 MA to FHP, Must Choose Plan, FNP, S/CC
T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP

## WMS DATA-ENTERED CODES

T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan
U10 Failure to Comply With Recertification Interview Procedures
U20 Verification of Factors Which Affect Eligibility. Did Not State Unable to Get Information
U21 Verification of Factors Which Affect Eligibility. Unable to get Information but Not a Good Reason
U25 S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Chose a Plan
U26 MA to FHP After 60 Days Post-Partum, FP, No Infant, Chose Plan
U32 Discontinuance - Excess Income
U33 Turning 19, Exc. Income, Not FHP Eligible
U34 Exc. Inc., Parents/Disabled Singles/19 & 20 Year Old Living with Parents or on their own
U35 Excess Income, S/CC or FNP Parent
U36 FHP Denial - Equiv. Health Insur., Not MA Eligible
U37 FHP to MA, Pregnant, MA Eligible, Chose MA
U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP
U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP
U40 Excess Resources
U51 Denial, Transfer of Assets, Institutionalized Individual, Excess Resources
U52 Denial, Transfer of Assets, Institutionalized Individual, Excess Income and Resources
U54 Closing, Transfer of Assets, Institutionalized Individual, Excess Income
U55 Transfer of Assets, Institutionalized Indv., Exc. Res.
U56 Transfer of Assets, Institutionalized Indv., Exc. Inc. & Res.
U57 MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children)
U58 MA/FHP Disc., Exc. Inc., Parents, 19 or 20 Year Old
U59 Dis. - Excess Income and Resources
U63 Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc.
U65 Not a Resident of District (MA Extension)
U66 Already in Receipt of Medicaid
U67 Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc. & Res.
U71 Failure to Comply with Alcohol/Subst. Abuse Requirements
U72 Excess Inc. COLA, Single/Childless Couple
U73 FNP Related Non-Qualified Alien, Emerg. Med. Cond., Exc. Inc./Res.
U74 Non-Qualified Alien/Emerg. Med. Cond., Exc. Res.
U75 No Change in Exc. Inc. Amt.
U77 Concurrent Benefits, Intra-State - No Aid Continuing
U78 Concurrent Benefits, Inter-State - Aid Continuing
U79 Concurrent Benefits, Intra or Inter-State
U80 Qualified Individual QI-1 Denial Medicare Part B Premium
U81 Qualified Individual QI-2 Denial of Medicare Part B Premium
U82 Qualified Individual QI-1 Accepted for Medicare Part B Premium
U83 Qualified Individual QI-2 Accepted for Partial Payment of Medicare Part B Premium
U84 Concurrent Benefits, AFIS Match, Intra-State or Inter-State
U85 MA to FHP, FP, Chose a Plan
U86 MA to FHP, S/CC, Chose a Plan
U87 Spenddown to Family Health Plus, Chose a Plan
U89 MA to FHP, FNP Parent Chose a Plan
U90 Turning 19, MA to FHP, Chose a Plan
U94 Turning 65, FHP to MA with Excess Income and Resources, Resource Spenddown Met
U95 Turning 65, FHP to MA with Excess Income
U96 Turning 65, FHP to MA with Excess Resources, Spenddown Met
V10 Failure to Appear for Interview Appointment with Agency
V13 Failure to Utilize Benefits
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
V38 Failure to Contact Agency
V76 Full MA to FPBP, Over 19
V77 MA to FPBP, SCC/FNP Parents
V78 MA to FPBP, 60 Days Post-Partum, Over 19
V79 Change FHP to FPBP
V80 FHP to MA with a Spenddown, over FHP Limit or Chose Spenddown
V81 Deny BCCTP - Failed to Complete Eligibility Process
V82 Discontinue BCCTP - Treatment Ended
V83 BCCTP to Regular MA
X10 Excess Income, Does Not Meet 6 Month Excess
X13 Spousal Impoverishment - Excess Resources
X14 No Longer Elig. For MA Payment of AHIP Premiums
X15 Elig. During Pregnancy, After 60 day Post-Partum Exc. Inc./Res., No Infant
X17 Over Inc. and/or Res., Single/Childless Couple, Post-Partum, No Infant
X40 FHP Disc., Equiv. Health Insur., Not MA Eligible
X42 Discontinue MA, Failed to Choose a Health Plan for FHP, FP
X43 Discontinue MA, Failed to Choose a Health Plan for FHP, S/CC
X44 Discontinue MA, Failed to Choose a Health Plan for FHP, FNP Parent
X45 Deny MA/FHP, Failed to Choose a Health Plan for FHP, FP
X46 Deny MA/FHP, Failed to Choose a Health Plan for FHP, S/CC
X47 Deny MA/FHP, Failed to Choose a Health Plan for FHP, FNP Parent
X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premium
X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premium - Prior Conditional Acceptance
X52 Medicare Buy-In Program QMB
X53 Medicare Buy-In Program SLIMB
X76 Decrease in Excess Income Amount
X77 Decrease in Excess Income Due to COLA
X80 Full MA Cov. to Excess Income, FHP Info.
X81 MA to FHP Due to COLA, Chose a Plan
X83 Turning 65, FHP Discontinuance, Excess Income
X84 Turning 65, FHP Discontinuance, Excess Resources
X85 Turning 65, FHP Discontinuance, Excess Income and Resources
X86 FHP to MA, S/CC
X87 FHP to MA, FP
X88 FHP to MA, FNP Parent
Y77 Undercare Case Maintenance
Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Employment
Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Loss of 30 1/3
Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)
Y99 Other (Manual Notice Required)
001 Conversion
002 Illness, Injury, or Other Impairment of Recipient
005 Lay-Off, Discharge, or Other Reason

020 Loss or Reduction in Support of Child Due to Death of Parent
021 Divorce
022 Separation
023 Desertion
024 Other (Hospital, Imprisoned)
030 Loss of or Reduction in Support from Person Outside Home - ADC Father (Absent Throughout 6 Months Preceding Application)
035 Death
036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.)
037 Illness, Injury or Impairment
038 Lay-Off, Discharge, or Other Reason
040 Loss of or Reduction in Support from Person Outside Home
045 Loss of or Reduction in Other Income
050 Other Material Change in Resources
060 Change in State Law or Agency Policy
065 Return of Recipient or Relative (Ill or Previously Institutionalized)
066 Other Person
070 Living Below Agency Standards
075 Other
080 FA, SN-FP
081 PG-ADC, SN-CSH, SN-FNP
082 Emergency Assistance to Families
088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment
089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Loss of 30 + 1/3 or the 30 Dollar Disregard
090 Beginning of Four Month Extension of Eligibility for MA After Finding of Ineligibility for ADC Resulting from Receipt of Support (Case Type 20 Only)
091 Medical Bills Equal to or Greater than Excess Income
092 SSI Recipient Not Yet Appearing on SDX – Determined Eligible for MA-SSI
093 Determined Eligible for MA-SSI
094 Medical Need-No Recert Change in Financial Circumstances
903 CIN Unduplication (Data-entered)
966 Other Clockdown Closing Change
991 Fair Hearing – Aid to Continue
992 Court Order to Enjoin Closing
993 Closed in Error
994 Cancel Closing

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

**FOOD STAMP APPROVAL NOTICES**

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|---|---|---|
| A30 | FS Approval: Same Benefit Each Month | 02, 10 |
| A31 | FS Approval: Two Different Benefit Amounts in Certification Period | 02, 10 |
| A32 | FS Approval: 1st Month Prorate-Applied BEFORE the 16th | 02, 10 |
| A33 | FS Approval: 1st Month Prorate-Applied AFTER the 15th | 02, 10 |
| A34 | FS Approval: 1st Month Prorate-Proof Provided in SECOND Thirty-Days - BEFORE the 16th | 02, 10 |
| A35 | FS Approval: 1st Month Prorate-Proof Provided in SECOND Thirty-Days - AFTER the 15th | 02, 10 |
| A36 | FS Approval: First Month Denied - Eligible in Succeeding Months - Same Benefit Each Month | 02, 10 |
| Q21 | FS Expedited Approval: Pended Verification; Cert. Period = 1 Month PENDED Verification (WCN120) | 02, 10 |
| Q22 | FS Expedited Approval: Pended Verification; Cert. Period> = 2 Months PENDED Verification (WCN120) | 02, 10 |

**FOOD STAMP SEPARATE DETERMINATION**

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

**FOOD STAMP SEPARATE DETERMINATION**

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

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

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

**REFUSAL TO PROVIDE INFORMATION**

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

**FAILURE TO PROVIDE VERIFICATION**

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|---|---|---|
| E29 | Failure/Refusal to Provide Verification - Alien Sponsor | 03, 08 |
| G15 | Expedited PA/FS Failure to Verify (PA Case Types Only) | All 3 Tx Types with PA/FS Ind = 08, 09, 80, 81, 90, 91 |
| M26 | Failure to Provide Verification of Wage Match<br>- DATE 1: DATE (MMDDYY) BY WHICH CLIENT WAS TOLD TO PROVIDE VERIFICATION<br>- NAME 1: INDIVIDUAL'S NAME | 03, 07, 08 |
| M27 | Failure to Provide Verification of UIB Match<br>- DATE 1: DATE (MMDDYY) BY WHICH CLIENT WAS TOLD TO PROVIDE VERIFICATION<br>- NAME 1: INDIVIDIUAL'S NAME | 03, 07, 08 |
| V19 | Request for Contact (PA Case Types Only)(For FS Cases, See Page 29) | All 3 Tx Types with PA/FS Ind = 05, 07, 70, 71 |
| V21 | Failure to Provide Verification | 03, 07, 08 |
| Y29 | Expedited FS Failure to Verify (Case Types 31 & 32 Only) | 07 |

**INCOME RELATED**

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

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**RESOURCES**

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

**LIVING ARRANGEMENTS**

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|---|---|---|
| E61 * | Not a Resident of District | 03, 07, 08 |
| E63 * | Not a Resident of State | 03, 07, 08 |
| E65 | Not a Resident of Disaster Area | 03 |
| E70 | Ineligible Boarder | 03, 07, 08 |
| E71 | In Commercial Boarding Home | 03, 07, 08 |
| E72 | Institutionalized | 03, 07, 08 |
| E74 | Elderly/Disabled Ineligible for Separate Household Status | 03, 07, 08 |

**LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE**

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

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

**LIVING ARRANGEMENTS (Cont'd)**

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|---|---|---|
| E76 | Living with Child | 03, 07, 08 |
| E77 | Living with Parent | 03, 07, 08 |
| E78 | Living with Child's Other Parent | 03, 07, 08 |
| F65 * | Will Receive FS in PA Case | 07, 08 |
| F70 | Parental Control of Child | 03, 07, 08 |
| F71 | Child Under Parental Control | 03, 07, 08 |
| M62 | Moved Out of District (DFR-PA Case Types Only)<br>DATE: MONTH/YEAR (MMYY) OF THE MOVE | 07, 08 |
| M66 | Receiving FS in Another Case<br>NAME 1: OTHER FOOD STAMP CASE NAME | 03 |
| M67 | Part of Another FS Application<br>NAME 1: OTHER APPLYING FOOD STAMP NAME | 03 |
| M68 | Added to Another Case<br>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<br>NAME 1: TYPE OF COMPUTER MATCH<br>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<br>NAME 1: TYPE OF COMPUTER MATCH<br>NAME 2: NAME OF THE INDIVIDUAL WHO IS THE SUBJECT OF THE COMPUTER MATCH | 07, 08 |
| N10 | Failure to Keep/Complete Appointment<br>DATE 1: DATE (MMDDYY) OF THE INTERVIEW | 03, 08 |
| N18 | Failure to Validate Incorrect SSN (HH > 1)<br>NAME 1: NAME OF INDIVIDUAL | 07, 08 |

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**OTHER**

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

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

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

**OTHER**

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|---|---|---|
| Z97 | Missed FS Application Interview (PA Case Types Only) (For FS Cases, See Page 29) | All Three Tx Types with PA/FS Ind = 05, 10 |
| Z98 | Missed FS Recertification Interview (PA Case Types Only) (For FS Cases, See Page 29) | Tx Type 08 with PA/FS Ind = 08 |

**PERIODIC REPORTING**

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

**FOOD STAMP CLAIMS**

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

**RESTORED/SUPPLEMENTAL BENEFITS**

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

**FAILURE TO RECERTIFY**

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

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

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

**UNDERCARE MAINTENANCE**

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|---|---|---|
| B20 | New Budget Authorized | 05 |
| B21 | New Budget Authorized: Certification Period Extended | 05 |
| B22 | New Budget Authorized: Decrease from Written Client-provided Information | 05 |
| B24 | New Budget Authorized: October Allotment Increase | 05 |
| B25 | New Budget Authorized: JAN COLA Adjustment | 05 |
| G15 | Expedited PA/FS Failure to Verify (PA Case Types Only) | Tx Type 05, 06 with PA/FS Ind = 09 |
| 960 | Change of Address (No Changes to Benefits) | 05, 06,14 |
| 965 | Authorize IV-D or HEAP Payment | 05, 06,14 |
| 966 | Other Clockdown Closing Change | 05, 06,14 |

**RECERTIFICATIONS**

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|---|---|---|
| B30 | Recertification Approval: Same Benefit Amount Each Month | 06,11 |
| B31 | Recertification Approval: Two Different Benefit Amounts in Certification Period | 06,11 |
| B32 | Recertification Approval: First Month Budgeting Necessary | 06,11 |
| B33 | Recertification Approval: Categorically Eligible for $0 | 06,11 |
| B34 | Recertification Approval: Certification Period Spans ALL & Allotment Remains Same | 06,11 |
| B35 | Recertification Approval: Same Benefit Amt. Each Month – 2 Budget Calculations w/Different Budget Dates | 06,11 |

**FOOD STAMP CLAIMS**

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

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**RESTORED/SUPPLEMENTAL BENEFITS**

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

**OTHER**

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|---|---|---|
| A02 | Food Stamps Declined (PA Case Types Only) | 05, 06 |
| A04 | PA/FS Ind. Changed to “04 - Non-PA Person in HH” (PA Case Types Only) | 05, 06 |
| A05 | FS Close - Non-PA Person in HH (PA Case Types Only) | 05, 06 |
| J05 | Separate Food Stamp Notice Will be Sent (PA Case Types Only) | 05, 06 |
| L02 | PA/FS Ind. Changed to “06 - FS Now Issued in Co-Op Case” (PA Case Types Only) | 05, 06 |

**OTHER CODES CONTINUED ON NEXT PAGE**

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

# WMS DATA-ENTERED CODES

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

**OTHER (cont'd)**

| CODES | DEFINITION | TRANSACTION TYPE(S) |
|---|---|---|
| L05 | FS Benefit Change - FS Co-Op Case Closed (PA Case Types Only) | 05, 06 |
| V19 | Food Stamp Request for Contact (PA Case Types Only) (For FS Cases, See Page 29) | All 3 Tx Types with PA/FS Ind = 01,05 |
| Y20 | FS Benefit Not Changed (No New Budget) (PA Case Types Only) | 05,14, 00 |
| Y22 | Case Demographic Change Only | 05 |
| Y23 | Case Opened w/Expedited FS Only: Delayed Verification Received - No Notice Required | 05 |
| Z97 | Missed FS Application Interview (PA Case Types Only)(For FS Cases, See Page 29) | Tx 05, 06 with PA/FS Ind = 03 |
| 903 | CIN Unduplication (Data-entered) | 05 |
| 991 | Fair Hearing - Aid to Continue | 05,11 |
| 992 | Court Order to Enjoin Closing | 05,11 |
| 993 | Closed in Error | 05,11 |
| 994 | Cancel Closing | 05,11 |

**HEAP APPROVAL NOTICES FOR FS AND HEAP**

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

*Transaction Type 00 - Notice Prepared Without a WMS Transaction

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

## WMS DATA-ENTERED CODES

A02 PA Denial/Recert. CL - FS Declined (PA Case Types Only)
A04 Food Stamps Declined (PA Case Types Only)
A05 FS Close - Non-PA Person in HH (PA Case Types Only)
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
A30 FS Approval: Same Benefit Each Month
A31 FS Approval: Two Different Benefit Amounts in Certification Period
A32 FS Approval: 1st Month Prorate-Applied BEFORE the16th
A33 FS Approval: 1st Month Prorate-Applied AFTER the 15th
A34 FS Approval: 1st Month Prorate-Proof Provided in SECOND Thirty-Days - BEFORE the 16th
A35 FS Approval: 1st Month Prorate-Proof Applied in SECOND Thirty-Days - AFTER the 15th
A36 FS Approval: 1st Month Denied-Eligibile in Succeeding Months-Same Benefit Each Month
B10 PA Close - FS Continue Unchanged (PA Case Types Only)
B18 FS Separate Determination Opening: Certification Period Unchanged
B19 FS Separate Determination Opening: Certification Period Extended
B20 New Budget Authorized
B21 New Budget Authorized: Certification Period Extended
B22 New Budget Authorized: Decreased from Written Client-Provided Information
B24 New Budget Authorized: October Allotment Increase
B25 New Budget Authorized: JAN COLA Adjustment
B30 Recert. Approval: Same Benefit Amount Each Month
B31 Recertification Approval: Two Different Benefit Amounts in Certification Period
B32 Recert. Approval: First Month Budgeting Necessary
B33 Recertification Approval: Categorically Eligible for $0
B34 Recertification Approval: Certification Period Spans ALL And Allotment Remains the Same
B35 Recertification Approval: Same Benefit Amt. Each Month-2 Bgt. Calculations w/Different Bgt. Dates
E10 Failure to Keep/Complete Interview: No Scheduled Appointment
E28 Failure to Provide Information - Alien Sponsor
E29 Failure to Provide Verification - Alien Sponsor
E30 Excess Income
E39 Excess Income - COLA
E40 Excess Income - Budgeting Error
E50 Failure to Return Periodic Report
E51 Failure to Complete Periodic Report - Questions
E52 Failure to Complete Periodic Report - Signature/Date
E53 Failure to Complete Periodic Report - Proof of Income
E54 Failure to Complete Periodic Report - Dated Early
E61 Not a Resident of District
E63 Not a Resident of State
E65 Not a Resident of Disaster Area
E70 Ineligible Boarder
E71 In Commercial Boarding Home
E72 Institutionalized
E74 Elderly/Disabled Ineligible for Separate Household Status
E75 Refusal of Everyone in the Household to Apply
E76 Living with Child
E77 Living with Parent
E78 Living with Child's Other Parent

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F17 Failure to Validate Incorrect SSN-HH=1
F19 Refused to Cooperate with Quality Control
F37 Excess Income: FS Disaster Area
F49 Excess Resources: FS Disaster Area
F65 Will Receive FS in PA Case
F70 Parental Control of Child
F71 Child Under Parental Control
F96 Opened in Error - Excess Income
G10 Failure to Recertify (PA Case Types Only)
G15 Expedited PA/FS Failure to Verify (PA Case Types Only)
I92 No Eligible Individual (Individual R/C Required)
J05 Separate FS Will Be Sent (PA Case Types Only)
L02 PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (PA Case Types Only)
L05 FS Benefit Change - FS Co-Op Case Closed (PA Case Types Only)
L10 PA Close - FS Continue Unchanged - Worker Name Included (PA Case Types Only)
L11 PA Close - FS Increase (PA Case Types Only)
L12 PA Close - FS Decrease (PA Case Types Only)
L13 PA Close - FS Increase - Worker Name Included (PA Case Types Only)
L14 PA Close - FS Decrease - Worker Name Included (PA Case Types Only)
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)
M24 Failure to Resolve a Computer Match
M25 Failure to Respond to a Computer Match Call-In
M26 Failure to Provide Verification of Wage Match
M27 Failure to Provide Verification of UIB Match
M34 Excess Income - Including Striker's Income
M62 Moved Out of District (DFR-PA Case Types Only)
M66 Receiving FS in Another Case
M67 Part of Another FS Application
M68 Added to Another Case
M88 Refusal To Comply with Finger Imaging Requirement
M90 Client Request - Written or Face-to-Face
M91 Client Request - Phone
N10 Failure to Keep/Complete Appointment
N18 Failure to Validate Incorrect SSN - HH > 1
N53 Failure to Complete Periodic Report - Partial Proof
Q21 FS Expedited Approval: Pended Verification; Cert Period = Month
Q22 FS Expedited Approval: Pended Verification; Cert Period > 2 Months
R11 PA Denial/Recert CL - FS Continue (PA Case Types Only)
R12 PA Denial/Recert CL - FS Continue - Worker Name Included (PA Case Types Only)
R21 Agency Error Claim: Recoupment Begins
R22 Inadvertent Household Error Claim: Recoupment Begins
R23 Intentional Program Violation Claim: Recoupment Begins
R24 Agency Error Claim: Recoupment Pended
R25 Inadvertent Household Error Claim: Recoupment Pended
R26 Intentional Program Violation Claim: Recoupment Pended
R27 Agency Error Claim: Closed Cases
R28 Inadvertent Household Error Claim: Closed Cases
R29 Intentional Program Violation Claim: Closed Cases
UI6 Excess Resources - No Elderly Individual Present (Individual R/C for Elderly Individual Not Present in HH Required)

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

1

**PUBLIC ASSISTANCE**

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

**MEDICAL ASSISTANCE**

1

COMMUNITY RECERTIFICATION

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

FAMILY HEALTH PLUS MAIL-IN RECERTIFICATION

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

SLIMB RECERTIFICATION

| Code | Definition |
|---|---|
| Z46 | SLIMB Recertification |

CHRONIC CARE RECERTIFICATION
(WITH OR WITHOUT SPOUSE IN COMMUNITY)

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

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

| Code | Definition |
|---|---|
| Z31 | Scheduled Interview |
| Z33 | Call-In for an Interview Date and Time |
| Z35 | Mail-In |
| Z40 | Scheduled Interview with Local DSS or call Facilitated Enroller |

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

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

**FOOD STAMPS**

1

| Code | Definition |
|---|---|
| Z10 | Continuing Your FS (Call-In) – "On/At"<br>- DATE 1: DATE (MMDDYY) OF INTERVIEW<br>- 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"<br>- DATE 1: DATE (MMDDYY) OF INTERVIEW<br>- TIME (HHMM) OF INTERVIEW |
| Z16 | Continuing Your FS/MA (Call-In) – "On/At"<br>- DATE 1: DATE (MMDDYY) OF INTERVIEW<br>- TIME (HHMM) OF INTERVIEW |
| Z17 | Continue FS – Homebound – No Application Sent |
| Z18 | Continuing Your FS – Group Recertification<br>- DATE 1: DATE (MMDDYY) OF THE INTERVIEW<br>- TIME (HHMM) OF INTERVIEW |
| Z19 | Continuing Your Food Stamps (Call-In) PA/FS Mix "On/At"<br>- DATE 1: DATE (MMDDYY) OF THE INTERVIEW<br>- TIME (HHMM) OF INTERVIEW |
| Z90 | Continuing Your Food Stamps – "On/At" with Appointment Address Included<br>- DATE 1: DATE (MMDDYY) OF THE INTERVIEW<br>- TIME (HHMM) OF APPOINTMENT<br>- OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED |
| Z91 | Continuing Your Food Stamps – Group Recertification with Appointment Address Included<br>- DATE 1: DATE (MMDDYY) OF THE INTERVIEW<br>- TIME (HHMM) OF INTERVIEW<br>- OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED |
| Z92 | FS/MA – (Call-In) Concurrent Certification Period Appointment Address Included<br>- DATE 1: DATE (MMDDYY) OF THE INTERVIEW<br>- TIME (HHMM) OF INTERVIEW<br>- OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED |
| Z93 | Continuing Your Food Stamps – PA/FS Mix with Appointment Address Included<br>- DATE 1: DATE (MMDDYY) OF THE INTERVIEW<br>- TIME (HHMM) OF INTERVIEW<br>- OFFICE CODE WHERE THE INTERVIEW WILL BE CONDUCTED |
| Z97 | Missed FS Application Interview (Use App/Reg # to Prepare)<br>- DATE 1: MISSED INTERVIEW DATE |
| Z98 | Missed FS Recertification Interview<br>- DATE 1: MISSED INTERVIEW DATE |

**OTHER**

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

**PA TX = 03 (DENIAL) OR PA TX = 07 & EMERGENCY IND = X.**

| INDICATOR VALUE | VALID FS CASE REASON CODES: | VALID FS INDIVIDUAL REASON CODES: |
|---|---|---|
| 02 DECLINED FS | A02 ONLY | NO R/C ALLOWED |
| 03 DENIED FS | ALL DENIAL R/C | ALL DENIAL R/C |
| 05 PENDING DETERMINATION | J05, V19*, Z97 | NO R/C ALLOWED |
| 70 DENY PA/CONTINUE FS | R11 + R12<br>Z10-15, Z17-18,<br>Z90-93, J05, L05, V19* | ALL RECERT-CL R/C<br>NO R/C ALLOWED |
| 71 DENY PA/CONTINUE FS W/EXP FS | R11 + R12<br>Z10-15, Z17-18,<br>Z90-93, J05, L05,V19* | ALL RECERT-CL R/C<br>NO R/C ALLOWED |
| 80 DENY PA/RECERT-CL FS | ALL RECERT-CL R/C<br>INCLUDING J05, L05, R27-R29 | ALL RECERT-CL R/C |
| 81 DENY PA/RECERT-CL FS W/EXP FS | ALL RECERT-CL R/C<br>INCLUDING J05, L05, R27-R29 | ALL RECERT-CL R/C |
| 90 DENY PA/CLOSE FS | ALL CLOSE R/C<br>INCLUDING J05, L05, R27-R29 | ALL CLOSE R/C |
| 91 DENY PA/CLOSE FS W/EXP FS | ALL CLOSE R/C<br>INCLUDING J05, L05, R27-R29 | ALL CLOSE R/C |

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

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**PA TX = 07 & EMERGENCY IND = BLANK (CLOSE).**

| INDICATOR VALUE | VALID FS CASE REASON CODES: | VALID FS INDIVIDUAL REASON CODES: |
|---|---|---|
| 03 DENIED FS | ALL DENIAL R/C | ALL DENIAL R/C |
| 05 PENDING DETERMINATION | J05, Z97 | NO R/C ALLOWED |
| 07 CLOSE PA/CONTINUE FS | B10 L10-14 +<br>Z10-15, Z17-18,<br>Z90-93, J05, L05, V19* | ALL CLOSE R/C<br>NO R/C ALLOWED |
| 08 CLOSE BOTH PA & FS | ALL CLOSE R/C +<br>J05, L05, R27-R29 | ALL CLOSE R/C<br>NO R/C ALLOWED |
| 09 CLOSE FS | ALL CLOSE R/C +<br>J05, L05, R27-R29 | ALL CLOSE R/C<br>NO R/C ALLOWED |

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

| PA TX = 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 +<br>Z10-15, Z17-18,<br>Z90-93, J05, L05, V19* | ALL RECERT-CL R/C<br>NO R/C ALLOWED |
| 08 CLOSE BOTH PA & FS | ALL RECERT-CL R/C +<br>G10, J05, L05, R27-R29, Z98 | ALL RECERT-CL R/C<br>NO R/C ALLOWED |
| 09 CLOSE FS | ALL RECERT-CL R/C +<br>G10, J05, L05, R27-R29, Z98 | ALL RECERT – CL R/C<br>NO R/C ALLOWED |
| 10 RECERT-CL PA/DENY FS | ALL DENIAL R/C | ALL DENIAL R/C |

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

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

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| PA TX = 05 & EMERGENCY IND = BLANK (U/M) | | |
|---|---|---|
| **INDICATOR VALUE** | **VALID FS CASE REASON CODES:** | **VALID FS INDIVIDUAL REASON CODES:** |
| 01 AUTHORIZED FS | B20, B22, B24, R21-R26, Y23<br>X01-X05, Y20 (If PA R/C = B50, X01-X04),<br>Y22, 960, 965, 966, 991-994, J05, V19* | ALL R/C OTHER THAN RECERT-CL<br>NO R/C ALLOWED |
| 02 DECLINED FS | A02 ONLY | NO R/C ALLOWED |
| 03 DENIED FS | ALL DENIAL R/C + Z97 | ALL DENIAL R/C |
| 04 NON-PA IN HH | A04 ONLY | NO R/C ALLOWED |
| 05 PENDING DETERMINATION | J05, V19* | NO R/C ALLOWED |
| 06 FS ISSUED IN CO-OP CASE | L02 ONLY | NO R/C ALLOWED |
| 09 CLOSE FS | ALL CLOSE R/C<br>A05, J05, L05, R27-R29 | ALL R/C OTHER THAN RECERT-CL<br>NO R/C ALLOWED |

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

PA TX = 06 & EMERGENCY IND = BLANK (RECERT)

| INDICATOR VALUE | VALID FS CASE REASON CODES: | VALID FS INDIVIDUAL REASON CODES: |
|---|---|---|
| 01 AUTHORIZED FS | B30-B33, B35, J05, V19* X01-X05 | ALL R/C OTHER THAN CLOSE-ONLY NO R/C ALLOWED |
| 02 DECLINED FS | A02 ONLY | NO R/C ALLOWED |
| 03 DENIED FS | ALL DENIAL R/C + Z97 | ALL DENIAL R/C |
| 04 NON-PA IN HH | A04 ONLY | NO R/C ALLOWED |
| 06 FS ISSUED IN CO-OP CASE | L02 ONLY | NO R/C ALLOWED |
| 09 CLOSE FS | ALL RECERT-CLOSE R/C A05, J05, L05, R27-R29 | ALL R/C OTHER THAN CLOSE-ONLY NO R/C ALLOWED |

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

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

PA TX = 00 & EMERGENCY IND = BLANK (CNS ONLY)

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

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

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PA TX = 14 (CLOSED CASE MAINTENANCE)

| INDICATOR VALUE | VALID FS CASE REASON CODES: | VALID FS INDIVIDUAL REASON CODES: |
|---|---|---|
| 03 DENIED FS | E10, N10 Only | NO R/C ALLOWED |
| 09 CLOSE FS | M20 Only | NO R/C ALLOWED |