

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

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

IV-D INDICATOR - IV-D Ind.

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

SPECIAL PROGRAM CODE - Sp - Code

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

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

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

MA EXTENSION REASON CODES

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

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

CLOSING (07)/RECERTIFICATION CLOSING (08) (FOR EAF CASES ONLY) (Cont'd)
<i>Refusal to comply with eligibility requirement:</i> 149 Refused to Comply With Drug/Alcohol Treatment Requirement 150 Recovery, lien and/or assignment provisions 151 Relative responsibility provisions (including notice to law enforcement officials) 158 Refusal to Conduct Mandatory Job Search 159 Refusal to participate in Education, Employment or Training Program 160 No longer incapacitated (FA, SN-FP parent) 165 FA, SN-FP parent returned 170 No eligible child in home 171 Admitted to public institution 172 Admitted to private institution 175 Client's Request 176 Client's Request - Earned Income (PA Only) 177 No contact 179 Other (Including moved out of district)
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
<i>CLOSINGS ONLY</i> 096 ADC-FC Closing U66 Currently in Receipt of Assistance E60 Unable to Locate E63 Not a Resident of State E65 Discontinuance, Eligible for Continuous Coverage in new District E79 MA not Provided in Current Living Arrangements E90 Client's Request E95 Deceased U77 Concurrent Benefits, Intra-State, no Aid Continuing U78 Concurrent Benefits, Inter-State, Aid Continuing <i>ALL TRANSACTIONS (Except Reactivation)</i> 097 Division of Youth-Custody 098 Department of Social Services-Custody Y62 Child IV-E Eligible
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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CASE LEVEL OPENINGS (02 AND REOPENINGS (10)**PA APPROVAL NOTICES**

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

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

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

FAILURE TO PROVIDE VERIFICATION

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

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INCOME RELATED

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

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RESOURCES

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

LIVING ARRANGEMENTS

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

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LIVING ARRANGEMENTS (Cont'd)

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

OTHER FAILURES

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

FILL INFORMATION
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OTHER

CODE	DEFINITION	TRANSACTION TYPE(S)
F98	Client Requests Child Care in Lieu of TA (CT 11, 12, 16, 17)	03, 07, 08
I92	No Eligible Individual (Individual - R/C Required)	03, 07, 08
M90 *	Client Request - Written - PA and MA - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M91	Client Request - Verbal - PA and MA - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M92 *	Client Request - Written - Earned Income - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	07, 08
M93	Client Request - Verbal - Earned Income - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	07, 08
M94 *	Client Request - Written - PA Only - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M95	Client Request - Verbal - PA Only - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
Y95	A [REDACTED] for Er [REDACTED] assistance [REDACTED]	03, 07

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OTHER (Cont'd)

CODE	DEFINITION	TRANSACTION TYPE(S)
Y98	Other - Manual Notice Required - (No MA Extension/E)	07, 08
Y99	Other - Manual Notice Required (1 Month MA Extension - TT 07, 08)	03, 07, 08

PERIODIC REPORTING

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

PA RECOUPMENTS **

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

PA RESTORED BENEFITS **

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

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FAILURE TO RECERTIFY

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

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

HEAP ONLY (CT 60)

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

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 Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search	07, 08

** (CNS Only)

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

CHANGES

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

RECERTIFICATIONS

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

RESTRICTIONS **

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

RECOUPMENTS **

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

RESTORED BENEFITS **

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

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APPROVALS (Only Valid if Emergency Indicator is being used)

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

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

to Blank)

OTHER

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

HEAP APPROVAL NOTICES FOR PA AND HEAP

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

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

** (CNS Only)

A20	PA Case Opened: TA Determination Pending	M67	Part of Another PA Application
A30	PA Approval: Same Deficit Each Month (1 Budget Stored)	M68	Added to Another Case
A31	PA Approval: Two Budgets Stored with Different Effective Dates	M88	Failure to Comply with Finger Imaging Requirement - Legally Responsible Relative (HH > 1)
A32	PA Approval: First Month Prorated	M90	Client Request - Written - PA and MA
A36	PA Approval: First Period Denied - Eligible in Succeeding Months with Same Deficit	M91	Client Request - Verbal - PA and MA
B20	New Budget Authorized	M92	Client Request - Written - Earned Income
B22	New Budget Authorized - Neg. Action - CW/QR	M93	Client Request - Verbal - Earned Income
B50	Category Change Only	M94	Client Request - Written - PA Only
B60	Recertification	M95	Client Request - Verbal - PA Only
B61	Recertification - Timely Requirement Waived	N10	Failure to Keep/Complete Appointment
B62	Late Recertification (w/o Good Cause)	N13	Failure to Use/Apply for Benefit/Resource
E10	Failure to Keep/Complete Interview: No Scheduled Appt.	N14	Filing Unit Member Failed to Apply
E30	Excess Income (No TMA)	N15	Failure to Keep Appointment - EVR/FEDS Home Visit
E31	Excess Income - Increased Earnings - TMA Eligible	N16	Failure to Contact Agency
E32	Excess Income - Increased Support Collection - MA Ext.	N17	Failure to Complete Eligibility Process
E34	Excess Income - Receipt of SSI Single Individual	N19	Failure to Comply with Requirement to Look for Work
E38	Excess Income - Lump Sum	N21	Failure to Keep Employment Assessment Appointment
E39	Excess Income - COLA	N53	Failure to Complete Periodic Report - Partial Proof
E40	Excess Income - Budgeting Error	P30	Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search
E50	Failure to Return Periodic Report	P31	Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Employment Assessment
E51	Failure to Complete Periodic Report - Questions	P32	Close FA/Deny SNA - Refusal to Take a Job
E52	Failure to Complete Periodic Report - Signature/Date	R15	Restriction(s) Begins, Ends or is Denied
E53	Failure to Complete Periodic Report - Proof of Income	R20	Recoupment Begins
E54	Failure to Complete Periodic Report - Dated Early	R30	Recoupment Pended
E60	Unable to Locate	R40	Recoupment - Closing & Closed Cases
E61	Not a Resident of District (Denial)	U40	Excess Resources
E63	Not a Resident of State (Denial)	U41	Transfer of Resources (CT 12, 16, 17)
E64	Moved out of District Before Determination	U42	Excess Resources - Refused to Sell Property
E66	Not a Resident of State (Closing)	U43	Excess Resources - End of 6 Month Period
F11	Failure to Access PA Benefits	U44	Excess Resources - Deemed Resources of Alien Sponsor (CT 11)
F19	Refusal to Cooperate with Quality Control	UI6	Excess Resources - No Elderly Individual Present
F33	Excess Income - Deemed Income of Alien Sponsor (CT 11)	V20	Failure to Provide Verification
F36	Responsibility of Former District	V21	Failure to Provide Verification (Denial)
F38	Excess Income - Lump Sum (No MA Ext.)	V22	Failure to Provide Verification - Mail-In Recert
F52	Failure to Provide Information - Federal Reporting	V23	Failure to Provide Verification - Parent/Spouse
F53	Refusal by Parent to Apply for Child (CT 11, 12 Only)	V24	Failure to Provide Verification - Step/Grandparent
F81	Refused Photo ID - Single Individual	V25	Failure to Provide Verification - Filing Unit
F98	Client Requests Child Care in Lieu of TA (CT 11, 12, 16, 17)	W10	Failure to Keep Investigatory Appointment
G30	Close FA Due to 60 Month Limit/No SNA Application Filed	W11	Failure to Keep Appointment for DSS Medical Assessment
G31	Close FA Due to 60 Month Limit/Deny SNA - Separate SNA Notice Required	X01	Issue Underpayment Adjustment
G32	Close FA Due to 60 Month Limit/Deny SNA - Refusal to Sign Repayment Agreement/Earnings Assignment	X02	Underpayment Entirely Offset by Overpayment
G33	Close FA Due to 60 Month Limit/Deny SNA - Refusal to Apply for Child	X03	Underpayment Partially Offset by Overpayment
G61	Not a Resident of District - Opened in Error	X04	Grant Reviewed - No Adjustment Needed
I92	No Eligible Individual (Indiv. R/C Required)	Y20	PA Benefit Not Changed (No New Budget)
L92	Restart Previously Notified Recoupment	Y22	Case Demographic Change Only
L99	PA Overpayment Balance Statement	Y95	Application for Emergency Assistance Only
M10	Failure to Recertify - On	Y98	Other - Manual Notice Required - (No MA Extension/E)
M11	Failure to Recertify - By	Y99	Other - Manual Notice Required (1 Month MA Extension)
M12	Failure to Return Mail-In Recert	002	Loss of or Reduction in Earnings Due to Illness, Injury, or Other Impairment of Recipient (CT 16, 17, 19)
M15	Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 16, 17)	005	Loss of or Reduction in Earnings Due to Lay-off, Discharge, or Other Reason (CT 16, 17, 19)
M24	Failure to Resolve a Computer Match	010	Illness, Injury, or Other Impairment of Father (CT 11, 12)
M25	Failure to Respond to a Computer Match Call-In	011	Illness, Injury, or Other Impairment of Mother (CT 11, 12)
M35	Lump Sum - No Good Reason Provided	012	Illness, Injury, or Other Impairment of Other Grantee (CT 11, 12)
M37	Lump Sum - Shortened Ineligibility Period	015	Lay-off, Discharge, or Other Reason of Father (CT 11, 12)
M48	Parent's Offer of a Home - Minor Not Pregnant or Parenting (CT 16, 17)	016	Lay-off, Discharge, or Other Reason of Mother (CT 11, 12)
M62	Moved Out of District	017	Lay-off, Discharge, or Other Reason of Other Grantee (CT 11, 12)
M63	Will Move Out of State	020	Loss of or Reduction in Support of Child due to Death of Parent (CT 11, 12)
M66	Receiving PA In Another Case		

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

993 Closed in Error
994 Cancel Closing

HEAP ONLY

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

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

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

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WMS DATA-ENTERED CODES

OPENING (02)/REOPENING (10)	DENIALS (03)
<p>MATERIAL CHANGE IN INCOME OR RESOURCES <i>Loss of or Reduction in Earnings of Recipient as a Result of:</i> 002 Illness, Injury, or Other Impairment of Recipient 005 Lay-Off, Discharge, or Other Reason 020 Loss or Reduction in Support of Child Due to Death of Parent <i>Leaving Home by Parent and Stopping or Reducing Support for Reason of:</i> 021 Divorce 022 Separation 023 Desertion 024 Other (Hospital, Imprisoned) 030 Loss of or Reduction in Support from Person Outside Home - ADC Father (Absent Throughout 6 Months Preceding Application) <i>Loss of or Reduction in Support from Other Person in Home as a Result of:</i> 035 Death 036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.) 037 Illness, Injury or Other Impairment 038 Lay-Off, Discharge, or Other Reason OTHER MATERIAL CHANGE 040 Loss of or Reduction in Support from Person Outside Home 045 Loss of or Reduction in Other Income 050 Other Material Change in Resources NO MATERIAL CHANGE IN INCOME OR RESOURCES 060 Change in State Law or Agency Policy <i>Increased Need Because of:</i> 065 Return of Recipient or Relative (Ill or Previously Institutionalized) 066 Other Reason 070 Living Below Agency Standards 075 Other TRANSFERRED FROM OTHER PROGRAM 080 FA, SN-FP 081 PG-ADC, SN-CSH, SN-FNP 082 Emergency Assistance to Families MA ONLY OPENING CODES 088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment 089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Loss of 30 + 1/3 or the 30 Dollar Disregard 090 Beginning of Four Month Extension of Eligibility for MA After Finding of Ineligibility for ADC Resulting From Receipt of Support (Case Type 20 Only) *091 Medical Bills Equal to or Greater than Excess Income 092 SSI Recipient Not Yet Appearing on SDX - Determined Eligible for MA-SSI 093 Determined Eligible for MA-SSI 094 Medical Need-No Recent Change in Financial Circumstances <i>Breast and Cervical Cancer Treatment Program (BCCTP) (District 99 Only)</i> C19 Accept BCCTP</p> <p>* Code Allowed for Open/Close Transaction, Also Allowed as an Opening/Reopening Code. ** Where Noted, Reason Code is Also Valid for Case Type 22.</p>	<p>FAILURE TO PROVIDE VERIFICATION E80 Failure to Provide Required Information about Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC F24 Failure to Provide Req. Info. about Income of Non-Applying LRR U20 Verification of Factors Which Affect Eligibility, did not State Unable to get Information U21 Verification of Factors Which Affect Eligibility, Unable to Get Info., But Not a Good Reason EXCESS INCOME (S/CC, FNP Parent) U35 Excess Income, S/CC or FNP Parent V92 S/CC, Ineligible for MA due to Exc. Inc. and/or Res., FHP Inelig. due to Exc. Inc., Elig. for FPBP but declines 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) F47 Teens Under 19, Inelig. for MA due to Exc. Inc., over 133% of FPL, Elig. for FPBP but declines F79 Deny Teen Under 19, Not Eligible for MA or FPBP U32 Excess Income U34 Exc. Inc., Parents/Disabled Singles/19 & 20 Yr. Old Living w/Parents or on their own U40 Excess Resources U51 Transfer of Assets, Institutionalized Individ., Exc. Res. U52 Transfer of Assets, Institutionalized Individual, Exc. Inc. and Res. U54 Transfer of Assets, Institutionalized Individ. Exc. Inc. U59 Excess Income and Resources X85 Application for Family Planning Only, Exc. Inc., Adult X91 FP, Inelig. for MA due to Exc. Inc. and/or Res., Inelig. for FHP due to Exc. Inc., Elig. for FPBP but declines X10 Excess Income, Does Not Meet 6 Month Excess EQUIVALENT HEALTH INSURANCE V32 Deny MA/FHP Equivalent Health Insurance, FNP Parent V33 Deny MA/FHP Equivalent Health Insurance, S/CC V34 Deny MA/FHP Equivalent Health Insurance, FP LIVING ARRANGEMENT E60 Unable to Locate E61 Not a Resident of District E62 Between 21-65, In a Psychiatric Institution 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 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</p>

WMS DATA-ENTERED CODES

DENIALS (03) (Cont'd)	U/MACTION WITH NO CHANGE IN BENEFITS
<p>OTHER FAILURES (Cont'd)</p> <p>H16 Failed to Provide a Medical Statement</p> <p>U71 Failure to Comply with Alcohol/Substance Abuse Requirements</p> <p>V10 Failure to Appear for Interview Appt. w/Agency</p> <p>V13 Failure to Utilize Benefits</p> <p>V14 Failure to Complete the Declaration of Citizenship/Immigration Status</p> <p>V30 Failure to Comply with IV-D Requirements</p> <p>V31 Failure to Provide Social Security Number</p> <p>SPOUSAL IMPOVERISHMENT</p> <p>H10 Failure to Provide Resource Information, No Undue Hardship</p> <p>H11 Failure to Provide Resource Information, Undue Hardship</p> <p>X13 Excess Resources for Institutionalized Spouse</p> <p>HEALTH INSURANCE</p> <p>E81 Deny QI-1 Annual Fund Exhausted</p> <p>U80 Qualified Individual QI-1 Denial Medicare Part B Premium</p> <p>U82 Qualified Individual QI-1 Accepted for Medicare Part B Premium</p> <p>X50 Deny Payment of COBRA Continuation Group Health Insurance Premiums</p> <p>X52 Medicare Buy-In Program, QMB</p> <p>X53 Medicare Buy-In Program, SLIMB</p> <p>MBI-WPD</p> <p>B43 Deny MBI-WPD, Not a Resident of State</p> <p>B44 Deny MBI-WPD, Failed to Provide a Medical Statement</p> <p>B45 Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination</p> <p>B46 Deny MBI-WPD, Death Before Determination, No Medical Bill in Retro Period</p> <p>U19 Deny MBI-WPD, Excess Income and/or Resources</p> <p>U47 Deny MBI-WPD, Non-Financial Reasons</p> <p>ALIENS</p> <p>E06 Non-Qualified Alien - No Emergency</p> <p>U63 Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc.</p> <p>U67 Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc. & Res.</p> <p>U73 FNP Related Non-Qualified Alien, Emerg. Med. Cond., Exc. Inc./Res.</p> <p>U74 Non-Qualified Alien/Emerg. Med. Cond., Exc. Res.</p> <p>OTHER</p> <p>E18 Death Before Determination, No Medical Bills in Retro Period</p> <p>E19 Death Before Determination, Insuff. Info. To Make a Determination</p> <p>H15 Client Request</p> <p>U66 Currently in Receipt of Assistance</p> <p>Y99 Other (Manual Notice Required)</p> <p>NO ELIGIBLE INDIVIDUAL</p> <p>I94 Used as Case Reason Code When All Case Members have an Indiv. Reason Code</p>	<p>903 CIN Unduplication (TT 05 Only) (Data-entered)</p> <p>Y61 No Longer IV-E Eligible</p> <p>FAILURE TO RECERTIFY</p> <p>F13 Failure to Return Recert. Form Discontinue Mother, Continue Child</p> <p>FAILURE TO PROVIDE VERIFICATION</p> <p>E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.</p> <p>F24 Failure to Provide Required Info. About Income of Non-Applying LRR</p> <p>U20 Verif. Of Factors Which Affect Elig., Did Not State Unable to Get Info.</p> <p>U21 Verif. Of Factors Which Affect Elig., Unable to Get Info., But Not a Good Reason</p> <p>V17 Incorrect or Fraudulent Social Security Number</p> <p>X45 Deny MA/FHP, Failed to Choose a Health Plan for FHP, FP</p> <p>X46 Deny MA/FHP, Failed to Choose a Health Plan for FHP, S/CC</p> <p>X47 Deny MA/FHP, Failed to Choose a Health Plan for FHP, FNP Parent</p> <p>EXCESS INCOME (S/CC, FNP Parent)</p> <p>U57 MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children)</p> <p>U86 MA to FHP, S/CC, Chose a Plan</p> <p>U89 MA to FHP, FNP Parent, Chose a Plan</p> <p>V77 MA to FPBP, SCC/FNP Parents</p> <p>X86 FHP to MA, S/CC</p> <p>X88 FHP to MA, FNP Parent</p> <p>EXCESS INCOME/RESOURCE (LIF, ADC-Rel, SSI-Rel)</p> <p>C12 FNP Mother Over Inc./Res. Postpartum, Infant Continues</p> <p>E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months</p> <p>F25 Spenddown to At or Below MA Level</p> <p>I48 Under 19, Family Planning to MA, Income now below 133% of FPL</p> <p>I82 MA to FPBP, Teen Under 19</p> <p>F85 MA to FPBP, 60 Days Post-Partum, Teen Under 19</p> <p>S07 MA Level to Exc. Inc. Due to COLA</p> <p>S08 Increase in Exc. Inc. Due to COLA</p> <p>S10 Change in Figures Used to Calculate Excess Inc. Amt.</p> <p>S19 MA Lev. To Exc. Inc., Spenddown Not Met (BAB)</p> <p>S19 MA Level to Exc. Inc. and Res. - Res. Spenddown Met (BAH)</p> <p>S19 MA Level to Exc. Inc - Spenddown Met (BAA)</p> <p>S19 MA Level to Exc. Res. - Spenddown Met (BAD)</p> <p>S19 MA Lev. To Exc. Inc. & Res., Spenddown for Both Met (BAF)</p> <p>S19 MA Lev. To Exc. Inc., 6 mo. Spenddown Met (BAC)</p> <p>S19 MA Lev. To Exc. Inc. & Res., Both Resource and 6 mo. Spenddown Met (BAI)</p> <p>S19 Continue Exc. Resources - Spenddown Met (BAE)</p> <p>S19 Increase in Excess Income Amount (AAK)</p> <p>U32 Disc., Excess Income</p> <p>U33 Disc., Turning 19, Exc. Income, Not FHP Eligible</p> <p>U40 Disc., Excess Resources</p> <p>U58 MA/FHP Disc., Exc. Inc., Parents, 19 & 20 Year Old</p> <p>U59 Disc., Excess Income and Resources</p> <p>U75 No Change in Excess Income Amount</p> <p>U85 MA to FHP, FP, Chose a Plan</p> <p>U87 Spenddown to Family Health Plus, Chose a Plan</p> <p>U90 Turning 19, MA to FHP, Chose a Plan</p> <p>U94 Turning 65, FHP to MA with Excess Income and Resources, Resource Spenddown Met due to Excess Income and/or Resources</p>
<p>UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)</p>	
<p>MA ONLY U/M CODES</p> <p>088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Employment</p> <p>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</p> <p>092 SSI Recipient Not Yet on SDX-Determined Eligible for MA-SSI</p> <p>093 SSI New Opening on SDX-Determined Eligible for MA-SSI</p> <p>094 Medical Need-No Recent Change in Financial Circumstances</p>	

WMS DATA-ENTERED CODES

UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)	
EXCESS INCOME/RESOURCE (LIF, ADC-Rel, SSI-Rel) (Cont'd)	S31 200% MA After 60 Days Post-Partum, Limited Service Package to Spenddown, Not FHP Eligible or Chose MA with a Spenddown, Infant Continues
U95 Turning 65, FHP to MA with Excess Income	U25 S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Chose a Plan
U96 Turning 65, FHP to MA with Excess Resources, Spenddown Met	U26 MA to FHP After 60 Day Post-Partum, FP, No Infant, Chose a Plan
V76 Full MA to FPBP, Over 19	X15 Disc., Eligible During Pregnancy, After 60 Day Post-Partum Excess Income/Resources, No Infant
V78 MA to FPBP, 60 Days Post-Partum, Over 19	INCOME/RESOURCE RELATED - EXPANDED
V79 Change FHP to FPBP	E23 Child 1-19, Exc. Inc. to 133% FPL, Full Coverage
V80 FHP to MA with a Spenddown, over FHP limit or Chose Spenddown	E49 Child Turning 1 year, Exc. Inc.
V84 Over 19, Inelig. for Family Planning due to Exc. Income.	E55 Child 1-5, Excess Income
V86 Family Planning to FHP, Chose a Plan, FP, MA Inelig. due to Excess Income and/or Resources	E56 Child 1-5, Exc. Inc. and Exc. Res.
V87 Family Planning to FHP, Chose a Plan, S/CC, Inelig. for MA	E68 Child Turning 1 Year, Exc. Inc. and Res.
V88 Family Planning to MA, S/CC	S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc., Spenddown Not Met (ECB)
V89 Family Planning to MA, FP	S19 Child Turning 1 at 200% Over 133% & MA Lev. Exc. Inc./Res., Res. Spenddown Met (ECH)
V90 Discontinue Family Planning, Eligible for FHP but Failed to Choose a Health Plan	S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc., Spenddown Met (ECA)
X76 Decrease in Excess Income Amount	S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc. Inc. & Res., Both Met (ECF)
X77 Decrease in Excess Income Due to COLA	S19 Child Turning 1 at 200% Over 133% & MA Lev., Exc. Inc., 6 Mo. Spenddown Met (ECC)
X80 Full MA Cov. To Excess Income, FHP Info.	S19 Child Turning 1 at 200% Over 133% & MA Lev., Exc. Inc. & Res., Both Res. And 6 Mo. Spenddown Met (ECI)
X81 MA to FHP Due to COLA, Chose a Plan	S19 Child 1-19 at 133% Over 100% and MA Level - Exc. Inc., Spenddown Not Met (FAB)
X83 Turning 65, FHP Discontinuance, Excess Income	S19 Child 1-19 at 133% Over 100% and MA Level - Exc. Inc. and Res., Res. Spenddown Met (FAH)
X84 Turning 65, FHP Discontinuance, Excess Resources	S19 Child 1-19 at 133% Over 100% & MA Lev., Exc. Inc., Spenddown Met (FAA)
X85 Turning 65, FHP Discontinuance, Exc. Inc. and Resources	S19 Child 1-19 at 133% Over 100% & MA Level - Exc. Inc. & Res., Both Met (FAF)
X87 FHP to MA, FP	S19 Child 1-19 at 133% Over 100% & MA Level - Exc. Inc., 6 Mo. Spenddown Met (FAC)
INCOME/RESOURCE RELATED POST-PARTUM	S19 Child 1-19 at 133% Over 100% & MA Level - Exc. Inc. and Res., Both Res. and 6 Mo. Spenddown Met (FAI)
S11 200% to 100% or MA Lev. During Pregnancy or 60 Day Post-Partum	EQUIVALENT HEALTH INSURANCE
S19 200% MA After 60 Days Post-Partum - Exc. Inc. Spenddown Not Met (CAB)	V27 Discontinue FHP, Equivalent Health Insurance, FNP Parent
S19 200% MA After 60 Days Post-Partum - Exc. Inc. and Res., Res. Spenddown Met (CAH)	V28 Discontinue FHP, Equivalent Health Insurance, S/CC
S19 200% MA After 60 Days Post-Partum - Exc. Inc., Spenddown Met (CAA)	V29 Discontinue FHP, Equivalent Health Insurance, FP
S19 200% MA After 60 Days Post-Partum - Exc. Res., Spenddown Met (CAD)	V35 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FNP Parent
S19 200% MA After 60 Days Post-Partum - Exc. Inc. and Res., Both Met (CAF)	V36 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, S/CC
S19 200% MA After 60 Days Post-Partum - Exc. Inc., 6 Mo. Spenddown Met (CAC)	V37 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FP
S19 200% MA After 60 Days Post-Partum - Exc. Inc./Res., Both Res. And 6 Mo. Spenddown Met (CAI)	LIVING ARRANGEMENT
S19 100% After 60 Days Post-Partum - Exc. Inc., Spenddown Not Met (DAB)	E60 Unable to Locate
S19 100% After 60 Days Post-Partum - Exc. Inc. and Res., Res. Spenddown Met (DAH)	E61 Not a Resident of District
S19 100% After 60 Days Post-Partum - Exc. Inc., Spenddown Met (DAA)	E62 Between 21-65, in a Psychiatric Institution
S19 100% After 60 Days Post-Partum - Exc. Res., Spenddown Met (DAD)	E63 Not a State Resident
S19 100% After 60 Days Post-Partum - Exc. Inc. and Res., Both Met (DAF)	E79 MA Not Provided in Current Living Arrangement
S19 100% After 60 Days Post-Partum - Exc. Inc., 6 Mo. Spenddown Met (DAC)	E85 Moved Out of Household, No Forwarding Address
S19 100% After 60 Days Post-Partum - Exc. Inc./Res., Both Res. & 6 Mo. Spenddown Met (DAI)	U65 Not a Resident of District (MA Ext.)
S25 100% MA After 60 Days Post-Partum to Exc. Income, Not FHP Eligible Disc. Mother, Cont. Child FHP Eligible	U77 Concurrent Benefits, Intra-State – No Aid Continuing
S27 200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan	U78 Concurrent Benefits, Inter-State – Aid Continuing
	BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21)
	B78 Continue MA/BCCTP Unchanged
	U24 Spenddown to BCCTP
	V83 BCCTP to Regular MA

WMS DATA-ENTERED CODES

UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd)	RECALCULATION OF CONTRIBUTION TOWARD CHRONIC CARE
OTHER FAILURES	V11 Recalculation of Contribution Toward Chronic Care-Single-COLA
E09 Disc., Photo ID Refusal	V12 Recalculation of Contribution Toward Chronic Care-Spousal -COLA
F12 Failure to Apply for SSA	V40 Spousal - Income Contribution Only
F21 Failure to Comply with Finger Imaging Requirements	V41 Individual - Income Contribution Only
F40 Failure to Enroll in a Group Health Plan	V42 Individual - Resource Contribution Only
U71 Failure to Comply with Alcohol/Substance Abuse Requirements	V43 Spousal - Resource Contribution Only
V13 Failure to Utilize Benefits	V44 Spousal - Income Contribution Remains The Same
V30 Failure to Comply with IV-D Requirements	V45 Individual - Income Contribution Remains The Same
V31 Failure to Provide Social Security Number	V46 Spousal - Income/Resource Contribution
V38 Failure to Contact Agency	V47 Individual - Income/Resource Contribution
TRANSITIONAL MEDICAL ASSISTANCE (TMA)	V48 Spousal - No Liability Toward Cost of Care
C01 TMA All Reports, Did Not Send Requested Info.	V49 Individual - No Liability Toward Cost of Care
C02 TMA No Earnings in 1 or More of 3 Prev. Months	V50 Individual - Excess Resources/Income Contribution Remains the Same
C03 TMA Income Over 185%	V51 Spousal - Excess Resources/Income Contribution Remains the Same
C04 TMA End 12 Mo. - Send in 10 th Month	PAY-IN
E08 MA to TMA - 1 st 6 Months	S15 Pay-In Credit Due to Uncovered Expenses
H32 TMA Discontinuance, Receiving PA, MA Cont.	S16 Pay-In Refund Due to Uncovered Expenses
S01 TMA did not Return Quarterly Report	CONTINUOUS COVERAGE
HEALTH INSURANCE	C17 Continuous Coverage
C08 COBRA Continuation	E64 Continuous Coverage - Moved Out of District
C09 QMB Continue Payment for Medicare	E65 Disc., Elig. for Continuous Coverage, Moved Out of District, Accepted in New District
C10 SLIMB Continue Payment for Medicare	NEWBORN/UNBORN
S17 Change from SLIMB to QMB Coverage	E97 Newborn Added to Case in Error
S18 Change from QMB to SLIMB Coverage	E99 Newborn Deceased
X14 No Longer Elig. For MA Payment of AHIP Premiums	OTHER
X50 Discontinue Payment of COBRA Continuation GHIP	C05 Continue Unchanged
X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance.	C06 Add Person to MA Case
X52 Medicare Buy-In Program, QMB	C07 Add Person to FHP Case
X53 Medicare Buy-In Program, SLIMB	C11 Stenson - Continue Unchanged
MBI-WPD	C13 Infant up to Age 1 Guarantee, Continue Unchanged
B47 MA to MBI-WPD, Limited Coverage	C16 Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support
B51 MA to MBI-WPD, Full Coverage	C20 Discontinue MA, Failed to Choose a Health Plan for FHP
B52 Spenddown to MBI-WPD, Limited Coverage	E90 Client Request, MA/FHP/FPBP
B53 Spenddown to MBI-WPD, Full Coverage	E95 Death (Individual)
U16 MBI-WPD to MA, Limited Coverage	S06 Intent to Impose Lien on Real Property - Instit. Individ.
U17 MBI-WPD to MA, Full Coverage	U37 FHP TO MA, Pregnant, MA Eligible Chose MA
ALIEN	U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP
C14 Non-Qual. Alien - 60 Days Post-Partum - No Infant	U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP
E01 Non-Qual. PRUCOL Alien Inelig. For Full MA	U66 Currently in Receipt of Assistance
E02 Non-Qual. Alien, End of Medical Emergency	Y77 Undercare Case Maintenance
E03 Non-Qual. Alien, End of 60 Days Post-Partum, Infant Continues	Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Employment
TRANSFER	Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Loss of 30 1/3
S02 Transfer by Instit. Individ. Reduce from Full to Limited Cov.	Y99 Other
S05 Change in Transfer Period - Instit. Individ.	USED WITH INDIVIDUAL REASON CODE(S)
S09 Instit. Individ. - Transfer - MA Lev. To Limt Cov. & Exc. Inc. - Spenddown Met	I89 Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code
INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE	INFORMATIONAL LETTERS
V52 Individual - Income Contribution Only	I90 Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 through T02
V53 Spousal - Income Contribution Only	SPENDDOWN MET
V54 Spousal - Income/Resource Contribution	T01 Spenddown Met - Bills/Receipts or Combination Bills/Receipts and Pay-In
V55 Individual - Income/Resource Contribution	T02 Spenddown Met - Pay-In Only
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	

WMS DATA-ENTERED CODES

UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd)	EQUIVALENT HEALTH INSURANCE
<p>MA TO FHP, MUST CHOOSE A PLAN</p> <p>T03 MA to FHP, Must Choose Plan, FNP, S/CC</p> <p>T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP</p> <p>T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan</p> <p>SOCIAL SECURITY INFORMATIONAL LETTERS</p> <p>T06 SSN Failed Verification/Validation (Active Case)</p> <p>T07 SSN Failed Verification/Validation (Application)</p> <p>FAMILY PLANNING TO FHP, MUST CHOOSE A PLAN</p> <p>T09 Family Planning to Family Health Plus, FP, Must Choose a Plan</p> <p>T10 Family Planning to Family Health Plus, S/CC, Must Choose a Plan</p>	<p>V27 Discontinue FHP, Equivalent Health Insurance, FNP Parent</p> <p>V28 Discontinue FHP, Equivalent Health Insurance, S/CC</p> <p>V29 Discontinue FHP, Equivalent Health Insurance, FP</p> <p>V35 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FNP Parent</p> <p>V36 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, S/CC</p> <p>V37 Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FP</p>
CLOSING (07)/RECERTIFICATION CLOSING (08)	LIVING ARRANGEMENT
<p>FAILURE TO RECERTIFY</p> <p>F10 Failure to Return Certification Form</p> <p>FAILURE TO PROVIDE VERIFICATION</p> <p>E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC</p> <p>F24 Failure to Provide Required Info. About Income of Non-Applying LRR</p> <p>U20 Verification of Factors Which Affect Eligibility, Did Not State unable to get Information</p> <p>U21 Verif. of Factors Which Affect Elig., Unable to Get Info., But Not a Good Reason</p> <p>V17 Incorrect or Fraudulent Social Security Number</p> <p>FAILED TO CHOOSE A HEALTH PLAN FOR FHP</p> <p>X42 Discontinue MA, Failed to Choose a Health Plan for FHP, FP</p> <p>X43 Discontinue MA, Failed to Choose a Health Plan for FHP, S/CC</p> <p>EXCESS INCOME (S/CC, FNP Parent)</p> <p>U57 MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children)</p> <p>U72 Excess Inc. COLA, Single/Childless Couple</p> <p>X17 Over Inc. and/or Res., Single/Childless Couple, Post-Partum, No Infant</p> <p>EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)</p> <p>E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months</p> <p>E47 Exc. Inc., Child Turning 6</p> <p>E48 Exc. Inc. and Res., Child Turning 6</p> <p>E49 Exc. Inc., Child Turning 1</p> <p>E55 Excess Income, Child 1-19</p> <p>E56 Excess Inc. and Res., Child 1-19</p> <p>E57 Excess Income, Child 6 to 19</p> <p>E58 Excess Income and Excess Resources, Child 6 to 19</p> <p>E68 Exc. Inc. and Res., Child Turning 1</p> <p>U32 Excess Income</p> <p>U33 Turning 19, Exc. Income, Not FHP Eligible</p> <p>U40 Excess Resources</p> <p>U54 Transfer of Assets, Institutionalized Indiv., Exc. Inc.</p> <p>U55 Transfer of Assets, Institutionalized Indiv., Exc. Resources</p> <p>U56 Transfer of Assets, Institutionalized Indiv., Exc. Inc. & Res.</p> <p>U58 MA/FHP Disc., Exc. Inc., Parents, 19 & 20 Year Old</p> <p>U59 Excess Income and Resources</p> <p>X15 Elig. During Pregnancy, After 60 day Post-Partum Exc. Inc./Res., No Infant</p> <p>X83 Turning 65, FHP Discontinuance, Excess Income</p> <p>X84 Turning 65, FHP Discontinuance, Excess Resources</p> <p>X85 Turning 65, FHP Discontinuance, Excess Income and Res.</p>	<p>E60 Unable to Locate</p> <p>E61 Not a Resident of District</p> <p>E62 Between 21-65, In a Psychiatric Institution</p> <p>E63 Not a State Resident</p> <p>E79 MA Not Provided in Current Living Arrangement</p> <p>U65 Not a Resident of District (MA Ext.)</p> <p>U77 Concurrent Benefits, Intra-State – No Aid Continuing</p> <p>U78 Concurrent Benefits, Inter-State – Aid Continuing</p> <p>BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21)</p> <p>B73 Discontinue BCCTP - Client Request</p> <p>B74 Discontinue BCCTP - Failure to Recertify</p> <p>B75 Discontinue BCCTP - Other Health Insurance</p> <p>B76 Discontinue BCCTP - Moved Out-of-State</p> <p>B77 Discontinue BCCTP - Death</p> <p>V82 Discontinue BCCTP - Treatment Ended</p> <p>V83 Discontinue BCCTP to MA</p> <p>FAMILY PLANNING BENEFIT PROGRAM</p> <p>F80 Discontinue Teen Under 19, Not Eligible for MA or FPBP</p> <p>OTHER FAILURES</p> <p>E09 Photo ID Refusal</p> <p>F12 Failure to Apply for SSA</p> <p>F21 Failure to Comply with Finger Imaging Requirements</p> <p>V40 Failure to Enroll in a Group Health Plan</p> <p>V71 Failure to Comply with Alcohol/Substance Abuse Requirements</p> <p>V83 Failure to Utilize Benefits</p> <p>V30 Failure to Comply with IV-D Requirements</p> <p>V31 Failure to Provide Social Security Number</p> <p>V38 Failure to Contact Agency</p> <p>SPOUSAL IMPOVERISHMENT</p> <p>H10 Failure to Provide Res. Information, No Undue Hardship</p> <p>H11 Failure to Provide Resource Information, Undue Hardship</p> <p>X13 Exc. Res. for Institutionalized Spouse</p> <p>TRANSITIONAL MEDICAL ASSISTANCE (TMA)</p> <p>H30 TMA Discontinue, No Dependent Child Under 21</p> <p>H31 TMA Discontinue, Fraud</p> <p>H32 TMA Discontinue, Receiving PA, MA Continues</p> <p>HEALTH INSURANCE</p> <p>X14 No Longer Elig. For MA Payment of AHIP Premiums</p> <p>X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums</p> <p>X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance</p> <p>X52 Medicare Buy-In Program, QMB</p> <p>X53 Medicare Buy-In Program, SLIMB</p> <p>MBI-WPD</p> <p>B42 Discontinue MBI-WPD, Client Request</p> <p>B43 Discontinue MBI-WPD, Not a State Resident</p> <p>U18 Discontinue MBI-WPD, Excess Income and/or Resources</p> <p>U46 Discontinue MBI-WPD, Non-Financial Reasons</p> <p>ALIENS</p> <p>C14 Non-Qualified Alien - End of 60 Day Post Partum - No Infant</p> <p>E01 Non-Qualified PRUCOL Alien-Inelig. For Full MA</p> <p>E02 Non-Qualified Alien - End of Medical Emergency</p>

WMS DATA-ENTERED CODES

CLOSING (07)/RECERTIFICATION CLOSING (08)(cont'd)**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, MA/FHP/FPBP

E95 Death (Individual)

U66 Currently in Receipt of Assistance

X44 Discontinue MA, Failed to Choose a Health Plan for FHP,
FNP Parent

Y91 MA Inelig. After Period of LTC Presumptive Elig.
(Manual Notice Required)

Y99 Disc., Other (Manual Notice Required)

NO ELIGIBLE INDIVIDUAL

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

OMH/OMR ONLY

E13 OMH/OMR Case Type 20 Discharge Into the
Community, or Art. 28 or 31 Facility

E14 OMH/OMR Case Type 22 Discharge Into Community,
or Article 28 or 31 Facility

E15 OMH Only, Lost Elig. Due to Turning Age 22 and In
Psychiatric. Center or Residential Treatment Facility

REACTIVATION (11)

991 Fair Hearing - Aid to Continue

992 Court Order to Enjoin Closing

993 Closed in Error

WMS DATA-ENTERED CODES

B42	Disc MBI-WPD, Client Request	E61	Not a Resident of District
B43	Deny/Disc MBI-WPD, Not a State Resident	E62	Between 21-65 in Psychiatric Institution
B44	Deny MBI-WPD, Failed to Provide a Medical Statement	E63	Not a State Resident
B45	Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination	E64	Continuous Coverage - Moved Out of District
B46	Deny MBI-WPD, Death Before Determination, No Medical Bill in Retro Period	E65	Elig. for Continuous Coverage, Moved Out of District. Accepted in New District.
B47	MA to MBI-WPD, Limited Coverage	E67	Denial Child, Up to Age One, Excess Income (Mother Did Not Receive MA in Any Month of Her Pregnancy)
B51	MA to MBI-WPD, Full Coverage	E68	Child Turning 1 Excess Income and Resources
B52	Spenddown to MBI-WPD, Limited Coverage	E79	MA Not Provided in Current Living Arrangement
B53	Spenddown to MBI-WPD, Full Coverage	E80	Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.
B70	Deny BCCTP - Not in Need of Treatment	E81	Deny QI-1 Annual Fund Exhausted
B71	Deny BCCTP - Not a Resident of State	E85	Moved Out of Household, No Forwarding Address
B72	Deny BCCTP - Other Health Insurance	E90	Client Request, MA/FHP/FPBP
B73	Discontinue BCCTP - Client Request	E95	Death (Single Person)
B74	Discontinue BCCTP - Failure to Recertify	E97	Newborn Added to Case in Error
B75	Discontinue BCCTP - Other Health Insurance	E98	Newborn Case Opened in Error
B76	Discontinue BCCTP - Moved Out-of-State	E99	Newborn Deceased
B77	Discontinue BCCTP - Death	F10	Failure to Return Recertification Form
B78	Continue MA/BCCTP Unchanged	F12	Failure to Apply for SS
C01	TMA All Reports, Did Not Send Requested Info.	F13	Failure to Return Recert. Form, Discontinue Mother, Continue Child
C02	TMA No Earnings in 1 or More of 3 Previous Months	F14	Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program
C03	TMA Income Over 185%	F21	Failure to Comply with Finger Imaging Requirements
C04	TMA End 12 Month Send in 10 th Month	F24	Failure to Provide Req. Info. about Income of Non-Applying LRR
C05	Continue Unchanged	F27	Failure to Complete Interview
C06	Add person to MA Case	F40	Failure to Enroll in a Group Health Plan
C07	Add person to FHP Case	F47	Teens Under 19, Inelig. for MA due to Exc. Inc., Over 133% of FPL, Elig. for FPBP but Declines
C08	COBRA Continuation	F79	Deny Teen Under 19, Not Eligible for MA or FPBP
C09	QMB Continue Payment for Medicare	F80	Discontinue Teen Under 19, Not Eligible for MA or FPBP
C10	SLIMB Continue Payment for Medicare	F82	MA to FPBP, Teen Under 19
C11	Stenson - Continue Unchanged	F83	MA to FPBP, 60 Days Post-Partum, Teen Under 19
C12	FNP Mother Over Inc./Res. Postpartum, Infant Continues	F10	Spousal Impoverishment - Failure to Provide Resource
C13	Infant up to Age 1 Guarantee, Continue Unchanged	F11	Spousal Impoverishment - Failure to Provide Resource Information - No Undue Hardship
C14	Non-Qual. Alien - End of 60 Days Post-Partum - No Infant	H15	Client Request
C16	Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support	H16	Failed to Provide a Medical Statement
C17	Continuous Coverage	H30	TMA Discontinue - No Dependent Child Under 21
C19	Accept BCCTP	H31	TMA Discontinue - Fraud
C20	Discontinue MA, Failed to Choose a Health Plan for FHP	H32	TMA Discontinue Receiving PA, MA Continues
E01	Non-Qual., PRUCOL Alien Inelig. For Full MA	I89	Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code
E02	Non-Qual., Alien, End of Medical Emergency	I90	Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 or T02
E03	Non-Qual., Alien, End of 60 Days Post-Partum, Infant Continues	I94	Used as Case Reason Code When All Case Members have an Indiv. Reason Code
E06	Non-Qualified Alien - No Emergency	S01	TMA did not Return Quarterly Report
E08	MA to TMA 1 st 6 Months	S02	Transfer by Instit. Indiv. Reduce from Full to Limited Coverage
E09	Photo ID Refusal	S05	Change in Transfer Period - Instit. Indiv.
E13	OMH/OMR Case Type 20 Disch. Into the Community, or Art. 28 or 31 Facility	S06	Intent to Impose Lien on Real Property - Instit. Indiv.
E14	OMH/OMR Case Type 22 Disch. Into Community, or Article 28 or 31 Facility	S07	MA Level to Exc. Inc. Due to COLA
E15	OMH Only, Lost Elig. Due to Turning Age 22 and In Psych. Center or Resid. Treatment Facility	S08	Increase in Exc. Inc. Due to COLA
E18	Death Before Determination, No Medical Bills in Retro. Period	S09	Instit. Indiv. - Transfer - MA Level To Limit Cov. & Exc. Inc. - Spenddown Met
E19	Death Before Determination, Insuff. Info. To Make a Determination	S10	Change in Figures Used to Calculate Excess Inc. Amount
E22	Failed to Meet or Pay-In Excess Income for 3 Consecutive Months	S11	200% to 100% or MA Level During Pregnancy or 60 Day Post-Partum
E23	Child 1-19, Exc. Inc. to 133%, FPL Coverage	S15	Pay-In Credit Due to Uncovered Expenses
E25	Spenddown to At or Below MA level	S16	Pay-In Refund Due to Uncovered Expenses
E49	Child Turning 1 Excess Income	S17	Change from SLIMB to QMB Coverage
E55	Child 1-19 Excess Income	S18	Change from QMB to SLIMB Coverage
E56	Child 1-19 Excess Income and Resources		
E59	Pregnant Woman Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown		
E60	Unable to Locate		

WMS DATA-ENTERED CODES

S19	Spenddown (See Undercare Codes)	U73	FNP Related Non-Qualified Alien, Emerg. Med. Cond., Exc. Inc./Res.
S25	100% MA After 60 Days Post-Partum to Exc. Income, Not FHP Eligible Disc. Mother, Cont. Child FHP Eligible	U74	Non-Qualified Alien/Emerg. Med. Cond., Exc. Res.
S27	200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan	U75	No Change in Exc. Inc. Amt.
S31	200% MA, 60 Days Post-Partum, Limited Service Package to Spenddown, Not FHP Eligible or Chose MA with a Spenddown, Infant Continues	U77	Concurrent Benefits, Intra-State - No Aid Continuing
T01	Spenddown Met - Bills/Receipts or Combination Bills/ Receipts and Pay-In	U78	Concurrent Benefits, Inter-State - Aid Continuing
T02	Spenddown Met - Pay-In Only	U79	Concurrent Benefits, Intra or Inter-State
T03	MA to FHP, Must Choose Plan, FNP, S/CC	U80	Qualified Individual QI-1 Denial Medicare Part B Premium
T04	MA to FHP Spenddown Eligible, Must Choose Plan, FP	U82	Qualified Individual QI-1 Accepted for Medicare Part B Premium
T05	MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan	U84	Concurrent Benefits, AFIS Match, Intra-State or Inter-State
T06	SSN Failed Verification/Validation (Active Case)	U85	MA to FHP, FP, Chose a Plan
T07	SSN Failed Verification/Validation (Application)	U86	MA to FHP, S/CC, Chose a Plan
T09	Family Planning to Family Health Plus, FP, Must Choose a Plan	U87	Spenddown to Family Health Plus, Chose a Plan
T10	Family Planning to Family Health Plus, S/CC, Must Choose a Plan	U89	MA to FHP, FNP Parent Chose a Plan
U16	MBI-WPD to MA, Limited Coverage	U90	Turning 19, MA to FHP, Chose a Plan
U17	MBI-WPD to MA, Full Coverage	U94	Turning 65, FHP to MA with Excess Income and Resources, Resource Spenddown Met
U18	Disc. MBI-WPD, Excess Income and/or Resources	U95	Turning 65, FHP to MA with Excess Income
U19	Deny MBI-WPD, Excess Income and/or Resources	U96	Turning 65, FHP to MA with Excess Resources, Spenddown Met
U20	Verification of Factors Which Affect Eligibility. Did Not State Unable to Get Information	V10	Failure to Appear for Interview Appointment with Agency
U21	Verification of Factors Which Affect Eligibility. Unable to get Information but Not a Good Reason	V11	Recalculation of Contribution Toward Chronic Care-Single- COLA
U24	Spenddown to BCCTP	V12	Recalculation of Contribution Toward Chronic Care-Spousal- COLA
U25	S/CC, MA to FHP, 60 Days Post-Partum, No Infant, Chose a Plan	V13	Failure to Utilize Benefits
U26	MA to FHP After 60 Days Post-Partum, FP, No Infant, Chose Plan	V14	Failure to Complete the Declaration of Citizenship/ Immigration Status
U32	Discontinuance - Excess Income	V17	Incorrect or Fraudulent Social Security Number
U33	Turning 19, Exc. Income, Not FHP Eligible	V27	Discontinue FHP, Equivalent Health Insurance, FNP Parent
U34	Exc. Inc., Parents/Disabled Singles/19 & 20 Year Old Living with Parents or on their own	V28	Discontinue FHP, Equivalent Health Insurance, S/CC
U35	Excess Income, S/CC or FNP Parent	V29	Discontinue FHP, Equivalent Health Insurance, FP
U37	FHP to MA, Pregnant, MA Eligible, Chose MA	V30	Failure to Comply with IV-D Requirements
U38	Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP	V31	Failure to Provide Social Security Number
U39	Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP	V32	Deny MA/FHP, Equivalent Health Insurance, FNP Parent
U40	Excess Resources	V33	Deny MA/FHP, Equivalent Health Insurance, S/CC
U47	Deny MBI-WPD, Non-Financial Reasons	V34	Deny MA/FHP, Equivalent Health Insurance, FP
U51	Denial, Transfer of Assets, Institutionalized Individual, Excess Resources	V35	Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FNP Parent
U52	Denial, Transfer of Assets, Institutionalized Individual, Excess Income and Resources	V36	Discontinue MA, Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, S/CC
U54	Closing, Transfer of Assets, Institutionalized Individual, Excess Income	V37	Discontinue MA Over Income and/or Resources, Ineligible for FHP due to Equivalent Health Insurance, FP
U55	Transfer of Assets, Institutionalized Indv., Exc. Res.	V38	Failure to Contact Agency
U56	Transfer of Assets, Institutionalized Indv., Exc. Inc. & Res.	V40	Spousal - Income Contribution Only
U57	MA/FHP Disc., Exc. Inc. (S/CC, FNP Parent Living with Children)	V41	Individual - Income Contribution Only
U58	MA/FHP Disc., Exc. Inc., Parents, 19 or 20 Year Old	V42	Individual - Resource Contribution Only
U59	Dis. - Excess Income and Resources	V43	Spousal - Resource Contribution Only
U63	Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc.	V44	Spousal - Income Contribution Remains The Same
U65	Not a Resident of District (MA Extension)	V45	Individual - Income Contribution Remains The Same
U66	Already in Receipt of Medicaid	V46	Spousal - Income/Resource Contribution
U67	Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc. & Res.	V47	Individual - Income/Resource Contribution
U71	Failure to Comply with Alcohol/Subst. Abuse Requirements	V48	Spousal - No Liability Toward Cost of Care
U72	Excess Inc. COLA, Single/Childless Couple	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
		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

WMS DATA-ENTERED CODES

V58 Spousal - Waiver Recipient Resource Contribution Only	Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Loss of 30 1/3
V59 Spousal - Waiver Recipient No Liability Toward Cost	Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)
V60 Individual - No Liability Toward Cost of Care	Y99 Other (Manual Notice Required)
V61 Spousal - No Liability Toward Cost of Care	001 Conversion
V62 Spousal - Resource Contribution Only	002 Illness, Injury, or Other Impairment of Recipient
V63 Individual - Resource Contribution Only	005 Lay-Off, Discharge, or Other Reason
V76 Full MA to FPBP, Over 19	020 Loss or Reduction in Support of Child Due to Death of Parent
V77 MA to FPBP, SCC/FNP Parents	021 Divorce
V78 MA to FPBP, 60 Days Post-Partum, Over 19	022 Separation
V79 Change FHP to FPBP	023 Desertion
V80 FHP to MA with a Spenddown, over FHP Limit or Chose Spenddown	024 Other (Hospital, Imprisoned)
V81 Deny BCCTP - Failed to Complete Eligibility Process	030 Loss of or Reduction in Support from Person Outside Home - ADC Father (Absent Throughout 6 Months Preceding Application)
V82 Discontinue BCCTP - Treatment Ended	035 Death
V83 BCCTP to Regular MA, Discontinue BCCTP to MA	036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.)
V84 Over 19, Inelig. for Family Planning due to Exc. Inc.	037 Illness, Injury or Impairment
V85 Application for Family Planning Only, Excess Income, Adult	038 Lay-Off, Discharge, or Other Reason
V86 Family Planning to FHP, Chose a Plan, FP, MA Ineligible due to Excess Income and/or Resources	040 Loss of or Reduction in Support from Person Outside Home
V87 Family Planning to FHP, Chose a Plan, S/CC, Inelig. for MA due to Excess Income and/or Resources	045 Loss of or Reduction in Other Income
V88 Family Planning to MA, S/CC	050 Other Material Change in Resources
V89 Family Planning to MA, FP	060 Change in State Law or Agency Policy
V90 Discontinue Family Planning, eligible for FHP but failed to Choose a Health Plan	065 Return of Recipient or Relative (Ill or Previously Institutionalized)
V91 FP, Inelig. for MA due to Exc. Inc. and/or Res., Inelig. for FHP due to Exc. Inc., Elig. for FPBP but declines	066 Other Person
V92 S/CC, Inelig. for MA due to Exc. Inc. and/or Res., FHP Inelig. due to Exc. Inc., Elig. for FPBP but declines	070 Living Below Agency Standards
X10 Excess Income, Does Not Meet 6 Month Excess	075 Other
X13 Spousal Impoverishment - Excess Resources	080 FA, SN-FP
X14 No Longer Elig. For MA Payment of AHIP Premiums	081 PG-ADC, SN-CSH, SN-FNP
X15 Elig. During Pregnancy, After 60 day Post-Partum Exc. Inc./Res., No Infant	082 Emergency Assistance to Families
X17 Over Inc. and/or Res., Single/Childless Couple, Post-Partum, No Infant	088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment
X42 Discontinue MA, Failed to Choose a Health Plan for FHP, FP	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
X43 Discontinue MA, Failed to Choose a Health Plan for FHP, S/CC	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)
X44 Discontinue MA, Failed to Choose a Health Plan for FHP, FNP Parent	091 Medical Bills Equal to or Greater than Excess Income
X45 Deny MA/FHP, Failed to Choose a Health Plan for FHP, FP	092 SSI Recipient Not Yet Appearing on SDX - Determined Eligible for MA-SSI
X46 Deny MA/FHP, Failed to Choose a Health Plan for FHP, S/CC	093 Determined Eligible for MA-SSI
X47 Deny MA/FHP, Failed to Choose a Health Plan for FHP, FNP Parent	094 Medical Need-No Recert Change in Financial Circumstances
X50 Discontinue Payment of COBRA Continuation Group Health Insurance Premium	903 CIN Unduplication (Data-entered)
X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premium - Prior Conditional Acceptance	966 Other Clockdown Closing Change
X52 Medicare Buy-In Program QMB	991 Fair Hearing - Aid to Continue
X53 Medicare Buy-In Program SLIMB	992 Court Order to Enjoin Closing
X76 Decrease in Excess Income Amount	993 Closed in Error
X77 Decrease in Excess Income Due to COLA	994 Cancel Closing
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 & 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	

WMSDATA-ENTERED CODES

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

FOOD STAMP APPROVAL NOTICES

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

FOOD STAMP SEPARATE DETERMINATION

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

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

FOOD STAMP SEPARATE DETERMINATION

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

** (CNS Only)

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

REFUSAL TO PROVIDE INFORMATION

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

FAILURE TO PROVIDE VERIFICATION

CODE	DEFINITION	TRANSACTION TYPE(S)
E29	Failure/Refusal to Provide Verification - Alien Sponsor	03, 08
G15	Expedited PA/FS Failure to Verify (PA Case Types Only)	All 3 Tx Types with PA/FS Ind = 08, 09, 80, 81, 90, 91
M26	Failure to Provide Verification of Wage Match - DATE 1: DATE (MMDDYY) BY WHICH CLIENT WAS TOLD TO PROVIDE VERIFICATION - NAME 1: INDIVIDUAL'S NAME	03, 07, 08
M27	Failure to Provide Verification of UIB Match - DATE 1: DATE (MMDDYY) BY WHICH CLIENT WAS TOLD TO PROVIDE VERIFICATION - NAME 1: INDIVIDUAL'S NAME	03, 07, 08
V19	Request for Contact (PA Case Types Only)	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)	07, 08
E40	Excess Income - Budgeting Error	07, 08
F37	Excess Income - FS Disaster Area	03
F96	Opened in Error - Excess Income	07
M34	Excess Income - Including Striker's Income LN 1: LINE NUMBER OF STRIKER	03

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

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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
E74	Elderly/Disabled Ineligible for Separate Household Status	03, 07, 08

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE



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

LIVING ARRANGEMENTS (Cont'd)

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

OTHER FAILURES

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

OTHER

CODE	DEFINITION	TRANSACTION TYPE(S)
A02	PA Denial/Recert CL - FS Declined (PA Case Types Only)	03, 08
B10	PA OP/CL/CHG - FS Continue Unchanged (PA Case Types Only)	02, 05, 07, 10
I92	No Eligible Individual (Indiv. R/C Required)	03, 07, 08
J05	Separate FS Notice Will Be Sent (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 OP/CL/CHG - FS Continue Unchanged - Worker Name Included (PA Case Types Only)	02, 05, 07, 10
L11	PA OP/CL/CHG - FS Increase (PA Case Types Only)	02, 05, 07, 10
L12	PA OP/CL/CHG - FS Decrease (PA Case Types Only)	02, 05, 07, 10
L13	PA OP/CL/CHG - FS Increase - Worker Name Included (PA Case Types Only)	02, 05, 07, 10
L14	PA OP/CL/CHG - FS Decrease - Worker Name Included (PA Case Types Only)	02, 05, 07, 10
M88	Refusal to Comply with Finger Imaging Requirement NAME(S) OF THE INDIVIDUAL(S) WHO FAILED TO COMPLY	03, 07, 08
M90 *	Client Request - Written or Face-to-Face DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
M91	Client Request - Phone DATE 1: DATE (MMDDYY) OF CLIENT REQUEST	03, 07, 08
R11	PA Denial/Recert CL - FS Continue (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
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CASE LEVEL DENIALS (03), CLOSINGS (07), RECERTIFICATION CLOSINGS (08) (Cont'd). All FS Denial (03) & Recert Closing (08) Notices are Adequate. FS Closing (07) Notices are Timely, except those Reason Codes highlighted by an asterisk (*) are Adequate.

OTHER

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

PERIODIC REPORTING

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

FOOD STAMP CLAIMS **

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

RESTORED/SUPPLEMENTAL BENEFITS **

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

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FAILURE TO RECERTIFY

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

** (CNS Only)

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

UNDERCARE MAINTENANCE

CODE	DEFINITION	TRANSACTION TYPE(S)
B20	New Budget Authorized	05
B21	New Budget Authorized: Certification Period Extended	05
B22	New Budget Authorized: Decrease - 6 Month Reporting Process	05
B23	New Budget Authorized: Return to "Regular" FS from NYSNIP	02, 10
B24	New Budget Authorized: October Allotment Increase	05
B25	New Budget Authorized: JAN COLA Adjustment	05
B27	New Budget Authorized: FS to NYSNIP	02, 10
B28	New Budget Authorized: FS to NYSNIP Reduction	02, 10
B29	New Budget Authorized: NYSNIP Rebudgeted	02, 10
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: Return to "Regular" FS from NYSNIP	06
B34	Recertification Approval: Certification Period Spans ALL & Allotment Remains Same	06,11
B35	Recertification Approval: Same Benefit Amt. Each Month - 2 Budget Calculations w/Different Budget Dates	06,11

FOOD STAMP CLAIMS **

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

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RESTORED/SUPPLEMENTAL BENEFITS **

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

OTHER

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

** (CNS Only)

OTHER CODES CONTINUED ON NEXT PAGE

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

OTHER (cont'd)

CODES	DEFINITION	TRANSACTION TYPE(S)
A05	FS Close - Non-PA Person in HH (PA Case Types Only)	05, 06
J05	Separate Food Stamp Notice Will be Sent (PA Case Types Only)	05, 06
L02	PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (PA Case Types Only)	05, 06
L05	FS Benefit Change - FS Co-Op Case Closed (PA Case Types Only)	05, 06
V19	Food Stamp Request for Contact (PA Case Types Only)	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)	Tx 05, 06 with PA/FS Ind = 03
903	CIN Unduplication (Data-entered)	05
991	Fair Hearing - Aid to Continue	05,11
992	Court Order to Enjoin Closing	05,11
993	Closed in Error	05,11
994	Cancel Closing	05,11

HEAP APPROVAL NOTICES FOR FS AND HEAP

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

*Transaction Type 00 - Notice Prepared Without a WMS Transaction

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

WMSDATA-ENTERED CODES

A02	PA Denial/Recert. CL - FS Declined (PA Case Types Only)	E78	Living with Child's Other Parent
A04	Food Stamps Declined (PA Case Types Only)	F17	Failure to Validate Incorrect SSN-HH=1
A05	FS Close - Non-PA Person in HH (PA Case Types Only)	F19	Refused to Cooperate with Quality Control
A30	FS Approval: Same Benefit Each Month	F36	Responsibility of Former District
A31	FS Approval: Two Different Benefit Amounts in Certification Period	F37	Excess Income: FS Disaster Area
A32	FS Approval: 1st Month Prorate-Applied BEFORE the 16th	F49	Excess Resources: FS Disaster Area
A33	FS Approval: 1st Month Prorate-Applied AFTER the 15th	F65	Will Receive FS in PA Case
A34	FS Approval: 1st Month Prorate-Proof Provided in SECOND Thirty-Days - BEFORE the 16th	F70	Parental Control of Child
A35	FS Approval: 1st Month Prorate-Proof Applied in SECOND Thirty-Days - AFTER the 15th	F71	Child Under Parental Control
A36	FS Approval: 1st Month Denied-Eligible in Succeeding Months-Same Benefit Each Month	F96	Opened in Error - Excess Income
A38	FS Approval: Same Benefit Amount Each Month - Different Budget Dates	G10	Failure to Recertify (PA Case Types Only)
A39	FS Approval: NYSNIP	G15	Expedited PA/FS Failure to Verify (PA Case Types Only)
B10	PA OP/CL/CHG - FS Continue Unchanged (PA Case Types Only)	I92	No Eligible Individual (Individual R/C Required)
B18	FS Separate Determination Opening: Certification Period Unchanged	J05	Separate FS Will Be Sent (PA Case Types Only)
B19	FS Separate Determination Opening: Certification Period Extended	L02	PA/FS Ind. Changed to "06 - FS Now Issued in Co-Op Case" (PA Case Types Only)
B20	New Budget Authorized	L05	FS Benefit Change - FS Co-Op Case Closed (PA Case Types Only)
B21	New Budget Authorized: Certification Period Extended	L10	PA OP/CL/CHG - FS Continue Unchanged - Worker Name Included (PA Case Types Only)
B22	New Budget Authorized: Decrease - 6 Month Reporting Process	L11	PA OP/CL/CHG - FS Increase (PA Case Types Only)
B23	New Budget Authorized: Return to "Regular" FS from NYSNIP	L12	PA OP/CL/CHG - FS Decrease (PA Case Types Only)
B24	New Budget Authorized: October Allotment Increase	L13	PA OP/CL/CHG - FS Increase - Worker Name Included (PA Case Types Only)
B25	New Budget Authorized: JAN COLA Adjustment	L14	PA OP/CL/CHG - FS Decrease - Worker Name Included (PA Case Types Only)
B27	New Budget Authorized: FS to NYSNIP	L19	Request for Contact - Six Month Reporters on TBA
B28	New Budget Authorized: FS to NYSNIP (Reduction)	L92	Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 10%
B29	New Budget Authorized: NYSNIP Re-budgeted	L94	Restart a Previous FS Recoupment or Transfer of a Previously Noticed Claim: Recoupment Starts at 20%
B30	Recert. Approval: Same Benefit Amount Each Month	L99	Food Stamp Overpayment Balance Statement
B31	Recertification Approval: Two Different Benefit Amounts in Certification Period	M20	Refusal to Provide Information (During Cert. Period)
B32	Recert. Approval: First Month Budgeting Necessary	M24	Failure to Resolve a Computer Match
B33	Recertification Approval: Return to "Regular" FS from NYSNIP	M25	Failure to Respond to a Computer Match Call-In
B34	Recertification Approval: Certification Period Spans ALL And Allotment Remains the Same	M26	Failure to Provide Verification of Wage Match
B35	Recertification Approval: Same Benefit Amt. Each Month-2 Bgt. Calculations w/Different Bgt. Dates	M27	Failure to Provide Verification of UIB Match
E10	Failure to Keep/Complete Interview: No Scheduled Appointment	M34	Excess Income - Including Striker's Income
E28	Failure to Provide Information - Alien Sponsor	M62	Moved Out of District (DFR-PA Case Types Only)
E29	Failure to Provide Verification - Alien Sponsor	M66	Receiving FS in Another Case
E30	Excess Income	M67	Part of Another FS Application
E39	Excess Income - COLA	M68	Added to Another Case
E40	Excess Income - Budgeting Error	M88	Refusal To Comply with Finger Imaging Requirement
E50	Failure to Return Periodic Report	M90	Client Request - Written or Face-to-Face
E51	Failure to Complete Periodic Report - Questions	M91	Client Request - Phone
E52	Failure to Complete Periodic Report - Signature/Date	N10	Failure to Keep/Complete Appointment
E53	Failure to Complete Periodic Report - Proof of Income	N18	Failure to Validate Incorrect SSN - HH > 1
E54	Failure to Complete Periodic Report - Dated Early	N53	Failure to Complete Periodic Report - Partial Proof
E61	Not a Resident of District	Q21	FS Expedited Approval: Pended Verification; Cert Period = 1 Month
E63	Not a Resident of State	Q22	FS Expedited Approval: Pended Verification; Cert Period > 2 Months
E65	Not a Resident of Disaster Area	R11	PA Denial/Recert CL - FS Continue (PA Case Types Only)
E70	Ineligible Boarder	R12	PA Denial/Recert CL - FS Continue - Worker Name Included (PA Case Types Only)
E71	In Commercial Boarding Home	R21	Agency Error Claim: Recoupment Begins
E74	Elderly/Disabled Ineligible for Separate Household Status	R22	Inadvertent Household Error Claim: Recoupment Begins
E75	Refusal of Everyone in the Household to Apply	R23	Intentional Program Violation Claim: Recoupment Begins
E76	Living with Child	R24	Agency Error Claim: Recoupment Pended
E77	Living with Parent	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)
 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
 Z15 Continuing Your Food Stamps: Short Certification Period
 903 CIN Unduplication (Data-entered)
 960 Change of Address (No Change to Benefits)
 965 Authorize IV-D or HEAP Payment
 966 Other Clockdown Closing Change
 991 Fair Hearing - Aid to Continue
 992 Court Order to Enjoin Closing
 993 Closed in Error
 994 Cancel Closing

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

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

WMS NON-TRANSACTION-BASED CODES (00)

PUBLIC ASSISTANCE

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

MEDICAL ASSISTANCE

SLIMB RECERTIFICATION

Code	Definition
Z46	SLIMB Recertification

COMMUNITY MAIL-IN RENEWAL

Code	Definition
Z61	Renewal Form, Community Mail-In
Z63	Renewal Form Reminder Letter (Automatically mailed 15 days after Z61)

CHRONIC CARE RECERTIFICATION

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

Code	Definition
Z35	Mail-In

SSI-RELATED MAIL-IN RENEWAL

Code	Definition
Z62	Renewal Form, SSI-Related Mail-In
Z63	Renewal Form, Reminder Letter (Automatically mailed 15 days after Z62)

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

Code	Definition
Z47	Notice of Renewal for BCCTP

OTHER

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

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WMS NON-TRANSACTION-BASED CODES (00)

FOOD STAMPS

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

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

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

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

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

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

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

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

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

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

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

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

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

PATX = 05 & EMERGENCY IND = BLANK (U/M)		
INDICATOR VALUE	VALID FS CASE REASON CODES:	VALID FS INDIVIDUAL REASON CODES:
01 AUTHORIZED FS (Prior PA/FS Ind = 02, 03, 05, 09, blank)	1 B20, B22, B24, B25, L92, L94, R21-R26, X01-X05, Y20 (If PA R/C = B50, X01-X04), Y22 Y23, 903, 960, 965, 966, 991-994, J05, V19* A30-A35, A38, Q21, Q22, L92, L94	ALL R/C OTHER THAN RECERT-CL NO R/C ALLOWED ALL DENIAL R/C
02 DECLINED FS	A02 ONLY	NO R/C ALLOWED
03 DENIED FS	ALL DENIAL R/C + Z97	ALL DENIAL R/C
04 NON-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 + B10, L10-L14 A05, J05, L05+, R27-R29	ALL R/C OTHER THAN RECERT-CL NO R/C ALLOWED

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

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

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

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

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 = R15, R30, X02, X04, Y20)	NO R/C ALLOWED
02-09 FS NOT AUTHORIZED	R27-R29, V19*, Y20, Z97 (IF PA R/C = R15, R30, R40, X02, X04, Y20)	NO R/C ALLOWED

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

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