

WMS ABEL CODES

<p>TRANSACTION TYPE (TRAN/TT) 01 Application Denial 02 Opening 03 Denial 05 Change 06 Recertification/Reauthorization 07 Closing 08 Recertification – Closing 09 Open/Close 10 Reopening 12 Forced Closing</p>	<p>SHELTER TYPE u = unlimited (TY) (Cont'd) 09 Medical Facility (\$40 PNA only) (u) 10 Congregate Care Level II-Drug/Alcohol Treatment Facility (Residential Treatment Center) 11 Non-Commerical Room Only 12 Non-Level II Alcohol Treatment Facility (u) 13 State Operated Community Residence (FS Only) 15 Congregate Care Level I-Family Care 16 Congregate Care Level II-Not Drug/Alcohol Treatment or Apartment-like 17 Congregate Care Level II-Apartment-like (OMH/OMRDD Supportive/Supervised Apartments; DSS Enriched Housing) 19 Tier II Family Shelter (3 Meals/Day) (u) 20 Rental Supplement 21 Shelter for Homeless (3 Meals/Day) (u) 22 Residential Program for Victims of Domestic Violence (3 Meals/Day) (u) 23 Undomiciled 33 Homeless Shelter Tier II (Less Than 3 Meals/Day) (u) 36 Shelter for Homeless (Less Than 3 Meals/Day) (u) 37 Residential Program for Victims of Domestic Violence (Less Than 3 Meals/Day) (u) 38 Subsidized Housing (Non-Certificate) 44 Supportive/Specialized Housing (District 55 Only)</p>
<p>SEPARATE DETERMINATION INDICATOR (SD) X Separate Determination T FS Transitional Benefit</p>	
<p>CASE TYPE (CASE/CT) 11 FA 12 SN-FP 13 ADC-FC 16 SN-CSH 17 SN-FNP 19 EAF 31 NPA-FS 32 FS-MIX</p>	
<p>HOUSEHOLD CHILD INDICATOR 1 No Child in Household 2 Child in Household</p>	
<p>FUEL TYPE (TY) 1 Natural Gas 2 Oil 3 PSC Electric 4 Coal 5 Wood 6 Kerosene 7 Propane 8 Municipal Electric 9 Other Fuel 0 Heat Included in Shelter Costs X No Fuel Allowed U Unknown (NYSNIP Only)</p>	<p>SHELTER TYPES NYSNIP 94 SSI High Shelter, SUA Eligible 95 SSI Low Shelter, SUA Eligible 96 SSI High Shelter, No SUA 97 SSI Low Shelter, No SUA 98 SSI Shelter Cost and SUA Unknown</p>
<p>FS CATEGORICAL ELIGIBILITY INDICATOR (CE) Y Yes N No</p>	<p>SHELTER PRORATION INDICATOR (PRO/PI) (PA Only) C Prorate Children’s Share of Shelter Needs N Prorate All Needs Except Shelter S Prorate Shelter Expenses Only P Prorate Parent’s Share of Needs 1-9 Number of Essential Persons</p>
<p>FS AGED/DISABLED INDICATOR X Aged/Disabled A All Adults Aged/Disabled S NYSNIP Case</p>	<p>SHELTER RESTRICTORS/INDICATORS (IND/RES/SI/R) (PA Only) X Shelter Allowance E Entire Shelter Cost P Entire Shelter – Primary Restriction (CT 12, 17) S Entire Shelter – Secondary Restriction (CT 12, 17) Q Utilities 1st/Shelter Allowance R Utilities 1st/Excess Shelter</p>
<p>FS EXPENSE INDICATOR CODES (HT/AC/UTIL/PHONE) A Excess Charge X Standard Allowance 0 Third Party Pays Heating Cost Directly to Vendor/ Undocumented Incurred HT/AC Costs Z Standard Allowance HEAP Ineligible (Not Customer of Record)(Also NYSNIP Public Housing Cases with AC Costs) H HEAP Eligible N No Expense R Refuses HEAP U Unknown (NYSNIP Only)</p>	<p>SHELTER FREQUENCY (FRQ) (PA Only) W Weekly B Bi-Weekly S Semi-Monthly M Monthly</p>
<p>HC - HOUSEHOLD CHILD INDICATOR (CT 16, 17) 1 No Child in Household 2 Child in Household</p>	<p>1st MONTH SHELTER PAYMENT SOURCE (SRC) I Income R Resource/Exempt Income</p>
<p>SHELTER TYPE u = unlimited (TY) 01 Rent Private (Including Trailer Lot or Commerical Room) 02 Rent Public 03 Own Home (Including Trailer) 04 Room & Board 05 Hotel/Motel Permanent 06 Hotel/Motel Temporary (u) 07 Migrant Labor Camp</p>	<p>OTHER PA ALLOWANCE (TY) (PA Only) 01 Restaurant Allowance – Dinner 02 Restaurant Allowance – Lunch – Dinner 03 Restaurant Allowance – Breakfast – Lunch – Dinner +06 Refrigerator Rental 09 Chattel Mortgages 13 Home Delivered Meals 14 Other Shelter Needs +17 Supplemental Child Care 18 Expenses Incident to Pregnancy</p>

WMS ABEL CODES

40 Temporarily Absent Person(s) – In Congregate Care 45 Person(s) Not in Care – Residing in Congregate Care Facility + <i>Not Included in the Eligibility Determination</i>	OTHER/UNEARNED INCOME SOURCE (Cont'd) 06 Child Support Payments 07 Disabled Veteran’s Benefits (Non-Service Connected) 08 Loan (CT 16, 17) 09 Foster Care Payments (FS Only) 10 GI Dependency Allotment 11 Disabled Veteran’s Benefits (Service Connected) 12 Gifts 13 Child/Spousal Support Assigned to Agency (PA Only) 17 Spousal Support (Arrears)(CT 16, 17, 31, 32) 18 Income from Friends or Non-Legally Responsible Relatives 21 Post Compliance Emergency Payment (PA Only) 22 Income-In-Kind (PA Only) 24 Excess Support Payment 26 Lump Sum Payments (PA Only) 31 Earnings from Subsidized Private or Public Sector Employment (FS Only) 33 NYS Disability Insurance 35 Railroad Retirement Benefit – Dependent 37 Public Assistance Grant (FS Only) 38 Railroad Retirement Benefit 39 Retirement Benefits (Pensions) 40 PA Grant Reduction 41 Sick Pay (Private Insurance) 42 Social Security Disability Benefit 43 Social Security Survivor’s Benefit 44 Social Security Retirement Benefit 45 SSI Benefit 46 Social Security Benefit – Dependent 49 Unemployment Insurance Benefit Compensation 50 Union Benefits 54 HUD Utility Allowance (PA Only) 55 Veteran’s Pensions or Benefit 59 Worker’s Compensation 72 Income of a LRR in Co-op Case (PA Only) 73 Earnings of a Dependent Child Who Is A Full or Part-Time Student Who Is Not Employed Full-Time (PA Only) 75 Deemed Income from a Step-Parent (PA Only) 76 Deemed Income from a Sponsor (PA Only) 77 Net Income from Rental of House, Store or Other Property, Worked Less than 20 Hours Per Week (FS Only) 79 Income from the Trust Fund of an Infant 82 Contribution from a Step-Parent (PA Only) 83 Contribution from a Sponsor 84 Unearned Income of a Sponsor (FS Only) 85 Deemed Income from a Grandparent (PA Only) 86 Contribution from a Grandparent (PA Only) 87 IV-D Payment (FS Only) 88 Parent’s Share of Needs (PA Only) 89 Parent’s Share of Needs Less Than Prorated Share (PA Only) 90 Reverse Annuity Mortgage Loan 91 Earned Income Tax Credit - Data Collection Only 99 Other
OTHER FS ALLOWANCES (OTHER TYPE) 15 FS Installation Fee 16 Pro-Rated FS Installation Fee	
LINE NUMBER (LN) 01-20 Line Number of Individual in case with income 98 Income is received by individual in co-op PA case 99 Legally Responsible Non-Case Member in Home	
DISREGARD INDICATOR (I) (PA Only) 1 If Eligible, Give Disregard 2 Calculate With Disregard 3 Calculate With \$30 (Prior to 11/1/97) 6 No Disregard (CT 16, 17 Only)	
EARNED INCOME SOURCES (SRC) 01 Salaries, Wages 04 Work Experience 05 Irregular or Infrequent Income 06 Other Earnings 07 VISTA 08 Severance Pay 09 Family Day Care Provider Income 10 Employer-Provided Sick Pay 12 Lump Sum (PA Only) 13 Lump Sum Received by Current Wage Earner (PA Only) 20 Net Business Income/Income from Self-Employment 22 Earnings of a LRR in Co-op Case (PA Only) 30 Training Allowance (FS Only) 31 Earnings From Subsidized Private or Public Sector Employment (PA Only) 35 School to Work Employment Program (FS Only) 40 Earnings from JTPA 44 Office for Vocational and Educational Services for Individuals With Disabilities 45 Income From Boarder/Lodger 46 Net Income From Rental of House, Store or Other Property, Worked More than 20 Hours per Week 47 Net Income from Rental of House, Store or Other Property, Worked Less than 20 Hours per Week (PA Only) 48 Income from a Roomer 49 Earned Income of a Sponsor (FS Only)	
FREQUENCY CODES (FRQ/F) 1-5 Number of Times Received or Paid in the Month W Weekly B Bi-Weekly S Semi-Monthly M Monthly	
WORK DEDUCTIONS INDICATOR (D) (PA Only) F Full Time P Part Time N No Deductions Allowed	
OTHER/UNEARNED INCOME SOURCES (SRC) 01 Adoption Subsidy 02 Alimony/Spousal Support (Non-Arrears) 03 Any Dividends, Interest or Periodic Receipts from Stocks, Bonds, Mortgages, Bank Interest, Trust Funds, Annuities, Credit Unions, Estates, etc. 04 Black Lung Disease 05 Monthly Net Amount of Educational Grants & Loans (FS Only)	RECALCULATION INDICATOR (RECALC) Y Yes N No RECOUPMENT/CLAIM TYPES (TY/TYP/T) 1 Agency Error 2 Client Error 3 Advance Payment (PA Only) 4 PA Fraud/FS IPV 5 IV-D Payment (PA Only) 6 Applicant Shelter Arrears In Excess of Allowance; Other Non-Rent Shelter Expenses (PA Only)

WMS ABEL CODES
AUTOMATED HEAP BENEFIT CALCULATION

FUEL TYPE

- | | |
|-----------------|----------------------|
| 0 Heat Included | 5 Wood |
| 1 Natural Gas | 6 Kerosene |
| 2 Oil | 7 Propane |
| 3 PSC Electric | 8 Municipal Electric |
| 4 Coal | |

BENEFIT TYPE

- R Regular
- E Emergency
- B Both

VULNERABLE (VULNIND)

- Y Yes
- N No

HEAP CATEGORICAL INDICATOR (HPCAT ELIG IND)

- Y Yes
- N No

EMERGENCY TYPE

- A Heat Related Domestic
- B Natural Gas - Heat Only
- C Natural Gas - Heat and Domestic
- D Electric Heat
- E Non Utility Fuel
- F Non Utility Fuel and Domestic
- G Furnace Repair
- H Propane Reconnect
- J Furnace Replacement
- K Municipal Electric - Heat & Domestic

WMS MBL CODES

BUDGET TYPE (BT)			
01 LIF/ADC-Related	07 Chronic Care	02 S/CC	08 Chronic Care/SSI Related
04 SSI Related	09 Chronic Care and LIF/ADC-Related	05 SSI Related and LIF/ADC-Related	10 Chronic Care and S/CC
06 SSI Related and S/CC	15 Other (Bottom Line Only)		
TRANSACTION TYPE (TRAN)			
02 Opening	06 Recertification	05 Change	10 Reopening
	09 Open/Close		
EXPANDED ELIGIBILITY CODES (EEC)			
A AIDS Insurance	H COBRA Insurance	S FHP for Singles/Childless Couples (100%)	
B EEC For C, D, F, I, P	I Infants Birth to 1 year	T Transitional Medicaid	
C Child(ren) 1 to 5 Years	J Medicaid/Family Planning	V MBI-WPD (SSI Related Budgeting Prior to MBI-WPD Budgeting)	
D Child(ren) 6 to 18 Years	K Family Planning Only	W MBI-WPD (Only)	
E Disabled Adult Child (DAC)	N FHP for 19-20 Not Living w/Parents (100%)		
F FHP for Families/19-20 Living with Parents (150%)	P Pregnant Woman		
AGE INDICATOR (AI)		FUEL TYPE (TY)	
Y Individual(s) in the Household is 60 Years of Age or Older	1 Natural Gas	4 Coal	7 Propane
N No One in the Household is 60 Years of Age or Older	2 Oil	5 Wood	8 Municipal Electric
	3 PSC Electric	6 Kerosene	9 Other Fuel
			0 Heat Included in Shelter Costs
SHELTER TYPE (TY) (u = unlimited)			
01 Rent	16 Congregate Care Level II (NYC, Nassau, Suffolk, Westchester)	02 Rent Public	18 Foster Care (u)
03 Own Home	20 Emergency Rental Supplement Program (u)	04 Room & Board (u)	22 Shelter for Victims of Domestic Violence (u)
05 Hotel Perm.	23 Undomiciled	06 Hotel Temp. (u)	28 Congregate Care Level I (Rest of State)
07 Migrant Camp	29 Congregate Care Level II (Rest of State)	09 Medical Facility (\$40 PNA only) (u) (Other Than Title XIX Facility)	33 Homeless Shelter Tier II - Less Than 3 Meals/Day
11 Room	34 Homeless Shelter Tier II - 3 Meals/Day	12 Non-Level II Alcohol Treatment Facility	35 Homeless Shelter Non-Tier I or Tier II - 3 Meals/Day
14 Public Home (u) (Other Than Title XIX Facility)	36 Shelter for Homeless - Less Than 3 Meals/Day (u)	15 Congregate Care Level I (NYC, Nassau, Suffolk, Westchester)	37 Residential Program for Victims of Domestic Violence - Less Than 3 Meals/Day (u)
ADDITIONAL ALLOWANCES (TY)			
01 Dinner	18 Pregnancy (Output Only)	02 Lunch & Dinner	21 Dependent Member of Single Institutionalized Individual
03 Breakfast, Lunch & Dinner	19 Community Maintenance Allowance	13 Home Delivered Meals	23 Family Member Allowance
	20 Transitional Child Care		99 Other
SSI RELATED BUDGETING CODES			
Deeming Codes (DEEM)		Living Arrangements Codes (LA)	
1 Deem Spouse to Spouse *	1 Single Person Living Alone or Living with Others	2 Deem to SSI-Related Child	2 Couple Living Alone or Living with Others
3 Deem Spouse to Spouse and SSI Related Child*	3 Family Care Level - Upstate (Dist 97/98 Only)	4 No Deeming	4 Family Care Level - New York City (Dist 97/98 Only)
	5 Individual - Temporarily Absent		5 Individual - Temporarily Absent
* Use when only one spouse is SSI-Related	6 Couple - At Least One of Whom is Temporarily Absent		6 Couple - At Least One of Whom is Temporarily Absent
CHRONIC CARE BUDGETING CODES		BUY-IN INDICATOR CODES (BUY)	
Budget Screen Indicator (BS)		A Calculate Buy-In Eligibility for Adult(s) in the Case	
1 Chronic Care and Community Screens		B Calculate Buy-In Eligibility for Adult(s) and Child(ren) in the Case	
Personal Incidental Allowance Codes (PIA)		C Calculate Buy-In Eligibility for Children in the Case	
1 \$35.00	3 MA Level	S Calculate Eligibility for SLMB/QI-1/QI-2	
2 \$50.00	4 \$90.00 Veteran		
CONTRIBUTION CODES (CON)			
1 Contributing the Table of Support Amount	3 Contributing less than the Table of Support - adjudicated	2 Contributing more than the Table of Support	4 Contributing less than the Table of Support - not adjudicated
	5 Refuses to Contribute		

WMS MBL CODES

LOCAL CODES (LOC)

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

EARNED INCOME DISREGARD CODE (EID)

1 Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months)	5 Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months)/ \$30
2 Calculate with \$30 & 1/3 (Budget Eff. From Date Prior to 11/1/97)	6 Calculate LIF % (Not on LIF in 1 of the 4 Preceding Months)
3 Calculate with \$30 (Budget Eff. From Date Prior to 11/1/97)	
4 Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months)/\$30 & 1/3	

CATEGORICAL INDICATOR CODES (CTG, C)

1 SSI Related Spouse/Parent/Individual - Aged	5 Non-SSI Related Spouse/Parent (S/CC)
2 SSI Related Spouse/Parent/Individual - Blind	6 SSI Related Child - Blind
3 SSI Related Spouse/Parent/Individual - Disabled	7 SSI Related Child - Disabled
4 Non-SSI Related Spouse/Parent (LIF/ADC Related)	8 Non-SSI Related Child

BOTTOM-LINE REASON CODES (REASON CD)*Case Cannot be Budgeted Due to Family Composition*

- 001 Married Couple in Chronic Care
- 002 Married Couple in Family Care
- 003 S/CC Budget for Intact Household
- 004 Under 21 - Both Spouse and Parent Responsible
- 005 SSI-Related Child in Chronic Care
- 006 Child(ren) living with Parent in Congregate Care
- 007 to 015 - Reserved for Future Expansion

Case Cannot be Budgeted Due to System Limitation

- 101 Case With More Than Two Earned Incomes
- 102 Dollar Amount of Resources/Income Exceeds Seven Characters
- 103 Pro-rate of PA-Need for Coop Household
- *104 Supplemental Energy Allowance
- *105 PNA Increases
- 108 Deeming Waiver Case
- *110 S/CC Congregate Care GIT
- 111 to 115 - Reserved for Future Expansion

Case Cannot be Budgeted Due to Litigation or Regulation Change

- 201 Case Affected by Lynch v. Rank Decision
- *202 Case Affected by Rickey v. Perales Decision
- *203 Case Affected by Schmidt v. Perales Decision
- 204 COBRA
- 205 to 215 - Reserved for Future Expansion

Other

- 301 Four Month Extension
- 302 Special Eligibility
- 304 to 315 - Reserved for Future Expansion

* Budgeting now supported by MBL.

WMS MBL CODES**EARNED INCOME SOURCE (SRC)**

- 01 Salaries, Wages (Employer-Provided Sick Pay)
- 05 Irregular or Infrequent Income
- 06 Other Earnings
- 08 Severance Pay
- 09 Family Day Care Provider Income
- 11 Income-In-Kind Shelter
- 12 Lump Sum
- 13 Lump Sum Received by Current Wage Earner
- 15 Other Income-In-Kind
- 20 Net Business Income
- 32 Net Royalties
- 40 Earnings from JTPA
- 44 Office for Vocational and Educational Services for Individuals with Disabilities
- 45 Income from Boarder/Lodger
- 46 Net Income from Rental of House, Store or Other Property, Worked More than 20 Hours per Week
- 47 Net Income from Rental of House, Store or Other Property, Worked Less than 20 Hours per Week
- 48 Income from Roomer

PERIOD (PER, P)

- | | | | | | | | |
|---|-----------|---|--------------|---|------------|---|--------|
| 3 | Weekly | 5 | Semi-Monthly | 7 | Bi-Monthly | 9 | Yearly |
| 4 | Bi-Weekly | 6 | Monthly | 8 | Quarterly | | |

TIME CODES (T)

- | | | | |
|---|-----------|---|---------------|
| F | Full Time | N | No Deductions |
|---|-----------|---|---------------|

UNEARNED INCOME SOURCE (SR)

- 01 Adoption Subsidy
- 02 Alimony/Spousal Support
- 03 Any Dividends, Interest, or Periodic Receipts from Stocks, Bonds, Mortgages, Bank Interest, Trust Funds, Annuities, Credit Union, Estates, etc.
- 04 Black Lung Disease Program
- 06 Child Support Payments
- 07 Disabled Veterans Benefits (Non-Service Connected)
- 10 GI - Dependency Allotment
- 11 Disabled Veterans Benefits (Service Connected)
- 12 Gifts
- 16 Gross Rental Income from Owned Home
- 18 Income from Friends or Non-Legally Responsible Relatives
- 19 Income from Friends or Non-Legally Responsible Relatives Outside the Household
- 20 Income from Garden or Livestock
- 26 Lump Sum Payments
- 28 German/Austrian Reparation Payments
- 30 Income from JTPA
- 31 Net Income from Rental of House, Store or Other Property
- 33 NYS Disability Insurance
- 34 Older American Act Income
- 35 Railroad Retirement Benefit - Dependent
- 38 Railroad Retirement Benefit
- 39 Retirement Benefits (Pensions)
- 41 Sick Pay (Private Insurance)
- 42 Social Security Disability Benefit
- 43 Social Security Survivor's Benefit
- 44 Social Security Retirement Benefit
- 46 Social Security Benefit - Dependent
- 47 Social Security Benefit - DAC
- 48 Social Security Benefit - Pickle
- 49 Unemployment Insurance Benefit
- 50 Union Benefits
- 51 OVESID Training Allowance
- 55 Veteran's Pensions or Benefit
- 59 Worker's Compensation
- 60 Income-In-Kind Provided by LRR - Shelter

WMS MBL CODES**UNEARNED INCOME SOURCE (SR) (cont'd)**

- 64 Income-In-Kind Provided by LRR - Meals
- 70 Other Income-In-Kind
- 73 Earnings of a Child or Minor who is a Full or Part Time Student who is Not Employed Full Time
- 75 Deemed Income from a Stepparent
- 82 Contribution from a Stepparent
- 99 Other

UNEARNED INCOME EXEMPTION (EXEMPT)

- 01 Health Insurance Premium
- 02 Court Order Support
- 03 Other Federal, State or County Tax
- 06 20% R.S.D.I.
- 11 One-Third SSI Child Support
- 12 Cost of Living RSDI Increase Resulting in SSI Ineligibility
- 14 VA Aid and Attendance/Housebound Allowance
- 15 Receipt/Increase in SSICB resulting in SSI Ineligibility
- 20 Other Amounts Limited by Designated Use
- 21 Medicare

RESOURCE**Liquid Resources (CD)**

- 01 Cash on Hand
- 02 Bank Accounts
- 03 Stocks, Bonds, Securities
- 04 Promissory Notes
- 05 Mortgages, Conditional Sales Contracts
- 06 Trust Funds
- 07 PIA Savings Account
- 08 Lump Sum Payments (includes tax refunds, insurance settlements, inheritances, etc.)
- 10 Reparation Payments
- 22 Vehicle
- 91 Resources Above MA Level/Determination FHP
- 98 Other Liquid Resources

Life Insurance (Life-Ins.)

- 42 Straight Life
- 43 Endowment
- 44 Cash Value of Life Insurance to be Disregarded for SSI Budgets
- 45 Burial Reserve to be Disregarded for SSI Budgeting

WMS SUBSYSTEM CODES

MA RESTRICTION/EXCEPTION SUBSYSTEM CODES	94 OMH Exempt 95 OMRDD Waivered Services Look Alikes 96 (SPM) Seriously and Persistently Mentally Ill Adults and (SED) Seriously Emotionally Disturbed Children
MA RESTRICTION/EXCEPTION RECORD SOURCE CODES (SYSTEM-GENERATED) G System Generated Code E User Entered Record	PRINCIPAL PROVIDER SUBSYSTEM CODES
MA RESTRICTED/EXCEPTION STATUS FLAG CODES (SYSTEM-GENERATED) 1 Active 2 Inactive	PRINCIPAL PROVIDER CODES 00 No Principal Provider 01 Private - Skilled Nursing 02 Voluntary - Intermediate Care (VOICF) 03 Public - Skilled Nursing 04 State - Intermediate Care 05 OMRDD Developmental Center 06 OMH Psychiatric Center 07 Acute Hospital - Long Term Care 08 Hospital - Excess 10 Child Care Facility 12 OMR Small Residential Unit (SRU) 14 Personal Care Services 16 Assisted Living Program (ALP) DL Delete
MA RESTRICTION/EXCEPTION TYPE CODES 02 Podiatry 03 Dental 04 Durable Medical Equipment 05 Pharmacy 06 Physician 08 Clinic 09 In-Patient Hospital 25 OMR - Sub-Chapter A Exception 30 HHCP Long Term Home Health Care Program (Project In Progress) 31 Community Alternative Systems Agency (CASA) - Community Based 32 CASA Individual in SNF/HRF 35 Case Management 38 UT Exempt 39 Aid Continuing 40 SNF - Expense Level 41 ICF-DD Expense Level 42 Hospital/SNF Expense Level 43 Hospital/ICF-DD Expense Level 44 Alternate Care Demo 45 Hospital/Home Demo 46 OMRDD Home and Community Based Services (HCBS) Waiver (IRA, FC or at Home) 47 OMRDD Home and Community Based Services (HCBS) Waiver (CR and Subchapter A Day Treatment) 48 OMRDD Home and Community Based Services Waiver- (HCBS), (CR and Subchapter A Day Treatment) 49 IRA RES Hab Consumer 50 Prenatal Connect 51 Connect 53 HR Underserved 55 MCC Pharmacy 56 MCC Physician 58 MCC Clinic 59 MCC Hospital 62 Care at Home (CAH I) 63 CAH II 64 CAH III 65 CAH IV 66 CAH V 67 CAH VI 68 CAH VII 69 CAH VIII 70 CAH IX 71 CAH X 81 (TBI) Traumatic Brain Injury 82 Cash and Counseling (Project in Progress) 83 Alcohol and Substance Abuse ASA (Project in Progress) 90 Managed Care Excluded 91 Managed Care Exempt 92 DOH Exempt	PRINCIPAL PROVIDER PAYMENT EXCEPTION TYPE CODES (PA, MA) 1 Per Diem Payments to Provider are Not Allowed 2 Per Diem Payments to Provider are Allowed
	RFI - RESOLUTION CODES 1 No Action Needed - Application Denied or Withdrawn or Case Closed 2 Current Case Data is Correct 3 Case Rebudgeted Due to CINTRAK Data 4 Application Denied or Withdrawn Due to CINTRAK Data 5 Case Closed - Failed to Respond 6 Case Closed - Financially or Categorically Ineligible 7 No Case Change - Referral for Investigation 8 Client and Matched Individual Not the Same Person 9 SSA Validation Data Acknowledged X Emergency Processing Required
	PREPAID CAPITATION PLAN SUBSYSTEM CODES Benefits Package - User Entered in Concert with Provider ID and County Code # Prepaid Capitation Plan Capitation Code 3 Individual Enrollee 0 End of Capitation
	DOMESTIC VIOLENCE SUBSYSTEM CODES ASSESSMENT STATUS WAIVER STATUS C - Credible A - Approved D - Client Declination D - Denied F - Failure to Show P - Partially Approved N - Not Credible R - Requested P - Pending DENIAL REASONS C - Fraudulent Claim P - No Program Require. D - Failure to Provide Doc. R - Client Request F - Failure to Show T - No Threat of Danger N - Not Credible O - Other

WMS SYSTEM-GENERATED CODES

<p align="center">ANTICIPATED FUTURE ACTION CODES ANTIC. FUT. ACT. - (PA, MA, FS)</p>		<p>768 Failure to Comply with a PA Employment Requirement (CT 12)</p> <p>793 PA/MA Denial – Client’s Request</p> <p>795 Failure to Sign PA Consent Form to Release Drug/Alcohol Treatment Records</p> <p>797 Failure to Sign Citizenship – Alien Declaration</p> <p>802 Combined PA/MA Denial-Ineligible Alien</p>
<p>101 Individual Turning 6 Weeks</p> <p>102 Individual Turning 3 (PA)/6(MA)</p> <p>103 Individual Turning 14 Years</p> <p>104 Individual Turning 16 Years</p> <p>105 Individual Turning 18 Years</p> <p>106 Individual Turning 21 Years</p> <p>108 Widow Turning 60 Years</p> <p>109 Individual Turning 62 Years</p> <p>110 Individual Turning 65 Years</p> <p>111 Individual Turning 72 Years</p> <p>113 Individual Turning 19 Years</p> <p>114 Individual Turning 20 Years</p> <p>116 Individual Turning 1 (CT = 11: CAP, 12, 16, 17, 20)</p> <p>221 Significant Birthday</p> <p>308 End of POS Authorization - Other Than FC, DC, or HH</p> <p>333 Domestic Violence Waiver Expires</p> <p>403 In Psych Institution Prior to 21st Birthday - Turning 22</p> <p>410 Initial 18 Month Foster Care Review by Court</p> <p>411 Twenty-Four Month Foster Care Review by Court</p>		<p>PA DENIALS/MA ACTION</p> <p>753 PA Denial, MA Separate Determination</p> <p>789 PA Denial, MA Separate Determination (SSI/SSA Benefits Suspended)</p> <p>PA/MA DISCONTINUANCE (Closings and Recertification Closings)</p> <p>761 Combined PA/MA Discontinuance</p> <p>762 Discontinuance, Failure to Participate in a Drug/Alcohol Program</p> <p>767 Failure to Comply with a PA Employment Requirement (CT 16, 17)</p> <p>769 Failure to Comply with a PA Employment Requirement (CT 12)</p> <p>790 Failure to Sign PA Consent Form to Release Drug/Alcohol Treatment Records</p>
<p align="center">CASE STATUS CODES - CASE STATUS (PA, MA, FS)</p>		<p>791 Lump Sum – Not Eligible for MA</p> <p>792 Failure to Sign Citizenship – Alien Declaration</p> <p>794 PA/MA Discontinuance – Client’s Request</p> <p>803 Combined PA/MA Discontinuance - Ineligible Alien</p> <p>805 New Resident Qualified Alien - Ineligible for 12 Months</p> <p>PA DISCONTINUANCE/MA EXTENSIONS (Closings and Recertification Closings)</p> <p>700 MA Continuing Pending Separate Determination</p> <p>705 No PA Recert</p> <p>710 Begin PCP Guaranteed Eligibility Period</p> <p>715 Continuous Eligibility or Continuous/PCP Guarantee</p> <p>756 MA Continues Unchanged</p> <p>758 MA Continues Unchanged Pending Decision</p> <p>760 MA Continuation of Newborn</p> <p>763 MA Continues, Support Extension</p> <p>764 TMA Acceptance, First Six Months</p> <p>765 MA/PCP Extension</p> <p>771 Two Month MA Postpartum Extension</p> <p>827 Six Month Extension</p> <p>858 Continuous Eligibility for Children</p> <p>859 Continuous Eligibility for Children - Moved Out of District</p>
<p>01 New 21 Active – override</p> <p>10 Active 22 Closed – override</p> <p>14 Closed 23 Denied – override</p> <p>15 Denied</p>		<p>PA ACCEPTANCE</p> <p>839 MA Acceptance</p> <p>840 MA Acceptance - Managed Care Coverage</p> <p>841 MA Denied</p> <p>842 MA Denied First Month(s) - MA Eligible Subsequent Months</p> <p>843 MA Denied First Month(s) - Manage Care Coverage Subsequent Months</p> <p>844 MA Denied First and Subsequent Months</p> <p>PA UNDERCARE</p> <p>Y33 DV Update</p> <p>820 Separate Manual MA Notice Required</p> <p>821 MA Continues Unchanged</p> <p>MA OPENING</p> <p>923 Case Opened for Newborn</p> <p>MA UNDERCARE</p> <p>920/198 Newborn Added to Case</p> <p>921/196 Unborn Name Conversion</p> <p>MA DISCONTINUANCE</p> <p>922 Inmate in a Penal Institution</p>
<p align="center">INDIVIDUAL DISPOSITION STATUS CODES IND. STAT. - (PA, MA, FS, HEAP)</p>		
<p>20 Case Closed (System-Generated at Closings)</p>		
<p align="center">MA RESTRICTION/EXCEPTION RECORD SOURCE CODES (MA)</p>		
<p>G System Generated Code</p> <p>E User Entered Code</p>		
<p align="center">MA RESTRICTION/EXCEPTION STATUS FLAG CODES (MA)</p>		
<p>1 Active 2 Inactive</p>		
<p align="center">REASON CODES - REASON CODE (PA, MA, FS)</p>		
<p>001 Conversion</p> <p>720 PCP Enrollment or Disenrollment</p> <p>740 Case Now in Receipt of Cash Assistance (Forced Closing)</p> <p>901 Individual Added to Case (Individual Level – PA, FS)</p> <p>941 Not a State Resident (SSI Recipient)</p> <p>942 Death (SSI Recipient)</p> <p>943 Not in Receipt of FS</p> <p>944 PA Undercare FS Benefit Decision Not Complete</p> <p>945 PA Undercare FS Benefit Remains Co-Op</p> <p>968 Forced Closing of Case (FS)</p> <p>979 Utility Fix</p> <p>986 CIN Unduplication</p> <p>987 Separate Two Persons with Same CIN</p> <p>988 Auto SDX/WMS Interface</p> <p>990 WMS/SSN Enumeration</p> <p>Y96 Auto-Close NYSNIP Shelter Type 98 Case: Failure to Redeem FS</p>		
<p align="center">PA/MA DENIALS</p>		
<p>754 Combined PA/MA Denial</p> <p>755 Denial, Failure to Participate in a Drug/Alcohol Program</p> <p>766 Failure to Comply with a PA Employment Requirement (CT 16, 17)</p>		

WMS SYSTEM-GENERATED CODES

PENDING DATA STATUS CODES (PA, MA, FS)		SOCIAL SECURITY NUMBER CODES (PA, MA, FS, HEAP)	
AC/DBR	Awaiting Direct Budget Reauthorization Completion	+A	Validation Failed: SSN Not on SSA File
AT/CUI	Awaiting Transmission After CIN Undupe of Inactive Case	+B	Validation Failed: No Match on Name
AT/DEN	Awaiting Transmission After App. Denial	+C	Validation Failed: No Match on DOB and Sex
AT/DRB	Awaiting Transmission After Direct Budget	+D	Validation Failed: No Match on DOB
AT/FCFD	Awaiting Transmission After Forced Closing	+E	Validation Failed: No Match on Sex
AT/FDE	Awaiting Transmission After FDE	7	SSN SSA Input
AT/FDEOV	Awaiting Transmission After FDE-Override	8	SSN SSA Validation
AT/REA	Awaiting Transmission After Reactivation	9	SSN Failed SSA Validation
AT/REAOV	Awaiting Transmission After Reactivation Override	TRANSACTION TYPE CODES (TRANS TYPE) (PA, MA, FS, HEAP)	
AT/UM	Awaiting Transmission After Undercare	01	Application Denial
AT/UMOV	Awaiting Transmission After U/M-Override	04	FDE Withdrawal
AU/CUI	Awaiting Local Update After CIN Undupe of Inactive Case	11	Reactivation
AU/DBR	Awaiting Local Update After Direct Budget Reauthorization	12	Forced Closing of Case
AU/DEN	Awaiting Local Update After App. Denial	13	Forced Deletion of Individuals
AU/FCFD	Awaiting Local Update After Forced Closing	PARENT INDICATOR (PA)	
AU/FDE	Awaiting Local Update After FDE	0	Child Only
AU/FDEOV	Awaiting Local Update After FDE-Override	1	Single Parent Households and Two Parent Households with One Disabled Parent
AU/REA	Awaiting Local Update After Reactivation	2	Two Parent Households with No Disabled Parent
AU/REAOV	Awaiting Local Update After Reactivation Override	RECIPIENT AID CATEGORY CODES (MA)	
AU/UM	Awaiting Local Update After Undercare	09	PG-ADC (FP)
AU/UMOV	Awaiting Local Update After UM Override	10	FA-Family Assistance
CUI/BUP	CIN Undupe Awaiting Batch Update of Inactive Case	11	ADU-U (FP)
DBR/BUP	Signed-Off After Direct Budget Reauthorization - Awaiting Batch Update	12	IV-E (FP)
DBR/SSG	Awaiting Sign-Off After Direct Budget Reauthorization	13	PG-ADC (FP)
DEN/BUP	Sign-Off After App. Denial - Awaiting Batch Update	16	TANF with Deprivation (FP)
DEN/SSG	Awaiting Sign-Off After App. Denial	17	TANF without Deprivation (FP)
FCFD/BUP	Signed-Off After Forced Closing - Awaiting Batch Update	18	Safety Net w/out deprivation (FP)
FDE/ALEC	Full Data Entry - Awaiting Local Error Correction	19	Safety Net - Non-Cash (FP)
FDE/BUP	Signed-Off After FDE - Awaiting Batch Update	20	Supplemental Payment (NYC) (FNP) 100% Local
FDE/ERR	Awaiting Error Correction After FDE	21	LIF W/out Depriv/SCC (FP)
FDEOVER	Overridden Full Data Entry	22	RESERVE FOR FUTURE USE
FDE/SSG	Awaiting Sign-Off After FDE	23	MA-CW (FP)
NOPEND	No Pending Data Exists	24	MA-Aged (FP)
REAC/BUP	Signed-Off After Case Reactivation - Awaiting Batch Update	25	MA-Blind (FP)
REAC/ERR	Awaiting Undercare Maintenance Error Correction After Case Reactivation	26	MA-Disabled (FP)
REAC/OVR	Overridden Reactivation	27	ADC Medically Needy (FP)
REAC/SSG	Awaiting Sign-Off After Case Reactivation	28	Public Home (FNP)
REAC/UM	Awaiting Undercare Maintenance After Case Reactivation	30	Presumptive Eligibility for Children (FP)
UM/ALEC	Undercare Maintenance - Awaiting Local Error Correction	31	Poverty Level Child (FP)
UM/BUP	Signed-Off After Undercare Maintenance - Awaiting Batch Update	32	LIF Related w/deprivation (FP)
UM/CL	Awaiting Clearance Resolution	35	Presumptive Eligibility Home Care (FNP) State/Local
UM/CLERR	Awaiting Clearance Resolution and Error Correction	36	RESERVE FOR FUTURE USE
UM/ERR	Awaiting Undercare Maintenance Error Correction	37	Alien Eligibility (FNP) State/Local
UMOVER	Overridden Undercare	38	Alien Eligibility (FP)
UM/SSG	Awaiting Sign-Off After Undercare Maintenance Reauthorization	39	FNP Related Parent Living Child (FP)
		40	Public Shelter Resident (FNP) 100% Local
		41	Presumptive Eligibility Prenatal A (FP)
		42	Presumptive Eligibility Prenatal B (FP)
		43	Prenatal Care (FP)
		44	Infant (200% FPL)(FP)
		45	Child 1-6 (133% FPL)(FP)
		47	Child Welfare (FNP) 100% Local
		48	Child Continuous Coverage (FP)
		49	Expanded-Continuous Coverage
		50	SSI Aged (FP)
		51	SSI Blind (FP)
		52	SSI Disabled (FP)
		53	SSI Pend Aged (FP)
		54	SSI Pend Blind (FP)

NOTE: The Pending Data Status Codes have been listed in alphabetic mnemonic order. Pending Data Status Code would always appear as mnemonics on the WMS Inquiry Screens.

WMS SYSTEM-GENERATED CODES**RECIPIENT AID CATEGORY CODE (MA) (cont'd)**

- 55 SSI Pend Disabled (FP)
- 56 Family Planning Coverage (FP)
- 57 Poverty Level Infant (FP)
- 58 Infant - Continuous Coverage (200% FPL)(FP)
- 59 CAP/MA Guarantee (FNP) State/Local
- 60 Safety Net - Aged (FP)
- 61 Safety Net - Blind (FP)
- 62 Safety Net - Disabled (FP)
- 63 Safety Net - (FP)
- 66 Emergency Shelter (FP)
- 67 Safety Net w/deprivation (FP)
- 68 FHP Singles/Childless Couples (FP)
- 69 FHP Parents/19-20 years olds (FP)
- 70 FHP Pregnant Woman 100% FPL (FP)
- 71 Child 6-18 100-133% FPL (FP)
- 72 FHP Pregnant Woman 200% FPL (FP)
- 74 Presumptive Eligibility - Healthy Women Partnership
(Under 65)
- 75 Presumptive Eligibility - Healthy Women Partnership
(65 +Over)
- 76 Legal Alien (FNP)
- 77 Presumptive Eligibility - Healthy Women Partnership - Male
(FNP)
- 78 LIF/SN/TL - Cash (FP)
- 79 LIF/SN/TL - NC (FP)
- 81 Child-Continuous Coverage 6-18 (100-133% FPL)
- 82 Medicaid Buy-In - Disabled Basic Group
- 83 Medicaid Buy-In - Medically Improved

MISCELLANEOUS PA, MA, FS CODES**RESOURCE LINE NUMBERS**

01-20 Line Number of Individual in Case with Resources
 88 Alien Sponsor has Resource

RESOURCE CODES**PA RESOURCE CODES****CODE DEFINITION**

01 Cash on Hand
 02 Bank Account
 03 Stocks, Bonds, Securities
 04 Promissory Notes
 05 Mortgages
 06 Trust Fund
 09 Burial Reserve
 22 Vehicle
 86 Income Tax Refunds
 87 Non-Exempt Real Property
 88 Cash Value of Life Insurance
 99 Other Resources

FS RESOURCE CODES**CODE DEFINITION**

01 Cash on Hand
 02 Bank Accounts
 03 Stocks, Bonds, Securities
 06 Trust Fund
 22 Vehicle
 87 Non-Exempt Real Property
 99 Other Resources

OVERRIDE REASON CODES (PA, MA, FS)

01 Pending Fair Hearing – Aid to Continue (PA & MA Only)
 02 Fair Hearing Decision
 03 Court Decision
 04 Department Policy Change
 05 Administrative Reason
 06 Non-Reimbursable Care, Payment for Services