

TRANSACTION TYPE CODES – TRANS. TYPE - (PA, MA, FS, HEAP) INITIAL CASE ENTRY 02 Opening 03 Denial UNDERCARE ENTRY 05 Change 06 Recertification/Reauthorization 07 Closing 08 Recertification/Closing 11 Reactivation 14 Closed Case Maintenance	PA/FS CODES - (PA) (cont'd) 04 Do Not Authorize - Non-PA Person in Household 05 FS Authorization Determination Pending 06 PA/FS Issuance To Be Handled in Co-Op Case 07 Closed - PA Case But Continue FS 08 Closed - Both PA and FS Cases 09 Closed - FS Case 10 Recert-Close PA/Deny FS 70 Deny PA/Continue FS 71 Deny PA/Continue FS w/Expedited FS 80 Deny PA/Recert - Close FS 81 Deny PA/Recert - Close FS w/Expedited FS (See Pages 30 - 32 for PA/FS Indicator Codes by Transaction) 90 Deny PA/Close FS 91 Deny PA/Close FS w/Expedited FS
PA REASON CODES - REASON CODE - (See PA Reason Code Cards Section)	CASE TYPE CODES - CASE TYPE-(PA, MA, FS, HEAP) 11 Family Assistance (FA) 12 Safety Net Non-Cash Assistance (SN-FP) 13 Aid to Dependent Children - Foster-Care (ADC-FC) 16 Safety Net Cash Assistance (SN-CSH) 17 Safety Net Non-Cash Assistance (SN-FNP) 18 Emergency Assistance for Adults (EAA) 19 Emergency Assistance to Families (EAF) 20 Medical Assistance (MA) 21 Medicaid Presumptive Eligibility 22 Medical Assistance - Supplemental Security Income (MA-SSI) 24 Family Health Plus (FHP) 31 Non-Public Assistance Food Stamps (NPA-FS) 32 Public Assistance and Non-Public Assistance Mixed Household (FS-MIX) 60 Home Energy Assistance Program (HEAP)
MA REASON CODES - REASON CODE - (See MA Case Reason Code Cards Section)	FS REASON CODES - REASON CODE - (See FS Case Reason Code Cards Section)
SAFETY NET INDICATOR - SafeNet - (CT = 17 Only) A Substance Abuse S Safety Net Limit C Cash Limit (Auth From Date must be > 12/01/01)	NOTICE INDICATOR - CLIENT NOTICE: IND. A Adequate N No Notice T Timely
LANGUAGE INDICATOR - LANGUAGE E English S Spanish	HEALTH INSURANCE INDICATOR (HII) (CT 20, 24) 0 No Employer Health Insurance within the past 6 months 1 Insured person no longer works for employer 2 Employer stopped offering health insurance 3 Employer ceased coverage for children 4 Cost of health insurance is no longer affordable 5 CHP/FHP costs less than employer health insurance 6 CHP/FHP offers better benefits than employer health insurance 9 Information not available
RESOURCE VERIFICATION INDICATOR (RVI) 1 Resources Verified for 36 Months 2 Resources Verified (only) for current month 3 Resources not verified 4 Transfer of resources 9 Exempt from resource verification	FISCAL DISTRICT CODES - FISCAL - (PA, MA) (Use Only as Authorized) 01 Albany 02 Allegany 03 Broome 04 Cattaraugus 05 Cayuga 06 Chautauqua 07 Chemung 08 Chenango 09 Clinton 10 Columbia 11 Cortland 12 Delaware 13 Dutchess 14 Erie 15 Essex 16 Franklin 17 Fulton 18 Genesee 19 Greene 20 Hamilton 21 Herkimer 22 Jefferson 23 Lewis 24 Livingston 25 Madison 26 Monroe 27 Montgomery 28 Nassau 29 Niagara 30 Oneida 31 Onondaga 32 Ontario 33 Orange 34 Orleans 35 Oswego 36 Otsego 37 Putnam 38 Rensselaer 39 Rockland 40 St. Lawrence 41 Saratoga 42 Schenectady 43 Schoharie 44 Schuyler 45 Seneca 46 Steuben 47 Suffolk 48 Sullivan 49 Tioga 50 Tompkins 51 Ulster 52 Warren 53 Washington 54 Wayne 55 Westchester 56 Wyoming 57 Yates 66 New York City 77 Other State or Territory 97 Office of Mental Health 98 Office of Mental Retardation & Developmental Disability
RACIAL ETHNIC CODES - Race (For each code, enter [Y] Yes or [N] No. For MA Only cases [CT 20], enter Y, N or [U] Unknown) (PA, MA, FS, HEAP) ETHNICITY H Hispanic or Latino RACE I American Indian or Alaskan Native A Asian B Black or African American P Native Hawaiian or Other Pacific Islander W White	PA/FS CODES - (PA) 01 Authorized for PA-FS 02 Do Not Authorize - Declined to Participate for Food Stamps 03 Do Not Authorize - Denied Food Stamps

**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
- P Pending 45th Day from Application
- X IV-D Case to be Excluded From IV-D Monthly Mass
Authorization (PA)

SPECIAL PROGRAM CODE - Sp - Code

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

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

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

MA EXTENSION REASON CODES

(See MA Reason Codes 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>CLOSING (07)/RECERTIFICATION CLOSING (08) (FOR EAF CASES ONLY)</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>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
CLOSINGS ONLY 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 ALL TRANSACTIONS (Except Reactivation) 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
R50	TA Work Requirements Determination (CNS Only)	02, 10

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

FAILURE TO PROVIDE VERIFICATION

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

1**INCOME RELATED**

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

RESOURCES

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

LIVING ARRANGEMENTS

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

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

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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

1**OTHER**

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

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OTHER (Cont'd)

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

PERIODIC REPORTING

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

PA RECOUPMENTS **

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

1**PA RESTORED BENEFITS ****

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

FAILURE TO RECERTIFY

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

HEAP ONLY (CT 60)

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

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** (CNS Only)

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60 MONTH TIME LIMIT

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

FILL INFORMATION
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Q - X EXTENSIVE FILL

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

CHANGES

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

RECERTIFICATIONS

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

PRORATION **

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

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RESTRICTIONS **

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

RECOUPMENTS **

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

RESTORED BENEFITS **

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

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

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

OTHER

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

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

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

** (CNS Only)

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

HEAP APPROVAL NOTICES FOR PA AND HEAP

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

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A20 PA Case Opened: TA Determination Pending	M48 Parent's Offer of a Home - Minor Not Pregnant or Parenting (CT 16, 17)
A30 PA Approval: Same Deficit Each Month (1 Budget Stored)	M62 Moved Out of District
A31 PA Approval: Two Budgets Stored with Different Effective Dates	M63 Will Move Out of State
A32 PA Approval: First Month Prorated	M66 Receiving PA In Another Case
A36 PA Approval: First Period Denied - Eligible in Succeeding Months with Same Deficit	M67 Part of Another PA Application
B20 New Budget Authorized	M68 Added to Another Case
B22 New Budget Authorized - Neg. Action - CW/QR	M88 Failure to Comply with Finger Imaging Requirement - Legally Responsible Relative (HH > 1)
B50 Category Change Only	M90 Client Request - Written - PA and MA
B60 Recertification	M91 Client Request - Verbal - PA and MA
B61 Recertification - Timely Requirement Waived	M92 Client Request - Written - Earned Income
B62 Late Recertification (w/o Good Cause)	M93 Client Request - Verbal - Earned Income
B89 Removal of SSI Proration	M94 Client Request - Written - PA Only
B90 SSI Proration	M95 Client Request - Verbal - PA Only
E10 Failure to Keep/Complete Interview: No Scheduled Appt.	N10 Failure to Keep/Complete Appointment
E30 Excess Income (No TMA)	N13 Failure to Use/Apply for Benefit/Resource
E31 Excess Income - Increased Earnings - TMA Eligible	N14 Filing Unit Member Failed to Apply
E32 Excess Income - Increased Support Collection - MA Ext.	N15 Failure to Keep Appointment - EVR/FEDS Home Visit
E34 Excess Income - Receipt of SSI Single Individual	N16 Failure to Contact Agency
E38 Excess Income - Lump Sum	N17 Failure to Complete Eligibility Process
E39 Excess Income - COLA	N19 Failure to Comply with Requirement to Look for Work
E40 Excess Income - Budgeting Error	N21 Failure to Keep Employment Assessment Appointment
E50 Failure to Return Periodic Report	N53 Failure to Complete Periodic Report - Partial Proof
E51 Failure to Complete Periodic Report - Questions	P30 Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search
E52 Failure to Complete Periodic Report - Signature/Date	P31 Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Employment Assessment
E53 Failure to Complete Periodic Report - Proof of Income	P32 Close FA/Deny SNA - Refusal to Take a Job
E54 Failure to Complete Periodic Report - Dated Early	R15 Restriction(s) Begins, Ends or is Denied
E60 Unable to Locate	R20 Recoupment Begins
E61 Not a Resident of District (Denial)	R30 Recoupment Pending
E63 Not a Resident of State (Denial)	R40 Recoupment - Closing & Closed Cases
E64 Moved out of District Before Determination	R50 TA Work Requirements Determination
E66 Not a Resident of State (Closing)	U40 Excess Resources
F11 Failure to Access PA Benefits	U41 Transfer of Resources (CT 12, 16, 17)
F19 Refusal to Cooperate with Quality Control	U42 Excess Resources - Refused to Sell Property
F33 Excess Income - Deemed Income of Alien Sponsor (CT 11)	U43 Excess Resources - End of 6 Month Period
F34 Excess Income - Section 8 - Lower Standard of Need	U44 Excess Resources - Deemed Resources of Alien Sponsor (CT 11)
F36 Responsibility of Former District	UI6 Excess Resources - No Elderly Individual Present
F38 Excess Income - Lump Sum (No MA Ext.)	V20 Failure to Provide Verification
F52 Failure to Provide Information - Federal Reporting	V21 Failure to Provide Verification (Denial)
F53 Refusal by Parent to Apply for Child (CT 11, 12 Only)	V22 Failure to Provide Verification - Mail-In Recert
F81 Refused Photo ID - Single Individual	V23 Failure to Provide Verification - Parent/Spouse
F98 Client Requests Child Care in Lieu of TA (CT 11, 12, 16, 17)	V24 Failure to Provide Verification - Step/Grandparent
G30 Close FA Due to 60 Month Limit/No SNA Application Filed	V25 Failure to Provide Verification - Filing Unit
G31 Close FA Due to 60 Month Limit/Deny SNA - Separate SNA Notice Required	W10 Failure to Keep Investigatory Appointment
G32 Close FA Due to 60 Month Limit/Deny SNA - Refusal to Sign Repayment Agreement/Earnings Assignment	W11 Failure to Keep Appointment for DSS Medical Assessment
G33 Close FA Due to 60 Month Limit/Deny SNA - Refusal to Apply for Child	X01 Issue Underpayment Adjustment
G61 Not a Resident of District - Opened in Error	X02 Underpayment Entirely Offset by Overpayment
I92 No Eligible Individual (Indiv. R/C Required)	X03 Underpayment Partially Offset by Overpayment
K65 Excess Support (Worker Authorized) - Closed Case	X04 Grant Reviewed - No Adjustment Needed
L65 Excess Support (Worker Authorized) - Active Case	Y20 PA Benefit Not Changed (No New Budget)
L92 Restart Previously Notified Recoupment	Y22 Case Demographic Change Only
L99 PA Overpayment Balance Statement	Y35 Suppress Print of LDSS-3209 (Authorization)
M10 Failure to Recertify - On	Y95 Application for Emergency Assistance Only
M11 Failure to Recertify - By	Y98 Other - Manual Notice Required - (No MA Extension/E)
M12 Failure to Return Mail-In Recert	Y99 Other - Manual Notice Required (1 Month MA Extension)
M15 Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 16, 17)	002 Loss of or Reduction in Earnings Due to Illness, Injury, or Other Impairment of Recipient (CT 16, 17, 19)
M24 Failure to Resolve a Computer Match	005 Loss of or Reduction in Earnings Due to Lay-off, Discharge, or Other Reason (CT 16, 17, 19)
M25 Failure to Respond to a Computer Match Call-In	010 Illness, Injury, or Other Impairment of Father (CT 11, 12)
M35 Lump Sum - No Good Reason Provided	011 Illness, Injury, or Other Impairment of Mother (CT 11, 12)
M37 Lump Sum - Shortened Ineligibility Period	

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

903 CIN Unduplication (Data-entered)
 960 Change of Address (No Change to Benefits)
 965 Authorize IV-D, HEAP or Other Supportive Payment
 966 Other Clockdown Closing Change
 978 Transferred from FA, SN-FP to CAP
 984 Transferred from CAP
 991 Fair Hearing - Aid to Continue
 992 Court Order to Enjoin Closing
 993 Closed in Error
 994 Cancel Closing

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HEAP ONLY (TT = 03, 05, 07)

F01 HEAP Excess Income (HEAP Only)
 F02 HEAP Previously Applied for/Automatic Payment Received (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)
 G71 Refusal to Switch to a Participating Vendor (Oil Project Districts Only)
 G72 Failure to Provide Documentation of Switch to a Participating Vendor (Oil Project Districts Only)
 G73 Resources Available to Meet an Emergency
 G74 Ineligible to Apply through the Mail
 M03 Ineligible Living Situation for HEAP
 M04 HEAP Emergency Denial (HEAP Only)
 M06 Insufficient Information (HEAP Only)

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

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

WMSDATA-ENTERED CODES

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

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WMSDATA-ENTERED CODES

OPENING (02)/REOPENING (10) (Cont'd)	
S20 Excess Income & Resources, Resource Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance or Over 65# (AF)	<i>Waiver Recipient</i> V56 Spousal - Waiver Recipient, Income/Resource Contribution V57 Spousal - Waiver Recipient, Income Contribution Only V58 Spousal - Waiver Recipient, Resource Contribution Only V59 Spousal - Waiver Recipient, No Liability Toward Cost of Care
S20 Excess Inc. & Res., FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance or Over 65, Resources and 6 Month Spenddown Met, # (AG)	INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE - PREVIOUSLY PRIVATE PAY
S20 Child 1-5 at 133% Excess Income - Spenddown Met (BA)	<i>Income Only</i> V64 Individual - Income Contribution Only
S20 Child 1-5 at 133% Excess Income - 6 Mo. Spenddown Met (BC)	V65 Spousal - Income Contribution Only
S20 Child 1-5 at 133% Excess Income/Resources - Both Met (BE)	<i>Income/Resource</i> V66 Spousal - Income and Resource Contribution
S20 Child 1-5 at 133% Excess Income/Resources - Resources and 6 month Spenddown Met (BG)	V67 Individual - Income and Resource Contribution
S20 Child 6-18, Over 100%, Exc. Inc., Spenddown Met (CA)	<i>No Liability</i> V72 Individual - No Liability Toward Cost of Care
S20 Child 6-18, Over 100%, Exc. Inc., 6 Mo. Spenddown Met (CC)	V73 Spousal - No Liability Toward Cost of Care
S20 Child 6-18, Over 100%, Excess Income & Resources, Both Met (CE)	<i>Resource Only</i> V74 Spousal - Resource Contribution
S20 Child 6-18, Over 100%, Excess Income and Resources, Resources and 6 Month Spenddown Met # (CG)	V75 Individual - Resource Contribution
<i>Aliens</i>	<i>Waiver Recipient</i>
C22 Non-Immigrant/Undocumented Immigrant, Emer. Coverage Only	V68 Spousal - Previously Waiver Recipient, Income & Resource Contribution
S77 Non-Immigrant/Undocu. Immigrant, Emerg., Excess Income, 6 Mo. Spenddown Met	V69 Spousal - Previously Waiver Recipient, Income Contribution
S78 Non-Immigrant/Undocumented Immigrant, Emergency, Excess Resources, Spenddown Met	V70 Spousal - Previously Waiver Recipient, Resource Contribution
S79 Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income & Resources, Either Both Met or Resource and 6 Month Spenddown Met	V71 Spousal - Previously Waiver Recipient, No Liability Toward Cost of Care
<i>Transfers</i>	* Code Allowed for Open/Close Transaction, Also Allowed as an Opening/Reopening Code.
S68 Accept Limited Coverage Due to Transfer, Indiv. in Comm. Exc. Inc., Spenddown Not Met	** Where Noted, Reason Code is Also Valid for Case Type 22.
S69 Accept Limited Coverage Due to Transfer, Indiv. in Comm., No Excess	
S70 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer, No Excess	
S71 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Exc. Inc., Spenddown Met	
S72 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer 6-Mo. Exc. Inc. & Res., Spenddown Met	
S73 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., Spenddown Met	
S74 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., 6 Month Spenddown Met	
S75 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Exc. Res., Spenddown Met	
S76 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Res., Spenddown Met	
INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE	
<i>Income Only</i>	DENIALS (03)
V52 Individual - Income Contribution Only	FAILURE TO PROVIDE VERIFICATION
V53 Spousal - Income Contribution Only	E80 Failure to Provide Required Information about Non-Applying LRR, Inc. &/or Res.
<i>Income/Resource</i>	F24 Failure to Provide Req. Info. about Income of Non-Applying LRR
V54 Spousal - Income & Resource Contribution	U20 Verification of Factors Which Affect Eligibility, did not State Unable to get Information
V55 Individual - Income & Resource Contribution	U21 Verification of Factors Which Affect Eligibility, Unable to Get Info., But Not a Good Reason
<i>No Liability</i>	FAILURE TO CHOOSE A HEALTH PLAN FOR FHP
V60 Individual - No Liability Toward Cost of Care	X45 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP
V61 Spousal - No Liability Toward Cost of Care	X46 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC
<i>Resource Only</i>	X47 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent
V62 Spousal - Resource Contribution Only	EXCESS INCOME /RESOURCES(S/CC, FNP Parent)
V63 Individual - Resource Contribution Only	U35 Deny MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC
	U49 Deny MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent
	EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)
	E55 Child 1-5, Excess Income
	E56 Child 1-5, Excess Income & Excess Resources
	E59 Pregnant Woman. Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown
	E67 Child Up to Age One, Excess Inc. (Mother Did Not Receive MA in Any Month of Her Pregnancy)

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WMSDATA-ENTERED CODES

DENIALS (03) (Cont'd)		HEALTH INSURANCE
S88	Child 6-18, Deny MA Due to Exc Inc or Inc and Res, FPBP Ineligible Due to Exc Inc, Eligible but Declines, or Age Ineligible	E81 Deny QI-1 Annual Fund Exhausted
U32	Excess Income	U80 Qualified Individual (QI-1), Over Income or Other
U34	Deny MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP	X50 Deny Payment of COBRA Continuation of Group Health Insurance Premiums
U40	Excess Resources	X52 Medicare Buy-In Program, QMB Ineligible
U51	Transfer of Assets, Institutionalized Individ., Exc. Res., Spenddown Not Met	X53 Medicare Buy-In Program, SLIMB Ineligible
U52	Transfer of Assets, Institutionalized Individual, Exc. Inc. and Res., Spenddown Not Met	MBI-WPD
U54	Transfer of Assets, Institutionalized Individ. Exc. Inc., Spenddown Not Met	B43 Deny MBI-WPD, Not a Resident of State
U59	Excess Income and Resources	B44 Deny MBI-WPD, Failed to Provide a Medical Statement
V85	FPBP Ineligible Due to Excess Income, No Application for MA/FHP	B45 Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination
X10	Excess Income, Inpatient Hospital Bill, Does Not Meet 6 Month Excess	B46 Deny MBI-WPD, Death Before Determination, No Medical Bills in Retro Period
EQUIVALENT HEALTH INSURANCE		U19 Deny MBI-WPD, Excess Income and/or Resources
V32	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent	U47 Deny MBI-WPD Less than 16 or Over 65 Years
V33	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC	U60 Deny MBI-WPD, Not Currently Working, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance
V34	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP	U62 Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, FP
LIVING ARRANGEMENT		U64 Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, S/CC
E60	Unable to Locate	U70 Deny MBI-WPD, Failure to Submit Proof of Work, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance
E61	Not a Resident of District	ALIENS
E62	Between 21-65, In a Psychiatric Institution	E06 Deny MA/FHP, Non-Immigrant/Undocumented Immigrant, No Medical Emergency
E63	Not a State Resident	U63 Deny, Non-Qualified Alien, Emergency Medical Condition, Excess Income and/or Resources, FP
E79	MA Not Provided in Current Living Arrangement	U73 Deny, Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC
U79	Concurrent Benefits, Intra or Inter-State	OTHER
U84	Concurrent Benefits, AFIS Match, Intra-State or Inter-State	E18 Death Before Determination, No Medical Bills in Retro Period
BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21)		E19 Death Before Determination, Insuff. Info. To Make a Deter.
B70	Deny BCCTP - Not in Need of Treatment	H15 Client Request
B71	Deny BCCTP - Not a Resident of State	U66 Currently in Receipt of Assistance
B72	Deny BCCTP - Other Health Insurance	Y99 Other (Manual Notice Required)
V81	Deny BCCTP - Failed to Complete the Eligibility Process	NO ELIGIBLE INDIVIDUAL
OTHER FAILURES		I94 Used as Case Reason Code When All Case Members have an Indiv. Reason Code
E09	Photo ID Refusal	
F12	Failure to Apply for SSA	
F14	Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program	
F21	Failure to Comply with Finger Imaging Requirements	
F27	Failure to Complete Interview	
F40	Failure to Enroll in a Group Health Plan through Employer	
H16	Failed to Provide Medical Statement to Determine Disability/Incapacity, FNP or S/CC	
U71	Failure to Comply with Alcohol/Substance Abuse Requirements	
V10	Failure to Appear for Interview Appt. w/Agency	
V13	Failure to Utilize Benefits and/or Resources	
V14	Failure to Complete the Declaration of Citizenship/Immigration Status	
V17	Incorrect or Fraudulent Social Security Number	
V30	Failure to Comply with IV-D Requirements	
V31	Failure to Provide Social Security Number	
X23	Failed to Provide Amount of Resources at Renewal	
SPOUSAL IMPOVERISHMENT		
H10	Failure to Provide Resource Information, No Undue Hardship	
H11	Failure to Provide Resource Information, Undue Hardship	
X13	Excess Resources for Institutionalized Spouse	
		UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06)
		MA ONLY U/M CODES
		088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Employment
		089 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Loss of 30 + 1/3 or the 30 Dollar Disregard
		092 SSI Recipient Not Yet on SDX-Determined Eligible for MA-SSI
		093 SSI New Opening on SDX-Determined Eligible for MA-SSI
		094 Medical Need-No Recent Change in Financial Circumstances
		U/MACTION WITH NO CHANGE IN BENEFITS
		903 CIN Unduplication (TT 05 Only) (Data-entered)
		Y61 No Longer IV-E Eligible
		FAILURE TO RECERTIFY
		F10 Discontinue MA/FHP Failed to Return Renewal Form
		F13 Discontinue Mother, MA/FHP Failed to Return Renewal Form, 60 Days Post-Partum, Infant Continues
		U14 Disc. FPBP, Failure to Return Renewal Form

WMS DATA-ENTERED CODES

UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd)	
FAILURE TO PROVIDE VERIFICATION	U87 Spenddown to Family Health Plus, Chose a Plan
E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.	U90 Turning 19, MA to FHP Due to Exc Inc and/or Res, Chose a Plan
F24 Failure to Provide Required Info. About Income of Non-Applying LRR	U95 Turning 65, FHP to MA with Exc Inc, Spenddown Not Met V76 Over 19, MA to FPBP Due to Exc Inc, FHP Ineligible Due to Equivalent Insurance or Public Employee
S64 All Covered Care and Services to Community Coverage with no LTC Due to Failure to Provide Documentation of Resources, No Spenddown	V78 Over 19, MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, 60 Days Post-Partum, Infant Continues
S65 Continue MA Unchanged (Limited Benefit Pkg. Due to Resource Documentation)	V79 FHP to FPBP Due to Exc Inc and/or Res or Equivalent Ins. V80 FHP to MA with Spenddown, Over Gross Inc, Chose Spenddown, or Equivalent Insurance, Spenddown Not Met, Under 65
U20 Discontinue MA/FHP/FPBP, Verification of Factors which Affect Eligibility, Did Not State Unable to Get Info.	V84 Over 19, Inelig. for Family Planning due to Exc. Income.
U21 Discontinue MA/FHP/FPBP, Verification of Factors which Affect Eligibility, Unable to Get Info, But Not a Good Reason	V86 FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, FP
V17 Incorrect or Fraudulent Social Security Number	V87 FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, S/CC
X42 Disc. MA/FHP, Failed to Choose a Health Plan for FHP, FP	V88 Family Planning to MA, S/CC
X43 Disc. MA/FHP, Failed to Choose a Health Plan for FHP, S/CC	V89 Family Planning to MA, FP
X44 Disc. MA/FHP, Failed to Choose a Health Plan for FHP, FNP Parent	V90 Discontinue Family Planning, Eligible for FHP but Failed to Choose a Health Plan
EXCESS INCOME (S/CC, FNP Parent)	V93 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FNP Parent
U57 Discontinue MA/FHP due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC	V94 Discontinue FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
U86 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, S/CC	V95 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FP
U89 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FNP Parent	X76 Decrease in Excess Income Amount
V77 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, S/CC	X77 Decrease in Excess Income Due to COLA
X48 Disc. MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent	X80 MA to Spenddown Due to Exc Inc, FHP Ineligible Due to Exc Inc, Chose Spenddown, or Over 65
X86 FHP to MA, S/CC	X81 MA to FHP Due to COLA, Chose a Plan
EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)	X83 Turning 65, FHP Discontinuance, Excess Income
E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months	X84 Turning 65, FHP Discontinuance, Excess Resources
F48 Child 10-18, FPBP to MA, Inc Now Below 100%	X85 Turning 65, FHP Discontinuance, Exc. Inc. and Resources
F82 Child 10-18, MA to FPBP	X88 FHP to MA, FNP Parent, FP
F83 Child 10-18, MA to FPBP Due to Exc Inc, 60 Days Post-Partum	INCOME/RESOURCE RELATED POST-PARTUM
S07 MA Level to Exc. Inc. Due to COLA	S11 200% to 100% or MA Lev. During Pregnancy or 60 Day Post-Partum
S08 Increase in Exc. Inc. Due to COLA	S25 Disc. Mother , Continue Infant, 60 Days Post-Partum, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines
S10 Change in Figures Used to Calculate Excess Inc. Amt.	S27 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, Continue Infant, Chose a Plan
S19 Continue Exc. Resources - Spenddown Met (BAE)	S31 MA to Excess Income, Spenddown not Met - After 60 Days Post-partum - Not FHP Eligible
S19 Increase in Excess Income Amount (AAK)	U25 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, S/CC
S28 Spenddown to At or Below MA Level	U26 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, FP
U32 Excess Income	X15 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, 60 Days Post-Partum, No Infant, FP
U33 Turning 19, Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible due to Exc Inc or Eligible but Declines	X17 Discontinue Mother, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, 60 Days Post-Partum, No Infant, S/CC
U40 Excess Resources	INCOME/RESOURCE RELATED - EXPANDED
U54 Transfer of Assets, Institutionalized Individual, Excess Income, Spenddown Not Met	E23 Child 1-19, Spenddown to Full Coverage
U55 Transfer of Assets, Institutionalized Individual, Excess Resources, Spenddown Not Met	E44 Child Turning 6, Excess Income
U56 Transfer of Assets, Institutionalized Individual, Excess Income and Resources, Spenddown Not Met	E45 Child Turning 6, Excess Income/Resources
U58 Discontinue MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP	E49 Child Turning 1, Discontinue MA Due to Exc Inc, Spenddown Not Met
U59 Excess Income and Resources	
U75 No Change in Excess Income Amount	
U85 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FP	

WMSDATA-ENTERED CODES

UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd)	HEALTH INSURANCE(Cont'd)
INCOME/RESOURCE RELATED - EXPANDED(Cont'd)	
E55 Child 1-5, Discontinue MA Due to Exc Inc	X14 No Longer Elig. For MA Payment of AHIP Premiums
E56 Child 1-5, Discontinue MA Due to Exc Inc and Res	X50 Discontinue Payment of COBRA Continuation GHIP
E68 Child Turning 1 Year, Exc. Inc. and Res.	X51 Discontinue Payment of COBRA Continuation Group
S19 Child Turning 1 at 200% Over 133% and MA Lev., Exc.	Health Insurance Premiums. Prior Conditional Acceptance.
Inc., Spenddown Not Met (ECB)	X52 Medicare Buy-In Program, QMB
S19 Child 1-5, at 133%, Exc. Inc. Spenddown Not Met(FAB)	X53 Medicare Buy-In Program, SLIMB
S19 Child Turning 6, Over 100%, MA to Excess Inc., Spenddown	X70 Discontinue QI-1, Over Income
Not Met (FDB)	MBI-WPD
S19 Child 6-18, MA to Spenddown, Excess Inc., Spenddown Not	B42 Discontinue MBI-WPD, Client Request
Met (GAB)	B43 Discontinue MBI-WPD, Not a State Resident
U91 Child 6-18 Discontinue MA Due to Excess Income and/or	U11 MBI-WPD to Excess Income, Spenddown Not Met,
Resources, FPBP Ineligible Due to Excess Income, Eligible	Turning 65
but Declines or Age Ineligible	U12 MBI-WPD to Excess Income, Spenddown Not Met
EQUIVALENT HEALTH INSURANCE	U17 MBI-WPD to MA, Full Coverage
V35 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible	U18 Discontinue MBI-WPD, Due to Excess Income and/or
Due to Equivalent Insurance or Public Employee, FNP Parent	Resources, MA Ineligible Due to Excess Income and/or
V36 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible	Resources, FHP Ineligible Due to Excess Income or Equiva
Due to Equivalent Insurance or Public Employee, S/CC	lent Insurance
V37 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible	U27 Discontinue MBI-WPD, Turning 65, Excess Resource,
Due to Equivalent Insurance or Public Employee, FP	Spenddown Not Met
LIVING ARRANGEMENT	U28 Discontinue MBI-WPD, No Longer Working, Excess
E60 Unable to Locate	Resource Spenddown Not Met, FHP Ineligible or Equivalent
E61 Not a Resident of District	Insurance
E62 Between 21-65, in a Psychiatric Institution	U29 MBI-WPD to MA, No Longer Working, Excess Income,
E63 Not a State Resident	Spenddown not Met, FHP Chose Spenddown or Equivalent
E79 MA Not Provided in Current Living Arrangement	Insurance
E85 Moved Out of Household, No Forwarding Address	U30 MBI-WPD to SD, Non-Financial Reasons, SD Not Met
U65 Not a Resident of District (MA Ext.)	U46 Discontinue MBI-WPD, Currently in Receipt of Assistance
U77 Concurrent Benefits, Intra-State – No Aid Continuing	U50 MA to MBI-WPD, Client Request
U78 Concurrent Benefits, Inter-State – Aid Continuing	U53 Spenddown to MBI-WPD Due to Excess Income and/or
BREAST & CERVICAL CANCER TREATMENT PROGRAM	Resources, MA Ineligible Due to Excess Income and/or
(BCCTP) (District 99 Only) (Case Types 20 & 21)	Resources, FHP Ineligible Due to Excess Income or Equiva
B78 Continue MA/BCCTP Unchanged	lent Insurance
U24 Spenddown to BCCTP	ALIEN
V83 BCCTP to Regular MA	C14 Discontinue MA Non-Immigrant/Undocumented Immigrant
OTHER FAILURES	Post-Partum, No Infant
E09 Disc., Photo ID Refusal	E02 Discontinue MA Non-Immigrant/Undocumented Immigrant,
F12 Failure to Apply for SSA	End of Medical Emergency
F21 Failure to Comply with Finger Imaging Requirements	E03 Discontinue MA Non-Immigrant/Undocumented Immigrant
F40 Failure to Enroll in a Group Health Plan	Post-Partum, Infant Continues
U71 Failure to Comply with Alcohol/Substance Abuse Require	TRANSFER
ments	S02 Transfer by Instit. Individ. Reduce from Full to Limited Cov.
V13 Failure to Utilize Benefits	S05 Change in Transfer Period - Instit. Individ.
V30 Failure to Comply with IV-D Requirements	S09 Instit. Individ. - Transfer - MA Lev. To Limt Cov. & Exc.
V31 Failure to Provide Social Security Number	Inc. - Spenddown Met
V38 Failure to Contact Agency	SHORT TERM REHABILITATION
TRANSITIONAL MEDICAL ASSISTANCE (TMA)	S33 Accept, Short Term Rehabilitative Nursing Home Care
C01 TMA All Reports, Did Not Send Requested Info.	(Undercare Only)
C02 TMA No Earnings in 1 or More of 3 Prev. Months	S34 Deny, Short Term Rehabilitative Nursing Home Care
C03 TMA Income Over 185%	(Undercare Only)
C04 TMA End 12 Mo. - Send in 10 th Month	INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC
E08 MA to TMA - 1 st 6 Months	CARE
H32 TMA Discontinuance, Receiving PA, MA Cont.	V52 Individual - Income Contribution Only
S01 TMA did not Return Quarterly Report	V53 Spousal - Income Contribution Only
HEALTH INSURANCE	V54 Spousal - Income/Resource Contribution
C08 COBRA Continuation	V55 Individual - Income/Resource Contribution
C09 QMB Continue Payment for Medicare	V56 Spousal - Waiver Recipient Income/Resource Contribution
C10 SLIMB Continue Payment for Medicare	V57 Spousal - Waiver Recipient Income Contribution Only
E81 Discontinue QI-1 Coverage, Annual Fund Exhausted	V58 Spousal - Waiver Recipient Resource Contribution Only
S17 Change from SLIMB to QMB Coverage	V59 Spousal - Waiver Recipient No Liability Toward Cost
S18 Change from QMB to SLIMB Coverage	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)	USED WITH INDIVIDUAL REASON CODE(S)
RECALCULATION OF CONTRIBUTION TOWARD CHRONIC CARE	I89 Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code
V11 Recalculation of Contribution Toward Chronic Care-Single-COLA	INFORMATIONAL LETTERS
V12 Recalculation of Contribution Toward Chronic Care-Spousal - COLA	I90 Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 through T02
V40 Spousal - Income Contribution Only	SPENDDOWN MET
V41 Individual - Income Contribution Only	T01 Spenddown Met - Bills/Receipts or Combination Bills/Receipts and Pay-In
V42 Individual - Resource Contribution Only	T02 Spenddown Met - Pay-In Only
V43 Spousal - Resource Contribution Only	MA TO FHP, MUST CHOOSE A PLAN
V44 Spousal - Income Contribution Remains The Same	T03 MA to FHP, Must Choose Plan, FNP, S/CC
V45 Individual - Income Contribution Remains The Same	T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP
V46 Spousal - Income/Resource Contribution	T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan
V47 Individual - Income/Resource Contribution	SOCIAL SECURITY INFORMATIONAL LETTERS
V48 Spousal - No Liability Toward Cost of Care	T06 SSN Failed Verification/Validation (Active Case)
V49 Individual - No Liability Toward Cost of Care	T07 SSN Failed Verification/Validation (Application)
V50 Individual - Exc. Res./Inc. Contribution Remains the Same	FAMILY PLANNING TO FHP, MUST CHOOSE A PLAN
V51 Spousal - Exc. Res./Inc. Contribution Remains the Same	T09 Family Planning to Family Health Plus, FP, Must Choose a Plan
PAY-IN	T10 Family Planning to Family Health Plus, S/CC, Must Choose a Plan
S15 Pay-In Credit Due to Uncovered Expenses	MBI-WPD to MA
S16 Pay-In Refund Due to Uncovered Expenses	T11 MBI-WPD to MA, Turning 65
CONTINUOUS COVERAGE	T12 MBI-WPD to MA, No Longer Working
C17 Continuous Coverage	U29 MBI-WPD to MA Excess Income Spenddown not Met, No Longer Working
E64 Continuous Coverage - Moved Out of District	COMMUNITY COVERAGE
E65 Disc., Elig. for Continuous Coverage, Moved Out of District, Accepted in New District	C26 Community Coverage w/o LTC to Community Coverage w/Community Based LTC
NEWBORN/UNBORN	C27 Community Coverage to All Covered Care and Services
E97 Newborn Added to Case in Error	S64 All Covered Care and Services to Community Care w/No LTC Due to Failure to Provide Documentation of Resources, No Spenddown
E99 Newborn Deceased	S86 Community Coverage w/Community Based LTC to Community Coverage w/No LTC, Failed to Provide Documentation of Resources at Renewal, No Spenddown
OTHER	CLOSING (07)/RECERTIFICATION CLOSING (08)
C05 Continue MA/Family Health Plus Unchanged	FAILURE TO RECERTIFY
C06 Add Person to MA Case	F10 Discontinue MA/FHP Failed to Return Renewal Form
C07 Add Person to FHP Case	U14 Disc. FPBP, Failure to Return Renewal Form
C11 Stenson - Continue Unchanged	FAILURE TO PROVIDE VERIFICATION
C12 Add FPBP Person(s) to MA Case	E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC
C13 Infant up to Age 1 Guarantee, Continue Unchanged	F24 Failure to Provide Required Info. About Income of Non-Applying LRR
C15 Continue FPBP Unchanged	S63 Discontinue MA/FHP Failure to Provide Information to Clear Up Discrepancy
C16 Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support	U20 Discontinue MA/FHP/FPBP, Due to Verification of Factors which Affect Eligibility, Did Not State Unable to Get Info.
C20 Add Person(s) to FPBP Case	U21 Discontinue MA/FHP/FPBP, Due to Verification of Factors which Affect Eligibility, Unable to Get Info, But Not a Good Reason
E90 Client Request, MA/FHP/FPBP	V17 Incorrect or Fraudulent Social Security Number
E95 Death (Individual)	FAILED TO CHOOSE A HEALTH PLAN FOR FHP
S06 Intent to Impose Lien on Real Property - Instit. Individ.	X42 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP
S87 Continue MA Unchanged (Attestor or Current Documenter Failed to Verify)	X43 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC
U37 FHP TO MA, Pregnant, MA Eligible Chose MA	X44 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent
U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP	
U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP	
U66 Currently in Receipt of Assistance	
X23 Failed to Provide Amount of Resources at Renewal	
Y35 Suppress Printing of LDSS-3209 (Authorization) (Changes Limited to Off/Unit/Wrkr, Co-op Case #, Phone #)	
Y77 Undercare Case Maintenance	
Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Employment	
Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Loss of 30 1/3	
Y90 Discontinue - Agency/Client Error	
Y99 Other	

WMSDATA-ENTERED CODES

EXCESS INCOME (S/CC, FNP Parent)

- U57 Discontinue MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC
 U72 Excess Inc. Due to COLA, Single/Childless Couple
 X17 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, 60 Days Post-Partum, No Infant, S/CC
 X48 Discontinue MA/FHP due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent

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

- C25 Child 6-18, Previously Eligible at 133%, Now Over 100%, Referred to CHP B
 E22 Failed to Meet or Pay-In Excess Income for 3 Consec Months
 E44 Child Turning 6, Discontinue MA Due to Excess Income, Spenddown Not Met
 E45 Child Turning 6, Discontinue MA Due to Excess Income and/or Resources, Spenddown Not Met
 E47 Exc. Inc., Child Turning 6
 E48 Exc. Inc. and Res., Child Turning 6
 E49 Child Turning 1, Discontinue MA Due to Exc Inc, Spenddown Not Met
 E55 Child 1-5, Discontinue MA Due to Exc Inc
 E56 Child 1-5, Discontinue MA Due to Exc Inc and Res
 E68 Child Turning 1, Discontinue MA Due to Exc Inc and Res, Spenddown Not Met
 U32 Exc Inc
 U33 Turning 19, Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines
 U40 Exc Res
 U54 Transfer of Assets, Institutionalized Indiv., Exc. Inc.
 U55 Transfer of Assets, Institutionalized Indiv., Exc. Resources
 U56 Transfer of Assets, Institutionalized Indiv., Exc. Inc. & Res.
 U58 Discontinue MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
 U59 Exc Inc and Res
 U91 Child 6-18, Discontinue MA Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, Eligible but Declines or Age Ineligible
 V80 FHP to MA Excess Income SD Not Met, Under 65
 V94 Discontinue FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP
 X15 Discontinue Mother Excess Income or Income & Resources, Post-Partum, FHP/FPBP Ineligible, No Infant, FP
 X83 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc
 X84 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Res
 X85 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc and Res

EQUIVALENT HEALTH INSURANCE

- V35 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent
 V36 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC
 V37 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP
 V39 Discontinue FHP Due to Equivalent Insurance or Public Emp.

LIVING ARRANGEMENT

- E60 Unable to Locate
 E61 Not a Resident of District
 E62 Between 21-65, In a Psychiatric Institution
 E63 Not a State Resident
 E79 MA Not Provided in Current Living Arrangement
 E85 Moved Out of Household, No Forwarding Address

LIVING ARRANGEMENT (Cont'd)

- U65 Not a Resident of District (MA Ext.)
 U77 Concurrent Benefits, Intra-State – No Aid Continuing
 U78 Concurrent Benefits, Inter-State – Aid Continuing
BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21)
 B73 Discontinue BCCTP - Client Request
 B74 Discontinue BCCTP - Failure to Recertify
 B75 Discontinue BCCTP - Other Health Insurance
 B76 Discontinue BCCTP - Moved Out-of-State
 B77 Discontinue BCCTP - Death
 V82 Discontinue BCCTP - Treatment Ended
 V83 Discontinue BCCTP to MA

FAMILY PLANNING BENEFIT PROGRAM

- U91 Child 6-18, Discontinue MA Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, Eligible but Declines, or Age Ineligible

QUALIFIED INDIVIDUALS (QI-1)

- E81 QI-1, Annual Fund Exhausted
 X70 QI-1, Over Income

OTHER FAILURES

- E09 Photo ID Refusal
 F12 Failure to Apply for SSA
 F21 Failure to Comply with Finger Imaging Requirements
 F40 Failure to Enroll in a Group Health Plan
 U71 Failure to Comply with Alcohol/Substance Abuse Requirements
 V13 Failure to Utilize Benefits
 V30 Failure to Comply with IV-D Requirements
 V31 Failure to Provide Social Security Number
 V38 Failure to Contact Agency
 X23 Failed to Provide Amount of Resources at Renewal

SPOUSAL IMPOVERISHMENT

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

TRANSITIONAL MEDICAL ASSISTANCE (TMA)

- H30 TMA Discontinue, No Dependent Child Under 21
 H31 TMA Discontinue, Fraud
 H32 TMA Discontinue, Receiving PA, MA Continues

HEALTH INSURANCE

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

MBI-WPD

- B42 Discontinue MBI-WPD, Client Request
 B43 Discontinue MBI-WPD, Not a State Resident
 U11 MBI-WPD to Excess Income Spenddown Not Met Turning 65
 U18 Discontinue, Not MBI-WPD Eligible, Excess Income and/or Resources, Not MA Eligible Excess Income & Resources, Not FHP Eligible Excess Income or Equivalent Insurance
 U27 Discontinue MBI-WPD, Excess Resource Turning 65
 U28 Discontinue MBI-WPD, No Longer Working, Excess Resources Spenddown Not Met
 U29 MBI-WPD to MA Excess Income Spenddown Not Met, No Longer Working
 U46 Discontinue MBI-WPD, Currently in Receipt of Assistance

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WMS DATA-ENTERED CODES

ALIENS

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

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

CONTINUOUS COVERAGE

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

NEWBORN/UNBORN

E98 Newborn Case Opened in Error

E99 Newborn Deceased

OTHER

E90 Client Request, MA/FHP/FPBP

E95 Death (Individual)

U66 Currently in Receipt of Assistance

Y90 Discontinue - Agency/Client Error

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

Y99 Disc., Other (Manual Notice Required)

NO ELIGIBLE INDIVIDUAL

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

OMH/OMR ONLY

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

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

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

REACTIVATION (11)

991 Fair Hearing - Aid to Continue

992 Court Order to Enjoin Closing

993 Closed in Error

994 Cancel Closing

WMSDATA-ENTERED CODES

B42	Disc MBI-WPD, Client Request	E15	OMH Only, Lost Elig. Due to Turning Age 22 and In Psych. Center or Resid. Treatment Facility
B43	Deny/Disc MBI-WPD, Not a State Resident	E18	Death Before Determination, No Medical Bills in Retro. Period
B44	Deny MBI-WPD, Failed to Provide a Medical Statement	E19	Death Before Determination, Insuff. Info. To Make a Determination
B45	Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination	E22	Failed to Meet or Pay-In Excess Income for 3 Consecutive Months
B46	Deny MBI-WPD, Death Before Determination, No Medical Bills in Retro Period	E23	Child 1-19, Spenddown to Full Coverage
B70	Deny BCCTP - Not in Need of Treatment	E44	Child turning 6, Discontinue MA Due to Excess Income, Spenddown Not Met
B71	Deny BCCTP - Not a Resident of State	E45	Child turning 6, Discontinue MA Due to Excess Income and/or Resources, Spenddown Not Met
B72	Deny BCCTP - Other Health Insurance	E49	Child Turning 1, Discontinue MA Due to Exc Inc, Spenddown Not Met
B73	Discontinue BCCTP - Client Request	E55	Child 1-5, Discontinue MA Due to Exc Inc
B74	Discontinue BCCTP - Failure to Recertify	E56	Child 1-5, Discontinue MA Due to Exc Inc and Res
B75	Discontinue BCCTP - Other Health Insurance	E59	Pregnant Woman Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown
B76	Discontinue BCCTP - Moved Out-of-State	E60	Unable to Locate
B77	Discontinue BCCTP - Death	E61	Not a Resident of District
B78	Continue MA/BCCTP Unchanged	E62	Between 21-65 in Psychiatric Institution
C01	TMA All Reports, Did Not Send Requested Info.	E63	Not a State Resident
C02	TMA No Earnings in 1 or More of 3 Previous Months	E64	Continuous Coverage - Moved Out of District
C03	TMA Income Over 185%	E65	Elig. for Continuous Coverage, Moved Out of District. Accepted in New District.
C04	TMA End 12 Month Send in 10 th Month	E67	Denial Child, Up to Age One, Excess Income (Mother Did Not Receive MA in Any Month of Her Pregnancy)
C05	Continue MA/Family Health Plus Unchanged	E68	Child Turning 1, Discontinue MA Due to Exc Inc and Res, Spenddown Not Met
C06	Add person to MA Case	E79	MA Not Provided in Current Living Arrangement
C07	Add person to FHP Case	E80	Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res.
C08	COBRA Continuation	E81	Discontinue QI-1, Annual Fund Exhausted
C09	QMB Continue Payment for Medicare	E85	Moved Out of Household, No Forwarding Address
C10	SLIMB Continue Payment for Medicare	E90	Client Request, MA/FHP/FPBP
C11	Stenson - Continue Unchanged	E95	Death (Single Person)
C12	Add FPBP Person(s) to MA Case	E97	Newborn Added to Case in Error
C13	Infant up to Age 1 Guarantee, Continue Unchanged	E98	Newborn Case Opened in Error
C14	Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant	E99	Newborn Deceased
C15	Continue FPBP Unchanged	F10	Discontinue MA/FHP Failed to Return Renewal Form
C16	Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support	F12	Failure to Apply for SS
C17	Continuous Coverage	F13	Discontinue Mother, MA/FHP Failed to Return Renewal Form, 60 Days Post-Partum, Infant Continues
C19	Accept BCCTP	F14	Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program
C20	Add Person(s) to FPBP Case	F21	Failure to Comply with Finger Imaging Requirements
C21	Conditional Acceptance, COBRA Continuation	F24	Failure to Provide Req. Info. about Income of Non-Applying LRR
C22	Non-Immigrant/Undocumented Immigrant, Emergency Coverage Only	F27	Failure to Complete Interview
C24	Accept Community Coverage with Community Based LTC	F40	Failure to Enroll in a Group Health Plan through Employer
C25	Child 6-18, Previously Eligible at 133%, Now Over 100%, Referred to CHP B	F48	Child 10-18, FPBP to MA, Inc. Now Below 100%
C26	Community Coverage w/o LTC to Community Coverage w/ Community Based LTC	F82	Child 10-18, MA to FPBP
C27	Community Coverage to All Covered Care and Services	F83	Child 10-18, MA to FPBP Due to Exc Inc, 60 Days Post-Partum
C28	QI-1 Acceptance	H10	Spousal Impoverishment - Failure to Provide Resource
C40	Accept QMB	H11	Spousal Impoverishment - Failure to Provide Resource Information - No Undue Hardship
C41	Accept COBRA Continuation	H15	Client Request
C42	Accept Pregnancy, 100%	H16	Failed to Provide a Medical Statement to Determine Disability/Incapacity, FNP or S/CC
C43	Accept FPBP, Waived Right to MA/FHP	H30	TMA Discontinue - No Dependent Child Under 21
C44	Accept SLIMB	H31	TMA Discontinue - Fraud
C50	All Covered Care and Services	H32	TMA Discontinue Receiving PA, MA Continues
E02	Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency		
E03	Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, Infant Continues		
E06	Deny MA/FHP Non-Immigrant/Undocumented Immigrant, No Medical Emergency		
E08	MA to TMA 1 st 6 Months		
E09	Photo ID Refusal		
E13	OMH/OMR Case Type 20 Disch. Into the Community, or Art. 28 or 31 Facility		
E14	OMH/OMR Case Type 22 Disch. Into Community, or Article 28 or 31 Facility		

WMSDATA-ENTERED CODES

S189	Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code	S66	Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, S/CC
S190	Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 or T02	S67	Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FNP Parent
S194	Used as Case Reason Code When All Case Members have an Individ. Reason Code	S68	Accept Limited Coverage Due to Transfer Individ. in Comm. Exc. Inc., Spenddown Not Met
S01	TMA did not Return Quarterly Report	S69	Accept Limited Coverage Due to Transfer Individ. in Comm. No Excess
S02	Transfer by Instit. Individ. Reduce from Full to Limited Coverage	S70	Accept Instit. Individ. Limited Coverage Due to Prohib. Transfer No Excess
S05	Change in Transfer Period - Instit. Individ.	S71	Accept Instit. Individ. Limited Coverage Due to Prohib. Transfer Excess Inc., Spenddown Met
S06	Intent to Impose Lien on Real Property - Instit. Individ.	S72	Accept Instit. Individ. Limited Coverage Due to Prohib. Transfer 6-Mo. Exc. Inc. & Res. Spenddown Met
S07	MA Level to Exc. Inc. Due to COLA	S73	Accept Limited Coverage Due to Transfer Individ. in Comm. Exc. Inc., Spenddown Met
S08	Increase in Exc. Inc. Due to COLA	S74	Accept Limited Coverage Due to Transfer Individ. in Comm. Excess Income, 6 Month Spenddown Met
S09	Instit. Individ. - Transfer - MA Level To Limit Cov. & Exc. Inc. - Spenddown Met	S75	Accept Instit. Individ. Limited Coverage Due to Prohib. Transfer Exc. Res., Spenddown Met
S10	Change in Figures Used to Calculate Excess Inc. Amount	S76	Accept Limited Coverage Due to Transfer Individ. in Comm. Exc. Res., Spenddown Met
S11	200% to 100% or MA Level During Pregnancy or 60 Day Post-Partum	S77	Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income, 6 Month Spenddown Met
S15	Pay-In Credit Due to Uncovered Expenses	S78	Non-Immigrant/Undocumented Immigrant, Emergency, Excess Resources Spenddown Met
S16	Pay-In Refund Due to Uncovered Expenses	S79	Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income & Resources, Either Both Met or Resources and 6 Month Spenddown Met
S17	Change from SLIMB to QMB Coverage	S80	Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FP
S18	Change from QMB to SLIMB Coverage	S81	Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, FP
S19	Spenddown (See Undercare Codes)	S82	Accept Community Coverage without LTC
S20	Spenddown (See Opening Codes)	S83	Accept Institutionalized Individual Ancillary Only, Failed to Provide Documentation of Resources, Excess Income, Spenddown Not Met
S25	Discontinue Mother, Continue Infant, 60 Days Post-Partum, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines	S84	Accept Institutionalized Individual, Ancillary Only due to Failure to Provide Documentation of Resources (No Excess Income)
S27	MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, Continue Infant, Chose a Plan	S85	Accept Community Coverage w/Community Based LTC Due to Failure to Verify
S28	Spenddown to At or Below MA Level	S86	Community Coverage w/Community Based LTC to Community Coverage w/No LTC, Failed to Provide Documentation of Resources at Renewal, No Spenddown
S31	MA to Excess Income, Spenddown not Met - After 60 Days Post-partum - Not FHP Eligible	S87	Continue MA Unchanged (Attestor or current Documenter Failed to Verify)
S32	Accept MBI-WPD, No Premium Payment	S88	Child 6-18, Deny MA Due to Exc Inc or Inc and Res, FPBP Eligible Due to Exc Inc, Eligible but Declines, or Age Ineligible
S33	Accept, Short-Term Rehabilitative Nursing Home Care (Undercare Only)	T01	Spenddown Met - Bills/Receipts or Combination Bills/Receipts and Pay-In
S34	Deny, Short-Term Rehabilitative Nursing Home Care (Undercare Only)	T02	Spenddown Met - Pay-In Only
S35	Prenatal Care, Between 100% and 200%	T03	MA to FHP, Must Choose Plan, FNP, S/CC
S37	Accept FHP, MA Ineligible Due to Exc Inc and/or Res, FNP Parent	T04	MA to FHP Spenddown Eligible, Must Choose Plan, FP
S38	Accept FHP, MA Ineligible Due to Exc Inc and/or Res, FP	T05	MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan
S39	Accept FHP-MA Ineligible Due to Excess Income and/or Resources	T06	SSN Failed Verification/Validation (Active Case)
S57	Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, S/CC	T07	SSN Failed Verification/Validation (Application)
S58	Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, S/CC	T09	Family Planning to Family Health Plus, FP, Must Choose a Plan
S59	Approve Retro, Deny Ongoing MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FNP Parent	T10	Family Planning to Family Health Plus, S/CC, Must Choose a Plan
S60	Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, FNP Parent		
S61	Accept FPBP, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Insurance, Public Employee, or Over 65, FP		
S63	Discontinue MA/FHP Failure to Provide Information to Clear Up Discrepancy		
S64	All Covered Care and Services to Community Coverage with no LTC Due to Failure to Provide Documentation of Resources, No Spenddown		
S65	Continue MA Unchanged (Limited Benefit Pkg. Due to Resource Documentation)		

WMSDATA-ENTERED CODES

T11	MBI-WPD to MA, Turning 65	U62	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, FP
T12	MBI-WPD to MA, No Longer Working	U63	Non-Qualified Alien/Emerg. Med. Cond., Exc. Inc.
U11	MBI-WPD to Excess Income, Spenddown Not Met, Turning 65	U64	Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, S/CC
U12	MBI-WPD to Excess Income, Spenddown Not Met	U65	Not a Resident of District (MA Extension)
U14	Disc. FPBP, Failure to Return Renewal	U66	Already in Receipt of Medicaid
U17	MBI-WPD to MA, Full Coverage	U70	Deny MBI-WPD, Failure to Submit Proof of Work, MA Ineligible Excess Income and/or Resources FHP Ineligible Excess Income or Equivalent Insurance, FP
U18	Disc. MBI-WPD Due to Excess Income and/or Resources, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Insurance	U71	Failure to Comply with Alcohol/Subst. Abuse Requirements
U19	Deny MBI-WPD, Excess Income and/or Resources	U72	Excess Inc. Due to COLA, Single/Childless Couple
U20	Discontinue MA/FHP/FPBP Due to Verification of Factors Which Affect Eligibility, Did Not State Unable to Get Info	U73	Deny Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC
U21	Discontinue MA/FHP/FPBP due to Verification of Factors Which Affect Eligibility, Unable to Get Info, But Not a Good Reason	U75	No Change in Exc. Inc. Amt.
U24	Spenddown to BCCTP	U77	Concurrent Benefits, Intra-State - No Aid Continuing
U25	MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, S/CC	U78	Concurrent Benefits, Inter-State - Aid Continuing
U26	MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, FP	U79	Concurrent Benefits, Intra or Inter-State
U27	Disc. MBI-WPD, Turning 65, Excess Resources, Spenddown Not Met	U80	Qualified Individual (QI-1), Over Income or Other
U28	Disc. MBI-WPD, No Longer Working, Excess Resources Spenddown Not Met, FHP Ineligible or Equivalent Insurance	U84	Concurrent Benefits, AFIS Match, Intra-State or Inter-State
U29	MBI-WPD to MA, No Longer Working, Excess Income, Spenddown Not Met, FHP Chose Spenddown or Equivalent Insurance	U85	MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FP
U30	MBI-WPD to SD, Non-Financial Reasons, SD Not Met	U86	MA to FHP Due to Exc Inc and/or Res, Chose a Plan, S/CC
U32	Exc Inc	U87	Spenddown to Family Health Plus, Chose a Plan
U33	Turning 19, Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines	U89	MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FNP Parent
U34	Deny MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP	U90	Turning 19, MA to FHP Due to Exc Inc and/or Res, Chose a Plan
U35	Deny MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC	U91	Child 6-18, Disc. MA Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, Eligible but Declines, or Age Ineligible
U37	FHP to MA, Pregnant, MA Eligible, Chose MA	U95	Turning 65, FHP to MA with Exc Inc, Spenddown Not Met
U38	Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP	V10	Failure to Appear for Interview Appointment with Agency
U39	Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP	V11	Recalculation of Contribution Toward Chronic Care-Single-COLA
U40	Exc Res	V12	Recalculation of Contribution Toward Chronic Care-Spousal-COLA
U46	Discontinue MBI-WPD, Currently in Receipt of Assistance	V13	Failure to Utilize Benefits and/or Resources
U47	Deny MBI-WPD, Less than 16 or Over 65 Years	V14	Failure to Complete the Declaration of Citizenship/Immigration Status
U49	Deny MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent	V17	Incorrect or Fraudulent Social Security Number
U50	MA to MBI-WPD, Client's Request	V30	Failure to Comply with IV-D Requirements
U51	Denial, Transfer of Assets, Institutionalized Individual, Excess Resources, Spenddown Not Met	V31	Failure to Provide Social Security Number
U52	Denial, Transfer of Assets, Institutionalized Individual, Excess Income & Resources, Spenddown Not Met	V32	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent
U53	Spenddown to MBI-WPD	V33	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC
U54	Transfer of Assets, Institutionalized Individual, Excess Income, Spenddown Not Met	V34	Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP
U55	Transfer of Assets, Institutionalized Indv., Exc. Res., Spenddown Not Met	V35	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent
U56	Transfer of Assets, Institutionalized Indv., Exc. Inc. & Res., Spenddown Not Met	V36	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC
U57	Discontinue MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC	V37	Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP
U58	Discontinue MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP	V38	Failure to Contact Agency
U59	Exc Inc and Res	V39	Discontinue FHP Due to Equivalent Insurance or Public Employee
U60	Deny MBI-WPD Not Currently Working	V40	Spousal - Income Contribution Only
		V41	Individual - Income Contribution Only
		V42	Individual - Resource Contribution Only
		V43	Spousal - Resource Contribution Only
		V44	Spousal - Income Contribution Remains The Same
		V45	Individual - Income Contribution Remains The Same
		V46	Spousal - Income/Resource Contribution
		V47	Individual - Income/Resource Contribution
		V48	Spousal - No Liability Toward Cost of Care

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WMSDATA-ENTERED CODES

V49 Individual - No Liability Toward Cost of Care	X15 Discontinue Mother, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, 60 Day Post-Partum, No Infant, FP
V50 Individual - Exc Res/Income Contribution Remains the Same	X17 Discontinue Mother, MA Ineligible Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, 60 Days Post-Partum, No Infant, S/CC
V51 Spousal - Exc Res/Income Contribution Remains the Same	X23 Failed to Provide Amount of Resources at Renewal
V52 Individual - Income Contribution Only	X42 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP
V53 Spousal - Income Contribution Only	X43 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC
V54 Spousal - Income/Resource Contribution	X44 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent
V55 Individual - Income/Resource Contribution	X45 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP
V56 Spousal - Waiver Recipient Income/Resource Contribution	X46 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC
V57 Spousal - Waiver Recipient Income Contribution Only	X47 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent
V58 Spousal - Waiver Recipient Resource Contribution Only	X48 Discontinue MA/FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent
V59 Spousal - Waiver Recipient No Liability Toward Cost	X50 Discontinue Payment of COBRA Continuation of Group Health Insurance Premium
V60 Individual - No Liability Toward Cost of Care	X51 Discontinue Payment of COBRA Continuation of Group Health Insurance Premium - Prior Conditional Acceptance
V61 Spousal - No Liability Toward Cost of Care	X52 Medicare Buy-In Program, QMB Ineligible
V62 Spousal - Resource Contribution Only	X53 Medicare Buy-In Program, SLIMB Ineligible
V63 Individual - Resource Contribution Only	X70 Discontinue QI-1, Over Income
V64 Individual - Income Contribution Only	X76 Decrease in Excess Income Amount
V65 Spousal - Income Contribution Only	X77 Decrease in Excess Income Due to COLA
V66 Spousal - Income and Resource Contribution	X80 MA to Spenddown Due to Exc Inc, FHP Ineligible Due to Exc Inc, Chose Spenddown, or Over 65
V67 Individual - Income and Resource Contribution	X81 MA to FHP Due to COLA, Chose a Plan
V68 Spousal - Previously Waiver Recipient, Income & Resource Contribution	X83 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc
V69 Spousal - Previously Waiver Recipient, Income Contribution	X84 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Res
V70 Spousal - Previously Waiver Recipient, Resource Contribution	X85 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc and Res
V71 Spousal - Previously Waiver Recipient, No Liability Toward Cost of Care	X86 FHP to MA, S/CC
V72 Individual - No Liability Toward Cost of Care	X88 FHP to MA, FNP Parent, FP
V73 Spousal - No Liability Toward Cost of Care	Y35 Suppress Printing of LDSS-3209 (Authorization)
V74 Spousal - Resource Contribution	Y77 Undercare Case Maintenance
V75 Individual - Resource Contribution	Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Employment
V76 Over 19, MA to FPBP Due to Exc Inc, FHP Ineligible Due to Equivalent Insurance or Public Employee	Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting from Loss of 30 1/3
V77 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, S/CC	Y90 Discontinue - Agency/Client Error
V78 Over 19, MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, 60 Days Post-Partum, Infant Continues	Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required)
V79 FHP to FPBP Due to Exc Inc and/or Res or Equivalent Insurance	Y99 Other (Manual Notice Required)
V80 FHP to MA Excess Income Spenddown Not Met, Under 65	Z39 Mail-In
V81 Deny BCCTP - Failed to Complete Eligibility Process	Z46 SLIMB Recertification
V82 Discontinue BCCTP - Treatment Ended	Z47 Notice of Renewal for BCCTP
V83 BCCTP to Regular MA, Discontinue BCCTP to MA	Z48 Cover Letter for FPBP Renewal Form
V84 Over 19, Inelig. for Family Planning due to Exc. Inc.	Z61 Renewal Form, Community Mail-In
V85 FPBP Ineligible Due to Excess Income, No Application for MA/FHP	Z62 Renewal Form, SSI-Related Mail-In
V86 FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, FP	001 Conversion
V87 FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, S/CC	002 Illness, Injury, or Other Impairment of Recipient
V88 Family Planning to MA, S/CC	005 Lay-Off, Discharge, or Other Reason
V89 Family Planning to MA, FP	020 Loss or Reduction in Support of Child Due to Death of Parent
V90 Discontinue Family Planning, eligible for FHP but failed to Choose a Health Plan	021 Divorce
V93 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FNP Parent	022 Separation
V94 Disc. FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP	023 Desertion
V95 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, FP	024 Other (Hospital, Imprisoned)
X10 Excess Income, Inpatient Hospital Bill Does Not Meet 6 Month Excess	
X13 Spousal Impoverishment - Excess Resources	
X14 No Longer Elig. For MA Payment of AHIP Premiums	

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WMS DATA-ENTERED CODES

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

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

FOOD STAMP APPROVAL NOTICES

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

FOOD STAMP SEPARATE DETERMINATION

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

FOOD STAMP SEPARATE DETERMINATION

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

** (CNS Only)

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

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

REFUSAL TO PROVIDE INFORMATION

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

FAILURE TO PROVIDE VERIFICATION

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

INCOME RELATED

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

1**RESOURCES**

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

LIVING ARRANGEMENTS

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

LIVING ARRANGEMENT CODES CONTINUED ON NEXT PAGE

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

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

LIVING ARRANGEMENTS (Cont'd)

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

OTHER FAILURES

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

**OTHER
CODE**

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

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

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

OTHER

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

PERIODIC REPORTING

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

FOOD STAMP CLAIMS **

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

RESTORED/SUPPLEMENTAL BENEFITS **

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

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)

FILL INFORMATION A - J NO FILL K - P LIMITED FILL Q - X EXTENSIVE FILL
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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	05
B24	New Budget Authorized: October Allotment Increase	05
B25	New Budget Authorized: JAN COLA Adjustment	05
B27	New Budget Authorized: FS to NYSNIP	05
B28	New Budget Authorized: FS to NYSNIP Reduction	05
B29	New Budget Authorized: NYSNIP Rebudgeted	05
B80	New Budget Authorized: No Longer Qualified for 24-Month Certification Period	05
B81	New Budget Authorized: FS to GHSB (Same or Increase)	05
B82	New Budget Authorized: FS to GHSB (Reduction)	05
B83	New Budget Authorized: GHSB Re-budgeted	05
B84	New Budget Authorized: Return to "Regular" FS from GHSB	05
B85	New Budget Authorized: FS to GHSB (COLA) (Same or Increase)	05
B86	New Budget Authorized: FS to GHSB (COLA) (Reduction)	05
G15	Expedited PA/FS Failure to Verify (TA Case Types Only)	Tx Type 05, 06, 07 with PA/FS Ind = 09
960	Change of Address (No Changes to Benefits)	05, 06,14
965	Authorize IV-D or HEAP Payment	05, 06,14
966	Other Clockdown Closing Change	05, 06,14

RECERTIFICATIONS

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

1**FOOD STAMP CLAIMS ****

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

** (CNS Only)

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

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

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

OTHER

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

HEAP APPROVAL NOTICES FOR FS AND HEAP

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

*Transaction Type 00 - Notice Prepared Without a WMS Transaction

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

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

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WMSDATA-ENTERED CODES

M24 Failure to Resolve a Computer Match	966 Other Clockdown Closing Change
M25 Failure to Respond to a Computer Match Call-In	991 Fair Hearing - Aid to Continue
M26 Failure to Provide Verification of Wage Match	992 Court Order to Enjoin Closing
M27 Failure to Provide Verification of UIB Match	993 Closed in Error
M34 Excess Income - Including Striker's Income	994 Cancel Closing
M62 Moved Out of District (DFR-TA Case Types Only)	
M66 Receiving FS in Another Case	FS (TT = 02, 05, 06, 07, 08, 10) AND HEAP (TT = 02, 05, 07, 10)
M67 Part of Another FS Application	
M68 Added to Another Case	A10 Reg. Grant Only - Payment Sent to Fuel/Util. Supplier
M88 Refusal To Comply with Finger Imaging Requirement	A11 Reg. Grant Only - EBT PA Cases
M90 Client Request - Written or Face-to-Face	A12 Reg. Grant Only - EBT FS Cases
M91 Client Request - Phone	A13 Reg. Grant Only - Check
N10 Failure to Keep/Complete Appointment	A14 Reg. Grant Only - No Funds Avail.
N18 Failure to Validate Incorrect SSN - HH > 1	A15 Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier
N53 Failure to Complete Periodic Report - Partial Proof	A16 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier
Q21 FS Expedited Approval: Pended Verification; Cert Period = 1 Month	A17 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets
Q22 FS Expedited Approval: Pended Verification; Cert Period > 2 Months	
R11 PA Denial/Recert CL - FS Continue (TA Case Types Only)	
R12 PA Denial/Recert CL - FS Continue - Worker Name Included (TA Case Types Only)	
R21 Agency Error Claim: Recoupment Begins	
R22 Inadvertent Household Error Claim: Recoupment Begins	
R23 Intentional Program Violation Claim: Recoupment Begins	
R24 Agency Error Claim: Recoupment Pended	
R25 Inadvertent Household Error Claim: Recoupment Pended	
R26 Intentional Program Violation Claim: Recoupment Pended	
R27 Agency Error Claim: Closed Cases	
R28 Inadvertent Household Error Claim: Closed Cases	
R29 Intentional Program Violation Claim: Closed Cases	
R39 Food Stamp Claim Compromise/Repayment Agreement Acknowledgement (Closed Cases for NTA/FS and TA/FS Case Types)	
UI6 Excess Resources - No Elderly Individual Present (Individual R/C for Elderly Individual Not Present in HH Required)	
U40 Excess Resources	
U41 Transfer of Resources	
U44 Excess Resources - Alien Sponsor's Resources	
U45 Excess Resources - Increased Resources	
U97 Opened in Error - Excess Resources	
V19 Food Stamp Request for Contact (TA Case Types Only)	
V21 Failure to Provide Verification	
X01 Issue Restored FS Benefits	
X02 Restored FS Benefits Entirely Offset by FS Claim	
X03 Restored FS Benefits Partially Offset by FS Claim	
X04 Restored FS Benefits Denied	
X05 Issue Supplemental FS Benefits	
Y10 Failure to Recertify (No Notice Required)	
Y20 FS Benefit Not Changed (No New Budget) (PA Case Types Only)	
Y22 Case Demographic Change Only	
Y23 Case Opened with Expedited FS Only: Delayed Verification Received - No Notice Required	
Y29 Expedited FS Failure to Verify (Case Types 31 & 32 Only)	
Y35 Suppress Printing of DSS-3209 (Authorization)	
Y92 Expedited FS Issued - PA Determination Pending (PA Case Types Only)	
Y99 Other - Manual Notice Required	
Z15 Continuing Your Food Stamps: Short Certification Period	
903 CIN Unduplication (Data-entered)	
960 Change of Address (No Change to Benefits)	
965 Authorize IV-D or HEAP Payment	

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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

1**COMMUNITY MAIL-IN RENEWAL**

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

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

Code	Definition
Z39	Mail-In

SSI-RELATED MAIL-IN RENEWAL

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

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

Code	Definition
Z47	Notice of Renewal for BCCTP

OTHER

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

WMS NON-TRANSACTION-BASED CODES (00)

FOOD STAMPS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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