

WMS ABEL CODES

TRANSACTION TYPE (TRAN/TT)	07 Migrant Labor Camp
01 Application Denial	09 Medical Facility (\$40 PNA only) (u)
02 Opening	10 Congregate Care Level II-Drug/Alcohol Treatment Facility (Residential Treatment Center)
03 Denial	11 Non-Commerical Room Only
05 Change	12 Non-Level II Alcohol Treatment Facility (u)
06 Recertification/Reauthorization	13 State Operated Community Residence (FS Only)
07 Closing	15 Congregate Care Level I-Family Care
08 Recertification – Closing	16 Congregate Care Level II-Not Drug/Alcohol Treatment or Apartment-like
09 Open/Close	17 Congregate Care Level II-Apartment-like (OMH/OMRDD Supportive/Supervised Apartments; DSS Enriched Housing)
10 Reopening	19 Tier II Family Shelter (3 Meals/Day) (u)
12 Forced Closing	20 Rental Supplement
SEPARATE DETERMINATION INDICATOR (SD)	21 Shelter for Homeless (3 Meals/Day) (u)
X Separate Determination T FS Transitional Benefit	22 Residential Program for Victims of Domestic Violence (3 Meals/Day) (u)
CASE TYPE (CASE/CT)	23 Undomiciled
11 FA 17 SN-FNP	33 Homeless Shelter Tier II (Less Than 3 Meals/Day) (u)
12 SN-FP 19 EAF	36 Shelter for Homeless (Less Than 3 Meals/Day) (u)
13 ADC-FC 31 NPA-FS	37 Residential Program for Victims of Domestic Violence (Less Than 3 Meals/Day) (u)
16 SN-CSH 32 FS-MIX	38 Subsidized Housing (Non-Certificate)
GROUP HOME 2 PERSON HH TYPE <i>(Shelter Types 10, 12, 13, 15, 16 and 17)</i>	40 Section 8 Voucher (30% Limit)
1 Both TA 4 Both SSA	44 Supportive/Specialized Housing (District 55 Only)
2 1 TA and 1 SSA 5 1 SSA & 1 Neither TA or SSA	SHELTER TYPES NYSNIP
3 1 TA & 1 Neither TA or SSA 6 Both Neither TA or SSA	94 SSI High Shelter, SUA Eligible
FS EXPENSE INDICATOR CODES (HT/AC/UTIL/PHONE)	95 SSI Low Shelter, SUA Eligible
A Excess Charge	96 SSI High Shelter, No SUA
X Standard Allowance	97 SSI Low Shelter, No SUA
0 Third Party Pays Heating Cost Directly to Vendor/ Undocumented Incurred HT/AC Costs	98 SSI Shelter Cost and SUA Unknown
Z Standard Allowance HEAP Ineligible (Not Customer of Record)(Also NYSNIP Public Housing Cases with AC Costs)	SHELTER PRORATION INDICATOR (PRO/PI) (PA Only)
H HEAP Eligible	C Prorate Children's Share of Shelter Needs
N No Expense	N Prorate All Needs Except Shelter
R Refuses HEAP	S Prorate Shelter Expenses Only
U Unknown (NYSNIP Only)	P Prorate Parent's Share of Needs
HOUSEHOLD CHILD INDICATOR (CT 16, 17)	1-9 Number of Essential Persons
1 No Child in Household 2 Child in Household	SHELTER RESTRICTORS/INDICATORS (IND/RES/SI/R) (PA Only)
FUEL TYPE (TY)	A Entire Actual Shelter
1 Natural Gas 7 Propane	B Utilities 1st/Entire Shelter (CT 11, 16)
2 Oil 8 Municipal Electric	X Shelter Allowance
3 PSC Electric 9 Other Fuel	E Entire Shelter Cost
4 Coal 0 Heat Included in Shelter Costs	P Entire Shelter – Primary Restriction (CT 12, 17)
5 Wood X No Fuel Allowed	S Entire Shelter – Secondary Restriction (CT 12, 17)
6 Kerosene U Unknown (NYSNIP Only)	Q Utilities 1 st /Shelter Allowance
FS CATEGORICAL ELIGIBILITY INDICATOR (CE)	R Utilities 1 st /Excess Shelter
Y Yes N No	SHELTER FREQUENCY (FRQ) (PA Only)
FS AGED/DISABLED INDICATOR	W Weekly B Bi-Weekly
X Aged/Disabled	S Semi-Monthly M Monthly
A All Adults Aged/Disabled	1ST MONTH SHELTER PAYMENT SOURCE (SRC)
S NYSNIP Case	I Income R Resource/Exempt Income
SHELTER TYPE u = unlimited (TY)	OTHER PA ALLOWANCE (TY) (PA Only)
01 Rent Private (Including Trailer Lot or Commerical Room)	01 Restaurant Allowance – Dinner
02 Rent Public	02 Restaurant Allowance – Lunch – Dinner
03 Own Home (Including Trailer)	03 Restaurant Allowance – Breakfast – Lunch – Dinner
04 Room & Board	+06 Refrigerator Rental
05 Hotel/Motel Permanent	09 Chattel Mortgages
06 Hotel/Motel Temporary (u)	13 Home Delivered Meals

WMS ABEL CODES

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

WMS ABEL CODES
AUTOMATED HEAP BENEFIT CALCULATION

FUEL TYPE

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

BENEFIT TYPE

- R Regular
E Emergency
B Both

VULNERABLE (VULN IND)

- Y Yes
N No

HEAP CATEGORICAL INDICATOR (HP CAT ELIG IND)

- Y Yes
N No

EMERGENCY TYPE

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

WMS MBL CODES

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

WMS MBL CODES

LOCAL CODES (LOC)

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

EARNED INCOME DISREGARD CODE (EID)

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

CATEGORICAL INDICATOR CODES (CTG, C)

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

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

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

Case Cannot be Budgeted Due to System Limitation

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

Case Cannot be Budgeted Due to Litigation or Regulation Change

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

Other

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

* Budgeting now supported by MBL.

WMS MBL CODES

EARNED INCOME SOURCE (SRC)

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

PERIOD (PER, P)

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

TIME CODES (T)

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

UNEARNED INCOME SOURCE (SR)

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

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

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

UNEARNED INCOME EXEMPTION (EXEMPT)

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

RESOURCE**Liquid Resources (CD)**

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

Life Insurance (Life-Ins.)

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

WMS SUBSYSTEM CODES

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

WMS SYSTEM-GENERATED CODES

ANTICIPATED FUTURE ACTION CODES ANTIC. FUT. ACT. - (PA, MA, FS)		768 Failure to Comply with a PA Employ. Requirement (CT 12)
101 Individual Turning 6 Weeks		793 PA/MA Denial – Client's Request
102 Individual Turning 3 (PA)/6(MA)		795 Failure to Sign PA Consent Form to Release Drug/Alcohol Treatment Records
103 Individual Turning 14 Years		797 Failure to Sign Citizenship – Alien Declaration
104 Individual Turning 16 Years		802 Combined PA/MA Denial-Ineligible Alien
105 Individual Turning 18 Years		PA DENIALS/MA ACTION
106 Individual Turning 21 Years		753 PA Denial, MA Separate Determination
108 Widow Turning 60 Years		789 PA Denial, MA Separate Determination (SSI/SSA Benefits Suspended)
109 Individual Turning 62 Years		PA/MA DISCONTINUANCE
110 Individual Turning 65 Years		(Closings and Recertification Closings)
111 Individual Turning 72 Years		761 Combined PA/MA Discontinuance
113 Individual Turning 19 Years		762 Discontinuance, Failure to Participate in a Drug/Alcohol Prgm.
114 Individual Turning 20 Years		767 Failure to Comply with a PA Employ. Requirement. (CT 16, 17)
116 Individual Turning 1 (CT = 11: CAP, 12, 16, 17, 20)		769 Failure to Comply with a PA Employ. Requirement (CT 12)
221 Significant Birthday		790 Failure to Sign PA Consent Form to Release Drug/Alcohol Treatment Records
308 End of POS Authorization - Other Than FC, DC, or HH		791 Lump Sum – Not Eligible for MA
333 Domestic Violence Waiver Expires		792 Failure to Sign Citizenship – Alien Declaration
403 In Psych Institution Prior to 21 st Birthday - Turning 22		794 PA/MA Discontinuance – Client's Request
410 Initial 18 Month Foster Care Review by Court		803 Combined PA/MA Discontinuance - Ineligible Alien
411 Twenty-Four Month Foster Care Review by Court		805 New Resident Qualified Alien - Ineligible for 12 Months
CASE STATUS CODES - CASE STATUS (PA, MA, FS)		861 PA/No MALanguage
01 New	21 Active – override	PA DISCONTINUANCE/MA EXTENSIONS
10 Active	22 Closed – override	(Closings and Recertification Closings)
14 Closed	23 Denied – override	700 MA Continuing Pending Separate Determination
15 Denied		705 No PA Recert
INDIVIDUAL DISPOSITION STATUS CODES IND. STAT. - (PA, MA, FS, HEAP)		707 Beginning MA Extension after PA Closing
20 Case Closed (System-Generated at Closings)		710 Begin PCP Guaranteed Eligibility Period
MA RESTRICTION/EXCEPTION RECORD SOURCE CODES (MA)		715 Continuous Eligibility or Continuous/PCP Guarantee
G System Generated Code	E User Entered Code	756 MA Continues Unchanged - 1 Month Extension
MA RESTRICTION/EXCEPTION STATUS FLAG CODES (MA)		758 MA Continues Unchanged Pending Decision
1 Active	2 Inactive	760 MA Continuation of Newborn
REASON CODES - REASON CODE (PA, MA, FS)		763 MA Continues, Support Extension
001 Conversion		764 TMA Acceptance, First Six Months
720 PCP Enrollment or Disenrollment		765 MA/PCP Extension
740 Case Now in Receipt of Cash Assistance (Forced Closing)		771 Two Month MA Postpartum Extension
901 Individual Added to Case (Individual Level – PA, FS)		821 MA Continues Unchanged
941 Not a State Resident (SSI Recipient)		827 MA Continues Unchanged - Reporting Required
942 Death (SSI Recipient)		858 Continuous Eligibility for Children
943 Not in Receipt of FS		859 Continuous Eligibility for Children - Moved Out of District
944 PA Undercare FS Benefit Decision Not Complete		PA ACCEPTANCE
945 PA Undercare FS Benefit Remains Co-Op		839 MA Acceptance
968 Forced Closing of Case (FS)		840 MA Acceptance - Managed Care Coverage
979 Utility Fix		841 MA Denied
986 CIN Unduplication		842 MA Denied First Month(s) - MA Eligible Subsequent Months
987 Separate Two Persons with Same CIN		843 MA Denied First Month(s) - Manage Care Coverage Subsequent Months
988 Auto SDX/WMS Interface		844 MA Denied First and Subsequent Months
990 WMS/SSN Enumeration		PA UNDERCARE
A65 Excess Support - Address Verification (TT=05, 14)		J65 Excess Support
A66 Excess Support - Payment Auth. (TT=14)		Y33 DV Update
Y11 Auto-Close NYSNIP Shelter Type 98 Case: Failure to Redeem FS		820 Separate Manual MA Notice Required
Y34 IV-D Ind Changed to Y		MA OPENING
PA/MADENIALS		923 Case Opened for Newborn
754 Combined PA/MA Denial		MA UNDERCARE
755 Denial, Failure to Participate in a Drug/Alcohol Program		920/198 Newborn Added to Case
766 Failure to Comply with a PA Employment Requirement (CT 16, 17)		921/196 Unborn Name Conversion
		946 Recalculation of Contribution toward Chronic Care, Single, COLA (Upstate)

WMS SYSTEM-GENERATED CODES

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

WMS SYSTEM-GENERATED CODES

RECIPIENT AID CATEGORY CODE (MA) (cont'd)

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

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

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

RESOURCE CODES**PA RESOURCE CODES**

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

FS RESOURCE CODES

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

OVERRIDE REASON CODES (PA, MA, FS)

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