

TRANSACTION TYPE CODES – TRANS. TYPE - (PA, MA, FS, HEAP)
INITIAL CASE ENTRY
 02 Opening 09 Open/Close
 03 Denial 10 Reopening
UNDERCARE ENTRY
 05 Change
 06 Recertification/Reauthorization
 07 Closing
 08 Recertification/Closing
 11 Reactivation
 14 Closed Case Maintenance

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PA REASON CODES - REASON CODE -
(See PA Reason Code Cards Section)

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 ins.
 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

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

PA/FS CODES - (PA) (cont'd)
 90 Deny PA/Close FS
 91 Deny PA/Close FS w/Expedited FS

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

EMERGENCY INDICATOR
 D Disaster (Case Type 31 or 32 only)
 X Emergency Indicator

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

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

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

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

- 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 for Definitions of Codes)
See Page J for System-Generated Codes)

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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) |
|---|
| <p><i>Refusal to comply with eligibility requirement:</i></p> <p>149 Refused to Comply With Drug/Alcohol Treatment Requirement</p> <p>150 Recovery, lien and/or assignment provisions</p> <p>151 Relative responsibility provisions (including notice to law enforcement officials)</p> <p>158 Refusal to Conduct Mandatory Job Search</p> <p>159 Refusal to participate in Education, Employment or Training Program</p> <p>160 No longer incapacitated (FA, SN-FP parent)</p> <p>165 FA, SN-FP parent returned</p> <p>170 No eligible child in home</p> <p>171 Admitted to public institution</p> <p>172 Admitted to private institution</p> <p>175 Client's Request</p> <p>176 Client's Request - Earned Income (PA Only)</p> <p>177 No contact</p> <p>179 Other (Including moved out of district)</p> |
| <p>TRANSFERRED TO ANOTHER PROGRAM</p> <p>NOTE: Transfers have priority over and supercede all other codes</p> <p>180 FA, SN-FP</p> <p>181 PG-ADC, SN-CSH, SN-FNP</p> <p>182 EAF</p> |
| REACTIVATION (11) (PA and FS) |
| <p>991 Fair Hearing - Aid to Continue</p> <p>992 Court Order to Enjoin Closing</p> <p>993 Closed in Error</p> <p>994 Cancel Closing</p> |
| ADC-FC ONLY REASON CODES |
| <p>CLOSINGS ONLY</p> <p>096 ADC-FC Closing</p> <p>U66 Currently in Receipt of Assistance</p> <p>E60 Unable to Locate</p> <p>E63 Not a Resident of State</p> <p>E65 Discontinuance, Eligible for Continuous Coverage in new District</p> <p>E79 MA not Provided in Current Living Arrangements</p> <p>E90 Client's Request</p> <p>E95 Deceased</p> <p>U77 Concurrent Benefits, Intra-State, no Aid Continuing</p> <p>U78 Concurrent Benefits, Inter-State, Aid Continuing</p> <p>ALL TRANSACTIONS (Except Reactivation)</p> <p>097 Division of Youth-Custody</p> <p>098 Department of Social Services-Custody</p> <p>Y62 Child IV-E Eligible</p> |
| CLOSED CASE MAINTENANCE (14) (PA and FS) |
| <p>960 Change of Address (No Change to Benefits)</p> <p>965 Authorize IV-D, HEAP or Other Supportive Payment</p> <p>966 Other Clockdown Closing Change</p> <p>E10 Failure to Keep/Complete Interview, No Scheduled Appointment</p> <p>N10 Failure to Keep/Complete Appointment</p> <p>M20 Refusal to Provide Information (During Certification Period)</p> <p>Y20 PA Benefit Not Changed (No New Budget) (CT 11, 12, 16, 17 Only)</p> |

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CASE LEVEL OPENINGS (02 AND REOPENINGS (10)**PA APPROVAL NOTICES**

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

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

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INCOME RELATED

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|-------|---|---------------------|
| E30 | Excess Income (Sep. Deter. if appropriate (TT 03)) (1 Mo. MA Extension if appropriate (TT 07, 08)) | 03, 07, 08 |
| E31 | Excess Income - Increased Earnings - TMA Eligible | 07, 08 |
| E32 | Excess Income - Increased Support Collection - MA Extension (4 Months) | 07, 08 |
| E34 * | Excess Income Receipt of SSI - Single Individual | 03, 07, 08 |
| E38 | Excess Income - Lump Sum | 07, 08 |
| E39 | Excess Income - COLA | 07, 08 |
| E40 | Excess Income - Budgeting Error | 07, 08 |
| F33 | Excess Income - Deemed Income of Alien Sponsor (CT 11) | 03, 07, 08 |
| 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. | 03 |

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

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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 - for Home Visit Including EVR/FEDS - 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 |
| M40 | Intentionally Providing Incorrect Information - ENTER FF 1-5: INCORRECT INFORMATION | 03 |
| 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 |

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| FILL INFORMATION A - J NO FILL K - P LIMITED FILL Q - X EXTENSIVE FILL |
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OTHER (Cont'd)

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|-------|--|---------------------|
| M94 * | Client Request - Written - PA Only - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST | 03, 07, 08 |
| M95 | Client Request - Verbal - PA Only - DATE 1: DATE (MMDDYY) OF CLIENT REQUEST | 03, 07, 08 |
| 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 DENIAL/CLOSING CODES (CT 11, 12, 16, 17 & 60)

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|------|---|---------------------|
| F01 | HEAP Excess Income | 03, 05, 07 |
| F02 | HEAP Previously Applied for/Automatic Payment Received | 03, 05, 07 |
| F03 | HEAP Emergency Denial - Not Customer of Record | 03, 05, 07 |
| F04 | HEAP Emergency Denial - Not Tenant of Record | 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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| FILL INFORMATION |
| A - J NO FILL |
| K - P LIMITED FILL |
| Q - X EXTENSIVE FILL |

** (CNS Only)

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.

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 |
| G38 | FA Sixty Months Closing (Case Type 11 Only) | 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 |

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|-------------------------|
| 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)

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 |

LIVING ARRANGEMENT (TEMPORARY HOUSING)**

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|------|---|--------------------------------|
| R70 | Client's Share of Temporary Housing Cost | 02, 05, 06, 10, 00 |
| R71 | Ineligible for Temporary Housing Assistance | 02, 03, 05, 06, 07, 08, 10, 00 |

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

* 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 |
| A21 | Regular Grant - Vendor (<i>System Generated - HEAP AutoPay Only</i>) | (HEAP) 02, 05, 07, 10 |

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|---|---|
| A20 PA Case Opened: TA Determination Pending | M35 Lump Sum - No Good Reason Provided |
| A30 PA Approval: Same Deficit Each Month (1 Budget Stored) | M37 Lump Sum - Shortened Ineligibility Period |
| A31 PA Approval: Two Budgets Stored with Different Effective Dates | M40 Intentionally Providing Incorrect Information |
| A32 PA Approval: First Month Prorated | M48 Parent's Offer of a Home - Minor Not Pregnant or Parenting (CT 16, 17) |
| A36 PA Approval: First Period Denied - Eligible in Succeeding Months with Same Deficit | M62 Moved Out of District |
| B20 New Budget Authorized | M63 Will Move Out of State |
| B22 New Budget Authorized - Neg. Action - CW/QR | M66 Receiving PA In Another Case |
| B50 Category Change Only | M67 Part of Another PA Application |
| B60 Recertification | M68 Added to Another Case |
| B61 Recertification - Timely Requirement Waived | M88 Failure to Comply with Finger Imaging Requirement - Legally Responsible Relative (HH > 1) |
| B62 Late Recertification (w/o Good Cause) | M90 Client Request - Written - PA and MA |
| B89 Removal of SSI Proration | M91 Client Request - Verbal - PA and MA |
| B90 SSI Proration | M92 Client Request - Written - Earned Income |
| E10 Failure to Keep/Complete Interview: No Scheduled Appt. | M93 Client Request - Verbal - Earned Income |
| E30 Excess Income (No TMA) | M94 Client Request - Written - PA Only |
| E31 Excess Income - Increased Earnings - TMA Eligible | M95 Client Request - Verbal - PA Only |
| E32 Excess Income - Increased Support Collection - MA Ext. | N10 Failure to Keep/Complete Appointment |
| E34 Excess Income - Receipt of SSI Single Individual | N13 Failure to Use/Apply for Benefit/Resource |
| E38 Excess Income - Lump Sum | N14 Filing Unit Member Failed to Apply |
| E39 Excess Income - COLA | N15 Failure to Keep Appointment - for Home Visit Including EVR/ FEDS |
| E40 Excess Income - Budgeting Error | N16 Failure to Contact Agency |
| E50 Failure to Return Periodic Report | N17 Failure to Complete Eligibility Process |
| E51 Failure to Complete Periodic Report - Questions | N19 Failure to Comply with Requirement to Look for Work |
| E52 Failure to Complete Periodic Report - Signature/Date | N21 Failure to Keep Employment Assessment Appointment |
| E53 Failure to Complete Periodic Report - Proof of Income | N53 Failure to Complete Periodic Report - Partial Proof |
| E54 Failure to Complete Periodic Report - Dated Early | P30 Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Job Search |
| E60 Unable to Locate | P31 Close FA Due to 60 Month Limit/Deny SNA - Failure to Comply w/Employment Assessment |
| E61 Not a Resident of District (Denial) | P32 Close FA/Deny SNA - Refusal to Take a Job |
| E63 Not a Resident of State (Denial) | R15 Restriction(s) Begins, Ends or is Denied |
| E64 Moved out of District Before Determination | R20 Recoupment Begins |
| E66 Not a Resident of State (Closing) | R30 Recoupment Pended |
| F11 Failure to Access PA Benefits | R40 Recoupment - Closing & Closed Cases |
| F19 Refusal to Cooperate with Quality Control | R50 TA Work Requirements Determination |
| F33 Excess Income - Deemed Income of Alien Sponsor (CT 11) | R60 Continue Vendor Payments |
| F34 Excess Income - Section 8 - Lower Standard of Need | R70 Client's Share of Temporary Housing Cost |
| F36 Responsibility of Former District | R71 Ineligible for Temporary Housing Assistance |
| F38 Excess Income - Lump Sum (No MA Ext.) | U40 Excess Resources |
| F52 Failure to Provide Information - Federal Reporting | U41 Transfer of Resources (CT 12, 16, 17) |
| F53 Refusal by Parent to Apply for Child (CT 11, 12 Only) | U42 Excess Resources - Refused to Sell Property |
| F81 Refused Photo ID - Single Individual | U43 Excess Resources - End of 6 Month Period |
| F98 Client Requests Child Care in Lieu of TA (CT 11, 12, 16, 17) | U44 Excess Resources - Deemed Resources of Alien Sponsor (CT 11) |
| G30 Close FA Due to 60 Month Limit/No SNA Application Filed | UI6 Excess Resources - No Elderly Individual Present |
| G31 Close FA Due to 60 Month Limit/Deny SNA - Separate SNA Notice Required | V20 Failure to Provide Verification |
| G32 Close FA Due to 60 Month Limit/Deny SNA - Refusal to Sign Repayment Agreement/Earnings Assignment | V21 Failure to Provide Verification (Denial) |
| G33 Close FA Due to 60 Month Limit/Deny SNA - Refusal to Apply for Child | V22 Failure to Provide Verification - Mail-In Recert |
| G38 FA Sixty Months Closing (CT 11 Only) | V23 Failure to Provide Verification - Parent/Spouse |
| G61 Not a Resident of District - Opened in Error | V24 Failure to Provide Verification - Step/Grandparent |
| I92 No Eligible Individual (Indiv. R/C Required) | V25 Failure to Provide Verification - Filing Unit |
| K65 Excess Support (Worker Authorized) - Closed Case | W10 Failure to Keep Investigatory Appointment |
| L65 Excess Support (Worker Authorized) - Active Case | W11 Failure to Keep Appointment for DSS Medical Assessment |
| L92 Restart Previously Notified Recoupment | X01 Issue Underpayment Adjustment |
| L99 PA Overpayment Balance Statement | X02 Underpayment Entirely Offset by Overpayment |
| M10 Failure to Recertify - On | X03 Underpayment Partially Offset by Overpayment |
| M11 Failure to Recertify - By | X04 Grant Reviewed - No Adjustment Needed |
| M12 Failure to Return Mail-In Recert | Y20 PA Benefit Not Changed (No New Budget) |
| M15 Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 16, 17) | Y22 Case Demographic Change Only |
| M24 Failure to Resolve a Computer Match | Y35 Suppress Print of LDSS-3209 (Authorization) |
| M25 Failure to Respond to a Computer Match Call-In | Y95 Application for Emergency Assistance Only |
| | Y98 Other - Manual Notice Required - (No MA Extension/E) |
| | Y99 Other - Manual Notice Required (1 Month MA Extension) |

| | | | |
|-----|---|-----|---|
| Z20 | Continuing Your PA and FS (Call-In) - "On/At" | 098 | Department of Social Services-Custody |
| Z21 | Continuing Your PA (Call-In) - "By" | 101 | Death |
| Z25 | Continuing Your PA and FS (Call-In) - Group Recertification | 105 | Employment or Increased Earnings of Father in Home |
| Z50 | PA Category Reassessment Call-In | 106 | Employment or Increased Earnings of Mother in Home |
| Z51 | Application Call-In | 107 | Employment or Increased Earnings of Child in Home |
| Z52 | PA Category Reassessment Call-In w/Appointment Address | 108 | Employment or Increased Earnings of Recipient in Home |
| Z53 | Application Call-In with Appointment Address | 109 | Employment or Increased Earnings of Other Person in Home |
| Z80 | Continuing Your PA and FS (Call-In) w/Appointment Address | 115 | Receipt of or Increase in Support as a Result of Absent Parent's Return (CT 11, 12) |
| Z81 | Continuing Your PA and FS (Call-In) - Group Recertification w/Appointment Address | 116 | Receipt of or Increase in Support as a Result of Marriage of Parent, Marriage of Unmarried Mother (CT 11, 12) |
| 002 | Loss of or Reduction in Earnings Due to Illness, Injury, or Other Impairment of Recipient (CT 16, 17, 19) | 120 | Receipt of or Increase in Benefits from Person Outside Home (Absent Father) |
| 005 | Loss of or Reduction in Earnings Due to Lay-off, Discharge, or Other Reason (CT 16, 17, 19) | 121 | Receipt of or Increase in Benefits from Person Outside the Home (Other Person) |
| 010 | Illness, Injury, or Other Impairment of Father (CT 11, 12) | 125 | Receipt of or Increase in Benefits of Persons Under Governmental Program: OASDI |
| 011 | Illness, Injury, or Other Impairment of Mother (CT 11, 12) | 126 | Receipt of or Increase in Benefits of Persons Under Other Federal |
| 012 | Illness, Injury, or Other Impairment of Other Grantee (CT 11, 12) | 127 | Receipt of or Increase in Benefits of Persons Under State or Local: Unemployment Ins. |
| 015 | Lay-off, Discharge, or Other Reason of Father (CT 11, 12) | 128 | Receipt of or Increase in Benefits of Persons Under Non-Governmental Program |
| 016 | Lay-off, Discharge, or Other Reason of Mother (CT 11, 12) | 130 | Receipt of or Increase in Benefits from Other Material Change in Income or Resources (Includes Lump Sum Pymts) |
| 017 | Lay-off, Discharge, or Other Reason of Other Grantee (CT 11, 12) | 135 | No Material Change in Income or Resources (Decreased Need for Other Requirement(s)) |
| 020 | Loss of or Reduction in Support of Child due to Death of Parent (CT 11, 12) | 139 | No Longer Meets Eligibility Requirements Other Than Need - Increased Hours (CT 12 Only) |
| 021 | Leaving Home by Parent and Stopping or Reducing Support for Reason of Divorce | 140 | No Longer Meets Eligibility Requirements Other Than Need - Change in State Law or Agency Policy Other Than Need |
| 022 | Leaving Home by Parent and Stopping or Reducing Support for Reason of Separation | 149 | Refused to Comply with Drug/Alcohol Treatment Requirement (Eligibility Requirement) |
| 023 | Leaving Home by Parent and Stopping or Reducing Support for Reason of Desertion | 150 | Recovery, Lien and/or Assignment Provisions (Eligibility Requirement) |
| 024 | Leaving Home by Parent and Stopping or Reducing Support for Reason of Other (Hospital, Imprisoned) | 151 | Relative Responsibility Provisions (Including Notice to Law Enforcement Officials)(Eligibility Requirement) |
| 030 | Loss of or Reduction in Support from Father Outside Home (Absent Throughout 6 Months Preceding Application) (CT 11, 12) | 158 | Refusal to Conduct Mandatory Job Search (Eligibility Requirement) |
| 035 | Loss of or Reduction in Support from Other Person in Home as a Result of Death | 159 | Refusal to Participate in Education, Employment or Training Program (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.) | 160 | No Longer Incapacitated (FA, SN-FP Parent) (Eligibility Requirement) |
| 037 | Loss of or Reduction in Support from Other Person in Home as a Result of Illness, Injury, or Other Impairment | 165 | FA, SN-FP Parent Returned (Eligibility Requirement) |
| 038 | Loss of or Reduction in Support from Other Person in Home as a Result of Lay-off, Discharge, or Other Reason | 170 | No Eligible Child in Home (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 | 171 | Admitted to Public Institution (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 | 172 | Admitted to Private Institution (Eligibility Requirement) |
| 050 | Loss of or Reduction in Support from Other Person in Home as a Result of Other Material Change in Resources | 175 | Client's Request (Eligibility Requirement) |
| 060 | Change in State Law or Agency Policy | 176 | Client's Request-Earned Income (PA Only) (Eligibility Requirement) |
| 065 | Increased Need Because of Return of Recipient or Relative (Ill or Previously Institutionalized) | 177 | No Contact (Eligibility Requirement) |
| 066 | Increased Need Because of Other Reason | 179 | Other (Including Moved Out of District) (Eligibility Requirement) |
| 070 | Increased Need Because of Living Below Agency Standards | 180 | Transferred to FA, SN-FP |
| 075 | Increased Need Because of Other (Non-Material Change in Income or Resources) | 181 | Transferred to PG-ADC, SN-CSH, SN-FNP |
| 076 | Increased Need Because of Authorized IV-D Payment | 182 | Transferred to EAF |
| 079 | Child Assistance Program (CAP) | 201 | Excess Income (CT 19, 60 Only) |
| 080 | Transferred From FA, SN-FP | 205 | Excess Resources (Includes Lump Sum Payments) |
| 081 | Transferred From PG-ADC, SN-CSH, SN-FNP | 215 | Not Deprived of Support or Care (Non-Financial Procedural Requirement) |
| 082 | Transferred From EAF | 220 | Undocumented Alien (Non-Financial Procedural Requirement) |
| 096 | ADC-FC Closing | 225 | Nonresident (Non-Financial Procedural Requirement) |
| 097 | Division of Youth-Custody | 230 | Recovery, Lien Assignment (Non-Financial Procedural Requirement) |
| | | 235 | Relative Responsible (Non-Financial Procedural Requirement) |

249 Refuses to Comply With Drug/Alcohol Treatment Requirement (Non-Financial Procedural Requirement)
 257 Failure to Comply With JOB Ready Evaluation (Non-Financial Procedural Requirement)
 258 Failure to Conduct Mandatory Job Search (Non-Financial Procedural Requirement)
 259 Refusal to Participate in Education, Employment or Training Program (Non-Financial Procedural Requirement)
 260 Other Procedural Requirement (Non-Financial Procedural Requirement)
 265 Unable to Locate (Non-Financial Procedural Requirement)
 270 Moved Out of District (Non-Financial Procedural Requirement)
 275 Death Before Determination
 279 Did not Complete Application/Incomplete Documentation
 280 Referred to Another Agency or Program
 285 Other (CT 19, 60 Only)
 903 CIN Unduplication (Data-entered)
 960 Change of Address (No Change to Benefits)
 965 Authorize IV-D, HEAP or Other Supportive Payment
 966 Other Clockdown Closing Change
 978 Transferred from FA, SN-FP to CAP
 984 Transferred from CAP
 991 Fair Hearing - Aid to Continue
 992 Court Order to Enjoin Closing
 993 Closed in Error
 994 Cancel Closing

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HEAP DENIAL/CLOSING (CT 11, 12, 16, 17, 60) (TT = 03, 05, 07)

F01 HEAP Excess Income (HEAP Only)
 F02 HEAP Previously Applied for/Automatic Payment Received (HEAP Only)
 F03 HEAP Emergency Denial - Not Customer of Record
 F04 HEAP Emergency Denial - Not Tenant of Record
 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
 A21 Regular Grant - Vendor (*System Generated - HEAP AutoPay Only*)

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 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> |
| <i>Increased Need Because of:</i> | C42 Accept Pregnancy, 100% |
| 065 Return of Recipient or Relative (Ill or Previously Institutionalized) | S35 Prenatal Care, Between 100% and 200% |
| 066 Other Reason | <i>Medicare Buy-In</i> |
| 070 Living Below Agency Standards | C40 Accept QMB |
| 075 Other | C44 Accept SLIMB |
| TRANSFERRED FROM OTHER PROGRAM | COBRA |
| 080 FA, SN-FP | C21 Conditional Acceptance, COBRA Continuation |
| 081 PG-ADC, SN-CSH, SN-FNP | C41 Accept COBRA Continuation |
| 082 Emergency Assistance to Families | <i>Health Insurance</i> |
| MA ONLY OPENING CODES | X26 Accept MA Payment of Insurance Premiums |
| 088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment | <i>Qualified Individual (QI-1)</i> |
| 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 | C28 QI-1 Acceptance |
| 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) | <i>Excess Income and Resources</i> |
| *091 Medical Bills Equal to or Greater than Excess Income | S20 Excess Income, Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AA) |
| 092 SSI Recipient Not Yet Appearing on SDX - Determined Eligible for MA-SSI | S20 Provisional Coverage Excess Income, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance or Over 65# (AB) |
| 093 Determined Eligible for MA-SSI | S20 Excess Income, 6 Month Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AC) |
| 094 Medical Need-No Recent Change in Financial Circumstances | S20 Excess Resources - Spenddown Not Met (AD) |
| 588 MSP Conversion | S20 Accept MA with a Spenddown, Excess Income & Resources, Both Met, FHP Ineligible to Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AE) |
| <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) | INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE |
|--|--|
| <p>S20 Excess Income & Resources, Resource Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65# (AF)</p> <p>S20 Excess Inc. & Res., Resource and 6 Month Spenddown Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee or Over 65, (AG)</p> <p>S20 Child 1-5 Over 133% Excess Income - Spenddown Met (BA)</p> <p>S20 Child 1-5 Over 133% Excess Income - 6 Mo. Spenddown Met (BC)</p> <p>S20 Child 1-5 Over 133% Excess Income/Resources - Both Met (BE)</p> <p>S20 Child 1-5 Over 133% Excess Income/Resources - Resource and 6 month Spenddown Met (BG)</p> <p>S20 Child 6-18, Over 100%, Exc. Inc., Spenddown Met (CA)</p> <p>S20 Child 6-18, Over 100%, Exc. Inc., 6 Mo. Spenddown Met (CC)</p> <p>S20 Child 6-18, Over 100%, Excess Income & Resources, Both Met (CE)</p> <p>S20 Child 6-18, Over 100%, Excess Income and Resources, Resources and 6 Month Spenddown Met # (CG)</p> | <p><i>Income Only</i></p> <p>V52 Individual - Income Contribution Only</p> <p>V53 Spousal - Income Contribution Only</p> <p><i>Income/Resource</i></p> <p>V54 Spousal - Income & Resource Contribution</p> <p>V55 Individual - Income & Resource Contribution</p> <p><i>No Liability</i></p> <p>V60 Individual - No Liability Toward Cost of Care</p> <p>V61 Spousal - No Liability Toward Cost of Care</p> <p><i>Resource Only</i></p> <p>V62 Spousal - Resource Contribution Only</p> <p>V63 Individual - Resource Contribution Only</p> <p><i>Waiver Recipient</i></p> <p>V56 Spousal - Waiver Recipient, Income/Resource Contribution</p> <p>V57 Spousal - Waiver Recipient, Income Contribution Only</p> <p>V58 Spousal - Waiver Recipient, Resource Contribution Only</p> <p>V59 Spousal - Waiver Recipient, No Liability Toward Cost of Care</p> |
| <p><i>Aliens</i></p> <p>C22 Non-Immigrant/Undocumented Immigrant, Emer. Coverage Only</p> <p>S77 Non-Immigrant/Undocu. Immigrant, Emerg., Excess Income, 6 Mo. Spenddown Met</p> <p>S78 Non-Immigrant/Undocumented Immigrant, Emergency, Excess Resources, Spenddown Met</p> <p>S79 Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income & Resources, Either Both Met or Resource and 6 Month Spenddown Met</p> <p><i>Transfers</i></p> <p>S68 Accept Limited Coverage Due to Transfer, Indiv. in Comm. Exc. Inc., Spenddown Not Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, or Over 65</p> <p>S69 Accept Limited Coverage Due to Transfer, Indiv. in Comm., No Excess</p> <p>S70 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer, No Excess</p> <p>S71 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Exc. Inc., Spenddown Met</p> <p>S72 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Resource and 6 Month Spenddown Met</p> <p>S73 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., Spenddown Met</p> <p>S74 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., 6 Month Spenddown Met</p> <p>S75 Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Exc. Res., Spenddown Met</p> <p>S76 Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Res., Spenddown Met</p> | <p>INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE - PREVIOUSLY PRIVATE PAY</p> <p><i>Income Only</i></p> <p>V64 Individual - Income Contribution Only</p> <p>V65 Spousal - Income Contribution Only</p> <p><i>Income/Resource</i></p> <p>V66 Spousal - Income and Resource Contribution</p> <p>V67 Individual - Income and Resource Contribution</p> <p><i>No Liability</i></p> <p>V72 Individual - No Liability Toward Cost of Care</p> <p>V73 Spousal - No Liability Toward Cost of Care</p> <p><i>Resource Only</i></p> <p>V74 Spousal - Resource Contribution</p> <p>V75 Individual - Resource Contribution</p> <p><i>Waiver Recipient</i></p> <p>V68 Spousal - Previously Waiver Recipient, Income & Resource Contribution</p> <p>V69 Spousal - Previously Waiver Recipient, Income Contribution</p> <p>V70 Spousal - Previously Waiver Recipient, Resource Contribution</p> <p>V71 Spousal - Previously Waiver Recipient, No Liability Toward Cost of Care</p> <p>* Code Allowed for Open/Close Transaction, Also Allowed as an Opening/Reopening Code.</p> <p>** Where Noted, Reason Code is Also Valid for Case Type 22.</p> |
| <p><i>Home Equity Excess</i></p> <p>C30 Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, No Spenddown</p> <p>S91 Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, Excess Income, Spenddown Met</p> <p>X91 Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, Excess Income and/or Resources, 6 Month Spenddown Met</p> | <p style="text-align: center;">DENIALS (03)</p> <p>FAILURE TO PROVIDE VERIFICATION</p> <p>E80 MA/FHP Failed to Provide Required Information about Non-Applying LRR, Inc. &/or Res.</p> <p>F24 Failure to Provide Req. Info. about Income of Non-Applying LRR</p> <p>U20 Verification of Factors Which Affect Eligibility, did not State Unable to get Information</p> <p>U21 Verification of Factors Which Affect Eligibility, Unable to Get Info., But Not a Good Reason</p> <p>X23 MA/FHP, Failed to Provide Amount of Resource(s) at Application</p> <p>FAILURE TO CHOOSE A HEALTH PLAN FOR FHP</p> <p>X45 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP</p> <p>X46 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC</p> <p>X47 Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent</p> |

WMSDATA-ENTERED CODES

| DENIALS (03) (Cont'd) | |
|---|---|
| EXCESS INCOME /RESOURCES(S/CC, FNP Parent) | |
| U35 | Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC |
| U49 | Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, 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, (Mother Did Not Receive MA in Any Month of Her Pregnancy), Excess Inc., Spenddown Not Met |
| 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 |
| U32 | Excess Income, Age 65 and Older |
| U34 | Deny MA Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP |
| U40 | Excess Resources, Age 65 and Older |
| U51 | Transfer of Assets, Institutionalized Indiv., Exc. Res., Spenddown Not Met |
| U52 | Transfer of Assets, Institutionalized Individual, Exc. Inc. and Res., Spenddown Not Met |
| U54 | Transfer of Assets, Institutionalized Indiv. Exc. Inc., Spenddown Not Met |
| U59 | Excess Income and Resources, Age 65 and Older |
| V85 | FPBP Ineligible Due to Excess Income, No Application for MA/FHP |
| X10 | Excess Income, Inpatient Hospital Bill, Does Not Meet 6 Month Excess |
| EQUIVALENT HEALTH INSURANCE | |
| V32 | Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent |
| V33 | Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC |
| V34 | Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP |
| LIVING ARRANGEMENT | |
| E60 | Unable to Locate |
| E61 | Not a Resident of District |
| E62 | Between 21-65, In a Psychiatric Institution |
| E63 | Not a State Resident |
| E79 | MA Not Provided in Current Living Arrangement |
| U79 | Concurrent Benefits, Intra or Inter-State |
| U84 | Concurrent Benefits, AFIS Match, Intra-State or Inter-State |
| BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21) | |
| B70 | Deny BCCTP - Not in Need of Treatment |
| B71 | Deny BCCTP - Not a Resident of State |
| B72 | Deny BCCTP - Other Health Insurance |
| V81 | Deny BCCTP - Failed to Complete the Eligibility Process |
| OTHER FAILURES | |
| E09 | Photo ID Refusal |
| F12 | Failure to Apply for SSA |
| F14 | Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program |
| F21 | Failure to Comply with Finger Imaging Requirements |
| F27 | Failure to Complete Interview |
| F40 | Failure to Enroll in a Group Health Plan 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 |
| 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 |
| HEALTH INSURANCE | |
| E81 | Deny QI-1 Annual Fund Exhausted |
| U80 | Qualified Individual (QI-1), Over Income or Other |
| X25 | Deny MA Payment of Health Insurance Premiums |
| X50 | Deny Payment of COBRA Continuation of Group Health Insurance Premiums |
| X52 | Medicare Buy-In Program, QMB Ineligible |
| X53 | Medicare Buy-In Program, SLIMB Ineligible |
| MBI-WPD | |
| B44 | Deny MBI-WPD, Failed to Provide a Medical Statement |
| B45 | Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination |
| B46 | Deny MBI-WPD, Death Before Determination, No Medical Bills in Retro Period |
| U19 | MBI-WPD Ineligible, Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Health Insurance |
| U60 | MBI-WPD Ineligible, Not Currently Working, Ineligible for MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income or Equivalent Insurance |
| U62 | Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, FP |
| U64 | Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, S/CC |
| U70 | Deny MBI-WPD, Failure to Submit Proof of Work, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance |
| U74 | MBI-WPD Ineligible, Not Certified Disabled, MA/FHP Ineligible, FNP |
| ALIENS | |
| E06 | Deny MA/FHP, Non-Immigrant/Undocumented Immigrant, No Medical Emergency |
| U63 | Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, FP |
| U73 | Deny, Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC |
| OTHER | |
| E18 | Death Before Determination, No Medical Bills in Retro Period |
| E19 | Death Before Determination, Insuff. Info. To Make a Deter. |
| F29 | Entered State to Obtain Medical Care |
| H15 | Client Request |
| U66 | Currently in Receipt of Assistance |
| Y99 | Other (Manual Notice Required) |
| NO ELIGIBLE INDIVIDUAL | |
| I94 | Used as Case Reason Code When All Case Members have an Indiv. Reason Code |

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WMSDATA-ENTERED CODES

| UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06) | |
|---|--|
| MA ONLY U/M CODES | S10 Change in Figures Used to Calculate Excess Inc. Amt. |
| 088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting From Employment | S19 Continue Exc. Resources - Spenddown Met (BAE) |
| 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 | S19 Increase in Excess Income Amount (AAK) |
| 092 SSI Recipient Not Yet on SDX-Determined Eligible for MA-SSI | S28 Spenddown to At or Below MA Level |
| 093 SSI New Opening on SDX-Determined Eligible for MA-SSI | U32 Excess Income, Age 65 and Older |
| 094 Medical Need-No Recent Change in Financial Circumstances | U33 Turning 19, Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Ins. or Public Employee, FPBP Ineligible due to Exc Inc or Eligible but Declines |
| U/MACTION WITH NO CHANGE IN BENEFITS | U40 Excess Resources, Age 65 or Older |
| 903 CIN Unduplication (TT 05 Only) (Data-entered) | U58 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Health Insurance or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP |
| Y61 No Longer IV-E Eligible | U59 Excess Income and Resources, Age 65 and Older |
| FAILURE TO RECERTIFY | U75 No Change in Excess Income Amount |
| F10 Discontinue MA/FHP Failed to Return Renewal Form | U85 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FP |
| F13 Discontinue Mother, MA/FHP Failed to Return Renewal Form, 60 Days Post-Partum, Infant Continues | U87 Spenddown to Family Health Plus, Chose a Plan |
| U14 Disc. FPBP, Failure to Return Renewal Form | U90 Turning 19, MA to FHP Due to Exc Inc and/or Res, Chose a Plan |
| FAILURE TO PROVIDE VERIFICATION | U95 Turning 65, FHP to MA with Exc Inc, Spenddown Not Met |
| E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res. | V76 Over 19, MA to FPBP Due to Exc Inc, FHP Ineligible Due to Equivalent Insurance or Public Employee |
| F24 Failure to Provide Required Info. About Income of Non-Applying LRR | V78 Over 19, MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Ins., or Public Employee, 60 Days Post-Partum, Infant Continues |
| U20 Discontinue MA/FHP/FPBP, Verification of Factors which Affect Eligibility, Did Not State Unable to Get Info. | V79 FHP to FPBP Due to Exc Inc and/or Res, Equivalent Health Ins., Public Employee, or Over 65 |
| U21 Discontinue MA/FHP/FPBP, Verification of Factors which Affect Eligibility, Unable to Get Info, But Not a Good Reason | V80 FHP to MA with Spenddown Due to Over Gross Inc, Chose Spenddown, Equivalent Health Insurance, or Public Employee, Spenddown Not Met, Under 65 |
| V17 Incorrect or Fraudulent Social Security Number | V84 Over 19, Inelig. for Family Planning due to Exc. Income. |
| X42 Disc. MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FP | V86 FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, FP |
| X43 Disc. MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, S/CC | V87 FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, S/CC |
| X44 Disc. MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FNP Parent | V88 Family Planning to MA, S/CC |
| EXCESS INCOME (S/CC, FNP Parent) | V89 Family Planning to MA, FP |
| U57 Discontinue MA Due to Exc. Inc. and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC | V90 Discontinue Family Planning, Eligible for FHP but Failed to Choose a Health Plan |
| U86 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, S/CC | V93 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, FNP Parent |
| U89 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FNP Parent | V94 Discontinue FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP |
| V77 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, S/CC | V95 MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, FP |
| X48 Disc. MA Due to Exc. Inc. and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent | X76 Decrease in Excess Income Amount |
| X86 FHP to MA, S/CC | X77 Decrease in Excess Income Due to COLA |
| EXCESS INCOME/RESOURCES (LIF, ADC-Rel, SSI-Rel) | X80 MA to Spenddown Due to Exc Inc, FHP Ineligible Due to Exc Inc, Chose Spenddown, or Over 65 |
| E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months | X81 MA to FHP Due to COLA, Chose a Plan |
| F48 Child 10-18, FPBP to MA, Inc Now Below 100% | X83 Turning 65, FHP Discontinuance, Excess Income |
| F82 Child 10-18, MA to FPBP | X84 Turning 65, FHP Discontinuance, Excess Resources |
| F83 Child 10-18, MA to FPBP Due to Exc Inc, Spenddown Not Met, 60 Days Post-Partum | X85 Turning 65, FHP Discontinuance, Exc. Inc. and Resources |
| S07 MA Level to Exc. Inc. Due to COLA, FHP Ineligible Due to Exc. Inc., Failed to Choose a Plan, Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65 | X88 FHP to MA, FNP Parent, FP |
| S08 Increase in Exc. Inc. Due to COLA | INCOME/RESOURCE RELATED POST-PARTUM |
| | S11 200% to 100% or MA Lev. During Pregnancy or 60 Day Post-Partum |
| | 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 |

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WMSDATA-ENTERED CODES

| UNDERCARE MAINTENANCE (05/ RECERTIFICATION (06)(cont'd) | TRANSITIONAL MEDICAL ASSISTANCE (TMA) |
|---|--|
| INCOME/RESOURCE RELATED POST-PARTUM (cont'd) | C01 TMA All Reports, Did Not Send Requested Info. |
| S27 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, Continue Infant, Chose a Plan | C02 TMA No Earnings in 1 or More of 3 Prev. Months |
| U25 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, S/CC | C03 TMA Income Over 185% |
| U26 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, FP | C04 TMA End 12 Mo. - Send in 10 th Month |
| 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 | E08 MA to TMA - 1 st 6 Months |
| 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 | H32 TMA Discontinuance, Receiving PA, MA Cont. |
| INCOME/RESOURCE RELATED - EXPANDED | S01 TMA did not Return Quarterly Report |
| E23 Child 1-19, Spenddown to Full Coverage | HEALTH INSURANCE |
| E44 Child Turning 6, Excess Income, Spenddown Not Met | C08 COBRA Continuation |
| E45 Child Turning 6, Excess Income/Resources, Spenddown Not Met | C09 QMB Continue Payment for Medicare |
| E49 Child Turning 1, Discontinue MA Due to Exc Inc, Spenddown Not Met | C10 SLIMB Continue Payment for Medicare |
| E55 Child 1-5, Exc Income, Spenddown Not Met | C23 Continue Payment of Medicare Part B, QI-1 |
| E56 Child 1-5, Exc Inc and Res, Spenddown Not Met | E81 Discontinue QI-1 Coverage, Annual Fund Exhausted |
| E68 Child Turning 1 Year, Exc. Inc. and Res., Spenddown Not Met | S17 Change from SLIMB to QMB Coverage |
| 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 | S18 Change from QMB to SLIMB Coverage |
| EQUIVALENT HEALTH INSURANCE | X14 No Longer Elig. For MA Payment of AHIP Premiums |
| V35 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent | X18 Discontinue Payment of Medicare Part B, QI-1 |
| V36 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC | X25 Discontinue Payment of Health Insurance Premiums |
| V37 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP | X50 Discontinue Payment of COBRA Continuation GHIP |
| LIVING ARRANGEMENT | X51 Discontinue Payment of COBRA Continuation Group Health Insurance Premiums. Prior Conditional Acceptance. |
| E60 Unable to Locate | X52 Medicare Buy-In Program, QMB |
| E61 Not a Resident of District | X53 Medicare Buy-In Program, SLIMB |
| E62 Between 21-65, in a Psychiatric Institution | X70 Discontinue QI-1, Over Income |
| E63 Not a State Resident | MBI-WPD |
| E79 MA Not Provided in Current Living Arrangement | U11 MBI-WPD to Excess Income, Spenddown Not Met, Turning 65 |
| E85 Moved Out of Household, No Forwarding Address | U12 MBI-WPD to Excess Income, Spenddown Not Met |
| U65 Not a Resident of District (MA Ext.) | U17 MBI-WPD to MA, Full Coverage |
| U77 Concurrent Benefits, Intra-State – No Aid Continuing | U18 Discontinue 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 |
| U78 Concurrent Benefits, Inter-State – Aid Continuing | U27 Discontinue MBI-WPD, Turning 65, Excess Resource, Spenddown Not Met |
| BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21) | U28 Discontinue MBI-WPD, No Longer Working, Excess Resources, Spenddown Not Met, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Insurance or Public Employee |
| B78 Continue MA/BCCTP Unchanged | U30 MBI-WPD Ineligible Due to Non-Financial Reasons, to MA with Spenddown, Spenddown Not Met, FHP Ineligible Due to Exc. Inc., Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65 |
| U24 Spenddown to BCCTP | U50 MA to MBI-WPD, Client Request |
| V83 BCCTP to Regular MA | U53 Spenddown to 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 |
| OTHER FAILURES | ALIEN |
| E09 Disc., Photo ID Refusal | C14 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant |
| F12 Failure to Apply for SSA | E02 Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency |
| F21 Failure to Comply with Finger Imaging Requirements | E03 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, Infant Continues |
| F40 Failure to Enroll in a Group Health Plan | TRANSFER |
| U71 Failure to Comply with Alcohol/Substance Abuse Requirements | 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 Limit Cov. & Exc. Inc. - Spenddown Met |
| V31 Failure to Provide Social Security Number | U54 Transfer of Assets, Institutionalized Individual, Excess Income, Spenddown Not Met |
| V38 Failure to Contact Agency | U55 Transfer of Assets, Institutionalized Individual, Excess Resources, Spenddown Not Met |
| | U56 Transfer of Assets, Institutionalized Individual, Excess Income and Resources, Spenddown Not Met |

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WMSDATA-ENTERED CODES

| UNDERCARE MAINTENANCE (05)/ RECERTIFICATION (06) (cont'd) | OTHER (Cont'd) |
|---|--|
| HOME EQUITY EXCESS | C12 Add FPBP Person(s) to MA Case |
| C31 Continue MA Unchanged, Institutionalized Individ., Home Equity Interest Exceeds Limit, No Undue Hardship, No Spenddown | C13 Infant up to Age 1 Guarantee, Continue Unchanged |
| S29 Continue MA Unchanged, Institutionalized Individ., Home Equity Exceeds Limit, No Undue Hardship, Spenddown Met, Exc. Inc. and Res. Spenddown Met, 6 Month Spenddown Met | C15 Continue FPBP Unchanged |
| SHORT TERM REHABILITATION | C16 Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support |
| S33 Accept, Short Term Rehabilitative Nursing Home Care (Undercare Only) | C20 Add Person(s) to FPBP Case |
| S34 Deny, Short Term Rehabilitative Nursing Home Care (Undercare Only) | E90 Client Request, MA/FHP/FPBP |
| INTENT TO ESTABLISH LIABILITY TOWARD CHRONIC CARE | E95 Death (Individual) |
| V52 Individual - Income Contribution Only | S06 Intent to Impose Lien on Real Property - Instit. Individ. |
| V53 Spousal - Income Contribution Only | S87 Continue MA Unchanged (Attestor or Current Documenter Failed to Verify) |
| V54 Spousal - Income/Resource Contribution | U37 FHP TO MA, Pregnant, MA Eligible Chose MA |
| V55 Individual - Income/Resource Contribution | U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP |
| V56 Spousal - Waiver Recipient Income/Resource Contribution | U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP |
| V57 Spousal - Waiver Recipient Income Contribution Only | U66 Currently in Receipt of Assistance |
| V58 Spousal - Waiver Recipient Resource Contribution Only | X23 Failed to Provide Amount of Resources at Renewal |
| V59 Spousal - Waiver Recipient No Liability Toward Cost | Y35 Suppress Printing of LDSS-3209 (Authorization) (Changes Limited to Off/Unit/Wrkr, Co-op Case #, Phone #) |
| V60 Individual - No Liability Toward Cost of Care | Y77 Undercare Case Maintenance |
| V61 Spousal - No Liability Toward Cost of Care | Y78 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Employment |
| V62 Spousal - Resource Contribution Only | Y79 Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Loss of 30 1/3 |
| V63 Individual - Resource Contribution Only | Y90 Discontinue - Agency/Client Error |
| RECALCULATION OF CONTRIBUTION TOWARD CHRONIC CARE | Y99 Other |
| V11 Recalculation of Contribution Toward Chronic Care-Single-COLA | USED WITH INDIVIDUAL REASON CODE(S) |
| V12 Recalculation of Contribution Toward Chronic Care-Spousal - COLA | I89 Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code |
| V40 Spousal - Income Contribution Only | INFORMATIONAL LETTERS |
| V41 Individual - Income Contribution Only | I90 Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 through T02 |
| V42 Individual - Resource Contribution Only | SPENDDOWN MET |
| V43 Spousal - Resource Contribution Only | T01 Spenddown Met - Bills/Receipts or Combination Bills/Receipts and Pay-In |
| V44 Spousal - Income Contribution Remains The Same | T02 Spenddown Met - Pay-In Only |
| V45 Individual - Income Contribution Remains The Same | MA TO FHP, MUST CHOOSE A PLAN |
| V46 Spousal - Income/Resource Contribution | T03 MA to FHP, Must Choose Plan, FNP, S/CC |
| V47 Individual - Income/Resource Contribution | T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP |
| V48 Spousal - No Liability Toward Cost of Care | T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan |
| V49 Individual - No Liability Toward Cost of Care | SOCIAL SECURITY INFORMATIONAL LETTERS |
| V50 Individual - Exc. Res./Inc. Contribution Remains the Same | T06 SSN Failed Verification/Validation (Active Case) |
| V51 Spousal - Exc. Res./Inc. Contribution Remains the Same | T07 SSN Failed Verification/Validation (Application) |
| PAY-IN | FAMILY PLANNING TO FHP, MUST CHOOSE A PLAN |
| S15 Pay-In Credit Due to Uncovered Expenses | T09 Family Planning to Family Health Plus, FP, Must Choose a Plan |
| S16 Pay-In Refund Due to Uncovered Expenses | T10 Family Planning to Family Health Plus, S/CC, Must Choose a Plan |
| CONTINUOUS COVERAGE | MBI-WPD to MA |
| C17 Continuous Coverage | T11 MBI-WPD to MA, Turning 65 |
| E64 Continuous Coverage - Moved Out of District | T12 MBI-WPD to MA, No Longer Working |
| E65 Disc., Elig. for Continuous Coverage, Moved Out of District, Accepted in New District | U29 MBI-WPD to MA Excess Income Spenddown not Met, No Longer Working |
| NEWBORN/UNBORN | COMMUNITY COVERAGE |
| E97 Newborn Added to Case in Error | C26 Community Coverage w/o LTC to Community Coverage w/Community Based LTC |
| E99 Newborn Deceased | C27 Community Coverage to All Covered Care and Services |
| OTHER | C60 Community Coverage without Community Based-LTC to All Covered Care and Services, FP |
| C05 Continue MA/Family Health Plus Unchanged | C61 Community Coverage without Community Based - LTC to All Covered Care and Services, S/CC |
| C06 Add Person to MA Case | |
| C07 Add Person to FHP Case | |
| C11 Stenson - Continue Unchanged | |

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| UNDERCARE MAINTENANCE (05)/RECERTIFICATION(06) (Cont'd) | EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel) (Cont'd) |
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| <p>COMMUNITY COVERAGE (Cont'd)</p> <p>C62 Community Coverage with Community Based - LTC to All Covered Care and Services, S/CC</p> <p>S64 All Covered Care and Services to Community Coverage w/No LTC Due to Failure to Provide Documentation of Resources, No Spenddown</p> <p>S65 Continue MA Unchanged, Limited Benefit Package Due to Resource Documentation</p> <p>S86 Community Coverage w/Community Based LTC to Community Coverage w/No LTC, Failed to Provide Documentation of Resources at Renewal, No Spenddown</p> | <p>E56 Child 1-5, Exc Inc and Res, Spenddown Not Met</p> <p>E68 Child Turning 1, Exc Inc and Res, Spenddown Not Met</p> <p>U32 Exc Inc</p> |
| CLOSING (07)/RECERTIFICATION CLOSING (08) | <p>EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel) (Cont'd)</p> |
| <p>FAILURE TO RECERTIFY</p> <p>F10 Discontinue MA/FHP Failed to Return Renewal Form</p> <p>U14 Disc. FPBP, Failure to Return Renewal Form</p> <p>FAILURE TO PROVIDE VERIFICATION</p> <p>E80 Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res., Age 65 & Older, CC</p> <p>F24 Failure to Provide Required Info. About Income of Non-Applying LRR</p> <p>S63 Discontinue MA/FHP Failure to Provide Information to Clear Up Discrepancy</p> <p>U20 Discontinue MA/FHP/FPBP, Due to Verification of Factors which Affect Eligibility, Did Not State Unable to Get Info.</p> <p>U21 Discontinue MA/FHP/FPBP, Due to Verification of Factors which Affect Eligibility, Unable to Get Info, But Not a Good Reason</p> <p>V17 Incorrect or Fraudulent Social Security Number</p> <p>FAILED TO CHOOSE A HEALTH PLAN FOR FHP</p> <p>X42 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP</p> <p>X43 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC</p> <p>X44 Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent</p> | <p>U33 Turning 19, Exc Inc and/or Res, Equivalent Health Insurance or Public Employee, FHP Ineligible Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines</p> <p>U40 Exc Res, Age 65 and Older</p> <p>U54 Transfer of Assets, Institutionalized Indiv., Exc. Inc., Spenddown Not Met</p> <p>U55 Transfer of Assets, Institutionalized Indiv., Exc. Resources, Spenddown Not Met</p> <p>U56 Transfer of Assets, Institutionalized Indiv., Exc. Inc. & Res. Spenddown Not Met</p> <p>U58 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP</p> <p>U59 Exc Inc and Res, Age 65 and Older</p> <p>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</p> <p>V80 FHP to MA Excess Income SD Not Met, Under 65</p> <p>V94 Discontinue FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP</p> <p>X15 Discontinue Mother Excess Income or Income & Resources, Post-Partum, FHP/FPBP Ineligible, No Infant, FP</p> <p>X83 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc</p> <p>X84 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Res</p> <p>X85 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc and Res</p> |
| <p>EXCESS INCOME (S/CC, FNP Parent)</p> <p>U57 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC</p> <p>U72 Excess Inc. Due to COLA, Single/Childless Couple</p> <p>X17 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc In and/or Res, FPBP Ineligible Due to Exc Inc, 60 Days Post-Partum, No Infant, S/CC</p> <p>X48 Discontinue MA due to Exc Inc and/or Res, FHP Ineligible Due to Exc. Inc. and/or Res., Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent</p> | <p>EQUIVALENT HEALTH INSURANCE</p> <p>V35 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent</p> <p>V36 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC</p> <p>V37 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP</p> <p>V39 Discontinue FHP Due to Equivalent Insurance or Public Emp.</p> |
| <p>EXCESS INCOME/RESOURCES/TRANSFERS (LIF, ADC-Rel, SSI-Rel)</p> <p>E22 Failed to Meet or Pay-In Excess Income for 3 Consec Months</p> <p>E44 Child Turning 6, Excess Income, Spenddown Not Met</p> <p>E45 Child Turning 6, Excess Income and Resources, Spenddown Not Met</p> <p>E47 Exc. Inc., Child Turning 6</p> <p>E48 Exc. Inc. and Res., Child Turning 6</p> <p>E49 Child Turning 1, Discontinue MA Due to Exc Inc, Spenddown Not Met</p> <p>E55 Child 1-5, Exc Income, Spenddown Not Met</p> | <p>LIVING ARRANGEMENT</p> <p>E60 Unable to Locate</p> <p>E61 Not a Resident of District</p> <p>E62 Between 21-65, In a Psychiatric Institution</p> <p>E63 Not a State Resident</p> <p>E79 MA Not Provided in Current Living Arrangement</p> <p>E85 Moved Out of Household, No Forwarding Address</p> <p>U65 Not a Resident of District (MA Ext.)</p> <p>U77 Concurrent Benefits, Intra-State – No Aid Continuing</p> <p>U78 Concurrent Benefits, Inter-State – Aid Continuing</p> <p>BREAST & CERVICAL CANCER TREATMENT PROGRAM (BCCTP) (District 99 Only) (Case Types 20 & 21)</p> <p>B73 Discontinue BCCTP - Client Request</p> <p>B74 Discontinue BCCTP - Failure to Recertify</p> <p>B75 Discontinue BCCTP - Other Health Insurance</p> <p>B76 Discontinue BCCTP - Moved Out-of-State</p> <p>B77 Discontinue BCCTP - Death</p> <p>V82 Discontinue BCCTP - Treatment Ended</p> <p>V83 Discontinue BCCTP to MA</p> <p>FAMILY PLANNING BENEFIT PROGRAM</p> <p>U91 Child 6-18, Dis MA Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc, Eligible but Declines, or Age Ineligible</p> |

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| <p>QUALIFIED INDIVIDUALS (QI-1) E81 QI-1, Annual Fund Exhausted X18 Discontinue MBI-WPD, Client Request X70 QI-1, Over Income</p> <p>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</p> <p>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</p> <p>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</p> <p>TRANSITIONAL MEDICAL ASSISTANCE (TMA) H30 TMA Discontinue, No Dependent Child Under 21 H31 TMA Discontinue, Fraud H32 TMA Discontinue, Receiving PA, MA Continues</p> <p>HEALTH INSURANCE X14 No Longer Elig. For MA Payment of AHIP Premiums X25 Discontinue Payment of Health Insurance 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</p> <p>MBI-WPD 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</p> <p>ALIENS C14 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant E02 Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency</p> <p>CONTINUOUS COVERAGE E65 Eligible for Continuous Coverage, Moved Out of District, Accepted in New District</p> <p>NEWBORN/UNBORN E98 Newborn Case Opened in Error E99 Newborn Deceased</p> <p>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)</p> <p>NO ELIGIBLE INDIVIDUAL I 94 Used as Case Reason Code When ALL Case Members Have an Individual Reason Code</p> | <p>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</p> <hr/> <p style="text-align: center;">REACTIVATION (11)</p> <hr/> <p>991 Fair Hearing - Aid to Continue 992 Court Order to Enjoin Closing 993 Closed in Error 994 Cancel Closing</p> |
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| B44 Deny MBI-WPD, Failed to Provide a Medical Statement | E06 Deny MA/FHP Non-Immigrant/Undocumented Immigrant, No Medical Emergency |
| B45 Deny MBI-WPD, Death Before Determination, Insufficient Info to Make a Determination | E08 MA to TMA 1 st 6 Months |
| B46 Deny MBI-WPD, Death Before Determination, No Medical Bills in Retro Period | E09 Photo ID Refusal |
| B70 Deny BCCTP - Not in Need of Treatment | E13 OMH/OMR Case Type 20 Disch. Into the Community, or Art. 28 or 31 Facility |
| B71 Deny BCCTP - Not a Resident of State | E14 OMH/OMR Case Type 22 Disch. Into Community, or Article 28 or 31 Facility |
| B72 Deny BCCTP - Other Health Insurance | E15 OMH Only, Lost Elig. Due to Turning Age 22 and In Psych. Center or Resid. Treatment Facility |
| B73 Discontinue BCCTP - Client Request | E18 Death Before Determination, No Medical Bills in Retro. Period |
| B74 Discontinue BCCTP - Failure to Recertify | E19 Death Before Determination, Insuff. Info. To Make a Determination |
| B75 Discontinue BCCTP - Other Health Insurance | E22 Failed to Meet or Pay-In Excess Income for 3 Consecutive Months |
| B76 Discontinue BCCTP - Moved Out-of-State | E23 Child 1-19, Spenddown to Full Coverage |
| B77 Discontinue BCCTP - Death | E44 Child Turning 6, Excess Income, Spenddown Not Met |
| B78 Continue MA/BCCTP Unchanged | E45 Child Turning 6, Excess Income and Resources, Spenddown Not Met |
| C01 TMA All Reports, Did Not Send Requested Info. | E49 Child Turning 1, Discontinue MA Due to Exc Inc, Spenddown Not Met |
| C02 TMA No Earnings in 1 or More of 3 Previous Months | E55 Child 1-5, Exc Income, Spenddown Not Met |
| C03 TMA Income Over 185% | E56 Child 1-5, Exc Inc and Res, Spenddown Not Met |
| C04 TMA End 12 Month Send in 10 th Month | E59 Pregnant Woman Excess Income Over 200% of FPL, Bills Do Not Meet Spenddown |
| C05 Continue MA/Family Health Plus Unchanged | E60 Unable to Locate |
| C06 Add person to MA Case | E61 Not a Resident of District |
| C07 Add person to FHP Case | E62 Between 21-65 in Psychiatric Institution |
| C08 COBRA Continuation | E63 Not a State Resident |
| C09 QMB Continue Payment for Medicare | E64 Continuous Coverage - Moved Out of District |
| C10 SLIMB Continue Payment for Medicare | E65 Elig. for Continuous Coverage, Moved Out of District. Accepted in New District. |
| C11 Stenson - Continue Unchanged | E67 Child Up to Age One (Mother Did Not Receive MA in Any Month of Her Pregnancy), Excess Income, Spenddown Not Met |
| C12 Add FPBP Person(s) to MA Case | E68 Child Turning 1, Exc Inc and Res, Spenddown Not Met |
| C13 Infant up to Age 1 Guarantee, Continue Unchanged | E79 MA Not Provided in Current Living Arrangement |
| C14 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, No Infant | E80 MA/FHP, Failure to Provide Required Info. About Non-Applying LRR, Inc. &/or Res. |
| C15 Continue FPBP Unchanged | E81 Discontinue QI-1, Annual Fund Exhausted |
| C16 Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support | E85 Moved Out of Household, No Forwarding Address |
| C17 Continuous Coverage | E90 Client Request, MA/FHP/FPBP |
| C19 Accept BCCTP | E95 Death (Single Person) |
| C20 Add Person(s) to FPBP Case | E97 Newborn Added to Case in Error |
| C21 Conditional Acceptance, COBRA Continuation | E98 Newborn Case Opened in Error |
| C22 Non-Immigrant/Undocumented Immigrant, Emergency Coverage Only | E99 Newborn Deceased |
| C23 Continue Payment of Medicare Part B, QI-1 | F10 Discontinue MA/FHP Failed to Return Renewal Form |
| C24 Accept Community Coverage with Community Based LTC | F12 Failure to Apply for SS |
| C26 Community Coverage w/o LTC to Community Coverage w/ Community Based LTC | F13 Discontinue Mother, MA/FHP Failed to Return Renewal Form, 60 Days Post-Partum, Infant Continues |
| C27 Community Coverage to All Covered Care and Services | F14 Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program |
| C28 QI-1 Acceptance | F21 Failure to Comply with Finger Imaging Requirements |
| C30 Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, No Spenddown | F24 Failure to Provide Req. Info. about Income of Non-Applying LRR |
| C31 Continue MA Unchanged, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, No Spenddown | F27 Failure to Complete Interview |
| C40 Accept QMB | F29 Entered State to Obtain Medical Care |
| C41 Accept COBRA Continuation | F40 Failure to Enroll in a Group Health Plan through Employer |
| C42 Accept Pregnancy, 100% | F48 Child 10-18, FPBP to MA, Inc. Now Below 100% |
| C43 Accept FPBP, Waived Right to MA/FHP | F82 Child 10-18, MA to FPBP |
| C44 Accept SLIMB | F83 Child 10-18, MA to FPBP Due to Exc Inc, Spenddown Not Met, 60 Days Post-Partum |
| C50 All Covered Care and Services | H10 Spousal Impoverishment - Failure to Provide Resource |
| C60 Community Coverage without Community Based - LTC to All Covered Care and Services, FP | H11 Spousal Impoverishment - Failure to Provide Resource Information - No Undue Hardship |
| C61 Community Coverage without Community Based - LTC to All Covered Care and Services, S/CC | |
| C62 Community Coverage with Community Based LTC to All Covered Care and Services, S/CC | |
| E02 Discontinue MA Non-Immigrant/Undocumented Immigrant, End of Medical Emergency | |
| E03 Discontinue MA Non-Immigrant/Undocumented Immigrant Post-Partum, Infant Continues | |

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| H15 | Client Request | S63 | Discontinue MA/FHP Failure to Provide Information to Clear Up Discrepancy |
| H16 | Failed to Provide a Medical Statement to Determine Disability/Incapacity, FNP or S/CC | S64 | All Covered Care and Services to Community Coverage with no LTC Due to Failure to Provide Documentation of Resources, No Spenddown |
| H30 | TMA Discontinue - No Dependent Child Under 21 | S65 | Continue MA Unchanged, Limited Benefit Pkg. Due to Resource Documentation |
| H31 | TMA Discontinue - Fraud | 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 |
| H32 | TMA Discontinue Receiving PA, MA Continues | 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 |
| I89 | Used as Case Reason Code When Some or All Case Members Have an Individual Reason Code | S68 | Accept Limited Coverage Due to Transfer, Indiv. in Comm., Exc. Inc., Spenddown Not Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, or Over 65 |
| I90 | Used as Case Reason Code When Some or All Members Have an Individual Reason Code of T01 or T02 | S69 | Accept Limited Coverage Due to Transfer Indiv. in Comm. No Excess |
| I94 | Used as Case Reason Code When All Case Members have an Indiv. Reason Code | S70 | Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer No Excess |
| S01 | TMA did not Return Quarterly Report | S71 | Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Excess Inc., Spenddown Met |
| S02 | Transfer by Instit. Indiv. Reduce from Full to Limited Coverage | S72 | Accept Instit. Indiv., Limited Coverage Due to Prohib. Transfer, Resource and 6 Month Spenddown Met |
| S05 | Change in Transfer Period - Instit. Indiv. | S73 | Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Inc., Spenddown Met |
| S06 | Intent to Impose Lien on Real Property - Instit. Indiv. | S74 | Accept Limited Coverage Due to Transfer Indiv. in Comm. Excess Income, 6 Month Spenddown Met |
| S07 | MA Level to Exc. Inc. Due to COLA, FHP Ineligible Due to Excess Income, Failed to Choose a Plan, Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65 | S75 | Accept Instit. Indiv. Limited Coverage Due to Prohib. Transfer Exc. Res., Spenddown Met |
| S08 | Increase in Exc. Inc. Due to COLA | S76 | Accept Limited Coverage Due to Transfer Indiv. in Comm. Exc. Res., Spenddown Met |
| S09 | Instit. Indiv. - Transfer - MA Level To Limit Cov. & Exc. Inc. - Spenddown Met | S77 | Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income, 6 Month Spenddown Met |
| S10 | Change in Figures Used to Calculate Excess Inc. Amount | S78 | Non-Immigrant/Undocumented Immigrant, Emergency, Excess Resources Spenddown Met |
| S11 | 200% to 100% or MA Level During Pregnancy or 60 Day Post-Partum | S79 | Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income & Resources, Either Both Met or Resources and 6 Month Spenddown Met |
| S15 | Pay-In Credit Due to Uncovered Expenses | 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 |
| S16 | Pay-In Refund Due to Uncovered Expenses | S81 | Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, FP |
| S17 | Change from SLIMB to QMB Coverage | S82 | Accept Community Coverage without LTC |
| S18 | Change from QMB to SLIMB Coverage | S83 | Accept Institutionalized Individual Ancillary Only, Failed to Provide Documentation of Resources, Excess Income, Spenddown Not Met |
| S19 | Spenddown (See Undercare Codes) | S84 | Accept Institutionalized Individual, Ancillary Only due to Failure to Provide Documentation of Resources (No Excess Income) |
| S20 | Spenddown (See Opening Codes) | S85 | Accept Community Coverage w/Community Based LTC Due to Failure to Verify |
| 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 | S86 | Community Coverage w/Community Based LTC to Community Coverage w/No LTC, Failed to Provide Documentation of Resources at Renewal, No Spenddown |
| S27 | MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, Continue Infant, Chose a Plan | S87 | Continue MA Unchanged (Attestor or current Documenter Failed to Verify) |
| S28 | Spenddown to At or Below MA Level | 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 |
| S29 | Continue MA Unchanged, Institutionalized Individual, Home Equity Exceeds Limit, No Undue Hardship, Spenddown Met, Excess Income and Resources Spenddown Met, 6 Month Spenddown Met | S91 | Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, Excess Income, Spenddown Met |
| S32 | Accept MBI-WPD, No Premium Payment | | |
| S33 | Accept, Short-Term Rehabilitative Nursing Home Care (Undercare Only) | | |
| S34 | Deny, Short-Term Rehabilitative Nursing Home Care (Undercare Only) | | |
| S35 | Prenatal Care, Between 100% and 200% | | |
| S37 | Accept FHP, MA Ineligible Due to Exc Inc and/or Res, FNP Parent | | |
| S38 | Accept FHP, MA Ineligible Due to Exc Inc and/or Res, FP | | |
| S39 | Accept FHP-MA Ineligible Due to Exc Inc and/or Res. | | |
| 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 | | |
| S58 | Approve Ongoing, Deny Retro MA Due to Exc Inc and/or Res, S/CC | | |
| 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 | | |
| 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 | | |

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| T01 Spenddown Met - Bills/Receipts or Combination Bills/ Receipts and Pay-In | U50 MA to MBI-WPD, Client's Request |
| T02 Spenddown Met - Pay-In Only | U51 Denial, Transfer of Assets, Institutionalized Individual, Excess Resources, Spenddown Not Met |
| T03 MA to FHP, Must Choose Plan, FNP, S/CC | U52 Denial, Transfer of Assets, Institutionalized Individual, Excess Income & Resources, Spenddown Not Met |
| T04 MA to FHP Spenddown Eligible, Must Choose Plan, FP | U53 Spenddown to MBI-WPD |
| T05 MA to FHP Spenddown Eligible, Post-Partum, Must Choose a Plan | U54 Transfer of Assets, Institutionalized Individual, Excess Income, Spenddown Not Met |
| T06 SSN Failed Verification/Validation (Active Case) | U55 Discontinue MA Due to Transfer of Assets, Institutionalized Indv., Exc. Res., Spenddown Not Met |
| T07 SSN Failed Verification/Validation (Application) | U56 Discontinue MA, Transfer of Assets, Institutionalized Indv., Exc. Inc. & Res., Spenddown Not Met |
| T09 Family Planning to Family Health Plus, FP, Must Choose a Plan | U57 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC |
| T10 Family Planning to Family Health Plus, S/CC, Must Choose a Plan | U58 Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP |
| T11 MBI-WPD to MA, Turning 65 | U59 Excess Income and Resources, Age 65 and Older |
| T12 MBI-WPD to MA, No Longer Working | U60 Deny MBI-WPD Not Currently Working |
| U11 MBI-WPD to Excess Income, Spenddown Not Met, Turning 65 | U62 Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, FP |
| U12 MBI-WPD to Excess Income, Spenddown Not Met | U63 Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, FP |
| U14 Disc. FPBP, Failure to Return Renewal | U64 Deny MBI-WPD, Not Certified Disabled, MA Ineligible Excess Income and/or Resources, FHP Ineligible Excess Income or Equivalent Insurance, S/CC |
| U17 MBI-WPD to MA, Full Coverage | U65 Not a Resident of District (MA Extension) |
| 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 | U66 Already in Receipt of Medicaid |
| U19 Deny MBI-WPD, Excess Income and/or Resources | 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 |
| U20 Discontinue MA/FHP/FPBP Due to Verification of Factors Which Affect Eligibility, Did Not State Unable to Get Info | U71 Failure to Comply with Alcohol/Subst. Abuse Requirements |
| U21 Discontinue MA/FHP/FPBP due to Verification of Factors Which Affect Eligibility, Unable to Get Info, But Not a Good Reason | U72 Excess Inc. Due to COLA, Single/Childless Couple |
| U24 Spenddown to BCCTP | U73 Deny Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC |
| U25 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, S/CC | U74 MBI-WPD Ineligible, Not Certified Disabled, MA/FHP Ineligible, FNP |
| U26 MA to FHP Due to Exc Inc and/or Res, 60 Days Post-Partum, No Infant, Chose a Plan, FP | U75 No Change in Exc. Inc. Amt. |
| U27 Disc. MBI-WPD, Turning 65, Excess Resources, Spenddown Not Met | U77 Concurrent Benefits, Intra-State - No Aid Continuing |
| U28 Disc. MBI-WPD, No Longer Working, Excess Resources, Spenddown Not Met, FHP Ineligible Due to Exc. Inc. and Res., Equivalent Health Insurance or Public Employee | U78 Concurrent Benefits, Inter-State - Aid Continuing |
| U30 MBI-WPD Ineligible Due to Non-Financial Reasons, to MA with Spenddown, Spenddown Not Met, FHP Ineligible Due to Excess Income, Chose Spenddown, Equivalent Health Insurance, Public Employee, or Over 65 | U79 Concurrent Benefits, Intra or Inter-State |
| U32 Excess Income, Age 65 and Older | U80 Qualified Individual (QI-1), Over Income or Other |
| U33 Turning 19, Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines | U84 Concurrent Benefits, AFIS Match, Intra-State or Inter-State |
| U34 Deny MA, Exc Inc and/or Res, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP | U85 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FP |
| U35 Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, S/CC | U86 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, S/CC |
| U37 FHP to MA, Pregnant, MA Eligible, Chose MA | U87 Spenddown to Family Health Plus, Chose a Plan |
| U38 Continue FHP Unchanged, Pregnant, MA Eligible But Did Not Choose MA or FHP | U89 MA to FHP Due to Exc Inc and/or Res, Chose a Plan, FNP Parent |
| U39 Continue FHP Unchanged, Pregnant, MA Eligible Chose to Stay-in FHP | U90 Turning 19, MA to FHP Due to Exc Inc and/or Res, Chose a Plan |
| U40 Excess Resources, Age 65 and Older | 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 |
| U49 Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent | U95 Turning 65, FHP to MA with Exc Inc, Spenddown Not Met |
| | V10 Failure to Appear for Interview Appointment with Agency |
| | V11 Recalculation of Contribution Toward Chronic Care-Single-COLA |
| | V12 Recalculation of Contribution Toward Chronic Care-Spousal-COLA |
| | V13 Failure to Utilize Benefits and/or Resources |

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WMSDATA-ENTERED CODES

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|-----|---|-----|---|
| V14 | Failure to Complete the Declaration of Citizenship/ Immigration Status | V78 | Over 19, MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, 60 Days Post-Partum, Infant Continues |
| V17 | Incorrect or Fraudulent Social Security Number | V79 | FHP to FPBP Due to Exc Inc and/or Res, Equivalent Health Insurance, Public Employee, or Over 65 |
| V30 | Failure to Comply with IV-D Requirements | V80 | FHP to MA with Spenddown Due to Over Gross Income, Chose Spenddown, Equivalent Health Insurance, or Public Employee, Spenddown Not Met, Under 65 |
| V31 | Failure to Provide Social Security Number | V81 | Deny BCCTP - Failed to Complete Eligibility Process |
| V32 | Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent | V82 | Discontinue BCCTP - Treatment Ended |
| V33 | Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC | V83 | BCCTP to Regular MA, Discontinue BCCTP to MA |
| V34 | Deny MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP | V84 | Over 19, Inelig. for Family Planning due to Exc. Inc. |
| V35 | Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent | V85 | FPBP Ineligible Due to Excess Income, No App. for MA/FHP |
| V36 | Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC | V86 | FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, FP |
| V37 | Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP | V87 | FPBP to FHP, MA Ineligible Due to Exc Inc and/or Res, Chose a Plan, S/CC |
| V38 | Failure to Contact Agency | V88 | Family Planning to MA, S/CC |
| V39 | Discontinue FHP Due to Equivalent Insurance or Public Emp. | V89 | Family Planning to MA, FP |
| V40 | Spousal - Income Contribution Only | V90 | Discontinue Family Planning, eligible for FHP but failed to Choose a Health Plan |
| V41 | Individual - Income Contribution Only | V93 | MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FNP Parent |
| V42 | Individual - Resource Contribution Only | V94 | Disc. FHP Due to Exc Inc and/or Res, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FP |
| V43 | Spousal - Resource Contribution Only | V95 | MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FP |
| V44 | Spousal - Income Contribution Remains The Same | X10 | Excess Income, Inpatient Hospital Bill Does Not Meet 6 Month Excess |
| V45 | Individual - Income Contribution Remains The Same | X13 | Spousal Impoverishment - Excess Resources |
| V46 | Spousal - Income/Resource Contribution | X14 | No Longer Elig. For MA Payment of AHIP Premiums |
| V47 | Individual - Income/Resource Contribution | 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 |
| V48 | Spousal - No Liability Toward Cost of Care | 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 |
| V49 | Individual - No Liability Toward Cost of Care | X18 | Discontinue Payment of Medicare Part B, QI-1 |
| V50 | Individual - Exc Res/Income Contribution Remains the Same | X23 | MA/FHP, Failed to Provide Amount of Resource(s) at App. |
| V51 | Spousal - Exc Res/Income Contribution Remains the Same | X25 | Discontinue/Deny Payment of Health Insurance Premiums |
| V52 | Individual - Income Contribution Only | X26 | Accept MA Payment of Health Insurance Premiums |
| V53 | Spousal - Income Contribution Only | X42 | Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP |
| V54 | Spousal - Income/Resource Contribution | X43 | Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC |
| V55 | Individual - Income/Resource Contribution | X44 | Discontinue MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent |
| V56 | Spousal - Waiver Recipient Income/Resource Contribution | X45 | Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FP |
| V57 | Spousal - Waiver Recipient Income Contribution Only | X46 | Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, S/CC |
| V58 | Spousal - Waiver Recipient Resource Contribution Only | X47 | Deny MA Due to Exc Inc and/or Res, Failed to Choose a Health Plan for FHP, FNP Parent |
| V59 | Spousal - Waiver Recipient No Liability Toward Cost | X48 | Discontinue MA Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance, or Public Employee, FPBP Ineligible Due to Exc Inc or Eligible but Declines, FNP Parent |
| V60 | Individual - No Liability Toward Cost of Care | X50 | Discontinue Payment of COBRA Continuation of Group Health Insurance Premium |
| V61 | Spousal - No Liability Toward Cost of Care | X51 | Discontinue Payment of COBRA Continuation of Group Health Insurance Premium - Prior Conditional Acceptance |
| V62 | Spousal - Resource Contribution Only | | |
| V63 | Individual - Resource Contribution Only | | |
| V64 | Individual - Income Contribution Only | | |
| V65 | Spousal - Income Contribution Only | | |
| V66 | Spousal - Income and Resource Contribution | | |
| V67 | Individual - Income and Resource Contribution | | |
| V68 | Spousal - Previously Waiver Recipient, Income & Resource Contribution | | |
| V69 | Spousal - Previously Waiver Recipient, Income Contribution | | |
| V70 | Spousal - Previously Waiver Recipient, Resource Contribution | | |
| V71 | Spousal - Previously Waiver Recipient, No Liability Toward Cost of Care | | |
| V72 | Individual - No Liability Toward Cost of Care | | |
| V73 | Spousal - No Liability Toward Cost of Care | | |
| V74 | Spousal - Resource Contribution | | |
| V75 | Individual - Resource Contribution | | |
| V76 | Over 19, MA to FPBP Due to Exc Inc, FHP Ineligible Due to Equivalent Insurance or Public Employee | | |
| V77 | MA to FPBP Due to Exc Inc and/or Res, FHP Ineligible Due to Exc Inc and/or Res, Equivalent Health Insurance or Public Employee,S/CC | | |

WMS DATA-ENTERED CODES

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| X52 Medicare Buy-In Program, QMB Ineligible | 088 Beginning of Extension of TMA Eligibility After Finding of Ineligibility for PA Resulting from Employment |
| X53 Medicare Buy-In Program, SLIMB Ineligible | 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 |
| X70 Discontinue QI-1, Over Income | 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) |
| X76 Decrease in Excess Income Amount | 091 Medical Bills Equal to or Greater than Excess Income |
| X77 Decrease in Excess Income Due to COLA | 092 SSI Recipient Not Yet Appearing on SDX – Determined Eligible for MA-SSI |
| X80 MA to Spenddown Due to Exc Inc, FHP Ineligible Due to Exc Inc, Chose Spenddown, or Over 65 | 093 Determined Eligible for MA-SSI |
| X81 MA to FHP Due to COLA, Chose a Plan | 094 Medical Need-No Recert Change in Financial Circumstances |
| X83 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc | 588 MSP Conversion |
| X84 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Res | 903 CIN Unduplication (Data-entered) |
| X85 Discontinue FHP, Turning 65, MA Ineligible Due to Exc Inc and Res | 966 Other Clockdown Closing Change |
| X86 FHP to MA, S/CC | 991 Fair Hearing – Aid to Continue |
| X88 FHP to MA, FNP Parent, FP | 992 Court Order to Enjoin Closing |
| X91 Community Coverage without Long Term Care, Institutionalized Individual, Home Equity Interest Exceeds Limit, No Undue Hardship, Excess Income and/or Resources, 6 Month Spenddown Met | 993 Closed in Error |
| Y35 Suppress Printing of LDSS-3209 (Authorization) | 994 Cancel Closing |
| 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 | |
| Y91 MA Inelig. After Period of LTC Presumptive Elig. (Manual Notice Required) | |
| Y99 Other (Manual Notice Required) | |
| Z39 Mail-In | |
| Z46 SLIMB Recertification | |
| Z47 Notice of Renewal for BCCTP | |
| Z48 Cover Letter for FPBP Renewal Form | |
| Z61 Renewal Form, Community Mail-In | |
| Z62 Renewal Form, SSI-Related Mail-In | |
| 001 Conversion | |
| 002 Illness, Injury, or Other Impairment of Recipient | |
| 005 Lay-Off, Discharge, or Other Reason | |
| 020 Loss or Reduction in Support of Child Due to Death of Parent | |
| 021 Divorce | |
| 022 Separation | |
| 023 Desertion | |
| 024 Other (Hospital, Imprisoned) | |
| 030 Loss of or Reduction in Support from Person Outside Home - ADC Father (Absent Throughout 6 Months Preceding Application) | |
| 035 Death | |
| 036 Leaving Home and Stopping or Reducing Support (Hospitalized, etc.) | |
| 037 Illness, Injury or Impairment | |
| 038 Lay-Off, Discharge, or Other Reason | |
| 040 Loss of or Reduction in Support from Person Outside Home | |
| 045 Loss of or Reduction in Other Income | |
| 050 Other Material Change in Resources | |
| 060 Change in State Law or Agency Policy | |
| 065 Return of Recipient or Relative (Ill or Previously Institutionalized) | |
| 066 Other Person | |
| 070 Living Below Agency Standards | |
| 075 Other | |
| 080 FA, SN-FP | |
| 081 PG-ADC, SN-CSH, SN-FNP | |
| 082 Emergency Assistance to Families | |

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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)

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

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

REFUSAL TO PROVIDE INFORMATION

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|------|--|---------------------|
| E28 | Failure/Refusal to Provide Information - Alien Sponsor | 07 |
| M20 | Refusal to Provide Information (During Certification Period) - 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

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

CASE LEVEL DENIALS (03), CLOSINGS (07), RECERTIFICATION CLOSINGS (08) (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 | 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 LN 1-5: DATE (MMDDYY) OF THE MISSING PAY STUBS OR DATE(S) OF THE WEEK(S) FOR WHICH VERIFICATION IS MISSING | 07 |

FOOD STAMP CLAIMS **

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

RESTORED/SUPPLEMENTAL BENEFITS **

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

FAILURE TO RECERTIFY

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

HEAP DENIAL/CLOSING CODES (CT 31 & 60)

| CODE | DEFINITION | TRANSACTION TYPE(S) |
|------|--|---------------------|
| F01 | HEAP Excess Income | 03, 05, 07 |
| F02 | HEAP Previously Applied for/Automatic Payment Received | 03, 05, 07 |
| F03 | HEAP Emergency Denial - Not Customer of Record | 03, 05, 07 |
| F04 | HEAP Emergency Denial - Not Tenant of Record | 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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|-----------------------------|
| FILL INFORMATION |
| A - J NO FILL |
| K - P LIMITED FILL |
| Q - X EXTENSIVE FILL |

** (CNS Only)

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 |

| |
|-------------------------|
| 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 |

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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 |
| A21 | Regular Grant - Vendor (System-Generated HEAP Auo-Pay Only) | (FS) 02, 05, 06, 07, 08, 10 (HEAP) 02, 05, 07, 10 |

*Transaction Type 00 - Notice Prepared Without a WMS Transaction

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|---|
| <p>FILL INFORMATION A - J NO FILL K - P LIMITED FILL Q - X EXTENSIVE FILL</p> |
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| | |
|---|--|
| 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
 M25 Failure to Respond to a Computer Match Call-In
 M26 Failure to Provide Verification of Wage Match
 M27 Failure to Provide Verification of UIB Match
 M34 Excess Income - Including Striker's Income
 M62 Moved Out of District (DFR-TA Case Types Only)
 M66 Receiving FS in Another Case
 M67 Part of Another FS Application
 M68 Added to Another Case
 M88 Refusal To Comply with Finger Imaging Requirement
 M90 Client Request - Written or Face-to-Face
 M91 Client Request - Phone
 N10 Failure to Keep/Complete Appointment
 N18 Failure to Validate Incorrect SSN - HH > 1
 N53 Failure to Complete Periodic Report - Partial Proof
 Q21 FS Expedited Approval: Pended Verification; Cert Period = 1 Month
 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
 Z10 Continuing Your FS (Call-In) - "On/At"
 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"

Z16 Continuing Your FS/MA (Call-In) - "On/At"
 Z17 Continuing Your FS - Homebound - No Application Sent
 Z18 Continuing Your FS - Group Recertification
 Z19 Continuing Your FS (Call-In) PA/FS Mix "On/At"
 Z75 Continuing Your FS: NYSNIP or A/D = A "On/At"
 Z90 Continuing Your FS - "On/At" w/Appointment Address Included
 Z91 Continuing Your FS - Group Recertification w/Appointment Address Included
 Z92 FS/MA - (Call-In) Concurrent Certification Period Appointment Address Included
 Z93 Continuing Your FS - PA/FS Mix w/Appointment Address Included
 Z97 Missed FS Application Interview (Use App/Reg # to Prepare)
 Z98 Missed FS Recertification Interview
 903 CIN Unduplication (Data-entered)
 960 Change of Address (No Change to Benefits)
 965 Authorize IV-D or HEAP Payment
 966 Other Clockdown Closing Change
 991 Fair Hearing - Aid to Continue
 992 Court Order to Enjoin Closing
 993 Closed in Error
 994 Cancel Closing

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

A10 Reg. Grant Only - Payment Sent to Fuel/Util. Supplier
 A11 Reg. Grant Only - EBT PA Cases
 A12 Reg. Grant Only - EBT FS Cases
 A13 Reg. Grant Only - Check
 A14 Reg. Grant Only - No Funds Avail.
 A15 Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier
 A16 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier
 A17 Reg. & Emerg. Grant Only - Payment Sent to Fuel/Util. Supplier - 2 HEAP Budgets
 A21 Regular Grant - Vendor (*System-Generated - HEAP Auto-Pay Only*)

HEAP DENIAL/CLOSING (CT 31 & 60) (TT = 03, 05, 07)

F01 HEAP Excess Income (HEAP Only)
 F02 HEAP Previously Applied for/Automatic Payment Received (HEAP Only)
 F03 HEAP Emergency Denial - Not Customer of Record
 F04 HEAP Emergency Denial - Not Tenant of Record
 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)

WMS NON-TRANSACTION-BASED CODES (00)**PUBLIC ASSISTANCE**

| Code | Definition |
|-------------|--|
| R50 | TA Work Requirements Determination |
| R60 | Continue Vendor Payments - DATE 1: PRIOR CLOSING DATE |
| 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 |
| Z26 | TA Mail-In Recertification |
| 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**1****SLIMB RECERTIFICATION**

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

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 |

WMS NON-TRANSACTION-BASED CODES (00)

OTHER

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

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 |

| 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 |