## User Instructions for the SDX - SSI INDIVIDUAL STATUS Screen on WMS

This attachment provides individual users with instructions on how to navigate through the newly-developed WMS screen that contains SSI individual status information. This new tool provides easy-to-use timely authoritative information on a person's SSI status. The 3-page *SDX* - *SSI Individual Status* screen has been developed to display SSI case data from the federally-generated SDX.

Attached to these instructions are samples of the new inquiry screen and screen user instructions for pages 1 thru 3 of the *SDX – SSI Individual Status* screen. The user instructions list field names and descriptions included on the new screen and follow the layout for Page 1 -- SDX INQUIRY, Page 2 -- MA/NYSNIP INQUIRY and Page 3 -- SDX ADDRESSES.

All the Fields and Data are from the Federal SDX unless otherwise noted. The *SDX Manual* (April 2005) contains more detailed descriptions of these fields and data elements. The *SDX Manual* can be viewed at the OTDA intranet website under the Division of Employment and Transitional Supports, under Manuals or at <a href="http://otda.state.nyenet/dta/Manuals/sdx.pdf">http://otda.state.nyenet/dta/Manuals/sdx.pdf</a>. It is also available on CentraPort under Resources.

Instructions to the SDX – SSI Individual Status screen on WMS are detailed below:		
WMS Upstate	WMS Downstate	
SIGNON using your userid/password.	SIGNON using your userid/password.	
From the Welfare Management System Main Menu, select option 17 - Time Limit Tracking Menu.	From the Welfare Management System Main Menu, select option 11 - Time Limit Tracking Menu.	
Then select K entitled "SDX – SSI Individual Status". Enter an SSN and press enter	Then select K entitled "SDX – SSI Individual Status". Enter an SSN and press enter	
Page 1, SDX INQUIRY is displayed.	Page 1, SDX INQUIRY is displayed.	
The F2 key will bring you to Page 2, MA/NYSNIP INQUIRY.	The shift and F2 key will bring you to Page 2, MA/NYSNIP INQUIRY.	
The F3 key will bring you to Page 3, SDX ADDRESSES.	The shift and F3 key will bring you to Page 3, SDX ADDRESSES.	
F1 returns back to Page 1.	Shift and F1 returns back to Page 1.	
Control + F6 returns to Time Limit Tracking Menu.	Control + F6 returns to Time Limit Tracking Menu.	
Then press control + F6 to return to main menu.	Then press control + F6 to return to main menu.	
F6 to SIGNOFF.	F6 to SIGNOFF.	

Page 1:

	SDX INQUIRY	DIST	DATE
ssn <u> </u>	SEX _	FISCAL DIST	UPDATED
	CIN		
<u> </u>	PAYMENT STAT	US	ALIEN IND
4	APPLICATION	IAR S	ALIEN IND FATUS
	DENIAL CODE		DENIAL DT
SSI ELIGIBILITY	APPEAL COD	E	TYPE OF PAYEE
FED LIVING _	APPEAL DAT		
STATE LIVING			
NET PAY :	SSI STATE	SUPP	
GROSS PAY			
	UNEARNED INCOME	TYPE AND AMOUNT	
<del></del>		-1	****
F2 = P0	g2 (MA/NYSNIP DATA)	F3 = Pg3 (ADI	DRESS DATA)
		ROW= 1 CO	L= 1

Page 2

	MA/NYSNIP	INQUIRY	DIST	DATE
SSNCIN		FIS	CAL DIST	
		SS	A OFFICE	
CLAIM NBR			FOOD STAMP	INFORMATION:
HI PART A BEGIN:	END:		FS RECIPII	ENT STATUS
SMI PART B BEGIN:	END:		FS APPLICA	ATION
MEDICARE ENTITLEMENT	CD		FS INPUT I	DATE
			FS HEAT	
MEDICAID EFFECTIVE DA	TE		FS SHELTE	R
MEDICAID ELIGIBILITY	CD _			
MULTICATEGORY IND				
MEDICAID TEST IND				
MA UNPAID MEDICAL EXP	ENSES CD			
ONSET OF DISABILITY/E	LINDNESS			
			COMPETENCY	CD
ALIEN INFORMATION:			CUSTODY CD	
INDICATOR _	<u> </u>		DATE RESIDI	ENCY BEGAN
ELIGIBILITY _	. <u> </u>		DEATH DATE	
DT OF RESIDENCY				
SPONSOR _			LAST TRANSA	ACTION DATE
			TYPE	CODE
F1	= Pgl (SDX DA	ΓA) F3	= Pg3 (ADDRI	ESS DATA)
	<u> </u>		ROM= 1 CO1	I - 1

Page 3:

	SDX ADI	RESSES	DIST	DATE	_
ssn	DOB	SEX _			
	_				
RESIDENCE	_	MAILING		<u>_</u>	
REPRESENTATIVE/PAYEE					
			TYPE (	F PAYEE	
	_				
	<del>-</del>				
F1 = Pal (SD	X DATA1	F2 = Pg2 (	MA/NYSHIP DAT	CAI	
-11 - 191 ( <i>M</i>					
			ROW= 1 COL=	1	

## SDX - SSI Individual Status Screen User Instructions for Page 1 (SDX INQUIRY)

The following are field names and descriptions of data elements found on Page 1.

Field Name on Screen	Complete Field Name and/or Description
DIST	District making this inquiry
DATE	Date of this inquiry
SSN	Social Security Number
DOB	Date of Birth
SEX	Male, Female or "U" for Unknown
FISCAL DIST	The District which is fiscally responsible for local share of Medicaid displayed in WMS mnemonic code.
UPDATED	The date WRTS posted the information to the WRTS database.
NAME	The full name of the person for whom the SDX record applies. Found in the SDX Manual under Individual's Name.
ADDRESS	Resident address. There may be a different address for mailing or for representative payee. See page 3.
CIN	Client Identification Number from WMS.
PAYMENT STATUS	Payment Status Code and short definition.
ALIEN IND	Alien Indicator Code
APPL	Application Date
IAR STATUS	Interim Assistance Reimbursement Status Code
DENIAL CODE	Code describing why application was initially denied
DENIAL DT	Denial Date - date application was initially denied
SSI ELIGIBILITY	Date of eligibility for SSI and/or State Supplementation
FED LIVING	Federal Living Arrangement Code
STATE LIVING	State Living Arrangement Code - not found in the <i>SDX Manual</i> A – <i>Living alone</i> means living alone in the community or living in the community with others but customarily preparing food separately from all other household members. A spouse or parent/stepparent of a child/stepchild under 21 cannot be <i>living alone</i> .  B – <i>Living with others</i> means living in the community with at least one other person (other than a foster child or a spouse also on SSI)
	or a child (unless in certain <i>Congregate Care</i> facilities).  F – <i>Living in the household of another</i> is a subcategory of <i>living with others</i> and applies when SSA determines that the recipient is living in someone else's home and receiving free or subsidized food

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	and shelter.
	C – Congregate Care Level 1 (Family Care) means living in a NYS-certified non-medical family care home. Individuals must be placed by an authorized agency into a Level 1 facility.
	D – Congregate Care Level 2 (Residential Care) means living in a NYS-certified non-medical residential facility. All Level 2 facilities are listed in the Congregate Care Directory.
	E – Congregate Care Level 3 (Enhanced Residential Care) means living in a NYS-certified Adult Home, Enriched Housing Program or School for the Mentally Retarded. All Level 3 facilities are listed in the Congregate Care Directory.
	Z – Zero State supplementation; or residing in a medical facility (federal "D" living arrangement code) and receiving Stateadministered SSPNA payments.
	The SSI Benefit Levels Chart provides additional information. The chart can be viewed on CentraPort under Desk Guides and on the OTDA Intranet site within DETS under Desk Guides/Aids.
APPEAL CODE	Appeals Code and short definition.
APPEAL DATE	Date of most recent appeals decision.
APPEAL DECISION	Appeals Decision Code and short definition.
TYPE OF PAYEE	Type of Payee Code. This identifies the individual who receives the SSI payments. Also appears on page 3.
NET PAY	Net Pay date. Shows last four dates of payment <u>changes</u> with the last or most current listed on top. Generally, the change date precedes payment issuance. For example: a payment date change of 11/22/06 would be effective for December 1, 2006 payment issuance.
SSI	Actual amount of Federal SSI payment.
STATE SUPP	Actual amount of State Supplementation payment.
TOTAL	The actual total amount of Federal and/or State supplementation payments.
GROSS PAY	The date and gross amount (before any adjustments) of Federal SSI, State Supplementation, and total payments.
UNEARNED INCOME TYPE AND AMOUNT	Unearned Income Type Code and gross amount of currently received unearned income.

## SDX - SSI Individual Status Screen User Instructions for Page 2 (MA/NYSNIP INQUIRY)

The following are field names and descriptions of data elements found on Page 2.

Field Name on Screen	Complete Field Name and/or Description
DIST	The district making this inquiry carried forward from first page.
DATE	The date of this inquiry carried forward from first page.
SSN	SSN carried forward from first page.
CIN	CIN from WMS carried forward from first page.
FISCAL DIST	The fiscal district responsible for local share of Medicaid displayed in WMS mnemonic code.
NAME	The individual's name from the first screen.
SSA OFFICE(DO CODE)	The servicing SSA (district) field office taken from the SDX.
CLAIM NBR (Number)	The SSN of the person whose Title II record is the basis for the individual receiving Title II benefits. For an individual collecting Title II benefits under his/her own account, the claim number would be his/her SSN. For an individual collecting benefits under the Title II record of a spouse or parent, the claim number would be the SSN of that spouse or parent.
HI PART A BEGIN	The start date of Medicare Part A (from BENDEX).
END:	The end date of Medicare Part A (from BENDEX).
SMI PART B BEGIN	The start date of Medicare Part B (from BENDEX).
END:	The end date of Medicare Part B (from BENDEX).
MEDICARE ENTITLEMENT CD	The individual's current Medicare status. A=A only; B=B only; C=A&B N= not eligible for A or B.
FOOD STAMP RECIPIENT STATUS	Indicates whether the individual receives Food Stamps or has filed an application in the past 60 days. Y = yes; N = no; Blank = no input
FOOD STAMP APPLICATION	Indicates whether or not SSA took an application for Food Stamps. N = no; Y = yes; Blank = no input
FOOD STAMP INPUT DATE	Month, day, and year of the initial Food Stamp data input by SSA.
FOOD STAMP HEAT	In NYS, the Combined Application Project (CAP) is known as NYSNIP. When used, this field indicates whether or not heat is included in the rent. $Y = yes$ ; $N = no$ . However, SSA is <u>not</u> currently using this field in NYS.

FOOD STAMP SHELTER	For CAP states, this field indicates whether or not shelter costs are at or above the CAP (NYSNIP) standard. Y = yes; N = no; Blank = no input. However, SSA is <u>not</u> currently using this field in NYS.
MEDICAID EFFECTIVE DATE	Reflects the most current period of eligibility Medicaid.
MEDICAID ELIGIBILITY CODE	See the <i>SDX Manual</i> for the 15 codes that equate with different types of eligibility.
MULTICATEGORY INDICATOR	Indicates category (aged, blind, disabled) and earnings. Used in determination of 1619(b).
MEDICAID TEST INDICATOR	Indicates whether an individual in non-pay status (N01, E01) should be determined to be an SSI recipient for purposes of Medicaid eligibility. Used to determine 1619(b).
MEDICAID UNPAID MEDICAL EXPENSES	Y or N for unpaid medical expenses. Medicaid can pay claims up to 3 months before application.
ONSET OF DISABILITY/BLINDNESS	See the <i>SDX Manual</i> for the various interpretations this date (MMDDCCYY).
ALIEN INDICATOR	Code carried over from the first screen and short definition. It indicates the alien status of the individual.
ALIEN ELIGIBILITY	Displays one of the nine types codes for alien eligibility and short definition.
ALIEN DATE OF RESIDENCE	Month and year with century that residency began.
ALIEN SPONSOR STATUS CODE	A one position alpha of the twenty sponsor codes in the <i>SDX Manual</i> and short definition.
COMPETENCY CODE	Indicates representative payee's status as to legal guardianship and/or competency of the recipient and short definition.
CUSTODY CODE	Indicates who has physical custody of the recipient and short definition.
DATE RESIDENCY BEGAN	Always the first day of the month. It is also the date of a move from one state or county to another.
DEATH DATE	The alleged or actual date of death.
LAST TRANSACTION DATE	The date of the most recent SDX transaction.
LAST TRANSACTION TYPE (ON)	There are 147 transaction types. If there is a simultaneous occurrence, the priority transaction will be displayed.
TRANSACTION CODE	A two position alpha/numeric display determined by the SDX program logic from information in the record.

## SDX - SSI Individual Status Screen User Instructions for Page 3 (SDX ADDRESSES)

The following are field names and descriptions of data elements found on Page 3.

Field Name on Screen	Complete Field Name and/or Description
DIST	The district making this inquiry carried forward from first page.
DATE	The date of this inquiry carried forward from first page.
SSN	SSN carried forward from first page.
DOB	DOB carried forward from first page.
SEX	SEX carried forward from first page.
RESIDENCE	Resident address carried forward from first page.
MAILING	Reflects the mailing address which will appear on the SSI check and other systems generated correspondence to the individual.
REPRESENTATIVE/PAYEE	The full name of the person who or agency who has been selected as the representative payee for the individual and address.
TYPE OF PAYEE	Type of payee code carried forward from first page.

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