



Welfare Management System Worker's Guide to Codes

Software Version 2018.2
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Welfare Management System Worker's Guide to Codes

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As of August 29, 2012, any reference to the Food Stamp Program in this manual shall mean the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamp benefits or Food Stamps (FS) shall mean SNAP benefits.

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WORKER'S GUIDE TO CODES
TABLE OF CURRENT PAGES
06/17/2018

Listed below in consecutive order, with their dates of issuance, are all of the current page numbers for the Worker's Guide to Codes. This table can be used to verify that all updates are included in your copy of the manual and have the correct date of issuance.

	TITLE PAGE		1.3-5	02/18/2018
Software Version 2018.2	06/17/2018		1.3-6	02/18/2018
			1.3-7	10/22/2012
			1.3-8	10/22/2012
			1.3-9	10/22/2012
			1.3-10	10/20/2013
			1.3-11	10/20/2013
			1.3-12	10/20/2013
			1.3-13	10/18/2014
			1.3-14	10/22/2012
			1.3-15	10/22/2012
			1.3-16	10/22/2012
			1.3-17	10/22/2012
			1.3-18	02/19/2017
			1.3-19	02/21/2016
			1.3-20	10/22/2012
			1.3-21	10/22/2012
			1.3-22	10/22/2012
			1.3-23	02/21/2016
			1.3-24	10/22/2017
			1.3-25	10/22/2012
			1.3-26	10/22/2012
			1.3-27	10/22/2012
			1.3-28	10/22/2012
			1.3-29	02/21/2016
			1.3-30	06/19/2016
			1.3-31	10/22/2017
			1.3-32	02/14/2015
1.1-1	Common Application Form - DSS 2921	02/14/2015	1.3-33	02/14/2015
1.1-2		06/18/2017	1.3-34	02/14/2015
1.1-3		06/18/2017	1.3-35	02/14/2015
1.1-4		10/22/2012	1.3-36	02/14/2015
1.2-1	Turnaround Document - DSS 3517	10/23/2016	1.3-37	02/14/2015
1.2-2		10/23/2016	1.3-38	02/14/2015
1.2-3		02/21/2016	1.3-39	02/19/2017
1.2-4		06/18/2017	1.3-40	02/19/2017
1.2-5		06/18/2017	1.3-41	02/14/2015
1.2-6		06/18/2017	1.3-42	02/14/2015
1.2-7		06/18/2017	1.3-43	02/14/2015
1.2-8		06/18/2017	1.3-44	02/14/2015
1.3-1		02/18/2018	1.3-45	02/14/2015
1.3-2		02/18/2018	1.3-46	02/14/2015
1.3-3		10/22/2012	1.3-47	02/14/2015
1.3-4		06/18/2017	1.3-48	02/14/2015
			1.3-49	02/14/2015
			1.3-50	02/14/2015

**WORKER'S GUIDE TO CODES
TABLE OF CURRENT PAGES
06/17/2018**

1.3-51	02/14/2015	1.5-5	10/22/2012
1.3-52	02/14/2015	1.5-6	10/22/2012
1.3-53	02/14/2015	1.5-7	10/22/2012
1.3-54	02/14/2015	1.5-8	10/22/2012
1.3-55	02/14/2015	1.5-9	10/22/2012
1.3-56	02/14/2015	1.5-10	10/22/2012
1.3-57	02/14/2015	1.5-11	10/22/2012
1.3-58	02/14/2015	1.5-12	06/21/2014
1.3-59	02/14/2015	1.5-13	02/21/2016
1.3-60	06/18/2017	1.5-14	10/22/2012
1.3-61	10/22/2017	1.5-15	10/22/2012
1.3-62	10/22/2017	1.5-16	02/19/2017
1.3-63	02/14/2015	1.5-17	02/21/2016
1.3-64	02/14/2015	1.5-18	02/19/2017
1.3-65	06/18/2017	1.5-19	02/14/2015
1.3-66	02/14/2015	1.5-20	02/14/2015
1.3-67	02/14/2015	1.5-21	02/14/2015
1.3-68	10/22/2017	1.5-22	02/14/2015
1.3-69	10/22/2017	1.5-23	10/18/2015
1.3-70	02/14/2015	1.5-24	10/18/2015
1.3-71	10/22/2017	1.5-25	06/18/2017
1.3-72	10/22/2017	1.5-26	06/18/2017
1.3-73	10/22/2017	1.5-27	06/18/2017
1.3-74	10/22/2017	1.5-28	06/18/2017
1.3-75	02/14/2015	1.5-29	06/18/2017
1.3-76	02/14/2015	1.5-30	06/18/2017
1.3-77	02/18/2018	1.5-31	06/18/2017
1.3-78	02/18/2018	1.5-32	10/22/2017
1.4-1	02/18/2018	1.5-33	10/22/2012
1.4-2	06/21/2015	1.5-34	10/22/2012
1.4-3	06/18/2017	1.6-1	Regulatory Citations For
1.4-4	10/22/2012		Changes In PA/SNAP Grant
1.4-5	02/19/2017	1.6-2	10/22/2012
1.4-6	02/21/2016	1.6-3	10/22/2012
1.4-7	02/21/2016	1.6-4	10/22/2012
1.4-8	02/21/2016	1.6-5	10/22/2012
1.4-9	02/19/2017	1.6-6	10/22/2012
1.4-10	02/21/2016	1.6-7	10/22/2012
1.4-11	02/21/2016	1.6-8	10/22/2012
1.4-12	02/21/2016		
1.4-13	02/21/2016		
1.4-14	06/17/2018		
1.4-15	10/23/2016		
1.4-16	02/18/2018	2.1-1	06/17/2018
1.4-17	10/23/2016	2.1-2	02/14/2015
1.4-18	10/23/2016	2.1-3	06/21/2014
1.5-1	10/22/2012	2.1-4	10/22/2017
1.5-2	10/22/2012	2.1-5	10/18/2014
1.5-3	10/22/2017	2.1-6	06/17/2018
1.5-4	02/18/2018		

**CHAPTER 2 -
AUTOMATED BUDGETING AND ELIGIBILITY
LOGIC (ABEL)**

**WORKER'S GUIDE TO CODES
TABLE OF CURRENT PAGES
06/17/2018**

2.1-7	10/22/2012	3.1-33	06/17/2018
2.1-8	10/22/2012	3.1-34	06/17/2018
2.1-9	10/22/2012	3.1-35	06/17/2018
2.1-10	02/17/2013	3.1-36	06/17/2018
2.1-11	10/22/2012	3.1-37	06/17/2018
2.1-12	10/22/2012	3.1-38	06/17/2018
		3.1-39	06/17/2018
		3.1-40	06/17/2018
		3.1-41	06/17/2018
		3.1-42	06/17/2018
3.1-1	PA Single Issuance Authorization Form - DSS 3575	3.1-43	06/17/2018
	06/18/2017	3.1-44	06/17/2018
3.1-2	06/21/2015	3.1-45	06/17/2018
3.1-3	06/21/2015	3.1-46	06/17/2018
3.1-4	06/21/2015	3.1-47	06/17/2018
3.1-5	06/21/2015	3.1-48	06/17/2018
3.1-6	06/17/2018	3.1-49	06/17/2018
3.1-7	06/17/2018	3.1-50	06/17/2018
3.1-8	02/18/2018	3.1-51	06/17/2018
3.1-9	02/18/2018	3.1-52	06/17/2018
3.1-10	06/17/2018	3.1-53	06/17/2018
3.1-11	02/18/2018	3.1-54	Third Party Health Data Sheet - DSS 43843.1-54Associated Name And Address Form - DSS 3517-253.1-54Fair Hearing Update Data Entry Form - DSS 3722
3.1-12	06/17/2018		02/18/2018
3.1-13	02/18/2018	3.1-55	Screen NQRF00: RFI SNN/ CIN Summary3.1-55
3.1-14	02/18/2018		02/18/2018
3.1-15	02/18/2018	3.1-56	Screen NQRF02 / NQRF03 / NQRF043.1-56
3.1-16	02/18/2018		02/18/2018
3.1-17	FS Single Issuance Authorization Form - DSS 35743.1-17	3.1-57	02/18/2018
	02/18/2018	3.1-58	Restriction/Exception Data Input Form - DSS 34783.1-58
3.1-18	PA Recoupment Data Entry Form - DSS 3573		02/18/2018
	02/18/2018		
3.1-20	Facility Involvement Data Entry Form - DSS 3517-30 Items 418-4263.1-20		02/18/2018
3.1-21	Third Party Data Sheet Form - DSS 41983.1-21		02/18/2018
3.1-22	02/18/2018	4.1-1	Turnaround Document - DSS 3517
3.1-23	02/18/2018		06/18/2017
3.1-24	02/18/2018	4.1-2	06/18/2017
3.1-25	02/18/2018	4.1-3	06/18/2012
3.1-26	02/18/2018	4.1-4	02/14/2015
3.1-27	02/18/2018	4.1-5	10/22/2017
3.1-28	06/17/2018	4.1-6	02/18/2018
3.1-29	06/17/2018	4.1-7	06/18/2017
3.1-30	06/17/2018	4.1-8	06/17/2018
3.1-31	06/17/2018	4.1-9	06/18/2017
3.1-32	06/17/2018	4.1-10	02/14/2015
		4.1-11	02/15/2014

**CHAPTER 4 -
MEDICAL ASSISTANCE PROGRAM**

**WORKER'S GUIDE TO CODES
TABLE OF CURRENT PAGES
06/17/2018**

4.1-12	02/15/2014	4.1-62	02/15/2014
4.1-13	02/15/2014	4.1-63	02/15/2014
4.1-14	10/17/2015	4.1-64	10/17/2015
4.1-15	02/15/2014	4.1-65	10/23/2016
4.1-16	02/14/2015	4.1-66	10/23/2016
4.1-17	06/16/2016	4.1-67	02/21/2016
4.1-18	02/15/2014	4.1-68	06/17/2018
4.1-19	02/21/2016	4.1-69	06/17/2018
4.1-20	02/21/2016	4.1-70	06/17/2018
4.1-21	10/23/2016	4.1-71	02/15/2014
4.1-22	10/22/2017	4.1-72	10/17/2015
4.1-23	06/18/2017	4.1-73	02/15/2014
4.1-24	10/17/2015	4.1-74	02/21/2016
4.1-25	10/17/2015	4.1-75	02/15/2014
4.1-26	10/17/2015	4.1-76	06/18/2012
4.1-27	10/17/2015	4.1-77	10/23/2016
4.1-28	10/17/2015	4.1-78	02/18/2018
4.1-29	10/17/2015	4.1-79	10/23/2016
4.1-30	10/22/2017	4.1-80	10/22/2017
4.1-31	10/17/2015	4.1-81	10/23/2016
4.1-32	10/18/2014	4.1-82	10/23/2016
4.1-33	10/17/2015	4.2-1	Turnaround Document - DSS
4.1-34	10/17/2015	3517	06/18/2012
4.1-35	02/15/2014	4.2-2	06/19/2016
4.1-36	02/15/2014	4.2-3	02/19/2017
4.1-37	10/17/2015	4.2-4	02/18/2018
4.1-38	10/17/2015	4.2-5	02/15/2014
4.1-39	10/18/2014	4.2-6	06/21/2010
4.1-40	10/17/2015	4.2-7	02/18/2018
4.1-41	10/17/2015	4.2-8	02/19/2017
4.1-42	10/17/2015	4.2-9	10/19/2009
4.1-43	10/17/2015	4.2-10	02/16/2010
4.1-44	10/17/2015	4.2-11	02/15/2014
4.1-45	02/14/2015	4.2-12	02/15/2014
4.1-46	10/17/2015	4.2-13	06/18/2017
4.1-47	02/19/2017	4.2-14	10/23/2016
4.1-48	06/17/2018	4.2-15	06/21/2014
4.1-49	10/23/2016	4.2-16	02/15/2014
4.1-50	02/21/2016	4.2-17	10/17/2015
4.1-51	02/15/2014	4.2-18	02/15/2014
4.1-52	06/17/2018	4.2-19	02/18/2018
4.1-53	02/15/2014	4.2-20	02/15/2014
4.1-54	02/14/2015	4.2-21	02/21/2016
4.1-55	02/21/2016	4.2-22	06/19/2016
4.1-56	02/15/2014	4.2-23	02/14/2015
4.1-57	02/15/2014	4.2-24	06/17/2018
4.1-58	02/15/2014	4.2-25	02/21/2016
4.1-59	02/15/2014	4.2-26	02/21/2016
4.1-60	02/15/2014	4.2-27	02/21/2016
4.1-61	10/17/2015	4.2-28	02/19/2017

**WORKER'S GUIDE TO CODES
TABLE OF CURRENT PAGES
06/17/2018**

4.2-29	02/15/2014	5.1-23	10/18/2014
4.2-30	02/15/2014	5.1-24	10/18/2014
4.2-31	10/17/2015	5.1-25	10/18/2014
4.2-32 Data Input Form – DSS 3477		5.1-26	02/14/2015
(Screen WMPPIN)4.2-32	06/17/2018	5.1-27	02/19/2017
	06/17/2018	5.1-28	10/18/2014
4.2-34 Restriction/Exception Data		5.1-29	10/18/2014
Input Form - DSS 34784.2-34	06/21/2015	5.1-30	10/18/2014
4.2-35	06/17/2018	5.1-31	10/18/2014
4.2-36	10/22/2017	5.1-32	10/18/2014
4.3-1 MABEL Budget Record		5.1-33	10/18/2014
(WBM AWB) - MABEL Input		5.1-34	10/18/2014
Form (DSS 3585)	11/24/2003	5.1-35	10/18/2014
4.3-2	02/24/2015	5.1-36	10/18/2014
4.3-3	06/16/2013	5.1-37	10/18/2014
4.3-4	06/18/2012	5.1-38	10/18/2014
4.3-5	06/18/2012	5.1-39	10/18/2014
4.3-6	03/19/2001	5.1-40	10/18/2014
4.3-7	10/22/2012	5.1-41	10/18/2014
4.3-8	10/19/2009	5.1-42	10/18/2014
4.3-9	10/19/2009	5.1-43	10/18/2014
4.3-10	10/23/2016	5.1-44	10/18/2014
4.3-11	10/19/2009	5.1-45	10/18/2015
4.3-12	02/21/2016	5.1-46	10/18/2015
		5.1-47	10/18/2015
		5.1-48	10/18/2015
		5.1-49	10/18/2015
		5.1-50	02/21/2016
5.1-1	06/18/2017	5.1-51	10/18/2014
5.1-2	02/14/2015	5.1-52	10/18/2014
5.1-3	02/14/2015	5.1-53	10/18/2014
5.1-4	02/14/2015	5.1-54	10/18/2014
5.1-5	02/14/2015	5.1-55	10/18/2014
5.1-6	02/14/2015	5.1-56	10/18/2014
5.1-7	10/18/2015	5.1-57	02/21/2016
5.1-8	10/18/2014	5.1-58	10/18/2014
5.1-9	10/18/2014	5.1-59	10/18/2014
5.1-10	10/18/2014	5.1-60	10/18/2015
5.1-11	10/18/2014	5.1-61	10/18/2014
5.1-12	02/19/2017	5.1-62	10/18/2014
5.1-13	10/18/2014	5.1-63	10/18/2014
5.1-14	10/18/2014	5.1-64	10/18/2014
5.1-15	06/19/2016	5.1-65	10/18/2015
5.1-16	10/18/2014	5.1-66	10/18/2015
5.1-17	02/21/2016	5.1-67	10/18/2014
5.1-18	10/18/2014	5.1-68	02/21/2016
5.1-19	10/18/2014	5.1-69	10/18/2014
5.1-20	10/18/2014	5.1-70	10/18/2014
5.1-21	10/18/2014	5.1-71	10/18/2014
5.1-22	10/18/2014	5.1-72	02/19/2017
			10/18/2014

**CHAPTER 5 -
REFERENCE**

**WORKER'S GUIDE TO CODES
TABLE OF CURRENT PAGES
06/17/2018**

5.1-73	10/18/2014	6.1-1	06/17/2018
5.1-74	10/18/2014	6.1-2	06/17/2018
5.1-75	10/18/2014	6.1-3	06/17/2018
5.1-76	10/18/2014	6.1-4	06/17/2018
5.1-77	10/18/2014	6.1-5	06/17/2018
5.1-78	10/18/2014	6.1-6	06/17/2018
5.1-79	10/18/2014	6.1-7	06/17/2018
5.1-80	10/18/2014	6.1-8	06/17/2018
5.1-81	10/18/2014	6.1-9	06/17/2018
5.1-82	10/18/2014	6.1-10	06/17/2018
5.1-83	10/18/2014	6.1-11	06/17/2018
5.1-84	06/19/2016	6.1-12	06/17/2018
5.1-85	02/21/2016	6.1-13	06/17/2018
5.1-86	02/21/2016	6.1-14	06/17/2018
5.1-87	10/18/2014	6.1-15	06/17/2018
5.1-88	10/18/2014	6.1-16	06/17/2018
5.1-89	10/18/2014	6.1-17	06/17/2018
5.1-90	06/21/2015	6.1-18	06/17/2018
5.1-91	06/21/2015	6.1-19	06/17/2018
5.1-92	10/18/2014	6.1-20	06/17/2018
5.1-93	10/18/2014	6.1-21	06/17/2018
5.1-94	10/18/2014	6.1-22	06/17/2018
5.1-95	02/21/2016	6.1-23	06/17/2018
5.1-96	06/18/2017	6.1-24	06/17/2018
		6.1-25	06/17/2018
		6.1-26	06/17/2018
CHAPTER 6 - INDICES			

TABLE OF CONTENTS

INTRODUCTION

Using This Guide xi

**CHAPTER 1 -
APPLICATION**

COMMON APPLICATION FORM - DSS 2921

Category Codes (CATEGORY) 1.1-1
 Hispanic/Latino 1.1-1
 Race/Ethnic Affiliation 1.1-1
 Language Spoken Codes (LANG) 1.1-2
 Language Read Codes (LANG READ) 1.1-3

TURNAROUND DOCUMENT - DSS 3517

SECTION 05: CASE LEVEL CODES

M3E Indicator (M3E) - 053 1.2-1
 Utility Guarantee Indicator (UTIL GUAR) – 044 1.2-1
 Borough/Community District (B/CD) 1.2-1
 Trust Indicator (TI) - 061 1.2-2
 Recertification Source (RCRT SRC) – 063 1.2-2

SECTION 10: SUFFIX LEVEL CODES

Category Codes (CAT) - 209 1.2-3
 Language Spoken Codes (LANG) - 255 1.2-4
 Language Read Codes (LANG READ) – 281 1.2-5
 Homebound Indicator (HMBD) - 220 1.2-6
 MA Responsibility Area Indicators (MA RESP) - 219 1.2-6
 Emergency Indicator (EMG: IND) - 270 1.2-7
 Spanish Indicator (SP IND) - 273 1.2-7
 Abbreviated CNS Notices (ABBR CNS) - 249 1.2-7
 PA Status Codes (PA: STAT) - 221 1.2-7
 PA Routing Codes (PA: ROUT) - 224 1.2-7
 MA Status Codes (MA: STAT) - 240 1.2-7
 SNAP Status Codes (FS: STAT) - 230 1.2-7
 SNAP Routing (FS: ROUT) - 233 1.2-8
 Safety Net Indicator (SNET IND) - 274 1.2-8
 Associated Code (ASSOC CD) - 290 1.2-8

CASE REASON CODES

Opening Codes 1.3-1
 PA (PA: REAS - 222) Only 1.3-1
 MA (MA: REAS - 241) Only 1.3-4
 SNAP (FS: REAS - 231) Only 1.3-5

TABLE OF CONTENTS (cont'd)

Case Reason Codes (cont'd)

Rejection Codes.....	1.3-7
PA (PA: REAS - 222)	1.3-7
SNAP (FS: REAS - 231) Only	1.3-22
Closing Codes.....	1.3-27
PA (PA: REAS - 222)	1.3-27
Change In Employment, Support or Income	1.3-28
Failure To Provide Verification	1.3-32
Refusal To Comply With Eligibility Requirements	1.3-33
Moved Or Whereabouts Unknown	1.3-41
Living Arrangements	1.3-42
Admission To Private Or Public Institution	1.3-43
Client Request.....	1.3-44
Change In Resources Causing Ineligibility.....	1.3-47
Failure To Comply With Recertification Procedures	1.3-48
Duplicate Assistance.....	1.3-49
Investigatory - Eligibility Verification Review	1.3-51
Intentional Program Violations	1.3-56
Miscellaneous	1.3-60
60 Month Time Limit.....	1.3-63
SNAP (FS: REAS - 231) Only	1.3-65
Miscellaneous System-Generated Codes.....	1.3-77
PA (PA: REAS - 222)	1.3-77
SNAP (FS: REAS - 231) Only	1.3-78

SECTION 15: INDIVIDUAL LEVEL CODES

Sex Codes (SEX) - 315.....	1.4-1
Validate SSN Codes (VALIDATE) - 321	1.4-1
Disability Accommodation Indicator (DAI) - 367	1.4-1
PA Categorical Codes (CAT) - 372.....	1.4-1
PA Status Codes (PA: STAT) – 330	1.4-2
MA Status Codes (MA: STAT) – 340	1.4-2
MA Coverage Codes (MA: COV CD) - 343.....	1.4-3
SNAP Status Codes (FS: STAT) - 350	1.4-3
State/Federal Charge Codes (ST/FED CODE) - 307	1.4-4
State/Federal Charge Date (ST/FED DATE) - 325	1.4-4
Birth Verification Indicator (BVI) - 366.....	1.4-4
Teenage Service Act Indicator (TASA) - 304.....	1.4-5
ABAWD Ind. Code - 371	1.4-5
Employability Codes (EMP) - 375 and SNAP Employability Code - 370	1.4-5
Medicare Savings Program (MSP) - 345	1.4-11
TPHI/Medicare Source Code (TPHI/MCR) – System Generated	1.4-11
SSI Indicator (SSI) - 320.....	1.4-11
Bureau Of Child Support Indicator (BCS) - 328	1.4-11
Relationship Code (REL) - 329	1.4-12
Common Benefit Identification Card Code (CBIC CC) - 378	1.4-13
CBIC - Card Delivery Codes (CBIC CDC) - 383	1.4-13
Student ID Code – 323 - (System Generated).....	1.4-13

TABLE OF CONTENTS (cont'd)

Child/Teen Health Program Code (CHT) - 380.....	1.4-13
Veteran's Indicator (VET) - 324	1.4-14
Office Of Treatment Monitoring Indicator (OTM) - 379	1.4-14
Alien Citizenship Indicator (ACI) - 382	1.4-14
Alien Reg. Number - 381	1.4-15
SNAP Eligible Elderly/Disabled Alien Indicator - 313.....	1.4-15
Hispanic/Latino – 395	1.4-15
Race/Ethnic - 396, 397, 398, 373, 374	1.4-15
Marital Status (MAR) - 387	1.4-16
Educational Level (EDUC) - 388.....	1.4-16
Highest Degree Obtained (HDO) – 390	1.4-16
Relationship Of Mother To Child (MO CHILD) - 391.....	1.4-17
AFIS Exemption Indicator (AFIS EX) - 392.....	1.4-17
Time Limit Exemption Indicator (TL-EX) - 393.....	1.4-17
IPV Indicator Flag (IPV) - 394.....	1.4-17
Other Name Codes (CODE) - 361	1.4-17

INDIVIDUAL REASON CODES

Opening Codes.....	1.5-1
PA (PA: REAS - 331) and MA (MA: REAS - 341)	1.5-1
SNAP (FS: REAS - 351)	1.5-4
Rejection Codes.....	1.5-5
PA (PA: REAS - 331)	1.5-5
SNAP (FS: REAS - 351)	1.5-12
Sanction Codes.....	1.5-15
PA (PA: REAS - 331)	1.5-15
SNAP (FS: REAS - 351)	1.5-23
Removal Codes	1.5-25
PA (PA: REAS - 331)	1.5-25
SNAP (FS: REAS - 351)	1.5-31

REGULATORY CITATIONS FOR CHANGES IN PA/SNAP GRANT

Increase In PA Grant	1.6-1
Decreases In PA Grant.....	1.6-2
Changes In SNAP Grant.....	1.6-8

**CHAPTER 2 -
AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)**

SCREEN NSBL02: HOUSEHOLD/SUFFIX FINANCIAL DATA

SNAP Report Codes (FR).....	2.1-1
Shelter Proration Indicator Codes (PRO IND)	2.1-1
Shelter Type Codes (SHELT: TYPE).....	2.1-1
Period Codes (PER)	2.1-2
FSUA Indicator Codes (FSUA: IND)	2.1-2
Heat Type Codes (TYPE)	2.1-2
Child In Household (CHILD)	2.1-2

TABLE OF CONTENTS (cont'd)

Home Energy Assistance Program Indicator (HEAP)..... 2.1-2
 Housing Advantage Indicator (HAI) 2.1-3
 FSUT Indicator Codes (FSUT: IND) 2.1-3
 PA Case Type Codes (PA: TYPE)..... 2.1-3
 PA/SNAP Status Codes (PA: STAT, FS: STAT)..... 2.1-3
 PA/SNAP Routing Codes (PA: RTG, FS: RTG)..... 2.1-4
 PA Additional Needs Type Codes (PA: ADDL: TY) 2.1-4
 SNAP Categorical Eligibility Codes (CE) 2.1-4
 Fuel Indicator Codes (PA: FUEL) 2.1-4
 Restriction Type Codes (RST)..... 2.1-4
 Associated Codes (ASSOC: CD)..... 2.1-4

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS

30+1/3 Indicator (30 1/3)..... 2.1-5
 Expected Date Of Confinement Codes (EDC)..... 2.1-5
 Employment Training Indicator Code (ETI)..... 2.1-5
 Special Budgeting (SPEC)..... 2.1-5
 Relationship Indicator Codes (REL)..... 2.1-5
 Employability Status Codes (EMP) 2.1-5
 PA/SNAP Status Codes (PA: STS, FS: STS) 2.1-5
 Aged/Disabled Indicator Code (A/D)..... 2.1-6
 Financial/Alien Involvement Codes (INV) 2.1-6
 Income Source Codes (INCOME/RECURRING: SRC) 2.1-6
 Income Frequency Codes (INCOME: FREQ) 2.1-8
 Program Indicator Code (PROG)..... 2.1-8
 Usage Codes (INCOME: U)..... 2.1-8
 Income Exemption Codes (INCOME: CD)..... 2.1-9
 Deduction Type Code (DEDUCTIONS: TYP) 2.1-9
 Daycare Type Codes (DAYCARE: TYP) 2.1-9
 Associated Code (ASSOC: CD)..... 2.1-10
 Individual Special Needs Type Codes (SPEC NDS: TY)..... 2.1-10
 Restriction Type Codes (RST) 2.1-10

SCREEN NSBL35: SAVED BUDGETS

Budget Source (BUD SRC)..... 2.1-11

**CHAPTER 3 -
DATA ENTRY FORMS**

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575

Pick-Up Codes..... 3.1-1
 Special Grant Codes (ISSUANCE CODES) 3.1-1
 Special Housing Program Indicator..... 3.1-14
 Shelter/Recoupment Indicator 3.1-14
 Restricted Indicator 3.1-14
 Shelter Type Codes (SHELTER: TYPE)..... 3.1-15
 Recoupment Indicator Codes 3.1-16
 Category Codes 3.1-16

TABLE OF CONTENTS (cont'd)

Routing Location 3.1-16

FS SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3574

Issuance Codes 3.1-17

PA RECOUPMENT DATA ENTRY FORM - DSS 3573

Action Codes..... 3.1-18

Offense Type Codes..... 3.1-18

Offense Subtype Codes..... 3.1-18

Bypass Restriction Indicator 3.1-19

Restriction/Direct Two Party Indicator..... 3.1-19

FACILITY INVOLVEMENT DATA ENTRY FORM - DSS 3517-30 ITEMS 418-426

Incomplete Application Reason Codes 3.1-20

THIRD PARTY DATA SHEET FORM - DSS 4198

Relationship To Policy/Holder Codes (REL) 3.1-21

Policy Source 3.1-21

Policy Sequence Number 3.1-21

Coverage 3.1-21

Insurer Codes 3.1-22

THIRD PARTY HEALTH DATA SHEET - DSS 4384

MEDICARE COVERAGE UPDATE

Medicare Savings Program Indicator..... 3.1-54

ASSOCIATED NAME AND ADDRESS FORM - DSS 3517-25

Associated Address Codes..... 3.1-54

FAIR HEARING UPDATE DATA ENTRY FORM - DSS 3722

Fair Hearing Codes (AID STATUS) 3.1-54

SCREEN NQRF00: RFI SNN/CIN SUMMARY

RFI Indicator (RFI IND)..... 3.1-55

SCREEN NQRF02 / NQRF03 / NQRF04

RFI Status (Inquiry Codes) 3.1-56

Resolution Codes (RES CODE) 3.1-56

Other - For Use In All Programs 3.1-58

System Generated Codes - For Use In All Programs 3.1-58

RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478

Restriction/Exception Type 3.1-58

TABLE OF CONTENTS (cont'd)

**CHAPTER 4 -
MEDICAL ASSISTANCE PROGRAM**

TURNAROUND DOCUMENT - DSS 3517

SECTION 10 - MA CASE (SUFFIX) LEVEL CODES

MA Responsibility Area Indicator (MA RESP) - 219	4.1-1
Recertification Source (RCRT SRC) - 063.....	4.1-2
MA Case Type Codes (MA:TYPE).....	4.1-2
MA Status Codes (MA: STAT) - 240.....	4.1-2
Resource Verification Indicator (RVI) - 282	4.1-2

MA CASE REASON CODES

Opening Codes - MA (MA: REAS - 241).....	4.1-3
System Generated MA Codes	4.1-9
Rejection Codes - MA (MA: REAS - 241)	4.1-10
Alien/Citizenship Status	4.1-10
Excess Income/Resources.....	4.1-13
Living Arrangements	4.1-17
Duplicate Assistance.....	4.1-19
Health Insurance	4.1-20
Other Eligibility Requirements.....	4.1-21
Closing Codes - MA (MA: REAS - 241)	4.1-25
Failure To Comply With Recertification Procedures	4.1-26
Excess Income And Resources	4.1-31
Living Arrangements	4.1-42
Duplicate Assistance.....	4.1-46
Spousal Impoverishment.....	4.1-53
Health Insurance.....	4.1-54
Other	4.1-57
Miscellaneous	4.1-59
Disaster Relief.....	4.1-61
PCAP Cases	4.1-63
System Generated MA Codes	4.1-67
Recertification Budget Notice Codes - MA (MA: REAS - 241).....	4.1-78
System Generated	4.1-78
Confirmation Codes - MA (MA: REAS - 241).....	4.1-79
System Generated	4.1-79
CNS MRT Deferral Document Codes	4.1-80

TURNAROUND DOCUMENT - DSS 3517

SECTION 15 - MA INDIVIDUAL LEVEL CODES

MA Categorical Codes (CAT) – 372	4.2-1
MA Status Codes (MA: STAT) – 340	4.2-3
MA Coverage Codes (MA: COV CD) – 343.....	4.2-3
Medicare Savings Program (MSP) - 345	4.2-3
Medicare Application Indicator (MAI) - 354.....	4.2-4

TABLE OF CONTENTS (cont'd)

AD EX Indicator - 365 4.2-4
 MA Employability Codes (EMP) - 375..... 4.2-4
 TPHI/MCR Indicator - System Generated..... 4.2-5
 Employer Purchase Indicator (EPI)- 344 4.2-5

MA INDIVIDUAL REASON CODES

Opening Codes - MA (MA: REAS - 341)..... 4.2-6
 Rejection Codes - MA (MA: REAS - 341) 4.2-9
 Excess Income/Resources..... 4.2-9
 Eligibility Requirements..... 4.2-13
 Death..... 4.2-15
 Receipt Of Multiple Or Concurrent Assistance..... 4.2-16
 Living Arrangements 4.2-17
 Health Insurance 4.2-18
 Other 4.2-19
 Closing Codes - MA (MA: REAS - 341) 4.2-20
 Excess Income/Resources..... 4.2-20
 Eligibility Requirements..... 4.2-24
 Receipt of Multiple Or Concurrent Assistance 4.2-25
 Living Arrangements 4.2-26
 Other 4.2-28
 Sanction Codes - MA (MA: REAS - 341) 4.2-30
 Failure To Provide/Validate SSN 4.2-30
 Other Failures 4.2-31

DATA INPUT FORM – DSS 3477 (SCREEN WMPPIN)

MA Restriction/Exception Record 4.2-32
 MA Restricted/Exception..... 4.2-32
 Principal Provider Category 4.2-32
 Payment Exception Type Codes (PA, MA) 4.2-32
 Prepaid Capitation Plan Subsystem Codes 4.2-32
 Enrollment Reason Codes 4.2-32
 Dis-enrollment Reason Codes 4.2-33
 Prepaid Capitation Plan Provider ID 4.2-33

RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478

MA Restriction/Exception Type Codes 4.2-34

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585)

Version Number (VERSION) 4.3-1
 Budget Type (BUDGET TYPE)..... 4.3-1
 Case Name (CASE NAME) 4.3-1
 Case Number (Case Number) 4.3-1
 Office (OFC)..... 4.3-1
 Unit and/or Worker (UNIT ID) 4.3-1
 Transaction Type (TRAN)..... 4.3-1
 Effective Period (EFFECTIVE PER) 4.3-2

TABLE OF CONTENTS (cont'd)

Months Excess Is Available (MO)	4.3-2
Number In Case (CA)	4.3-2
Expanded Eligibility Code (EEC)	4.3-2
Expected Date Of Confinement (EDC 1)	4.3-3
Expected Date Of Confinement (EDC 2)	4.3-3
Age Indicator (AI)	4.3-3
Fuel Type (FUEL TY).....	4.3-3
Shelter Type (SHELTER TY).....	4.3-3
Shelter Amount (AMOUNT)	4.3-4
Water Amount (WATER AMOUNT).....	4.3-4
Additional Allowances Type (ADD TY)	4.3-4
Additional Allowance Amount (AMOUNT)	4.3-5
Deeming Code (SSI DEEM)	4.3-5
Living Arrangement (SSI LA)	4.3-5
Number Of SSI-Related Children To Deem (NO DM)	4.3-5
Number Of Non-SSI Related Children To Allocate (NO-ALL).....	4.3-5
Medicare Savings Program (MSP)	4.3-5
Date Of Institutionalization (DT INS).....	4.3-5
Personal Incidental Allowance (PIA).....	4.3-6
Spousal Contribution Code (CON).....	4.3-6
Spousal Contribution Amount (AMOUNT)	4.3-6
Local Code (LOC)	4.3-6
Income Average Indicator (EARNED INCOME A).....	4.3-6
Line Number (LN)	4.3-6
Categorical Indicators Code (CTG) - (Earned Income or resources).....	4.3-7
Child Identifier (N).....	4.3-7
Chronic Care Indicator (I).....	4.3-7
Earned Income Disregard (EID).....	4.3-7
Earned Income Source (SRC)	4.3-7
Earned Income Period (PER)	4.3-8
Time Indicator (T).....	4.3-8
Gross Income (GROSS)	4.3-8
Health Insurance (INSUR)	4.3-8
Court Ordered Support Payments (CT-SUP).....	4.3-8
Work - Related Expenses (WK-REL).....	4.3-8
Impairment-Related Work Expense (IRWE)	4.3-8
Child Care (CH-CR)	4.3-9
Child's Month And Year Of Birth (MO/YR).....	4.3-9
Unearned Income Line Number (UNEARNED INCOME LN)	4.3-9
CTG Categorical Indicator (C)	4.3-9
Child Identifier (N)	4.3-9
Chronic Care Indicator (I).....	4.3-9
Unearned Income Source (SR).....	4.3-10
Period (P).....	4.3-11
Unearned Income Amount (AMOUNT)	4.3-11
Unearned Income Exemption Code (CD)	4.3-11
Exemption Amount (EXEMPT)	4.3-11
Resources (RESOURCES).....	4.3-11

TABLE OF CONTENTS (cont'd)

Line Number (LN)	4.3-11
CTG Categorical Indicator Code (C) - (Unearned income).....	4.3-11
SSI Related Child Indicator (N).....	4.3-12
Chronic Care Indicator (I).....	4.3-12
Resource Code (CD)	4.3-12
Resource Value (S-VAL).....	4.3-12

**CHAPTER 5 -
REFERENCE**

APPENDIX A - BENEFIT PRODUCTION

Reconciliation Codes	5.1-1
----------------------------	-------

APPENDIX B - OBSOLETE CASE REASON CODES

Opening Codes	5.1-2
PA (PA: REAS - 222)	5.1-2
MA (MA: REAS - 241)	5.1-5
SNAP (FS: REAS - 231)	5.1-8
Rejection Codes.....	5.1-9
PA (PA: REAS - 222)	5.1-9
MA (MA: REAS - 241).....	5.1-13
SNAP (FS: REAS - 231)	5.1-16
Closing Codes.....	5.1-18
PA (PA: REAS - 222)	5.1-18
MA (MA: REAS - 241).....	5.1-28
SNAP (FS: REAS - 231)	5.1-51

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES

Opening Codes	5.1-58
PA (PA: REAS - 331)	5.1-58
MA (MA: REAS - 341).....	5.1-59
SNAP (FS: REAS - 351)	5.1-60
Rejection Codes.....	5.1-61
PA (PA: REAS - 331)	5.1-61
MA (MA: REAS - 341).....	5.1-64
SNAP (FS: REAS - 351)	5.1-66
Sanction Codes.....	5.1-68
PA (PA: REAS - 331)	5.1-68
MA (MA: REAS - 341).....	5.1-72
SNAP (FS: REAS - 351)	5.1-76
Removal Codes	5.1-78
PA (PA: REAS - 331)	5.1-78
MA (MA: REAS - 341).....	5.1-82
SNAP (FS: REAS - 351)	5.1-88

APPENDIX D - OTHER OBSOLETE CODES

Obsolete Single Issuance Codes.....	5.1-91
Obsolete ABEL Codes	5.1-92

TABLE OF CONTENTS (cont'd)

Obsolete TAD Codes 5.1-94
Obsolete MA Codes..... 5.1-96
Resource Code (CD) 5.1-96
MA Coverage Codes (MA: COV CD) - 343..... 5.1-96

CHAPTER 6 -
INDICES

Item Name Index..... 6.1-1
Item Number Index 6.1-9
Reason Code Index 6.1-11
 Case (Suffix) Level..... 6.1-11
 Individual Level 6.1-23

INTRODUCTION

USING THIS GUIDE

The Worker's Guide to Codes (WGC) is a manual designed to assist workers to identify WMS code values and their definitions that are specific to NYC Welfare Management System. It is a reference source and NOT an instructional manual. Please refer to the Budgeting, Authorization of Grants, and the Authorization of Medical Assistance manuals for specific information on how to use relative codes.

ORGANIZATION OF THE WGC

The Table of Contents outlines the organization of this guide. Refer to the Table of Contents and familiarize yourself with this manual's layout. This manual has been organized into a chapter format. Each chapter is devoted to a particular WMS form or system and their specific code definitions. Larger chapters have been subdivided to aid in the management of future updates. These chapter groupings are best noted in the page numbering.

- ❏ **Chapter 1** is dedicated to the Common Application Form and the Turnaround Document. The Common Application Form though only a single page is a sub-chapter, while the Turnaround Document has more extensive sub-divisions. These units are Section 05: Case Level Codes, Section 10: Case (Suffix) Level Codes, Reason Codes (Case Level), Section 15: Individual Level Codes, Reason Codes (Individual Level), and Regulatory Citations for Changes in PA/SNAP Grant.
- ❏ **Chapter 2** captures code values and definitions for the Automated Budgeting and Eligibility Logic (ABEL) or, as some may refer to it as the External Budgeting system.
- ❏ **Chapter 3** provides definitions for a variety of data entry forms.
- ❏ **Chapter 4** is dedicated to the Medical Assistance Program. This chapter has been subdivided into Section 10: MA Case (Suffix) Level Codes, which includes the Reason Codes, Section 15: MA Individual Level Codes, which also includes the Reason Codes, Data Input Form DSS 3477 (Screen WMPPIN), Data Input Form DSS 3478 (Screen WMRRIN), and MA Budgeting and Eligibility Logic (MABEL).
- ❏ **Chapter 5** is a reference to obsolete WMS Reason Codes. Seven appendices, labeled A through G, are available. Appendices A and B list respectively obsolete PA Case and Individual Closing/Removal Codes. Appendices C and D list respectively obsolete MA Case and Individual Closing/Removal Codes. Appendices E and F list respectively obsolete SNAP Case and Individual Closing/Removal Codes. Appendix G lists the obsolete PA Case Opening Codes.
- ❏ **Chapter 6** offers the WGC indices. The Item Name Index provides the user with a page reference to fields sorted alphabetically by the full field name. The Item Number Index offers a page reference to the Turnaround Document fields sorted numerically by the fields' assigned item number. The Reason Code Indices reference all the PA, MA, and SNAP reason codes. Separate indices have been created, one listing Case and the other listing Individual Level Reason Codes.

USING THIS GUIDE (CONT'D)**FINDING WHAT YOU NEED**

The effort it takes the user to locate needed information will depend on one's familiarity with WMS and this manual. As each user becomes comfortable using this reference, (s)he will develop individual strategies in locating information. It is recommended that each user index the regularly used portions of the WGC to meet their needs. This can easily be accomplished by using index divider sheets or any other technique that works for the user.

There are numerous approaches to finding information:

↔ TABLE OF CONTENTS

As outlined earlier, each chapter is dedicated to one specific form or system, as in Chapter 2, ABEL codes, or a group of like forms or systems, as in Chapters 3 and 4, data entry forms codes and MA Program codes, respectively. Utilizing the Table of Contents is the best search choice if the user is familiar with the form/system is known and feels comfortable searching through the chapter subheadings to locate a page number.

↔ ITEM NAME INDEX

Knowing the field name would make this the most direct search choice. It also precludes knowledge of which form or system the field is affiliated with.

↔ ITEM NUMBER INDEX

Using this index provides the best search choice if one is working directly from the Turnaround Document and the item number is known.

↔ REASON CODE INDEX

Utilize these indices to access page references for all currently valid PA, MA, and SNAP case or individual level reason codes.

- A word of caution regarding reason codes would be in order here. When determining the appropriateness of a reason code be aware that many codes are category specific. Please check beyond the code definition. Multiple codes having the same definition may exist. Upon closer inspection the user will realize that they should be used for different categories. In addition, the user should also pay heed to the impact a specific PA code may have on MA and SNAP benefits. What may first appear as multiple codes carrying like definitions may prove different in the continuance or discontinuance of MA and SNAP benefits.

↔ APPENDICES

Use the appropriate appendix for definitions of obsolete PA, MA, SNAP closing or removal codes at the case or individual levels.

**CHAPTER 1 -
APPLICATION**

COMMON APPLICATION FORM - DSS 2921

CATEGORY CODES (CATEGORY)

EAA	(PA Center)	Emergency Assistance for Adults (No change)
EAF	(PA Center)	Emergency Assistance for Families (No change)
FA	(PA Center)	Family Assistance (Former ADC, ADCU and HR Families Cases Should be in the FA Category)
FS	(SNAP Center)	Supplemental Nutrition Assistance Program (SNAP)
SNCA	(PA Center)	Safety Net Cash Assistance (Former HR, except HR Families, Cases Should be in the SNCA Category)
SNFP	(PA Center)	Safety Net Federally Participating. To be used for FA cases in which the head of household or an adult who is a mandatory member of the case fails to comply with drug/alcohol [D/A] requirements, or in which such an individual is deemed unemployable due to their d/a problem, but is in compliance with d/a requirements and is in treatment.
SNNC	(PA Center)	Safety Net Non-Cash. To be used for Safety Net Cash Cases that have reached either the two year limit for Safety Net Cash Assistance or the 60 month time limit for State Assistance (total of Family Assistance and Safety Net Cash Assistance), singles who have been determined unable to work due to drug/alcohol problems, but were compliant, i.e. in treatment, or eventually for cases that have reached the 60 month Federal Time Limit for FA.
MA	(MA Center)	Medical Assistance (No change)
MPE	(MA Center)	Presumptive Eligibility for Children
MSSI	(MA Center)	Medicaid Supplemental Security Income (No change)
ADC	(PA Center)	This category is no longer valid. Aid to Dependent Children (Will be re-categorized to FA)
ADCU	(PA Center)	This category is no longer valid. Aid to Dependent Children Unemployed (Will be re-categorized to FA)
HR	(PA Center)	This category is no longer valid. Home Relief (Will be re-categorized to SNCA)
HRPG	(PA Center)	This category is no longer valid. Home Relief Pre Investigation (Clients should be evaluated and transferred to one of the new categories)

HISPANIC/LATINO

H Enter Y if Hispanic/Latino, N if not Hispanic/Latino, or U if unknown

RACE/ETHNIC AFFILIATION

Enter Y for the race/ethnic affiliations that the client identifies with, N for the affiliations that the client doesn't identify with, or U if the client refuses to self-identify.

I	American Indian/ Alaska Native
A	Asian
B	Black/ African American
P	Native Hawaiian/ Pacific Islander
W	White

WORKER'S GUIDE TO CODES

1.1-2

06/18/2017

COMMON APPLICATION FORM - DSS 2921 (CONT'D)

LANGUAGE SPOKEN CODES (LANG)

A Blank	Arabic	AT	Am. Ind. - Nakota	MA	Macedonian
B Blank	Urdu	AV	Am. Ind. - Navajo	ML	Malayalam
C Blank	Chinese-Mandarin	AO	Am. Ind. - Other	MN	Mandinka
D Blank	French Creole	AS	Am. Ind. - Zuni	MO	Mongolian
E Blank	English	AM	Amharic	NE	Nepali
F Blank	French	AW	Armenian	NO	Norwegian
G Blank	Greek	AZ	Assyrian	OD	Oneida
H Blank	Hebrew	BB	Bambara	ON	Onondaga
I Blank	Italian	BE	Bengali	OR	Oromo
J Blank	Japanese	BO	Bosnian	PA	Pashto
K Blank	Korean	BU	Bulgarian	PE	Pennsylvania Dutch
L Blank	Albanian	BR	Burmese	PI	Persian
M Blank	German	CA	Cambodian	PS	Pidgin-Hawaiian
N Blank	Hindi	CM	Chamorro	PU	Punjabi
P Blank	Polish	CH	Chinese-Toisanese	RO	Romanian
Q Blank	Farsi	CF	Chinese-Fujian	SA	Samoan
R Blank	Russian	CC	Creole-Criollo	SC	Seneca
S Blank	Spanish	CO	Creole-Haitian	SE	Serbian
T Blank	Thai	CE	Creole-Other	SN	Shinnecock
V Blank	Vietnamese	CR	Croatian	SL	Slovak
W Blank	Khmer	CZ	Czech	SO	Somali
Y Blank	Yiddish	DU	Dutch	SK	Soninke
Z Blank	Portuguese	DZ	Dzongkha	SV	Mohawk (St. Regis Tribe)
1 Blank	African-Other	FI	Finnish	SW	Swahili
2 Blank	Chinese-Cantonese	FU	Fulani/Fula	SY	Syriac
3 Blank	Chinese-Other	GU	Gujarati	TI	Tigrinya
4 Blank	Native American	HA	Hausa	TN	Tona-Seneca
5 Blank	Serbo-Croatian	HM	Hmong	TO	Tongan
6 Blank	Swedish	HU	Hungarian	TU	Turkish
7 Blank	Tagalog	IL	Ilocano	TS	Tuscarora
8 Blank	Laotian	IN	Indonesian	TW	Akan (Twi or Fanti)
9 Blank	Sign Language	KA	Karen	UK	Ukranian
AN	Alaskan	KW	Kinyarwanda	UN	Unkechauga
AA	Am. Ind. - Apache	KI	Kirundi (Rundi)	WO	Wolof
AC	Am. Ind. - Choctaw	KZ	Kizigna	YO	Yoruba
AE	Am. Ind. - Crow	KU	Kurdish	YU	Yugoslavian
AI	Am. Ind. - Dakota	LI	Lithuanian		
AK	Am. Ind. - Lakota	MY	Maay/ Maay Maay		

WORKER'S GUIDE TO CODES

1.1-3

06/18/2017

COMMON APPLICATION FORM - DSS 2921 (CONT'D)

LANGUAGE READ CODES (LANG READ)

A Blank	Arabic	AS	Am. Ind. - Zuni	ML	Malayalam
B Blank	Urdu	AM	Amharic	MN	Mandinka
D Blank	French Creole	AW	Armenian	MO	Mongolian
E Blank	English	AZ	Assyrian	NE	Nepali
F Blank	French	BA	Braille	NO	Norwegian
G Blank	Greek	BB	Bambara	OD	Oneida
H Blank	Hebrew	BE	Bengali	ON	Onondaga
I Blank	Italian	BO	Bosnian	OR	Oromo
J Blank	Japanese	BU	Bulgarian	PA	Pashto
K Blank	Korean	BR	Burmese	PE	Pennsylvania Dutch
L Blank	Albanian	CA	Cambodian	PI	Persian
M Blank	German	CM	Chamorro	PS	Pidgin-Hawaiian
N Blank	Hindi	CS	Chinese-Simplified	PU	Punjabi
P Blank	Polish	CT	Chinese-Traditional	RO	Romanian
Q Blank	Farsi	CC	Creole-Criollo	SA	Samoan
R Blank	Russian	CO	Creole-Haitian	SC	Seneca
S Blank	Spanish	CE	Creole-Other	SE	Serbian
T Blank	Thai	CR	Croatian	SN	Shinnecock
V Blank	Vietnamese	CZ	Czech	SL	Slovak
W Blank	Khmer	DU	Dutch	SO	Somali
Y Blank	Yiddish	DZ	Dzongkha	SK	Soninke
Z Blank	Portuguese	FI	Finnish	SV	Mohawk (St. Regis Tribe)
1 Blank	African-Other	FU	Fulani/Fula	SW	Swahili
4 Blank	Native American	GU	Gujarati	SY	Syriac
5 Blank	Serbo-Croatian	HA	Hausa	TI	Tigrinya
6 Blank	Swedish	HM	Hmong	TN	Tona-Seneca
7 Blank	Tagalog	HU	Hungarian	TO	Tongan
8 Blank	Laotian	IL	Ilocano	TU	Turkish
AN	Alaskan	IN	Indonesian	TS	Tuscarora
AA	Am. Ind. - Apache	KA	Karen	TW	Akan (Twi or Fanti)
AC	Am. Ind. - Choctaw	KW	Kinyarwanda	UK	Ukrainian
AE	Am. Ind. - Crow	KI	Kirundi (Rundi)	UN	Unkechauga
AI	Am. Ind. - Dakota	KZ	Kizigna	WO	Wolof
AK	Am. Ind. - Lakota	KU	Kurdish	YO	Yoruba
AT	Am. Ind. - Nakota	LI	Lithuanian	YU	Yugoslavian
AV	Am. Ind. - Navajo	MY	Maay/ Maay Maay		
AO	Am. Ind. - Other	MA	Macedonian		

WORKER'S GUIDE TO CODES

1.1-4

10/22/2012

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TURNAROUND DOCUMENT - DSS 3517

SECTION 05: CASE LEVEL CODES

M3E INDICATOR (M3E) - 053

- 1 Immediate action for administrative reasons
- T CNS notice suppressed, manual notice required (Timely action)
- A CNS notice suppressed, manual notice required (Adequate action)

UTILITY GUARANTEE INDICATOR (UTIL GUAR) – 044

- 0 None
- 1 Con Edison
- 2 National Grid
- 3 Long Island Lighting (LILCO)
- 4 Both National Grid and Con Edison
- *5 Con Edison Vendor
- *6 National Grid Vendor
- *7 Con Edison and National Grid Vendor
- *8 Withdrawn Vendor
- *9 Voluntary Con Edison
- *A Voluntary Con Edison and National Grid
- *B Removal: Case Closed While on Vendor Status
- *C Voluntary National Grid

BOROUGH/COMMUNITY DISTRICT (B/CD)

These are system generated codes:

BOROUGH CODES

- 1 - Manhattan
- 2 - Brooklyn
- 3 - Bronx
- 4 - Queens
- 5 - Staten Island

COMMUNITY DISTRICT CODES

- 01-12 Manhattan
- 01-18 Brooklyn
- 01-12 Bronx
- 01-14 Queens
- 01-03 Staten Island

* Direct Vendor Codes may be used on single suffix cases only.

SECTION 05: CASE LEVEL CODES (CONT'D)

TRUST INDICATOR (TI) - 061

Blank is an acceptable value for this field

Y	Yes
N	No
E	Supplemental Needs Trust Exception
I	Irrevocable Trust
L	Luberto Transferred Case
P	Pool Trust
R	Revocable Trust
S	Supplemental Needs Trust

RECERTIFICATION SOURCE (RCRT SRC) – 063

E	SNAP recertification filed through My Benefits (NYS system)
N	SNAP recertification filed through ACCESS NYC (NYC system)
V	Recertification received via Vanguard file pass (System generated)
H	Recertification received via HHS-CONNECT online renewal (System generated)
W	Recertification received via walk-in in-person
A	Recertification received via DAB auto recert (System generated)
I	Recertification received through IVRS (System generated)

WORKER'S GUIDE TO CODES

1.2-3

02/21/2016

SECTION 10: SUFFIX LEVEL CODES

CATEGORY CODES (CAT) - 209

EAA	(PA Center)	Emergency Assistance for Adults (No change)
EAF	(PA Center)	Emergency Assistance for Families (No change)
FA	(PA Center)	Family Assistance (Former ADC, ADCU and HR Families Cases should be in the FA category)
FS	(SNAP Center)	Supplemental Nutrition Assistance Program (SNAP)
SNCA	(PA Center)	Safety Net Cash Assistance (Former HR, except HR Families, Cases should be in the SNCA category)
SNNC	(PA Center)	Safety Net Non-Cash. See page 1 for further details.
SNFP	(PA Center)	Safety Net Federally Participating. See page 1 for further details.
HX	(MA Center)	Basic Health Plan (NYSoH)
MA	(MA Center)	Medical Assistance (No change)
MPE	(MA Center)	Presumptive Eligibility for Children
MSSI	(MA Center)	Medicaid Supplemental Security Income (No change)
ADC	(PA Center)	This category is no longer valid. Aid to Dependent Children (Will be re-categorized to FA)
ADCU	(PA Center)	This category is no longer valid. Aid to Dependent Children – Unemployed (Will be re categorized to FA)
HR	(PA Center)	This category is no longer valid. Home Relief (Will be re categorized to SNCA)
HRPG	(PA Center)	This category is no longer valid. Home Relief Pre Investigation (Clients should be evaluated and transferred to one of the new categories)

WORKER'S GUIDE TO CODES

1.2-4

06/18/2017

SECTION 10: SUFFIX LEVEL CODES (CONT'D)

LANGUAGE SPOKEN CODES (LANG) - 255

A Blank	Arabic	AT	Am. Ind. - Nakota	MA	Macedonian
B Blank	Urdu	AV	Am. Ind. - Navajo	ML	Malayalam
C Blank	Chinese-Mandarin	AO	Am. Ind. - Other	MN	Mandinka
D Blank	French Creole	AS	Am. Ind. - Zuni	MO	Mongolian
E Blank	English	AM	Amharic	NE	Nepali
F Blank	French	AW	Armenian	NO	Norwegian
G Blank	Greek	AZ	Assyrian	OD	Oneida
H Blank	Hebrew	BB	Bambara	ON	Onondaga
I Blank	Italian	BE	Bengali	OR	Oromo
J Blank	Japanese	BO	Bosnian	PA	Pashto
K Blank	Korean	BU	Bulgarian	PE	Pennsylvania Dutch
L Blank	Albanian	BR	Burmese	PI	Persian
M Blank	German	CA	Cambodian	PS	Pidgin-Hawaiian
N Blank	Hindi	CM	Chamorro	PU	Punjabi
P Blank	Polish	CH	Chinese-Toisanese	RO	Romanian
Q Blank	Farsi	CF	Chinese-Fujian	SA	Samoan
R Blank	Russian	CC	Creole-Criollo	SC	Seneca
S Blank	Spanish	CO	Creole-Haitian	SE	Serbian
T Blank	Thai	CE	Creole-Other	SN	Shinnecock
V Blank	Vietnamese	CR	Croatian	SL	Slovak
W Blank	Khmer	CZ	Czech	SO	Somali
Y Blank	Yiddish	DU	Dutch	SK	Soninke
Z Blank	Portuguese	DZ	Dzongkha	SV	Mohawk (St. Regis Tribe)
1 Blank	African-Other	FI	Finnish	SW	Swahili
2 Blank	Chinese-Cantonese	FU	Fulani/Fula	SY	Syriac
3 Blank	Chinese-Other	GU	Gujarati	TI	Tigrinya
4 Blank	Native American	HA	Hausa	TN	Tona-Seneca
5 Blank	Serbo-Croatian	HM	Hmong	TO	Tongan
6 Blank	Swedish	HU	Hungarian	TU	Turkish
7 Blank	Tagalog	IL	Ilocano	TS	Tuscarora
8 Blank	Laotian	IN	Indonesian	TW	Akan (Twi or Fanti)
9 Blank	Sign Language	KA	Karen	UK	Ukranian
AN	Alaskan	KW	Kinyarwanda	UN	Unkechauga
AA	Am. Ind. - Apache	KI	Kirundi (Rundi)	WO	Wolof
AC	Am. Ind. - Choctaw	KZ	Kizigna	YO	Yoruba
AE	Am. Ind. - Crow	KU	Kurdish	YU	Yugoslavian
AI	Am. Ind. - Dakota	LI	Lithuanian		
AK	Am. Ind. - Lakota	MY	Maay/ Maay Maay		

WORKER'S GUIDE TO CODES

1.2-5

06/18/2017

SECTION 10: SUFFIX LEVEL CODES (CONT'D)

LANGUAGE READ CODES (LANG READ) – 281

A Blank	Arabic	AS	Am. Ind. - Zuni	ML	Malayalam
B Blank	Urdu	AM	Amharic	MN	Mandinka
D Blank	French Creole	AW	Armenian	MO	Mongolian
E Blank	English	AZ	Assyrian	NE	Nepali
F Blank	French	BA	Braille	NO	Norwegian
G Blank	Greek	BB	Bambara	OD	Oneida
H Blank	Hebrew	BE	Bengali	ON	Onondaga
I Blank	Italian	BO	Bosnian	OR	Oromo
J Blank	Japanese	BU	Bulgarian	PA	Pashto
K Blank	Korean	BR	Burmese	PE	Pennsylvania Dutch
L Blank	Albanian	CA	Cambodian	PI	Persian
M Blank	German	CM	Chamorro	PS	Pidgin-Hawaiian
N Blank	Hindi	CS	Chinese-Simplified	PU	Punjabi
P Blank	Polish	CT	Chinese-Traditional	RO	Romanian
Q Blank	Farsi	CC	Creole-Criollo	SA	Samoan
R Blank	Russian	CO	Creole-Haitian	SC	Seneca
S Blank	Spanish	CE	Creole-Other	SE	Serbian
T Blank	Thai	CR	Croatian	SN	Shinnecock
V Blank	Vietnamese	CZ	Czech	SL	Slovak
W Blank	Khmer	DU	Dutch	SO	Somali
Y Blank	Yiddish	DZ	Dzongkha	SK	Soninke
Z Blank	Portuguese	FI	Finnish	SV	Mohawk (St. Regis Tribe)
1 Blank	African-Other	FU	Fulani/Fula	SW	Swahili
4 Blank	Native American	GU	Gujarati	SY	Syriac
5 Blank	Serbo-Croatian	HA	Hausa	TI	Tigrinya
6 Blank	Swedish	HM	Hmong	TN	Tona-Seneca
7 Blank	Tagalog	HU	Hungarian	TO	Tongan
8 Blank	Laotian	IL	Ilocano	TU	Turkish
AN	Alaskan	IN	Indonesian	TS	Tuscarora
AA	Am. Ind. - Apache	KA	Karen	TW	Akan (Twi or Fanti)
AC	Am. Ind. - Choctaw	KW	Kinyarwanda	UK	Ukrainian
AE	Am. Ind. - Crow	KI	Kirundi (Rundi)	UN	Unkechauga
AI	Am. Ind. - Dakota	KZ	Kizigna	WO	Wolof
AK	Am. Ind. - Lakota	KU	Kurdish	YO	Yoruba
AT	Am. Ind. - Nakota	LI	Lithuanian	YU	Yugoslavian
AV	Am. Ind. - Navajo	MY	Maay/ Maay Maay		
AO	Am. Ind. - Other	MA	Macedonian		

SECTION 10: SUFFIX LEVEL CODES (CONT'D)

HOMEBOUND INDICATOR (HMBD) - 220

Y Yes

MA RESPONSIBILITY AREA INDICATORS (MA RESP) - 219

AG	State Investigative Agency - State AG Cases
AN	Acute Long Term Hospital Care Case
AS	Acute Long Term Hospital Care Surplus Case
BH	Bridges to Health Foster Care Case
CC	Community Care Case
CM	Child Health Plus (CHP)
CS	Community Care Surplus Case
DN	Dialysis Case
DS	Dialysis Surplus Case
FA	Enrolled in FIDA Plan
FD	Foster Discharge
FH	Fair Hearing - Aid to Continue Case
GP	Protective Services -Guardian Pending
HC	Hospital Care Catastrophic Case (External Use Only)
HN	Hospital Care Case
HP	HARP from NYSoH to WMS
HS	Hospital Care Surplus Case
IC	Medicaid Suspension (Valid 4/01/08)
IG	State Investigative Agency - State IG Cases
LB	Luberto Vs Novello
LR	Long Term Regular Chronic Care Case
LM	Lombardi Care Case
LC	Long Term Care
LT	I.S. High Risk Case
MC	CED/Managed Long Term Care
MP	Qualified Individual (QI1)
MS	Special Low Income Medicare Beneficiaries (SLIMB)
NA	Home Health Aid Case
OB	OTB Retirees (Center 534)
OF	Assisted Living Program
OM	Office of Mental Retardation
PA	Home Attendant Care Case
PC	Presumptive Eligibility for Children
PD	Home Care-Working Person with Disability Case
PE	Presumptive Eligibility Family Planning Benefit Program
PK	Housekeeper Care Case
PM	Homemaker Care Case
PR	Pre-release Clients
PS	Protective Services
PU	Undefined Home Care Program Case
QM	Qualified Medicare Beneficiaries (QMB)
SA	Home Health Aid Surplus Case
SH	Shelter Case
SC	Special Services For Children (SC) Case
WD	Working Disabled
WS	Waiver Services Case

SECTION 10: SUFFIX LEVEL CODES (CONT'D)

EMERGENCY INDICATOR (EMG: IND) - 270

F	Current EAF Authorization on a FA, SNFP, SNCA, SNNC, or EAF Case
A	Current EAA Authorization on SNCA, SNNC, or EAA Case
P	Prior Emergency Authorization (Enter This Code When the Emergency Authorization Period Ends)

SPANISH INDICATOR (SP IND) - 273

S	Notices will be in Spanish and English
E	Notices will be in English only

ABBREVIATED CNS NOTICES (ABBR CNS) - 249

X	Client opts to receive abbreviated CNS notices
Space	Client does not opt to receive abbreviated CNS notices

PA STATUS CODES (PA: STAT) - 221

AC	Active - Case to receive a recurring Grant
AP	Applying - Eligibility for Benefits has not been Determined
CL	Closed
NA	Not Applying
RJ	Denied - Application Rejected
SI	Single Issue -Case is eligible but will not receive a recurring Grant
WD	Withdrawn - Application for assistance withdrawn

PA ROUTING CODES (PA: ROUT) - 224

No longer data entered from the TAD. This data can be entered only through External Budgeting Screen NSBL02.

MA STATUS CODES (MA: STAT) - 240

AC	Active
AP	Applying
CL	Closed
NA	Not Applying
RJ	Denied

SNAP STATUS CODES (FS: STAT) - 230

AC	Active
AP	Applying
CL	Closed
NA	Not Applying
RJ	Denied
SI	Single Issue

SECTION 10: SUFFIX LEVEL CODES (CONT'D)

SNAP ROUTING (FS: ROUT) - 233

No longer data entered from the TAD. This data can be entered only through External Budgeting Screen NSBL02.

SAFETY NET INDICATOR (SNET IND) - 274

- A Substance Abuse: For cases that comply or fail to comply with Drug/Alcohol Treatment Requirements and are deemed unemployable due to their Drug/Alcohol problem
- S Safety Net Limit: For cases that reached the 24-Month case limit
- C Cash Limit: For FA cases that have reached the 60-month limit, or SNCA cases that have reached a total of 60 months SNCA and FA/SNFP combined

ASSOCIATED CODE (ASSOC CD) - 290

- 20 Optional 2nd contact mailing address

WORKER'S GUIDE TO CODES

1.3-1

02/18/2018

CASE REASON CODES

OPENING CODES – PA (PA: REAS - 222) Only

<u>CODE</u>	<u>CATEGORY</u>	
400	ALL	Administrative Opening on Transitional Benefits Cases. No Notice Required
A20	ALL	PA case opened -- TA determination pending. (System Generated SI status only, for expedited SNAP cases.) 18 NYCRR 352.29
A30	ALL	PA Approval -- same benefit each month 18 NYCRR 352.29
A32	ALL	PA Approval -- first month prorated. (Use opening codes A48 or A49 for the SNAP suffix.) 18 NYCRR 352.29
F54	ALL	Open for Doe Retro Payment Only 18 NYCRR 351.8
Y16	FA/SNFP/ SNCA/SNNC	Case has been closed less than 30 days and is being reopened for a reason not associated with other "under 30 days" reopening codes. 18 NYCRR 350.4 (a) (5)
Y19	FA/SNFP/ SNCA/SNNC/ EAF/EAA	Case accepted for emergencies other than shelter or utility arrears. MA will remain in NA or AP status. For one-shot deals only. 18 NYCRR 351.8(c); 370.3(b); 372.1
Y37	FA/SNFP/ SNCA/SNNC/ EAF/EAA	Case accepted for single issue payments that have been ordered by a Fair Hearing decision. MA will remain in NA or AP status. (Replaces 008.) This code is for Fair Hearing compliance. Regulatory citation not applicable
Y38	FA/SNFP/ SNCA/SNNC/ EAF	Case accepted only for emergency shelter arrears and/or emergency utility arrears which applicant agrees to repay. MA will remain in NA or AP status. (Replaces 009.) For one-shot deals only. 18 NYCRR 351.8(c)(4); 352.5(e); 352.7(g)(3)
Y39	SNFP/SNCA SNNC/EAF/ EAA	Case accepted only for emergency shelter arrears and/or emergency utility arrears with no repayment agreement. MA will remain in NA or AP status. For one-shot deals only. 18 NYCRR 351.8(c)(4); 352.5(e); 352.7(g)(3); 397.5(l)(1)(2)(3)
Y41	FA/SNFP/ SNCA/SNNC/ EAF/EAA	Case accepted for immediate needs (pre-investigation). Case is applying for ongoing assistance. MA will remain in NA or AP status. (Replaces 033.) 18 NYCRR 351.8(c)(4)
Y42	ALL	Closed in Error. (Employment Unit approval is needed if case was closed due to an Employment related reason.) Removes the last sanction. 18 NYCRR 352.29; 351.20

WORKER'S GUIDE TO CODES

1.3-2

02/18/2018

CASE REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
Y43	ALL	Aid Continuing-Case Awaiting Fair Hearing decision. No Notice Required 18 NYCRR 358-3.6, 45 CFR 205.10(a)(6)(i)
Y46	ALL	Employment Unit Approved Override with documentation that allows the opening of CvB or JOB Search closings or sanctions during the infraction period. Removes the last sanction. No Notice Required <u>To be used if:</u> <ol style="list-style-type: none">1. Client was incarcerated2. Client was hospitalized3. There had been a change of address4. Fair Hearing decision reversed and OES closing5. Settled in conference by FH & C
Y47	ALL	To be used to override an IPV sanction and open a case/suffix during the infraction period. Use of this code is restricted to EPF as the Origination Center (Manual Notice Required). 18 NYCRR 352.29
Y51	ALL	Open for Walker Retro Payment Only.
Y53	EAA	Open for Utility Arrears Payment and Six-Month Utility Guarantee Period. 397.5(l)(2)
Y65	SNCA/SNNC FA/SNFP	To be used to override a Drug and Alcohol Closing or Rejection Code during the infraction period. Removes the last sanction. No Notice Required
Y67	ALL	Other PA opening code. The PA regulatory citation depends on the circumstances.
Y71	ALL	Eligible as a result of Hurricane Harvey. 18 NYCRR 370.3; 372; 397
Y72	ALL	Eligible as a result of Hurricane Irma. 18 NYCRR 370.3; 372; 397
Y73	ALL	Eligible as a result of Hurricane Maria. 18 NYCRR 370.3; 372; 397
Y81	FA/SNFP/ SNCA/SNNC	Case was closed or rejected up to one year ago and is being reopened due to a Fair Hearing decision. 18 NYCRR 358-6.4

WORKER'S GUIDE TO CODES

1.3-3

10/22/2012

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WORKER'S GUIDE TO CODES

1.3-4

06/18/2017

CASE REASON CODES (CONT'D)

OPENING CODES – MA (MA: REAS - 241) Only

<u>CODE</u>	<u>CATEGORY</u>	
093	MA SSI	SSI new opening on SDX, determined eligible for MA-SSI. (Case Type 22) 360-3
753	ALL	Combined PA/MA App under review -- 30 days 18 NYCRR 360-2.5
800	ALL	PA App does not want MA Social Services Law 366(1)(a)(1)
839	ALL	MA Approval on PA case Social Services Law 366(1)(a)
H88	ALL	Disabled child/children receiving medical/nursing care at home. 360-3
H91	MA	Medical bills equal to or greater than excess income. 360-4.8 (c)
H94	ALL	Medical need - no recent change in financial circumstances. 360-3
Y58	ALL	Based on your pregnancy, you have been determined presumptively eligible for Medical Assistance for a maximum period of 45 days. 360-3
Y67	ALL	Other MA opening code The MA regulatory citation depends on the circumstances.
Y69	ALL	Administrative. 360-3

CASE REASON CODES (CONT'D)

OPENING CODES – SNAP (FS: REAS - 231) Only

<u>CODE</u>	
A30	Same Benefit Each Month If Shelter Type is 15, 16, 17, 28, 29, 42, or 43 then 18 NYCRR 387.8, 7 CFR 273.2 and 387.16(f) If any other Shelter Type then 18 NYCRR 387.14, CFR 273.2(j)(1)(IV)
A34	SNAP Approval - Proof Provided in SECOND Thirty Days If Shelter Type is 15, 16, 17, 28, 29, 42, or 43 then 18 NYCRR 387.8, 7 CFR 273.2 and 387.16(f) If any other Shelter Type then 18 NYCRR 387.8, CFR 273.2(j)(1)(IV)
A48	SNAP Approval - 1st Month Prorated: Applied BEFORE the 16th (To be used only with PA opening code A32 on the SNAP suffix of a PA/ SNAP case.) If Shelter Type is 15, 16, 17, 28, 29, 42, or 43 then 18 NYCRR 387.8, 7 CFR 273.2 and 387.16(f) If any other Shelter Type then 18 NYCRR 387.8, CFR 273.2(j)(1)(IV)
A49	SNAP Approval - 1st Month Prorated: Applied AFTER the 15th (To be used only with PA opening code A32 on the SNAP suffix of a PA/ SNAP case.) If Shelter Type is 15, 16, 17, 28, 29, 42, or 43 then 18 NYCRR 387.8, 7 CFR 273.2 and 387.16(f) If any other Shelter Type then 18 NYCRR 387.8, CFR 273.2(j)(1)(IV)
G34	SNAP Change after PA Approval Determination. (For use with expedited SNAP cases.) NYCRR 387.8, CFR 273.2(j)(1)(IV)
Q22	Expedited - Pended Verification (To be used only for NPA/SNAP cases.) 18 NYCRR 387.8, 387.14, 387.15, and CFR 273.2(j)(1)(IV)
Q23	Expedited - Pending Verification (To be used only on the SNAP suffix of a PA/SNAP case.) 18 NYCRR 387.8, 387.14, 387.15, CFR 273.2(j)(1)(IV)
Y17	Meets eligibility requirements - Application Filed While in Jail/Prison. (Do not use for Brad H.) 18 NYCRR 387.14, 387.15
Y21	Reopen case for Aid to Continue 18 NYCRR 358-3.6, 7 CFR 273.15(k) (1)
Y45	Other (Manual Notice Required)

CASE REASON CODES (CONT'D)

OPENING CODES – SNAP (FS: REAS - 231) Only (cont'd)

CODE

Y46 Employment Unit Approved Override with documentation that allows the opening of employment-related closings or sanctions during the infraction period.
No Notice Required

To be used if:

1. **Client was incarcerated**
2. **Client was hospitalized**
3. **There had been a change of address**
4. **Fair Hearing decision reversed and OES closing**
5. **Settled in conference by FH & C**

Y51 Open for Walker Retro Payment Only.

Y60 Reactivation waiver code - case closed less than 30 days. This code can only be used in Undercare.
Manual notice required
18 NYCRR 387.8, CFR 273.2(j)(1)(IV)

Y80 Fair Hearing Compliance
18 NYCRR 387.18, 387.21; 7 CFR 273.15(r), 273.15(s), 273.17(a)(2), 273.17(a)(3)

029 Meets eligibility requirements - Application Filed While in Jail/Prison.
(Brad H.)
18 NYCRR 387.14, 387.15

064 Eligible as a result of Hurricane Katrina

099 Meets eligibility requirements - System Generated Only

810 Meets eligibility requirements-Six Month Cert. Period (System Generated)
18 NYCRR 387.10, 387.12

901 Override code to reopen case closed with Transitional SNAP.
18 NYCRR 387.8

CASE REASON CODES (CONT'D)**REJECTION CODES – PA (PA: REAS - 222)**

<u>CODE</u>	<u>CATEGORY</u>	
E10	ALL	<p><u>Failure to Keep/Complete Initial Eligibility Interview: No Scheduled Appointment</u> To be used when client fails to schedule an eligibility interview. Not to be used for Bureau of Eligibility Verification (BEV), Engagement or Medical Appointments. 18 NYCRR 350.3 MA Separate Determination, SNAP Separate Determination.</p>
E30	ALL	<p><u>Excess Earned Income (No TMA), Ineligible Budget Required</u> Your household's countable earned income exceeds the appropriate (gross and/or net) income eligibility limit. 18 NYCRR 352.29 MA Separate Determination, SNAP Separate Determination.</p>
E34	ALL	<p><u>Excess Income - Receipt of SSI Single Individual, Ineligible Budget Required</u> Your household's countable income exceeds the budget limit. 18 NYCRR 352.29 MA Separate Determination, SNAP Separate Determination.</p>
E35	ALL	<p><u>Excess Unearned Income, Ineligible Budget Required</u> Your household's countable unearned income exceeds the appropriate (gross and/or net) income eligibility limit. 18 NYCRR 352.29 MA Separate Determination, SNAP Separate Determination</p>
E60	ALL	<p><u>Unable to Locate</u> Your present whereabouts are unknown. 18 NYCRR 351.22(a) MA No Separate Determination, SNAP No Separate Determination.</p>
E61	ALL	<p><u>Not a Resident of District</u> You do not live in the district (New York City). 18 NYCRR 311.3 MA No Separate Determination, SNAP No Separate Determination.</p>
E63	ALL	<p><u>Not a Resident of State</u> You do not live in New York State. 18 NYCRR 351.2(g) MA No Separate Determination, SNAP No Separate Determination.</p>
E64	ALL	<p><u>Moved Out of District Before Determination</u> You moved out of this district before determination. 18 NYCRR 351.8 MA No Separate Determination, SNAP Separate Determination.</p>

WORKER'S GUIDE TO CODES

1.3-8

10/22/2012

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E69	ALL	<u>Failed to Complete Public Assistance Eligibility Process</u> You failed to keep an employment-related appointment. 18 NYCRR 351.2, 351.8(a)(2), 351.21(a) MA Separate Determination, SNAP Separate Determination
E72	ALL	<u>Institutionalized (HH=1)</u> You have been admitted or committed to an institution. 18 NYCRR 352.31(a) and 370.2 MA Separate Determination, SNAP No Separate Determination.
E73	ALL	<u>In Foster Care (HH=1)</u> You are in foster care. 18 NYCRR 352.1 and 352.30(a) MA No Separate Determination, SNAP No Separate Determination.
E86	ALL	<u>Unable to Prove Identity to an Investigatory Agency (HH=1)</u> To be used only by originating center BFI The documents that you presented to establish your identity are false. 18 NYCRR 351.1(b)(2) MA No Separate Determination, SNAP No Separate Determination.
E95	ALL	<u>Died (NYC) (HH=1)</u> Case rejected because the client is deceased. 18 NYCRR 351.8 MA Separate Determination, SNAP No Separate Determination.
EZ1	ALL	<u>Failed to Apply for SSI (HH=1)</u> You failed to apply for SSI. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5) MA Separate Determination, SNAP Separate Determination.
EZ2	ALL	<u>Failed to Appeal an SSI Denial (HH=1)</u> You failed to appeal an SSI denial. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5) MA Separate Determination, SNAP Separate Determination.
EZ3	ALL	<u>Failed to Accept SSI (HH=1)</u> Although you were found eligible for SSI, you refused to accept the SSI benefit. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5) MA Separate Determination, SNAP Separate Determination.
EZ4	ALL	<u>Failed to Complete Application Steps for SSI (WeCare) (HH=1)</u> You failed to complete the application steps for SSI that are required by WeCare. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5) MA Separate Determination, SNAP Separate Determination.

WORKER'S GUIDE TO CODES

1.3-9

10/22/2012

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
F10	ALL	<u>Failed to Keep Appointment for Initial Eligibility Interview</u> To be used when client fails to keep an appointment for an initial eligibility interview. Not to be used for Bureau of Eligibility Verification (BEV), Engagement or Medical Appointments. 18 NYCRR 350.3 MA Separate Determination, SNAP Separate Determination.
F17	ALL	<u>Failed to Validate Incorrect SSN (HH=1)</u> You failed to validate an incorrect social security number. 18 NYCRR 369.2 and 370.2 MA No Separate Determination, SNAP No Separate Determination.
F20	ALL	<u>Failed to Provide SSN (HH=1)</u> You failed to give a valid social security number or apply for a social security number. 18 NYCRR 369.2 and 370.2 MA No Separate Determination, SNAP No Separate Determination.
F33	FA	<u>Excess Income - Deemed Income of Alien Sponsor. Ineligible Budget Required</u> Case rejected because the income of the alien sponsor exceeds the household's budgeted needs. 18 NYCRR 349.3 and 352.33 MA Separate Determination, SNAP Separate Determination.
F40	ALL	<u>Fail to Enroll in Group Health Plan (HH=1)</u> You failed to apply for and/or use group health insurance benefits. 18 NYCRR 349.6 MA No Separate Determination, SNAP Separate Determination.
F52	ALL	<u>Fail to Provide Information - Federal Reporting</u> You failed to provide information on your income and resources for federal reporting requirements . 18 NYCRR 351.1(b) MA Separate Determination, SNAP Separate Determination.
F53	ALL	<u>Refusal by Parent to Apply for Child</u> You are ineligible to receive public assistance because you refused to apply for a child in the household, under age 18 and not receiving SSI. 18 NYCRR 352.30(a) MA Separate Determination, SNAP Separate Determination.
F63	ALL	<u>In Prison (HH=1)</u> You are admitted or committed to a prison. 18 NYCRR 352.31(a) and 370.2 MA No Separate Determination, SNAP No Separate Determination.

WORKER'S GUIDE TO CODES

1.3-10

10/20/2013

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
F81	ALL	<u>Refused Photo ID - Single Individual</u> You refused to have a photo identification card made. 18 NYCRR 383.3 MA Separate Determination, SNAP Separate Determination.
F84	ALL	<u>Failed to Sign Lien (HH=1)</u> You refused to sign a lien agreement on property. 18 NYCRR 352.27 MA Separate Determination, SNAP Separate Determination.
F92	ALL	<u>Ineligible Alien (HH=1)</u> You proved neither citizenship nor eligible alien status. 18 NYCRR 349.3 MA Separate Determination, SNAP No Separate Determination.
F93	ALL	<u>Failure/Refusal to Sign Citizenship/Alien Declaration (HH=1)</u> You are an alien and you did not sign the citizenship or satisfactory alien status declaration. 18 NYCRR 351.2(h) MA Separate Determination, SNAP No Separate Determination.
F98	ALL	<u>Client Requests Child Care in Lieu of Temporary Assistance</u> You want to receive a childcare guarantee instead of public assistance. Social Services Law Section 410-w MA Separate Determination, SNAP Separate Determination.
G41	ALL	<u>Voluntary Quit or Reduced Earnings - Applicant (HH=1)</u> You either quit a job or reduced earnings in order to receive public assistance. The applicant who voluntary quit his/her job or reduced earnings is ineligible for public assistance for 90 days from the date of voluntary quit or reduced earnings. 18 NYCRR 385.13(a) MA Separate Determination, SNAP Separate Determination.
G46	ALL	<u>Ineligible for Child Care in Lieu of Temporary Assistance (Excess Income)</u> Your request for Child Care in Lieu of Cash Assistance (CILOCA) has been denied because you or the other parent in the household has excess income. 18 NYCRR 415.2(a)(1)(ii); SSL 410w MA Separate Determination, SNAP Separate Determination.
G60	ALL	<u>Unable to Locate - BEV</u> Bureau of Eligibility Verification (BEV) has been unable to find you. 18 NYCRR 351.22(a) MA No Separate Determination, SNAP No Separate Determination.

WORKER'S GUIDE TO CODES

1.3-11

10/20/2013

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G89	ALL	<u>Client Request - Written - PA & MA</u> Your application for public assistance and medical assistance is rejected because you wanted your case closed. 18 NYCRR 351.22(e) MA No Separate Determination, SNAP Separate Determination.
G92	ALL	<u>Client Request - Written - PA Only</u> Your application for public assistance is rejected because you wanted your case closed. 18 NYCRR 351.22(e) MA Separate Determination, SNAP Separate Determination.
G95	ALL	<u>Died - BEV</u> Bureau of Eligibility Verification (BEV) has determined that the individual is deceased. 18 NYCRR 351.8 MA No Separate Determination, SNAP No Separate Determination.
G96	ALL	<u>Client Request - Verbal - PA Only</u> Your application for public assistance is rejected because you asked to close your case. 18 NYCRR 351.22(e) MA Separate Determination, SNAP Separate Determination.
G99	ALL	<u>Client Request - Verbal - PA & MA</u> Your application for public assistance and medical assistance is rejected because you asked to close your case. 18 NYCRR 351.22(e) MA No Separate Determination, SNAP Separate Determination.
M13	ALL	<u>Duplicate Assistance - Active Cash Assistance Case in Other State (HH=1)</u> You failed to provide proof that you requested your out-of-state case to be closed. 18 NYCRR 351.1(b)(2)(ii), 351.2, 351.8(a)(2)(i), 351.9 MA No Separate Determination, SNAP No Separate Determination
M15	ALL	<u>Failure to Sign Repayment Agreement/Earnings Assignment</u> You refused to sign an agreement to repay excess payments and assign future earnings to repay public assistance excess payments. Social Services Law Section 158(7) MA Separate Determination, SNAP Separate Determination.

WORKER'S GUIDE TO CODES

1.3-12

10/20/2013

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M25	ALL	<u>Failure to Respond to a Computer Match Call-In</u> You failed to return the request for information about the employment earnings identified in the computerized matching system. 18 NYCRR 351.22(e) MA No Separate Determination, SNAP Separate Determination.
M35	ALL	<u>Lump Sum - No Good Reason Provided</u> You received money that was considered a lump sum. 18 NYCRR 352.29(h) MA Separate Determination, SNAP Separate Determination.
M37	ALL	<u>Lump Sum - Shortened Ineligibility Period. Ineligible Budget Required</u> You received money that was considered a lump sum. 18 NYCRR 352.29(h) MA Separate Determination, SNAP Separate Determination.
M48	ALL	<u>Parent's Offer of a Home - Minor Not Pregnant/Parenting</u> You are less than 21 years old, and your parent(s) are responsible for supporting you. You refused to live in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. 18 NYCRR 370.2 MA Separate Determination, SNAP Separate Determination.
M55	ALL	<u>Ineligible for Child Care in Lieu of Temporary Assistance</u> Your application for Public Assistance has been withdrawn because you want to apply for Child Care in Lieu of Cash Assistance (CILOCA). (Use for reasons other than excess income.) 18 NYCRR 415.2(a)(1)(ii); SSL 410w MA Separate Determination, SNAP Separate Determination.
M66	ALL	<u>Receiving PA in Another Case</u> You already get public assistance as a member of another case and you are still a member of that household. 18 NYCRR 351.1 MA No Separate Determination, SNAP No Separate Determination.
M67	ALL	<u>Part of Another PA Application</u> You already get public assistance as a member of another case and you are still a member of that household. 18 NYCRR 351.1 MA No Separate Determination, SNAP No Separate Determination.

WORKER'S GUIDE TO CODES

1.3-13

10/18/2014

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M71	ALL	<u>Continue Applicant Voluntary Quit Sanction (HH=1)</u> You either quit a job or reduced earnings in order to receive public assistance. 18 NYCRR 352.30 and 18 NYCRR 385.13 MA Separate Determination, SNAP Separate Determination.
M76	ALL	<u>Continue Multi-Benefit 10 Year Sanction (HH=1)</u> You fraudulently misrepresented your identity or residence to receive multiple public assistance benefits at the same time. You are ineligible to receive public assistance and SNAP for ten years. 18 NYCRR 351.2(k) MA Separate Determination, SNAP No Separate Determination.
M77	ALL	<u>Continue Drug/Alcohol Sanction (No infraction record created)</u> You violated substance abuse treatment rules. 18 NYCRR 352.30 * MA Separate Determination, SNAP Separate Determination.
M78	ALL	<u>Continue IPV Sanction (HH=1)</u> You had committed an Intentional Program Violation previously. 18 NYCRR 359.9 * MA Separate Determination, SNAP Separate Determination.
M79	ALL	<u>Fail to Report Absence of Child (HH=1)</u> You did not notify that a child was absent from your home. 18 NYCRR 351.2(k) and 352.30 MA Separate Determination, SNAP Separate Determination.
M88	ALL	<u>Failure to Comply with Automated Finger Imaging Requirement, Not Homebound or Group Resident</u> The applicant refused to comply with the finger imaging requirements. 18 NYCRR 351.2 MA Separate Determination, SNAP Separate Determination.

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

WORKER'S GUIDE TO CODES

1.3-14

10/22/2012

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M98	ALL	<u>Receipt of Concurrent Assistance (HH=1)</u> Your identity matches that of a person who is already receiving public assistance. 18 NYCRR 351.8(a)(2)(i), 351.1(b)(2)(ii), 351.2 and 351.9 MA No Separate Determination, SNAP No Separate Determination.
M99	ALL	<u>Receipt of Concurrent Assistance - AFIS Match - Without Aid to Continue (HH=1)</u> Your identity matches that of a person who is already receiving public assistance. 18 NYCRR 351.8(a)(2)(i), 351.1(b)(2)(ii), 351.2 and 351.9 MA No Separate Determination, SNAP No Separate Determination.
MX1	ALL	<u>Failure to Take Part in Rehab - 1st Occurrence (HH=1) (Will create infraction record)</u> You refused to participate in an outpatient alcohol or substance abuse rehabilitation program without good cause or, you failed to sign the required consent form for disclosure of your medical and non-medical records from your outpatient substance treatment program. Therefore, you will not be able to receive public assistance for the period of 45 days. In order to avoid any further delay in your receipt of assistance at the end of the sanction period you may reapply for assistance at any time at the Income Support Center that formerly served you. 18 NYCRR 351.2(i) * MA Separate Determination, SNAP Separate Determination.
		<div style="border: 1px solid black; padding: 5px; width: fit-content;"><p>Code MX2-Output code for a <u>120-day</u> sanction Code MX3-Output code for a <u>180-day</u> sanction</p></div>
N10	ALL	<u>Failure to Keep/Complete Eligibility Appointment</u> You failed to keep or complete the appointment. 18 NYCRR 350.3 MA Separate Determination, SNAP Separate Determination.
N13	ALL	<u>Failure to Use/Apply for Benefit/Resource</u> You failed to use/apply for available benefits and/or resources. 18 NYCRR 351.2 MA Separate Determination, SNAP Separate Determination.

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

WORKER'S GUIDE TO CODES

1.3-15

10/22/2012

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
N14	ALL	<u>Filing Unit Member Failed to Apply</u> Your application for public assistance has been rejected because at least one member on the application is under age 18. That means brothers, sisters and parent must apply. 18 NYCRR 352.30 MA Separate Determination, SNAP Separate Determination.
N15	ALL	<u>Failure to Keep Appt. - BEV/FEDS Home Visit</u> You did not keep the appointment to meet with the agency investigator in your home. 18 NYCRR 351.4 MA Separate Determination, SNAP Separate Determination.
N16	ALL	<u>Failure to Contact Agency</u> You failed to contact the agency. 18 NYCRR 351.22(a) MA Separate Determination, SNAP Separate Determination.
N17	ALL	<u>Failure to Complete Eligibility Process</u> You failed to complete the public assistance eligibility process. 18 NYCRR 351.2, 351.8(a)(2) and 351.21(a) MA Separate Determination, SNAP Separate Determination.
N19	ALL	<u>Failed to Comply with Requirement to Look for Work (Applicant Job Search)</u> Applicant failed to comply with the requirement to look for work as assigned by the district. Therefore, the household's application for public assistance is being denied. 18 NYCRR 385.9(e) MA Separate Determination, SNAP Separate Determination.
N21	ALL	<u>Failed to Complete an Employment Assessment (Applicant Employment Assessment)</u> An applicant failed to complete an employment assessment, as required by the agency. Therefore, the household's application for public assistance is being denied. 18 NYCRR 385.6(a) (HH w/dependent child) or 385.7(a) (HH w/o dependent child) MA Separate Determination, SNAP Separate Determination.

WORKER'S GUIDE TO CODES

1.3-16

10/22/2012

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
P20	ALL	<u>DOE - Did Not Keep Eligibility Appointment</u> You cannot be considered for status as a Doe class member because you didn't keep your eligibility appointment. 18 NYCRR 352.2 MA No Separate Determination, SNAP No Separate Determination.
P44	ALL	<u>Fail to Comply with Drug/Alcohol Screening (HH=1)</u> You did not take part in or complete the alcohol and/or substance abuse screening requirement. 18 NYCRR 351.2(i) * MA Separate Determination, SNAP Separate Determination.
P45	ALL	<u>Fail to Comply with Drug/Alcohol Assessment (HH=1)</u> You failed to comply with the alcohol and/or substance abuse assessment requirement. 18 NYCRR 351.2(i) * MA Separate Determination, SNAP Separate Determination.
P46	ALL	<u>Fail to Comply with Drug/Alcohol Release Information (HH=1)</u> You did not sign or you revoked the consent for the release of treatment information for an alcohol and/or substance abuse problem to this department. 18 NYCRR 351.2(i) * MA Separate Determination, SNAP Separate Determination.
U40	ALL	<u>Excess Resources</u> Your amount of resources exceeds the limit. 18 NYCRR 352.23 MA Separate Determination, SNAP Separate Determination.
U41	SNFP/SNCA/ SNNC	<u>Transfer of Resources</u> Your household gives away or transfers a resource to get public assistance. 18 NYCRR 370.2 MA Separate Determination, SNAP Separate Determination.
U42	ALL	<u>Excess Resources - Refused to Sell Property</u> You refused to sell real property whose value exceeds the resource limit. 18 NYCRR 352.23 MA Separate Determination, SNAP Separate Determination.

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

WORKER'S GUIDE TO CODES

1.3-17

10/22/2012

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
U44	ALL	<u>Excess Resources - Deemed from Alien Sponsor</u> The total amount of resources of the alien sponsor exceeds the resource limit. 18 NYCRR 349.3 and 352.33 MA Separate Determination, SNAP Separate Determination.
V21	ALL	<u>Failure to Provide Verification</u> You failed to provide verification of information to determine whether the case is eligible for public assistance. MA Separate Determination, SNAP Separate Determination. 18 NYCRR 351.6
V23	ALL	<u>Failure to Provide Verification - Parent/Spouse</u> You failed to provide verification of income and/or resources from a parent/spouse. 18 NYCRR 351.6 and 352.30 MA Separate Determination, SNAP Separate Determination.
V24	ALL	<u>Failure to Provide Verification - Step/Grandparent</u> You failed to provide verification of income and/or resources from a step/grandparent who is legally responsible for a person on the case. 18 NYCRR 351.6 and 352.30 MA Separate Determination, SNAP Separate Determination.
V25	ALL	<u>Failure to Provide Verification - Filing Unit</u> You did not provide information on non-applying household members. 18 NYCRR 351.6 and 352.30 MA Separate Determination, SNAP Separate Determination.
W10	ALL	<u>Fail to Keep Investigatory Appointment</u> You did not keep the appointment with the agency investigator. 18 NYCRR 351.4 MA Separate Determination, SNAP Separate Determination.
W11	ALL	<u>Failure to Keep Appointment for Medical Assessment</u> You did not go for an examination by the doctor that the agency referred to. 18 NYCRR 351.1 and 351.2 MA Separate Determination, SNAP Separate Determination.
W23	ALL	<u>Failure to Provide Verification - Parent/Spouse</u> You failed to provide verification of income and/or resources from a parent/spouse. 18 NYCRR 351.6 and 352.30 MA Separate Determination, SNAP Separate Determination.

WORKER'S GUIDE TO CODES

1.3-18

02/19/2017

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
W35	ALL	<u>Fleeing Felon</u> You are currently a fleeing felon. 18 NYCRR 351.2(k)(3)(i) MA Separate Determination, SNAP No Separate Determination.
W40	ALL	<u>Failure/Refusal to Become Employable (HH=1)</u> Public assistance has been denied because the client failed to do what was needed to become employable. Client would not accept referral to, or take active part in, medical care or vocational rehabilitation or training. The individual is ineligible for public assistance until he/she participates in such medical care, rehabilitation or treatment. 18 NYCRR 385.12(a) MA Separate Determination, SNAP Separate Determination.
W44	ALL	<u>Probation Violator</u> You are currently in violation of probation. 18 NYCRR 351.2(k)(3)(ii) MA Separate Determination, SNAP No Separate Determination
W45	ALL	<u>Parole Violator</u> You are currently in violation of parole. 18 NYCRR 351.2(k)(3)(ii) MA Separate Determination, SNAP No Separate Determination
WE1	ALL	<u>Failure to Comply with Employment Requirements (HH=1) 1st Occurrence</u> A nonexempt PA applicant failed to comply with an employment requirement other than applicant employment assessment or applicant job search. Until compliance. 18 NYCRR 385.12 MA Separate Determination, SNAP Separate Determination.
WE2	ALL	<u>Failure to Comply with Employment Requirements (HH=1) 2nd Occurrence</u> A nonexempt PA applicant failed to comply with an employment requirement other than applicant employment assessment or applicant job search. Until compliance. 18 NYCRR 385.12 MA Separate Determination, SNAP Separate Determination.
WE3	ALL	<u>Failure to Comply with Employment Requirements (HH=1) 3rd or Greater Occurrence</u> A nonexempt PA applicant failed to comply with an employment requirement other than applicant employment assessment or applicant job search. Until compliance. 18 NYCRR 385.12 MA Separate Determination, SNAP Separate Determination.

WORKER'S GUIDE TO CODES

1.3-19

02/21/2016

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS1	ALL	<u>IPV: 6 Mos. - 1st Offense <\$1000 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1 st occurrence and/or the amount you wrongly received was less than \$1,000 you are disqualified from receiving public assistance for 6 months. 18 NYCRR 359.9 * MA Separate Determination, SNAP Separate Determination.
WS2	ALL	<u>IPV: 12 Mos. - 2nd Offense/ <\$3900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2 nd occurrence and/or the amount you wrongly received was less than \$3,900 you are disqualified from receiving public assistance for 12 months. 18 NYCRR 359.9 * MA Separate Determination, SNAP Separate Determination.
WS3	ALL	<u>IPV: 12 Mos. - 1st Offense/ \$1000-3900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1 st occurrence and/or the amount you wrongly received was between \$1,000-\$3,900 you are disqualified from receiving public assistance for 12 months. 18 NYCRR 359.9 * MA Separate Determination, SNAP Separate Determination.

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

WORKER'S GUIDE TO CODES

1.3-20

10/22/2012

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS4	ALL	<u>IPV: 18 Mos. - 3rd Offense (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 3rd occurrence you are disqualified from receiving public assistance for 18 months. 18 NYCRR 359.9 * MA Separate Determination, SNAP Separate Determination.
WS5	ALL	<u>IPV: 18 Mos. - 1st Offense/ >\$3900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. 18 NYCRR 359.9 * MA Separate Determination, SNAP Separate Determination.
WS6	ALL	<u>IPV: 18 Mos. - 2nd Offense/ >\$3900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. 18 NYCRR 359.9 * MA Separate Determination, SNAP Separate Determination.
WS7	ALL	<u>IPV: 5 Yrs. - 4th or Subsequent Offense (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 4 th or subsequent occurrence you are disqualified from receiving public assistance for 5 years. 18 NYCRR 359.9 * MA Separate Determination, SNAP Separate Determination.

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

WORKER'S GUIDE TO CODES

1.3-21

10/22/2012

CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS8	ALL	<u>IPV: Court Ordered Disqualification (HH=1)</u> Court ordered disqualification is based on the finding of the court that the client has been found guilty of committing an IPV. The period is determined by the court and may differ from those above. Your application for public assistance is rejected because you've been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the__ occurrence and/or the amount you wrongly received was \$__you are disqualified from receiving public assistance for __months. 18 NYCRR 359.9 * MA Separate Determination, SNAP Separate Determination.
Y50	ALL	<u>Client Request To Withdraw Application (Adequate Notice)</u> Your application for public assistance is rejected because you requested to withdraw your application. If you decide that you do want public assistance, you may reapply at any time. MA Separate Determination, SNAP No Separate Determination.
Y94	ALL	<u>Client Request To Withdraw Application - PA Only (Adequate Notice)</u> Your application for public assistance is rejected because you requested to withdraw your application. If you decide that you do want public assistance or Medicaid, you may reapply at any time. MA No Separate Determination, SNAP No Separate Determination.
Y95	ALL	<u>Application For Emergency Assistance Only</u> MA Separate Determination, SNAP Separate Determination.
Y99	ALL	<u>Other - Manual Notice Required</u> MA Separate Determination, SNAP Separate Determination.

* If between ages 21 and 64 (not yet 65) with PA categorical code 09, 14, or 26, then MA No Separate Determination.

CASE REASON CODES (CONT'D)**REJECTION CODES – SNAP (FS: REAS - 231) Only**

<u>CODE</u>	<u>VALUE</u>
943	Not in Receipt of SNAP (SYSTEM GENERATED)
E10	Failure to Keep/Complete Interview: No Schedule Appointment. 18 NYCRR 350.3
E29	Failure to Provide Verification, Alien Sponsor 18 NYCRR 387.8 (c), 387.9 (a) (7), 387.9 (b), 387.10, 387.14 (a)
E30	Excess Earned Income 18 NYCRR 387.10
E35	Excess Unearned Income 18 NYCRR 387.10
E61	Not a Resident of District 18 NYCRR 387.9 (a)
E63	Not a Resident of State 18 NYCRR 387.9 (a)
E70	Ineligible Boarder 18 NYCRR 387.1, 387.14 (a), 387.16 (b)
E71	In Commercial Boarding Home 18 NYCRR 387.1
E72	Institutionalized (HH=1) 18 NYCRR 387.1, 387.14 (a) (5)
E74	Elderly/Disabled Ineligible for Separate Household Status 18 NYCRR 387.1
E75	Refusal of Everyone in Household to Apply 18 NYCRR 387.1(w), 387.9(a)
E76	Living with Child 18 NYCRR 387.1
E77	Living with Parent 18 NYCRR 387.1
E78	Living with Child's Other Parent 18 NYCRR 387.1

WORKER'S GUIDE TO CODES

1.3-23

02/21/2016

CASE REASON CODES (CONT'D)

REJECTION CODES – SNAP (FS: REAS - 231) Only (cont'd)

<u>CODE</u>	<u>VALUE</u>
E86	Unable to Prove Identity to an Investigatory Agency (HH=1) To be used only by originating center BFI 18 NYCRR 387.8(b)(1)(i)
E95	Died (HH=1) 18 NYCRR 387.1
F15	Failure to Verify Date of Birth (HH=1) 18 NYCRR 387.1, 387.8 (c), 387.9 (a)
F19	Refusal to Cooperate with Quality Control 18 NYCRR 387.9 (a)(7)(ii)
F21	Failure to Apply/Provide SSN (HH=1) 18 NYCRR 387.9 (a), 387.10 (b), 387.16 (c)
F30	Trafficking in SNAP Benefits of \$500 or More (HH=1) 18 NYCRR 359.9 (c)
F37	Excess Income, SNAP Disaster Area Federal Regulation 7 CFR 280.1
F49	Excess Resources, SNAP Disaster Area Federal Regulation 7 CFR 280.1
F63	In Prison (HH=1) 18 NYCRR 387.1, 387.14 (a) (5)
F70	Parental Control of Child 18 NYCRR 387.1
F71	Child Under Parental Control 18 NYCRR 387.1
F86	Failure to Verify Alien Status (HH=1) 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
F90	Ineligible Student (HH=1) 18 NYCRR 387.1, 387.9 (a)
F92	Ineligible Alien (HH=1) 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
F94	Able Bodied Adult Without Dependents (ABAWD), (HH=1) 18 NYCRR 385.3

WORKER'S GUIDE TO CODES

1.3-24

10/22/2017

CASE REASON CODES (CONT'D)

REJECTION CODES – SNAP (FS: REAS - 231) Only (cont'd)

<u>CODE</u>	<u>VALUE</u>
G65	Not a Resident of Disaster Area Federal Regulation 7 CFR 280.1
H12	Failure to Keep/Complete Initial Eligibility On-Demand Interview 18 NYCRR 387.7(a), 387.14(a)
IP1	Out-of-State IPV Department Regulation 359.9
J05	SNAP Separate Determination 18 NYCRR 387.20(a)
M13	Duplicate Assistance - Active Cash Assistance Case in Other State (HH=1). Client failed to provide proof that he/she requested his/her out-of-state case to be closed. 18 NYCRR 387.9(a)(1), SSL 273.3(a)
M26	Failure to Provide Verification of Wage Match 18 NYCRR 387.8 (c), 387.14 (a)
M27	Failure to Provide Verification of UIB Match 18 NYCRR 387.8 (c), 387.14 (a)
M34	Excess Income, Strikers Income 18 NYCRR 387.16(j)
M66	Receiving SNAP in Another Case 18 NYCRR 387.1
M67	Part of Another SNAP Application 18 NYCRR 387.1
M90	Client Request, Written or Face to Face 18 NYCRR 387.20
M91	Client Request, Phone 18 NYCRR 387.20
M97	Receiving Multiple Benefits (HH=1) 18 NYCRR 381.1
M98	Duplicate Assistance (non-AFIS), in NYS (HH=1) 18 NYCRR 351.2 (a), 351.9
N10	Failure to Keep/Complete Appointment 18 NYCRR 387.7 (a), 387.14 (a)

WORKER'S GUIDE TO CODES

1.3-25

10/22/2012

CASE REASON CODES (CONT'D)

REJECTION CODES – SNAP (FS: REAS - 231) Only (cont'd)

<u>CODE</u>	<u>VALUE</u>
N31	Voluntary Quit, 1st Occurrence (HH=1) 18 NYCRR 385.13
N32	Voluntary Quit, 2nd Occurrence (HH=1) 18 NYCRR 385.13
N33	Voluntary Quit, 3rd Occurrence (HH=1) 18 NYCRR 385.13
N66	Duplicate Assistance (PARIS Match), Interstate 18 NYCRR 351.2 (a), 351.9
N90	IPV, Traded SNAP for Firearms, Ammunition, or Explosives (HH=1) 18 NYCRR 359.9
NF1	IPV: Purchased Illegal Drugs with SNAP, 1st Violation (HH=1) 18 NYCRR 359.9
NF2	IPV: Purchased Illegal Drugs with SNAP, 2nd Violation (HH=1) 18 NYCRR 359.9
R99	Referred to MAP for separate determination (SYSTEM GENERATED)
U40	Excess Resources 18 NYCRR 387.17
U41	Transfer of Resources 18 NYCRR 387.9 (a)
U44	Excess Resources, Alien Sponsor's Resources 18 NYCRR 387.1, 387.9 (b), 387.10
V21	Failure to Provide Verification 18 NYCRR 387.8 (c), 387.9 (a) (7), 387.14 (a)
W35	Fleeing Felon NYCRR 351.2(k)(3)(i)
W44	Probation Violator 18 NYCRR 351.2(k)(3)(ii)
W45	Parole Violator 18 NYCRR 351.2(k)(3)(ii)

WORKER'S GUIDE TO CODES

1.3-26

10/22/2012

CASE REASON CODES (CONT'D)

REJECTION CODES – SNAP (FS: REAS - 231) Only (cont'd)

<u>CODE</u>	<u>VALUE</u>
WF1	SNAP IPV Infraction, 1st Occurrence (HH=1) Department Regulations 387.10, 359.3
WF2	SNAP IPV Infraction, 2nd Occurrence (HH=1) Department Regulations 387.10, 359.3
WF3	SNAP IPV Infraction, 3rd Occurrence (HH=1) Department Regulations 387.10, 359.3
Y12	Receiving SNAP as part of another PA case Federal Regulation 7 CFR 273.3
Y94	Client Request To Withdraw Application Your application for SNAP is rejected because you requested to withdraw your application. If you decide that you do want SNAP, you may reapply at any time.
Y99	Other

CASE REASON CODES (CONT'D)
SPECIAL NOTICE

CLOSING CODES – PA (PA: REAS - 222)

1. Any closing code that has the word "ALL" listed under category can be used to close an EAA/EAF case.
2. The ADC (Aid To Dependent Children), ADCU (Aid to Dependent Children-Unemployed) and HR Family (Home Relief) categories will be replaced by FA (Family Assistance).
3. The HR category will be replaced by SNCA (Safety Net Cash Assistance).
4. Members of HRPG (Home Relief Pre Investigation) category will be evaluated and transferred to one of the new categories.
5. SNFP (Safety Net Federally Participating) is a new category used for case members who fail to comply with Drug/Alcohol requirements or D/A abusers deemed unemployable due to their D/A problems.

WORKER'S GUIDE TO CODES

1.3-28

10/22/2012

CASE REASON CODES (CONT'D)
CHANGE IN EMPLOYMENT, SUPPORT OR INCOME

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E30	FA/SNFP/ SNCA/SNNC	<u>Excess Income (No TMA)</u> Public assistance has been discontinued because income exceeds the appropriate (gross and/or net) income eligibility limit. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 359.29; MA: 360-2.6; SNAP: 18 NYCRR 387.17
E31	FA/SNFP	<u>Increased Employment Earnings (TMA Eligible)</u> Public assistance has been discontinued due to increased employment earnings that exceed the household's budgeted needs. MA continued for 12 months, SNAP Separate Determination (See Note). PA: 18 NYCRR 359.29; MA: 360-2.6; SNAP: 18 NYCRR 387.17
E32	ALL	<u>Excess Income - Increased Support Collection - (MA Extension)</u> Public assistance has been discontinued because the increase in the amount of support exceeds the household's budgeted needs. MA continued for 4 months, SNAP Separate Determination (See Note). PA: 18 NYCRR 352.29; MA: 360-3.3 (c); SNAP: 18 NYCRR 387.17
E33	ALL	<u>Excess Income - Increased Earnings (TMA Guaranteed)</u> Public assistance has been discontinued because increased earnings exceed the budgeted household's needs. *Note: To be utilized when there has been a case number change, to ensure Transitional Medical Assistance (TMA) to any member of the household. MA continued for 12 months, SNAP Separate Determination (See Note). PA: 18 NYCRR 352.29; MA: 360 – 3.3; SNAP: 18 NYCRR 387.17
E34	ALL	<u>Excess Income - Receipt of SSI (HH=1)</u> Public assistance has been discontinued because the SSI payment amount exceeds the household's budgeted needs. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 352.29; MA: 360 2.6; SNAP: 18 NYCRR 387.17
E35	ALL	<u>Excess Unearned Income (No TMA)</u> Public assistance has been discontinued because unearned income exceeds the appropriate (gross and/or net) income eligibility limit. (Not to be used for excess SSI or childcare income.) MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 352.29; MA: 360-2.6; SNAP: 18 NYCRR 387.17
E36	FA/SNFP	<u>Excess Income –Increased Support Collection (No MA Extension)</u> Public assistance has been discontinued because of the increase in the amount of support exceeds the household's budgeted needs. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 352.29; MA: 360-2.6; SNAP: 18 NYCRR 387.17

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-29

02/21/2016

CASE REASON CODES (CONT'D)
CHANGE IN EMPLOYMENT, SUPPORT OR INCOME (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E38	ALL	<u>Lump Sum</u> Public assistance has been discontinued because the amount of the lump sum payment exceeds the household's budgeted needs. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 352-29; MA: 360-2.6; SNAP: 18 NYCRR 387-17
E39	ALL	<u>Excess Income - COLA</u> Public assistance has been discontinued because the amount of the Cost-of-Living Adjustment increased the income so that it exceeds the household's budgeted needs. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 352.29; MA: 360: 2.6; SNAP: 18 NYCRR 387.17
E40	ALL	<u>Excess Income - Budgeting Error</u> Public assistance has been discontinued because an error in budgeting income has been found and corrected. The income exceeds the household's budgeted needs. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 352.29; MA: 360-2.6; SNAP: 18 NYCRR 387.17
EZ5	ALL	<u>Excess Income - Receipt of SSI (HH=1)</u> Public assistance has been discontinued because the SSI payment amount exceeds the household's budgeted needs. MA Separate Determination, SNAP No Separate Determination PA: 18 NYCRR 352.29; MA: 360 2.6; SNAP: 18 NYCRR 387.17
F33	FA/SNFP	<u>Excess Income - Deemed Income of an Alien Sponsor</u> Public assistance has been discontinued because the income of the alien sponsor exceeds the household's budgeted needs. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 349.3, 352.29, 352.33; MA: 360-2.6; SNAP: 18 NYCRR 387.17
F34	ALL	<u>Excess Income, Section 8, Lower Standard of Need</u> Public assistance has been discontinued because income exceeds the appropriate (gross and/or net) income eligibility limit. Use when changes concerning Section 8 vouchers result in a lower standard of need. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 352.1, 352.3, 352.14, 352.29, 352.30, 352.31; MA: 360-2.6; SNAP: 18 NYCRR 387.14, 18 NYCRR 387.15

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

CASE REASON CODES (CONT'D)

CHANGE IN EMPLOYMENT, SUPPORT OR INCOME (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
F39	SNCA/SNNC	<p><u>Excess Income - COLA</u> Public assistance has been discontinued because an increase in income from a cost of living adjustment in Social Security or SSI exceeds the household's budgeted needs. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 352.29, 352.31, 352.32; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
G40	SNCA/SNNC	<p><u>Excess Income - Budgeting Error</u> Public assistance has been discontinued because the case was opened in error due to an incorrect budget calculation. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 352.29; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
G41	ALL	<p><u>Voluntary Quit or Reduced Earnings - Applicant (HH=1)</u> This code is used to deny a PA application in single-issuance status that was opened to authorize expedited SNAP benefits or a single issuance pending the eligibility determination, and the applicant quit a job or voluntarily reduced the number of hours worked in order to qualify for initial or increased PA. The individual is ineligible for PA for 90 days from the date of the job quit or voluntary reduction in the number of hours worked. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 385.13; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-31

10/22/2017

CASE REASON CODES (CONT'D)
CHANGE IN EMPLOYMENT, SUPPORT OR INCOME (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
N41	ALL	<u>Voluntary Quit (HH=1) 1st Occurrence</u> Public assistance has been discontinued because the recipient quit his/her job or voluntarily reduced the number of hours worked without good cause. Until compliance. MA continued; SNAP Separate Determination PA: 18 NYCRR 385.12; MA: 360-2.6; SNAP: 18 NYCRR 387.17
N42	ALL	<u>Voluntary Quit (HH=1) 2nd Occurrence</u> Public assistance has been discontinued because the recipient quit his/her job or voluntarily reduced the number of hours worked without good cause. Until compliance. MA continued; SNAP Separate Determination PA: 18 NYCRR 385.12; MA: 360-2.6; SNAP: 18 NYCRR 387.17
N43	ALL	<u>Voluntary Quit (HH=1) 3rd or Greater Occurrence</u> Public assistance has been discontinued because the recipient quit his/her job or voluntarily reduced the number of hours worked without good cause. Until compliance. MA continued; SNAP Separate Determination PA: 18 NYCRR 385.12; MA: 360-2.6; SNAP: 18 NYCRR 387.17
N45	ALL	<u>Voluntary Quit (HH=1) 1st Occurrence</u> Public assistance has been discontinued because the recipient quit his/her job or voluntarily reduced the number of hours worked without good cause. Until compliance. MA continued; SNAP No Separate Determination PA: 18 NYCRR 385.12; MA: 360-2.6; SNAP: 18 NYCRR 387.17
N46	ALL	<u>Voluntary Quit (HH=1) 2nd Occurrence</u> Public assistance has been discontinued because the recipient quit his/her job or voluntarily reduced the number of hours worked without good cause. Until compliance. MA continued; SNAP No Separate Determination PA: 18 NYCRR 385.12; MA: 360-2.6; SNAP: 18 NYCRR 387.17
N47	ALL	<u>Voluntary Quit (HH=1) 3rd or Greater Occurrence</u> Public assistance has been discontinued because the recipient quit his/her job or voluntarily reduced the number of hours worked without good cause. Until compliance. MA continued; SNAP No Separate Determination PA: 18 NYCRR 385.12; MA: 360-2.6; SNAP: 18 NYCRR 387.17

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

CASE REASON CODES (CONT'D)
FAILURE TO PROVIDE VERIFICATION

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
V20	ALL	<p><u>Failure to Provide Verification</u> Public assistance has been discontinued because the client failed to provide verification of information to determine whether the case is eligible for public assistance. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
V23	FA/SNFP	<p><u>Failure to Provide Verification - Parent/Spouse</u> Public assistance has been discontinued because the client failed to provide verification of income and/or resources from a parent/spouse. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 351.6, 352.30; MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
V24	ALL	<p><u>Failure to Provide Verification - Grandparent</u> Public assistance has been discontinued because the client failed to provide verification of income and/or resources from a grandparent who is legally responsible for a person on the case. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 351.6, 352.30 MA: 360-2.6 SNAP: 387.17</p>
V25	ALL	<p><u>Failure to Provide Verification - Filing Unit</u> Public assistance has been discontinued because the client did not provide information on non-applying household members. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18NYCRR 351.6, 352.30; MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
V26	ALL	<p><u>Failure to Provide Verification - Stepparent</u> Public assistance has been discontinued because the client failed to provide verification of income and/or resources from a stepparent who is legally responsible for a person on the case. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.6, 352.30; MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
W23	SNCA/SNNC	<p><u>Failure to Provide Verification - Parent/Spouse</u> Public assistance has been discontinued because the client failed to provide verification of income and/or resources from a parent/spouse. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 351.6, 352.30; MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

CASE REASON CODES (CONT'D)
REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E65	ALL	<p><u>Failed to Complete an Employment Assessment (Applicant Employment Assessment)</u> This code is used to deny a public assistance application in single issuance (SI) status that was opened to authorize expedited SNAP benefits or a single issuance pending the eligibility determination and an individual fails to comply with applicant employment assessment. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 385.6(a) (HH w/dependent child), 385.7(a) (HH w/o dependent child); MA: 360-3.3;SNAP: 18 NYCRR 387.8</p>
E69	ALL	<p><u>Failed to Comply with Requirement to Look for Work (Applicant Job Search)</u> This code is used to deny a public assistance application in single issuance (SI) status that was opened to authorize expedited SNAP benefits or a single issuance pending the eligibility determination and an individual fails to comply with applicant job search requirements MA Separate Determination, SNAP Separate Determination.. PA: 18 NYCRR 385.9(e), 385.12 ; MA 360-3.3; SNAP: 18 NYCRR 387.8</p>
E86	ALL	<p><u>Unable to Prove Identity to an Investigatory Agency (HH=1)</u> To be used only by originating center BFI The documents that the client presented to establish his/her identity are false. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.1(b)(2); SNAP: 18 NYCRR 387.8 (b)(1)(i)</p>
E92	ALL	<p><u>Failure to Provide Proof of Citizenship or Eligible Alien Status (HH=1)</u> Public assistance has been discontinued because the client proved neither citizenship nor legal residency. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 349.3; MA: 360-2.6; SNAP: 18 NYCRR 387.1 387.9 (a)</p>
EZ1	ALL	<p><u>Failed to Apply for SSI (HH=1)</u> Public assistance has been discontinued because the client failed to apply for SSI. MA Separate Determination, SNAP Separate Determination. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5)</p>

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-34

02/14/2015

CASE REASON CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
EZ2	ALL	<u>Failed to Appeal an SSI Denial (HH=1)</u> Public assistance has been discontinued because the client failed to appeal an SSI denial. MA Separate Determination, SNAP Separate Determination. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5)
EZ3	ALL	<u>Failed to Accept SSI (HH=1)</u> Public assistance has been discontinued because the client was found eligible for SSI but refused to accept the SSI benefit. MA Separate Determination, SNAP Separate Determination. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5)
EZ4	ALL	<u>Failed to Complete Application Steps for SSI (WeCare) (HH=1)</u> Public assistance has been discontinued because the client failed to complete the application steps for SSI that are required by WeCare. MA Separate Determination, SNAP Separate Determination. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5)
F17	ALL	<u>Failure to Validate Incorrect SSN (HH=1)</u> Public assistance has been discontinued because the client failed to provide a valid SSN or prove that an application was filed. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 369.2 (ADC), 370.2 (HR); MA: 360-2.6; SNAP: 18 NYCRR 387.1, 387.8 (c), 387.9 (a), 387.16 (c)
F20	ALL	<u>Failure to Provide SSN (HH=1)</u> Public assistance has been discontinued because the client failed to provide a valid SSN or verification that they had applied. MA No Separate Determination, SNAP No Separate Determination. PA: (FA/SNFP) 18 NYCRR 369.2, (SNCA/SNNC) 370.2; MA: 360-2.6; SNAP: 18 NYCRR 387.1, 387.8 (c), 387.9 (a), 387.16 (c)

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-35

02/14/2015

CASE REASON CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
F40	ALL	<u>Failure to Enroll In a Group Health Plan (HH=1)</u> Public assistance has been discontinued because the client has failed to apply for and/or use group health insurance benefits. MA No Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 349.6; MA: 360-2.2; SNAP: 18 NYCRR 387.8
F53	ALL	<u>Refusal by Parent to Apply for Child</u> Public assistance has been discontinued because the client refused to apply for child in the household, under age 18 and not receiving SSI. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 352.30(a)
F76	ALL	<u>Minor Failed to Complete High School Education (HH=1)</u> Public assistance has been discontinued because client is less than 18 years old, unmarried, has a child at least 12 weeks old and failed to participate in a program to attain a high school diploma or an alternative educational or training program. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.2 (k); MA: 360-2.6; SNAP: 18 NYCRR 387.17
F81	ALL	<u>Refused Photo ID (HH=1)</u> Public assistance has been discontinued because the client refused to have a photo identification card made. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 383.3; MA: 360-2.6; SNAP: 18 NYCRR 387.17
F84	ALL	<u>Failure to Sign Lien (HH=1)</u> Public assistance has been discontinued because the client refused to sign a lien agreement on property. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 352.27; MA: 360-2.6; SNAP: 18 NYCRR 387.17
M15	SNCA/SNNC	<u>Failure to Sign Repayment or Earnings Assignment</u> Public assistance has been discontinued because the client refused to sign an agreement to repay excess payments and assign future earnings to repay public assistance excess payments. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 370.2; MA: 360-2.2; SNAP: 18 NYCRR 387.17

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-36

02/14/2015

CASE REASON CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M25	ALL	<u>Failure to Respond to a Computer Match Call-In</u> Public assistance has been discontinued because the client failed to contact the office to discuss computer match information. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18NYCRR 351.22 (e); MA: 360-2.2; SNAP: 18NYCRR 387.8 (c), 387.14 (a)
M44	SNCA/SNNC	<u>Failure to Get A Medical Statement (HH=1)</u> Public assistance has been discontinued because the recipient has failed to provide a medical statement from a medical professional. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.21 (f); MA: 360-2.2; SNAP: 18 NYCRR 387.17
M88	ALL	<u>Failure to Comply with Automated Finger Imaging Requirements. Not Homebound or Group Home Resident</u> Public assistance has been discontinued because the client failed to comply with finger imaging requirements. MA Separate Determination, SNAP Separate Determination (See Note) PA: 18 NYCRR 351.2 351.9; MA: 360-2.2; SNAP: 18 NYCRR 387.17
N12	ALL	<u>Failure to Apply for or Use Benefits or Resources</u> Public assistance has been discontinued because the client failed to apply for or use available benefits or resources. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.2; MA: 360-2.2; SNAP: 18 NYCRR 387.17
N14	ALL	<u>Household Member Failed to Apply</u> Public assistance has been discontinued because a member(s) of the household failed to apply for public assistance. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 352.30; MA: 360-2.6; SNAP: 18 NYCRR 387.17
N16	ALL	<u>Failure to Contact Agency</u> Public assistance has been discontinued because the client failed to contact the agency regarding eligibility for assistance. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.22 (a); MA: 360-3.3; SNAP: 387.8

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-37

02/14/2015

CASE REASON CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
N17	ALL	<u>Failure to Complete Eligibility Process</u> Public assistance has been discontinued because the client failed to keep an eligibility-related appointment. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.2,351.8 (a) (2), 351.21 (a); MA: 360-3.3; SNAP: 18 NYCRR 387.8
N20	ALL	<u>Failure to Notify of Minor's Temporary Absence (HH=1)</u> Public assistance has been discontinued because NAME, a minor was absent from your home for more than 45 days and DSS was not notified within the first 5 days. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 349.4; MA: 360-2.6; SNAP: 387.17
N44	ALL	<u>Failure to Get Medical Statement (HH=1)</u> Public assistance has been discontinued because the client failed to get a medical statement. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.21(f)
N88	FA/SNFP	<u>Failure to Comply with the Automated Finger Imaging System (AFIS) Requirements, Homebound or Group Home Resident (HH=1)</u> Public assistance has been discontinued because the client failed to comply with finger imaging requirements. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.2, 351.9; MA: 360-2.2; SNAP: 18 NYCRR 387.17
P44	SNCA/SNNC	<u>Failure to Comply with Drug and /or Alcohol Screening (HH=1)</u> Public assistance has been discontinued because you did not take part in or complete the alcohol/substance abuse screening requirement. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.2 (i); MA: 360-2.6; SNAP: 18 NYCRR 387.17
P45	SNCA/SNNC	<u>Failure to Comply with Drug and/or Alcohol Assessment (HH=1)</u> Public assistance has been discontinued because you did not take part in or complete the alcohol/substance abuse screening requirement. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.2 (i); MA: SSL 366(1) (a) (1); SNAP: 18NYCRR 387.17

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-38

02/14/2015

CASE REASON CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODE **CATEGORY**
P46 SNCA/SNNC **Failure to Sign or Revoked the Treatment Informational Consent Form (HH=1)**

Public assistance has been discontinued because you did not sign or you revoked the consent for the release of treatment information to this department.

MA Separate Determination, SNAP Separate Determination (See Note).

PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1);

SNAP: 18 NYCRR 387.17

PX1 ALL

Code **PX2**-Output code for a 120-day sanction
Code **PX3**-Output code for a 180-day sanction

Failure to Take Part in Rehabilitation Program - First Offense(HH=1)

Public assistance has been discontinued because the client did not take part in and complete a rehabilitation program. The client cannot get public assistance for 45 days.

MA Separate Determination, SNAP Separate Determination (See Note).

PA: 18 NYCRR 351.2 (i); MA: 360-2.2 (d) 370.2; SNAP: 18 NYCRR 387.17

W11 ALL

Failure to Keep Appointment for Medical Assessment

Public assistance has been discontinued because the client failed to keep an examination appointment with a doctor we referred you to.

MA Separate Determination, SNAP Separate Determination.

351.2, 351.8(a)(2)

VE1 ALL

Code **VE2**-Output code for a 150-day sanction
Code **VE3**-Output code for a 180-day sanction

Intentional Misrepresentation of a Disability (HH=1) 90 Day Sanction

Public assistance has been discontinued because the client without good reason intentionally misrepresented he/she suffered from an impairment that would limit his/her assignment to work activities or make him/her exempt from assignment to work activities.

MA Separate Determination, SNAP Separate Determination.

PA: 18 NYCRR 385.12; MA: 18NYCRR 360-2.6; SNAP: 387.17

W40 ALL

Failure/Refusal to Become Employable (HH=1)

Public assistance has been discontinued because an exempt but potentially employable individual refused or failed to accept referral to or participate in reasonable medical care, rehabilitation or treatment without good cause. Individual is ineligible for public assistance until compliance with such medical care, rehabilitation or treatment or the district determines that such medical care or treatment is no longer required.

MA Separate Determination, SNAP Separate Determination.

PA: 18 NYCRR 385.12(a); MA: 18 NYCRR 360-2.6;

SNAP 18 NYCRR 387.17

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

CASE REASON CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>
WC1	SNCA

Failure to Comply with Employment Requirements Determined by the Refugee Service Agency (HH=1) 90 day Sanction (Manual Notice Required)

Code WC2 -Output code for a <u>180-day</u> sanction
--

Public assistance has been discontinued because the client failed to report to a job interview, accept employment, or voluntarily quit a job they were referred to by the Refugee Service Agency.

MA Separate Determination, SNAP Separate Determination.

PA: 18 NYCRR 373.6 (h); MA: 360-1.2, 360-2.1, 360-2.2

SNAP: 12 NYCRR 1300.3 (c), 1300.12 (e), 1300.13

WX1	FA/SNFP/ SNCA/SNNC
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Failure to Comply with Employment Requirements (HH=1) 1st Occurrence

Public assistance has been discontinued because the client failed to keep an appointment to complete an employment requirement. Until compliance.

MA Separate Determination, SNAP Separate Determination.

PA: 18 NYCRR 385.9, 385.12; MA: 360-1.2, 360-2.1, 360-2.2;

SNAP: 18 NYCRR 387.13

WX2	FA/SNFP/ SNCA/SNNC
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Failure to Comply with Employment Requirements (HH=1) 2nd Occurrence

Public assistance has been discontinued because the client failed to keep an appointment to complete an employment requirement. Until compliance.

MA Separate Determination, SNAP Separate Determination.

PA: 18 NYCRR 385.9, 385.12; MA: 360-1.2, 360-2.1, 360-2.2;

SNAP: 18 NYCRR 387.13

WX3	FA/SNFP/ SNCA/SNNC
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Failure to Comply with Employment Requirements (HH=1) 3rd or Greater Occurrence

Public assistance has been discontinued because the client failed to keep an appointment to complete an employment requirement. Until compliance.

MA Separate Determination, SNAP Separate Determination.

PA: 18 NYCRR 385.9, 385.12; MA: 360-1.2, 360-2.1, 360-2.2;

SNAP: 18 NYCRR 387.13

WORKER'S GUIDE TO CODES

1.3-40

02/19/2017

CASE REASON CODES (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WX4	FA/SNFP/ SNCA/SNNC	<u>Failure to Comply with Employment Requirements (HH=1) 1st Occurrence</u> Public assistance has been discontinued because the client failed to keep an appointment to complete an employment requirement. Until compliance. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 385.9, 385.12; MA: 360-1.2, 360-2.1, 360-2.2; SNAP: 18 NYCRR 387.13
WX5	FA/SNFP/ SNCA/SNNC	<u>Failure to Comply with Employment Requirements (HH=1) 2nd Occurrence</u> Public assistance has been discontinued because the client failed to keep an appointment to complete an employment requirement. Until compliance. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 385.9, 385.12; MA: 360-1.2, 360-2.1, 360-2.2; SNAP: 18 NYCRR 387.13
WX6	FA/SNFP/ SNCA/SNNC	<u>Failure to Comply with Employment Requirements (HH=1) 3rd Occurrence</u> Public assistance has been discontinued because the client failed to keep an appointment to complete an employment requirement. Until compliance. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 385.9, 385.12; MA: 360-1.2, 360-2.1, 360-2.2; SNAP: 18 NYCRR 387.13

WORKER'S GUIDE TO CODES

1.3-41

02/14/2015

CASE REASON CODES (CONT'D)
MOVED OR WHEREABOUTS UNKNOWN

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E60	ALL	<u>Unable to Locate</u> Public assistance has been discontinued because the client's whereabouts are unknown. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.22; MA: 360-2.2; SNAP: 18 NYCRR 387.9 (a)
E66	ALL	<u>Not a Resident of the State</u> Public assistance has been discontinued because the client moved out of state. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.2 (g); MA: 360-3.5, SNAP: 18 NYCRR 387.9 (a)
G61*	ALL	<u>Not a Resident of the District*</u> Public assistance has been discontinued because the client does not live in the district (New York City). This case may have been opened in error, or the client moved more than two months before and did not report the move. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 311.3; MA: 360-2.2; SNAP: 18 NYCRR 387.17
G62	ALL	<u>Moved out of District</u> Public assistance has been discontinued because the client has moved from New York City and did not request continuation of public assistance. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 311.3; MA: 351.2 (g) (1); SNAP: 18 NYCRR 387.9 (a)

* This code may also be used when the effective closing date of the timely notice falls into the second month after the move (ex. July move, September closing effective date).

CASE REASON CODES (CONT'D)
LIVING ARRANGEMENTS

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODE	CATEGORY	
M48	SNCA/SNNC	<p><u>Refused Parent's Offer of a Home</u> Public assistance has been discontinued because the under age 21 client refused the offer of housing in the parent's home or the home of the legal guardian. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 370.2; MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
M49	ALL	<p><u>Refused Offer of a Home</u> Public assistance has been discontinued because you are unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 369.2; MA: SSL 366 (1) (a) (1); SNAP: 18 NYCRR 387.17</p>
M50	ALL	<p><u>Refused Offer of a Home - Rejection of Claim that Housing Arrangement (s) Would Jeopardize Health and Safety</u> Public assistance has been discontinued because you are unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. We have investigated and rejected your claim that the housing arrangement (s) would jeopardize your health and safety. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 369.2; MA: SSL 366 (1) (a) (1); SNAP: 18 NYCRR 387.17</p>

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

CASE REASON CODES (CONT'D)
ADMISSION TO PRIVATE OR PUBLIC INSTITUTION

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODE	CATEGORY	
*E72	ALL	<p><u>Institutionalized (HH=1)</u> Public assistance has been discontinued because the client has been institutionalized. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 352.31(a) 370.2; MA: 360-2.2; SNAP: 18 NYCRR 387.1, 387.14 (a) (5)</p>
E73	ALL	<p><u>In Foster Care</u> Public assistance has been discontinued because the children are in Foster Care and there is no plan for them to return home. MA No Separate Determination, SNAP Separate Determination. PA: 18NYCRR 352.30 (a), 369.4 (c); MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
F63	ALL	<p><u>In Prison (HH=1)</u> Public assistance has been discontinued because the client has been committed to prison. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.31 (a), 370.2; MA: 360-2.2 SNAP: 18 NYCRR 387.1, 387.14 (a) (5)</p>
F64	ALL	<p><u>In Prison Outside of NYS (HH=1)</u> Public assistance has been discontinued because the client has been committed to prison outside New York State or to a Federal penitentiary within New York State. MA No Separate Determination, SNAP No Separate Determination PA: 18 NYCRR 352.31(a), 370.2; MA: 360-2.2 SNAP: 18 NYCRR 387.1, 387.14 (a) (5)</p>
939	ALL	<p><u>In Prison (HH=1) – SYSTEM GENERATED</u> Public assistance has been discontinued because the client has been committed to prison. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.31 (a), 370.2; MA: 360-2.2 SNAP: 18 NYCRR 387.1, 387.14 (a) (5)</p>

Note: Adequate Notice

WORKER'S GUIDE TO CODES

1.3-44

02/14/2015

CASE REASON CODES (CONT'D)
CLIENT REQUEST

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODE	CATEGORY	
EM4	ALL	<u>Client Request - Eligibility Mail-Out - PA and MA (Adequate Notice)</u> Public assistance has been discontinued because the client asked for the case to be closed on the returned Eligibility Mail Out form. MA No Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.22(f); MA: 360-2.6; SNAP: 18 NYCRR 387.17
EM5	ALL	<u>Client Request - Eligibility Mail-Out - PA only (Adequate Notice)</u> Public assistance has been discontinued because the client asked for the case to be closed on the returned Eligibility Mail Out form. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.22(f); MA: 360-2.6; SNAP: 18 NYCRR 387.17
EM7	ALL	<u>Client Request - Eligibility Mail-Out - PA, SNAP & MA (Adequate Notice)</u> Public assistance has been discontinued because the client asked for the case to be closed on the returned Eligibility Mail Out form. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.22(f); MA: 360-2.6; SNAP: 18 NYCRR 387.17
F98	ALL	<u>Client Request Childcare in Lieu of TA - PA Only – (Verbal)</u> Public assistance has been discontinued because the client requests childcare in lieu of Temporary Assistance. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.22(f), 358-3.3(d)
G87	ALL	<u>Client Request - Eligibility Mail-Out - PA Only (Adequate Notice)</u> Public assistance has been discontinued because the client asked for the case to be closed on the returned Eligibility Mail Out form. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.6; SNAP: 18 NYCRR 387.17

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

CASE REASON CODES (CONT'D)
CLIENT REQUEST (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

G88	ALL	<p><u>Client Request - PA, SNAP & MA – (Written) (Adequate Notice)</u> Public assistance has been discontinued because the client asked for the case to be closed in writing. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
G89	ALL	<p><u>Client Request - PA & MA – (Written) (Adequate Notice)</u> Public assistance has been discontinued because the client wrote asking for the PA and MA portions of the case to be closed. MA No Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
G90	ALL	<p><u>Client Request - PA & SNAP – (Written) (Adequate Notice)</u> Public assistance has been discontinued because the client wrote asking that the PA and SNAP portions of the case be closed. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
G92	ALL	<p><u>Client Request - PA Only – (Written) (Adequate Notice)</u> Public assistance has been discontinued because the client wrote asking the PA portion of the case be closed. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
G94	ALL	<p><u>Client Request - PA & SNAP – (Verbal)</u> Public assistance has been discontinued because the client asked that the PA and SNAP portions of the case be closed. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.6; SNAP: 18 NYCRR 387.20</p>

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-46

02/14/2015

CASE REASON CODES (CONT'D)
CLIENT REQUEST (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G96	ALL	<u>Client Request - PA Only – (Verbal)</u> Public assistance has been discontinued because the client asked that the PA portion of the case be closed. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.6; SNAP: 18 NYCRR 387.20
G97	ALL	<u>Client Request – PA Only – (TMA Eligible) (Verbal)</u> Public assistance has been discontinued because the client asked that the PA portion of the case be closed. This code is used only for clients who are employed and have a budget deficit. MA continued for 6 months, SNAP Separate Determination (See Note) PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-3.3 (c); SNAP: 18 NYCRR 387.17
G98	ALL	<u>Client Request - PA, SNAP & MA – (Verbal)</u> Public assistance has been discontinued because the client asked that the case be closed. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.6; SNAP: 18 NYCRR 387.17
G99	ALL	<u>Client Request - PA & MA – (Verbal)</u> Public assistance has been discontinued because the client asked that the PA and MA portions of the case be closed. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.6; SNAP: 18 NYCRR 387.17
244	ALL	<u>Client Request - Eligibility Mail-Out (SYSTEM GENERATED)</u> (Adequate Notice) Public assistance has been discontinued because the client asked for the case to be closed on the returned Eligibility Mail Out form. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.6; SNAP: 18 NYCRR 387.17

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

CASE REASON CODES (CONT'D)
CHANGE IN RESOURCES CAUSING INELIGIBILITY

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
I46	ALL	<p><u>Excess Resources - 60+ Client No Longer In Household</u> Public assistance has been discontinued because the member of the household who was age 60 or older is no longer in the household and the resource limit has been lowered. There are now excess resources. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 352.23; MA: Citations to be provided later SNAP: Citations to be provided later.</p>
U40	ALL	<p><u>Excess Resources</u> Public assistance has been discontinued because the total resource amount exceeds the resource limit. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 352.23; MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
U41	SNCA/SNNC	<p><u>Transfer of Resources</u> Public assistance has been discontinued because the client transferred or gave away resources that should be used to support the household MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 370.2; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
U42	ALL	<p><u>Excess Resources - Refused to Sell Property</u> Public assistance has been discontinued because the client refused to sell real property whose value exceeds the resource limit. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 352.23; MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
U43	ALL	<p><u>Excess Resources - End of Six Month Period</u> Public assistance has been discontinued because the client failed to sell real property within the allowed six-month period. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 352.23 (b); MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
U44	FA/SNFP	<p><u>Excess Resources - Deemed Resources of Alien Sponsor</u> Public assistance has been discontinued because the total amount of resources of the alien sponsor exceeds the resource limit. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 349.3,352.33; MA: 360-2.6; SNAP: 387.17</p>

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-48

02/14/2015

CASE REASON CODES (CONT'D)

FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G10	ALL	<u>Failure to Recertify on (DATE)</u> Public assistance has been discontinued because the client failed to appear for face-to-face recertification interview. MA See Note, SNAP No Separate Determination PA: 352.22 (a), 351.22 (b); MA: 360-2.2 (e) (f) SNAP: 387.8, 387.14, 387.15
G20	ALL	<u>Failure to Recertify – Home Visit</u> Public assistance has been discontinued because the client failed to keep home recertification appointment / interview. MA No Separate Determination; SNAP No Separate Determination PA: 18NYCRR 351.22 (a) (b); MA: 360-2.6 SNAP: 18NYCRR 387.8, 387.14, 387.15
E91	ALL	<u>Refusal to Cooperate During Recertification Process</u> Public assistance has been discontinued because the client's behavior prevented the agency from obtaining the necessary information for making an eligibility determination. MA Separate Determination, SNAP No Separate Determination. PA: 18NYCRR 351.1 (b)(2); MA: 360-2.6 SNAP: 18NYCRR 351.1(b)(2)
G36	ALL	<u>Failure to Complete the TA (6 Month) Mail in Recertification For Cases on 12 Month Recertification Schedule</u> Public assistance has been discontinued because the client failed to return recertification forms or recertification forms were incomplete. MA Separate Determination, SNAP Separate Determination. PA: 18NYCRR 351.21; MA: 360-2.6; SNAP:CFR 273.12 (f) & 7 U.S.C. 2020 (s)
G37	ALL	<u>Failure to Complete the TA (6 Month) Mail in Recertification For Cases on 12 Month Recertification Schedule</u> Public assistance has been discontinued because the client failed to return recertification forms or recertification forms were incomplete. MA Separate Determination, SNAP No Separate Determination PA: 18NYCRR 351.21; MA: 360-2.6; SNAP: 18 NYCRR 387.17 (d)

Note: MA Separate Determination unless date of closing is equal to or more than 12 months from date last recertified.

CASE REASON CODES (CONT'D)
DUPLICATE ASSISTANCE

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M13	ALL	<p><u>Duplicate Assistance - Active Cash Assistance Case in Other State (HH=1)</u> Public assistance has been discontinued because the client failed to provide proof that that he/she requested his/her out-of-state case to be closed. MA No Separate Determination, SNAP No Separate Determination PA: 18 NYCRR 351.1(b)(2)(ii), 351.2, 351.8(a)(2)(i), 351.9</p>
M97	ALL	<p><u>Receiving Multiple Benefits (HH=1)</u> Public assistance has been discontinued because the client fraudulently misrepresented his/her identify or residence to receive multiple public assistance benefits at the same time. The client is ineligible to receive public assistance and SNAP benefits for 10 years beginning DATE. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.2 (k) (2), 359.9 (d) (1); MA: 360-2.2 SNAP: 351.2, 351.9</p>
*M98	ALL	<p><u>Duplicate Assistance - Non AFIS. In NYS</u> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in New York State. MA No Separate Determination, SNAP No Separate Determination. PA: 351.8 (a) (2) (i) 351.1 (b) (2) (ii), 351.2, 351.9; MA: 360-2.2 (e), (f); SNAP: 351.2 (a) 351.9</p>
*M99	ALL	<p><u>Duplicate Assistance - AFIS. In NYS</u> Public assistance has been discontinued because the client's identify matches another person who is receiving public assistance in New York State. MA No Separate Determination, SNAP No Separate Determination. This code is used when there has been an Automated Finger Imaging Automated Match (AFIS). PA: 351.9; MA: 360-2.2 (e) (f); SNAP: 351.2 (a), 351.9</p>

* Adequate.

WORKER'S GUIDE TO CODES

1.3-50

02/14/2015

CASE REASON CODES (CONT'D)
DUPLICATE ASSISTANCE (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
N66	ALL	<u>Duplicate Assistance. PARIS Match Interstate</u> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in another state. (Must be used with originating ID CFI only.) MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.9 MA: 360-2.2 (e) (f); SNAP: 18 NYCRR 351.2 (a), 351.9
N67	ALL	<u>Duplicate Assistance. PARIS Match (System Generated)</u> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in another state. (Must be used with originating ID CFI only.) MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.9 MA: 360-2.2 (e) (f); SNAP: 18 NYCRR 351.2 (a), 351.9

WORKER'S GUIDE TO CODES

1.3-51

02/14/2015

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E18	ALL	<u>Failed to Keep BEV Office Appointment</u> Public Assistance has been discontinued because the client failed to keep an office appointment with Bureau of Eligibility Verification Investigator. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.4; MA: 360-2.2; SNAP: 18 NYCRR 387.17
E19	ALL	<u>Failed to Keep BFI Appointment</u> Public assistance has been discontinued because the client failed to keep an office appointment with Bureau of Fraud Investigator. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.4; MA: 360-2.2; SNAP: 18 NYCRR 387.17
F62	ALL	<u>Moved Out of District – BEV Only</u> Public assistance has been discontinued because the client has moved from New York City and did not request continuation of public assistance. MA Separate Determination SNAP No Separate Determination. PA: 18 NYCRR 311.3; MA: 351.2 (g) (1); SNAP: 18 NYCRR 387.9 (a)
G01 (0 = zero)	ALL	<u>Failure to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide verification of mortgage, lease, rent receipts, or utility bill to determine whether the case is eligible for public assistance. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.1 and 351.2; MA: 360-2.2; SNAP: 18 NYCRR 387.17
G16	ALL	<u>Failed to Respond to Two or More BEV Notices Left at Residence</u> Public assistance has been discontinued because the client failed to contact the agency regarding eligibility for assistance. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.22 (a); MA: 360-3.3; SNAP: 18 NYCRR 387.8
G17	ALL	<u>Several Attempts at Home Visit</u> Public assistance has been discontinued because the client failed to be home after four attempts were made to visit the client at home. The fourth visit was scheduled at a day and time that was agreed upon. The client was not available at the pre-arranged time. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.28; MA: 360-2.6; 18 NYCRR 387.17; SNAP: 387.17

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G21	ALL	<p><u>Failure to Cooperate with BEV - Income</u> Public assistance has been discontinued because the client refused to answer questions regarding income. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
G22	ALL	<p><u>Failure to Cooperate with BEV - Assets</u> Public assistance has been discontinued because the client refused to answer questions regarding your assets. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
G23	ALL	<p><u>Failure to Cooperate with BEV - Residence</u> Public assistance has been discontinued because the client refused to answer questions regarding your residence. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
G24	ALL	<p><u>Failure to Cooperate with BEV - Legally Responsible Spouse</u> Public assistance has been discontinued because the client refused to answer questions regarding your legally responsible spouse. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
G25	ALL	<p><u>Failure to Cooperated with BEV - Dependent Child</u> Public assistance has been discontinued because the client refused to answer questions regarding your dependent child. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
G26	ALL	<p><u>Failure to Cooperate - Refused to Answer Questions</u> Public assistance has been discontinued because the client failed to answer questions regarding eligibility for Safety Net Assistance. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
G27	ALL	<p><u>Failure to Cooperate - Documentation of Identity</u> Public assistance has been discontinued because the client failed to answer questions regarding documentation of your identity. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G28	ALL	<p><u>Failure to Cooperate - Proof of Identity</u> Public assistance has been discontinued because the client failed to answer questions regarding proof as to your identity which is inconsistent with what we have. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
G29	ALL	<p><u>Failure to Cooperate - Property</u> Public assistance has been discontinued because the client failed to answer questions regarding your property. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
G60	ALL	<p><u>Unable to Locate – BEV Only</u> Public assistance has been discontinued because Bureau of Eligibility Verification has been unable to find you. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.22; MA: 360-2.2; SNAP: 18 NYCRR 387.9 (a)</p>
G81	ALL	<p><u>Non-Cooperative Caretaker – Only Child/All Children Without Valid SSN or Application for SSN</u> Public assistance has been discontinued because the client failed to provide a valid Social Security Number or valid application for a Social Security Number for each child in the public assistance case. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 369.2, 370.2; MA: 360-2.6; SNAP: 18 NYCRR 387.20 (a)</p>
G95	ALL	<p><u>Died - BEV Only (HH=1) (Adequate)</u> Public assistance has been discontinued because Bureau of Eligibility Verification has determined that the individual is deceased. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.8; MA: 360-2.2; SNAP: 18 NYCRR 387.1</p>
H19	ALL	<p><u>Failure to Provide Proof of U.S Citizenship and Identity - SSA/BVI Match (HH=1)</u> Public assistance has been discontinued because, after failing the SSA/BVI match, the client failed to provide proof of identity and U.S. citizenship or satisfactory immigration status. MA No Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.1(b)(2)(ii), 351.2, 351.5, 351.6, 351.8(a)(2)(ii); MA: 360-1.2, 360-2.3, 360-3.2(j), 369-ee</p>

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-54

02/14/2015

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M81	ALL	<u>Failed to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide birth certificate, baptismal certificate, or adoption papers, or failed to provide verification of driver's license, non-drivers photo ID, or military ID. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.1(b), 351.2(a); MA: 360-2.6; SNAP: 18 NYCRR 387.20 (a)
M82	ALL	<u>Failed to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide school attendance records. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.2, 351.6, 369.4; MA: 360-2.6; SNAP: 18 NYCRR 387.20 (a)
N15	ALL	<u>Failure to Keep Appointment with BEV/FEDS Home Visit</u> Public assistance has been discontinued because the client failed to keep the appointment at the client's home with the agency investigator. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.4; MA: 360-2.2; SNAP: 18 NYCRR 387.17
N70	ALL	<u>Failure to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide a deed, savings statement or bank book. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 351.2, 352.23; MA: 360-2.6; SNAP: 18 NYCRR 387.20 (a)
N71	ALL	<u>Failed to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide Naturalization papers or passport. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 349.3(b), 351.1(b); MA: 360-2.6; SNAP: 18 NYCRR 387.20 (a)
N72	ALL	<u>Failed to Provide Verification – (SYSTEM GENERATED)</u> Public assistance has been discontinued because the client failed to provide a social security card. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 369.2 and 370.2; MA: 360-2.6; SNAP: 18 NYCRR 387.20 (a)

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-55

02/14/2015

CASE REASON CODES (CONT'D)
INVESTIGATORY - ELIGIBILITY VERIFICATION REVIEW (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
R10	ALL	<u>Failed to Keep FEDS Office Appointment with Agency Investigator</u> Public assistance has been discontinued because the client failed to keep an office appointment with the agency investigator. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.4; MA: 360-2.2; SNAP: 18 NYCRR 387.17
R11	ALL	<u>Failed to Keep FEDS Office Appointment with Inspector General</u> Public assistance has been discontinued because the client failed to keep an office appointment with the Inspector General. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.4; MA: 360-2.2; SNAP: 18 NYCRR 387.17
V50	ALL	<u>Failure to Verify - BEV</u> Public assistance has been discontinued because the client failed to provide BEV with information to determine whether the case is eligible for public assistance. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 351.6; MA: 360-2.2; SNAP: 18 NYCRR 387.17
Y78	ALL	<u>Ineligible Based Upon BEV Evaluation – Manual Notice Required</u> Based on the reasons for rejection in the Bureau of Eligibility Verification report select the appropriate closing language and citations from the WGC manual, which match the closing reason. MA Separate Determination. SNAP Separate Determination is required unless the reason for not being eligible also renders the client ineligible for SNAP.
Y86	ALL	<u>Other Reason (BEV) – Manual Notice Required</u> To be used only for BEV closings. Should only be used when reason for closing PA requires a SNAP Separate Determination MA Separate Determination, SNAP Separate Determination . PA: 18 NYCRR351.5, 351.6, 351.21; MA: 360-2; SNAP: 18 NYCRR 387.9
Y87	ALL	<u>Other Reason (BEV) – Manual Notice Required</u> To be used only for BEV closings. MA Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.5, 351.6, 351.21; MA: 360-2; SNAP: 18 NYCRR 387.9

Note: If FA/SNFP case is eligible for 5 months of Transitional SNAP Benefits. If SNCA/SNNC case is eligible for 5 months of Transitional SNAP Benefits if there is a child under 18, or a person under 22 living with a parent.

WORKER'S GUIDE TO CODES

1.3-56

02/14/2015

CASE REASON CODES (CONT'D)
INTENTIONAL PROGRAM VIOLATIONS
(IPV) ORIGINATING ID – (EPF) ONLY

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS1	ALL	<p><u>6 Months 1st Offense - Less Than \$1,000 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was less than \$1,000 you are disqualified from receiving public assistance for 6 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); SNAP: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>
WS2	ALL	<p><u>12 Months 2nd Offense-Less Than \$3,900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was less than \$3,900 you are disqualified from receiving public assistance for 12 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); SNAP: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>

CASE REASON CODES (CONT'D)

INTENTIONAL PROGRAM VIOLATIONS (IPV) - ORIGINATING ID – (EPF) ONLY

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS3	ALL	<p><u>12 Months 1st Offense Amt. Between \$1,000 & \$3,900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for 12 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); SNAP: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>
WS4	ALL	<p><u>18 Months if 3rd Offense (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 3rd occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); SNAP: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>

WORKER'S GUIDE TO CODES

1.3-58

02/14/2015

CASE REASON CODES (CONT'D)

INTENTIONAL PROGRAM VIOLATIONS (IPV) - ORIGINATING ID – (EPF) ONLY

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS5	ALL	<p><u>18 Months if 1st Offense More Than \$3,900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); SNAP: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>
WS6	ALL	<p><u>18 Months if 2nd Offense More Than \$3,900 (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); SNAP: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>

CASE REASON CODES (CONT'D)

INTENTIONAL PROGRAM VIOLATIONS (IPV) - ORIGINATING ID – (EPF) ONLY

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS7	ALL	<p><u>5 Years 4th or Subsequent Offense (HH=1)</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 4th or subsequent occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for 5 years. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); SNAP: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>
WS8	ALL	<p><u>Court Ordered Disqualification (HH=1)</u> Court ordered disqualification is based on the finding of the Court that the client has been found guilty of committing an IPV. The period is determined by the court and may differ from those above. You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the _____ occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for _____ months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again, reapply with no less than 30 days remaining before your disqualification period ends. MA Separate Determination, SNAP Separate Determination. PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1); SNAP: 18 NYCRR 387.10 (b) (5), 387.11 (a), 387.15</p>

WORKER'S GUIDE TO CODES

1.3-60

06/18/2017

CASE REASON CODES (CONT'D)
MISCELLANEOUS

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
D00	ALL	<u>Died (HH=1) (Timely Notice)</u> Public assistance has been discontinued because the only person receiving public assistance in the household has died. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.8; MA: 360-2.2
E95	ALL	<u>Died (HH=1) (Adequate Notice)</u> Public assistance has been discontinued because the only person receiving public assistance in the household has died. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.8; MA: 360-2.2
F11	ALL	<u>Failure to Access Benefits (SYSTEM GENERATED)</u> Public assistance has been discontinued because at least two full months of benefits have not been used. MA Separate Determination; SNAP Separate Determination (See Note). PA: 351.22; MA: 360-2.6; SNAP: 18 NYCRR 387.17
F92	ALL	<u>Ineligible Alien (HH=1) (Timely)</u> Close the case because the client is not an eligible alien. MA Separate Determination, SNAP No Separate Determination. 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
G39	ALL	<u>Died (HH=1) (Timely) (SYSTEM GENERATED)</u> Public assistance has been discontinued because the only person receiving public assistance in the household has been reported as dead by SSA or another tape match. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 351.8; MA: 360-2.2
G55	ALL	<u>In OASAS Chemical Dependence Residential Rehabilitation Services for Youth Program</u> Public assistance has been discontinued because the institution in which the client resides has been converted to an OASAS-certified Chemical Dependence Residential Rehabilitation Service for Youth program. MA Separate Determination, SNAP No Separate Determination. 18 NYCRR 352.29, 352.31(a); 14 NYCRR Part 817

WORKER'S GUIDE TO CODES

1.3-61

10/22/2017

CASE REASON CODES (CONT'D)
MISCELLANEOUS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M68	ALL	<u>Added to Another Case</u> Public assistance has been discontinued because the client was added to another public assistance case. MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 352.1; MA: 360-2.6; SNAP: 18 NYCRR 387.1
W35	ALL	<u>Fleeing Felon</u> Client is currently a fleeing felon. MA Separate Determination, SNAP No Separate Determination PA: 18 NYCRR 351.2(k)(3)(i)
W44	ALL	<u>Probation Violator</u> Client is currently in violation of probation. MA Separate Determination, SNAP No Separate Determination PA: 18 NYCRR 351.2(k)(3)(ii)
W45	ALL	<u>Parole Violator</u> Client is currently in violation of parole. MA Separate Determination, SNAP No Separate Determination PA: 18 NYCRR 351.2(k)(3)(ii)
Y14	ALL	<u>Doe Retro Payment Only (Adequate)</u> The client's application for a <u>Doe</u> retro payment was approved, but the client does not want ongoing public assistance. MA No Separate Determination, SNAP No Separate Determination PA: 18 NYCRR 351.8
Y52	ALL	<u>Walker Retro Payment Only (Adequate)</u> Case was opened for Walker retro payment only. MA No Separate Determination, SNAP No Separate Determination PA: 18 NYCRR 351.8
Y54	EAA	<u>Close Case Opened With Y53 - Six-Month Utility Guarantee Ended</u> Close case that was opened with Y53 because six-month utility guarantee period has ended. There was no application for MA or SNAP benefits. 397.5(l)(2)
Y93	ALL	<u>Case Number Change – No Notice Required</u> MA No Separate Determination, SNAP No Separate Determination. PA: 18 NYCRR 355.5; MA; 360-2.2; SNAP; 18 NYCRR 387.1

CASE REASON CODES (CONT'D)
MISCELLANEOUS (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
Y95	ALL	<p><u>Case Closed After Being Accepted for Emergency Assistance - Manual Notice Required (Adequate)</u> Public assistance is being discontinued because the household is no longer in need of cash assistance. There was no application for MA benefits; SNAP Separate Determination. PA: 18 NYCRR 351.8; MA: Not Applicable; SNAP: 18 NYCRR 387.17</p>
Y96	ALL	<p><u>Case Closed After Being Accepted for Emergency Assistance Manual Notice Required</u> Public assistance is being discontinued because the household is no longer in need of cash assistance. There was no application for MA benefits; SNAP No Separate Determination. PA: 18 NYCRR 351.8; MA: Not Applicable; SNAP: 18 NYCRR 387.5</p>
Y98	ALL	<p><u>Other – Manual Notice Required</u> This code is to be used if none of the other reasons for closing a case are applicable. MA Separate Determination, SNAP Separate Determination. PA: Unknown; MA: Unknown; SNAP: Unknown</p>
Y99	ALL	<p><u>Other – Manual Notice Required</u> This code is to be used if none of the other reasons for closing a case are applicable. MA Separate Determination, SNAP Separate Determination. PA: Unknown; MA: 360-2.2; SNAP: 18 NYCRR 387.17</p>
401	FA/SNCA	<p><u>Administrative Closing on Transitional Benefits Cases</u> There was no application for MA benefits; SNAP No Separate Determination. Citations not required.</p>

WORKER'S GUIDE TO CODES

1.3-63

02/14/2015

CASE REASON CODES (CONT'D)
60 MONTH TIME LIMIT

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
G30	FA/SNFP	<u>Close FA Due to 60 Month Limit – No Safety Net Application Filed</u> Family Assistance is ending because household includes member who will have reached 60-month limit. Client did not apply for Safety Net. MA Separate Determination, SNAP Separate Determination (See Note). PA: Soc. Serv. Law 158 & 18NYCRR 350.4; MA: 18 NYCRR 360-2.6 SNAP: 18NYCRR 387.17
G31	FA/SNFP	<u>Close FA Due to 60 Month Limit - Deny SNA Reason Other than Job Search (Separate Notice Required)</u> Family Assistance is ending because household includes member who will have reached 60-month limit. Safety Net Assistance application denied for other than Job Search. MA Separate Determination, SNAP Separate Determination (See Note). PA: Soc. Serv. Law 158 & 18NYCRR 350.4; MA 18NYCRR 360-2.6 SNAP: 18NYCRR 387.17
G32	FA/SNFP	<u>Close FA Due to 60 Month Limit - Deny SNA – Refusal to Sign Repayment</u> Household is ineligible for Public Assistance in Safety Net Assistance category. Client refused to sign repayment agreement or assignment of future earning or both. MA Separate Determination, SNAP Separate Determination (See Note). PA: 18 NYCRR 369.4 (d) & 370.2 (c) (11), MA: 18NYCRR 360-2.6 SNAP: 18NYCRR 387.17
G33	FA/SNFP	<u>Close FA Due to 60 Month Limit - Deny SNA – Refusal to Apply for Child</u> Household is ineligible for Public Assistance in Safety Net Assistance category. Client did not apply for child (ren). MA Separate Determination, SNAP Separate Determination (See Note) PA: 18NYCRR 369.4 (d) & 370.2 (c) (6); MA: 18NYCRR 360-2.6 SNAP: 18NYCRR 387.17

WORKER'S GUIDE TO CODES

1.3-64

02/14/2015

CASE REASON CODES (CONT'D)
60 MONTH TIME LIMIT (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
P30	FA/SNFP	<u>Close FA Due to 60 Month Limit - Deny SNA - Failure to Comply with Job Search</u> Family Assistance is ending because household includes member who will have reached 60-month limit. Client failed to participate in work activity. MA Separate Determination, SNAP Separate Determination PA: 12NYCRR 1300.9 (e), 18NYCRR 350.4 & 369.4 (d); MA: 366 (4) (q) SNAP: 18NYCRR 387.17
P31	FA/SNFP	<u>Close FA Due to 60 Month Limit - Deny SNA - Failure to Comply with Employment Assessment</u> Family Assistance is ending because household includes member who will have reached 60-month limit. Client did not keep appointment to complete employment assessment. MA Separate Determination, SNAP Separate Determination PA: 12NYCRR 1300.6 (a), 18NYCRR 350.4 & 369.4 (d); MA: 360-2.6 SNAP: 18NYCRR 387.17
P32	FA/SNFP	<u>Close FA Due to 60 Month Limit - Deny SNA – Refusal to Take a Job</u> Family Assistance is ending because client refused to accept a job. MA Separate Determination, SNAP Separate Determination PA: 18 NYCRR 351.2; MA: 18 NYCRR 360-2.6 SNAP: 18NYCRR 387.17

WORKER'S GUIDE TO CODES

1.3-65

06/18/2017

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) Only

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
B11		<u>Transitional SNAP - Increase in SNAP - (System Generated)</u>
B12		<u>Transitional SNAP - Same SNAP Amount - (System Generated)</u>
B13		<u>Transitional SNAP – Separate Determination at Higher Amount – (System Generated)</u>
B14		<u>Transitional SNAP – Separate Determination Same Amount – (System Generated)</u>
B15		<u>SNAP – Separate Determination Non-TBA – (System Generated)</u>
B26		<u>SNAP Extend on PA Case – Non TBA – (System Generated)</u>
D00		<u>Died (Timely)</u> Close a one-person case due to death. 18 NYCRR 387.1
E28		<u>Failure/Refusal to Provide Information - Alien Sponsor (Timely)</u> Close case for failure to provide verification of alien sponsor Information. 18 NYCRR 387.8(c), 387.9 (a) (7), 387.9 (b), 387.10, 387.14 (a)
E29	R	<u>Failure/Refusal to Provide Verification at Recertification Alien Sponsor</u> (Adequate) Close case at recertification for failure to provide alien sponsor information. 18 NYCRR 387.8 (c), 387.9 (a) (7), 387.9 (b), 387.10, 387.14 (a)
E30		<u>Excess Income (Timely)</u> Close case when income exceeds the appropriate (gross and/or net) income eligibility limit. 18 NYCRR 387.10
E39		<u>Excess Income - COLA (Timely)</u> Close case when income exceeds either the gross and/or the net income test (s) due to changes in the cost of living adjustment (COLA) for Social Security or SSI. 18 NYCRR 387.10, 387.12, 387.15
E40		<u>Excess Income-Budgeting Error (Timely)</u> Close case that has excess income but opened due to an error in calculating the budget. 18 NYCRR 387.10

Edits

B- Can be used at recertification or during the certification period.

R- To be used at recertification only.

WORKER'S GUIDE TO CODES

1.3-66

02/14/2015

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
E50		<u>Failed to Return 6 Month Periodic Report (Timely)</u> Close case because the periodic report has not been returned. 18 NYCRR 387.17
E51		<u>Failed to Return 6 Month Periodic Report - Questions (Timely)</u> Close case because all questions on the periodic report were not answered. 18 NYCRR 387.17
E52		<u>Failure to Complete 6 Month Periodic Report – Signature (Timely)</u> Close case because the periodic report was not signed. 18 NYCRR 387.17
E54		<u>Failure to Complete 6 Month Periodic Report - Dated Early (Timely)</u> Close case because the periodic report was signed and dated before the last day of the report period. 18 NYCRR 387.17
E61		<u>Not a Resident of New York City (Adequate)</u> Close case when the household no longer resides in New York City. 18 NYCRR 387.9 (a)
E63		<u>Not a Resident of State (Adequate)</u> Close case when the household no longer resides in New York State. 18 NYCRR 387.9 (a)
E70		<u>Ineligible Boarder (Timely)</u> Close case because the person (s) is an ineligible boarder. 18 NYCRR 387.1, 387.14 (a), 387.16 (b)
E71		<u>In commercial Boarding Home (Timely)</u> Close case because the person (s) resides in a commercial boarding home. 18 NYCRR 387.1
E72		<u>Institutionalized (Adequate)</u> Close case because the person (s) resides in an institution whose residents are not eligible to receive SNAP. 18 NYCRR 387.1, 387.14 (a) (5)
E76	R	<u>Living with Child (Recert Closing) (Adequate)</u> Close case at recertification, where a parent (s) is living with his/her child(ren) and the parent(s) is not eligible or disabled. The parent(s) cannot have separate household status. 18 NYCRR 387.1

Edits

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R- To be used at recertification only.

WORKER'S GUIDE TO CODES

1.3-67

02/14/2015

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
E77	R	<u>Living With Parent (Recert Closing) (Adequate)</u> Close case at recertification, where a child (ren) is living with his/her parent (s) and the parent (s) is not elderly or disabled. The child (ren) cannot have separate household status. 18 NYCRR 387.1
E78	R	<u>Living with Child's Other Parent (Recert Closing) (Adequate)</u> Close case at recertification when a parent joins a household that consists of his/her child and the child's other parent. 18 NYCRR 387.1
E86		<u>Unable to Prove Identity to an Investigatory Agency (HH=1)</u> To be used only by originating center BFI Close a one-person case because the documents that the person presented to establish his/her identity are false. 18 NYCRR 387.8(b)(1)(i)
E95		<u>Died (Adequate)</u> Close a one-person case due to death. 18 NYCRR 387.1
F15	R	<u>Failure to Verify Date of Birth (HH=1) (Adequate)</u> Close one-person case when the person fails to verify Date of Birth. 18 NYCRR 387.1, 387.8 (c), 387.9 (a)
F17		<u>Failure to Validate Incorrect Social Security Number (HH=1) (Timely)</u> Close a one person case when that person fails to validate a Social Security Number that the match with SSA records indicates is invalid. 18 NYCRR 387.1, 387.8 (c), 387.9 (a), 387.10 (b), 387.16 (c)
F19		<u>Refusal to Cooperate with Quality Control (Timely)</u> Close case for refusal to cooperate with a quality control review. 18 NYCRR 387.9 (a) (7) (ii)
F21	R	<u>Failure to Provide Social Security Number (Recert Closing) (HH=1) (Adequate)</u> Close case at recertification for failure to apply for or provide a Social Security number. 18 NYCRR 387.9 (a), 387.10 (b), 387.16 (c)
F22	R	<u>Failure to Verify Social Security Number (Recert Closing) (HH=1) (Adequate)</u> Close a one-person case when the person fails to verify their Social Security number. 18 NYCRR 387.1, 387.8 (c), 387.9 (a)

Edits

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R- To be used at recertification only.

WORKER'S GUIDE TO CODES

1.3-68

10/22/2017

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
F30		<u>Trafficking in SNAP Benefits of \$500 or more (HH=1) (Timely)</u> Close case permanently because the client has been convicted of trafficking in SNAP in the amount of \$500 or more. 18 NYCRR 359.9 (c)
F63		<u>In Prison (HH=1)</u> Close case because client is in prison. 18 NYCRR 387.1, 387.14 (a) (5)
F65	B	<u>Will Receive SNAP in a PA Case (Adequate)</u> Close case because all members are receiving SNAP in a PA case. 18 NYCRR 387.1
F70	R	<u>Parental Control of Child (Adequate)</u> Close case when an adult household member is living with and his parental control over a child (not his/her own) under 18. The adult household member does not want the child included in the application. However, in this situation the child and adult must be included in the same SNAP household even if they do not usually purchase and prepare meals together. 18 NYCRR 387.1
F71	R	<u>Child Under Parental Control (Adequate)</u> Close case when child under 18 is living with an adult who has parental control and is not his/her parent. The child does not want the adult included in the application. However, in this situation the child and adult must be included in the same SNAP household even if they do not usually purchase and prepare meals together. 18 NYCRR 387.1
F85		<u>Refusal to Verify Alien Status (Timely)</u> Close the case because client (s) refused to verify alien status. 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
F86	R	<u>Refusal to Verify Alien Status (Recert Closing) (Adequate)</u> Close the case because the client (s) refused to verify alien status at recertification. 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
F90		<u>Ineligible Student (HH=1) (Timely)</u> Close one-person case because the student does not meet the SNAP eligibility requirements. 18 NYCRR 387.1, 387.9 (a)

Edits

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R- To be used at recertification only.

WORKER'S GUIDE TO CODES

1.3-69

10/22/2017

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
F92		<u>Ineligible Alien (Timely)</u> Close the case because the client (s) is (are) not an eligible alien (s). 18 NYCRR 387.1, 387.8 (b), 387.9 (a) (2) and 387.14 (a)
F94		<u>Able Bodied Adult without Dependents (ABAWD) (HH=1) (Timely)</u> Close a one-person case because client is an able bodied adult who has not met the ABAWD requirements for three or more months in the past 36 month period. 18 NYCRR 385.3
F96		<u>Opened in Error-Excess Income (Timely)</u> Close case that was opened in error, because of excess income. 18 NYCRR 387.10
IP1		<u>Out-of-State IPV</u> Close case because client has been found guilty of committing an Intentional Program Violation in another state. Department Regulation 359.9
G39	ALL	<u>Died (HH=1) (Timely) (SYSTEM GENERATED)</u> Close one-person case because client has been reported as dead by SSA or another tape match. 18 NYCRR 351.8
G53		<u>Failure to Return 6 Month Periodic Report – Proof (Timely)</u> Close case because the client failed to return the proof requested in the periodic report. 18 NYCRR 387.17
I46	B	<u>Excess Resources - Elderly Person (s) not In Home (Timely)</u> Close case because there is no longer an elderly person (s) in the case and the case is now subject to a lower resource limit. 18 NYCRR 387.1, 387.10 (a), 387.15
J05		<u>Automatic SNAP Separate Determination – SNAP Default Code (At Recert) (System Generated)</u>
M13		<u>Duplicate Assistance - Active Cash Assistance in Other State (HH=1)</u> Close one-person case because the client failed to provide proof that he/she requested his/her out-of-state case to be closed. 18 NYCRR 387.9(a)(1), SSL 273.3(a)

Edits

B- Can be used at recertification or during the certification period

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WORKER'S GUIDE TO CODES

1.3-70

02/14/2015

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
M20		<u>Failure to Provide Information During Certification Period (Timely)</u> Close case for refusal to cooperate/failure to provide requested information within the certification period. 18 NYCRR 387.8 (c), 387.9 (a) (7), 387.14 (a)
M24		<u>Failure to Resolve a Computer Match (Adequate)</u> Close case for failure to resolve information received in a computer match. 18 NYCRR 387.8 (c), 387.14 (a)
M25		<u>Failure to respond to a Computer Match Call-In (Timely)</u> Close case for failure to respond to a request to contact the agency to discuss information received in a computer match. 18 NYCRR 387.8 (c), 387.14 (a)
M26	B	<u>Failure to Provide Verification of Wage Match at Recertification (Adequate)</u> Close case at recertification for failure to provide verification of information received from a Wage Match. 18 NYCRR 387.8 (c), 387.14 (a)
M27	B	<u>Failure to Provide Verification of UIB Match at Recertification (Adequate)</u> Close case at recertification for failure to provide verification of information received from a UIB match. 18 NYCRR 387.8 (c), 387.14 (a)
M53		<u>Failed to Complete 6 Month Periodic Report - Partial Proof (Timely)</u> Close case because the recipient failed to provide complete proof of the statements made in the mailer. 18 NYCRR 387.17
M68		<u>Added to another SNAP Case (Timely)</u> Close case because all members are receiving SNAP in another case. 18 NYCRR 387.1
M90		<u>Client Request - Written or Verbal In Person (Adequate)</u> Close case at the client's written or verbal in person request. 18 NYCRR 387.20

Edits

B- Can be used at recertification or during the certification period

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WORKER'S GUIDE TO CODES

1.3-71

10/22/2017

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
M91	B	<u>Client Request -Phone (Timely)</u> Close case at client's request made by phone. 18 NYCRR 387.20
M97		<u>Receiving multiple Benefits (HH=1) (Timely)</u> Close case for 10 years because the client fraudulently misrepresented his/her identity or residence in order to receive multiple SNAP benefits at the same time. 18 NYCRR 381.1
M98		<u>Duplicate Assistance, Non-AFIS, In NYS (Adequate)</u> Close the case because the client's identity matches another person who is receiving SNAP in New York State. 18 NYCRR 351.2 (a), 351.9
N10	R	<u>Failure to Keep Appointment (Adequate)</u> Close case for failure to keep a face-to-face appointment or complete a telephone interview. This code is only used at recertification if a recipient submits a recertification application but fails to be interviewed. 18 NYCRR 387.7 (a), 387.14 (a)
N18		<u>Failure to Validate Incorrect Social Security Number (Timely)</u> Close multi-person case for failure to validate a Social Security Number that match with Social Security Administration records that indicates is invalid. 18 NYCRR 387.1, 387.8 (c), 387.9 (a), 387.10 (b), 387.16 (c)
N41	B	<u>Voluntary Quit (HH=1) (Timely) (1st Occurrence = 2 months)</u> Close the case because the recipient quit his/her job or earned at least 30 times the Federal minimum wage or voluntarily reduced the number of hours worked to less than 30 hours per week. 18 NYCRR 385.13
N42	B	<u>Voluntary Quit (HH=1) (Timely) (2nd Occurrence = 4 months)</u> Close the case because the recipient quit his/her job or earned at least 30 times the Federal minimum wage or voluntarily reduced the number of hours worked to less than 30 hours per week. 18 NYCRR 385.13
N43	B	<u>Voluntary Quit (HH=1) (Timely) (3rd Occurrence = 6 months)</u> Close the case because the recipient quit his/her job or earned at least 30 times the Federal minimum wage or voluntarily reduced the number of hours worked to less than 30 hours per week. 18 NYCRR 385.13

Edits

B- Can be used at recertification or during the certification period

R- To be used at recertification only.

WORKER'S GUIDE TO CODES

1.3-72

10/22/2017

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
N66		<u>Duplicate Assistance. PARIS Match. Interstate (Timely)</u> Close the case because the client's identity matches another person who is receiving SNAP in another state. (Must be used with originating ID F25 only.) 18 NYCRR 351.2 (a), 351.9
N67		<u>Duplicate Assistance. PARIS Match (System Generated) (Timely)</u> Close the case because the client's identity matches another person who is receiving SNAP in another state. (Must be used with originating ID CFI only.) 18 NYCRR 351.2 (a), 351.9
N90	B	<u>IPV-Traded SNAP for Firearms, Ammunition or Explosives (Adequate)</u> Close case permanently because of a guilty conviction for using SNAP to obtain firearms, ammunition or explosives. 18 NYCRR 359.9
NF1		<u>Purchased Illegal Drugs with SNAP-IPV (1st Violation) (Adequate) (HH=1)</u> Close the case for 12 months because the client has been convicted of using SNAP to obtain illegal drugs. 18 NYCRR 359.9
NF2		<u>Purchased Illegal Drugs With SNAP-IPV (2nd Violation) (Adequate) (HH = 1)</u> Close the case permanently because the client has been convicted a second time using SNAP to obtain illegal drugs. 18 NYCRR 359.9
U41		<u>Transfer of Excess Resources (Timely)</u> Close case because resources were transferred knowingly for the purpose of qualifying or attempting to qualify for SNAP benefits. 18 NYCRR 387.9 (a)
U44		<u>Excess Resources of Alien Sponsor (Timely)</u> Close case because resources of an alien sponsor exceed SNAP limits. 18 NYCRR 387.1, 387.9 (b), 387.10
U45	B	<u>Increased Resources (Recert Closing) (Timely)</u> Close case because at recertification we find resources exceed SNAP limits. The worker must enter: Information required on the PA/FS Resource Calculation screen (WCN018). 18 NYCRR 387.9

Edits

B- Can be used at recertification or during the certification period

R- To be used at recertification only.

WORKER'S GUIDE TO CODES

1.3-73

10/22/2017

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
U97	B	<u>Opened in Error-Excess Resources (Timely)</u> Close case that was opened in error, because of excess resources. 18 NYCRR 387.9
V21	B	<u>Failure to Provide Verification (Adequate)</u> Close case for failure to provide requested verification. 18 NYCRR 387.8 (c), 387.9 (a) (7), 387.14 (a)
WE1		<u>Failure to Comply with Employment Requirements (HH=1) (Timely)</u> Close one-person case that fails to comply with employment requirements (1st occurrence- 2 months and until compliance) 18 NYCRR 385.9, 385.12
WE2		<u>Failure to Comply with Employment Requirements (HH=1) (Timely)</u> Close one-person case that fails to comply with employment requirements. (2 nd occurrence -4 months and until compliance) 18 NYCRR 385.9, 385.12
WE3		<u>Failure to Comply with Employment Requirements (HH=1) (Timely)</u> Close one person that fails to comply with employment requirements. (3 rd and subsequent occurrences-6 months and until compliance) 18 NYCRR 385.9, 385.12
W35		<u>Fleeing Felon</u> Close case because client is a fleeing felon. 18 NYCRR 351.2(k)(3)(i)
W44		<u>Probation Violator</u> Close case because client is currently in violation of probation. 18 NYCRR 351.2(k)(3)(ii)
W45		<u>Parole Violator</u> Close case because client is currently in violation of parole. 18 NYCRR 351.2(k)(3)(ii)
X66		<u>Duplicate Assistance, PARIS Match (System Generated) (Timely)</u> Close the case because the client's identity matches another person who is receiving SNAP in another state. (Must be used with originating ID CFI only.) 18 NYCRR 351.2 (a), 351.9

Edits

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R- To be used at recertification only.

WORKER'S GUIDE TO CODES

1.3-74

10/22/2017

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
Y10	R	<u>Failure to Recertify (No Notice Required)</u> Close cases that failed to respond in a timely manner to the SNAP call-in-notice. 18 NYCRR 387.5
Y13	R	<u>Failure to Keep Recertification Appointment (No Notice Required)</u> Close case for failure to keep a recertification appointment. 18 NYCRR 387.17(f)(3)
Y24		<u>Client Request - SNAP - Eligibility Mail Out (Manual Closing) (Adequate)</u> Close the SNAP portion of a PA/SNAP case because on the returned Eligibility Mail Out form, the client asked that the SNAP portion of the case be closed. 18 NYCRR 387.17
Y26		<u>Client Request - SNAP & MA - Eligibility Mail Out (Adequate)</u> Close the SNAP portion of a PA/SNAP case because on the returned Eligibility Mail Out form, the client asked that the SNAP and MA portions of the case be closed. 18 NYCRR 387.17
Y29		<u>Failure to Provide Verification-Expedited SNAP (No Notice)</u> Close case for failure to provide verification when expedited SNAP was approved. 18 NYCRR 387.8, 387.9, 387.14
Y52		<u>Walker Retro Payment Only (Adequate)</u> Case was opened for Walker retro payment only.
Y66	R	<u>Overdue Recertification (System Generated) Manual Notice Require (Timely)</u> Close the SNAP portion of a PA/SNAP case because the recertification period for SNAP has expired.
Y93		<u>Case Number change (No Notice Required)</u> Close case because of a case number change.
Y99		<u>Other (Timely)</u>

Edits

B- Can be used at recertification or during the certification period

R- To be used at recertification only.

WORKER'S GUIDE TO CODES

1.3-75

02/14/2015

CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
Z11		<u>SNAP Separate Determination - SYSTEM GENERATED</u>
399		<u>Duplicate Assistance within NYS</u> If all SNAP individuals match. (This code is used when there has been an Automated Finger Imaging System Match- AFIS) (Adequate) 18 NYCRR 351.2 (a), 351.9
914		<u>Client Request (Written) SNAP Default Code - SYSTEM GENERATED</u>
939		<u>In Prison (HH=1) (Timely) - SYSTEM GENERATED</u> Close case because the client(s) has been admitted or committed to prison. 18 NYCRR 387.1, 387.14 (a) (5)
944		<u>Client Request (Verbal) SNAP Default Code – SYSTEM GENERATED</u>
968		<u>Forced Closing (SYSTEM GENERATED)</u>
976		<u>Added to Another Case SNAP Default Code – SYSTEM GENERATED</u>
977		<u>Not Head of SNAP Household (Multi-suffix Case Closing) SNAP Default Code – SYSTEM GENERATED</u>
992		<u>Orig. ID EPF Only - SNAP (Intentional Program) Violation (Manual Notice)</u> Close a one-person case when the person has been found guilty of Intentional Program Violation and is disqualified. An individual closing reason code must be entered to indicate the period of ineligibility 18 NYCRR 387.1, 399.9

Edits

B- Can be used at recertification or during the certification period.

R- To be used at recertification only.

WORKER'S GUIDE TO CODES

1.3-76

02/14/2015

RESERVED FOR EXPANSION

WORKER'S GUIDE TO CODES

1.3-77

02/18/2018

CASE REASON CODES (CONT'D)

MISCELLANEOUS SYSTEM-GENERATED CODES – PA (PA: REAS - 222)

<u>CODE</u>	<u>CATEGORY</u>
A06	FA/SNFP/ SNCA/SNNC

System-Generated: No action taken against PA

WORKER'S GUIDE TO CODES

1.3-78

02/18/2018

CASE REASON CODES (CONT'D)

MISCELLANEOUS SYSTEM-GENERATED CODES – SNAP (FS: REAS - 231) Only

<u>CODE</u>	<u>EDIT</u>	<u>VALUE</u>
Y20		<u>System-Generated: No action taken against SNAP</u>

TURNAROUND DOCUMENT - DSS 3517 (CONT'D)

SECTION 15: INDIVIDUAL LEVEL CODES

SEX CODES (SEX) - 315

- F Female
- M Male
- U Unborn

VALIDATE SSN CODES (VALIDATE) - 321

- 1 SSN Present but Not Yet Validated
- 2 SSN Applied For but Not Yet Available
- 3 SSN Applied For and Denied
- 4 SSN Not Applied For
- 5 SSN Indicator not on ODP database (Conversion Code)
- 7 SSN Assigned by SSA
- 8 SSA Validated SSN
- 9 SSN Failed SSA Validation
- A Validation Failed: SSN not on SSA file
- B Validation Failed: No match on name
- D Validation Failed: No match on DOB
- E Client known to SSA By This #-xxx-xx-xxxx (Number sent to SSA is wrong due to a transposition or one digit off error.) **Note: See RFI for the correct number**
- N State benefit eligible alien
- X SSA Validated SSN/Deceased

DISABILITY ACCOMMODATION INDICATOR (DAI) - 367

(This field is data enterable at the line level for all clients. The suffix receives the accommodation that is entered for the payee or alternate payee.)

- V1 Large Print (18 pt)
- V2 Audio CD
- V3 Data CD
- V4 Braille

PA CATEGORICAL CODES (CAT) - 372

USE FOR CHILDREN ON FA/SNFP CASES ONLY

- 01 FA/SNFP Death of a Parent
- 02 FA/SNFP Incapacity of Parent
- 03 FA/SNFP Imprisonment Parent
- 05 FA/SNFP Divorce, Annulment, Legally Separate Parent
- 06 FA/SNFP Abandonment/Desertion by Parent
- 08 FA/SNFP Unemployment Principal Wage Earner

- 09 Children in Intact Household, No FA/SNFP Deprivation; or Single Person Safety-Net/Adult-Only Households **[USE FOR ALL CASES]**
- 10 Aged – 65 Years of Age or Over **[USE FOR ALL CASES]**
- 11 Blind, Verification Required **[USE FOR ALL CASES]**

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

PA CATEGORICAL CODES (CAT) – 372 (CONT'D)

- 12 Disabled **[MA ONLY OR FOR ALL PA CASE TYPES IF THE PERSON ON THE PA CASE IS IN RECEIPT OF SSI OR SSA DISABILITY]**
- 13 FA/SNFP Dependent Relative (Parent or Legally Responsible Relative on FA/SNFP Case) **[USE FOR FA/SNFP/SNNC CASES]**
- 14 Essential Person **[USE FOR ALL CASES]**
- 15 Pregnant Woman, No FA/SNFP Deprivation **[USE FOR FA/SNFP/SNNC CASES]**
- 18 Emergency Shelter Federal Participation **[MA/MA-SSI ONLY]**
- 20 IVE Adoptive Subsidy **[FOR CHILDREN ON MA CASES ONLY]**
- 26 Parent in an Intact Household **[USE FOR ALL CASES]**
- 31 Resident of Public Emergency Shelter – Not Title XIX – Reimbursable **[MA ONLY]**
- 32 Non-NYS IV-E Foster Case **[MA/MA-SSI ONLY]**
- 33 Non IV-E Adoptive/Special Needs **[MA/MA-SSI ONLY]**
- 34 Non-NYS IV-E Adoptive **[MA/MA-SSI ONLY]**
- 35 Presumptive Eligibility Home Care **[MA ONLY]**
- 39 FNP Parent Living with his/her Child (ren) Above the PA standard **[MA ONLY]**
- 40 CAP **[MA ONLY]**
- 44 Expanded Coverage – Infants (Must have MA Coverage Code 01 or 30) **[USE FOR FA/SNFP/SNNC CASES]**
- 48 Pregnant Woman with a Deprivation **[USE FOR FA/SNFP/SNNC CASES]**
- 50 Special Supplement (s) Client-FNP for Medicaid **(NYC Only)**
- FS NPA Individual on a PA Case **[USE FOR ALL CASES]**
- BLANK - Unborn **[USE FOR ALL CASES]**

PA STATUS CODES (PA: STAT) – 330

- AC Active
- AP Applying
- CL Closed
- DD Dead
- NA Not Applying
- RJ Denied
- SI Single Issue
- SN Sanctioned
- WD Withdrawn

MA STATUS CODES (MA: STAT) – 340

- AC Active
- AP Applying
- CL Closed
- NA Not Applying
- RJ Denied
- SN Sanctioned
- DD Dead

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

MA COVERAGE CODES (MA: COV CD) - 343

- 01 Full Coverage
- 02 Outpatient Coverage Only
- 04 No Coverage-PA Cases Only
- 06 Provisional Coverage (FHP)
- 07 Emergency Medical Coverage
- 08 Presumptive Eligibility – Home Care
- 09 Medicare Premium, Co-insurance and Deductible Only
- 10 Eligibility for All Services except Long Term Care
- 11 Full Coverage-FNP Except Emergency Medical Care (Legal Alien During 5 Year Ban)
- 13 Presumptive Eligibility – Prenatal Care A
- 14 Presumptive Eligibility – Prenatal Care B
- 15 Perinatal Care
- 17 Eligibility for Payment of Health Insurance Premium Only
- 18 Family Planning Only Eligible at or below 200% of FPL
- 19 Community coverage with community-based long-term care (Case type 20 only)
- 20 Community coverage without long-term care (Case types 20 & 24 only)
- 21 Outpatient coverage with community-based long-term care (Case type 20 only)
- 22 Outpatient coverage without long-term care (Case type 20 only)
- 23 Outpatient coverage with no Nursing Facility Services (Case type 20 only)
- 24 Community coverage without long-term care (legal alien during 5-year ban) (Case type 20 only)
- 25 I/P Hospital Only - FNP for Individuals Age 21-64 Admitted to Psychiatric Facilities (Case types 20 & 24)
- 26 I/P Hospital Only - FP for Incarcerated Individuals (Case types 20 & 24)
- 27 Family Planning Extension Program (without transportation)
- 30 PCP – Full Coverage
- 31 PCP – Guarantee (System Generated)
- 34 Family Health Plus Coverage
- 36 Family Health Plus Guarantee (System Generated)

SNAP STATUS CODES (FS: STAT) - 350

- AC Active
- AP Applying
- CL Closed
- DD Dead
- NA Not Applying
- RJ Denied
- SI Single Issue
- SN Sanctioned
- WD Withdrawn

WORKER'S GUIDE TO CODES

1.4-4

10/22/2012

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

STATE/FEDERAL CHARGE CODES (ST/FED CODE) - 307

- 03 Federal Charge American Repatriate
- 05 State Charge OMH or OPWDD Release
- 30 Refugee Assistance Programs (RCA/RMA). Can only be used if ACI Ind is A, H, R, or D.
- 50 Home Care-State Charge - MA Only
- 60 Maintenance of Effort (MOE) Qualified Alien with less than 5 years in status (Can only be used if ACI Ind is B, K, S, or G)
- 63 Converted Due To 60 Month TANF Limit (MOE)
- 65 FFP Eligible Pregnant PRUCOL Alien age 21 or over
- 66 FFP PRUCOL Child under 21 or Pregnant PRUCOL under 21
- 67 State Charge/PRUCOL (Can only be used if ACI Ind is O or T)
- 68 Qualified Alien (No children under 18 or pregnant women). Can only be used if ACI Ind is B, F, K, S, or G.
- 88 State Charge/Federal Charge Expired

STATE/FEDERAL CHARGE DATE (ST/FED DATE) - 325

<u>Charge Code</u>	<u>Category</u>	<u>Date</u>	<u>Limit of State/Federal Charge</u>
03	ALL	Date of Entry	3 months
30 ¹	SNCA/SNNC	Date Asylum Granted	8 months
60 ²	SNCA/SNNC	8/22/96 or later	5 years from date of entry
63	ALL	Date Converted to SN	None
67 ³	SNCA/SNNC	8/22/96 or later	5 years from date of entry
68 ⁴	SNCA/SNNC	8/22/96 or later	5 years from date of entry
88	ALL	Date Charge Expired	Indefinite

BIRTH VERIFICATION INDICATOR (BVI) - 366

- 1 Verified (System Generated)
- 2 Verified through automated newborn process (System Generated)
- 3 Verified by a worker (Data enterable)
- 4 Verified via EDITS/POS (System Generated)
- 5 Deemed verified (System Generated)
- 6 Verified Medicare client (Both System Generated and Data Enterable)
- B Verified but not consistent with SSA data (System Generated)
- C Verified but deceased (System Generated)
- D Verified but deceased and not consistent with SSA data (System Generated)

¹ ACI Indicator of A, H, R, or D is required for code 30.

² ACI Indicator of B, K, S, or G is required for code 60.

³ ACI Indicator of O or T is required for code 67.

⁴ ACI Indicator of B, F, K, S, or G is required for code 68.

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

TEENAGE SERVICE ACT INDICATOR (TASA) - 304

- 1 Pregnant Teen
- 2 Teen Parent (Including Fathers)
- 3 Neither Pregnant Nor Parenting Teen

ABAWD IND. CODE - 371

- A ABAWD/Non-waived area. Individual is 18-49 years of age, does not meet an ABAWD exemption, and lives in a non-waived area. For work-limited individuals (Employability Code 16 or 64), individual is able to work 20 or more hours per week.
- N Non-ABAWD. Individual is under 18 or 50 years of age or older; or pregnant; or SNAP household includes an individual under age of 18 or individual is not able to work at least 20 hours per week.
- W ABAWD/Waived area. Individual is 18-49 years of age, does not meet ABAWD exemption and is able to work 20 or more hours per week, but lives in a waived area.
- X ABAWD excluded based on district exclusion policy.

EMPLOYABILITY CODES (EMP) - 375 AND SNAP EMPLOYABILITY CODE - 370

PA/SNAP EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE OF 16 MUST BE ASSIGNED CODE 30, EXCEPT UNBORNS

PA CODE	PA DEFINITION	SNAP CODE	SNAP DEFINITION	CATEGORY	ABAWD IND
16	Work-limited/Non-exempt	16	Work-limited/Non-exempt	FA/SNFP	N
				SNCA/SNNC	A,N,W,X
17	Teen head of household or married teen enrolled in secondary school, equivalent or other education directly related to employment/Non-exempt	*	*	FA/SNFP	N
				SNCA/SNNC	A,N,W,X
20	Non-exempt	20	Required to work/Non-exempt	FA/SNFP	N
				SNCA/SNNC	A,N,W,X
24	Pregnant (within 30 days of medically verified date of delivery)/Exempt	24	Pregnant (within 30 days of medically verified date of delivery)/Exempt	ALL	N

* No equivalent SNAP code. Worker should determine the most suitable SNAP code based on SNAP E&T rules.

WORKER'S GUIDE TO CODES

1.4-6

02/21/2016

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

EMPLOYABILITY CODES (EMP) - 375 AND SNAP EMPLOYABILITY CODE - 370 (CONT'D)

PA/SNAP EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE OF 16 MUST BE ASSIGNED CODE 30, EXCEPT UNBORNS

PA CODE	PA DEFINITION	SNAP CODE	SNAP DEFINITION	CATEGORY	ABAWD IND
27	Employed part-time or full-time/Non-exempt	27	Employed or self-employed less than 30 hours per week AND earning less than the equivalent of 30 hours times the federal minimum wage on a weekly basis (currently \$217.50 per week)/Non-exempt	FA/SNFP	N
				SNCA/SNNC	A,N,W,X
		28	Employed or self-employed 30 or more hours per week OR earning at least the equivalent of 30 hours times the federal minimum wage on a weekly basis (currently \$217.50 per week) or higher/Exempt	ALL	N
29	True single parent or caretaker of child under 6 years of age/Non-exempt	29	A parent or household member who is responsible for care of a child under 6 in the household/Exempt	ALL	N
30	Child under 16 years/Exempt	30	Child under 16 years/Exempt	ALL	N
31	Parent or caretaker relative of a child in the household under 12 months of age/Exempt	31	Parent or caretaker relative of a child in the household under 12 months of age/Exempt	ALL	N
32	Advanced age (60 years or older)/Exempt	32	60 years of age or older/Exempt	ALL	N

WORKER'S GUIDE TO CODES

1.4-7

02/21/2016

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

EMPLOYABILITY CODES (EMP) - 375 AND SNAP EMPLOYABILITY CODE - 370 (CONT'D)

PA/SNAP EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE OF 16 MUST BE ASSIGNED CODE 30, EXCEPT UNBORNS

PA CODE	PA DEFINITION	SNAP CODE	SNAP DEFINITION	CATEGORY	ABAWD IND
35	Child who is not the head of household and is in school full-time (age 16-18)/Exempt	35	Age 16 or 17, not the head of household OR 16 or 17 attending school or an employment training program on at least a half-time basis/Exempt	ALL	N
		*	Age 18, regardless of attending high school	FA/SNFP	N
				SNCA/SNNC	A,N,W,X
36	Incapacitated/disabled (more than 6 months)/Exempt	36	Incapacitated/disabled (more than 6 months)/Exempt	ALL	N
38	Parent needed in the home full-time to care for an incapacitated/disabled household member/Exempt	38	Responsible for the care of an incapacitated person full-time (the incapacitated person does not need to live in the household)/Exempt	ALL	N
40	Parent or non-parent needed in the home part-time to care for an incapacitated/disabled household member/Non-exempt	40	Responsible for the care of an incapacitated person part-time (the incapacitated person does not need to live in the household)/Non-exempt	FA/SNFP	N
				SNCA/SNNC	A,N,W,X
41	Temporary illness or incapacity (1-3 month exemption)/Exempt	41	Temporary illness or incapacity (1-3 month exemption)/Exempt	ALL	N
42	Temporary illness or incapacity (4-6 month exemption)/Exempt	42	Temporary illness or incapacity (4-6 month exemption)/Exempt	ALL	N

* No equivalent SNAP code. Worker should determine the most suitable SNAP code based on SNAP E&T rules.

WORKER'S GUIDE TO CODES

1.4-8

02/21/2016

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

EMPLOYABILITY CODES (EMP) - 375 AND SNAP EMPLOYABILITY CODE - 370 (CONT'D)

PA/SNAP EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE OF 16 MUST BE ASSIGNED CODE 30, EXCEPT UNBORNS

PA CODE	PA DEFINITION	SNAP CODE	SNAP DEFINITION	CATEGORY	ABAWD IND
43	Incapacitated/disabled (SSI application filed)/Exempt	43	Incapacitated/disabled (SSI application filed)/Exempt (based on medical doc.) OR SSI applicant/pending SSI recipient who has applied for SNAP benefits through joint processing at the SSA office/Exempt	ALL	N
44	Incapacitated/disabled (in receipt of SSI)/Exempt	44	Incapacitated/disabled (in receipt of SSI)/Exempt	ALL	N
45	Work requirements waived/Exempt	45	Work requirements waived/Exempt	ALL	N
46	Expired employment waiver/Non-exempt	*	*	FA/SNFP	N
				SNCA/SNNC	A,N,W,X
47	Incapacitated/disabled - Time limit exemption (more than 6 months)	36	Incapacitated/disabled (more than 6 months)/Exempt	ALL	N
48	Needed in the home to care for incapacitated child full-time - Time limit exemption	38	Responsible for the care of an incapacitated person full-time (the incapacitated person does not need to live in the household)/Exempt	ALL	N
49	Temporary illness or incapacity - Time limit exemption (4-6 month exemption)	42	Temporary illness or incapacity (4-6 month exemption)/Exempt	ALL	N
+	+	52	Receiving or pending receipt of Unemployment Insurance Benefits (UIB)/Exempt	ALL	N

* No equivalent SNAP code. Worker should determine the most suitable SNAP code based on SNAP E&T rules.

+ No equivalent PA code. Worker should determine the most suitable PA code based on PA requirements.

WORKER'S GUIDE TO CODES

1.4-9

02/19/2017

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

EMPLOYABILITY CODES (EMP) - 375 AND SNAP EMPLOYABILITY CODE - 370 (CONT'D)

PA/SNAP EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE OF 16 MUST BE ASSIGNED CODE 30, EXCEPT UNBORNS

PA CODE	PA DEFINITION	SNAP CODE	SNAP DEFINITION	CATEGORY	ABAWD IND
54	Parent in receipt of SSDI/Exempt	54	In receipt of Social Security Disability Income (SSDI)/Exempt	ALL	N
57	Partial employment waiver/Non-exempt	*	*	FA/SNFP	N
				SNCA/SNNC	A,N,W,X
58	Non-parent needed in the home full-time to care for an incapacitated/disabled household member/Exempt	38	Responsible for the care of an incapacitated person full-time (the incapacitated person does not need to live in the household)/Exempt	ALL	N
63	Substance abuse/Exempt	63	Determined unable to work due to substance abuse/Exempt	ALL	N
64	Substance abuse/Non-exempt	64	Substance abuse/Non-exempt	FA/SNFP	N
				SNCA/SNNC	A,N,W,X
70	Contesting employability determination, including the disability review process/Exempt	70	Exemption claimed pending medical documentation/Exempt	ALL	N
+	+	72	Student enrolled in recognized school (not high school), job skills training, or institution of higher education at least half-time (meets student requirements in 18 NYCRR 387.1)/Exempt	ALL	N
99	Unborn			ALL	

* No equivalent SNAP code. Worker should determine the most suitable SNAP code based on SNAP E&T rules.

+ No equivalent PA code. Worker should determine the most suitable PA code based on PA requirements.

WORKER'S GUIDE TO CODES

1.4-10

02/21/2016

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

EMPLOYABILITY CODES (EMP) - 375 (CONT'D)

MA ONLY EMPLOYABILITY CODES

INDIVIDUALS UNDER THE AGE OF 18 MUST BE ASSIGNED CODE 30, EXCEPT AB/AD CHILDREN AND UNBORNS

<u>CODE</u>	<u>CATEGORY</u>	<u>DEFINITION</u>
17	ALL	Teen parent age 16-19 without HS Diploma.
20	ADCU/HR	Mandatory employable.
24	ALL	Pregnancy.
27	ALL	Employed.
30	ALL	Child less than 18 years old.
31	ALL	Caretaker of child under 3 years of age on same MA case.
32	ALL	Advanced age - 65 years and older.
33	ADCU	Caretaker with other adult on same MA case in employment compliance.
34	ALL	Caretaker of child under 3 not on same MA case.
35	ALL	Child 18 expected to graduate by 19th birthday.
36	ALL	Incapacitated 30 days to 1 year.
38	ALL	Needed in home full time to care for incapacitated/disabled family member - Exempt
40	ALL	Needed in home part time to care for incapacitated/disabled family member - Non-exempt
41	ALL	Temporary illness - 3 month exemption.
42	ALL	Temporary incapacity - 6 month exemption
43	ALL	Incapacitated - SSI application filed.
44	ALL	In receipt of SSI and/or SSI Disability.
53	ALL	Person 18-21 not employed.
60	HR	55 years or older - not employed in the last 5 years.
63	ALL	Substance abuser - in rehabilitation.
64	ALL	Substance abuser - waiting for rehabilitation.
70	ADC/SSI	Disability Type I.
71	ADC/SSI	ADC caretaker relative of child 19 or younger (not born) in the same MA case.
72	ALL	ADC caretaker relative of child between the ages of 6 to 19 not in same MA Only case.
74	ADC/SSI	Disability Type II.
99	ALL	Unborn

WORKER'S GUIDE TO CODES

1.4-11

02/21/2016

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

MEDICARE SAVINGS PROGRAM (MSP) - 345

- P Qualified Medicare Beneficiaries (QMB)
- L Specified Low Income Medicare Beneficiary (SLIMB)
- U Qualified Individual 1 (QI1)
- X New Value for QDWI. (Has not yet been defined by DOH/TPHI)

In Eligibility, if the value P,L,U, or X is entered then MA Coverage code of 09 must be entered. If Coverage Code 09 is entered then one of the four indicators (P,L,U, or X) must be entered.

TPHI/MEDICARE SOURCE CODE (TPHI/MCR) – SYSTEM GENERATED

- TPHI - Third Party Health Insurance
- Y Client Has TPHI
- N Client Does Not Have TPHI
- MCR - Medicare
- Y Yes
- N No

SSI INDICATOR (SSI) - 320

- 1 Active
- 2 Pending
- 3 Closed, Denied, or Suspended (Appeals Exhausted)
- 4 Deemed Eligible
- 5 Closed SSI, Continue RSDI

BUREAU OF CHILD SUPPORT INDICATOR (BCS) - 328

Also known as Office of Child Support Enforcement

- A¹ Appropriate for referral to Office of Child Support Enforcement (OCSE)
- B¹ No Referral: Both parents in household (In-Wedlock)
- D¹ No referral: Absent parent deceased. Death has been verified either by Public Assistance staff or by Child Support staff.
- G¹ No referral: Good cause. The Office of Child Support Enforcement may not pursue child support activity.
- H Individual is head of household or other adult in household. (Note: This may be the individual, 16 years old or older, who is referred to the Child Support office, but it is not the child.)
- I Referral: Individual is an independent 16-20 year old.
- K² Referral received by OCSE: Individual is now known to the Child Support Management System (CSMS). There is NO good cause.
- P¹ Referral: Good cause. Child support enforcement activity should proceed, without the involvement of the client.

¹ For these values the individual must be less than 21 years old.

² These values will appear because of a systems match between CSMS and WMS. These values should not be data entered.

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

BUREAU OF CHILD SUPPORT INDICATOR (BCS) – 328 (CONT'D)

- T¹ Temporarily no referral: Good cause claimed at the Office of Child Support Enforcement. Re-evaluate at end of pregnancy to determine whether child support enforcement activity may proceed.
- W² Referral received by OCSE: OCSE will proceed without the client. The individual is now known to the Child Support Management System (CSMS). There is good cause.

RELATIONSHIP CODE (REL) - 329

- 01 Applicant/Payee
- 02 Legal Spouse
- 03 Non-Legal Union (No Child in Common)
- 04 Son
- 05 Daughter
- 06 Step-Son
- 07 Step-Daughter
- 08 Niece or Nephew
- 09 Grandson or Granddaughter
- 10 Grandmother or Grandfather
- 11 Aunt or Uncle
- 12 Essential Person
- 13 Other FA/SNFP Relationship
- 14 Other Relationship (Not FA/SNFP Relationship)
- 15 Legal Guardian (Not FA/SNFP Relationship)
- 16 Ward (Not ADC Eligible Relationship)
- 17 Cousin
- 18 None
- 19 Parent
- 20 Sister or Brother
- 21 Step-Parent
- 22 Step-Sister or Step-Brother
- 23 Half Sibling
- 24 Putative Father
- 25 Acknowledging Father
- 26 Great Grandparent
- 27 Great Grandchild
- 28 Alternate Payee
- 29 Unknown (System Generated Only)
- 30 Non-Legal Union with Child in Common
- 31 Unknown
- 99 Unborn

¹ For these values the individual must be less than 21 years old.

² These values will appear because of a systems match between CSMS and WMS. These values should not be data entered.

WORKER'S GUIDE TO CODES

1.4-13

02/21/2016

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

COMMON BENEFIT IDENTIFICATION CARD CODE (CBIC CC) - 378

- P Photo Card Requested
- N Non-Photo Card Requested
- X No Card Requested
- R No Card Requested, Client is on a Medicaid Roster

CBIC - CARD DELIVERY CODES (CBIC CDC) - 383

- A Agency Pick-Up - Cards will NOT be Automatically Produced. Card must be Picked Up by Client at Over the Counter Card Sites.
- M Mailed - Cards will be Automatically Produced and Mailed.

STUDENT ID CODE – 323 - (SYSTEM GENERATED)

- 1 School registration verified by BOE
- D Discharged from School
- P Pending
- T Transfer
- 3 Duplicate Student ID Number
- 5 Invalid Student ID Number
- 6 Unknown to BOE
- 7 Name does not match
- 8 Sex does not match
- 9 Date of birth does not match
- X Individual known to BOE but status unknown
- Z Registration verified by BOE but address does not match database

CHILD/TEEN HEALTH PROGRAM CODE (CHT) - 380

- 1 Requesting CHT Medical Services, but not Support and Dental Services
- 2 Requesting CHT Medical Services and Support, but not Dental Services
- 3 Requesting CHT Medical, Support and Dental Services
- 4 Requesting CHT Medical and Dental Services, but not Support Services
- 5 Requesting CHT Dental Services, but not Medical and Support Services
- 6 Requesting CHT Support and Dental Services, but not Medical Support
- 7 Already Receiving CHT Services
- 8 Declines CHT
- 9 Undecided

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)**VETERAN'S INDICATOR (VET) - 324**

These codes are to be used for persons 18 or older. They are listed in priority order. If a person falls into more than one category use the lowest number. For example, if the person is both disabled [Code 3] and a recently separated veteran [Code 5] used code 3.

- 1 Special Disabled Veteran (Disability of 30% or more)
- 2 Vietnam-era Veteran
- 3 Disabled Veteran
- 4 Combat Theater Veteran
- 5 Recently Separated Veteran
- 6 Other Veteran
- 7 Spouse or Dependent of Veteran
- 9 Not A Veteran

OFFICE OF TREATMENT MONITORING INDICATOR (OTM) - 379

- A Client Alcohol Dependent
- D Client Drug Dependent

ALIEN CITIZENSHIP INDICATOR (ACI) - 382

- A Person granted asylum.
- B Certain battered aliens who are the immediate relatives (spouse or child) of a US citizen or lawful permanent resident alien who have been battered or subject to extreme cruelty by the spouse or parent.
- C Citizen.
- D Federally certified victim of human trafficking.
- E Non-qualified aliens eligible for emergency Medicaid.
- F Persons granted conditional entry.
- G Persons paroled into the US for at least one year.
- H Cuban-Haitian Entrant
- J Persons whose deportation is being withheld.
- K Persons lawfully admitted for permanent residence.
- M Persons on active duty in the US armed forces and/or their spouses or unmarried dependent children.
- O PRUCOL individual who may be eligible through TANF/Safety Net.
- P FFP pregnant special PRUCOL or child under 21.
- R Persons admitted as refugees, including Amer-Asians, and victims of human trafficking.
- S Persons lawfully admitted for permanent residence who have worked or can be credited with 40 qualifying quarters of coverage as defined under Title II of the Social Security Act.
- T Persons paroled into the US for less than one year.
- V Honorably discharged veterans of the US armed forces and/or their spouses or unmarried dependent children.
- Z Unverified alien registration data
- 9 Pregnant Woman (System Generated)

**Codes A, F, G, H, J, K, M, R, S, T and V require an Alien Registration Number (data element 381).
Codes A, B, D, F, G, H, J, K, M, R, S, T and V require a Date of Entry (data element 347).**

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

ALIEN REG. NUMBER - 381

This field is only entered for aliens. The first position of the alien registration number must be A and the next 9 positions must be numeric. Numbers that are all the same or are sequential in both directions, such as A555555555 or A123456789, are not allowed, except for the following special numbers:

- A000000000 Lost or expired documentation, pending verification of the alien status and number. Requires entry of 99/99/9999 for Date of Status (389) and Date of Entry (347).
- A000999999 Human trafficking victim

SNAP ELIGIBLE ELDERLY/DISABLED ALIEN INDICATOR - 313

Enter the SNAP Eligible Elderly/Disabled Alien Indicator if the individual is a qualified elderly or disabled alien who is within the 5-year ban for SNAP.

- X Qualified elderly/disabled alien within 5-year ban for SNAP

HISPANIC/LATINO – 395

An entry of Yes (Y) or No (N) must be input for this entry. An entry of (U) Unknown is for MA cases only or MA only individuals on PA cases. An entry is not made for an unborn

- HISPANIC/LATINO (H)-395

RACE/ETHNIC - 396, 397, 398, 373, 374

An entry of Yes (Y) or No (N) must be input for this entry. An entry of (U) Unknown is for MA cases only or MA only individuals on PA cases. An entry is not made for an unborn

- AMERICAN INDIAN/ALASKA NATIVE (I) - 396
- ASIAN (A)- 397
- BLACK/AFRICAN AMERICAN (B)- 398
- NATIVE HAWAIIAN/PACIFIC ISLANDER (P)- 373
- WHITE (W)- 374

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

MARITAL STATUS (MAR) - 387

Only for persons 18 or older

- 1 Married, living together
- 2 Single, never married
- 3 Married, but separated
- 4 Informal separation
- 5 Divorced
- 6 Widowed
- 7 Annulment
- 8 Abandonment/Desertion

EDUCATIONAL LEVEL (EDUC) - 388

This code refers to highest grade level completed. If a child is in the 3rd grade, the highest level completed is the 2nd grade.

- 00 Has Not Attended School, is Pre-Kindergarten or Kindergarten
- 01-12 Refers to Grades 1-12

HIGHEST DEGREE OBTAINED (HDO) – 390

Only for Persons 16 or Older

- 0 No Degree
- 1 High School Diploma, GED or National External Diploma Program
- 2 Associate's Degree
- 3 Bachelor's degree
- 4 Master's Degree or Higher
- 5 Other Credentials (degree, certificate, diploma, etc.)
- 8 Unknown
- 9 Not Applicable, Never Attended School

SECTION 15: INDIVIDUAL LEVEL CODES (CONT'D)

RELATIONSHIP OF MOTHER TO CHILD (MO CHILD) - 391

Enter for ALL Children Under 18 Years of Age OR Under 19 Years of Age and in School Full Time. If the child's mother exists on the TAD then the mother's line number will be entered in this field, else:

- 98 Mother Not in Household
- 99 Mother Not in Case, but Living in Same Household

AFIS EXEMPTION INDICATOR (AFIS EX) - 392

- 1 Finger Imaged (System Generated)
- 2 Exempted Left and Right Index Fingers Permanently Unavailable or Unusable (System Generated)
- 3 Temporarily Unavailable or Unusable, One Finger (System Generated)
- 4 Temporarily Unavailable or Unusable, Two Fingers (System Generated)
- 5 Exempted Individual, Good Cause Reason
- 6 Exempted Homebound Individual (System Generated)
- 7 Exempted Receiving SSI (System Generated)
- 8 Exempted Congregate Care Facility (System Generated)
- A County Specific Approved Exemption
- P Purged from AFIS

TIME LIMIT EXEMPTION INDICATOR (TL-EX) - 393

- X Exempt
- A Exempt Due to Fair Hearing/Aid Continue

IPV INDICATOR FLAG (IPV) - 394

Originating Center must be EPF

- B IPV sanction for PA & FS
- P IPV sanction for PA only
- F IPV sanction for FS only
- L Lift sanction flag

OTHER NAME CODES (CODE) - 361

- A Also Known As
- M Maiden Name

WORKER'S GUIDE TO CODES

1.4-18

10/23/2016

RESERVED FOR EXPANSION

WORKER'S GUIDE TO CODES

1.5-1

10/22/2012

INDIVIDUAL REASON CODES

OPENING CODES – PA (PA: REAS - 331) and MA (MA: REAS - 341)

<u>CODE</u>	<u>CATEGORY</u>	
A2	ALL	Illness, injury, or other impairment of recipient PA: SNCA/SNNC 370.2 (a) FA/SNFP 369.2 (g), 352.29; MA: 360-3
A5	ALL	Lay-off, discharge or other reason PA: 370.2 (a), 369.2 (g), 352.29; MA: 360-3
C0*	ALL	Loss of or reduction in support of child due to death of parent PA: 369.2 (g), 352.29 MA: 360-3
C1	ALL	Leaving home by parent and stopping or reducing support for reason of divorce. PA: 369.2 (g), 352.29 MA: 360-3
C2	ALL	Leaving home by parent and stopping or reducing support for reason of separation. PA: 369.2 (g), 352.29 MA: 360-3
C3	ALL	Leaving home by parent and stopping or reducing support for reason of desertion PA: 369.2(g), 352.29 MA: 360-3
C4	ALL	Leaving home by parent and stopping or reducing support for reason of other (hospital, prison) PA: 369.2 (g), 352.29 MA: 360-3
D0*	ALL	Loss of or reduction in support from person outside home PA: 369.2 (g), 352.29 MA: 360-3
D5	ALL	Loss of or reduction in support from other person in home as a result of death PA: 352.1, 352.29 MA: 360-3
D6	ALL	Loss of or reduction in support from other person in home as a result of leaving home and stopping or reducing support (hospitalized, etc.) PA: 352.1, 352.29 MA: 360-3

* 0 = zero

WORKER'S GUIDE TO CODES

1.5-2

10/22/2012

INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 331) and MA (MA: REAS - 341) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>		
D7	ALL	Loss of or reduction in support from other person in home as a result of illness, injury or other impairment	PA: 352.1, 352.29; MA: 360-3
D8	ALL	Loss of or reduction in support from other person in home as a result of lay-off, discharge or other reason	PA: 352.1, 352.29; MA: 360-3
E5	ALL	Loss of or reduction in support from other person in home as a result of loss of or reduction in other income	PA: 18 NYCRR 352.1, 352.29; MA: 360-3
F0*	ALL	Loss of or reduction in support from other person in home as a result of other material changes	PA: 18 NYCRR 352.1, 352.29; MA: 360-3
G0*	ALL	Change in state law or agency policy increase need of because of _____.	PA: 18 NYCRR 352.1 (Additional Regulatory citations may be needed as circumstances warrant) 358-3.3 (a) (3); MA: 360-3
G5	ALL	Return of recipient or relative (ill or previously institutionalized)	PA: 18 NYCRR 352.30; MA: 360-3
G6	ALL	Other reason	PA: Citation would depend on the circumstances; MA: 360-3
H0*	ALL	Living below agency standards	PA: 352.1, 352.29; MA: 360-3
H5	ALL	Other	PA: Citation would depend on the circumstances; MA: 360-3
I0*	SNCA/SNNC	Transfer from FA/SNFP	PA: 18 NYCRR 355.5, 370.2 (a); MA: 360-3
I1	FA/SNFP	Transfer from Home Relief	PA: 355.5, 369.2; MA: 360-3

* 0 = zero

WORKER'S GUIDE TO CODES

1.5-3

10/22/2017

INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 331) and MA (MA: REAS - 341) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
I2	ALL	Transfer from Emergency Assistance to Families PA: 355.5, 369.2; MA: 360-3
I3	ALL	Adding newborn child PA/MA eligible from current date Citations to be provided late
V7	SNCA/SNNC/ FA/SNFP	To be used to override a Drug and Alcohol Sanction Code during the infraction period. It removes the last sanction from history No Notice Issued.
Y48	ALL	Approved Override with documentation that allows the opening of CvB or JOB Search sanction during the infraction period. No Notice Required
Y71	ALL	Eligible as a result of Hurricane Harvey. 397.5(I)(2)
Y72	ALL	Eligible as a result of Hurricane Irma. 397.5(I)(2)
Y73	ALL	Eligible as a result of Hurricane Maria. 397.5(I)(2)
064	ALL	Eligible as a result of Hurricane Katrina
96	ALL	Client now willing to comply with departmental policy Citations to be provided later
97	ALL	Aid Continuing – Case awaiting Fair Hearing Decision (To be used with approval of OES) No Notice Issued
101	ALL	Manual Notice Required To be used to override an IPV sanction and open a line during the infraction period. Use of this code is restricted to EPF as the Originating Center PA: 18 NYCRR 359.9 (a), 352.30 (g); MA: SSL 366 (1) (a) (1)

WORKER'S GUIDE TO CODES

1.5-4

02/18/2018

INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES – SNAP (FS: REAS - 351)

<u>CODE</u>	<u>VALUE</u>
LL	Meets Eligibility Requirements 387.14, 387.15
LM	Reopen line closed with F19
LX	Override Code to reopen individual line closed with Transitional SNAP. 387.8
LZ	Override Code to reopen individual line automatically sanctioned for an employment-related infraction.
064	Eligible as a result of Hurricane Katrina
Y21	Reopen line for Aid to Continue 18 NYCRR 358-3.6, 7 CFR 273.15(k)(1)

INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331)

When rejecting or sanctioning a line using the codes listed below. See MA note 1, 2 or 3 in definition of the code to determine which of the following rules apply to MA status:

E72, F84, F88, M97, N20, VE1, W40, WE1, WE2, WE3, WS1 - WS8.

Note:

- ¹ If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.
- ² If individual is under 21 MA status is continued. If individual is 21 or older with categorical code 09, 14, 26 MA status will default to sanction.
- ³ If FA case MA is continued. If individual is < 21 or > 64 MA is continued. If individual is between 21-64 and Safety Net MA discontinued.

INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E72	ALL	<p><u>Institutionalized</u> Application for Public Assistance is denied because the client has been institutionalized. MA See Note ³; SNAP Status RJ. PA: 18 NYCRR 352.31(a) 370.2; MA: 360-2.2; SNAP: 18 NYCRR 387.1, 387.14 (a) (5)</p>
E73	ALL	<p><u>In Foster Care</u> Application for public assistance has been denied because the child (ren) are in Foster Care and there is no plan for them to return home. MA Status RJ; SNAP Status RJ. PA: 18NYCRR 352.30 (a), 369.4 (c); MA: 360-2.6; SNAP: 18 NYCRR 387.17</p>
E86	ALL	<p><u>Unable to Prove Identity to an Investigatory Agency</u> To be used only by originating center BFI Application for public assistance is denied because the documents that the applicant presented to establish his/her identity are false. MA Status RJ; SNAP Status RJ. PA: 18 NYCRR 351.1(b)(2)</p>
E94	ALL	<p><u>Receiving SSI</u> Application for public assistance is denied because the client's SSI payment amount exceeds the individual's budgeted needs. MA Status RJ; SNAP Status RJ. PA: 18 NYCRR 352.29; MA: 360-2.6</p>
E95	ALL	<p><u>Died</u> Application for public assistance is denied because the client is deceased. MA Status RJ; SNAP Status RJ. PA: 18 NYCRR 351.8; MA: 360-2.6</p>

Note:

³ If FA case MA is continued. If Individual is < 21 or > 64 MA continues. If Individual is between 21-64 and Safety Net MA is discontinued.

INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
F50	ALL	<p><u>Death before Determination - No Medical Bills in Retro Period</u> We have determined that the applicant is deceased and there are no outstanding medical bills. MA Status RJ; SNAP Status RJ PA: 18NYCRR 351.8 (A) (3) (ii); MA: 360-2.5</p>
F51	ALL	<p><u>Death before Determination - Insufficient Information</u> We have determined that the applicant is deceased and we have insufficient information to complete the Medical Assistance application process. MA Status RJ; SNAP Status RJ MA: 18NYCRR 351.8; MA: 360-2.2, 360-2.3</p>
F60	ALL	<p><u>Left Household</u> Application for public assistance is denied because the client left the household. MA Status RJ; SNAP Status RJ. PA: 18 NYCRR 351.22 (d), 352.30, 352.32; MA: 360-2.2</p>
F63	ALL	<p><u>In Prison</u> Application for public assistance is denied because the client was committed to prison. MA Status RJ; SNAP Status RJ. PA: 18NYCRR 352.31 (a) 370.2; MA: 360-2.2</p>
F66	ALL	<p><u>Will Receive PA in Another Case</u> Application for public assistance is denied because the client has been added to another public assistance case. MA Status RJ; SNAP Status RJ. PA: 18 NYCRR 352.1; MA: 360-2.2</p>

INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
F75	ALL	<p><u>Temporary Absence of Minor</u> Application for public assistance is denied because client was absent from household for 45 days or more, without good cause. MA Status AP; SNAP Status RJ. PA: 18 NYCRR 349.4; MA: 366 (4) (q).</p>
F76	ALL	<p><u>Minor Parent Not in School</u> Application for public assistance is denied because client is less than 18 years old, unmarried has a child at least 12 weeks old and failed to participate in a program to attain a high school diploma or an alternative educational or training program. MA Status AP; SNAP Status RJ. PA: 18 NYCRR 351.2 (k) (4); MA: 360-2.6</p>
F88	ALL	<p><u>Failure to Comply With Finger Imaging Requirement - Non Legally Responsible Adult</u> Application for public assistance is denied because applicant failed to comply with finger imaging requirements. MA See Note ¹; SNAP Status RJ. PA: 18 NYCRR 351.2 351.9; MA: 360-2.2</p>
F92	ALL	<p><u>Failure to Provide Proof of Citizenship or Eligible Alien Status</u> Application for public assistance is denied because the client failed to provide proof of citizenship or of being a legal alien resident. MA Separate Determination; SNAP Status RJ. PA: 18 NYCRR 349.3; MA: 360-2.6</p>
F93	FA/SNFP	<p><u>Failure / Refusal to Sign Citizenship/Alien Declaration</u> Application for public assistance is denied because the client failed to sign the citizenship or satisfactory alien status declaration on the application form. MA See Note ²; SNAP Status RJ PA: 18 NYC 351.2 (h); MA: 18 NYCRR 360-2.6; SNAP: 18 NYCRR 1300.3 (d)</p>
M13	ALL	<p><u>Duplicate Assistance - Active Cash Case Assistance in Other State</u> Application for public assistance is denied because the client failed to provide proof that he/she requested his/her out-of-state case to be closed. MA Status RJ; SNAP Status RJ PA: 351.1(b)(2)(ii), 351.2, 351.8(a)(2)(i), 351.9</p>

Note:

- ¹ If FA case MA is continued. If Individual is < 21 or > 64 MA continues. If Individual is between 21-64 and Safety Net MA is discontinued.
- ² If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.

INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
M33	FA/SNFP	<p><u>Excess Income - Deemed Income of Alien Sponsor</u> Application for public assistance is denied because the deemed income of the alien sponsor exceeds the client's budgeted needs. MA Status AP; SNAP Status RJ. PA: 18 NYCRR 349.3 352.33; MA: 360-2.2</p>
M97	ALL	<p><u>Receiving Multiple Benefits</u> Application for public assistance is denied because client fraudulently misrepresented his/her identity or residence to receive multiple public assistance benefits at the same time. The client is ineligible to receive public assistance and SNAP benefits for 10 years beginning: Date MA Status AP, SNAP Status RJ. PA: 18 NYCRR 351.2 (k) (2), 359.9 (d) (1), MA: 366 (1) (a) (1)</p>
M98	ALL	<p><u>Duplicate Assistance - Non AFIS In NYS</u> Application for public assistance is denied because the client's identity matches another person who is receiving public assistance in New York State. MA Status RJ; SNAP Status RJ. PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</p>
M99	ALL	<p><u>Duplicate Assistance - AFIS In NYS</u> This code is used when there has been an Automated Finger Imaging Match (AFIS) Application for public assistance is denied because the client's identity matches another person who is receiving public assistance in New York State. MA Status RJ; SNAP Status RJ. PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</p>
N31	ALL	<p><u>Voluntary Quit</u> Applicant is denied public assistance because he/she quit a job or voluntarily reduced the number of hours worked in order to qualify for initial or increased public assistance. The individual is ineligible for public assistance for 90 days from the date of the job quit or voluntary reduction in the hours worked. MA Status AP; SNAP Status AP. PA: 18 NYCRR 385.13; MA: 366 (1)(a)(1)</p>
N44	ALL	<p><u>Fail to Get Medical Statement</u> Application for public assistance is denied because applicant failed to get medical statements to document exemption from work requirements. MA Status AP; SNAP Status AP. PA: 18 NYCRR 351.21(f), 385.2; MA: 360-2.6</p>

WORKER'S GUIDE TO CODES

1.5-10

10/22/2012

INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
N49	ALL	<p><u>Minor Parent Refused Offer of a Home</u> Application for public assistance is denied because you are unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. MA Status AP; SNAP Status RJ. PA: 18 NYCRR 369.2; MA: 360-2.6</p>
N50	ALL	<p><u>Minor Parent Refused Offer of a Home - Rejection of Claim that Housing Arrangement(s) would Jeopardize Health and Safety</u> Your application for public assistance is denied because you are unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. We have investigated and rejected your claim that the housing arrangement(s) would jeopardize your health and safety. MA Status AP, SNAP Status RJ. PA: 18 NYCRR 369.2; MA: 360-2.6</p>
N66	ALL	<p><u>Duplicate Assistance - PARIS Match, Interstate</u> Application for public assistance is denied because the client matches another person who is receiving public assistance in another state. MA Status RJ; SNAP Status RJ. PA: 18 NYCRR 351.8 (a) (2) (i), 351.1 (b) (2) (ii), 351.2, 351.9; MA: 360-2.2 (e) (f)</p>
P44	ALL	<p><u>Failure to Comply with Drug and/or Alcohol Screening</u> Application for public assistance is denied because the NAME did not take part in or complete the alcohol/substance abuse screening requirement. MA See Note², SNAP continued. PA: 18 NYCRR 351.2 (i); MA: 360-2.6</p>
P45	ALL	<p><u>Failure to Comply with Drug and/or Alcohol Assessment</u> Application for public assistance is denied because NAME did not take part in or complete the alcohol/substance abuse assessment requirement. MA See Note², SNAP continued. PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1)</p>

Note:

² If individual is under 21 MA status is continued. If individual is 21 or older with categorical code 09, 14, 26 MA status will default to sanction.

WORKER'S GUIDE TO CODES

1.5-11

10/22/2012

INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
P46	SNCA/SNNC	<u>Failure to Sign or Revoked the Treatment Informational Consent Form</u> Application for public assistance is denied because you did not sign or you revoked the consent for the release of treatment information to this department. MA discontinued, SNAP continued. PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1)
U44	FA	<u>Excess Resources - Deemed Resources of Alien Sponsor</u> Application for public assistance is denied because the total amount of resources of the alien sponsor exceeds the resource limit. MA Status AP; SNAP Status AP. PA: 18 NYCRR 349.3, 352.33; MA: 360-2.6
W12	ALL	<u>Failure to Keep Appointment for DSS Medical Assessment (Non LRR)</u> You did not go for an examination by the doctor that you were referred to. MA Separate Determination, SNAP Separate Determination Department Regulations 351.2, 351.8(a)(2)
W35	ALL	<u>Fleeing Felon</u> Client is a fleeing felon. MA Status AP, SNAP Status RJ 18 NYCRR 351.2(k)(3)(i)
W44	ALL	<u>Probation Violator</u> Client is currently in violation of probation. MA Status AP; SNAP Status RJ PA: 18 NYCRR 351.2(k)(3)(ii)
W45	ALL	<u>Parole Violator</u> Client is currently in violation of parole. MA Status AP; SNAP Status RJ PA: 18 NYCRR 351.2(k)(3)(ii)
Y98	ALL	<u>Other – Manual Notice Required</u> This code is to be used if none of the other reason codes for denial are applicable. MA Status RJ, SNAP Status AP. PA: Unknown; MA: 360-2.2
Y99	ALL	<u>Other – Manual Notice Required</u> This code is to be used if none of the other reason codes for denial are applicable. MA Status RJ, SNAP Status AP. PA: Unknown; MA: 360-3.3; SNAP: 18 NYCRR 387.17

INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – SNAP (FS: REAS - 351)**

<u>CODE</u>	<u>VALUE</u>
E72	<u>Institutionalized</u> 18 NYCRR 387.1, 387.14 (a) (5)
E86	<u>Unable to Prove Identity to an Investigatory Agency</u> To be used only by originating center BFI The documents that the client presented to establish his/her identity are false. 18 NYCRR 387.8(b)(1)(i)
E95	<u>Died</u> SNAP denied because client is deceased. 18 NYCRR 387.1
E96	<u>Failure to Apply for SNAP on Behalf of a Newborn</u> SNAP has been denied because an infant is being converted from an “unborn” to a ‘newborn’. The infant’s caretaker must add child to case. 18 NYCRR 387.10, 387.12
F15	<u>Failure to Verify Date of Birth</u> Client refuses to verify Date of Birth. 18 NYCRR 387.1, 387.8(c), 387.9(a)
F19	<u>Refusal to Cooperate with Quality Control</u> Client refuses to cooperate with Quality Control. 18 NYCRR 387.9 (a)(7)(ii)
F21	<u>Failure to Provide Social Security Number during Recertification Interview</u> Client refuses to furnish a Social Security number, or refuses to apply for a Social Security Number. 18 NYCRR 387.9(a), 387.10(b), 387.16(c)
F22	<u>Failure to Verify Social Security Number</u> Client refuses to verify Social Security number 18 NYCRR 387.1, 387.8(c), 387.9(a)
F30	<u>Trafficking in SNAP Benefits of \$500 or More</u> Client denied permanently because he/she has been convicted of trafficking in SNAP in the amount of \$500 or more. 18 NYCRR 359.9(c)
F60	<u>Left Household</u> Household member leaves the household. 18 NYCRR 387.1, 387.10(a), 387.15

INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – SNAP (FS: REAS - 351) (cont'd)**

<u>CODE</u>	<u>VALUE</u>
F63	<u>In Prison</u> 18 NYCRR 387.1, 387.14 (a) (5)
F85	<u>Refusal to Verify Alien Status During Certification Period</u> Alien refuses to verify his/her alien status. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F86	<u>Refusal to Verify Alien Status</u> Alien refuses to verify his/her alien status. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F90	<u>Ineligible Student</u> Ineligible student resides in the household. 18 NYCRR 387.1, 387.9(a)
F91	<u>Boarder</u> Ineligible boarder resides in the household. 18 NYCRR 387.1, 387.14(a), 387.16(b)
F92	<u>Ineligible Alien</u> Ineligible alien resides in the household. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F94	<u>Able Bodied Adult without Dependents (ABAWD)</u> Ineligible able bodied adult who has not met the ABAWD requirements for three or more months in the past 36 month period. 18 NYCRR 387.13(n)
IP1	<u>Out-of-State IPV</u> Client has been found guilty of committing an Intentional Program Violation in another state. Department Regulation 359.9
M13	<u>Duplicate Assistance - Active Cash Assistance Case in Other State</u> The client failed to provide proof that he/she requested his/her out-of-state case to be closed. 18 NYCRR 387.9(a)(1), SSL 273.3(a)
M97	<u>Receiving Multiple Benefits</u> Denied for 10 years because the client fraudulently misrepresented his/her identity or residence in order to receive multiple SNAP benefits at the same time. 18 NYCRR 381.1
M98	<u>Duplicate Assistance. Non-AFIS. In NYS</u> Client is receiving SNAP on another case in NYS. 18 NYCRR 351.2(a), 351.9

WORKER'S GUIDE TO CODES

1.5-14

10/22/2012

INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – SNAP (FS: REAS - 351) (cont'd)

<u>CODE</u>	<u>VALUE</u>
N31	<u>Voluntary Quit - 1st Occurrence (60 days and until compliance)</u> Client denied because he/she hasquit his/her job or earned at least 30 times the Federal minimum wage or voluntarily reduced the number of hours worked to less than 30 per week. 18 NYCRR 385.13
N32	<u>Voluntary Quit - 2nd Occurrence (120 days and until compliance)</u> Client denied because he/she hasquit his/her job or earned at least 30 times the Federal minimum wage or voluntarily reduced the number of hours worked to less than 30 per week. 18 NYCRR 385.13
N33	<u>Voluntary Quit - 3rd Occurrence (180 days and until compliance)</u> Client denied because he/she hasquit his/her job or earned at least 30 times the Federal minimum wage or voluntarily reduced the number of hours worked to less than 30 per week. 18 NYCRR 385.13
N66	<u>Duplicate Assistance. PARIS Match. Interstate</u> Client is receiving SNAP in another state. 18 NYCRR 351.2(a), 351.9
N90	<u>IPV-Traded SNAP for Firearms, Ammunition or Explosives</u> Client denied because of a conviction for using SNAP to obtain firearms, ammunition, or explosives. 18 NYCRR 359.9
W35	<u>Fleeing Felon</u> Client is a fleeing felon. 18 NYCRR 351.2(k)(3)(i)
W44	<u>Probation Violator</u> Client is currently in violation of probation. 18 NYCRR 351.2(k)(3)(ii)
W45	<u>Parole Violator</u> Client is currently in violation of parole. 18 NYCRR 351.2(k)(3)(ii)
Y99	<u>Other - Manual Notice Required</u> This code is to be used if none of the other reasons for closing a case are applicable.

WORKER'S GUIDE TO CODES

1.5-15

10/22/2012

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331)

<u>CODE</u>	<u>CATEGORY</u>	
E21	ALL	<u>Failure to Provide Child's SSN</u> Public assistance has been discontinued because the client failed to provide a social security card or apply for a Social Security card for each child on the case. MA discontinued, SNAP discontinued. PA: (FA/SNFP) 18 NYCRR 369.2, (SNCA/SNNC) 370.2; MA: 360-2.6
EZ1	ALL	<u>Failed to Apply for SSI</u> Public assistance has been discontinued because the client failed to apply for SSI. MA continued, SNAP continued. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5)
EZ2	ALL	<u>Failed to Appeal an SSI Denial</u> Public assistance has been discontinued because the client failed to appeal an SSI denial. MA continued, SNAP continued. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5)
EZ3	ALL	<u>Failed to Accept SSI</u> Public assistance has been discontinued because the client was found eligible for SSI but refused to accept the SSI benefit. MA continued, SNAP continued. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5)
EZ4	ALL	<u>Failed to Complete Application Steps for SSI (WeCare)</u> Public assistance has been discontinued because the client failed to complete the application steps for SSI that are required by WeCare. MA continued, SNAP continued. 18 NYCRR 352.30(f), 369.2(h), 370.2(b)(5)
F17	ALL	<u>Failure to Validate Incorrect SSN</u> Note: Cannot be used for individuals with category codes 15,36,48. MA discontinued, SNAP discontinued. PA: (SNCA/SNNC) 18 NYCRR 370.2, (FA/SNFP) 18 NYCRR 369.2; MA: 360-2.6
F20	ALL	<u>Failure to Provide SSN</u> Public assistance has been discontinued because the client failed to provide a Social Security number or apply for a Social Security number. Note: Cannot be used for individuals with category codes 15,36,48. MA discontinued, SNAP discontinued. PA: (SNCA/SNNC) 18 NYCRR 370.2, (FA/ SNFP) 18 NYCRR 369.2; MA: 360-2.6

WORKER'S GUIDE TO CODES

1.5-16

02/19/2017

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODE CATEGORY
F40 ALL

Failure to Enroll in Group Health Plan

Public assistance has been discontinued because the client has failed to sign up and use group health insurance benefits.

MA discontinued, SNAP continued.

PA: 18 NYCRR 349.6; MA: 360-2.2

F84 ALL

Failure to Sign Lien

Public assistance has been discontinued because the client refused to sign a lien agreement on property.

MA See Note¹, SNAP continued.

PA: 18 NYCRR 352.27; MA: 360-2.6

MX1 FA/SNFP

Code MX2- Output Code for a 120- Day Sanction
Code MX3- Output Code for a 180-Day Sanction

Failure to Take Part in Rehabilitation Program – 1st Offense

Public assistance has been discontinued because the client did not enroll or continue to take part in the rehabilitation program. The client cannot get public assistance for 45 days.

MA See Note¹, SNAP continued.

PA: 18 NYCRR 351.2 (i); MA: 366 (1) (a) (1)

N20 ALL

Failure to Notify of Minors Temporary Absence

This is because (NAME) did not notify us within five days of when he/she knew that (Minor's Name) would be absent from the household for **45** days or more. (Name) will not be eligible to receive assistance for (# Months). (Name) may apply for a cash grant at any time, but cannot get cash grant before (Date = Sanction duration + 1 day).

MA See Note¹, SNAP continued

PA: 18NYCRR 349.4, MA: 360-2.6

N41 ALL

Voluntary Quit 1st Occurrence

This is because the PA recipient quit a job or reduced the number of hours worked without good cause. Until compliance.

MA Continued; SNAP continued

18 NYCRR 385.12, 385.13; MA: 360-2.6

N42 ALL

Voluntary Quit 2nd Occurrence

This is because the PA recipient quit a job or reduced the number of hours worked without good cause. Until compliance.

MA Continued; SNAP continued

18 NYCRR 385.12, 385.13; MA: 360-2.6

N43 ALL

Voluntary Quit 3rd or Greater Occurrence

This is because the PA recipient quit a job or reduced the number of hours worked without good cause. Until compliance.

MA Continued; SNAP continued

18 NYCRR 385.12, 385.13; MA: 360-2.6

¹ If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.

WORKER'S GUIDE TO CODES

1.5-17

02/21/2016

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODE
P44 CATEGORY
ALL

Failure to Comply with Drug and/or Alcohol Screening

Public assistance has been discontinued because **NAME** did not take part in or complete the alcohol/substance abuse screening requirement.

MA See Note², SNAP continued.

PA: 18 NYCRR 351.2 (i); MA: 360-2.6

P45 ALL

Failure to Comply with Drug and/or Alcohol Assessment

Public assistance has been discontinued because **NAME** did not take part in or complete the alcohol/substance abuse assessment requirement.

MA See Note², SNAP continued.

PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1)

P46 SNCA/SNNC

Failure to Sign or Revoked the Treatment Informational Consent Form

Public assistance has been discontinued because you did not sign or you revoked the consent for the release of treatment information to this department.

MA discontinued, SNAP continued.

PA: 18 NYCRR 351.2 (i); MA: SSL 366 (1) (a) (1)

PX1 FA/SNFP

Code PX2- Output Code for a 120- Day Sanction
Code PX3- Output Code for a 180-Day Sanction

Failure to Take Part in Rehabilitation Program – 1st Offense

Public assistance has been discontinued because the client did not take part in and complete the rehabilitation program. The client cannot get public assistance for 45 days.

MA See Note¹, SNAP continued.

PA: 18 NYCRR 351.2 (i); MA: 366 (1) (a) (1)

VE1 ALL

VE2- Output code for 150 day sanction.
VE3- Output code for 180 day sanction.

Intentional Misrepresentation of a Disability - 90 Day Sanction

This is because you without good reason intentionally misrepresented that you suffered from an impairment that would limit your assignment to work activities or make you exempt from assignment to work activities.

MA continued, SNAP continued

PA: 18 NYCRR 385.2, 385.12 (d) MA: 18NYCRR 360-2.6

¹ If FA case MA is continued. If individual is under 21, MA Status is continued. If individual is 21 or older (non-FA), MA status is discontinued.

WORKER'S GUIDE TO CODES

1.5-18

02/19/2017

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODE
V30

CATEGORY
ALL

Failure to Comply with IV-D

This is because the client failed to meet the cooperation requirement of the child support enforcement program.

Budget Reduction Code. Case status will not change.

MA continued; SNAP continued

PA: 18 NYCRR 369.2; MA: 18 NYCRR 360-2.6

SNAP: 18 NYCRR 387.10, 387.12

W40

ALL

Failure/Refusal to Become Employable

This is because the client failed to do what was needed to become employable. Client would not accept referral to, or take active part in, medical care or vocational rehabilitation or training.

MA continued, SNAP continued

PA: 18 NYCRR 385.12(a); MA: 18 NYCRR 360-2.6

WC1

SNCA

Code WC2 - Output code
for 180 day sanction

Failure to Comply with Employment Requirements Determined by the Refugee Service Agency 90 day sanction.

(Manual Notice Required)

Public assistance has been discontinued because the client failed to report to a job interview, accept employment, or voluntarily quit a job they were referred to by the Refugee Service Agency.

MA continued, SNAP continued

PA:18 NYCRR 373.6 (h); MA: 360-2.1, 360-2.2

WE1

ALL

Failure to Comply with Employment Requirements 1st Occurrence

Individual failed to comply with employment requirements. Until compliance.

MA continued, SNAP continued

18 NYCRR 385.9, 385.12; MA: 366 (1) (a) (1)

WE2

ALL

Failure to Comply with Employment Requirements 2nd Occurrence

Individual failed to comply with employment requirements. Until compliance.

MA continued, SNAP continued

18 NYCRR 385.9, 385.12; MA: 366 (1) (a) (1)

WE3

ALL

Failure to Comply with Employment Requirements 3rd or Greater Occurrence

Individual failed to comply with employment requirements. Until compliance.

MA continued, SNAP continued

18 NYCRR 385.9, 385.12; MA: 366 (1) (a) (1)

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
WS1	ALL	<p><u>Orig. ID: EPF Only IPV - 6 Months 1st Offense - \$1,000</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was \$1,000 you are disqualified from receiving public assistance for 6 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends. MA continued, SNAP continued. PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)</p>
WS2	ALL	<p><u>Orig. ID: EPF Only IPV - 12 Months 2ndOffense-Less than \$3,900</u> You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was less than \$3,900 you are disqualified from receiving public assistance for 12 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends. MA continued, SNAP continued. PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)</p>

WORKER'S GUIDE TO CODES

1.5-20

02/14/2015

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODE
WS3

CATEGORY
ALL

Orig. ID: EPF Only IPV - 12 Months 1st Offense Between \$1,000 & \$3,900

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for 12 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA continued; SNAP continued.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

WS4

ALL

Orig. ID: EPF Only IPV - 18 Months if 3rd Offense

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 3rd occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA continued; SNAP continued.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u> WS5	<u>CATEGORY</u> ALL
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Orig. ID: EPF Only IPV - 18 Months if 1stOffense More Than \$3.900

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 1st occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA continued, SNAP continued.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

WS6	ALL
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Orig. ID: EPF Only IPV - 18 Months if 2nd-Offense More Than \$3.900

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 2nd occurrence and/or the amount you wrongly received was more than \$3,900 you are disqualified from receiving public assistance for 18 months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA continued; SNAP continued.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODE
WS7

CATEGORY
ALL

Orig. ID: EPF Only IPV - 5 Years 4th or Subsequent Offense

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the 4th or subsequent occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for 5 years. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA continued; SNAP continued.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

WS8

ALL

Orig. ID: EPF Only IPV - Court Ordered Disqualification Court ordered disqualification is based on the finding of the court that the client has been found guilty of committing an IPV. The period is determined by the court and may differ from those above.

You have been found guilty of committing an Intentional Program Violation (IPV) either through an administrative disqualification hearing, a judicial decision, you signed a disqualification consent agreement or signed a waiver to an administrative hearing. As this was the _____ occurrence and/or the amount you wrongly received was \$_____ you are disqualified from receiving public assistance for _____ months. You may reapply for public assistance 90 days before the expiration date, though to prevent a delay in getting assistance again reapply with no less than 30 days remaining before your disqualification period ends. Your case will not automatically be reopened when it ends.

MA continued; SNAP continued.

PA: 18 NYCRR 359.9 (a), 352.30 (g) MA: SSL 366 (1) (a) (1)

INDIVIDUAL REASON CODES (CONT'D)**SANCTION CODES – SNAP (FS: REAS - 351)**

<u>CODE</u>	<u>VALUE</u>
F20	<p><u>Failure to Provide Social Security Number during Certification Period</u> Client refuses to furnish a Social Security number, or refuses to apply for a Social Security Number. 18 NYCRR 387.1, 387.9(a), 387.10(b), 387.16(c)</p>
IP1	<p><u>Out-of-State IPV</u> Client has been found guilty of committing an Intentional Program Violation in another state. Department Regulation 359.9</p>
N41	<p><u>Voluntary Quit: Recipient, 1st Occurrence (2 months and until compliance)</u> Sanction line because recipient has quit his/her job of at least 30 hours per week or voluntarily reduces the number of hours worked to less than 30 per week. 18 NYCRR 385.13</p>
N42	<p><u>Voluntary Quit: Recipient, 2nd Occurrence (4 months and until compliance)</u> Sanction line because recipient has quit his/her job of at least 30 hours per week or voluntarily reduces the number of hours worked to less than 30 per week. 18 NYCRR 385.13</p>
N43	<p><u>Voluntary Quit: Recipient, 3rd Occurrence (6 months and until compliance)</u> Sanction line because recipient has quit his/her job of at least 30 hours per week or voluntarily reduces the number of hours worked to less than 30 per week. 18 NYCRR 385.13</p>
NF1	<p><u>Purchased Illegal Drugs with SNAP-IPV - 1st Violation</u> Remove the person from the case for 12 months because of a conviction for using SNAP to obtain illegal drugs. 18 NYCRR 359.9</p>
NF2	<p><u>Purchased Illegal Drugs with SNAP-IPV - 2nd Violation</u> Remove the person permanently from the case because of a second conviction for using SNAP to obtain illegal drugs. 18 NYCRR 359.9</p>
WE1	<p><u>Failure to Comply With Employment Requirement 1st Occurrence (2 months and until compliance)</u> Individual failed to comply with employment requirements. 18 NYCRR 385.9, 385.12</p>

INDIVIDUAL REASON CODES (CONT'D)**SANCTION CODES – SNAP (FS: REAS - 351) (cont'd)**

<u>CODE</u>	<u>VALUE</u>
WE2	<u>Failure to Comply With Employment Requirement 2nd Occurrence (4 months and until compliance)</u> Individual failed to comply with employment requirements. 18 NYCRR 385.9, 385.12
WE3	<u>Failure to Comply With Employment Requirement 3rd Occurrence (6 months and until compliance)</u> Individual failed to comply with employment requirements. 18 NYCRR 385.9, 385.12
WF1	<u>SNAP Intentional Program Violation: Infraction 1st Occurrence (Orig. ID EPF Only)</u> Client Intentionally violated the SNAP rules and will not be able to get SNAP for 1 year. 18 NYCRR 387.10 and 359.3
WF2	<u>SNAP Intentional Program Violation: Infraction 2nd Occurrence (Orig. ID EPF Only)</u> Client intentionally violated the SNAP rules and will not be able to get food stamps for 2 years. 18 NYCRR 387.10 and 359.3
WF3	<u>SNAP Intentional Program Violation: Infraction 3rd Occurrence (Orig. ID EPF Only)</u> Client intentionally violated the SNAP rules and will not be able to get SNAP ever again because this is the third violation. 18 NYCRR 387.10 and 359.3

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – PA (PA: REAS - 331)**

<u>CODE</u>	<u>CATEGORY</u>	
D00	ALL	<p><u>Died (Timely)</u> Public assistance is discontinued because the client is deceased. MA discontinued, SNAP discontinued. PA: 18 NYCRR 351.8; MA: 360-2.6</p>
E72	ALL	<p><u>Institutionalized</u> Public assistance has been discontinued because the client was admitted or committed to an institution. MA discontinued, SNAP discontinued. PA: 18 NYCRR 352.31 (a); MA: 360-2.6</p>
E73	ALL	<p><u>In Foster Care</u> Public assistance has been discontinued because the child is in Foster Care and there is no plan for him/her to return home. MA discontinued, SNAP continued. PA: 18 NYCRR 352.30, 369.4; MA: 360-1.2, 360-2, 360-3.3</p>
E86	ALL	<p><u>Unable to Prove Identity to an Investigatory Agency</u> To be used only by originating center BFI Public assistance has been discontinued because the documents that the client presented to establish his/her identity are false. MA discontinued, SNAP discontinued PA: 18 NYCRR 351.1(b)(2)</p>
E90	ALL	<p><u>Client Requested Removal from Case</u> Public assistance has been discontinued because the client asked to be removed from the case. MA discontinued, SNAP discontinued. PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.2</p>
E94	ALL	<p><u>Receiving SSI</u> Public assistance has been discontinued because the client's SSI payment amount exceeds the individual's budgeted needs. MA continued, SNAP continued. PA: 18 NYCRR 352.29; MA: 360-2.6</p>
E95	ALL	<p><u>Died (Adequate)</u> Public assistance is discontinued because the client is deceased. MA discontinued, SNAP discontinued. PA: 18 NYCRR 351.8; MA: 360-2.6</p>

WORKER'S GUIDE TO CODES

1.5-26

06/18/2017

INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
E96	FA/SNFP	<u>Failure to Apply for Public Assistance on Behalf of a Newborn</u> Public assistance has been discontinued because an infant is being converted from an “unborn” to a “newborn”. MA continued, SNAP discontinued. PA: 18NYCRR 366 (g); MA: Not Applicable
E97	ALL	<u>Client Requested Removal from Case</u> Public assistance has been discontinued because the client asked to be removed from the case. MA continued, SNAP discontinued. PA: 18 NYCRR 351.22(f), 358-3.3(d); MA: 360-2.2
F60	ALL	<u>Left Household</u> Public assistance has been discontinued because the client left the household. MA discontinued, SNAP discontinued. PA: 18 NYCRR 351.22,352.30, 352.32; MA: 360-2.2
F61	ALL	<u>No Longer Essential to Household (Essential Person)</u> Public assistance has been discontinued because there is no longer any need for client to provide care to another member of the household. MA continued, SNAP continued. PA: 18 NYCRR 369.3 (c) (2); MA: 360-2.2
F63	ALL	<u>In Prison</u> Public assistance has been discontinued because the client was committed to prison. MA discontinued, SNAP discontinued. PA: 18NYCRR 352.31 (a) 370.2; MA: 360-2.2
F64	ALL	<u>In Prison Outside of NYS</u> Public assistance has been discontinued because the client was committed to prison outside New York State or to a Federal penitentiary within New York State. MA discontinued, SNAP discontinued. PA: 18NYCRR 352.31 (a) 370.2; MA: 360-2.2
F66	ALL	<u>Will Receive PA in Another Case</u> Public assistance has been discontinued because the client has been added to another public assistance case. MA discontinued, SNAP discontinued. PA: 18 NYCRR 352.1; MA: 360-2.2

INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
F75	ALL	<p><u>Temporary Absence of Minor</u> Public assistance has been discontinued because client was absent from household for 45 days or more, without good cause. MA continued, SNAP continued. PA: 18 NYCRR 349.4; MA: 366 (4) (q).</p>
F76	ALL	<p><u>Minor Parent Not in School</u> Public assistance has been discontinued because client is less than 18 years old, unmarried has a child at least 12 weeks old and failed to participate in a program attain a high school diploma or an alternative educational or training program. MA continued, SNAP continued. PA: 18 NYCRR 351.2 (k) (4); MA: 360-2.6</p>
F88	ALL	<p><u>Failure to Comply With Finger Imaging Requirement - Non Legally Responsible Adult</u> Public assistance has been discontinued because of your failure to comply with finger imaging requirements. MA continued, SNAP continued. PA: 18 NYCRR 351.2 351.9; MA: 360-2.2</p>
F92	ALL	<p><u>Failure to Provide Proof or Citizenship or Eligible Alien Status</u> Public assistance has been discontinued because the client failed to provide proof of citizenship or of being a legal alien resident. MA Separate Determination, SNAP continued. PA: 18 NYCRR 349.3; MA: 360-2.6</p>
F93	ALL	<p><u>Failure/Refusal to Sign Citizenship/Alien Declaration</u> Application for public assistance is denied because the client failed to sign the citizenship or satisfactory alien status declaration on the application form. MA continued, SNAP Status RJ PA: 18 NYC 351.2 (h); MA: 18 NYCRR 360-2.6</p>
H14	ALL	<p><u>Failure to Provide Proof of U.S Citizenship and Identity - SSA/BVI Match</u> Public assistance has been discontinued because, after failing the SSA/BVI match, the client failed to provide proof of identity and U.S. citizenship or satisfactory immigration status. MA discontinued, SNAP continued. PA: 18 NYCRR 351.1(b)(2)(ii), 351.2, 351.5, 351.6, 351.8(a)(2)(ii); MA: 360-1.2, 360-2.3, 360-3.2(j), 369-ee</p>

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
M13	ALL	<p><u>Duplicate Assistance - Active Cash Assistance Case in Other State</u> Client failed to provide proof that he/she requested his/her out-of-state case to be closed. MA discontinued, SNAP discontinued PA: 18 NYCRR 351.1(b)(2)(ii), 351.2, 351.8(a)(2)(i), 351.9</p>
M33	FA/SNFP	<p><u>Excess Income - Deemed Income of Alien Sponsor</u> Public assistance has been discontinued because the deemed income of the alien sponsor exceeds the client's budgeted needs. MA continued, SNAP continued. PA: 18 NYCRR 349.3 352.33; MA: 360-2.2</p>
M97	ALL	<p><u>Receiving Multiple Benefits</u> Public assistance has been discontinued because client fraudulently misrepresented his/her identity or residence to receive multiple public assistance benefits at the same time. The client is ineligible to receive public assistance and SNAP benefits for 10 years beginning DATE. MA discontinued, SNAP discontinued. PA: 18 NYCRR 351.2 (i) (2), 359.9 (d) (1); MA: 366 (1) (a) (1)</p>
M98	ALL	<p><u>Duplicate Assistance - Non AFIS In NYS</u> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in NY State. MA discontinued, SNAP discontinued. PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</p>
M99	ALL	<p><u>Duplicate Assistance - AFIS In NYS</u> Public assistance has been discontinued because the client's identity matches another person who is receiving public assistance in NY State. MA discontinued, SNAP discontinued. This code is used when there has been an Automated Finger Imaging Match (AFIS) PA: 18 NYCRR 351.9; MA: 360-2.2 (e) (f)</p>
N44	ALL	<p><u>Fail to Get Medical Statement</u> Public Assistance has been discontinued because the client failed to get medical statements to prove medical disability exists. MA Continued; SNAP Status AP. PA: 18 NYCRR 351.21 (f); MA: 360-2.6</p>

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – PA (PA: REAS - 331) (cont'd)**

<u>CODE</u>	<u>CATEGORY</u>	
N49	ALL	<p><u>Minor Parent Refused Offer of a Home</u> Public assistance has been discontinued because you are unmarried, less than 18 years old, pregnant or caring for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. MA continued, SNAP continued. PA: 18 NYCRR 369.2; MA: 360-2.6</p>
N50	ALL	<p><u>Refused Offer of a Home - Rejection of Claim that Housing Arrangement(s) would Jeopardize Health and Safety</u> Public assistance has been discontinued because you are unmarried, less than 18 years old, pregnant or caring for a minor dependent child, and you refuse to reside in suitable housing provided by a parent or guardian or in an approved adult supervised living arrangement. We have investigated and rejected your claim that the housing arrangement(s) would jeopardize your health and safety. MA continued, SNAP continued. PA: 18 NYCRR 369.2; MA: 360-2.6</p>
N66	ALL	<p><u>Duplicate Assistance - PARIS Match Interstate</u> Public assistance has been discontinued because the client matches another person who is receiving public assistance in another state. (Must be used with originating ID CFI only.) MA discontinued, SNAP discontinued. PA: 18 NYCRR 351.8 (a) (2) (i), 351.1 (b) (2) (ii), 351.2, 351.9; MA: 360-2.2 (e) (f)</p>
U44	FA	<p><u>Excess Resources - Deemed Resources of Alien Sponsor</u> Public assistance has been discontinued because the total amount of resources of the alien sponsor exceeds the resource limit. MA continued, SNAP continued. PA: 18 NYCRR 349.3, 352.33; MA: 360-2.6</p>
W12	ALL	<p><u>Failure to Keep Appointment for DSS Medical Assessment (Non LRR)</u> Client failed to keep an appointment with the doctor that the client was referred to. MA continued, SNAP Separate Determination Department Regulations 351.2, 351.8(a)(2)</p>

INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – PA (PA: REAS - 331) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	
W35	ALL	<p><u>Fleeing Felon</u> Client is currently a fleeing felon. MA continued, SNAP discontinued. PA: 351.2(k)(3)(i)</p>
W44	ALL	<p><u>Probation Violator</u> Client is currently in violation of probation. MA continued, SNAP discontinued PA: 18 NYCRR 351.2(k)(3)(ii)</p>
W45	ALL	<p><u>Parole Violator</u> Client is currently in violation of parole. MA continued, SNAP discontinued PA: 18 NYCRR 351.2(k)(3)(ii)</p>
Y97	ALL	<p><u>Re-affiliated for SNAP purposes</u> MA continued, SNAP continued. PA: 351.21 (f); MA: 360-1.2, 360-2, 360-3.3</p>
Y98	ALL	<p><u>Other – Manual Notice Required</u> This code is to be used if none of the other reasons for closing an individual are applicable. No MA extension, SNAP continued. PA: Unknown; MA: 360-2.2</p>
Y99	ALL	<p><u>Other – Manual Notice Required</u> This code is to be used if none of the other reasons for closing an individual are applicable. MA continued, SNAP continued. PA: Unknown; MA: 360-3.3</p>
921	ALL	<p><u>Active Unborn Now Activated to Newborn</u> Public assistance has been discontinued because the unborn has been activated for MA/SNAP. MA continued, SNAP continued. This code is system generated when there has been an Automated Newborn Activation transaction.</p>

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – SNAP (FS: REAS - 351)**

<u>CODE</u>	<u>VALUE</u>
D00	<u>Died (Timely)</u> Case member dies. 18 NYCRR 387.1
E86	<u>Unable to Prove Identity to an Investigatory Agency</u> To be used only by originating center BFI The documents that the client presented to establish his/her identity are false. 18 NYCRR 387.8(b)(i)(1)
E95	<u>Died (Adequate)</u> Case member dies. 18 NYCRR 387.1
E96	<u>Failure to Apply for SNAP on Behalf of a Newborn</u> SNAP has been discontinued because an infant is being converted from an “unborn” to a ‘newborn’. The infant’s caretaker must add child to case. 18 NYCRR 387.10, 387.12
F15	<u>Failure to Verify Date of Birth</u> Client refuses to verify Date of Birth. 18 NYCRR 387.1, 387.8(c), 387.9(a)
F19	<u>Refusal to Cooperate with Quality Control</u> Client refuses to cooperate with Quality Control. 18 NYCRR 387.9 (a)(7)(ii)
F21	<u>Failure to Provide Social Security Number during Recertification Interview</u> Client refuses to furnish a Social Security number, or refuses to apply for a Social Security number. 18 NYCRR 387.9(a), 387.10(b), 387.16(c)
F22	<u>Failure to Verify Social Security Number</u> Client refuses to verify Social Security number 18 NYCRR 387.1, 387.8(c), 387.9(a)
F30	<u>Trafficking in SNAP Benefits of \$500 or More</u> Close the line permanently because the client has been convicted of trafficking in SNAP in the amount of \$500 or more. 18 NYCRR 359.9(c)

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – SNAP (FS: REAS - 351) (cont'd)**

<u>CODE</u>	<u>VALUE</u>
F60	<u>Left Household</u> Household member leaves the household. 18 NYCRR 387.1, 387.10(a), 387.15
F63	<u>In Prison</u> Client is in prison. 18 NYCRR 387.1, 387.14 (a) (5)
F85	<u>Refusal to Verify Alien Status During Certification Period</u> Alien refuses to verify his/her alien status. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F86	<u>Refusal to Verify Alien Status (Recert Closing)</u> Alien refuses to verify his/her alien status. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F90	<u>Ineligible Student</u> Ineligible student resides in the household. 18 NYCRR 387.1, 387.9(a)
F91	<u>Boarder</u> Ineligible boarder resides in the household. 18 NYCRR 387.1, 387.14(a), 387.16(b)
F92	<u>Ineligible Alien</u> Ineligible alien resides in the household. 18 NYCRR 387.1, 387.8(b), 387.9(a)(2), 387.14(a)
F94	<u>Able Bodied Adult without Dependents (ABAWD)</u> Ineligible able bodied adult who has not met the ABAWD requirements for three or more months in the past 36 month period. 18 NYCRR 385.3
M13	<u>Duplicate Assistance - Active Cash Assistance Case in Other State</u> Client failed to provide proof that he/she requested his/her out-of-state case to be closed. 18 NYCRR 387.9(a)(1), SSL 273.3(a)
M97	<u>Receiving Multiple Benefits</u> Close the line for 10 years because the client fraudulently misrepresented his/her identity or residence in order to receive multiple SNAP benefits at the same time. 18 NYCRR 381.1

INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – SNAP (FS: REAS - 351) (cont'd)**

<u>CODE</u>	<u>VALUE</u>
M98	<u>Duplicate Assistance - Non AFIS. In NYS</u> Client is receiving SNAP on another case in NYS. 18 NYCRR 351.2(a), 351.9
N66	<u>Duplicate Assistance – PARIS Match. Interstate</u> Client is receiving SNAP in another state. (Must be used with originating ID CFI only.) 18 NYCRR 351.2(a), 351.9
N90	<u>IPV-Traded SNAP for Firearms, Ammunition or Explosives</u> Close line because of a conviction for using SNAP to obtain firearms, ammunition, or explosives. 18 NYCRR 359.9
W35	<u>Fleeing Felon</u> Client is currently a fleeing felon. 18 NYCRR 351.2(k)(3)(i)
W44	<u>Probation Violator</u> Client is currently in violation of probation. 18 NYCRR 351.2(k)(3)(ii)
W45	<u>Parole Violator</u> Client is currently in violation of parole. 18 NYCRR 351.2(k)(3)(ii)
Y99	<u>Other-Manual Notice Required</u> This code is to be used if none of the other reasons for closing a case are applicable
968	<u>Forced Closing - SYSTEM GENERATED</u> 18 NYCRR 387.1

RESERVED FOR EXPANSION

REGULATORY CITATIONS FOR CHANGES IN PA/SNAP GRANT

INCREASE IN PA GRANT

1. Change in Household Size

PA: 352.30, 352.32 (e)

MA: 360-2.2(a), 360-2.2(b), 360-2.2 (c), 360-4.2

SNAP: 387.1(t), 387.17 (e)

2. Reduction In Income

PA: 352.29

MA: 360-4.3, 360-4.6

SNAP: 387.10(b), 387.17(e)

3. Decrease In Amount or Completion of Recoupment

PA: 352.11, 352.31(d)

MA: N/A

SNAP: 387.19 (a) (5)

4. Increase In Shelter Costs.

PA: 352.3

MA: N/A

SNAP: 387.10 (a), 387.12 (e)

REGULATORY CITATIONS FOR CHANGES IN PA/SNAP GRANT (CONT'D)

DECREASES IN PA GRANT

1. Failure without Good Cause to Provide Information about Return of Absent Parent

PA: 369.2 (b), 369.2 (g)

MA: 360-2.2

SNAP: N/A

2. Ineligible Alien Removed From Grant

PA: 349.3 (b), 351.2 (h)

MA: 360-3.2 (f)

SNAP: 387.9 (a), 387.10 (b) 387.10 (b), 387.16 (c)

3. Decrease In Dependent Care Costs.

PA: 352.7, 352.19

MA: N/A

SNAP: 387.12 (d)

4. Failure To Comply With Employment Related Requirements.

PA: 385.5, 385.14, 392.10

MA: N/A

SNAP: 387.13

5. Fraud

PA: 348.4, 352.31 (d)

MA: 360-4.4 (c)

SNAP: 399.9

6. Failure to Provide or Apply for Social Security Number

PA: 369.2 (b), 370.2 (c)

MA: 360-2.3 (a)

SNAP: 387.9 (a), 387.10 (b), 387.16 (c)

REGULATORY CITATIONS FOR CHANGES IN PA/SNAP GRANT (CONT'D)

DECREASES IN PA GRANT (CONT'D)

7. Receipt of or Increase In Earned Income

PA: 352.29, 352.29

MA: 360-4.3 (f)

SNAP: 387.10

8. Refused to Enroll or Refused to Provide Information Regarding Employer Group Health Information

PA: 349.6

MA: 360-3.2 (d), 360-3.2 (e)

SNAP: N/A

9. Non-Compliance with Employment Related Requirements

PA: 385.5, 385.14

MA: N/A

SNAP: 387.13

10. Non-Compliance with WIN Demonstration

PA: 392.9 (a), 392.10

MA: N/A

SNAP: 387.13

11. Change in Household Size

PA; 352.30

MA: 360-2.2 (a) (b) (c), 360-4.2

SNAP: 387.1 (t), 387.10 (a)

12. No Longer Incapacitated

PA: 351.21

MA: 360-2.2

SNAP: 387.1 (m)

REGULATORY CITATIONS FOR CHANGES IN PA/SNAP GRANT (CONT'D)

DECREASES IN PA GRANT (CONT'D)

13. Resident of Private or Public Institution

PA: 352.8

MA: 360-3.3 (b), 360-3.1 (g)

SNAP: 387.1 (t)

14. Failure to Comply With Our Request To Determine Your Employability and Availability To Participate in Bureau of Employment Services Program. (30 Day Sanction)

PA: 385.14

MA: N/A

SNAP: 387.13

15. Failure Without Good Cause To File A Petition Requesting Support From A Legally Responsible Relative.

PA: 369.2 (b), 370.4, 351.2 (e)

MA: 360-4.3 (f)

SNAP: N/A

16. Transferred Property For The Purpose Of Qualifying For Assistance.

PA: 370.2 (c)

MA: 360-4.4 (c)

SNAP: 387.9

17. Increase In Recoupment Amount

PA: 352.31 (d)

MA: N/A

SNAP: 387.19 (a)

18. Recovery, Lien and/or Assignment Excluding or Including Homestead.

PA: 352.23, 352.27 (a)

MA: 360.2.3 (a), 360-4.7 (a)

SNAP: N/A

REGULATORY CITATIONS FOR CHANGES IN PA/SNAP GRANT (CONT'D)

DECREASES IN PA GRANT (CONT'D)

19. Refusal To Cooperate

PA: 352.30 (c)

MA: 360-2.3 (a)

SNAP: 387.8 (a)

20. Excess Resources.

PA: 352.23 (b)

MA: 360-3.8 (c), 360-4.7 (b), 360-4.8 (a)

SNAP: 387.9 (a)

21. Decreased Shelter Costs.

PA: 352.3, 352.32 (e)

MA: N/A

SNAP: 387.10 (a), 387.12 (e)

22. Ineligible Striker.

PA: 369.5 (d)

MA: N/A

SNAP: 387.16 (j)

23. Receipt of or increase In Support Due To Absent Parent's Return.

PA: 352.32 (b), 352.30 (a)

MA: 360-4.3

SNAP: 387.10

REGULATORY CITATIONS FOR CHANGES IN PA/SNAP GRANT (CONT'D)

DECREASES IN PA GRANT (CONT'D)

24. Receipt of or increase In Support Due to Marriage of Parent.

PA: 352.14 (a), 352.29, 352.31, 352.32 (b)

MA: 360-4.3

SNAP: 387.10

25. Receipt of or Increase In Support From Absent Father Outside Home

PA: 351.2 (d), 352.14 (a), 352.29, 352.32 (b)

MA: 360-4.3 (f)

SNAP: 387.10

26. Receipt of or Increase In Support From Person (Other Than Father) Outside Home.

PA: 351.2 (d), 352.29, 352.32 (b)

MA: 360-7

SNAP: 387.10

27. Refused To Accept or Complete Training or Education.

PA: 385.5, 385.14

MA: N/A

SNAP: 387.13 (e)

28. Receipt of or Increase In Unearned Income.

PA: 352.29, 352.32

MA: 360-4.3

SNAP: 387.10

29. Failure To Provide Verification

PA: 351.6

MA: 360-2.3 (a)

SNAP: 387.8 (c), 387.14 (a)

REGULATORY CITATIONS FOR CHANGES IN PA/SNAP GRANT (CONT'D)

DECREASES IN PA GRANT (CONT'D)

30. Voluntary Quit.

PA: 18 NYCRR 385.11, 385.15

MA: N/A

SNAP: 387.13 (i)

31. Refused To Work Register and Seek Work.

PA: 18 NYCRR 385.5, 385.14

MA: N/A

SNAP: 387.9 (a), 387.13

REGULATORY CITATIONS FOR CHANGES IN PA/SNAP GRANT (CONT'D)

CHANGES IN SNAP GRANT

1. **Change in income**
387.10 (b)
2. **Change in shelter costs.**
387.12 (e)
3. **Change in household size.**
387.1 (t)
4. **Change in dependent care costs.**
387.12 (d)
5. **An elderly/disabled household entitled to an uncapped excess shelter deduction. (To be used when household becomes eligible/ineligible for the change in grant for this reason.**
387.1 (m), 387.12 (e) (2)
6. **Change in medical costs.**
387.12 (c)
7. **Change in allotment.**
387.19 (a) (5)
8. **Change due to failure of household member to provide an SSN. (Person (s) not to be counted as member of household but income is to be prorated)**
387.9 (a) (2), 387.10 (b) (3), 387.16 (c) (2)
9. **Change due to failure of household member to verify alien status. (Person (s) not to be counted as member of household but income is to be prorated).**
387.9 (a) (2), 387.10 (b) (3), 387.16 (c) (2)
10. **Change due to failure of non-head of household to comply with Work Registration Requirements.**
387.9 (a) (4), 387(t) (4) (v), 387.13 (e)

**CHAPTER 2 -
AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)**

SCREEN NSBL02: HOUSEHOLD/SUFFIX FINANCIAL DATA

SNAP REPORT CODES (FR)

- E** Earned income in household with all individuals > 60
- S** Recert report for PA/SNAP cases with earned income
- N** Periodic mailer for NPA/SNAP cases with earned income

SHELTER PRORATION INDICATOR CODES (PRO IND)

- A** Enhanced Shelter Calculation
- H** HASA 30% Income Deduction Shelter Supplement (System Generated)
- I** SNAP Ineligible Student
- L** Allow Entry Of PA Shelter Amount To Exceed SNAP Shelter Amount
- M** Danks Housing Situation – Two or more households (suffixes) living together as separate economic units with no legal responsibility among the households (suffixes). Each suffix receives unprorated Basic, HEAI, HEAI & Fuel Allowance and Zero PA Shelter
- N** Non-Danks Housing Situation – Two households (active suffixes) living together as one economic unit with no legal responsibility among the household (suffixes). Each suffix receives prorated Basic, HEAI HEAI & Fuel Allowance and unprorated PA Shelter Allowance.
- O** (Letter O) Budgets A Zero PA Shelter Allowance For Single Suffix Cases Or Multi-Suffix Cases With Only One Active Suffix
- P** Three Generation Household – Grandmother/Mother (Between 18 and 21 Years of Age)/ Child
- R** NPA/SNAP Residential Treatment Facility Budget
- S** Danks Housing Situation – Two household (active suffixes) living together as separate economic units with no legal responsibility among the household (suffixes). Each suffix receives unprorated Basic, HEAI, HEAI, Fuel and PA Shelter Allowance.
- Z** Non-Danks Housing Situation – Two or more households (suffixes) living together one economic unit with no legal responsibility among the household (suffixes). Each suffix receives prorated Basic, HEAI, HEAI & Fuel Allowance and Zero PA Shelter Allowance.

SHELTER TYPE CODES (SHELT: TYPE)

- 01** Unfurnished Apartment or Room
- 02** NYCHA Apartment – Utilities Included
- 03** Own Home (Includes Trailer)
- 04** Room and Board (Use Action Type 02 - PA Only)
- 06** Hotel/Motel Temporary
- 11** Room Only
- 13** Residential Programs For Victims Of Domestic Violence (Less than 3 Meals Per Day)
- 14** Residential Programs For Victims Of Domestic Violence (3 Meals Per Day)
- 15** Congregate Care Level 1 (NYC / Nassau / Suffolk / Westchester / Rockland)
- 16** Congregate Care Level 2 – State Certified (NYC / Nassau / Suffolk / Westchester / Rockland)
- 19** Approved Medical Facilities – Non Hospital (Use Action Type 02 – PA Only)
- 23** Undomiciled
- 24** NYCHA Apartment - Utilities Not Included
- 25** Rented Private Home
- 26** Furnished Apartment

WORKER'S GUIDE TO CODES

2.1-2

02/14/2015

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL02: HOUSEHOLD/SUFFIX FINANCIAL DATA (CONT'D)

SHELTER TYPE CODES (SHELT: TYPE) (CONT'D)

- 27 Residential Treatment Center - Non -Level 2
- 28 Congregate Care Level 1-Rest of State
- 29 Congregate Care Level 2-State Certified -Rest of State
- 30 Scatter Site Homeless Housing Non Tier I/Non Tier II Less than 3 meals daily
- 31 Residential Treatment Center-Level 2 Facility-NYC, Nassau, Suffolk, Westchester, and Rockland
- 32 Residential Treatment Center-Level 2 Facility-Rest of State
- 33 Homeless Shelter -Tier I or Tier II (Less Than 3 meals Per Day)
- 34 Homeless Shelter-Tier II (Three Meals Per Day)
- 35 Homeless Shelter-Non Tier I Non Tier II
- 38 Subsidized Housing - Deep Subsidy -Voucher Program/Project Based Section 8
- 39 Subsidized Housing - Shallow Subsidy - Section 236/Section 202
- 40 NYCHA/Section 8 Voucher - 30% Limit
- 42 Congregate Care Level 3 - Adult Homes and DOH Enriched Housing
- 43 Congregate Care Level 2 - OMH/OPWDD Supervised/Supportive Apartments
- 44 Supportive/Specialized Housing

PERIOD CODES (PER)

- 03 Weekly
- 04 Biweekly
- 05 Semi-Monthly (Twice per Month)
- 06 Monthly
- 07 Bimonthly (Every Two Months)
- 08 Quarterly (Every Three Months)

FSUA INDICATOR CODES (FSUA: IND)

- X Eligible for Combined FS SUA Standard For Heat (AC)/Utility/Phone or Actual Amount

HEAT TYPE CODES (TYPE)

- 1 Natural Gas
- 2 Oil
- 3 Electric
- 4 Coal
- 9 Other Fuel
- Blank Heat Included with Shelter (System generates "H" on Inquiry screen)

CHILD IN HOUSEHOLD (CHILD)

- X Child in Household

HOME ENERGY ASSISTANCE PROGRAM INDICATOR (HEAP)

- S Shared Housing Situation – Household Not Eligible for HEAP Benefits

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL02: HOUSEHOLD/SUFFIX FINANCIAL DATA (CONT'D)

HOUSING ADVANTAGE INDICATOR (HAI)

- 1 Work Advantage (Shelter is \$50 or less)
- 2 Fixed Income Advantage (Shelter is \$0)
- 3 Children Advantage (Shelter is \$0)
- 4 HRA Advantage (Shelter is \$0)
- 5 HRA Work Advantage (Shelter is \$50 or less)
- 6 HRA Fixed Income Advantage (Shelter is \$0)
- 7 HRA Children Advantage (Shelter is \$0)
- 9 New HRA Housing Advantage - 1st year
- W Work Advantage - 1st year
- F Fixed Income Advantage - 1st year

FSUT INDICATOR CODES (FSUT: IND)

- X Eligible for Combined FS SUA Standard For Utility/Phone

PA CASE TYPE CODES (PA: TYPE)

- FA (PA Center) Family Assistance (Replaces ADC, ADCU and HR Families)
- SNCA (PA Center) Safety Net Cash Assistance (Replaces HR, except HR Families)
- SNNC (PA Center) Safety Net Non-Cash. To be used for Safety Net Cash cases that have reached the two year limit for cash assistance, the 60 month for the total of Family Assistance and Safety Net Cash Assistance, or Singles who have been determined unable to work due to drug/alcohol problems, but were compliant, i.e in treatment.
- SNFP (PA Center) Safety Net Federally Participating. To be used for FA cases in which the head of household or an adult who is a mandatory member of the case fails to comply with drug/alcohol [d/a] requirements, or in which such an individual is deemed unemployable due to their d/a problem, but is in compliance with d/a requirements and is in treatment.
- EAA (PA Center) Emergency Assistance for Adults (No change)
- EAF (PA Center) Emergency Assistance for Families (No change)

PA/SNAP STATUS CODES (PA: STAT, FS: STAT)

- AC Active
- AP Applying
- CL Closed
- NA Not Applying
- RJ Denied
- SI Single Issue

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL02: HOUSEHOLD/SUFFIX FINANCIAL DATA (CONT'D)

PA/SNAP ROUTING CODES (PA: RTG, FS: RTG)

- E220 HPD
- E500 TEAP
- ROXX Returning to administering IM Center (or SNAP Center)

PA ADDITIONAL NEEDS TYPE CODES (PA: ADDL: TY)

- 06 Refrigerator Rental (use with Shelter Type Code 06)
- 09 Chattel Mortgages
- 22 Water Proration
- 40 Temporarily Absent Individual(s) In Congregate Care Facility
- 47 Family Eviction Prevention Supplement
- 65 Shelter Allowance Supplement
- 66 FHEPS A: FHEPS Program for Family Facing Eviction
- 67 FHEPS B: FHEPS Program for Survivors of Domestic Violence (city funded)
- 68 FHEPS A: FHEPS Program for Family Facing Eviction - Multi-suffix

SNAP CATEGORICAL ELIGIBILITY CODES (CE)

System Generated Codes

- S Sanctioned for SNAP
- Y Categorically Eligible - All Receiving TA and/or SSI
- N Categorically Eligible - Not All Receiving TA and/or SSI
- A Aged/Disabled not Categorically Eligible

FUEL INDICATOR CODES (PA: FUEL)

- X Exclude Suffix Not Paying Fuel Cost From Fuel Allowance
- 1-9 Indicates the Number of Temporarily Absent Individuals.

RESTRICTION TYPE CODES (RST)

- 1 Direct Involuntary
- 2 Two-Party Involuntary
- 3 Direct Voluntary (Restrict Actual Rent Paid)
- 4 Two-Party Voluntary (Restrict Actual Rent Paid)
- 5 Direct Voluntary
- 6 Two - Party Voluntary
- # Delete a Restriction

ASSOCIATED CODES (ASSOC: CD)

- 70 Shelter (Use with Restriction Codes 1, 2, 3, 4, 5 & 6)
- 71 Water (Use with Restriction Codes 1, 2, 5 & 6 only)
- 72 Fuel (Use with Restriction Codes 1, 2, 5 & 6 only)

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS

30+1/3 INDICATOR (30 1/3)

Blank This field must be left blank.

EXPECTED DATE OF CONFINEMENT CODES (EDC)

- N** Not Eligible for Pregnancy Allowance
- S** Stop Pregnancy Allowance (System Generated)

EMPLOYMENT TRAINING INDICATOR CODE (ETI)

- T** Training and Employment Assistance Program (TEAP)

SPECIAL BUDGETING (SPEC)

- Y** Individual is In the household and is less than 19 years old, or is 19 or over and diagnosed with AIDS or HIV
- N** Individual is not In the household, or individual is in the household and is 19 or older and not diagnosed with AIDS or HIV
- E** Individual is less than 19, in the household and in receipt of SSI, and exempt from the budget calculation

RELATIONSHIP INDICATOR CODES (REL)

- Y** SSI Individual Would be in Filing Unit (Disabled for FA and SNFP 11/07)
- N** Individual with SSI is Not in Filing Unit

EMPLOYABILITY STATUS CODES (EMP)

- 01** Dependent Student-Employed Fulltime or Part-time.
- 02** Non-Dependent Student-Employed Fulltime or Part-time.
- 04** Non-Student Employed Full Time or Part Time
- 10** Striker
- 13** Late Reporting of Employment, Ineligible for Earned Income Deductions

PA/SNAP STATUS CODES (PA: STS. FS: STS)

- AC** Active
- AP** Applying
- CL** Closed
- NA** Not Applying
- RJ** Denied
- SI** Single Issue
- SN** Sanctioned
- WD** Withdrawn

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS (CONT'D)

AGED/DISABLED INDICATOR CODE (A/D)

X Aged or Disabled

FINANCIAL/ALIEN INVOLVEMENT CODES (INV)

Y Individual resides in the household
 N Individual does not reside in the household
 A SNAP-ineligible alien in transitional housing who is active for PA and inactive for SNAP.
 Applies to shelter types 06, 30, 33, and 34.
 S SNAP sanctioned

INCOME SOURCE CODES (INCOME/RECURRING: SRC)

01 Salary, Wages
 02 On the Job Training
 04 Annuity Mortgage Loan
 05 Family Day Care Provider Income
 06 Net Business Income/Self- Employment Income
 07 Office of Vocational Rehabilitation
 08 Net Income from Rental of House, Store or Other Property; Worked More than 20 hours Per Week
 09 Net Income from Rental of House, Store or Other Property; Worked Less than 20 hours Per week
 10 Volunteers in Service to America (VISTA)
 11 Income from Boarder, Boarder/Lodger
 12 Net Income from Lodger
 13 Adoption Subsidy
 14 Court Ordered Alimony, Spousal Support, Child Support Payment
 15 Dividends, Interest or Periodic Receipts from Stocks, Bonds, Mortgages, Bank Accounts, Trust Funds, Annuities, Credit Unions, Estates, etc.
 16 Black Lung Disease Program
 17 Educational Grants and Loans
 18 Disabled Veteran's Benefits (Service Connected)
 19 Disabled Veteran's Benefits (Non-Service Connected)
 20 Lump Sum Payment
 21 NYS Disability Insurance
 22 Railroad Retirement Benefit
 23 Railroad Retirement Benefit - Dependent
 24 Pensions, Retirement Benefit
 25 Severance Pay
 26 Sick Pay (Individual Provided Insurance)
 27 Social Security Disability Benefit
 28 Social Security Survivors Benefit
 29 Social Security Retirement Benefit
 30 Social Security Dependent Benefit
 31 SSI Benefit

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS (CONT'D)

INCOME SOURCE CODES (INCOME/RECURRING: SRC) (CONT'D)

- 32 Union Benefits
- 33 Workers Compensation
- 34 Income In Kind
- 35 Earned Income Credit
- 36 Unemployment Insurance Benefits
- 37 Subsidized Employment
- 38 Public Assistance Grant
- 39 Comprehensive Employment Opportunity Support Center (CEOSC)
- 40 Sick Pay (Employer Provided Insurance)
- 42 Prior PA Budget Deficit- PA Incremental Sanction - Individual is Not Sanctioned for SNAP for the same Reason as the PA Sanction
- 43 SNAP Ineligible Individual - Individual Active for PA and Ineligible for SNAP due to a SNAP Disqualification
- 44 PA/Budget Reduction - PA Budget Deficit is reduced due to Non Compliance with IV-D Requirements for Recipient or Re-Applying Household
- 45 PA Budget Reduction-PA Budget Deficit is Reduced Due To Non-Compliance with IV-D Requirements for Applicant Households.
- 46 PA Prorata Sanction-Recipient or Re-Applying Households Sanctioned Due to Non-Compliance with Employment or Drug/Alcohol Requirements
- 47 PA Prorata Sanction-Applicant Households Sanctioned Due to Non-Compliance with Employment or Drug/Alcohol Requirements.
- 48 Income from Spina Bifida
- 49 Individual Active for PA and Inactive for SNAP - Living as Separate SNAP Household - Individual is either Ineligible or has chosen Not to Receive SNAP
- 50 Income from Non-Legally Responsible Persons in Household
- 51 Income from Non-Legally Responsible Persons Outside the Household
- **52 Income from Legally Responsible Relative
- 53 Income from Stepparent
- 54 Income from Sponsor
- 55 Veteran's Benefits or Pension
- 56 Income from Applying Legally Responsible Relative
- 57 Earnings from WIA
- 59 Foster Payments (For Individual Less than 21 Years of Age)
- 60 OVESID Training Allowance (Formerly OVR)
- 61 Alimony Spousal/Child Support Assigned to the Agency
- 62 EIC Lump Sum
- 63 Lump Sum Severance Pay
- 65 Earnings from WIA/OJT
- 66 Alimony Arrears

****Invalid As of 12/A/04**

WORKER'S GUIDE TO CODES

2.1-8

10/22/2012

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS (CONT'D)

INCOME SOURCE CODES (INCOME/RECURRING: SRC) (CONT'D)

67	Safety Net Self Support
68	Court Ordered Spousal Support/Alimony
69	Family Support Arrears
71	Excess Support Payment
75	Census Income
76	Youth Build
78	MKB FA/SNCA Income
79	SSI Individual Invisible to WMS
80	PA only Earned Income
81	PA Only Unearned Income
82	Individual In Care - SNAP Only (Congregate Care)
83	Individual In Care - PA/SNAP (Congregate Care)
84	Individual In Care - SNAP Only (RTC)
85	Individual In Care - PA/SNAP (RTC)
86	SNAP Ineligible Alien Does Not Contribute to Shelter Costs
87	Child Support Bonus Payment (System Generated)
88	STEP-School to Work Employment Program
90	Contribution from Parent/Grandparent
91	HUD Utility Allowance-Payment Made to Client or Utility Company
92	SNAP Ineligible Alien-Contributes to Shelter Costs
94	Retrospective Supplementary Income
96	Included in SNAP Household for SNAP Categorical Eligibility
97	SNAP Ineligible Student - Student Active for PA and Ineligible for SNAP
98	Other Earned Income
99	Other Unearned Income

INCOME FREQUENCY CODES (INCOME: FREQ)

B	Biweekly	1	Once per Month
M	Monthly	2	Twice per Month
S	Semi- Monthly	3	Three Times per Month
W	Weekly	4	Four Times per Month
5	Five Times per Month		

PROGRAM INDICATOR CODE (PROG)

B	Both PA and SNAP
F	SNAP Only
P	PA Only
I	PA Only (Ineligible Student)
L	Both PA and SNAP (LRR Individual)

USAGE CODES (INCOME: U)

1 through 7 Number of Boarder/Lodgers or Lodgers

WORKER'S GUIDE TO CODES

2.1-9

10/22/2012

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS (CONT'D)

INCOME EXEMPTION CODES (INCOME: CD)

- 01** Family Day Care Provider Income Exemption Amount (Use With Income Source Code 05)
- 02** SNAP PASS Exempt Income Amount (Use With Income Source Code 31)
- 03** Boarder/Lodger Exempt Income Amount - 2 Meals or Less (Use with Income Source Code 11- Applied in SNAP Budget Calculation Only)
- 04** Boarder/Lodger Exempt Income Amount - 3 Meals (Use with Income Source Code 11)
- 07** Lodger Exempt Income Amount (Use With Income Source Code 12 - Applied in PA Budget Calculation Only)

DEDUCTION TYPE CODE (DEDUCTIONS: TYP)

- 78** Child Support Exclusion

DAYCARE TYPE CODES (DAYCARE: TYP)

- 98** Day Care Fee Amount (Used to calculate SNAP Only)
- 99** Case Not Eligible for Day Care Supplementation (Used to calculate SNAP Only)

WORKER'S GUIDE TO CODES

2.1-10

02/17/2013

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL06: INDIVIDUAL INCOME/NEEDS (CONT'D)

ASSOCIATED CODE (ASSOC: CD)

61 TPHI

INDIVIDUAL SPECIAL NEEDS TYPE CODES (SPEC NDS: TY)

- 01 Restaurant Allowance - Dinner (\$29.00 Monthly)
- 02 Restaurant Allowance - Lunch and Dinner (\$47.00 Monthly)
- 03 Restaurant Allowance - Breakfast, Lunch and Dinner (\$64.00 Monthly)
- 13 Home Delivered Meals
- 14 Restaurant Allowance - Breakfast (\$17.00)
- 15 Restaurant Allowance- Lunch (\$18.00)
- 16 Restaurant Allowance - Breakfast and Lunch (\$35.00 monthly)
- 19 Third Party Health Insurance
- 21 Essential Person
- 23 Restaurant Allowance- Breakfast and Dinner (\$46.00 monthly)
- 25 Carfare (Homeless PA Recipients)
- 31 Restaurant Allowance - Dinner (\$65.00 Monthly)
- 32 Restaurant Allowance - Lunch and Dinner (\$ 83.00 Monthly)
- 33 Restaurant Allowance - Breakfast, Lunch and Dinner (\$100.00 Monthly)
- 34 Restaurant Allowance - Breakfast (\$53.00 Monthly)
- 35 Restaurant Allowance - Lunch (\$54.00 Monthly)
- 36 Restaurant Allowance - Breakfast and Lunch (\$71.00 Monthly)
- 37 Restaurant Allowance - Breakfast and Dinner (\$82.00 Monthly)
- 50 Separate SNAP Household Supplement
- 51 Transportation and Nutritional Drink Allowance

RESTRICTION TYPE CODES (RST)

- 1 Direct Involuntary
- 2 Two Party Involuntary
- 5 Direct Voluntary
- 6 Two-Party Voluntary
- # Delete a Restriction

AUTOMATED BUDGETING AND ELIGIBILITY LOGIC (ABEL)

SCREEN NSBL35: SAVED BUDGETS

BUDGET SOURCE (BUD SRC)

A	Address Match
B	MRB - New Budget
C	COLA
E	EID/Childcare
F	FIA3A
H	HEAP
I	Internal Budget
M	MRB - Pending Budget
N	NYCHA
R	Case Re-Align
S	Separate Determination
T	Thrifty Food Plan
U	FSUA Re-Budget
W	NYCWAY
X	External Budget (Worker entered)
Y	Ext-CIN Switch
Z	Int-CIN Switch

WORKER'S GUIDE TO CODES

2.1-12
10/22/2012

RESERVED FOR EXPANSION

**CHAPTER 3 -
DATA ENTRY FORMS**

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575

PICK-UP CODES

- 1 Special Roll Check or EBT
- 2 Pended Until 45th Day of SNFP/SNCA/SNNC Eligibility
- 4 Same Day Immediate Needs
- 5 Emergency Public Assistance Check (E-Check)
- 6 Emergency Check Issued Via The E-Check Authorization Print Process
- 7 Emergency Cash Payment (E-Cash)
- 9 EBT Emergency PA Single Issue Special Grant

SPECIAL GRANT CODES (ISSUANCE CODES)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
02	REGULAR ALLOWANCE (Recurring Needs)	Use only once in a s/m period.
03	SUPPLEMENTATION OF CURRENT MONTH	
04	SUPPLEMENTATION OF PREVIOUS MONTH	To correct an administrative error for a period of up to 12 months.
05	PREGNANCY ALLOWANCE	Use Code 05 for FA/SNFP cases only. If the allowance is for a SNCA/SNNC case, use code 03. When the EDC date is entered in a budget, WMS will generate a pregnancy allowance in the fourth month or later of a medically verified pregnancy. Disbursing a single issuance for the fourth and fifth month is no longer necessary, unless, it is for missed benefits.
07	REPLACEMENT OF LOST STOLEN/UNDELIVERED CHECKS	Replacement may not exceed original amount.
08	REPLACEMENT OF CANCELLED CHECK	Cancelled check number and date must be entered on DSS 3575 . May not be used for EAA cases.
09	RENT ONLY	Supplementation of current month or previous month(s) rent while in receipt of PA, or for a direct vendor payment - valid for FEPS. This code can be used to pay only rent, property taxes and/or mortgage arrears. No PA funds can be used to pay for dispossession fees, attorney charges, other legal fees or court costs related to housing. For SNCA Cases a two-party check may be authorized as an aid to management of funds.

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WORKER'S GUIDE TO CODES

3.1-2

06/21/2015

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
10	UTILITY GRANT TO PREVENT TURN OFF/ RESTORE SERVICES (PRIOR TO PA)	For accumulated natural gas and or electric arrears, prior to receiving PA. No more than four months allowed if the arrears have occurred in same dwelling, not to be used for payment of water bills.
14	REPLACEMENT OF LOST OR STOLEN CASH	For EAF cases, enter "EAF" in category box on DSS-3575 . Maybe authorized only once in a consecutive 12-month period. Consultant: Case Consultant (212) 331-5533 180 Water Street 21 st floor.
15	PAYMENT OF INSTALLMENT DEBT (EAA)	EAA cases only.
16	TRANSPORTATION TO POINTS OUTSIDE NYC	For Waverly JC-Transportation Unit Only.
17	CARFARE FOR HOMELESS ADULTS	This code appears on Benefits Issuance History Screen NQCS5A when special Individual Needs Code 25 is entered through External Budgeting. Code 17 cannot be data entered through the PA Single Issuance subsystem.
18	EXPENSES CONNECTED WITH MAINTAINING HOUSING	To maintain current dwelling. Use for repairs of refrigerator/ stove and fumigation fees only.
19	REPLACEMENT OF HEATING EQUIPMENT, STOVE, OR REFRIGERATOR	
20	DISPOSSESS FEES/ RELATED COST	Cannot be used with code 09
21	STORAGE FEES	Must be two-party check.
22	MOVING EXPENSES	
23	HASA CARFARE	HASA carfare due to Fair Hearing decision.
24	THIRD PARTY HEALTH INSURANCE	This code appears on Benefit Issuance History Screen NQCS5A when Special Individual Needs Code 19 is entered through External Budgeting. Code 24 cannot be data entered through the SI Benefit subsystem.
25	SHELTER AND/OR REPAIR ALLOWANCE FOR HOMEOWNER	For repair allowance.

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WORKER'S GUIDE TO CODES

3.1-3

06/21/2015

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
27	THIRD PARTY HEALTH INSURANCE PAYMENT	For FIA Transitional Benefits Unit.
28	BI-WEEKLY SUPPLEMENT WEP CARFARE	
29	BI-WEEKLY RECURRING WEP CARFARE	
30	RENT PAYMENTS IN EXCESS OF MAXIMUM	Restricted to applicants only. Refer to current procedure for conditions under which the grant can be issued.
31	PRE-PA RENT ARREARS	
35	EAU PAYMENT	Originating Center must be IPM.
38	SECURITY DEPOSIT PRIVATE HOUSING	
39	RENT IN ADVANCE TO SECURE AN APARTMENT	Funds not previously issued.
40	RENT IN ADVANCE TO AVOID EVICTION	Covers a period for which the shelter allowance was previously issued. Must be a two party check. This code produces a system generated recoupment.
41	UTILITY GRANT TO PREVENT TURN OFF OR RESTORE UTILITY SERVICES (MISMANAGEMENT)	Must be a two-party "E" check and the worker must enter a Recoupment Indicator on form DSS-3575 . The grant may cover bills for the most recent four months immediately prior to the date of the request. NOTE: If a utility advance is required due to an administrative error, use code 04 . "Pre-Approval Needed from Center Director"
42	BROKER'S AND FINDER'S FEES	
43	ACCRUED RENT WHILE ON PA	For any accrued rent arrears more than 12 months. If duplication, use code 40 .
44	IMMEDIATE NEEDS GRANT	
45	DISASTER SUSTENANCE	May be granted as EAA/EAF.
46	DISASTER CLOTHING	May be granted as EAA/EAF
47	DISASTER HOUSEHOLD FURNISHINGS AND REPLACEMENTS	May be granted as EAA/EAF payment can be divided into two grants if a large sum is to be issued.

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WORKER'S GUIDE TO CODES

3.1-4

06/21/2015

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
48	DISASTER SHELTER- TEMPORARY HOUSING	Rent in advance for temporary housing (includes hotel fees). May be granted as EAA/EAF.
49	DISASTER TRANSPORTATION TO HOME OF FRIEND OR RELATIVE OR TO A SHELTER	May be granted as EAA/EAF.
50	NON-RECOUPABLE UTILITY GRANT (NO MISMANAGEMENT)	Must be issued as a two-party "E" check. Period covered cannot exceed 4 months. May be granted as EAA/EAF
51	CHILD CARE FEES TO ATTEND FAIR HEARING	The client must provide proof of attendance at the fair hearing and a letter from the child care provider.
54	CHILD SUPPORT BONUS PAYMENT -- MANUAL ISSUANCE	For FIA Office of Central Processing (OCP) only.
55	EMPLOYMENT AND TRAINING SPECIAL NEEDS	
56	REPLACEMENT OF CHILD SUPPORT BONUS PAYMENT (CODES 54 OR 70)	
58	EMERGENCY CHILDCARE FEES	May be used for EAF case. Use this code to issue emergency, temporarily child care which has been authorized by the office of Information, Liaison and Adjustment Services.
59	NYCHA RENT ARREARS	Must be a direct vendor payment.
60	ESTABLISHMENT OF A HOME	
62	MAINTENANCE OF HOME	EAA cases only. Up to 4 months of shelter arrears may be paid per issuance, with no limit to the number of issuances. Utilities are limited to 4 months or 2 bi-monthly billing periods.
63	MISMANAGEMENT OF CASE	EAA cases only.
64	SNAP	For NPA recipients only.

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WORKER'S GUIDE TO CODES

3.1-5

06/21/2015

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
65	TRAINING EXPENSE JOBS EXTENDED SUPPORTIVE SERVICES	Originating center must be TBU.
66	HOMES BILLING SYSTEM PAYMENT	For Inquiry only. Not data entered by Job Centers.
67	HOMES BILLING SYSTEM RECOUPMENT	For Inquiry only. Not data entered by Job Centers.
68	PRORATED FINAL ISSUANCE	System Generated. Not data entered by Job Centers.
70	CHILD SUPPORT BONUS PAYMENT	System Generated. Not data entered by Job Centers.
71	EXCESS CURRENT SUPPORT PAYMENT	No longer valid for payment periods past 06/30/2009.
72	EXCESS ARREARS SUPPORT PAYMENT	
73	SUPPLEMENTATION OF REGULAR GRANT	Due to Fair Hearing Decision
74	BENEFIT RESTORATION	Due to Fair Hearing Decision
75	RENT HELD IN ESCROW	
76	SNCA JOB SEARCH CARFARE EXPENSES	Grants cannot exceed \$60.00 per month.
77	COURT ORDERED RETROACTIVE PAYMENT	
80	EMERGENCY HEAP PAYMENT	Must be a two-party check.
81	REPLACEMENT OF LOST/ STOLEN SSI BENEFITS	For EAA cases. Replacement of check only. For replacing cash use code 45
82	DIRECT HEAP PAYMENT TO LIPA	
84	NPA HEAP PAYMENT	
86	AIRS (AIDS)	Issued by MIS only for shelter.
90	DIRECT HEAP PAYMENT TO CON ED	

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WORKER'S GUIDE TO CODES

3.1-6

06/17/2018

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
91	DIRECT HEAP PAYMENT TO NATIONAL GRID	
92	DIRECT VENDOR TO CON ED	Issued by MIS only.
93	DIRECT VENDOR TO NATIONAL GRID	Issued by MIS only.
94	UTILITY VENDOR REFUND	Issued by MIS only.
96	HEAP FAIR HEARING	
97	REPLACEMENT OF HEAP CHECK	Must be issued as an "E" check.
98	REGULAR HEAP VENDOR PAYMENT	
99	OTHER	Specify reason for the use of code 99 (when code 01- 98 do not apply). Additional signature needed from the Center Director.
A6	RENT ADVANTAGE PROGRAM PHASE 2	System generated.
A7	SPECIAL RENT ISSUED TO LANDLORD BY DHS	System generated.
BB	TBRA LANDLORD BONUS	TBRA landlord bonus payment. Allow a single check of up to \$5,000.
B1	OLD RENT ADVANTAGE PROGRAM	System generated.
B2	NEW ADVANTAGE RENT PROGRAM	System generated.
B3	HASA 30% PROGRAM	Recurring payment to landlord of HASA case
B4	HASA 30% PROGRAM (REPLACEMENT)	Used to issue a replacement of a B3 issuance that has a WMS reconciliation status of 1 (stop payment), 2 (cancelled), P (purged), S (stale dated), or Z (cashd but funds returned to HRA).
B6	TENANT-BASED RENTAL ASSISTANCE (TBRA)	Amount issued cannot exceed \$5,000 for any one payment. A B6 payment will not be allowed if it has the exact same dollar amount and payment period of another rent/shelter type payment.

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WORKER'S GUIDE TO CODES

3.1-7

06/17/2018

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
B7	SEPS PAYMENT	Recurring rent allowance for single individuals or adult families residing in shelters or in substandard living conditions outside the shelter system. Minimum payment is \$1223. Maximum payment is \$5000.
B8	SEPS BONUS	Bonus issued to broker. Allow a single check of up to \$5,000.
D0	ONE-SHOT DEAL RENT REPLACEMENT CHECK (NON-RECOUPABLE)	Used to issue a replacement of a one-shot rent issuance check that was cashed by the wrong landlord. Not recoupable.
D5	DIVERSION PAYMENT	For specific non-recurring payment for situation or episode of immediate need. Can be used on active cases or closed cases with TB indicator.
D7	TRANSITIONAL SERVICES PAYMENT	Used to authorize employment related expenses. Can be used on active cases or closed cases with TB Indicator. SNCA/ SNNC must have individual with ST/FED Code 63.
D8	DIVERSION RENTAL PAYMENT	For specific short-term payment (four months or less) to deal with crisis situation that requires a rent payment. Can be used on active cases or closed cases with TB indicator. SNCA/ SNNC must have an individual with ST/FED Code 63.
D9	DIVERSION TRANSPORTATION PAYMENT	Used to issue a non-recurring payment for employment related transportation expenses. Can be used on active cases or closed cases with TB indicator.
EP	EPVA RENT	Eviction Prevention for Vulnerable Adults. Maximum payment is \$5,000.
F1	LEGALLY EXEMPT IN-HOME CHILD CARE NON-RELATIVE (FULL TIME)	Not data enterable.
F2	DAY CARE FAMILY HOME (FULL TIME)	Not data enterable.
F3	DAY CARE GROUP FAMILY (FULL TIME)	Not data enterable.

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WORKER'S GUIDE TO CODES

3.1-8

02/18/2018

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
F4	DAY CARE CENTER (FULL TIME)	Not data enterable.
F5	LEGALLY EXEMPT IN-HOME CHILD CARE RELATIVE (FULL TIME)	Not data enterable.
F6	LEGALLY EXEMPT FAMILY CHILD CARE RELATIVE (FULL TIME)	Not data enterable.
F7	LEGALLY EXEMPT FAMILY CHILD CARE NON-RELATIVE (FULL TIME)	Not data enterable.
F8	SCHOOL AGE CHILD CARE PROGRAM (FULL TIME)	Not data enterable.
F9	LEGALLY EXEMPT GROUP CHILD CARE (FULL TIME)	Not data enterable.
G2	EMERGENCY CLOTHING VOUCHER	Used for cases included in the Reynolds lawsuit.
H0	HEATING EQUIPMENT REPAIR/REPLACEMENT ESTIMATES	
H5	HEAP EMERGENCY BENEFIT - REPAIR HEATING EQUIPMENT	
H7	HEAP EMERGENCY BENEFIT - REPLACE HEATING EQUIPMENT	
L7	LOVEH LAWSUIT	Used for cases included in the Lovely H. lawsuit.
L9	HERCULES LAWSUIT	Used for cases included in the Hercules lawsuit.

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WORKER'S GUIDE TO CODES

3.1-9

02/18/2018

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
MR	MRT RENT	Medicaid Redesign Team. Maximum payment is \$5,000.
N2	CHILD SUPPORT DUE CLIENT - PERIOD OF INELIGIBILITY	Used to issue child support money for cases that were not closed in a timely manner.
N7	SMITH LAWSUIT	Used for cases included in the Smith lawsuit.
P1	LEGALLY EXEMPT IN- HOME CHILD CARE NON- RELATIVE (PART TIME)	Not data enterable.
P2	DAY CARE FAMILY HOME (PART TIME)	Not data enterable.
P3	DAY CARE GROUP FAMILY (PART TIME)	Not data enterable.
P4	DAY CARE CENTER (PART TIME)	Not data enterable.
P5	LEGALLY EXEMPT IN- HOME CHILD CARE RELATIVE (PART TIME)	Not data enterable.
P6	LEGALLY EXEMPT FAMILY CHILD CARE RELATIVE (PART TIME)	Not data enterable.
P7	LEGALLY EXEMPT FAMILY CHILD CARE NON- RELATIVE (PART TIME)	Not data enterable.
P8	SCHOOL AGE CHILD CARE PROGRAM (PART TIME)	Not data enterable.
P9	LEGALLY EXEMPT GROUP CHILD CARE (PART TIME)	Not data enterable.

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WORKER'S GUIDE TO CODES

3.1-10

06/17/2018

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
QA	SUPPLEMENT FHEPS RENT ARREARS (RECOUPABLE)	
QB	SUPPLEMENT FHEPS RENT ARREARS (NON- RECOUPABLE)	
QC	SUPPLEMENT FHEPS A CITY	
QD	SUPPLEMENT FHEPS A STATE	
QE	SUPPLEMENT FHEPS B CITY	
QF	SUPPLEMENT FHEPS B CITY ADDITIONAL	
QG	SUPPLEMENT FHEPS A LANDLORD BONUS	Allow a single check of up to \$5,000.
QH	SUPPLEMENT FHEPS B LANDLORD BONUS	Allow a single check of up to \$5,000.
QI	SUPPLEMENT FHEPS A CITY (MULTI-SUFFIX)	
QJ	FHEPS UNIT HOLD	Issued to landlord to ensure that the apartment will be held for the client while initial processing is taking place. Maximum amount of any single payment is \$4,297.
RA	LANDLORD REPAIR	Single issue grant to landlord for repairs and/or unpaid rent above the HRA security deposit. Maximum amount is \$3,000.

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WORKER'S GUIDE TO CODES

3.1-11

02/18/2018

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
S0	LINC2 RENT PROGRAM - SUPPLEMENT SUBSIDY	Supplemental LINC2 payment for DHS and HRA shelter vulnerable population. The S0 payment is in addition to the S5 payment and represents the amount of subsidy that exceeds the standard table amount. Used for CLOSED (RJ or CL) PA cases.
S1	LINC1 RENT PROGRAM - INITIAL SUBSIDY	Initial LINC1 payment for DHS and HRA shelter families with employment.
S2	LINC2 RENT PROGRAM - INITIAL SUBSIDY	Initial LINC2 payment for DHS and HRA shelter vulnerable population. Used for ACTIVE PA cases.
S3	LINC3A RENT PROGRAM - INITIAL SUBSIDY	Initial LINC3A payment for HRA DV (Domestic Violence) population residing in HRA shelters.
S4	LINC3B RENT PROGRAM - INITIAL SUBSIDY	Initial LINC3B payment for HRA DV (Domestic Violence) population residing in DHS shelters.
S5	LINC2 RENT PROGRAM - INITIAL SUBSIDY	Initial LINC2 payment for DHS and HRA shelter vulnerable population. Used for CLOSED (RJ or CL) PA cases.
S6	LINC1 RENT PROGRAM - SUPPLEMENT SUBSIDY	Supplemental LINC1 payment for DHS and HRA shelter families with employment. The S6 payment is in addition to the S1 payment and represents the amount of subsidy that exceeds the standard table amount.
S7	LINC2 RENT PROGRAM - SUPPLEMENT SUBSIDY	Supplemental LINC2 payment for DHS and HRA shelter vulnerable population. The S7 payment is in addition to the S2 payment and represents the amount of subsidy that exceeds the standard table amount. Used for ACTIVE PA cases.
S8	LINC3A RENT PROGRAM - SUPPLEMENT SUBSIDY	Supplemental LINC3A payment for HRA DV (Domestic Violence) population residing in HRA shelters. The S8 payment is in addition to the S3 payment and represents the amount of subsidy that exceeds the standard table amount.
S9	LINC3B RENT PROGRAM - SUPPLEMENT SUBSIDY	Supplemental LINC3B payment for HRA DV (Domestic Violence) population residing in DHS shelters. The S9 payment is in addition to the S4 payment and represents the amount of subsidy that exceeds the standard table amount.

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WORKER'S GUIDE TO CODES

3.1-12

06/17/2018

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
SA	LANDLORD LINC BONUS PAYMENT	Incentive award to encourage landlords to rent to a LINC case. Award is a one-time payment per apartment rental. Allow a single check of up to \$5,000.
SB	LINC4 RENT PROGRAM - INITIAL SUBSIDY	Initial LINC4 payment for persons aged 60 and over.
SC	LINC5 RENT PROGRAM - INITIAL SUBSIDY	Initial LINC5 payment for adults who are working part-time.
SD	LINC6 RENT PROGRAM - INITIAL SUBSIDY	Initial LINC6 payment. (Population to be determined.)
SE	LINC7 RENT PROGRAM - INITIAL SUBSIDY	Initial LINC7 payment. (Population to be determined.)
WA	CITY FEPS RENT IN ADVANCE	Issued separately from the case's regular City FEPS rent amount. Payment cannot be greater than \$5,000 for any one payment.
WB	CITY FEPS LANDLORD BONUS PAYMENT	Bonus payment to encourage landlords to rent to a City FEPS case. Award is a one-time payment per apartment rental. Allow a single check of up to \$5,000.
WC	CITY FEPS RENT	Regular City FEPS rent. Payment cannot be greater than \$5,000 for any one payment.
WE	FHEPS A CITY RECURRING SUPPLEMENT	
WF	FHEPS B CITY RECURRING SUPPLEMENT	
WG	FHEPS A CITY RECURRING SUPPLEMENT (MULTI-SUFFIX)	
W3	MKB RETROACTIVE PAYMENT	Used to issue retroactive MKB payments.
W4	MKB RETROACTIVE SNAP ISSUED AS CASH	Used to issue retroactive MKB SNAP as cash.
W5	SUPPLEMENT FEPS RENT ARREARS (RECOUPABLE)	Used to issue rent arrears that were approved through FEPS. Generates an automated recoupment action.

***NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

- Up to \$999.99 AJOS I/PAA I
- \$1000 to \$1,999.99 AJOS II/PAA II (Assistant Deputy Director)
- \$2,000 and over ADMIN JOS I (Deputy Director)
- All special grant code 99's and must have approval from an ADMIN JOS II (Center Director)

WORKER'S GUIDE TO CODES

3.1-13

02/18/2018

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL GRANT CODES (ISSUANCE CODES) (CONT'D)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
W6	SUPPLEMENT FEPS RENT ARREARS (NON-RECOUPABLE)	Used to issue non-recoupable rent arrears that were approved through FEPS.
W7	HOUSING DEVELOPMENT COOPERATIVE UNIT	Used to authorize a grant toward the purchase of an interest in a cooperative unit in a low-cost housing development.
ZA	SOTA - 1 YEAR UP FRONT	Provides one year's full rent up front and allows client to move out of New York State.
ZB	CITY FEPS - 1 YEAR UP FRONT	For tenants in shelter or moving to a new apartment. Allows landlord to receive entire year's HRA-issued rent up front.
ZC	SEPS - 1 YEAR UP FRONT	For tenants in shelter or moving to a new apartment. Allows landlord to receive entire year's HRA-issued rent up front.
ZD	LINC IV - 1 YEAR UP FRONT	For tenants in shelter or moving to a new apartment. Allows landlord to receive entire year's HRA-issued rent up front.
ZE	LINC V - 1 YEAR UP FRONT	For tenants in shelter or moving to a new apartment. Allows landlord to receive entire year's HRA-issued rent up front.
ZF	LINC I STANDARD - 1 YEAR UP FRONT	For tenants in shelter or moving to a new apartment. Allows landlord to receive entire year's HRA-issued rent up front.
ZG	LINC I ENHANCED - 1 YEAR UP FRONT	For tenants in shelter or moving to a new apartment. Allows landlord to receive entire year's HRA-issued rent up front.
ZH	LINC II STANDARD - 1 YEAR UP FRONT	For tenants in shelter or moving to a new apartment. Allows landlord to receive entire year's HRA-issued rent up front.
ZI	LINC II ENHANCED - 1 YEAR UP FRONT	For tenants in shelter or moving to a new apartment. Allows landlord to receive entire year's HRA-issued rent up front.
ZJ	LANDLORD INCENTIVE TO HOLD UNIT NON FHEPS	Unit Hold for rent incentives ZA-ZI. Maximum amount of any single payment is \$4,297.

***NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

- Up to \$999.99 AJOS I/PAA I
- \$1000 to \$1,999.99 AJOS II/PAA II (Assistant Deputy Director)
- \$2,000 and over ADMIN JOS I (Deputy Director)
- All special grant code 99's and must have approval from an ADMIN JOS II (Center Director)

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SPECIAL HOUSING PROGRAM INDICATOR

System generated. Not worker enterable.

- 1 LINC1
- 2 LINC2
- 3 LINC3
- 4 LINC4
- 5 LINC5
- 6 LINC6
- 7 HOME
- 8 SEPS
- 9 CFEPS
- 0 Stop
- F FEPS
- A Stop LINC1
- B Stop LINC2
- C Stop LINC3
- D Stop LINC4
- E Stop LINC5
- G Stop LINC6
- H Stop HOME
- I Stop SEPS
- J Stop CFEPS
- K Stop FEPS

SHELTER/RECOUPMENT INDICATOR

- 01 Initiates Recoupment and Restricts Rent Without ten-day Timely Notice period
- 02 Initiates Recoupment and Restricts Rent With ten-day Timely Notice
- 05 No Recoupment or Restriction
- 06 Initiates Recoupment Only Without ten-day Timely Notice Period-No Restriction
- 11 Initiates Recoupment Only With ten-day Timely Notice- No Restriction

RESTRICTED INDICATOR

- 1 Unrestricted
- 2 Vendor As Authorized (Direct Payment)
- 8 Other
- 9 Restricted (Two - Party)

WORKER'S GUIDE TO CODES

3.1-15

02/18/2018

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

SHELTER TYPE CODES (SHELTER: TYPE)

- 01 Unfurnished Room or Apartment (For PA SI Codes 40 and 41 this code is defined as "M3E indicator is signed.")
- 02 NYCHA Apartment Utilities Included (For PA SI Codes 40 and 41 this code is defined as "M3E Indicator is signed")
- 03 Own Home (Includes Trailer)
- 04 Room and Board
- 05 No recoupment generated (To be used with PA SI Codes 40 and 41.)
- 06 Hotel Motel Temporary
- 08 Subsidized Housing-Certificate Program
- 11 Room Only
- 13 Residential Programs for Victims for Domestic Violence - less than 3 meals per day
- 14 Residential Programs for Victims of Domestic Violence- 3 meals per day
- 15 Congregate Care Level 1 (NYC / Nassau / Suffolk / Westchester / Rockland)
- 16 Congregate Care Level 2 – State Certified (NYC / Nassau / Suffolk / Westchester / Rockland)
- 19 Approved Medical Facilities - Non Hospital
- 20 Rental Supplement
- 23 Undomiciled
- 24 NYCHA Utilities Not Included (Rent Public)
- 25 Rented Private Home
- 26 Furnished Room or Apartment
- 27 Residential Treatment Center - Non -Level 2
- 28 Congregate Care Level 1-Rest of State
- 29 Congregate Care Level 2-State Certified -Rest of State
- 30 Scatter Site Homeless Housing Non Tier I/Non Tier II Less than 3 meals daily
- 31 Residential Treatment Center-Level 2 Facility-NYC, Nassau, Suffolk, Westchester, and Rockland
- 32 Residential Treatment Center-Level 2 Facility-Rest of State
- 33 Homeless Shelter - Tier 1 or Tier II (Less than 3 meals Per Day)
- 34 Homeless Shelter - Tier II (3 meals per day)
- 35 Homeless Shelter - Non-Tier 1 or 11
- 38 Subsidized Housing - Deep Subsidy -Voucher Program/Project Based Section 8/Section 236
- 39 Subsidized Housing -Shallow Subsidy - Section 236 /Section 202
- 40 Section 8 Voucher - 30% Limit
- 41 Jiggets-Approved Excess Shelter
- 42 Congregate Care Level 3 - Adult Homes and DOH Enriched Housing
- 43 Congregate Care Level 2 - OMH/OPWDD Supervised/Supportive Apartments
- 44 Supportive/Specialized Housing

WORKER'S GUIDE TO CODES

3.1-16

02/18/2018

PA SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3575 (CONT'D)

RECOUPMENT INDICATOR CODES

- 01** Indicates Recoupment and Restricts Rent Without a Ten-Day Timely Notice Period
- 02** Indicates Recoupment and Restricts Rent With a Ten - Day Timely Notice
- 05** No Recoupment or Restriction

CATEGORY CODES

- EAA** Emergency Aid to Adults
- EAF** Emergency Aid to Families
- FA** NEW CATEGORY. Family Assistance
- SNCA** NEW CATEGORY. Safety Net Cash Assistance
- SNFP** NEW CATEGORY. Safety Net Federally Participating
- SNNC** NEW CATEGORY. Safety Net Non- Cash
- ADC** THIS CATEGORY IS NO LONGER VALID. Aid to Dependent Children
- ADCU** THIS CATEGORY IS NO LONGER VALID. Aid to Dependent Children Unemployed
- HR** THIS CATEGORY IS NO LONGER VALID. Home Relief
- HRPG** THIS CATEGORY IS NO LONGER VALID. Home Relied Pre-Investigation Grant

ROUTING LOCATION

- FHEP** Center 80 (Special Projects Center)
- R001** 180 Water St/Landlord Ombudsman
- R090** Office of Project Management
- R091** Office of Project Management
- R094** Con Edison SI utility payments entered by the center into POS
- R095** National Grid SI utility payments entered by the center into POS
- R096** Con Edison SI utility payments entered by the center into WMS
- R097** National Grid SI utility payments entered by the center into WMS

WORKER'S GUIDE TO CODES

3.1-17

02/18/2018

FS SINGLE ISSUANCE AUTHORIZATION FORM - DSS 3574

ISSUANCE CODES

PA

- 06** Prorated/Partial PA
- 10** Daily Supplement (Includes Replacement of Food Destroyed in a Disaster)
- 14** Single Issuance - Full Month
- 18** Disaster Related Issuance
- 20** Daily Retroactive Benefit
- 24** Replace Stolen Benefits
- 36** Disaster Related Issuance (Dispersed as Paper Check)
- 38** Disaster Card Issuance
- 52** Expedited Service, Verified For PA/SNAP cases
- 54** Expedited Service -Not verified for PA/SNAP cases
- 66** RTC Supplementation **(NOT DATA ENTERABLE - SYSTEM GENERATED)**
- 90** RTP Negative SNAP Adjustment **(NOT DATA ENTERABLE - SYSTEM GENERATED)**
- L8** Lovely H. lawsuit
- V1** Fair Hearing Compliance to issue retroactive benefits that go beyond 12 months prior to the issuance
- W8** SNAP Issuance for reconstituted household (Same Day Issuance system only)

NPA

- 08** Prorated/Partial PA
- 12** Daily Supplement (Includes Replacement of Food Destroyed in a Disaster)
- 16** Single Issuance - Full Month
- 19** Disaster Related Issuance
- 22** Daily Retroactive Benefit
- 26** Replace Stolen Benefit
- 37** Disaster Related Issuance (Dispersed as Paper Check)
- 39** Disaster Card Issuance
- 53** Expedited Service – EBT, Verified for NPA/SNAP Cases
- 55** Expedited Service - Not Verified for NPA/SNAP cases
- G3** Reynolds SI Retroactive SNAP Benefits
- V2** Fair Hearing Compliance to issue retroactive benefits that go beyond 12 months prior to the issuance
- W7** SNAP Issuance for reconstituted household (Same Day Issuance system only)

WORKER'S GUIDE TO CODES

3.1-18

02/18/2018

PA RECOUPMENT DATA ENTRY FORM - DSS 3573

ACTION CODES

- 0 Reversal of Voluntary Repayment Transaction
- 1 New Claim
- 2 Change in Data
- 3 Suspend Claim
- 4 Delete Claim
- 5 Fair Hearing- Aid to continue
- 6 Lift Fair Hearing - Aid to continue
- 7 Transfer Recoupment to New Case
- 8 Reinitialize Claim
- 9 Voluntary Repayment

OFFENSE TYPE CODES

- A Excess Resources
- C Concealment
- D Duplicate Check Fraud
- E Agency Error
- F Fraud (Conviction by a court or recipient admission of fraudulent receipt of benefits. Can be entered only by CFI-The Bureau of Client Fraud Investigation.)
- Q Utility Direct Vendor **(System Generated)**
- R Rent Advance
- S Rent Payments In Excess of Maximum
- U Utility Advance
- X Contested Reduction

OFFENSE SUBTYPE CODES

- 01 Receipt of Employment Earnings by the Grantee/Spouse
- 02 Receipt of Employment Earnings by a Family Member other than Grantee/Spouse
- 03 Receipt of Unemployment Insurance Benefits
- 04 Receipt of OASDI Benefits by the Grantee/Spouse
- 05 Receipt of OASDI Benefits for a Dependent Child/Children
- 06 Receipt of SSI Benefits by the Grantee/Spouse (HR cases in which no DSS - 2424/M2 was Signed)
- 07 Receipt of SSI Benefits for a Dependent Child/Children (HR cases only)
- 08 Receipt of State Disability Benefits
- 09 Receipt of Workmen's compensation
- 10 State Disability or Workmen's Comp (Vet Disability)
- 11 Receipt of Pension Benefits from a Public or Private Source (Includes Railroad Retirement)
- 12 Receipt of Union or other work- related Benefits
- 13 Receipt of Military Service Benefits (Inc Pension)
- 14 Receipt of Income Tax Refunds
- 15 Receipt of Non-Exempt Educational Stipends (In excess of Necessary School Expense)
- 16 Decrease in Rentals Needs (Incl. Elimination/Reduction of Rent Due to Bldg. Violation or Abandonment)

WORKER'S GUIDE TO CODES

3.1-19

02/18/2018

PA RECOUPMENT DATA ENTRY FORM - DSS 3573 (CONT'D)

OFFENSE SUBTYPE CODES (CONT'D)

- 17 Forfeiture of Broker's or Finder's Fees, Moving Expenses, Security Deposit or Payments Made to the Landlord (at the former address) required by the security Deposit Agreement Due to Non Payment of Rent or Failure to Return Refunded Security Deposit
- 18 Receipt of Income from a Legally Responsible Relative (Includes Alimony Child Support)
- 19 Receipt of Unrestricted Income from a Non-Legally Responsible Relative/Friend
- 20 Receipt of Life Insurance Benefits (Including Refund on Policy for Military Service Life Insurance)
- 21 Receipt of Income from Legal Settlement or property
- 22 Receipt of Income from a Lodger/Boarder-Lodger
- 23 Elimination or Reduction of the need for a Restaurant Allowance
- 24 Dependent Child's/Children's Death or Departure from the Household
- 25 Adult Family member's Departure from the Household
- 26 Elimination or Reduction of Child Care Fees
- 27 Elimination or Reduction of Need for Training or Employment Expenses
- 28 Elimination of Need for a Pregnancy Allowance
- 29 Receipt or Possession of a Liquid Asset (Including Bank Accounts/Bonds)
- 30 Receipt of Foster Care Allowance for a Dependent child
- 31 Receipt of Public Assistance on more than 1 case
- 32 Receipt of Proceeds of another Recipients PA check (Recipients cashed another's check and/or instead of own)
- 33 Receipt of an advance for moving expenses, Brokers' Fees and/or Finders' Fees which were issued due to Non-Payment of Rent
- 34 Court Order Support
- 36 Failed to sell real property while in receipt of recurring benefits
- 88 Over Issuance for the Payment Period in which the case was closed (System Generated Code)
- 99 Miscellaneous

BYPASS RESTRICTION INDICATOR

- Y Yes
- N No

RESTRICTION/DIRECT TWO PARTY INDICATOR

- 1 Direct Restriction
- 2 Two -Party Restriction

WORKER'S GUIDE TO CODES

3.1-20
02/18/2018

FACILITY INVOLVEMENT DATA ENTRY FORM - DSS 3517-30 ITEMS 418-426

INCOMPLETE APPLICATION REASON CODES

<u>IA Code</u>	<u>Incomplete Application Reason</u>
01	Application Forms
02	Personal Demographics/Relationship
03	Social Security Number
04	Citizenship/Alien Status
05	Residence/Residency
06	Documentation of Medical Condition
07	DRD Required for Additional Medical Documents
08	Shelter Costs
09	Earned Income
10	Social Security Benefits (OASDI)
11	Private Pension Benefits
12	Other Income
13	Resources
14	Medicare
15	TPHI
16	Legally Responsible Relative
17	Current /Past Maintenance
69	Other

WORKER'S GUIDE TO CODES

3.1-21

02/18/2018

THIRD PARTY DATA SHEET FORM - DSS 4198

RELATIONSHIP TO POLICY/HOLDER CODES (REL)

Enter a code for each person listed:

- 1 Self
- 2 Spouse
- 3 Child
- 4 Other
- 5 Custodial Child
- 6 Stepchild
- 7 IV-D Child
- 8 IV-D Spouse

POLICY SOURCE

Check off one of the following:

- A COBRA Premium
- B AIDS Program
- C LDSS Pays Center
- D LDSS Pays Employer
- E LDSS Reimburse Client
- F IV-D Court Ordered
- G Absent Parent Voluntary
- H Employment
- I Union
- J Fraternal Organization
- K Tuition Fee
- L Private Pay
- M Accident (Not Worker's Comp. Related)
- N Other
- O Military Service
- P Worker's Compensation
- Q Retirement Benefit
- * Not Applicable

POLICY SEQUENCE NUMBER

Generated by eMedNY System

COVERAGE

- | | | | | | |
|----|----------------|----|------------|----|------------|
| 06 | Clinic | 05 | EMRG Room | 19 | PSCH Inpat |
| 01 | Comp Med A | 04 | Home HLTH | 20 | PSCH Out |
| 02 | Comp Med B | 22 | Hospice | 17 | SUB AB INP |
| 15 | Dental | 03 | Inpatient | 18 | SUB AB OUT |
| 12 | Drug CoPay | 09 | Nursing HM | 14 | TRANSP |
| 11 | Drug MaJor MED | 16 | Opitcal | 21 | X-RAY |
| 10 | Drug Recovery | 07 | Phys Hosp | | |
| 13 | DME | 08 | Phys Offic | | |

WORKER'S GUIDE TO CODES

3.1-22

02/18/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES

<u>CODES</u>	<u>CARRIER</u>
02	HIP OUTPATIENT
05	OTHER INSURANCE
06	GROUP HEALTH INC.
06D	GROUP HEALTH INC. (GHI) (DENTAL)
09	UNION INT.OF OPRTING ENG 295
10	HIP/HMO
12	BC/BS OF MNE
12DNT	BC/BS EMPIRE - DENTAL
12VSN	BC/BS EMPIRE - VISION
14	A&P HEALTH AND WELFARE
18	ADMINISTRATIVE SERVICES CO.
20	AFTRA HEALTH & RETIREMENT
22	CHARTIS
23	EMPIRE BC
25	AIRFREIGHT WAREHOUSECORP
27	ALBANY INTERNATIONAL
28	ALLIED INTERNATIONAL UNION
29	ALLIED SECURITY HEALTH AND WELFARE
30	AMALGAMATED SERVICE
31	AMERCO
34	AMERICAS CHOICE HEALTH PLAN
35	AMERIHEALTH ADMINISTRATORS
36	ATLANTIS HEALTH
38	BACL5NY WELFARE FUND
39	BAKERS LOCAL 3
40	BAKERY DRIVERS LOCAL 802
41	BC/BS CAREFIRST
42	BC/BS HEALTHFLEX NOW
43	BC/BS OF ALABAMA
44	BC/BS OF GREATER NEW YORK
45	EMPIRE BS
47	BC/BS OF IOWA-WELLMARK
48	BC/BS OF MN
49	BC/BS OF NORTH DAKOTA
50	BC/BS OF RHODE ISLAND
51	BC/BS THROUGH SSA
52	BENEFIT CONCEPTS
53	BENESIGHT PCHS
54	BETTER HEALTH ADVANTAGE
55	BLUE CROSS BLUE SHIELD PP
56	BLUE CROSS OF NEW YORK
58	CAPITOL ADMINISTRATORS
59	CARPENTERS HEALTHCARE PLAN
60	CBSA
61	CENTRAL STATES
62	CENTRUS
65	CHATWINS HEALTHCARE ADMINISTRATORS

WORKER'S GUIDE TO CODES

3.1-23

02/18/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
66	CHRISTIAN BROTHERS EMPLOYEES
67	CITYWIDE CENTRAL INS PROGRAM
69	COALITION FOR CARE
70	COLE MANAGED VISION
71	COMBINED WELFARE FUND
72	CORESOURCE INC
72DNT	CORESOURCE (DENTAL)
74	CUSTOM COVERAGE
88	ELDERPLAN
90	VISION WORKS
99	NEW HIP
A1	UNION AM. POSTAL WORKERS
A2	AMERICAN PSYCH SYSTEMS
A3	AMERICAN MEDICAL LIFE INS CO
A4	ANTHEM LIFE
A5	AETNA:MEDICARE COST
A7	AMERICAN PIONEER LIFE INS CO
A8	ALTA HEALTH STRATEGIES
A9	WELL FARGO
AA	INTERSTATE FIRE & CASUALTY
AA1	GENERAL CASUALTY INS
AA2	ONE BEACON AMERICAN INSURANCE
AA3	AMERICAN COUNTRY INSURANCE COMPANY
AA4	NEW YORK CENTRAL MUTUAL
AA5	LIBERTY MUTUAL
AA6	BURLINGTON INSURANCE
AA7	THE HARTFORD
AA9	TRAVELERS INDEMNITY COMPANY
AA10	CHUBB INSURANCE CO. OF NY
AA11	ALL STATE INSURANCE COMPANY
AA12	STATE FARM
AA13	HARLEYSVILLE MUTUAL INSURANCE
AA17	UTICA INSURANCE
AA31	GEICO
AA45	MIDSTATE
AA46	KEMPER INDEPENDENCE
AA47	SULTERR INSURANCE
AA48	THE GENERAL INSURANCE
AA49	CLAIMS MANAGEMENT INC.
AA50	HORACE MANN INC.
AA52	FARMER'S INS. EXCHANGE
AA53	USAA (UNITED SERVICES AUTOMOBILE ASSOC.)
AA54	HANOVER INSURANCE COMPANY
AA55	FARM FAMILY CASUALTY INS
AA56	VICTORIA FIRE & CASUALTY
AA58	SEDGWICK CLAIMS MANAGEMENT
AA59	BROADSPIRE

WORKER'S GUIDE TO CODES

3.1-24

02/18/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
AA60	AVIS BUDGET GROUP
AA61	WAYNE COOPERATIVE INS.
AA62	GALLAGHER & BASSETT
AA63	NATIONAL GENERAL INSURANCE
AA64	ACE PROPERTY & CASUALTY COMPANY
AA65	WALMART
AA67	ACADIA INSURANCE COMPANY
AA68	NORTHEAST ALLIANCE INSURANCE COMPANY
AA69	PUPIL BENEFITS PLAN
AA70	MIDDLE OAK/MIDDLESEX INSURANCE
AA71	PATRIOT GENERAL INSURANCE COMPANY
AA72	PEERLESS - SAFECO
AA73	GOLUB
AA74	COUNTY WIDE INSURANCE CO.
AA75	ERIE AND NIAGARA INSURANCE
AA76	CHARTIS INSURANCE COMPANY
AA77	CRAWFORD INC.
AA78	FOREMOST INSURANCE COMPANY
AA79	ACCENT INSURANCE RECOVERY SOLUTIONS
AA80	INTEGON NATIONAL INSURANCE CO.
AA81	ESURANCE PROPERTY & CASUALTY
AA82	SALVIONE INS. AGENCY, INC.
AA83	SELECTIVE INSURANCE
AA84	PROPEL INSURANCE
AA85	MET LIFE
AA86	NGM INSURANCE CO.
AA87	HARTFORD FINANCIAL SERVICES GROUP
AA88	MEDICAL LIABILITY MUTUAL
AA89	AUTO ONE INSURANCE
AA90	PRAETORIAN INSURANCE COMPANY
AA91	MID HUDSON COOPERATIVE INSURANCE
AA92	PREFERRED MUTUAL INSURANCE COMPANY
AA93	MIDROX INSURANCE COMPANY
AA94	RLI INSURANCE
AA95	UTICA FIRST INSURANCE CO.
AA96	AMICA
AA97	AMERICAN TRANSIT INS. CO.
AA98	CAMBRIDGE INTEGRATED SERVICES
AA99	AEGIS SECURITY INSURANCE CO.
AA100	PERMANENT GENERAL COMPANIES
AA101	PMA MANAGEMENT CORP
AA104	AAA
AA105	GLOBAL LIBERTY INSURANCE CO.
AA106	NAUTILUS INS. CO.
AA107	BROOME CO-OPERATIVE INSURANCE
AA108	PHILADELPHIA INS. CO.
AA109	AMERICAN COMMERCE INSURANCE

WORKER'S GUIDE TO CODES

3.1-25

02/18/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
AA110	ARGONAUT GREAT CENTRAL INSURANCE CO.
AA111	PINNACLE RISK MANAGEMENT SERVICES
AA112	SENTRY INSURANCE
AA113	ADIRONDACK INSURANCE
AA114	NORTH CAROLINA FARM BUREAU INS. GROUP
AA115	NEW YORK PROPERTY INS. UNDERWRITING ASSOC.
AA116	MOTOR VEHICLE ACCIDENT INDEMNIFICATION CORP.
AA117	EULMONT MUTUAL INS. CO.
AA118	MAIN STREET ASSURANCE CO.
AA119	TOWER GROUP INC.
AA120	A. CENTRAL INSURANCE COMPANY
AA121	FARMERS INSURANCE CO.
AA122	ELCO ADMINISTRATIVE SERVICES
AA123	WEGMAN'S ACCIDENT SERVICES
AA124	SWIFT TRANSPORTATION CORP.
AA125	AM TRUST NORTH AMERICA
AA126	HOUSING AUTHORITY INS. GROUP
AA127	AUTO OWNERS INSURANCE COMPANY
AA128	CONNOR COCHRAN MGMT. SVCS. INC.
AA129	ER QUINN CO. INC.
AA130	AMTRAK
AA131	COMMERCE INSURANCE
AA132	THE REIS GROUP, INC.
AA133	SAFE AUTO INSURANCE CO.
AA134	FIRST SPECIALTY INSURANCE CO.
AA135	PARK INSURANCE CO.
AA136	STERLING INSURANCE COMPANY
AA137	MERCURY CASUALTY
AA138	NETWORK ADJUSTERS, INC.
AA139	VERMONT MUTUAL
AA140	WRIGHT RISK MANAGEMENT
AA141	IAT SPECIALTY
AA142	PACESETTER ADJUSTERS
AA143	MAIN STREET AMERICA GROUP
AA144	MERCHANTS MUTUAL INSURANCE COMPANY
AA145	DIRECT RESPONSE INS.
AA146	NATIONAL INCOME LIFE INS. CO.
AA147	MADISON MUTUAL INS. CO.
AA148	INTERSTATE FIRE & CASUALTY
AA149	GREAT WEST CASUALTY COMPANY
AA150	QBE INSURANCE CORPORATION
AA151	FIRST MERCURY INSURANCE
AA152	LEADING INSURANCE SERVICES
AA153	NEW JERSEY SKYLANDS INS.
AA154	AFFIRMATIVE RISK MANAGEMENT

WORKER'S GUIDE TO CODES

3.1-26

02/18/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
AA155	KIRBY INLAND MARINE
AA156	ASPEN INSURANCE
AA157	NATIONAL CASUALTY AUTO INSURANCE CO.
AA158	CINCINNATI INSURANCE COMPANY
AA165	MARKS AND HARISON
AA166	PLYMOUTH ROCK MANAGEMENT COMPANY
AA174	NATIONAL GRANGE
AA176	WESTERN ASSURANCE COMPANY
AA177	PRUDENTIAL
AA178	CLARENDON NATIONAL INSURANCE CO.
AA179	INFINITY INSURANCE COMPANY
AA180	ST. PAULS CO.
AA181	EMPIRE INSURANCE GROUP
AA182	FOY AGENCY INC.
AA183	NEW YORK CASUALTY
AA184	AETNA LIFE INSURANCE COMPANY
AA185	FCS ADMINISTRATORS INC.
AA186	MOUNTAIN VALLEY IND CO.
AA187	ALLEGANY CO-OP INS.
AA188	CONSTITUTION STATE SERVICES
AA189	US SPECIALTY
AA190	RISK MANAGEMENT
AA191	COLONIAL PENN
AA192	OSWEGO COUNTY MUTUAL INS. CO.
AA193	ARBELLA MUTUAL INSURANCE COMPANY
AA194	COLLICOON INSURANCE COMPANY
AA197	GREAT AMERICAN INSURANCE CO.
AA198	WINDSOR INSURANCE CO.
AA199	MAPFRE
AA200	FINGER LAKES FIRE & CASUALTY COMPANY
AA201	SCOTTSDALE INSURANCE
AA205	ALL CITY
AA206	ST. LAWRENCE COUNTY
AA207	NATIONAL UNION FIRE INSURANCE CO.
AA208	CANNON COCHRAN MANAGEMENT SERVICES
AA209	ROYAL INSURANCE
AA210	COMMUNITY TRAVELERS MUTUAL INSURANCE
AA211	AMERISURE
AA212	CONSOLIDATED STORES INTERNATIONAL
AA213	COMMERCIAL TRAVELERS MUTUAL INS. CO.
AA214	UNITED STATES LIABILITY INSURA
AA215	TRANSPAC SOLUTIONS
AA216	BIG LOTS
AA217	COOL RISK MANAGEMENT
AA218	UNION LABOR LIFE INSURANCE COMPANY (ULLICO)
AA219	MILLVIEW INSURANCE COMPANIES

WORKER'S GUIDE TO CODES

3.1-27

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
AA220	STARR ADJUSTMENT SERVICES, INC.
AA221	WNY CLAIMS SERVICES
AA222	TITAN INDEMNITY COMPANY
AA223	LANCER INSURANCE COMPANY
AA224	A. CENTRAL INSURANCE
AA225	OLD DOMINION INSURANCE CO.
AA226	BRISTOL WEST CLAIMS SERVICE
AA228	ESIS
AA229	SHELTERPOINT LIFE INSURANCE COMPANY
AAH	ALAMEDA ALLIANCE
ABC	ASSOCIATED BENEFITS CORPORATION
ABSS	AUTOMATED BENEFITS SERVICES
AC	AETNA LIFE INSURANCE COMPANY
ACA	ACA INSURANCE CO.
ACC	AMERIGROUP COMMUNITY CARE
ACD	AETNA (DENTAL)
ACE	ACE AMERICAN INSURANCE COMPANY
ACIC	AMERICAN CONTINENTAL INSURANCE COMPANY
ACS	ACS BENEFIT SERVICES INC.
AD	AETNA VARIABLE ANNUITY LIFE INS.
ADC	ADMINISTRATIVE CONCEPTS, INC.
ADI	ANTHEM DENTAL
AE	COUNTRYWAY INSURANCE
AEI	AXA EQUITABLE INSURANCE
AF	AMERICAN FAMILY LIFE ASSURANCE
AFF	AFFINITY HEALTH PLAN
AFL	AFLAC
AFRA	ALLIANCE FOR RETIRED AMERICANS
AFV	AMERICAN FOOD AND VENDING EMPLOYEE
AG	ALLSTATE LIFE INSURANCE COMPANY
AGA	A-G ADMINISTRATORS
AGB	AETNA GLOBAL BENEFITS
AH	AMALGAMATED LIFE INS. CO. INC.
AHA	AMERICAN HEALTHCARE ALLIANCE
AHCN	AMERIHEALTH CARITAS NORTHEAST
AHI	ARNOT HEALTH
AHP	ACADEMIC HEALTH PLAN
AHPS	AVERA HEALTH PLANS
AI	ALSTATE INSURANCE CO
AIL	AMERICAN INTERNATIONAL LIFE ASSURANCE
AJ	ABSENT PARENT RESPONSIBILITY
AJF	THE ALLEN J. FLOOD COMPANIES, INC.
AK	ALLIED BENEFIT ADMINISTRATORS
AL	AMERICAN GROUP ADMIN
ALC	AULTCARE MEDICAL INSURANCE
ALG	ALLEGIANCE

WORKER'S GUIDE TO CODES

3.1-28

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
ALT	ALTIUS HEALTH ADMINISTRATORS (AHA)
AM	AMERICORPS
AMA	AMA INSURANCE AGENCY
AME	AMERIBEN
AMHP	AV MED HEALTH PLAN
AMI	AMERITAS
AMK	ARAMARK CORPORATION
ANHF	AMALGAMATED NATIONAL HEALTH FUND
ANJ	AMERIHEALTH OF NEW JERSEY
AO	ALTA RX PRESCRIPTION DRUGS
AOI	AUTO OWNERS
AP	AARP
APM	AETNA PHARMACY
AR	ARCHCARE ADVANTAGE
ARI	AMERICAN REPUBLIC INSURANCE CO.
ARM	ADVENTIST RISK MANAGEMENT
AS	ASSOC PLAN ADMIN INC (APA)
ASA	ASSOCIATED ADMINISTRATORS
ASD	ASPEN DENTAL
ASH	AETNA STUDENT HEALTH
ASI	AMERICAN SPECIALTY INSURANCE
AUL	AULTRA ADMINISTRATIVE GROUP
AUX	AUXIANT
AV	AVESIS
AVSN	AETNA (VISION)
AWC	ALLIANZ WORLDWIDE CARE
AY	VIRGINIA SURETY COMPANY INC
AZ	AMERICAN PROGR.HLTH INS.CO.
AZHP	AZEROS HEALTH PLAN INC.
B1	BC/BS HIGHMARK
B2	BS OF FLORIDA
B3	BS OF MASS
B4	BC/BS TN.
B5	ANTHEM BC/BS OHIO
B6	BC/BS OF NEW JERSEY
B6DNT	BC/BS NEW JERSEY (DENTAL)
B7	BLUE CHOICE PREFERRED
BA	BANKER'S LIFE COMPANY
BAA	BLUE ADVANTAGE ADMINISTRATORS
BACI	BUSINESS ADMINISTRATORS & CONSULTANTS, INC.
BAH	BRIDGESTONE AMERICAS HOLDING INC.
BAI	BENEFIT ANALYSIS INC.
BB	BANKER'S MULTIPLE LIFE INS. CO.
BBA	BLUE BENEFIT ADMINISTRATORS OF MASSACHUSETTS

WORKER'S GUIDE TO CODES

3.1-29

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
BBI	B'NAI B'RITH INSURANCE GROUP
BCA	BC/BS OF ARIZONA
BCBSW	ANTHEM BC/BS OF WISCONSIN
BCD	BLUE CARE DENTAL
BCH	BUCKEYE COMMUNITY HEALTH PLAN
BCID	BC IDAHO
BCN	BC/BS OF NEBRASKA
BCSA	BC/BS ARKANSAS
BCSC	BC/BS COLORADO (ANTHEM)
BCSI	BC/BS INDIANA (ANTHEM)
BCSL	BC/BS OF LOUISIANA
BCSM	BC/BS MAINE
BCSN	BC/BS NEVADA
BCSNH	BC/BS NEW HAMPSHIRE
BCSNM	BC/BS NEW MEXICO
BCSO	BC/BS OF OKLAHOMA
BCSOH	BC/BS OHIO (ANTHEM)
BCSSD	BC/BS SOUTH DAKOTA (WELLMARK)
BCSW	BC/BS WYOMING
BDC	BD (BECTON, DICKSON & CO)
BDP	BENECARE DENTAL PLANS
BE	BC WESTERN NY
BEN	BENECARD PBF
BF	BENEFIT TRUST LIFE INS. CO.
BFI	BANKERS FIDELITY
BGF	BAPTIST HEALTH PLAN
BH	BS NE NY
BHS	BEACON HEALTH OPTIONS
BI	BS WESTERN NY
BL	BC NEW JERSEY
BLI	BLUELINK
BM	BS NEW JERSEY
BMI	BENEFIT MANAGEMENT INC.
BMR	BROADREACH MEDICAL RESOURCES, INC.
BN	NY EXCELLUS BC/BS
BNDNT	EXCELLUS BC/BS (DENTAL)
BO	BC/BS OF NORTHEASTERN NY
BP	BC/BS WESTERN NY
BQ	BC/BS OF CONNECTICUT, INC.
BR	BC/BS FLORIDA
BRM	BENEFIT & RISK MANAGEMENT
BS	DENTAL PAY
BSC	BLUE SHIELD OF CALIFORNIA
BSG	BSG DIRECT DENTAL
BSN	BUSINESS SOLUTIONS NY LLC
BSW	REGENCY BLUE SHIELD OF WASHINGTON
BT	BC/BS MASS.

WORKER'S GUIDE TO CODES

3.1-30

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
BTDNT	BC/BS MASSACHUSETTS (DENTAL)
BV	BLUE CROSS/BLUE SHIELD OF VERMONT
BVI	BLOCK VISION
BW	BC FLORIDA
BY	BC MASS.
BZ	BC N.E. PA.
C1	BC CAPITAL PENNSYLVANIA
C3	CAPITAL DIST PHYS HEALTH PLAN
C4	CIGNA
C5	COMMUNITY BLUE
C6	CHOICECARE
C8	CONFEDERATION LIFE INSURANCE
C9	CLAIM MANAGEMENT SERVICES
CA	TRICARE REGION 1 CLMS/CHAMPUS
CAN	CANAL INSURANCE COMPANY
CAP	CAPROCK
CAS	CATSKILL AREA SCHOOLS EMPLOYEE BENEFIT PLAN
CB	COLONIAL PENN FRANKLIN INS CO
CBA	CBA BLUE
CBCA	CBCA ADMINISTRATORS
CBEN	CONTINENTAL BENEFITS
CBG	COMMERCE BENEFITS GROUP
CBS	CORPORATE BENEFIT SERVICES OF AMERICA
CBSI	CORPORATE BENEFITS SERVICES INC.
CC	CONTINENTAL ASSURANCE COMPANY
CCH	CONSUMERS CHOICE HEALTH INSURANCE
CCM	COMPREHENSIVE CARE MANAGEMENT CORP.
CCP	COMMONWEALTH CARE PLAN
CCPI	CAROLINA CARE PLAN INC.
CCS	CERIDIAN COBRA SERVICES
CCST	CCS TPA
CD	CONTINENTAL CASUALTY COMPANY
CDB	CUSTOM DESIGN BENEFITS
CDC	CD CHOICES
CDI	CONNECTION DENTAL
CDNT	CIGNA DENTAL
CE	BC/BS OF MICHIGAN
CFA	CARE FIRST ADMINSTRATORS
CFD	BC/BS OF CALIFORNIA (DENTAL)
CG	CONN. GENERAL LIFE INSURANCE
CH	CHUBB LIFE AMERICA
CHB	CHOICE BENEFITS
CHC	COVENTRY HEALTH CARE
CHCS	CHCS SERVICES INC.
CHF	CULINARY HEALTH FUND
CHI	CENTURY HEALTHCARE

WORKER'S GUIDE TO CODES

3.1-31

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
CHIC	COLORADO HEALTH INSURANCE COOPERATIVE, INC.
CHPL	CAPITAL HEALTH PLAN
CHPS	CERNER HEALTH PLAN SERVICES
CHT	CONTRACTORS HEALTH TRUST
CIC	CHURCH MUTUAL INSURANCE COMPANY
CICO	CHEROKEE INSURANCE COMPANY
CIGRX	CIGNA - RX
CIGV	CIGNA VISION
CIP	CARE IMPROVEMENT PLUS
CISI	CULTURAL INSURANCE SERVICES INTERNATIONAL
CJ	COLUMBIAN MUTUAL LIFE INS. CO.
CK	COMBINED LIFE INS. CO. OF NY
CL	UNION SERVICE EMPLOYEE
CLI	CONTINENTAL LIFE INS. CO.
CLIC	CONSTITUTION LIFE INS. CO.
CM	COMM.TRAVELERS MUT.INS.CO.
CMI	COMTON INC.
CMP	COMPSYCH
CN	UNION CATSKL SCH EMP BEN PLN
CNI	CLARENDON NATIONAL INSURANCE COMPANY
CNIC	CNIC HEALTH SOLUTIONS
CO	COMPANION LIFE INS.CO.
COF	COFINITY
COM	COMPRE HEALTH
COMP	COMPUSIS ERISA
CON	CONNECTI CARE
COX	COX HEALTH PLAN
CPH	CARE PLUS
CPI	CASTLE POINT INS. CO
CPS	COMPREHENSIVE PROFESSIONAL SERVICES
CR	CONSOLIDATED MUT. INS. CO.
CRH	CRYSTAL RUN HEALTH PLAN
CRX	CHEM RX
CS	CONTINENTAL AM. LIFE INS. CO.
CSC	CONNECTICUT SURETY COMPANY
CST	CLEAR SCRIPT
CT	CONTINENTAL INSURANCE COMPANY
CU	UNION CSEA
CUL	CENTRAL UNITED LIFE INS.
CVA	CHAMP VA
CVI	CANON VIRGINIA INC.
CY	BC/BS OF GREATER NY (HMO)
D1	BC/BS OF THE NATIONAL CAPITAL AREA
D2	ERISCO
D3	PRO.INS. AGENTENTS GRP

WORKER'S GUIDE TO CODES

3.1-32

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
D4	OXFORD INSURANCE CO.
D5	DC 37 HEALTH & SECURITY PLAN
D6	BENEFIT MANAGEMENT OF MAINE
D7	BLUE SHIELD OF NE PENN
D8	CHESTERFIELD RESOURCES INC
D9	UNION LOC 32 HLTH&PENS FND
DA	BENEFIT ADMINISTRATORS INS
DAI	DENTAQUEST
DB	BC CALIFORNIA
DBDNT	BC/BS CALIFORNIA - DENTAL
DBI	DAYTONA T. BROWN, INC.
DBL	DENTAL BLUE
DC	BENEFIT MANAGEMENT SERVICES
DCP	DENTAL CARE PLUS
DCR	DELTACARE USA
DD	DDS INC.
DE	BC/BS DELAWARE
DF	BC/BS OF ILLINOIS
DFDNT	BC/BS OF ILLINOIS - DENTAL
DG	DIVERSIFIED GROUP BROKERAGE CORP
DGP	DICKINSON GROUP
DH	COMPREHENSIVE BENEFITS CO
DHC	DEFINITY HEALTH CLAIMS
DHP	DEAN HEALTH PLAN, INC.
DI	CELTIC LIFE INS CO
DIC	DEXTER INSURANCE COMPANY
DJ	BC/BS OF MISSOURI
DK	BC PHILADELPHIA
DKC	DAKOTA CARE
DL	OXFORD HLTH.PLAN M'CARE RISK
DMUT	DESERET MUTUAL
DNX	DENNEX DENTAL
DON	DONGBU INSURANCE COMPANY
DR	HIP GNY:MEDICARE COST
DRX	DATA RX
DS	HIP GNY:MEDICARE RISK
DUR	DUANE READE PHARMACY
DV	CAREMARK
DW	H M 0 BLUE PREFERRED
DX	DELTA DENTAL
DY	DENTEMAX
E1	EQUICOR
E2	EMPLOYEE SECURITY FUND
E3	ELM-CO AGENCY INC
E5	EXS EXPRESS SCRIPTS
EA	EMPIRE ST. MUT.LIFE INS. CO.
EB	EQUITABLE LIFE ASSURANCE CO

WORKER'S GUIDE TO CODES

3.1-33

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
EBA	EMPLOYEE BENEFITS ADMINISTRATOR (EBA)
EBMC	EMPLOYEE BENEFITS MANAGEMENT CORP.
EBMS	EMPLOYEE BENEFIT MANAGEMENT SERVICE
EBPA	EMPLOYEE BENEFITS PLAN ADMINISTRATION
EBS	EMPLOYEE BENEFIT SOLUTIONS LLC
EC	EMPL. MUT. LIAB. INS. CO./WIS.
ECHP	EASY CHOICE HEALTH PLAN OF NEW YORK STATE
ECI	EVERCARE
ECT	ENTRUST CLAIMS TEAM
ED	EQUITABLE LIFE INSURANCE CO./IOWA
EDM	EDUCATIONAL MARKETS
EE	EQUITABLE VARIABLE LIFE INS. CO.
EF	EXECUTIVE LIFE INS. CO. OF NY
EHA	EMPIRE HEALTHCHOICE ASSURANCE INC.
EHIM	EMPLOYEE HEALTH INS. MANAGEMENT
EJ	SELF INSURED
EM	EMPIRE PLAN/STATE EMPLOYEES
ENC	ENABLER CORP
EPS	EMPLOYER PLAN SERVICES INC.
ER	EVANS ROOFING
ERX	EMPIRX HEALTH
ES	NORTHEAST CARPENTERS
EV	ENVISION RX OPTIONS
EXS	EXPRESS SCRIPTS
F1	FIRST FORTIS
F2	FIRST HEALTH
F3	CORPORATE HLTH.ADMISTRATORS
F5	PAN AMERICAN LIFE
F6	SNL ADMINISTRATORS
F7	UNITED HEALTH CARE
F7D	UNITED HEALTH CARE (DENTAL)
F7SI	UNITED HEALTH CARE STUDENT INSURANCE PLAN
F7V	UNITED HEALTHCARE (VISION)
F8	VYTRA HEALTH CARE
F9	GLACIER BAY
FB	FARMERS/TRADERS LIFE INS.CO
FBMC	FRINGE BENEFITS MANAGEMENT CO
FC	FIDELIS CARE
FCAR	FREEDOMCARE
FCHP	FALLON COUNTY COMMUNITY HEALTH PLAN
FCT	FRANKLIN COUNTY
FD	FEDERAL LIFE & CASUALTY COMPANY
FDM	FIRE DISTRICT OF NY MUTUAL INS. COMPANY
FE	FIDELITY AND CAS. CO./NY
FF	FIDELITY MUTUAL LIFE INS. CO.

WORKER'S GUIDE TO CODES

3.1-34

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
FG	DIVERSIFIED GROUP ADMINISTRATORS
FH	FIREMEN'S INS. CO. OF NEWARK NJ
FHC	FLORIDA HEALTH CARE PLANS
FHCO	FITZ HARRIS AND CO.
FI	FIREMEN'S FUND AMERICAN LIFE INS.
FIC	FREELANCERS INSURANCE COMPANY
FID	FIDELIO
FJ	EASTERN BENEFIT SYSTEMS INC
FK	EXCELLUS RX
FM	ECPA
FMH	FMH BENEFIT SERVICES
FMHP	FIRST MEDICAL HEALTH PLAN INC.
FML	GLOBE LIFE INSURANCE COMPANY OF NY
FN	EDUCATOR'S MUTUAL
FCC	FIRST CAROLINA CARE
FP	FIRST PRIORITY LIFE
FQ	EOCNC/MULTIPLAN
FR	FOUNDATION HEALTH PLAN
FRG	FLUOR RETIREE GROUP
FS	FUTURE SCRIPTS
FSA	MEDSAVE USA, INC.
FU	UNITED AMERICAN LIFE INS CO
G1	GROUP ADMINISTRATORS
G2	GUARDIAN CHOICE
G4	BC/BS GEORGIA
GA	GUARDIAN INS. & ANNUITY CO INC
GBC	GLOBAL BENEFITS GROUP
GBS	GROUP BENEFIT SERVICES INC (GBS)
GC	GERBER LIFE INSURANCE COMPANY
GCI	GEISINGER CHOICE PPO
GD	GUARDIAN DENTAL
GE	GOVERNMENT EMPLOYEE HEALTH ASSOCIATION
GEDNT	GOV'T EMPLOYEES HEALTH ASSOCIATION (GEHA) - DENTAL
GEO	GEOBLUE
GEP	GE PENSIONERS HEALTH BENEFITS
GF	EPOCH GROUP
GG	UNION GOV EMPL LIFE INS CO NY
GHC	GROUP HEALTH COOPERATIVE
GHO	GROUP HEALTH OPTIONS
GI	ASSURE CARE
GIG	GUARD INSURANCE GROUP
GIL	GILSBAR
GJ	GUARDIAN LIFE INS. CO. OF AM.
GK	GENESEE VALLEY GROUP HEALTH PLAN
GL	EYE MED VISION PLAN

WORKER'S GUIDE TO CODES

3.1-35

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
GLIC	GLOBE LIFE INSURANCE COMPANY OF NEW YORK
GLIG	GLOBAL INDEMNITY GROUP
GLO	GLOBAL CARE INC.
GM	NATIONAL GENERAL INSURANCE
GN	GUILDNET GOLD
GO	FCE BENEFIT ADMINISTRATOR
GPP	GLOBAL PHARMACEUTICAL
GRI	GOLDEN RULE INSURANCE
GTL	G.T.L. GUARANTEE TRUST LIFE INS. CO.
GV	GUARDIAN VISION
GW	GREAT WEST LIFE
GWDNT	GREAT WEST LIFE (DENTAL)
GWF	GENWORTH FINANCIAL
GWV	GREAT WEST LIFE (VISION)
GX	LONGVIEW FIBRE SELF INSURED
GZ	MEDICAL CLAIMS SERVICE
H1	HOLLOW METAL TRUST FUND
H3	ARGUS HEALTH SYSTEMS (RX)
H4	SHELTERPOINT LIFE INS. COMPANY
H8	GALLAGHER BASSETT SERVICE
HA	HEALTH INS PLAN OF GREATER NY
HAI	HEALTH AMERICA
HAL	HEALTH ALLIANCE
HB	BCS INSURANCE COMPANY
HC	HEALTH AND WELFARE LIFE INS. ASSOC.
HCP	HEALTHCARE PARTNERS
HCS	HEALTH COST SOLUTION
H1	HOLLOW METAL TRUST FUND
HE	HARTFORD ACC./INDEMN CO.
HEM	EMBLEM HEALTH
HEW	HEWLETT & COLEMAN
HF	HARTFORD LIFE INS CO
HG	MAGNA CARE
HGM	HEALTHGRAM
HGRX	MAGNACARE RX
HHP	HUDSON HEALTH PLAN
HI	HOME LIFE INSURANCE COMPANY
HI	HEALTH INSURANCE INNOVATIONS
HIN	HEALTH INFO NET
HJ	HEALTH PLAN ADMINISTRATORS
HK	HEALTH FIRST
HKI	HEALTHKEEPERS INC.
HL	HEALTH CARE PLAN
HLC	HEALTHCOMP (TPA)
HLTH	HEALTH SPRING
HM	HAWAIIAN MEDICAL ASSURANCE ASSOCIATION

WORKER'S GUIDE TO CODES

3.1-36

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
HMA	HEALTH MANAGEMENT ADMIN
HMH	HOMETOWN HEALTH
HN	HEALTH SERVICES MEDICAL CORP
HNE	HEALTH NEW ENGLAND
HOP	HOP ADMINISTRATIVE SERVICES
HPC	HEALTH PLAN CPR, LLC
HPI	HEALTH PLANS INC.
HPN	HEALTH PLAN OF NEVADA
HPS	HEALTH PARTNERS
HQ	HEALTH ECONOMICS GROUP
HRI	HEALTH REPUBLIC INS.
HRMP	HEALTH REINSURANCE MANAGEMENT PARTNERSHIP
HS	HEATHWAYS INC
HSI	HEALTH SMART
HT	HEALTH PLUS
HTH	HTH WORLDWIDE
HTS	HEALTH TRANS
HU	HEALTHNET
HV	HEALTH CLAIM SERVICES
HZ	HORIZON HEALTHCARE
IA	INT LIFE INVESTORS INS CO
IAG	INS. ADMIN OF AMERICA
IB	SUN LIFE FINANCIAL
IBM	INTEGRA BMS
ID	INDECS
IF	INDEPENDENT HEALTH ASSOC. INC.
IG	GENERAL AMERICAN LIFE
IH	INCOME PROTECTION POLICY
IHC	IHC HEALTH SOLUTIONS
II	IMPERIUM INS.
IJ	HMO-CNY
IK	B.C. - INDEPENDENCE
IL	IDEAL LIFE INSURANCE CO.
IMG	INTERNATIONAL MEDICAL GROUP
IND	INDEPENDENCE ADMINISTRATORS
ISI	INSURANCE SYSTEMS INCORPORATED
IT	ITT LIFE INS CORP.
J1	J.J. NEWMAN & COMPANY
J2	JUSTO, INC
J3	ADVANTAGE HEALTH PLAN
J4	NORTH AMERICARE
J5	PHOENIX GROUP SERVICES
J8	JARDINE GROUP SERVICES
JA	J.C. PENNEY INSURANCE COMPANY
JB	JOHN DEERE INSURANCE COMPANY
JJS	JJ STANIS & CO.

WORKER'S GUIDE TO CODES

3.1-37

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
JP	GENERAL VISION
JRN	JRN CONSULTING
JU	GPA
JX	GROUP INS SERVICE CENTER
K1	VALUE BEHAVIORAL HEALTH
KBA	KEY BENEFIT ADMINISTRATORS
KC	BLUE CROSS/BLUE SHIELD OF KENTUCKY
KCI	HEALTH SMART
KH	KEYSTONE HEALTH PLAN EAST
KHC	KYHEALTH CHOICE
KHSA	KANAWAHA HEALTHCARE SOLUTIONS ADMINISTRATOR
KI	KEMPER INDEPENDENCE INSURANCE
KM	BC/BS WNY SR. BLUE
KN	ASO HEALTH PLANS
KO	INTEG. ALTERNATIVES COMM. NETWORK
KPI	KAISER PERMANENTE INSURANCE CO. (KPIC)
KRX	KROGER RX
L2	LOUISIANA OFFICE OF GROUP BENEFITS
LA	LIBERTY MUTUAL LIFE INS CO
LB	LIBERTY LIFE ASSURANCE COMPANY
LBI	LIMITED BRANDS INC.
LC	LINCOLN NAT.LIFE INS CO/NY
LD	APA PARTNERS
LDP	LIBERTY DENTAL PLAN
LE	LIBERTY HEALTH ADVANTAGE
LF	HARTFORD INSURANCE
LFW	LIFEWISE
LH	UNION TEAMSTERS LOC.182
LHP	LIFESTYLE HEALTH PLANS
LI	LIFE OF AMERICA INS CO
LIN	LINCARE INC.
LLH	LOVE LACE HEALTH PLAN
LO	UNION LOC.1199
LOD	LOCAL 1199 UNION (DENTAL)
LSC	LEATHERSTOCKING COOP INSURANCE
LV	LEHIGH VALLEY HEALTH NETWORK
LW	HARVARD PILGRIM
M1	THE MAXON CO
M3	McCREW CARE
M4	BC/BS MONTANA
M10	MEDICA
MAA	MUTUAL ASSURANCE ADMINISTRATION
MAD	MADISON
MAG	MARSH AFFINITY GROUP
MAI	MALONEY ASSOCIATES INC.
MB	MUTUAL OF OMAHA INS. CO.

WORKER'S GUIDE TO CODES

3.1-38

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
MBA	MERCHANTS BENEFIT ADMINISTRATION
MBH	MAGELLAN HEALTH SERVICES
MBM	MEDS BY MAIL (EAST)
MC	UNICARE
MCB	MED COST BENEFIT SERVICES ADMINISTRATION
MCHO	MAINE COMMUNITY HEALTH OPTIONS
MCO	MEDICO
MCS	MCS LIFE INSURANCE CO.
MCVSN	UNICARE - VISION
MD	MEDI-PLAN
MDS	MACY'S DEPARTMENT STORE
ME	MAIL HANDLERS BENEFIT PLAN
MED	MEDBEN
MEDA	MED AMERICA INSURANCE COMPANY OF NY
MEDP	MEDPAY
MES	MES VISION
MF	MEDICAL ADMINISTRATORS
MG	METLIFE
MH	UPSTATE ADMINISTRATION SERVICE
MHN1	MHN
MHP	METROPLUS HEALTH PLAN
MHPI	MODA HEALTH PLAN
MHPT	MERITUS HEALTH
MHS	MUTUAL HEALTH SERVICES
MHI	MAESTRO HEALTH
MI	UNION UNITED FOOD WORKERS
MIF	MEDICAL INDEMNITY FUND
MIS	BC/BS OF MISSISSIPPI
MJ	MONARCH LIFE INSURANCE COMPANY
ML	MONTGOMERY WARD
MM	MUTUAL BENEFIT LIFE INS. CO.
MMC	MAKSIN MANAGEMENT CORP.
MMIS	MERRIT MED SYSTEM (MMIS)
MMM	MICHIGAN AND MILLERS MUTUAL INS. CO.
MMO	MEDICAL MUTUAL OF OHIO
MN	MUTUAL LIFE INS. CO./NY
MNC	MILA NATIONAL CHOICE PLAN
MONT	MONTEFIORE
MP	MUTUAL PROTECTIVE/MEDICO LIFE INSURANCE COMPANIES
MPI	MPI HEALTH PLAN
MQ	MOHAWK VALLEY PHYS. HLTH PLAN
MQDNT	MOHAWK VALLEY HEALTH PLAN - DENTAL
MQRX	MOHAWK VALLEY HEALTH PLAN - RX
MRM	MAGELLAN RX MANAGEMENT
MS	UNION MILK PLANT EMP WELF TRUST

WORKER'S GUIDE TO CODES

3.1-39

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
MSG	MED SENSE GUARANTEED ASSOC. (MSGA)
MSS	MEDTRAK SERVICES LLC
MT	MID-HUDSON HEALTH PLAN
MUC	MARSH USA CONSUMER
MWN	MIDWEST NATIONAL LIFE INSURANCE CO.
MX	MGA PLAN ADMINISTRATORS
MXI	MATRIX
MXP	MAXORPLUS
N1	NPA-NAT.PRESCR ADMIN
N2	NATIONAL BENEFIT LIFE INS CO
N3	NATIONAL PRESCRIPTION SVCS
N4	NYS AUTO DEALERS ASSOC
N5	NY FARM BUREAU/NYS BG
N6	NORTH MEDICAL COMM HLTH PLAN
N7	NAT.ASSOC. OF LETTER CARRIERS
N8	NASSAU CO. RETIREE HEALTHPLAN
NA	NY DENTAL SVCS CORP
NB	NY SCHOOL ATHLETIC PROTECT/PLAN
NC	NATIONAL CASUALTY COMPANY
NCC	NORTHEAST COMMUNITY CARE
ND	NY LIFE INSURANCE COMPANY
NDB	NEVADA DENTAL BENEFITS
NE	NATIONWIDE GENERAL INS. CO.
NEMW	NEW ERA OF THE MID WEST
NF	1ST PROVIDIAN LIFE/HEALTH INS.
NG	NORTHCARE PARTNERS
NGS	NGS CORE SOURCE
NH	NIPPON LIFE
NHI	NETWORK HEALTH INSURANCE
NHP	NEIGHBORHOOD HEALTH PROVIDERS
NHPMA	NEIGHBORHOOD HEALTH PLAN MA
NHS	NAVITUS HEALTH SOLUTIONS
NI	NATIONAL INSURANCE SERVICES INC
NIL	NATIONAL INCOME LIFE
NJ	PARTNERS HEALTH PLAN
NK	NATIONWIDE LIFE INS. CO.
NL	NEW ENGLAND MUTUAL LIFE INS. CO
NLI	NL INDUSTRIES
NM	MERITAIN HEALTH
NMDNT	MERITAIN HEALTH - DENTAL
NMH	NEW MEXICO HEALTH CONNECTIONS
NO	NOVA HEALTHCARE
NQ	HEALTH PLEX DENTAL
NR	NORTHWESTERN NAT. INS. CO.
NS	NH/VT HEALTH SERVICE
NSL	NORTH SHORE LONG ISLAND JEWISH
NT	BC/BS OF N.CAROLINA

WORKER'S GUIDE TO CODES

3.1-40

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
NTC	NTCA - ASHEVILLE SERVICE CENTER
NWA	NORTHWEST ADMINISTRATORS
NWC	NEWMAN COMPANY
NWS	NATIONWIDE SPECIALTY HEALTH
NVA	NATIONAL VISION ADMINISTRATORS
NY	HEALTH SCOPE BENEFITS INC
NYDNT	HEALTH SCOPE BENEFITS - DENTAL
NYG	NEW YORK GOLD RX
NYM	NEW YORK MUTUAL UNDERWRITERS
OA	HEALTHNOW
OB	HEREIU
OC	OMNICARE
OD	OLD DOMINION INSURANCE
ODS	ODS COMPANIES
OHF	OPTUM HEALTH FINANCIAL SERVICES
OHI	ONTARIO HEALTH INSURANCE PLAN
OHV	OPTUM HEALTH VISION
OIC	OSCAR INSURANCE CORPORATION
OL	OXFORD LIFE INSURANCE COMPANY
OPH	OPTIMED HEALTH PLAN
OPT	OPTIMA HEALTH
ORC	ORBIS CORPORATION
ORX	OPTUM RX
OX	HOTEL ASSOCIATION OF NYC
P1	PRINCIPAL LIFE INS CO
P1DNT	PRINCIPAL MUTUAL - DENTAL
P1VSN	PRINCIPAL MUTUAL - VISION
P5	HRA
P6	HUMANA
P6V	HUMANA (VISION)
PA	PRUDENTIAL ATT MYRNA LEACH
PAA	PITTMAN AND ASSOCIATES
PAI	PAI (PLAN ADMINISTRATORS INC.)
PB	PAUL REVERE LIFE INS. CO.
PBP	PEQUOT BENEFIT PLAN
PC	PHOENIX MUTUAL LIFE INS CO
PCH	PIEDMONT COMMUNITY HEALTH PLAN
PCI	PRE-EXISTING CONDITION INS. PLAN
PCK	PEACH CARE FOR KIDS
PD	PEERLESS INSURANCE COMPANY
PDM	PHARMACY DIMENSIONS - IHA CLAIMS
PE	HEALTHSOURCE INC.
PEH	PUBLIC EMPLOYEE HEALTH PLAN
PEK	PEKIN INSURANCE
PG	PENN GENERAL SERV OF NEW ENG INC
PGA	PERMANENT GENERAL ASSURANCE CO.
PGP	PREFERRED GROUP

WORKER'S GUIDE TO CODES

3.1-41

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
PH	PARAMOUNT HEALTH
PHC	PREFERRED HEALTH CARE
PHP	PHYSICIANS HEALTH PLAN
PI	PACIFIC CARE
PJ	IAA
PK	IBOTV HEALTH AND WELFARE FUND
PL	PREMIER HEALTH NETWORK
PM	PROVIDENT LIFE & ACCIDENT INS.
PMD	PHARMACY DATA MANAGEMENT
PMT	PHARMACEUTICAL TECHNOLOGIES
PN	PRESCRIPTION NETWORK
PO	PROVIDENT MUT. LIFE INS.CO./PHIL
PONE	PREFERRED ONE
PP	MEDCO HEALTH
PPI	PRIMARY PHYSICIANCARE INC.
PPN	PEQUOT PHARMACEUTICAL NETWORK
PPS	PRIMARY PLUS
PRO	PRO ACT
PROC	PROCARE
PRX	PARTNERS RX
PSPM	PROSCRIPT PHARMACY MANAGEMENT
PSY	PSYCH CARE
PT	BS/PENNSYLVANIA
PTN	PENN. TREATY NETWORK AMERICA INSURANCE COMPANY
PU	POMCO INSURANCE
PUDNT	POMCO (DENTAL)
PW	PREMERA BLUE CROSS OF WASHINGTON
PY	PHYSICIANS MUTUAL
Q3	MDNYHEALTHCARE
QC	QUAL CARE
QG	QUADGRAPHICS
QHC	QUANTUM HEALTHCARE
R2	RESOLVE
R3	EQUITABLE PLAN SERVICES
R4	HARRINGTON BENEFIT SERVICES
RA	INSURANCE DESIGN ADMINISTRATORS
RB	INSURANCE MANAGEMENT SERVICES
RC	INTERNATIONAL BENEFIT ADMINISTRATOR
RD	ISLAND GROUP ADMINISTRATION
RDI	REDO INC.
RE	ROCHESTER HEALTH NETWORK
REN	RENAISSANCE DENTAL
RM	LIFETIME BENEFIT SOLUTIONS
RMDNT	LIFETIME BENEFITS SOLUTION - DENTAL
RMVSN	LIFETIME BENEFITS SOLUTION - VISION
RN	RESERVE NATIONAL INS. CO.

WORKER'S GUIDE TO CODES

3.1-42

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
RP	RETAIL PHARMACY
RRB	RAILROAD RETIREMENT BOARD
RX	RX WEST
RXA	RX AMERICA
RXE	RXEDO INC.
S1	BC/BS OF SOUTH CAROLINA
SA	SUMMIT AMERICA INSURANCE
SAC	SECURUS A&C LLC
SAD	SYRACUSE AUTO DEALERS ASSOC
SB	SIEBA LTD
SBI	STIRLING BENEFITS INC.
SBL	STONEBRIDGE LIFE
SBS	SIGNIFICA BENEFIT SERVICES
SC	SEDGWICK CLAIMS MGT.
SCH	SEECCHANGE HEALTH INSURANCE
SCO	SAFE COMPANY
SCP	SOUTH CENTRAL PREFERRED
SD	SUSQUEHANNA ADMINISTRATORS INC
SDI	SIMPLE
SE	SEARS, ROEBUCK & COMPANY
SF	SAMBA FEDERAL HEALTH PLAN
SFC	SPECIAL FUNDS CONSERVATION COMPANY
SG	SECURITY MUTUAL LIFE INS. CO.
SH	SENTRY LIFE INS. CO./NY
SHB	STATE HEALTH BENEFIT PLAN - GEORGIA
SHC	SMITHFIELD HEALTH CARE & BENEFITS PROGRAM
SHN	SECURE HORIZON
SHP	SANFORD HEALTH PLAN
SHPL	SUTTER HEALTH PLAN
SI	SELE'DENT
SIC	SECURITY INSURANCE CO.
SIM	SIMPLIFI ESO
SIS	SELF INSURED SERVICES COMPANY (SISCO)
SISCO	SISCO
SL	ST LAWRENCE/LEWIS SCHOOLS INS
SLI	SHENANDOAH LIFE INS. CO.
SM	SANUS HEALTH PLAN:MEDICARE RISK
SMH	SMART HEALTH
SMHP	ST MARY'S HEALTH PLANS
SMI	STATE MUTUAL INSURANCE CO.
SO	JOCKEY GROUP HEALTH PLAN
SPS	SPECIALIZED PHARMACY SOLUTIONS LLC
SPW	SCRIP WORLD
SQ	STATE FARM LIFE AND ACC. ASSUR
SRC	STRATEGIC RESOURCE COMPANY (SRC AN AETNA CO.)

WORKER'S GUIDE TO CODES

3.1-43

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
SRI	SAVE RX
SRL	SCRIPTRELIEF LLC
SS	STATE MUT.LIFE ASSUR CO./AMERICA
SSC	STEWART'S SHOP CORP
SSH	S&S HEALTHCARE
SSPT	SILVERSCRIPT
SSR	SUTTON SPECIAL RISK
ST	STERLING LIFE INSURANCE COMPANY
STB	STARBRIDGE
STH	SENTARA HEALTHCARE
STL	STANDARD LIFE INSURANCE COMPANY
STPA	SHASTA (TPA)
SUC	SUMMA CARE
SUD	ASSURANT (DENTAL)
SV	SECURITY 65 PLAN
SVS	SUPERIOR VISION SERVICES INC.
SW	SENIOR WHOLE HEALTH
SWH	SCOTT & WHITE HEALTH PLAN
SWS	STATE WIDE SCHOOLS COOPERATIVE HEALTH PLAN
SX	SANUS HEALTH PLAN
SY	SYMETRA
SYH	SECURITY HEALTH PLAN
SZ	SUFFOLK CTY EMP MED HLTH PLN
T1	BC/BS TEXAS
T1DNT	BC/BS TEXAS - DENTAL
TA	UNION TEACHERS INS.&ANN TRST
TAW	FRINGE BENEFIT GROUP
TB	TRAVELERS
TC	TRANSAMERICA INSURANCE COMPANY
TCC	THOMAS COOPER
TCI	TENNCARE
TD	TRANSWORLD LIFE INS. CO. OF NY
TDP	TRIDENT PLAN ADMINISTRATORS
TE	JOHN ALDEN
TF	THRIVENT FINANCIAL
TFH	TUFTS HEALTH PLAN
TH	TOUCHSTONE HEALTH
THP	THP INS. COMPANY
THT	TEACHER'S HEALTH TRUST
TI	TECOM INCORPORATED
TIL	TEXAS INTERNATIONAL LIFE INSURANCE
TKG	THE KEISER GROUP
TL277	TEAMSTERS LOCAL 277
TLC	THE LOOMIS COMPANY
TLH	THE LIFETIME HEALTHCARE COMPANIES
TP	PRIME THERAPEUTICS PHARMACY

WORKER'S GUIDE TO CODES

3.1-44

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
TPA	3P ADMINISTRATORS
TR	TRUSTMARK
TRI	TRINET
TTA	TALL TREE ADMINISTRATORS
TTD	32 DENTAL
TU	TRAVELERS HEALTH NETWORK
U1	UNION BAKERY&CONFECT WRKRS
U2	US HEALTH CARE:MEDICARE RISK
U9	UNION UN INDUSTRY WRKRSLOC424
UA	UNION LABOR LIFE INS CO
UB	UNION MUTUAL LIFE INS CO
UBH	UNITED BEHAVIORAL HEALTH
UBI	ULTRA BENEFITS, INC.
UC	KEY MEDICAL/REGENCE LIFE
UCT	UNITED COMMERCIAL TRAVELERS (UCT)
UD	LMH SELF FUNDED MEDICAL PLAN
UDI	UNITRIN DIRECT INS. CO.
UH	UNITED MUTUAL LIFE INS. CO.
UHA	UNIVERSITY HEALTH ALLIANCE
UIS	UNITED INTEGRATED SERVICES
UL	U.S. LIFE INS. CO.
ULI	UNIFIED LIFE INSURANCE COMPANY
UN	UNIVERSAL AMERICAN
UNC	UNC REX HEALTHCARE
UN1	8TH DISTRICT ELECTRICAL BENEFIT FUND
UN16	SHEET METAL WORKERS NATIONAL HEALTH FUND
UN17	NATIONAL UNION FIRE INSURANCE CO.
UN18	LOCAL 1 HEALTH FUND
UN19	INT'L UNION OF OPERATING ENGINEERS (I.U.O.E.)
UN20	AETNA BAC LOCAL #2 NY JOINT BENEFITS FUND
UN21	MASON TENDER'S DISTRICT COUNCIL WELFARE FUND
UN22	UUP BENEFITS TRUST FUND
UN23	LOCAL 445 TEAMSTERS
UN24	UNITED FEDERATION OF TEACHERS
UN25	UNION FIDELITY LIFE
UN26	LOCAL 223 SICK BENEFIT FUND
UN27	SERVICE EMPLOYEES' BENEFIT FUND
UN28	LOCAL 1249 INSURANCE FUND I.B.E.W.
UN29	CENTRAL NEW YORK LABORERS HEALTH AND WELFARE FUND
UN30	UFCW LOCAL ONE HEALTH CARE FUND
UN31	LOCAL 584
UN32	OPERATING ENGINEERS LOCAL 825 FUND SERVICE FACILITIES

WORKER'S GUIDE TO CODES

3.1-45

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
UN33	IRON WORKERS' DISTRICT COUNCIL HEALTH CARE PLAN
UN34	ROCHESTER LABORERS WELFARE FUND
UN35	NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND
UN36	DIVISION 1181 ATU NY WELFARE FUND
UN37	PLUMBERS AND PIPEFITTERS LOCAL UNION 286
UN38	WESTCHESTER TEAMSTERS LOCAL 456
UN39	ENGINEERS JOINT WELFARE FUND
UN40	PLUMBERS & STEAMFITTERS LOCAL 21
UN41	BLOCK VISION
UN42	PLUMBERS LOCAL 75 HEALTH FUND
UN43	IBEW LOCAL UNION
UN44	LOCAL 15 IUOE
UN45	UNITED EMPLOYEES HEALTH PLAN
UN46	DENTAL SERVICES LOCAL 338
UN47	UNITED BENEFIT FUND
UN48	LOCAL 137 WELFARE FUND
UN49	LOCAL 1102 RWDSU-UFCW
UN50	LOCAL 25 HEALTH BENEFIT FUND IBEW
UN51	SHEET METAL WORKERS LOCAL 83
UN52	LABORERS' LOCAL 17
UN53	AME (ASSOCIATION OF MUNICIPAL EMPLOYERS BENEFIT FUND)
UN54	LOCAL 464A UFCW
UN55	LOCAL 2287 (LINOLEUM & CARPET LAYERS UNION)
UN56	LOCAL 338 HEALTH AND WELFARE FUND
UN57	NYC DISTRICT COUNCIL OF CARPENTERS WELFARE FUND
UN58	LOCAL 28 SHEET METAL WORKERS
UN59	LOCAL 389
UN60	IRON WORKERS HEALTH FUND
UN61	PENNSYLVANIA EMPLOYEES BENEFIT TRUST FUND
UN62	LOCAL 282
UN63	LOCAL 32BJ
UN64	WRITERS GUILD WGA PENSION FUNDS
UN65	JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY
UN66	LOCAL 7 TILE INDUSTRY WELFARE FUND
UN67	UPSTATE NEW YORK ENGINEERS HEALTH FUND
UN68	TEAMSTERS LOCAL 210
UN69	PAINTING INDUSTRY INSURANCE FUND
UN70	LOCAL 94 HEALTH AND BENEFIT TRUST FUND
UN71	STEAMFITTERS PENSION FUND LOCAL 638
UN72	LOCAL 1500 UFCW

WORKER'S GUIDE TO CODES

3.1-46

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
UN73	NYSA ILA WELFARE FUND
UN74	LOCAL 1205 INTERNATIONAL BROTHERHOOD TEAMSTERS UNION
UN75	NEW YORK STATE UNITED TEACHERS
UN76	POLICE BENEVOLENT ASSOCIATION FOR SUFFOLK COUNTY
UN77	NEW JERSEY CARPENTERS HEALTH FUND RETIRED PLAN BENEFIT
UN78	PLUMBERS LOCAL 200
UN79	LOCAL 295
UN80	LOCAL 138
UN81	LABORERS' LOCAL 731 EXCAVATORS
UN82	LOCAL & ROOFERS UNION
UN83	LABORERS' LOCAL 785 HEALTH INSURANCE FUND
UN84	BRICK LAYERS & ALLIED CRAFT WORKERS LOCAL 5
UN85	GENERAL BUILDING LABORERS' LOCAL 66
UN86	LOCAL 342
UN87	LOCAL 1298
UN88	FELRA & UFCW HEALTH & WELFARE FUND
UN89	LOCAL 804 WELFARE TRUST FUND
UN90	D J O'GRADY CONSULTANTS LTD
UN91	IBEW LOCAL 226 HEALTH AND WELFARE FUND
UN92	LOCAL 100 TRANSPORT WORKERS UNION
UN93	PRODUCTION WELFARE WORKERS LOCAL 148
UN94	INDUSTRIAL, TECHNICAL, PROFESSIONAL EMPLOYEE HEALTH AND WELFARE FUND
UN95	LOCAL 5275
UN96	LOCAL 272 WELFARE FUND
UN97	IUOE LOCAL 14-14B OPERATING ENGINEERS
UN98	LOCAL 707 ROAD CARRIERS
UN99	LOCAL 475 IUE-CWA
UN100	TEAMSTERS LOCAL 560
UN101	LOCAL 808
UN102	LOCAL 1-D WINE LIQUOR & DISTILLERY WORKERS UNION 1-D
UN103	SHEET METAL WORKERS LOCAL 38
UN104	UNITED TEAMSTERS 202, 522
UN105	LABORERS AGC TRUST OF MONTANA
UN106	LOCAL 102 BAKERY, CONFECTIONARY TOBACCO WORKERS & GRAIN MILLERS
UN107	LOCAL 359 FULTON FISH MARKET
UN108	LOCAL 365 UNITED AUTO WORKERS WELFARE FUND
UN109	LOCAL 670 STATIONARY ENGINEERS WELFARE FUND

WORKER'S GUIDE TO CODES

3.1-47

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
UN110	SINGER RETIREES VEBA TRUST FUND
UN111	LOC. 73 PLUMBERS / STEAMFITTERS
UN112	LOCAL 119B
UN113	LOCAL 237
UN114	LOCAL 6 NYC HOTEL TRADES COUNCIL
UN117	LOCAL 147 WELFARE FUND CONSTRUCTION WORKER'S
UN118	LOCAL 966 TEAMSTERS
UN120	LOCAL 60 WESTCHESTER HEAVY CONSTRUCTION
UN121	CENTRAL PA TEAMSTERS HEALTH AND WELFARE FUND
UN122	RECYCLING AND GENERAL INDUSTRIAL UNION LOCAL 108
UN123	PIRELLI ARMSTRONG TIRE CORP
UN131	TEAMSTERS LOCAL 810
UN134	PUBLISHERS WELFARE FUND
UN135	NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
UN136	GUILD TIMES BENEFIT FUND
UN139	LOCAL 1049 IBEW
UN141	LOCAL 813 INSURANCE TRUST FUND
UN142	LOCAL 1298
UN143	COMM WORKER OF AMERICA LOCAL 1180
UN144	LOCAL 46 METAL LATHERS
UN145	LOCAL 246 NYC HOUSING
UN146	SOUTHERN TIER BUILDERS TRADE WELFARE
UN147	LOCAL 74-203 (ROOFERS)
UN148	LOCAL 381
UN149	UNIFORMED FIRE OFFICERS ASSOCIATION
UN150	TEAMSTERS LOCAL 687
UN151	GPPAW EMPLOYERS RETIREMENT TRUST
UN152	MOSAIC & TERRAZZO WELFARE FUND
UN153	MADELAINE/LOCAL 1222 WELFARE FUND
UN154	IAMAN DISTRICT #15 HEALTH FUND
UN155	PIPEFITTERS WELFARE FUND LOCAL 597
UO	UTICA MUTUAL INSURANCE COMPANY
UP	UNION FIDELITY LIFE OF PA.
UPMC	UPMC HEALTH PLAN
USA	USABLE ADMINISTRATORS
USAA	USAA LIFE INS. CO.
USCW	US CHAMPION WRESTLING
USFH	US FAMILY HEALTH PLAN
USFI	UNITED STATES FIRE INSURANCE COMPANY
USS	EVOLVE PHARMACY SOLUTIONS
UTA	UNITED TEACHER ASSOCIATES INS. CO.
VA	VETERANS AID

WORKER'S GUIDE TO CODES

3.1-48

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
VBA	VISION BENEFITS OF AMERICA
VC	VNS CHOICE
VDL	STATE OF VERMONT DEPT. OF LABOR
VGH	VERIZON GROUP HEALTH PLANS
VMC	VERMONT MANAGED CARE
VRS	VISION RISK SERVICES LLC
VRX	VRX PHARMACY
VSI	VISION SCREENING INC.
VSP	VISION SERVICE PLAN (VSP)
WA	WASHINGTON NAT. LIFE INS.CO.
WAB	WAUSAU BENEFITS INC.
WB	WORKERS COMP.
WB1	CRAWFORD INC
WB2	TRIBAL FIRST
WB3	ZURICH INS.
WB6	AMTRUST FINANCIAL SERVICES (AMTRUST PURCHASED CARDINAL COMP)
WB7	CHUBB GROUP INSURANCE
WB37	UTICA MUTUAL INSURANCE
WB44	AIG
WB45	THE CHARTER OAK FIRE INS. CO.
WB46	NATIONAL UNION FIRE INSURANCE
WB47	INSURANCE COMPANY OF STATE OF PENNSYLVANIA
WB48	POMCO
WB50	WAUSAU INSURANCE
WB51	ELECTRICAL EMPLOYEES SELF INS. SAFETY PLAN
WB52	TOKIOMARINE MANAGEMENT INC.
WB53	CIGNA
WB54	FIRST NIAGARA RISK MANAGEMENT
WB55	AM TRUST OF NORTH AMERICA
WB56	AMERICAN AUTOMOBILE INSURANCE CO.
WB57	ROCHDALE INSURANCE COMPANY
WB58	STATE FARM FIRE AND CASUALTY COMPANY
WB59	PEERLESS INSURANCE CO.
WB60	GOLUB CORPORATION
WB61	THE SPECIAL FUNDS CONSERVATION COMMITTEE
WB62	NETWORK ADJUSTER
WB63	SELECTIVE INS. CO OF AMERICA
WB64	GLACIER BAY
WB65	GUARANTEE INSURANCE COMPANY
WB66	JEFFERSON COUNTY WORKMAN'S COMP.
WB67	NORTHEAST WORKERS COMPENSATION
WB68	OAK RIVER INS. CO.
WB69	USA TPA INC.

WORKER'S GUIDE TO CODES

3.1-49

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
WB70	ORYX
WB71	MONTANA STATE FUND
WB72	AMERISAFE RISK SERVICES INC.
WB73	MET. LIFE INSURANCE COMPANY OF CT.
WB74	SAMARITAN-EDDY WORKERS'
WB75	NIAGARA BUSINESS TRUST
WB76	VALLEY FORGE INSURANCE COMPANY
WB77	WRIGHT RISK MANAGEMENT
WB78	ERIE INSURANCE
WB79	DOLGENCORP OF NEW YORK INC.
WB80	TOWER NATIONAL INS. COL.
WB81	NYCOM MERCANTILE TRUST
WB82	BROADSPIRE
WB83	WFL AREA SCHOOLS
WB84	ELITE CONTRACTORS TRUST OF NY
WB85	ASSOC. BUILDERS & CONTRACTORS
WB86	HANOVER INSURANCE COMPANY
WB87	SAFEGUARD INSURANCE COMPANY
WB88	DELHAIZE AMERICA
WB89	ARROWPOINT CAPITOL
WB90	NATIONAL INTERSTATE INSURANCE COMPANY
WB91	CONTINENTAL INDEMNITY CO.
WB92	ULLICO CASUALTY
WB93	EMPIRE STATE HOSPITALITY
WB94	STAR INSURANCE
WB95	NY STATE HEALTH PROVIDERS WORKERS COMPENSATION TRUST
WB96	ILLINOIS NATIONAL TRUST CO.
WB97	BUNCH & ASSOCIATES INS. CO.
WB98	NEW HAMPSHIRE INSURANCE CO.
WB99	NCACOMP
WB100	CCS HOLDINGS LTD.
WB101	CASTLE POINT INSURANCE
WB102	UNINSURED EMPLOYER FUND
WB103	MANUFACTURES ALLIANCE INS. CO.
WB104	EASTGUARD INS. CO.
WB105	NORTH RIVER INSURANCE CO.
WB106	PERMA
WB107	S.A.F.E., LLC
WB108	NEW YORK LIQUIDATION BUREAU
WB109	STRATEGIC GROUP
WB110	NORTHERN INSURANCE CO. OF NY
WB111	MAC RISK MANAGEMENT
WB112	ACS
WB113	NJ MANUFACTURERS INSURANCE CO
WB114	PACIFIC EMPLOYERS INS. CO.
WB115	NATIONAL BENEFITS LIFE INS.

WORKER'S GUIDE TO CODES

3.1-50

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
WB116	EMERALD
WB117	CHARTER OAK FIRE COMPANY
WB118	TECHNOLOGY INSURANCE CO.
WB119	SHELTERPOINT LIFE INS. COMPANY
WB120	FRANKLIN COUNTY SELF INSURANCE PLAN
WB121	KEY RISK SERVICES LLC
WB122	REPUBLIC WESTERN INSURANCE COMPANY
WB123	GREAT DIVIDE INSURANCE COMPANY
WB124	WARREN COUNTY SELF INSURANCE FUND
WB125	DOLLAR GENERAL
WB126	DEARBORN NATIONAL
WB127	TWIN CITY INSURANCE CO.
WB128	PROGRESSIVE MEDICAL
WB129	MATRIX ABSENCE MANAGEMENT
WB130	ULSTER COUNTY SELF-INSURANCE
WB131	AVIZENT
WB132	TRUCK INSURANCE EXCHANGE
WB133	SEA BRIGHT INSURANCE CO.
WB134	YORK CLAIMS SERVICE
WB135	ARCH INSURANCE CO.
WB136	TRIAD GROUP LLC
WB137	CHESTERFIELD SERVICES
WB138	TRANSPORTATION INSURANCE CO.
WB139	SUFFOLK COUNTY SELF-INSURED
WB140	WEGMAN'S
WB141	MAIN STREET AMERICA GROUP
WB142	COOPERATIVE ASSOC. OF FOOD ENT. WC TRUST
WB143	ALBANY CITY SCHOOL DISTRICT SELF INSURED
WB144	CHENANGO COUNTY SELF INSURED
WB145	DYNAMIC CLAIM SERVICES
WB146	WESTFIELD INSURANCE COMPANY
WB147	RC DIOCESE OF SYRACUSE
WB148	HANNAFORD BROS. CORP.
WB149	OLD REPUBLIC INSURANCE CO.
WB150	EMPIRE STATE TRANSPORTATION
WB151	TOMPKINS-SENECA-TIOGA SCHOOL WC
WB152	CONSOLIDATED CLAIMS SERVICES
WB154	BART RICH ENTERPRISES
WB155	CINCINNATI INSURANCE CO.
WB156	ONE BEACON INSURANCE CO.
WB157	MICHIGAN AND MILLERS MUTUAL INS. CO.
WB158	HONYTRUST
WB159	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
WB160	TRISTAR RISK MANAGEMENT
WB161	NATIONAL GRANGE MUTUAL INSURANCE

WORKER'S GUIDE TO CODES

3.1-51

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
WB162	GREATER NY INSURANCE COMPANY
WB163	CORVEL CORPORATION
WB164	ORISKA INSURANCE COMPANY
WB165	AMERISURE MUTUAL INSURANCE CO.
WB166	M & E MANUFACTURING CO.
WB167	MCNEIL & COMPANY
WB168	CITY OF NY LAW DEPARTMENT
WB169	SENTINEL INSURANCE CO. LTD
WB170	AMERICAN PROTECTION INC. CO.
WB171	APPLIED RISKS SERVICES INC.
WB174	RISK MANAGEMENT SERVICES, INC.
WB175	ALLIANCE NATIONAL INSURANCE COMPANY
WB176	HELMSMAN MANAGEMENT SERVICES
WB177	W.J. COX ASSOCIATES, INC.
WB178	SWIFT TRANSPORTATION
WB188	CRUM AND FOSTER
WB189	PROTECTIVE INSURANCE CO.
WB194	NYS HEALTH PROVIDERS WORKER'S COMPENSATION TRUST
WB195	ARROWOOD INDEMNITY CORPORATION
WB196	SENTRY INSURANCE
WB197	SAFETY NATIONAL CASUALTY CORP.
WB198	COMMUNITY INSURANCE CO. OF NEWARK NJ
WB199	OHIO CASUALTY
WB200	COMMERCE & INDUSTRY INSURANCE COMPANY
WB201	ROYAL & SUN ALLIANCE
WB202	COMPENSATION RISK MANAGERS, LLC
WB203	ST. LAWRENCE COUNTY
WB204	ATLANTIC SPECIALTY INSURANCE CO.
WB205	DIOCESE OF OGDENSBURG
WB206	LUMBERMAN'S MUTUAL CASUALTY CO.
WB207	ZENITH INSURANCE
WB208	ST. LAWRENCE - LEWIS COUNTY SCHOOL DISTRICT
WB209	EBI COMPANIES
WB210	MARYLAND CASUALTY COMPANY
WB211	PIONEER CLAIM MANAGEMENT INC.
WB212	LIVINGSTON COUNTY SELF INSURED
WB213	EMC INSURANCE COMPANIES
WB214	EAGLE CLAIMS SERVICES
WB215	FIRST UNUM LIFE INS. COMPANY
WB217	FCS ADMINISTRATORS INC.
WB218	LIFETIME BENEFITS SOLUTIONS
WB219	FIDELITY & DEPOSIT CO. OF MD
WB220	MEADOWBROOK INSURANCE GROUP
WB221	AETNA
WB222	TIG INSURANCE

WORKER'S GUIDE TO CODES

3.1-52

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
WB223	GENERAL ACCIDENT INS. OF AMERICAN
WB224	ST. PAUL FIRE & MARINE INSURANCE
WB225	INDEMNITY INSURANCE COMPANY
WB226	CONTRACTORS COMPENSATION TRUST
WB227	CAMBRIDGE
WB228	WORKERS COMPENSATION BOARD
WB229	MARKEL INSURANCE CO.
WB230	BWC CAREWORKERS OF OHIO
WB231	BRENTWOOD SERVICES INC.
WB232	EMPACT
WB233	WESCO
WB234	KEMPER INSURANCE
WB235	CHURCH MUTUAL
WB236	NATIONWIDE
WB237	INTERNATIONAL DALMAGE CO.
WB238	NORGUARD INSURANCE
WB239	QUAL-LYNX
WB241	BERKSHIRE HATHAWAY HOMESTATE
WB242	SLONE MELHUIH INC.
WB243	EMPIRE STATE AGRICULTURE COMPENSATION
WB244	RISK ENTERPRISE MANAGEMENT LIMITED
WB245	GRAPHIC ARTS MUTUAL INSURANCE CO.
WB246	ARMOUR GROUP
WB247	LEGION INSURANCE CO.
WB248	MURPHY AND BEANE
WB249	PREFERRED WORKS
WB250	NYS MUNICIPAL WC ALLIANCE
WB251	PENNSYLVANIA DEPT OF LABOR INDUSTRY
WB252	INSERVCO INSURANCE SERVICES INC.
WB253	SCRIBAL ASSOCIATES
WB254	GREAT AMERICAN INSURANCE COMPANY
WB255	STEUBEN COUNTY SELF INSURED
WB257	THE PHOENIX INSURANCE CO
WB258	AMERICAN INTERNATIONAL GROUP
WB259	UNITED STATES DEPARTMENT OF LABOR OWCP
WB260	QBE AMERICAS, INC.
WB261	HEALTHCARE OF NY WC TRUST
WB262	MARRIOTT CLAIMS SERVICES
WB263	CAYUGA MEDICAL CENTER
WB264	NJ SCHOOLS INSURANCE GROUP
WB265	SENECA COUNTY SELF-INSURED
WD	WELLDYNE RX
WEB	WEB-TPA
WF	UMR
WFBN	WORKFORCE BEHAVIORAL NETWORK
WG	WESTERN GROWERS

WORKER'S GUIDE TO CODES

3.1-53

06/17/2018

THIRD PARTY DATA SHEET FORM - DSS 4198 (CONT'D)

INSURER CODES (CONT'D)

<u>CODES</u>	<u>CARRIER</u>
WH	WELLNET HEALTHCARE
WHA	WESTERN HEALTH ADV
WIC	WORLD INSURANCE COMPANY
WJ	W.J. JONES ADMIN SERVICES
WL	WEST GEN LABOR WELFARE FUND
WM	UNION WALMART SELF INS
WN	WALGREEN'S HEALTH
WP	WILLIAM PENN INS CO OF NY
WPI	WILLIS PROGRAMS
WPS	WPS HEALTH PLAN INC.
WR	WELLPOINT NEXT RX
WS	WAUSAU (NY/NJ WORKERS COMP CLAIMS OFFICE
WSF	WESTERN SOUTHERN FINANCIAL
WT	WELLCARE
WV	BC/BS WEST VIRGINIA
XR	UNITED CONCORDIA CO. INC.
YCHP	YOUR CARE HEALTH PLAN
YH	YALE HEALTH
ZB	ZURICH INSURANCE COMPANY

THIRD PARTY HEALTH DATA SHEET - DSS 4384

MEDICARE COVERAGE UPDATE

MEDICARE SAVINGS PROGRAM INDICATOR

- P** Qualified Medicare Beneficiaries (QMB)
- L** Specified Low Income Medicare Beneficiary (SLMB)
- U** Qualified Individual (QI-1)
- X** New Value for QDWI. (Has not yet been defined by DOH/TPHI)

ASSOCIATED NAME AND ADDRESS FORM - DSS 3517-25

ASSOCIATED ADDRESS CODES

- 01** Case Member Not At Case Residence
- 06** Committee
- 07** Guardian
- 10** Recipient of Second MA ID Card
- 19** Optional 2nd Mailing Address (MA Only)

FAIR HEARING UPDATE DATA ENTRY FORM - DSS 3722

FAIR HEARING CODES (AID STATUS)

- 1** Client has settled in Conference
 - 2** Aid Continuing
 - 3** Non-Aid Continuing
 - 4** Conditional Aid-Continuing
 - 5** Client Lost Fair Hearing Agency Upheld
 - 6** Client won Fair Hearing, Client Upheld
 - 7** Erroneous Closing Entered, Administrative Error
 - 8** Case Has Been Suspended By An Immediate Closing
 - *9** Settled in Conference, Agency Favor. (This only applies to employment-related closings.)
 - P** Pause. This will suspend a V21 eligibility case denial or case closing, or a Y29 case closing, leaving transaction in 04 (pending) status indefinitely.
 - L** Reviewed, requested appropriate documentation returned, proceed with next action. The "paused" transaction will be purged from pending.
 - R** Client submitted documentation that was insufficient/inappropriate, proceed with V21 or Y29. The "paused" transaction will be unsuspending and processed to RJ or CL status.
- * To be used only for cases closed by the Office of Employment Services**

WORKER'S GUIDE TO CODES

3.1-55

02/18/2018

SCREEN NQRF00: RFI SNN/CIN SUMMARY

The following codes refer to new screens for Resource File Integration (RFI). With the Introduction of Software for Version 93.1

RFI INDICATOR (RFI IND)

VALUE

MEANING

X

Unresolved RFI exists on case

Space

No hits received for anyone on the case or all hits have been resolved.

SCREEN NQRF02 / NQRF03 / NQRF04

**RFI SCREEN NQRF02 WAGE REPORTING INFORMATION
RFI SCREEN NQRF03 UIB INDIVIDUAL INFORMATION
RFI SCREEN NQRF04 SSA/RSDI INDIVIDUAL INFORMATION**

RFI STATUS (INQUIRY CODES)

<u>VALUE</u>	<u>MEANING</u>
U	Unresolved RFI data
R	RFI data is resolved
N	Response received -no data found
W	Unresolved RFI data due to problem with SSN
V	SSA has verified SSN only
Space	Query sent but no response received

RESOLUTION CODES (RES CODE)

(These codes can be data entered on the bottom of the Inquiry Screens listed above)

VALUE **MEANING**

FOR PUBLIC ASSISTANCE AND SNAP

P01	Client required to file an SS-5 to correct SSA'S records. (Can be used only on WTPY screen NQRF04)
P02	Demographics changes on WMS
P03	Application/Individual rejected-failure to respond to request to verify RFI data.
P04	Application/Individual rejected-ineligible due to RFI data
P05	RFI does not affect eligibility-currently correct.
P07	Case is eligible but made active at a reduced grant due to RFI.
P08	Referred to BCFI.
P90	Override RFI information. (Can be used on WTPY screen only.)

FOR MEDICAL ASSISTANCE

M01	Social Security data reviewed.
M02	Case or individual rejected-failure to respond to RFI information request or financially ineligible because of information on RFI.

SCREEN NQRF02 / NQRF03 / NQRF04 (CONT'D)

RESOLUTION CODES (RS CODES) (CONT'D)
FOR MEDICAL ASSISTANCE

- M03 RFI data investigated, financial eligibility not affected, RFI data budgeted as appropriate.
- M04 Case/individual closed at recertification for failure to respond to RFI information request, or financial ineligibility due to RFI.
- M05 Fair Hearing aid to continue or determination override RFI matches.
- M06 RFI individual not the same as client or assets do not belong to client. (Does not include bank error.)
- M07 Bank error. Resources in this account are not client's, nor do they belong to anyone on case, in the household or anyone related to this case.
- M09 Westmiller case; unpaid medical bills exist; resources budgeted.
- M10 Separately designated burial fund or funeral agreement. May include interest.
- M11 Up to \$500 of the resources are gifts and/or minor's wages only. Up to \$500 disregarded.
- M12 Guardian applied for.
- M13 Guardian was appointed.
- M14 Excess resources reimbursed or no longer Westmiller.
- M15 Transfer of assets - non-HR applicant/recipient. Account still open.
- M16 Transfer of assets - non-HR applicant/recipient. Account closed.
- M17 Case closed and referred to Office of Revenue and Investigation (ORI).
- M18 Connect case.
- M19 CASA coverage adjustment to pay vendor. Emergency processing.
- M20 Transfer of assets - HR applicant/recipient. Transfer not allowed.
- M21 Pregnant woman.
- M22 Court-ordered unassailable resource. Does not affect current eligibility until client's 18th birthday.
- M23 Court-ordered unassailable resource. Does not affect current eligibility until client's 21st birthday.

WORKER'S GUIDE TO CODES

3.1-58

02/18/2018

SCREEN NQRF02 / NQRF03 / NQRF04 (CONT'D)

RESOLUTION CODES (RS CODES) (CONT'D)
FOR MEDICAL ASSISTANCE

M24 AHIP; expanded eligibility with no resource test.
M25 Joint account. Recipient eligible for MA.
M90 For MAP Systems Office use only. (For use on WTPY screens only.)

OTHER - FOR USE IN ALL PROGRAMS

"#" Delete existing resolution code.

SYSTEM GENERATED CODES - FOR USE IN ALL PROGRAMS

S97 SSN is valid and there are no SSA benefits
S98 Match data replaced with more recent information
S99 Client not in AP status when hit received.

RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478

RESTRICTION/EXCEPTION TYPE

05 Pharmacy
06 Physician
08 Clinic
35 Comprehensive Medicaid Case Management
38 ICF/DD Residents Exempt from Utilization Thresholds
50 Parental CONNECT (WMS Coverage Code 15)
51 Medicaid Eligible (WMS Coverage Code 01 or 30) Plus CONNECT
54 Exempt from HR Restrictions (System Generated, Output only)
T2 NYC tax claim outside household
T3 NYC enhanced shelter allowance

WORKER'S GUIDE TO CODES

4.1-1

06/18/2017

CHAPTER 4 -
MEDICAL ASSISTANCE PROGRAM
TURNAROUND DOCUMENT - DSS 3517
SECTION 10 - MA CASE (SUFFIX) LEVEL CODES

MA RESPONSIBILITY AREA INDICATOR (MA RESP) - 219

AG State Investigative Agency - State AG cases
AN Acute Long Term Hospital Care Case
AS Acute Long Term Hospital Care Surplus Case
BH Bridges to Health Foster Care Case
CC Community Care Case
CM Child Health Plus (CHP) to Medicaid
CS Community Care Surplus Case
DN Dialysis Case
DS Dialysis Surplus Case
FA Enrolled in FIDA Plan
FD Foster Discharge
FH Fair Hearing - Aid to Continue Case
GP Protective Services -Guardian Pending
HC Hospital Care Catastrophic Case (**External Use Only**)
HN Hospital Care Case
HP HARP from NYSoH to WMS
HS Hospital Care Surplus Case
IC Medicaid Suspension (**Valid 4/01/08**)
IG State Investigative Agency - State IG cases
LB Luberto Vs Novello
LC Long Term Care
LM Lombardi Care Case LCLong Term Care
LR Long Term Regular Chronic Care Case
LT I.S. High Risk Case
MC CED/Managed Long Term Care
MP Qualified Individual (**Q11**)
MS Special Low Income Medicare Beneficiaries (**SLIMB**)
NA Home Health Aid Case
OB OTB Retirees (Center 534)
OF Assisted Living Program
OM Office of Mental Retardation
PA Home Attendant Care Case
PC Presumptive Eligibility for Children
PD Home Care-Working Person with Disability Case
PE Presumptive Eligibility Family Planning Benefits Program
PK Housekeeper Care Case
PM Homemaker Care Case
PR Pre-release clients
PS Protective Services
PT Pooled Trust Case
PU Undefined Home Care Program Case
QM Qualified Medicare Beneficiaries (**QMB**)
SA Home Health Aid Surplus Case
SH Shelter Case
SC Special Services For Children (SC) Case
WD Working Disabled
WS Waiver Services Case

SECTION 10 - MA CASE (SUFFIX) LEVEL CODES (CONT'D)

APPLICATION SOURCE CODE (MA: STAT) - 062

C	Telephone application from F24
E	Application registered through My Benefits (NYS system)
K	ACCESS NYC from F24
N	Application registered through ACCESS NYC
P	Application is to be sent to the Asset Verification System (AVS)
Q	Telephone Application for F43
U	ACCESS NYC from F43
X	Cases transferred from the Health Exchange to WMS
Y	ACCESS NYC from F11
Z	ACCESS NYC from F11

RECERTIFICATION SOURCE (RCRT SRC) - 063

P	WMS Transactions to be sent to the Asset Verification System (AVS)
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MA CASE TYPE CODES (MA:TYPE)

MA	20	Medicaid
MPE	21	Medicaid Presumptive Eligibility
MSSI	22	Medicaid Supplemental Security Income

MA STATUS CODES (MA: STAT) - 240

AC	Active
AP	Applying
CL	Closed
IC	Medicaid Suspension
NA	Not Applying
RJ	Denial

RESOURCE VERIFICATION INDICATOR (RVI) - 282

- 1: Resources verified for 36 months
- 2: Resources verified only for current month
- 3: Resources not verified
- 4: Transfer of resources
- 5: System generated transfer from NYSoH (Only valid with Case Opening codes 613, 614, 615, 616 and 621)
- 6: Transfer from NYSoH (Only valid with Case Opening codes 613, 614, 615, 616 and 621)
- 9: System generated exempt from resource verification

WORKER'S GUIDE TO CODES

4.1-3

06/18/2012

MA CASE REASON CODES

OPENING CODES - MA (MA: REAS - 241)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
A03	MA	Suspended Coverage at Incarceration of Inmate of NYS or Local Facility HH=1 Inmate of a New York State or local correctional facility. 18NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL
A08	MA	Authorized Medicaid Coverage, CHP to Medicaid (NYC) We have accepted your Medicaid application date _____ for all Medicaid covered care and services effective _____ for: Please review the Medical Assistance Utilization Threshold Information, found in the Medical Assistance section of the booklet, "LDSS-8B: If you submitted paid medical bills for direct reimbursement, you will be notified separately of our decision. Regulations 18NYCRR 360-4.1,360-4.2,360-4.3,360-4.4, 360-4.5, 360-4.6 and y 360-4.7
A09	MA	Notice of Intent to Change Medical Coverage Enrolled in MLTC NYC (Housing Disregard) We will reduce your Medicaid coverage from all covered care and services to community coverage with community-based long-term care effective _____ for: This reduction is because you are no longer receiving nursing facility services. You have enrolled in a Managed Long Term Care health plan, which provides services for individuals who are chronically ill and/or who have disabilities. Because you have been discharged from a nursing home facility and have enrolled in a MLTC plan, a housing allowance of \$ _____ is used to determine you Medicaid eligibility. We have enclosed a budget worksheet so you can see how we determined your eligibility. If you need assistance, please contact your social serves district. Regulation 18 NYCRR 360-2.3, 360-4.7, 360-4.8, Section 366-a(2) and 366.14 of SSL
A24	MA	Reinstate MA, Incarcerated Individual Released (NYC) We will reinstate Medical Assistance coverage, subject to any limitations. This is because you are no longer an inmate in a NYS or local correctional Facility. Regulation 18NYCRR 360 and Section 366(1-a) of SSL
A26	MA	Reinstate FHP to MA, Incarcerated Individual Released (NYC) We will reinstate Medical Assistance coverage, subject to any limitations. This is because you had coverage under FHP prior to incarceration. Regulation 18 NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL
A27	MA	Reinstate FPBP, Incarcerated Individual Released (NYC) We will reinstate Medical Assistance coverage. This is because had coverage under the Family Planning Benefit Program prior to incarceration. Regulation 18NYCRR 360-3.4(a)(1) and Section 366(1)(a)(1) and 366(1-a) of SSL
A28	MA/FHP	Reinstate MA, Individual Discharged from a Psychiatric Center (NYC) We will reinstate Medicaid coverage effective _____. This is because you have been discharged from a psychiatric center. I you start receiving nursing facility services on a permanent basis, notify your social services district immediately. Regulations 18NYCRR 360-2.2, 360-2.3, 360-3.4 (a)(1) and Sections 366(1)(c) & (d)and 366a(5)(d) of SSL.

WORKER'S GUIDE TO CODES

4.1-4

02/14/2015

MA CASE REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 241)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
A29	MA/FHP	FHP to MA, Individual Discharged from a Psychiatric Center (NYC) We will reinstate Medical Assistance coverage to all Medicaid covered care and services effective _____. This is because you had coverage under Family Health Plus prior to admission to a psychiatric facility and have been discharged. Regulation 18NYCRR 360-2.2, 360-2.3, 360-3.4(a)(1) and Sections 366 1 (c) & (d) and 366a(5)(d) and 369(ee) of SSL.
A41	MA/FHP	Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center, HH=1 (NYC) We will suspend Medicaid/Family Health Plus/family Health P plus Premium Assistance Program/Family Planning Benefit Program coverage effective: _____. Your Medicaid benefits will be reinstated when you are discharged. Regulation 18 NYCRR 360-3.4(a)(2) and Section 366(1)(c) and (d) of the SSL
A44	FPBP	Reinstate FPBP, Individual Discharged from a Psychiatric Center (NYC) We will reinstate your Family Planning Benefit Program coverage effective _____. This is because you had coverage under Family Planning Benefit Program prior to admission to a psychiatric facility and have been discharged. Regulation 18 NYCRR 360-3.4(a)(1) and Sections 366 (1)(a)(1) and 366 (1) (c) and (d) of the SSL.
A62	MA	Accept MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility We have accepted your application dated _____ for Medicaid but, due to your immigration status, only for coverage for the treatment of inpatient emergency medical conditions. The coverage is effective _____ for: Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you received while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions. All other Medicaid coverage will be suspended while you are incarcerated, Regulation 18NYCRR 360-3.2(j), 360-3.4(a)(1), 366(1-a), 366(1)(a)(1) and Section 122 of the SSL.
A64	MA	Suspend MA Coverage for Treatment of Inpatient Emergency Medical conditions, Inmate of a Correctional Facility We will suspend Medicaid coverage effective _____ for: Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you receive while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions. This decision is based on Sections 122 and 366((1)(e)(1) of the SSL.
A67	MA	Reinstate MA Coverage for Treatment of Emergency Medical Conditions, Individual Released from a Correctional Facility We will reinstate Medicaid coverage for care and services necessary for the treatment of an emergency medical condition effective _____ for: This is because you are no longer an inmate of a correctional facility. You are eligible for Medicaid coverage only for care and services necessary for the treatment of an emergency medical condition. This decision is based on Sections 122 and 366(1)(e)(1) of the SSL.

WORKER'S GUIDE TO CODES

4.1-5

10/22/2017

MA CASE REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 241) (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
D21	MA	<p>Open MA Case Discharged from Foster Care - True Chafee The following individual will receive Medicaid under the Client Identification Number noted below, effective_____:</p> <p>This is because you were discharged from foster care and are between the ages of 18 and 21. Regulation 18 NYCRR 360-3.2(j) and SSL 366(3-a).</p>
D22	MA	<p>Open MA Case Discharged from Foster Care - Chafee Regulation 18NYCRR 360-3.2(j) and SSL 366(3-a).</p>
D23	MA	<p>Foster Care IV-E KinGap Regulation Section 458-d of Social Services Law</p>
D24	MA	<p>Foster Care Non IV-E KinGap Regulation Section 458-d of Social Services Law</p>
D25	MA	<p>Foster Care Non NYS or Out of State IV-E KinGap Regulation section 458-d of Social Services Law</p>
D92	MA/SSI	<p>SSI recipient not yet appearing on SDX determined eligible for MA-SSI Regulation 360-3</p>
D95	FHP/PAP	<p>Premium Assistance Program-Parents at Case Level MA 369-ee</p>
H21	MA	<p>Notice of Intent to Change Medicaid Coverage Disenrolled in MLTC NYC (Housing Disregard) Regulation 18 NYCRR 360-2.3, 360-4.1, 360-4.1, 360-4.4, 360-4.5, 360-4.7 360-4.8, and sections 366-a(2) and 366.14 of SSL</p>
H28	MA	<p>Medical Assistance/Family Planning Benefits Program For FPBP eligible at or below 200% of FPL. At the case and individual level for Category codes 68 or 69 only.</p>
H50	MA	<p>Authorize Medicaid Coverage, Referral Received from NYSoH The Medicaid case for the following individual has been referred to the Human Resources Administration (HRA) by the New York State of Health (Marketplace): Your eligibility for Medicaid must be determined on a different basis that takes into account both your income, resources, and certain deductions that were not applied by the Marketplace.</p>
H60	MA	<p>Accept Medicaid Application for Retroactive Period Only, All Covered Care and Services, Ongoing Coverage through the New York State of Health Your health care coverage is authorized through the New York State of Health. You requested for coverage for medical bills in the three month period prior to your application to the New York State of Health. We have made a decision concerning your request. This decision is based on Social Services Law section 364-i(7)</p>
H62	MA	<p>Accept Medicaid Application for Retroactive Period Only, Excess Income (1 Month Spend Down Met), Ongoing Coverage through the New York State of Health We will suspend Medicaid/Family Health Plus/family Health Plus Premium Assistance Program/Family Planning Benefit Program coverage effective:_____. Your Medicaid benefits will be reinstated when you are discharged. Regulation based on section 364-i(7) of the SSL</p>
H64	MA	<p>Override Opening Code for Nursing Home and MLTC cases (Manual Notice Required)</p>

WORKER'S GUIDE TO CODES

4.1-6

02/18/2018

MA CASE REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 241) (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H65	MA-MPE	Ongoing Coverage through the New York State of Health Your health care coverage is authorized through the New York State of Health. You requested coverage under the Family Planning Benefit Program prior to you application to the New York State of Health. We have accepted your application date _____ for Family Planning Benefit Program effective for the period _____ to _____ for: This decision is based on SSL section 366(1)(b)(6)
H66	MA	MAGI-Like Consumers (NYC) Section 366(1)(b) of the Social Services Law
H67	FHP	Eligible single/childless couples (can only be used on FHP cases). MA: 369-ee
H68	FHP	Parents at the case level (can only be used on FHP cases) MA: 369-ee
H69	FHP	Pregnant women on MA case. MA: 369-ee
H70	MBI-DBG	Medicaid Buy - In (Disabled Basic Group) Eligible at or below 150% Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law
H71	MBI-MI	Medicaid Buy - In (Medically Improved) Eligible at or below 250% but greater than 150% Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law
H72	MA	Pay-In Excess Income Regulation 360-4.8 (c)
H73	QI1	Qualified Individual Opening code for Qualified Individuals - QI1
H74	FHP	Parents and Expanded Eligibility Children Regulation
H76	MA	Excess Income, Managed Long Term Care Section 366-a(2) of the Social Services Law.
H77	MA- SSI Related	Blind and disabled individuals who lose eligibility for SSI payments; As a result of becoming entitled to Title II child's insurance benefits as a disabled adult child (DAC) or because of an increase in such benefits. Note: MBL budget type 04 (SSI Related), or 05 (SSI-FA) or 06 (SSI- SNCA) must be used Regulation 360-3.3 (c)
H78	MA	Not Eligible for MA- Eligible for Health Insurance Premium Payment Only. Regulation 360-7.5 (H)
H79	MA	Household Member Eligible for MA and Eligible for COBRA Health Insurance Continuation Payments. Regulation 360-3, 360-7.5 (H)
H80	MA	Opening Code for Nursing Home Resource Transer Penalty HH = 1 (Timely Notice)
H52	MA	Continuous Coverage MA Manual (Manual Notice)
H53	MA	Continuous Coverage MA Individual Closed on PA Case (Manual Notice)

WORKER'S GUIDE TO CODES

4.1-7

06/18/2017

MA CASE REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 241) (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H82	FHP-PAP	FHP-PAP with Combo Coverage (S/CC) We have accepted your application dated____for Family Health Plus/Family Health Plus-Premium Assistance Program.
H83	MA	Regulation 18 NYCRR 360-2.2(d)(2) and Sections 366(1)(a)(1) and 369-ee of the SSL. Institutionalized Spouse (Manual Notice Required) Expected to remain in medical institution for 30 consecutive days- Chronic Care Budgeting used. Regulation 360.14 (c)
H84	MA	Inpatient Hospital bills equal to or greater than excess resources combined; with excess income (if applicable). Regulation 360-3
H85	MA-SSI Related	Medicare Premium, Co-Insurance and Deductible Only. (SLIMB/QMB) Regulation 360-3.
H88	All	Disabled child/children receiving medical/nursing care at home. Regulation 360-3
H91	MA	Medical Bills Equal to or Greater than Excess Income. Regulation 360-4.8 (c)
H94	All	Medical need – no recent change in financial circumstances. Regulation 360-3
H96	All	Determined MA Eligible using Expanded Eligibility Criteria Case contains excess resources, excess income or both (replaced 039) Regulation 360-3
H98	FHP-PAP	Premium Assistance Program-Parents and Expanded Eligibility Children MA 369-ee
H99	MA	Administrative Renewal for Aged, Blind and Disabled Coverage Unchanged (NYC) Regulation 18 NYCRR 360-2.3 and Section 366-a of SSL.
P47	MA	Reinstate MA Coverage (30 Days Prior to Release) We will reinstate Medicaid coverage when the following individual is released to the community correctional facility: Prior to release, a common Benefit Identification Card will be mailed to the correctional facility. This card will be made available to you upon release to the community
Y27	FPBP-PE	Presumptive Eligibility Family FPBP - Case Type 21 (No Notice Required)
Y56	MPE	Presumptive Eligibility
Y57	MPE	Based on your need for home care services, you have been determined presumptively eligible for a maximum period of 60 days. Regulation 360-3
Y58	MPE	Based on your pregnancy, you have been determined presumptively eligible for Medical Assistance for a maximum period of 45 days. Regulation 360-3
Y59	MPE	Presumptive Eligibility for Children (Manual Notice) Regulation SSL 364-I (4) (a-e)
Y67	MA	Other
Y68	MA	RVI Fair Hearing Opening Code in Undercare
Y69	All	Administrative Regulation 360-3

WORKER'S GUIDE TO CODES

4.1-8

06/17/2018

MA CASE REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 241) (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
609	MA	BHP Transfer Remains in WMS (Manual Opening) We will restore Medicaid coverage effective _____ for the following individual(s): This because you have been identified as an individual who must have their eligibility determined by your local department of social services rather than by New York's health plan marketplace, NY State of Health. 18 NYCRR 360-2
616	MA	Authorize Medical Coverage, Referral Received from NYSoH NYSoH Transition (Manual Opening)
621	MA	Authorize Medicaid Coverage, Referral Received from NYSoH This eligibility can only be determined by your local Department of Social Services
622	MA	Enrolled in HARP and transferred from NYSoH to WMS
666	MA	Fair Hearing Opening Code MA 369-ee
667	MA	GRAUS 2 Months extension MA cases awaiting Recert update (System Generated)
669		12-Month Automatic Extension (System Generated) Due to disaster of 09/11/2001
672	MA	Special GRAUS (667) 1 Month extention (System Generated)
806	MA	Reinstate MA, Incarcerated Individual Released (System Generated) Regulation 18NYCRR 360 and Section 366(1-a) of the SSL
812	MA	Recalculation of Contribution Toward Chronic Care Single COLA Regulation 18 NYCRR 360-4.9 and 360-4.3 and section 366
813	MA	Reinstate, Incarcerated Individual Released (System Generated) Regulation 18NYCRR 360-4.4(a)(1) and Section 366(1)(a)(1) and 366(1-a) of SSL
814	MA	Reinstate FHP to MA, Incarcerated Individual Released (System Generated) Regulation 18 NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL
822	MA	Open MA Case Discharged from Foster Care - Chafee (System Generated) Regulation 18NYCRR 360-3.2(j) and SSL 366(3-a).
853	MA	Transition of MA Eligibility, (Upstate to NYC) (System Generated) A Medical Assistance case will be opened. Regulation 18NYCRR Sections 351.2 (g)(1) and 360-4.8 (b) 364-j and 369-ee of SSL
865	MPE	Presumptive Eligibility for Children (System Generated) Regulation SSL 364-I (4) (a-e)
889	MA	Open MA Case Discharged From Foster Care (System Generated) Regulation 18 NYCRR 360-2.6
923	All	This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth or within three (3) months prior to the infant's birth. Establish MA only (System Generated) Regulation 366-g

WORKER'S GUIDE TO CODES

4.1-9

06/18/2017

MA CASE REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H43	MA	MAGI-Like Consumers (NYC) (System Generated) Section 366(1)(b) of the Social Services Law
P47	MA	Reinstate MA Coverage (30 Days Prior to Release) We will reinstate Medicaid coverage when the following individual is released to the community correctional facility: Prior to release, a common Benefit Identification Card will be mailed to the correctional facility. This card will be made available to you upon release to the community.
093	MA-SSI	SSI New Opening on SDX, Determined Eligible for MA-SSI (Case Type 22) Regulation 360-3
414	MA	Presumptive Eligibility FPBP - Case Type 21 (No Notice Required)
415	MA	Administrative Renewal for Aged, Blind and Disabled Coverage Unchanged (NYC)
602	MA	BHP Closed 620 (System Generated)
604	MA	Authorize Medicaid Coverage, Referral Received from NYSoH The Medicaid case for the following individual has been referred to the Human Resources Administration: Your eligibility for Medicaid must be determined on a different basis that takes into account both your income and certain deductions that were not applied by the Marketplace.
608	MA	HX Transfer of BHP Ineligible (System Generated) A Medicaid case has been opened for the following individual (s) by the Human Resources Administration: We will continue your current coverage while we determine if you remain eligible Medicaid coverage. This eligibility can only be terminated by your local department of social services.
613	MA	Authorized Medicaid Coverage, Referral Received from NYSoH Age 65 and Over with or without Medicare The Medicaid case for the following individual has been referred to the Human Resources Administration. Your eligibility for Medicaid must be determined on a different basis that takes into account both your income and certain deductions that were not applied by the Marketplace. This eligibility can only be determined by your local Department of Social Services.
614	MA	Authorized Medicaid Coverage, Referral Received from NYSoH Age 64 or Under in receipt of Medicare The Medicaid case for the following individual has been referred to the Human Resources Administration: Your eligibility for Medicaid must be determined on a different basis that takes into account both your income and certain deductions that were not applied by the Marketplace. This eligibility can only be determined by your local department of social services.
615	MA	Authorized Medicaid Coverage, MLTC Referral Received from NYSoH The Medicaid case for the following individual has been referred to the Human Resources Administration: This is because you have requested services which can only be accessed through your local department of social services.
632	MA	Suspend MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility (System Generated) We will suspend Medicaid coverage effective _____ for:

WORKER'S GUIDE TO CODES

4.1-10

02/14/2015

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241)

ALIEN/CITIZENSHIP STATUS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
EE3	MA	<p><u>Deny Medical Emergency and MA due to Excess Income Non-Immigrant/ Undocumented Immigrant Certified Blind/Aged or Certified Disabled</u></p> <p>We have denied your application for Medicaid for emergency medical care/ services. This is because you are not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL), you may receive Medicaid coverage only for the treatment of emergency medical conditions, or for medical services provided to pregnant women, if you are otherwise eligible.</p>
EE4	MA	<p><u>Regulation 18 NYCRR 360-4.8 and 360-3.2(j) and Section 122 of the SSL. Deny Medical Emergency and MA due to Excess Income Non-Immigrant/ Undocumented Immigrant Certified Blind/Aged or Certified Disabled</u></p> <p>We have denied your application for Medicaid for emergency medical care/ services. This is because you are not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL), you may receive Medicaid coverage only for the treatment of emergency medical conditions, or for medical services provided to pregnant women, if you are otherwise eligible.</p>
EE5	MA	<p><u>Regulation 18 NYCRR 360-4.8 and 360-3.2(j) and Section 122 of the SSL. Deny Medical Emergency and MA due to Excess Income Non-Immigrant/ Undocumented Immigrant Certified Blind/Aged or Certified Disabled</u></p> <p>We have denied your application for Medicaid for emergency medical care/ services. This is because you are not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL), you may receive Medicaid coverage only for the treatment of emergency medical conditions, or for medical services provided to pregnant women, if you are otherwise eligible.</p> <p><u>Regulation 18 NYCRR 360-4.8 and 360-3.2(j) and Section 122 of the SSL.</u></p>

WORKER'S GUIDE TO CODES

4.1-11

02/15/2014

Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you receive while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions.

This decision is based on Sections 122 and 366(1)(e)(1) of the SSL

633 MA

Reinstate MA Coverage for Treatment of Emergency Medical Conditions, Individual Released from a Correctional Facility

This decision is based on Sections 122 and 366(1)(e)(1) of the SSL.

WORKER'S GUIDE TO CODES

4.1-12

02/15/2014

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

ALIEN/CITIZENSHIP STATUS (CONT'D)

CODE CATEGORY REASON

F92 All Deny MA/FHP Failure to Provide Proof of Citizenship, Identity and/or Current Immigration Status (HH=1)

We have denied your application for Medicaid/Family Health Plus/FHP-PAP. This is because you have failed to provide documentation of citizenship, identity and or current immigration status.

Regulation 18 NYCRR 351.1(b)(2)(ii), 351.2, 351.5, 351.6 351.8(a092)(ii), 360-1.2,360-2.3 and Section 369-ee of the SSL.

F93 All Deny MA/FHP Failed to Complete Declaration of Citizenship/Immigration(HH=1)

This is because in order to get Assistance, we must have a written declaration for each applying household member stating that the individual is either a US citizen, National, Native American or is in a satisfactory immigration status.

Regulations 18NYCRR 360-2.3, 360-3.2(j) and Sections 369-ee of the SSL

WORKER'S GUIDE TO CODES

4.1-13

02/15/2014

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E04	FHP	<p><u>Deny FHP/FHP-PAP, MA Ineligible, Excess Income - SCC, (Including 19-20 Years Old Not Living w/Parents)</u></p> <p>Message 1: We have denied your application for Medicaid/Family Health Plus/FHP - PAP program. You are not eligible for Medicaid because your gross income of \$___ is over 185% of the Medicaid Standard of \$___.</p> <p>Message 2: You are not eligible for Medicaid because your net income (gross income less Medicaid deductions) of \$___ is over the Medicaid Standard of \$___.</p> <p>Regulation 18 NYCRR 360-4.1, 360-4.7 and 360-4.8 and Sections 366(1)(a)(1) and 369-ee of the SSL</p>
E22	FHP	<p><u>Deny FHP/FHP-PAP, Ineligible for Medicaid, Excess Income (Parents, Including 19 -20 Years Old Living with or without parent)</u></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP. You are not eligible for Medicaid because your net income (gross income less medicaid deductions) of \$___ is over the allowable medicaid income limit of \$___.</p> <p>Regulation 18 NYCRR 360-4.1, 360-4.7 and 360-4.8 and Sections 366(1)(a)(1) and 369-ee of the SSL.</p>
E30	All	<p><u>Deny Medicaid/Family Health Plus/FHP-PAP, Excess Income</u></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP. You are not eligible for Medicaid because your net income (gross income less Medicaid deductions) of \$___ is over the allowable Medicaid income limit of \$___.</p> <p>Regulation 18NYCRR 360-2.3, 360-4.1, 3604.4,360-4.5, 360-4.7 and 360-4.8, Sections 366(1)(a)(11), 366-a(2),366(4)(q)(1) and 369-ee of the SSL.</p>
E35	MA	<p><u>Deny Medicaid/Family Health Plus/FHP-PAP Excess Income, (SCC)</u></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP.</p> <p>Message 1: You are not eligible for Medicaid because your gross income of \$___ is over the 185% of the Medicaid standard of \$___.</p> <p>Message 2: You are not eligible for Medicaid because your net income (gross income less Medicaid deductions) of \$___ is over the Medicaid Standard of \$___.</p> <p>Regulation 18 NYCRR 360-4.1, 360-4.7 and 360-4.8 and Sections 366(1)(a)(1), 366(1)(a)(11) and 369ee of the SSL.</p>
E59	MA	<p><u>Deny MA Excess Income Pregnant Woman</u></p> <p>We have denied your application for Medicaid. This is because your net income of \$_____ is more than 200% of the Federal Poverty Level of \$_____ which is the income limit for a pregnant woman.</p> <p>Regulation18NYCRR 360-4.1, 360-4.7 and 360-4.8</p>

WORKER'S GUIDE TO CODES

4.1-14

10/17/2015

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E82	MA	<p>Deny Family Planning Services, Excess Income We have denied your application for Family Planning Benefit Program dated ____ for: This is because your net income (gross income less Medicaid deductions) of \$__ is over \$_____ which is the income limit for the Family Planning Benefit Program. To apply for Medicaid with a spenddown, you must meet one of the following requirements: be under age 21, Over age 65, pregnant, certified blind, certified disabled or a parent(s) of a child under 21. Regulation 366(1)(a)(11) and a(11) of the Social Service Law</p>
F09	MBI-WPD	<p><u>Deny MBI-WPD, Excess Income above 250% of FPL</u> We have denied your application for Medicaid coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). This is because your net income (gross income less Medical Assistance deductions) of \$__ is over the MBI-WPD income limit of \$____. Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.4, 360-4.6, 360-4.7, and 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the SSL.</p>
F26	MBI-WPD	<p><u>Deny MBI-WPD, Excess Resources</u> We have denied your application for Medicaid coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). This is because your countable resources of \$__ are over the allowable Medicaid resource limit of \$____. Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.4, 360-4.6, 360-4.7, and 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the SSL.</p>
F28	MBI-WPD	<p><u>Deny MBI-WPD, Excess Income and Excess Resources</u> We have denied your application for Medicaid coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). This is because your net income (gross income less Medical Assistance deductions) of \$__ is over the MBI-WPD income limit of \$____. In addition your countable resources of \$__ are over the allowable Medicaid resource limit of \$____. Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.4, 360-4.6, 360-4.7, and 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the SSL.</p>

WORKER'S GUIDE TO CODES

4.1-15

02/15/2014

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

FE1	MA	<p><u>Deny MA Excess Income, Child Age 6-18 (NYC)</u> We have denied your application for Medicaid dated _____ for: This is because your net income of \$___ is more than 133% of the Federal Poverty Level of \$___ which is the income for persons ages six through eighteen years. Regulations 18NYCRR 360-4.1, 360-4.7 and 360-4.8, and Section 366(1)(a)((11) and 366(4)(p)(1) of the Social Services Law</p>
G18	FHP	<p><u>Deny Medicaid/FHP/FHP-PAP, Excess Income of Parents and Children</u> We have denied your application for Medicaid/Family Health Plus/FHP-PAP. You are not eligible because your gross income of \$___ is over the Family Health Plus Income limit. Message 1: Children Up to Age One Your net income (gross income less Medicaid deductions) of \$___ is more than 200% of the Federal Poverty Level\$___. Message 2: Children Ages 1-5 Your net income (gross income less Medicaid deductions) of \$___ is more than 133% of the Federal Poverty Level\$___. Message 3: Children Ages 6-19 Your net income (gross income less Medicaid deductions) of \$___ is more than 100% of the Federal Poverty Level\$___. Regulation 18 NYCRR 360-2.3, 360-4.1, 360-4.4, 360-4.5, 360-4.17 and 360-4.8, Sections 366(1)(a)(11), 366-a(2), 366(4)(q)(1) and 369-ee of the SSL.</p>
G57	MA	<p><u>Deny Medicaid, Ineligible, Income Over 138%</u> We have denied your application for Medicaid dated _____ for: This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess INcome Program" and "Optional Pay-in Program." If you are interested in receiving Medicaid coverage with a spenddown, call the Unit telephone number listed above within 30 days of the effective date of this notice. Regulation SSL 366(1)(b) and 366-a(2)</p>

WORKER'S GUIDE TO CODES

4.1-16

02/14/2015

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

H33	MA	<p><u>Deny Medicaid, Excess Income, Applicant Age 65 and Older, Certified Blind or Certified Disabled</u></p> <p>We have denied your application for Medicaid dated _____ for: This is because your net income (gross income less Medicaid deductions) of \$_____ is over the allowable Medicaid income limit of \$_____. The amount over the limit is called excess resources or spenddown. Your monthly excess income amount is \$_____. You are over the limit by \$_____. Also, you do not have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount. Please look at the enclosed budget calculation to see how we figured your excess income. If you incur medical bills in the amount of your excess income, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program". Regulation 18 NYCRR 360-4.8.</p>
H34	MA	<p><u>Deny Medicaid, Ineligible, Excess Income</u></p> <p>We have denied your application for Medicaid dated _____ for: This is because you are not eligible for Medicaid because your gross of \$_____ is over the allowable Medicaid income limit of \$_____. If your income is too high, you may still be able to get health care coverage. If annual income is greater than 400% of the FPL, health insurance can still be purchased through New York State of Health. Sections 366(1)(b) and 366-a(2) of the Social Services Law</p>
H35	MA	<p><u>Deny Medicaid, Ineligible, Income Over 223% FPL</u></p> <p>We have denied your application for Medicaid dated_____ for: This because is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." Sections 366(1)(b) and 366-a(2) of the Social Services Law.</p>
H36	MA	<p><u>Deny Medicaid, Ineligible, Income Over 154%</u></p> <p>We have denied your application for Medicaid dated_____ for: This because is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." Sections 366(1)(b) and 366-a(2) of the Social Services Law.</p>

WORKER'S GUIDE TO CODES

4.1-17

06/16/2016

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

LIVING ARRANGEMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E60	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/- Unable to Locate</u> We have denied your application for Medicaid. This is because we have been unable to find you. Regulation 18NYCRR 351-8(a), 360-2.2(f),360-2.3 and Sections 366(1)(a)(11) and 369-ee of the SSL
E63	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/- Not a Resident of State</u> We have denied your application for Medicaid. This is because you are not a resident of this State. Regulation 18NYCRR 351-2(g)(1), 360-3.5, 360-3.6 and SSL 366(1)(a)(11), 366(1)(b) and 369-ee
E72	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/. Public Institution</u> We have denied your application for Medicaid/Family Health Plus/FHP-PAP/. This is because you live in a public institution which provides medical care for you. Regulation 18NYCRR 360-3.4 and Sections 366(1)(a)(11) and 369-ee of the SSL
E73	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/. Foster Care</u> We have denied your application for Medicaid/Family Health Plus/FHP-PAP. This is because the individual will receive Medicaid coverage through the Foster Care Program. Regulation 18 NYCRR 360-2.6

WORKER'S GUIDE TO CODES

4.1-18

02/15/2014

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

H37 MA

Deny Medicaid. Ineligible. Income Over 155%

We have denied your application for Medicaid dated_____ for:

This because is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____.

However, you may be eligible for Medicaid spenddown.

Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program."

Sections 366(1)(b) and 366-a(2) of the Social Services Law.

H25 MA

Deny MA Excess Resources (DAB)

We have denied your application for Medicaid dated_____ for:

This because your countable resources \$___ are over the allowable Medicaid resource limit of \$___. The amount over the limit is called excess resources or spenddown. Your Excess resource amount is \$_____. Also, we have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund. Please look at the budget calculations section to see how we figured your excess resources. If you incur medical bills in the amount of your excess resources in the future or If the amount of your resources goes down, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program".

Regulation 18 NYCRR 360-4.8

H26 MA

Deny Medicaid. Excess Income and Resources (SSI-Related)

We have denied your application for Medicaid dated___ for:

This is because your net income (gross income less Medicaid deductions) of \$_____ is over the allowable Medicaid income limit of \$_____. In addition, your countable resources of \$_____ are over the allowable Medicaid resource limit of \$_____. The amounts over the limits are called excess income and excess resources or spenddown. Your monthly excess income amount is \$_____. Your excess resource amount is \$_____. Also, we have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund.

Please look at the enclosed budget calculation to see how we figured your excess income and excess resources.

If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income, or your income resources goes down, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program".

Regulation 18 NYCRR 360-4.8.

WORKER'S GUIDE TO CODES

4.1-19

02/21/2016

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

DUPLICATE ASSISTANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
M02	MA	<p><u>Deny Application Due to Receipt of Medicaid through New York State of Health (NYC)</u></p> <p>We have denied your application for Medicaid dated _____ for:</p> <p>This is because your identity matches that of a person who is already receiving Medicaid coverage through New York State of Health, account number _____.</p> <p>Because the identities match, we have determined that you and that person are the same person.</p>
M13	All	<p>Regulation 18 NYCRR 351.9 and Section 366(1)(b) of the SSL.</p> <p><u>Deny Medicaid/Family Health Plus/FHP-PAP/. Currently in Receipt of Medicaid in Another State</u></p> <p>We have denied your application for medicaid/family Health Plus/FHP-PAP/. This is because you already receive Medicaid in the State of ____.</p>
M66	All	<p>Regulation 18 NYCRR 351.9 and Sections 369-ee and 366(1)(a)(11) of the SSL.</p> <p><u>Deny Medicaid/Family Health Plus/FHP-PAP/. Currently in Receipt of Medicaid on Another Case</u></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP/. This is because you are already receiving Medicaid/Family Health Plus/FHP-PAP/ under case name _____.</p>
M67	All	<p>Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the SSL.</p> <p><u>Deny Medicaid/Family Health Plus/FHP-PAP/, Part of Another MA Application</u></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP/. This is because you are part of the application of ____ and you are still a member of that household. We will decide if you can get assistance as a member of that case.</p>
M98	All	<p>Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the SSL.</p> <p><u>Deny Medicaid/Family Health Plus/FHP-PAP/. Currently in Receipt of Concurrent Benefits</u></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP/. This is because your identity matches that of a person who is already receiving assistance in <u>District Name</u>.</p> <p>Regulation 18 NYCRR 351.9</p>

WORKER'S GUIDE TO CODES

4.1-20

02/21/2016

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

HEALTH INSURANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
G48	FHP	<u>Deny FHP-PAP, ESHI Not Cost Effective, Ineligible for FHP Due to Equivalent Health Insurance</u> We have denied your application for Family Health Plus/FHP-PAP. This is because it is not cost effective for the Family Health Plus-Premium Assistance Program to pay the premium for your employer sponsored health insurance. Regulation 18 NYCRR 360-2.2(d)(2) and Sections 366(1)(a)(1) and 369-ee of the SSL
V18	All	<u>Deny MA/FHP TPHI Resources - Refusal (MANUAL NOTICE REQUIRED)</u> We have denied your application for Medicald/Family Health Plus/FHP-PAP. Message 1: This is because you refused to provide information on employer or other than employer sponsored group health insurance plan. Message 2: This is because you refused to enroll in employer or other than employer sponsored group health insurance plan. Regulation 18 NYCRR 360-3.2(h) and Section 369.ee of the SSL
Y84	FHP	<u>Deny FHP, Failure to Provide FHP Plan and Provider Selection Form (MANUAL NOTICE REQUIRED)</u> We have denied your application for Family Health Plus dated _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. Regulation 360-4.1, 360-4.8
884	All	<u>Deny MSP from LIS Application Failure to Provide Documentation (SYSTEM GENERATED)</u> We have denied your application for the Medicare Savings Program. This is because you failed to provide the requested information required to establish your eligibility for MSP. SSL 367-a(3) and Regulation 18 NYCRR 360-7.7

WORKER'S GUIDE TO CODES

4.1-21

10/23/2016

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

OTHER ELIGIBILITY REQUIREMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
BH1 (System Generated)		TA Denial, Transition to NY State of Health, Recipient in the Five Year Ban (BHP) Because of the immigration status of individuals on your application, eligibility for Medicaid coverage for the following individuals must be determined by New York's health plan marketplace, NY State of Health: This decision is based on Sections 366(1)(g) and 369-gg of the SSL.
F17	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/. Incorrect/Fraudulent Social Security Number (HH=1)</u> We have denied your application for Medicaid/Family Health Plus/FHP-PAP/. This is because you did not give us the correct Social Security number (s). Regulation 18 NYCRR 360-2.3 (a) and Sections 366(1)(a)(11) and 369-ee of the SSL
F20	All	<u>Deny Medicaid. Failure to Provide Social Security Number</u> We have denied your application for Medicaid. This is because you did not give us a Social Security number (s) or apply for a Social Security number (s). Regulation 18 NYCRR 351.2(c), 360-2.3(a) and Section 369-ee of SSL
F50	All	<u>Deny MA Death before Determination - No Medical Bill in the Retro Period</u> We have denied your application for Medicaid/FHP/FHP-PAP/. This is because this individual died before the process was completed and did not have medical bills. Regulation 18 NYCRR 360-2.2 and 360-2.3
F51	All	<u>Deny MA Death Before Determination - Insufficient Information to Make Decision</u> Deny MA Death before Determination - No Medical Bill in the Retro Period We have denied your application for Medicaid/FHP/FHP-PAP/. This is because our records indicate that this individual is deceased and we have insufficient information to complete the application process. Regulation 18 NYCRR 360-2.2 and 360-2.3
G58	QI1	<u>Deny QI-1 Annual Fund Exhausted</u> We have denied your application for Medicare Part B premium. The funding provided to New York State by the federal government for this program has been expended for the year. This decision is based on: Subdivision 3 Section 367-a of the SSL
G59	QI1	<u>Deny Qualified Individual (QI-1), Over Income</u> We have denied your application for Qualified Individuals-(QI-1). This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the QI-1 income limit \$____. Subdivision 3 of Section 367-a of the SSL

WORKER'S GUIDE TO CODES

4.1-22

10/22/2017

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

OTHER ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
G88	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Client Request (WRITTEN)</u> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because you said that you did not want assistance. Regulation 18 NYCRR 360-2.6 and Sections 366(1)(a)(11) and 369.ee of the SSL
G98	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Client Request (VERBAL)</u> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because you said that you did not want assistance. Regulation 18 NYCRR 360-2.6 and Sections 366(1)(a)(11) and 369.ee of the SSL
H05	All	<u>Duplicate Application (AMP Date Required)</u> We have denied your application for Medicaid/Family Health Plus-Premium Assistance Program/Family Planning Benefit Program dated _____ for: This is because you are already have a pending application for Medicaid/Family Health Plus/Family Health Plus-Premium Assistance Program/Family Planning Benefit Program dated _____. Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the SSL This decision is based on Section 366(1)(b) of the Social Services Law.
H22	All	<u>Deny MA, Failed to Apply for Medicare (NYC)</u> We have denied you application for Medicaid dated _____ for: Although we told you to apply for MEDICARE, you failed to show us proof that you applied for MEDICARE. Because you are age 65 or older, or will be age 65 within the next 3 months, applying for MEDICARE is a condition of eligibility for Medicaid. This decision is based on Section 366(2)(b)(1) of the Social Services Law.
H24	All	<u>Deny Retroactive Eligibility (for Payment of Bills Offline)</u> <u>(MANUAL NOTICE REQUIRED)</u> Based on a review of your application for retroactive Medical Assistance, we have determined that your application does support a finding of retroactive MA eligibility. Retroactive MA eligibility for the period _____ to _____ has been authorized for you. An authorization letter will be sent to you to verify your eligibility for the retroactive period. Regulation 18 NYCRR 360.16, 360-1.2, Part 350, Part 351
H42	MA	<u>Deny Medicaid, Individual Revoked Authorization for AVS</u> We have denied your application for Medicaid dated _____ for: This is because in order to get Medicaid, you and your spouse (if married) must provide a signed authorization allowing Medicaid to verify your and your spouses's resources with financial institutions. This decision is based on 42 U.S.C. 1396w and Section 366-a(2) of the SSL.
HH8	MA	<u>HX Applicant Submission (NYC)</u> This is to inform you that we will continue Medicaid until _____ for the following individuals: We have forwarded your information to New York's health benefit exchange, New York State of Health. This decision is based on Section 366(1)(b) of the Social Services Law.

WORKER'S GUIDE TO CODES

4.1-23

06/18/2017

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

OTHER ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
M25	All	<p><u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Failed to Respond to Computer Match Call-In Letter</u> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because we sent a letter to you asking you to contact us, and you failed to do so. We asked you to contact us with information about <u>computer match</u>. Regulation 18 NYCRR 351.1(b)(2)(ii), 351.22(e) and 360-2.3 and Section 369-ee and 366(1)(a)(11) of the SSL</p>
M32	All	<p><u>Deny, Eligible for Cash Assistance (MANUAL NOTICE REQUIRED)</u> We have denied your application for Medical Assistance dated _____. This is because you are already receiving medical assistance coverage under TA case number_____.</p>
*U13	All	<p>Regulation 18 NYCRR 360-3.3 and Sections 369.ee and 366(1)(a)(11) of the SSL <u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Failure to Provide Information</u> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because we must have proof of certain things to decide if you can get Medicaid. These are the documents we told you we need_____. Regulations 18 NYCRR 360-2.0(e), 360-2.2(f) and 360-2.3.</p>

WORKER'S GUIDE TO CODES

4.1-24

10/17/2015

MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

OTHER ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
U23	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Information Non Applying Legally Responsible Relative, Applicant Under 21</u> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because you failed or refused to give us information about income of LLR. Regulations 18 NYCRR 352.23(a), 351.2(e) and 360-2.13 and Section 369-ee of SSL
V13	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Failure to Utilize Benefits</u> We have denied your application for Medicaid/FHP/FHP-PAP. This is because when a person might be able to get some other benefits which can reduce or end the persons need for assistance, the person must apply for such benefits. Regulation 18 NYCRR 360-2.3 and Section 369-ee of the SSL
Y50	All	<u>Deny Medicaid/FHP/FHP-PAP/FPBP, Client Request to Withdraw Application</u> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because you requested to withdraw your application.
Y99	All	<u>Deny, Other (MANUAL NOTICE REQUIRED)</u> Deny case for which there is no other appropriate reason code. No notice is generated by CNS.
299	MPE	<u>No Presumptive Eligibility (MANUAL NOTICE REQUIRED)</u> We have determined that your application for Presumptive Medical Assistance for your home care needs does not support a finding of presumptive eligibility. You will be contacted regarding your application for ongoing Medical Assistance. Regulation 18 NYCRR 360-3.7, Part 531
830	All	<u>Documentation</u> We have denied your application for Medical Assistance dated _____. This is because you failed to provide information/documentation required by this agency to establish your eligibility for Medical Assistance. Regulation 18 NYCRR 352-1.2, 360-2.3, Part 351

* Use MRT Codes on pages 4.1-72 through 4.1-74 to list items.

MA CASE REASON CODES (CONT'D)

IMPORTANT NOTE

AS OF 2000.1 MIGRATION, THE REQUIREMENT TO LIST THE NAMES AND CINS OF CLIENTS ON MEDICAID CLOSINGS HAS BEEN ELIMINATED. ALL OF THE LANGUAGE FOR MEDICAID CLOSING CODES HAS BEEN MODIFIED TO REFLECT THIS CHANGE.

CLOSING CODES - MA (MA: REAS - 241)

THE FOLLOWING PARAGRAPH MUST BE SENT TO THE CLIENT WHEN ISSUING A MANUAL NOTICE FOR THE CLOSING CODES U16, E12, U13, U20, G13.

You may request a Fair Hearing if you disagree with any decision explained in this notice. You have 60 days from the date of this notice to request a fair hearing. HOWEVER YOU MUST REQUEST A FAIR HEARING BEFORE THE EFFECTIVE DATE ABOVE IF YOU WANT YOUR MEDICAID TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION. You may also request an informal conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing.

NOTICES WHICH ARE SENT TO THE CLIENT UTILIZING CNS ALREADY INCLUDE THIS LANGUAGE

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E12	MA	<p>Failed to Comply with Recertification - Didn't Return Form (NYC) (Manual) We will discontinue Medicaid effective _____. We are discontinuing Medicaid because you or your representative did not return the recertification form by _____. If your Medicaid is discontinued, all your Medicaid services, including your home care services, will be discontinued. This decision is based on Section 366-a(5) of the Social Services Law.</p>
G14	MA	<p>Failed to Return MA Recertification/Renewal Form We will discontinue Medicaid/Refugee Medical Assistance effective <u>(Date)</u>. You may request a Fair Hearing if you disagree with any decision explained in this notice. You have 60 days from the date of this notice to request a Fair Hearing. We are discontinuing Medicaid/Refugee Medical Assistance because you or your representative failed to return the Medicaid/Refugee Medical Assistance Recertification/Renewal form by <u>(Date)</u>. Decision is based on Section 366-a(5) of the Social Services Law.</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)

CODE CATEGORY REASON

G56	FPBP	<p>Discontinue FPBP Fail to Return Renewal (NYC) We will discontinue your Family Planning Benefits coverage effective _____. This is because you or your representative has failed to return the family Planning Benefits Recertification/Renewal form by _____. You may request a Fair Hearing if you disagree with any decision explained in this Notice. You have 60 days from the date of this notice to request a Fair Hearing. However, <u>YOU MUST REQUEST A FAIR HEARING BEFORE THE DISCONTINUE EFFECTIVE DATE SHOWN ABOVE IF YOU WANT YOUR MEDICAL ASSISTANCE TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION.</u> You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing. If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. You or your representative must return the Recertification/Renewal Notification in order for us to determine your eligibility for continuing coverage. Regulation 360-2.2(e) and 360-2.3 and Section 366(1)(b)(6)</p>
U13	MA	<p>Failed to Comply with Recertification - Didn't Return Information NYC We will discontinue Medicaid effective _____. We are discontinuing Medicaid because you or your representative did not return all of the information necessary to determine continued eligibility for Medicaid by _____. This decision is based on 42 U.S.C. 139w, Section 366-a(5)(a) of the SSL and Regulations 18 NYCRR 35.1(b)(2)(ii), 351.2, 351.5, 351.6, 351.8(a)(2)(ii) and 373-2.</p>

WORKER'S GUIDE TO CODES

4.1-28

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)

CODE CATEGORY REASON

* U20 MA

Did Not State Unable to Get Information NYC

We will discontinue Medicaid effective _____.

We are discontinuing Medicaid because you did not provide us with certain documents that we must have to decide if you can continue to get Medicaid.

If your Medicaid is discontinued, all your Medicaid services, including your home care services, will be discontinued.

These are the documents we told you we need, but you did not give them to us and you did not tell us you could not get them: (List Items)

If you already sent them to us, please call the Unit's office telephone number listed in the box above to make sure that they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medical Assistance after the date of discontinuance.

This decision is based on Sections 366-a(2) and (5) of the SSL.

* Use MRT Codes on pages 4.1-72 through 4.1-74 to list items.

WORKER'S GUIDE TO CODES

4.1-29

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
U21	MA	<p>Unable to Get Information But Not A Good Reason</p> <p>We will discontinue Medical Assistance beginning _____. This is because we must have proof of certain things to decide if you can continue to get Medical Assistance. You did not give us all the things we need to decide if you can get Medical Assistance. These are the things we told you we needed but that you did not give us: (<u>list items</u>)</p> <p>You told us you could not get these things but you did not have a good reason.</p> <p>Regulation 349.3 (b), 351.1(b) (2) (ii), 351.2 351.5, 351.6, 351.8 (a) (2) (ii), 351.2 (h) and 360-2.3</p>
U23	MA	<p>Failure to Provide Required Information about Legally Responsible Relatives</p> <p>We will discontinue Medical Assistance beginning _____. This is because you failed or refused to give us information about the income/resources of your legally responsible relative(s). You did not give us the following information about (<u>Names of Relatives</u>).</p> <p>You did not tell us that you were unable to get this information.</p> <p>We must have proof of the information about the income and resources of non-applying legally responsible relatives, even if those relatives do not live with you.</p> <p>Regulation 352.23(a), 351.2(e), 360-2.3</p>
U61	MA/FPBP	<p>Didn't Return Information NYC</p> <p>We will discontinue your Family Planning Benefits coverage effective _____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance.</p> <p>You may request a Fair Hearing if you disagree with and decision explained in this Notice. You have 60 days from the date of this notice to request a Fair Hearing. However, <u>YOU MUST REQUEST A FAIR HEARING BEFORE THE DISCONTINUE EFFECTIVE DATE SHOWN ABOVE IF YOU WANT YOUR MEDICAL ASSISTANCE TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION.</u> You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing.</p> <p>If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. You or your representative must submit these documents in order for us to determine your eligibility for continuing coverage.</p> <p>Decision is based on Regulations 18 NYRR 360-2.2(e) and 360-2.3 and Section 366(1)(b)(6) of the Social Service Law.</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
404	MA	<p>Discontinue Medicaid, Fail to Return Stenson (NYC) (System Generated) We will discontinue Medicaid coverage effective _____ for: We are discontinuing you Medicaid coverage because you or your representative failed to return the Medicaid Recertification form by _____. This decision is based on Section 366-1(5) of the SSL and Dept regulations 360-2.2(e) and 360-2.3.</p>
983	All	<p>Did Not Return Forms For Recertification (System Generated) We will discontinue Medical Assistance/Family Health Plus effective _____. We are discontinuing your Medical Assistance/Family Health Plus because you or your representative has failed to return the Medical Assistance/Family Health Plus Recertification Renewal Notification form by _____. (See G14) Regulation 18 NYCRR 351.22, 360-2.2(e), 360-2.2(f), and 360-2.3</p>
994	MA	<p>Failed to Comply w/Recertification - Didn't Return Form (NYC) (System Generated) We will discontinue Medicaid effective _____. We are discontinuing Medicaid because you or your representative did not return the recertification form by _____. If your Medicaid is discontinued, all your Medicaid services, including your home care services, will be discontinued. If you are now enrolled in a Medicaid Managed Care plan, you will no longer be enrolled in your health plan. This decision is based on Section 366-a(5) of the Social Services Law.</p>
995	All	<p>Failed to Comply with Recertification - Didn't Return Info NYC (System Generated) We will discontinue Medicaid effective _____. We are discontinuing Medicaid because you or your representative did not return all of the information necessary to determine continued eligibility for Medicaid by _____. Decision is based on 42 U.S.C. 1396w, Section 366-a(5)(a) of the SSL and Regulations 18 NYCRR 351.1(b)(2)(ii), 351.2, 351.5, 351.6, 351.8(a)(2)(ii) and 373-2.</p>
997	MA	<p>Pregnant Woman Did Not Return Forms (System Generated) We will discontinue Medical Assistance effective _____. This is because you or your representative did not return the recertification form. If you need a new recertification packet, you can get one by calling or writing to us. If you come to our office in person, bring this notice with you. Regulation 360-2.2 (e), 360-2.2 (f), 360 -2.3</p>
998	MA	<p>Pregnant Woman Did Not Return Information (System Generated) We will discontinue Medical Assistance effective _____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. We need these items which are not in our files or which might have changed since you gave them to us before: (list items). Regulation 360-2.2 (e), 360-2.2 (f), 360-2.3</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E11	MA	Excess Income, End of Second Recertification Period We will discontinue Medical Assistance effective _____. This is because, since your last recertification, you failed to submit paid or unpaid medical bills that were equal to or more than your excess income. If you have or incur medical bills that equal or exceed our excess income amount and you want Medical Assistance, you may reapply. Regulation 360-4.8

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E30	MA	<p>Excess Income We will discontinue Medical Assistance beginning _____. This is because your net income is over the allowable Medical Assistance income limit of \$_____. You are over the limit by \$_____. The amount over the limit is called excess income. Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your income is over the limit. Please look at the enclose budget calculation to see how we figured your excess income. If you incur medical bills in the amount of your excess income in the future, you may reapply. Please read the enclosed "Explanation of the Excess Income Program". Regulation 360-4.8</p>
E31	MA	<p>Excess Income - MA to TMA Eligible Increased Earnings/ New Employment We will discontinue Medicaid beginning _____. This is because your income (less Medicaid deductions) of \$_____ is over the allowable Medicaid income limit of \$_____. However, if the increase was due to increased earnings, or new employment, you may be eligible for Transitional Medical Assistance. To be eligible for full coverage 12 month TMA extension the family must have received Medicaid under the LIF category for one of the six previous months, lost Medicaid eligibility because of increased earning or new employment. If you are not eligible for the TMA extension, your Medicaid will be discontinued on the effective date listed on page one of this notice. Please look at the budget calculation section to see how we figured your excess income. Regulation 18 NYCRR 360-4.8</p>
E32	MA	<p>Excess Income Child/Spousal Support Extension We will discontinue Medical Assistance beginning _____. This is because your income (less Medical Assistance deductions) of \$_____ is over the allowable Medical Assistance income limit of \$_____. However, if the increase was due to increased spousal or child support, you may be eligible for a four-month extension of you Medical Assistance coverage. Please look at the budget calculation section to see how we figured your excess income. Note: Not applicable for S/CC Regulation 18 NYCRR 360-4.8</p>
E33	MA	<p>Excess Income MA to TMA Guarantee-Increased Earnings/New Employment We will discontinue Medicaid beginning _____. This is because your income (less Medicaid deductions) of \$_____ is over the allowable Medicaid income limit of \$_____. However, if the increase was due to increased earnings, or new employment, you may be eligible for Transitional Medical Assistance. To be eligible for full coverage 12 month TMA extension the family must have received Medicaid under the LIF category for one of the six previous months, lost Medicaid eligibility because of increased earning or new employment. If you are not eligible for the TMA extension, your Medicaid will be discontinued on the effective date listed on page one of this notice. Please look at the budget calculation section to see how we figured your excess income. Regulation 18 NYCRR 360-4.8</p>

WORKER'S GUIDE TO CODES

4.1-33

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

CODE CATEGORY REASON

E36	MA	Excess Income – Child/Spousal Support We will discontinue Medical Assistance beginning _____. This is because you income (less Medical Assistance deductions) is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$_____. Also, you do not have unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount. Regulation 18 NYCRR 360-4.8
E89	FPBP	FPBP Excess Income Over 200% We will discontinue Medicaid effective_____for: This because your net income (gross income less Medicaid deductions) of \$_____ is more than 200% of the Federal Poverty Level of \$____ which is the income limit. Regulation 18 NYCRR 360-3.7(d), 360-4.1, 360-4.7 and 360-4.8 and Section 364-i of the SSL

WORKER'S GUIDE TO CODES

4.1-34

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

CODE CATEGORY REASON

F09	MBI-WPD	<p>Ineligible Excess Income above 250% of FPL</p> <p>We will discontinue Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective____. This is because your net income (gross income less Medical Assistance deductions) of \$___ is over the MBI-WPD income standard of \$___.</p> <p>Please look at the budget section to see how we figured you income.</p> <p>Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program."</p> <p>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) and 369ee of the Social Services Law</p>
F26	MBI-WPD	<p>Excess Resources</p> <p>We will discontinue your Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective____.</p> <p>This is because your countable resources of \$___ are over the MBI-WPD resource limit.</p> <p>Because your countable resources are over the allowable medical assistance resource limit, you are not eligible for Medical Assistance.</p> <p>The amount over the limit is called excess resources or spenddown. We have not received documentation that you have spent your excess resources by establishing or adding a burial trust/fund.</p> <p>If you incur medical bills in the amount of your excess resources or if the amount of your resources goes down in the future, you may reapply.</p> <p>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>
F28	MBI-WPD	<p>Excess Income and Resources</p> <p>We will discontinue your Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective____.</p> <p>This is because your net income (gross income less Medical Assistance deductions) of \$___ is over the MBI-WPD income limit of \$___ and your countable resources of \$___ are over the MBI-WPD resource limit.</p> <p>You are not eligible for Medical Assistance because your net income (gross income less Medical Assistance deductions) is over the allowable Medical Assistance income limit and your countable resources are over the allowable resource limit. The amounts over the limits are called excess income and resources or spenddown.</p> <p>We have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund.</p> <p>If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income, or if your income or resources go down, you may reapply.</p> <p>Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.1, 360-4.6, 360-4.7, 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

WORKER'S GUIDE TO CODES

4.1-35

02/15/2014

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

CODE CATEGORY REASON

E82 MA

Discontinue Family Planning Services, Excess Income

We will discontinue the Family Planning Benefit Program effective ____, This is because your net income (gross income less Medicaid deductions) of \$___ is over the allowable Medicaid income limit of \$___, which is the income limit for the Family Planning Benefit Program.

To apply for Medicaid with a spenddown, you must meet one of the following requirements: be under age 21, Over age 65, pregnant, certified blind, certified disabled or a parent(s) of a child under 21.

Regulation 366(1)(a)(11) and a(11) of the Social Service Law

WORKER'S GUIDE TO CODES

4.1-36

02/15/2014

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
G58	QI1	Annual Fund Exhausted We will discontinue Medical Assistance coverage for the Qualified Individual -1 (QI1) program effective ____. This means that Medical Assistance will no longer pay for your Medicare Part B premium. The funding provided to New York State by the federal government for this program has been expended for the year. There is no additional money available at this time to reimburse individuals for their Medicare Part B premiums. Please apply in January of next year when funding is again available for this program. This decision is based on: subdivision 3 of Section 367-a of the Social Services Law

WORKER'S GUIDE TO CODES

4.1-37

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
G57	MA	<p><u>Discontinue Medicaid, Ineligible, Income Over 138%</u> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. We will discontinue Medicaid effective _____ for: This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-IN Program." This decision is based on Sections 366(1)(b) and 366-a(2) of the SSL.</p>
G59	QI1	<p><u>Discontinue Qualified Individual (QI-1) Over Income (NYC)</u> We will discontinue Medical Assistance Program coverage for the Qualified Individuals -1 (QI-1) Program effective_____. This means that Medical Assistance will no longer pay for your Medicare Part B premium. This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the QI-1 income limit of \$____. Please look at the budget calculation section to see how we figure your income. This decision is based on: subdivision 3 of Section 367-a of the Social Services Law</p>
H25	MA	<p><u>Discontinue Medicaid, Excess Resources (DAB)</u> We will discontinue Medicaid effective _____. This is because your net income limit is \$____. You are over the limit by \$____. The amount over the limit is called excess resources or spenddown. Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your resources are over the limit. In addition, we told you that you could spend your excess resources on allowable burial expenses. You did not do so in the time period you were allowed. Please look at the enclosed budget calculation to see how we figured your excess resources. If you incur medical bills in the amount of your excess resources in the future or If the amount of your resources goes down, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program". Regulation 18 NYCRR 360-4.8.</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H26	MA	<p><u>Discontinue Medicaid, Excess Income and Resource, Applicant Age 65 and Older, Certified Blind or Certified Disabled</u></p> <p>We will discontinue Medicaid effective _____. This is because your net income (gross income less Medicaid deductions) off \$_____ is over the allowable Medicaid income limit of _____. In addition, your countable resources of \$_____ are over the allowable Medicaid resource limit of \$_____. the amounts over the limits are call excess income and excess resources of spenddown.</p> <p>Also, we have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund.</p> <p>Please look at the enclosed budget calculation to see how we figured your excess resources.</p> <p>If you incur medical bills in the amount of your excess resources in the future or If the amount of your resources goes down, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program".</p>
H33	MA	<p><u>Regulation 18 NYCRR 360-4.8.</u></p> <p><u>Discontinue Medicaid, Excess Income, Applicant Age 65 and Older, Certified Blind or Certified Disabled</u></p> <p>We will discontinue Medicaid effective _____. This is because your net income (gross income less Medicaid deductions) of \$_____ is over the allowable Medicaid income limit of \$_____. The amount over the limit is called excess resources or spenddown. Also, you do not have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount.</p> <p>This applies to Medicaid recipients who are 65 years of age or older, certified blind or certified disabled.</p> <p>If you incur medical bills in the amount of your excess income, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program".</p> <p><u>Regulation 18 NYCRR 360-4.8.</u></p>
H34	MA	<p><u>Discontinue Medicaid, Excess Income</u></p> <p>We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010.</p> <p>We will discontinue Medicaid effective _____ for:</p> <p>This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____.</p> <p>However, you may be eligible for Medicaid with a spenddown.</p> <p>Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-IN Program."</p> <p>This decision is based on Sections 366(1)(b) and 366-a(2) of the SSL</p>

WORKER'S GUIDE TO CODES

4.1-39

10/18/2014

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

CODE CATEGORY REASON

H35	MA	<p><u>Discontinue Medicaid. Ineligible. Income Over 223% FPL</u> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. We will discontinue Medicaid effective _____ for: This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-IN Program." This decision is based on Sections 366(1)(b) and 366-a(2) of the SSL</p>
H36	MA	<p><u>Discontinue Medicaid. Ineligible. Income Over 154%</u> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. We will discontinue Medicaid effective _____ for: This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-IN Program." This decision is based on Sections 366(1)(b) and 366-a(2) of the SSL</p>
H37	MA	<p><u>Discontinue Medicaid. Ineligible. Income Over 155%</u> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. We will discontinue Medicaid effective _____ for: This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-IN Program." This decision is based on Sections 366(1)(b) and 366-a(2) of the SSL</p>

WORKER'S GUIDE TO CODES

4.1-40

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

CODE CATEGORY REASON

H44	MA	<p><u>Ineligible, FP Exceed the MAGI Limit Due to COLA Increase - 223%</u> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. Under these rules, we compared your gross income to the Modified Adjusted Gross Income (MAGI) limit. We will discontinue Medicaid effective_____.</p>
H45	MA	<p><u>This decision is based on Sections 366(1)(b)(3) and 366(1)(b)(6) of the SSL. Ineligible, Exceed the MAGI Limit Due to COLA Increase - 155%</u> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. Under these rules we compared your gross income to the Modified Adjusted Gross Income (MAGI) limit We will discontinue Medicaid effective_____.</p> <p><u>This decision is based on Sections 366(1)(b)(3) and 366(1)(b)(6) of the SSL.</u></p>

WORKER'S GUIDE TO CODES

4.1-41

10/17/2015

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME AND RESOURCES (CONT'D)

H46 MA **Ineligible, Exceed the MAGI Limit Due to COLA Increase - 138%**
H47 MA **Ineligible, Exceed the MAGI Limit Due to COLA Increase - 100%**
U54 MA **Transfer of Resources Institutionalized Individual, Excess Income**
(Manual Notice Required)

We will discontinue Medical Assistance beginning _____. You are not eligible for Medical Assistance coverage for the following services until (date): nursing facility services (Residential Health Care Facilities, Residential Treatment Facilities or Intermediate Care Facilities for the Developmentally Disabled); nursing facility services provided in a hospital; home and community-based wavered services. Please look at the section called "Explanation of the Effect of Transfers of Resources on Medical Assistance Eligibility" for an explanation of what types of transfers prevent you from receiving full Medical Assistance coverage.

Regulation 360-4.4, 360-4.7, 360-4.8

WORKER'S GUIDE TO CODES

4.1-42

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA:REAS - 241)

LIVING ARRANGEMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
A63	MA	Suspend MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility We will suspend Medicaid coverage effective _____ for: Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you receive while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions. All other Medicaid coverage will be suspended while you are incarcerated. You are eligible for Medicaid coverage only for the treatment of inpatient emergency medical conditions. Based on Sections 122, 366(1-a) and 366(1)(e)(1) of the SSL.
EF2	MA	Disc Medicare Savings Program of Inmate of NYS or Local Correctional Facility We will discontinue Medical Assistance payment of the Medicare Part B premium effective _____. This decision is based on Social Service Law 367-a(3)(d)(1)
EF3	MA	Disc MA Payment of Health Insurance Premiums The Medical Assistance program will discontinue paying for your health insurance premiums effective _____. Disc Medicaid Payment of Health Insurance Premiums for an Individual Admitted to Psychiatric Center (NYC) The Medicaid program will discontinue paying for your health insurance premiums effective _____. This is because we have determined that it is not cost effective.
EF6	All	Disc MA/FHP, Individual Discharged from a Psychiatric Center to custody of United States Immigration and Customs Enforcement (NYC) We will discontinue Medicaid/Family Health Plus effective _____. This is because you are being discharged from a psychiatric center to the custody of the United State Immigration and Customs Enforcement (ICE). Regulation 366(1) (c) and (d) of the SSL.
EF7	MA/FHP	Disc MA/FHP, Individual Discharged from a Psychiatric Center to another State's Law Enforcement (NYC) We will discontinue Medicaid/Family Health Plus effective _____. This is because you are being discharged form a psychiatric center to another state's law enforcement. This decision is based on Sections 366(1) (c) and (d) of the SSL.
EM8	MA/FHP	Disc MA/FHP, Individual Discharged from a Psychiatric Center to the custody of the Federal Bureau of Prisons (NYC) We will discontinue Medicaid/Family Health Plus effective _____. Regulation Sections 366(1) (c) and (d) of the SSL.

WORKER'S GUIDE TO CODES

4.1-43

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA:REAS - 241) CON'D

LIVING ARRANGEMENTS (CONT'D)

CODE CATEGORY

REASON

E60 All

Unable to Locate (NYC)

We will discontinue Medicaid/Family Planning Benefit Program effective _____.

This is because we have been unable to find you.

If you are now enrolled in a Medicaid Managed Care plan, you will no longer be enrolled in your health plan.

If however, you receive this notice and are still in need of Medicaid/Family Planning Benefit Program, please contact us.

Regulation 366(1)(d)(1) of the Social Services Law.

E62* MA

Between 21- 65, in a Psychiatric Institution

We will discontinue Medical Assistance effective _____. This is because you are receiving inpatient psychiatric services and are between 21 and 65 years of age.

Persons who are receiving inpatient psychiatric services in an institution for the care of the mentally disabled are only eligible for Medical Assistance if they are under 21 years of age or 65 years of age or older.

Regulation 360-3.4

*adequate

WORKER'S GUIDE TO CODES

4.1-44

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA:REAS - 241) CON'D

LIVING ARRANGEMENTS (CONT'D)

CODE CATEGORY REASON

E63*	All	Not a State Resident, Adequate (NYC) We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because you are not a resident of this State. You are a resident of another state. Medicaid/Family Planning Benefit may only be granted to an eligible resident of New York State, or to a person temporarily in the State who requires immediate medical care that is not otherwise available. Regulation 366(1)(d)(1) of Social Services Law.
E66	All	Not a State Resident, Timely (NYC) (See E63 above for language and citations) This code is used as the equivalent of E63 when the closing will clock-down. Regulation 3366(1)(d)(1) of Social Services Law.
G47	MSSI	Disc MA-SSI Not a Resident of District (NYC) This is to inform you that we will continue your Medicaid until _____. This is because the Social Security Administration notified us that you moved out of New York City. Your Medicaid will be transferred to your new district of residence effective _____. You will continue to be eligible for Medicaid. Regulation 18NYCRR Section 360-2.2(b) and Sections 62(7) and 364-j of SSL
E73	MA	Foster Care We will discontinue Medical Assistance effective _____. This is because the individual is in foster care. However the individual will receive Medical Assistance coverage through the Foster Care Program. Regulation 360-2.6
E79*	All	Not Provided in Current Living Arrangement (NYC) We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because you now live in a public institution which provides medical care for you. Individuals who live in certain institutions such as the institution in which you live are not eligible for Medicaid/Family Planning Benefit Program. An example of a public institution not covered by Medicaid/Family Planning Program is Veteran's Administration (VA) hospital. Regulation Sections 366(1)(b)(6) and 366(1)(e)(1) of the Social Services Law
F63	All	In Prison We will suspend Medical Assistance/Family Health Plus effective _____. This is because you are an inmate in a NYS or local correctional facility. Although Medical Assistance cannot pay for medical care, services or supplies you receive while you are physically residing in a correctional facility, your Medical Assistance case is <u>NOT</u> being closed. If we are also paying your Medicare Part A and/or Part B premium, we will discontinue payment of this premium. NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL

* Adequate Notice

WORKER'S GUIDE TO CODES

4.1-45

02/14/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

LIVING ARRANGEMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F64	All	In Prison outside of NYS (valid 4/1/08) We will discontinue Medical Assistance/Family Health Plus effective <u>Date</u> . This is because you are an inmate of a correctional facility outside of New York State or a federal penitentiary within New York State. If we are also paying your Medicare Part A and/or Part B premium, we will discontinue payment of this premium. NYCRR18 360-3.4 and Sections 366 (1-a) and 369-ee of SSL
F99	All	Incarcerated Individual Released to Custody of US Immig & Customs Enforce We will discontinue Medical Assistance/Family Health Plus effective _____. This is because you are being released tot in custody of the US Immigration and Customs Enforcement (ICE). NYCRR 18 360-3.2(j) and Sections 366(1-a) of the SSL
G62	All	Not a Resident of District, NYC to Upstate (NYC) This to inform you that we will continue Medicaid/Family Planning Benefit Program and/or Medicare Savings Program until <u>(end of month +1 day)</u> . You told us that you moved out of New York City on <u>(AMP date)</u> . Because you have informed us of your move, your case will be transferred to you new district of residence effective <u>(end of month +1 day)</u> . This decision is based Sections 365(1) and 364-j of the Social Service Law.
G77	All	Not a Resident of District - (Does Not Inform District of Move) We will discontinue Medical Assistance/Family Health Plus effective See Note . This is because records indicate you are no longer a resident of New York City and did not tell us of your move. We must provide Medical Assistance/ Family Health Plus only to persons who are residents of New York City. If you want your Medical Assistance/Family Health Plus to continue, you must contact the Department of Social Services in the district where you now live. We recommend that you do this as soon as possible. Note: No MA Extension This decision is based on: Regulation 18 NYCRR 311.3, 351.2 (g) (1) and Sections 62.5 and 369-ee of the Social Services Law.
M68	All	Added to Another Case We will discontinue Medical Assistance effective _____. This is because you were added to another Medical Assistance case. Regulation 360-2.6

WORKER'S GUIDE TO CODES

4.1-46

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

DUPLICATE ASSISTANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
M05	MA	Discontinue MA, Concurrent Benefits, Individual with Coverage on HX We will discontinue Medical Assistance/Family Planning Benefit Program effective _____ for: This is because we believe you are already receiving Medicaid. Your identity matches that of a person who is already receiving Medicaid through New York State of Health account #_____. Because the identities match, we have determined that you and that person are the same person. This decision is based on Regulation 18 NYCRR 351.9 and Section 366(1)(b) of the SSL.
M97	All	Receiving Multiple Benefits - HH=1 (Timely) We will discontinue Medical Assistance effective _____. This is because you fraudulently misrepresented your identity or residence to receive multiple Medical Assistance benefits at the same time. Regulation 18 NYCRR 360-2.2
M98*	All	Concurrent Benefits Intra-State (Within State) We will discontinue Medical Assistance effective _____. This is because we believe you are already receiving Medical Assistance. Your identity matches that of a person who is already receiving Medical Assistance in (<u>LOCATION</u>). Because the identities match, we have determined that you and that person are the same person. When the identity of any applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance. (Adequate) Regulation 18 NYCRR 351.9
N66	All	Concurrent Benefits Interstate (Between States) NYC We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because your identity matches that of a person who is already receiving Medical Assistance in <u>State Name</u> . Because the identities match, we have determined that you and that person are the same person. When the identity of any applicant or recipient matches that of a person who is already receiving Medicaid, that person is not eligible for additional Medicaid/ Family Planning Benefit Program. Regulation 18 NYCRR 351.9 and sections 365(1)(a) and 366(1)(b)(6) of SSL
N67	MA/MPE	Concurrent Benefits Interstate (Between States) NYC (System Generated) We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because your identity matches that of a person who is already receiving Medical Assistance in <u>State Name</u> . Because the identities match, we have determined that you and that person are the same person. When the identity of any applicant or recipient matches that of a person who is already receiving Medicaid, that person is not eligible for additional Medicaid/ Family Planning Benefit Program. Regulation 18 NYCRR 351.9 and sections 365(1)(a) and 366(1)(b)(6) of SSL

WORKER'S GUIDE TO CODES

4.1-47

02/19/2017

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

DUPLICATE ASSISTANCE (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
576	All	Receiving Medical Assistance on More than One Case You are currently receiving Medical Assistance on more than one Medical Assistance case. Since you are eligible to receive Medical Assistance on only one case, we are closing case#_____. (Timely) Regulation 18 NYCRR 360-2.6

* Adequate

WORKER'S GUIDE TO CODES

4.1-48

06/17/2018

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS

CODE CATEGORY REASON

F12	All	Failure to Apply for SSI We will discontinue Medicaid effective _____. This is because a person must apply for benefits that can reduce or end the person's need for Medicaid. You appear to be eligible for Social Security benefits, and we told you to apply for them, and you failed to apply for these benefits at the Social Security Office. Regulation 18 NYCRR 360-2.3(c)(1)
F17	All	Incorrect or Fraudulent Social Security Number We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because each person receiving Medicaid/Family Planning Benefit must give the agency their correct Social security number. We have determined that you did not give us your correct Social Security number. Decision is based on Sections 366(1)(b)(6) and(5) of the SSL.
F20	All	Failure to Provide a Social Security Number (HH = 1) We will discontinue Medicaid/Family Planning Benefit Program effective _____. For each member of the household for whom an application for Medicaid/Family Planning Benefit Program is made, a Social Security number must be provided to the agency or the agency must be provided with proof that an application has been made for a Social Security number for such person. You did not give us the Social Security number or apply for a Social Security number. Decision based on Sections 366(1)(b)(6) and (5) of the SSL.
F40	All	Failure to Enroll in a Group Health Plan We will discontinue Medical Assistance beginning _____. This is because when a group health insurance plan is available for free where you work you must sign up for such health insurance plan. You have refused to sign up for a group health insurance plan where you work, even though it is free. Regulation 18 NYCRR 360-3.2 (d)
H49	All	Agency Affirmed/Defaults/Withdrawals Fair Hearing Actions Code allowed to be used ONLY by Fair Hearings Centers 527, 546. 567 and 588. (For Fair Hearings ONLY, Notice Not Required)
H51	All	Discontinue MA, Fail to Apply for Medicare (NYC) Your Medicaid coverage will be discontinued effective _____. This is because you failed to show us proof that you applied for MEDICARE. You may request a Fair Hearing if you disagree with any decision explained in this notice, Although we sent you a notice on _____ telling you to apply for MEDICARE, you or your representative failed to show us proof that you applied for MEDICARE by_____. This decision is based on Section 366 (2)(b)(1) of the Social Services Law.

WORKER'S GUIDE TO CODES

4.1-49

10/23/2016

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F92	All	Non-Qualified PRUCOL Alien Ineligible For Full MA We will discontinue Medicaid/Family Health Plus effective _____. This is because you have failed to provide documentation of citizenship, identity and/or current immigration status. Regulation 18 NYCRR 351.1(b)(2)(ii), 351.2, 351.5, 351.6,351.8(a)(2)(ii), 360-1.2, 360-2.3 and Section 369-ee of the SSL
G11	All	Failure to Appear for Interview Appointment with Agency We will discontinue Medical Assistance effective _____. This is because you did not keep your appointment for an interview on (<u>Date</u>). You are not eligible for Medical Assistance if either you or a person representing you does not appear for a personal interview to establish continuing eligibility. If you think we did not tell you about the interview appointment or if you have another good reason for not keeping the interview appointment, tell your worker the reason. If you do not have a good reason for not keeping your interview appointment, and you still want Medical Assistance, you will have to reapply. Regulation 18 NYCRR 360-2.2 (f), 351.22
G66	MSP	Failed to Return Renewal (Recertification) Form QI-1/SLIMB (NYC) We will discontinue your participation in the Medicare Savings Program effective (<u>Date</u>). If your Medicare Savings Program participation is discontinued, your Medicare Premiums will no longer be paid by New York State. You or your representative must return the Recertification/Renewal Notification in order for us to determine your eligibility for participation in the Medicare Savings Program. Regulation 18NYCRR 360-2.2(e) and Section 367(a) of the Social Service Law.

WORKER'S GUIDE TO CODES

4.1-50

02/21/2016

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H19	All	<p>Failure to Provide Proof of U.S. Citizenship and Identity - SSA/BVI Match</p> <p>We will discontinue Medicaid/Family Planning Benefit Program effective _____. You said you were a U.S citizen/national; however we were unable to verify that this is true. You failed to respond to a request to provide documentation that you are a U.S. citizen/national. The Medicaid program requires proof of identity and U.S. citizenship or satisfactory immigration status. You failed to provide proof of your identity and U.S. citizenship.</p> <p>If you have submitted all of the required documentation, please call the Unit's office number listed in the box above to make sure they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medicaid after the date of discontinuance.</p>
H48	MA	<p>This decision is based on Sections 122, 366-a(2) and (5) of the Social Service Law. Discontinued Medicaid, Individual Revoked Authorization for AVS</p> <p>We will discontinue Medicaid effective_____for:</p> <p>This is because in order to get Medicaid, you and your spouse (it married) must provide a signed authorization allowing Medicaid to verify your and your spouse's resources with financial institutions.</p>
M24	All	<p>This decision is based on 42 U.S.C. 1396w and Section 36-a(2) of the SSL</p> <p>Failed to Submit Computer Match Information</p> <p>We will discontinue Medical Assistance effective _____. This is because we asked you to bring us information about (computer match) for (name (s)) by (date) and you failed to do so. We need this information to determine your continuing eligibility for Medical Assistance. If you already submitted this information or need help to get it, tell us right away by calling the general information number printed above.</p>
M25	All	<p>Regulation 351.1 (b) (2) (ii), 351.22 (e), 360-2.3, 18 NYCRR 360-4.4</p> <p>Failed to Respond To Computer Match Call-In Letter NYC</p> <p>We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because we sent a letter to you asking you to contact us by (date) and you failed to do so. We asked you to contact us with information about (computer match) for (name(s)).</p> <p>We need this information to determine your continuing eligibility for Medicaid/ Family Planning Benefit Program.</p> <p>If you did contact us by (date), tell us right away by calling the general information number printed above.</p> <p>This decision is based on Sections 366(1)(b)(6), 366-a(2) and (5) of the SSL.</p>

WORKER'S GUIDE TO CODES

4.1-51

02/15/2014

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
M89		Medicare Savings Program Failed to Return Required Documentation QI-1/SLIMB We are discontinuing your participation in the Medicare Savings Program because you or your representative did not return all of the information necessary to determine continued participation in the Medicare Savings Program. If your Medicare Savings Program participation is discontinued, your Medicare Premiums will no longer be paid by New York State. This decision is based on Regulation 18NYCRR 360-2.2(e) and Section 367(a) of the Social Service Law.
V13	All	Failure to Utilize Benefits We will discontinue Medicaid effective _____. This is because when a person might be able to get some other benefits or resources that can reduce or end the person's need for Medicaid, the person must apply for and use such benefits. Although we told you to, you failed to apply for or use _____. This decision is based on Regulation 18 NYCRR 360-2.3(c)(1).
Y84	FHP	Failure to Provide Health Plan and Provider Selection Form We will discontinue Family Health Plus effective _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.1, 360-4.8
840	All	TMU – Report of Resources and Unearned Income TMU has determined that you have failed to provide documentation relating to a report of resources and unearned income. Regulation 360-1.2, 360-2.2, 360-2.3, PART 351
841	All	TMU – Excess Resources TMU has determined that your resources exceed the level that Medicaid allows for a household of your size. Regulation 360-4.6, 360-4.7, 360-1.2, 360-3.3
842	All	TMU – Transfer of Assets TMU has determined that you transferred assets for the purpose of qualifying for Medical Assistance. You will be ineligible to receive Medical Assistance benefits for a _____month period. You have the opportunity to submit documentation to rebut this presumption.

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA:REAS - 241)

OTHER ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
HH8	MA	<p>HX Applicant Submission (NYC) This is to inform you that we will continue Medicaid until _____ for the following individuals: We have forwarded your information to New York's health benefit exchange, New York State of Health. This is because starting January 1, 2014, certain individuals must have their eligibility determined by New York State of Health: This decision is based on Section 366(1)(b) of the SSL.</p>
606	MA	<p>BHP Fail to Renew NYSoH Coverage We will discontinue Medicaid effective _____ for: You may request may request a Fair Hearing if you disagree with any decision explained in this notice. We are discontinuing your Medicaid because you or your representative have failed to sign in to your account in NY State of Health and renew your coverage by _____.</p>
626	MA	<p>MAGI Fail to Renew NYSoH Coverage This is because you or your representative did not contact New York's health plan marketplace, NY State of Health before _____ to recertify your Medicaid coverage. This decision is based on Section 336-a(5) of the Social Services Law.</p>

WORKER'S GUIDE TO CODES

4.1-53

02/15/2014

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SPOUSAL IMPOVERISHMENT

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H10	All	Failure to Provide Resource Information - No Undue Hardship We will discontinue Medical Assistance effective _____. This is because the amount/value of your spouse's resources is unknown. This information about the resources of your spouse was necessary to determine your continuing eligibility for Medical Assistance and we have decided that an undue hardship does not exist. Regulation 360-4.10 (c).
H11	All	Failure to Provide Resource Information - Undue Hardship We will discontinue Medical Assistance effective _____. This is because the amount/value of your spouse's resource is unknown. This information about the resources of your spouse was necessary to determine your continuing eligibility for Medical Assistance and, even though we have decided that an undue hardship exists, you would not sign a form that allows us to seek from your spouse the amount his/her countable resources are over the maximum community spouse allowance, although you are physically and mentally able to sign this form. Regulation 360-4.10 (c)
X12	All	Failure to Execute an Assignment of Support (Manual Notice Required) We will discontinue Medical Assistance effective _____. This is because you would not sign a form which allows us to seek \$_____ from your spouse (husband/wife), although you are physically and mentally able to sign this form. \$_____ is the amount your spouse's countable resources are over the maximum community spouse resource limit of \$_____. Your spouse refuses to make this amount available to you. Please see the budget page on how we figured the amount your spouse should have made available. Regulation 360-4.10 (c)
X13	All	Excess Resources for Institutionalized Spouse (Manual Notice Required) We will discontinue Medical Assistance effective _____. This is because you and your spouse (husband/wife) have countable resources that are over the resource limits. You and your spouse's total countable resources are \$_____. Your spouse who lives at home is allowed to keep. <u>\$(max CSRA)</u> . The difference is the amount available to you. \$_____. The allowable resource limit is \$_____. You are over the resource limit by \$_____. You also do not have medical bills that are equal to or more than (<u>\$the amount over the resource standard</u>). An applicant is ineligible for Medical Assistance if his or her resources are over the resource limit unless there are incurred medical bills that are equal to or greater than the amount over the resource limit. Regulation 360-4.10 (c)

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

HEALTH INSURANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
X50	MA	<p>COBRA Coverage of Group Health Insurance Premiums - Regular (Manual Notice) We will discontinue Medical Assistance Program coverage for your group health insurance premiums under the COBRA Continuation Coverage Program effective _____ for the following person(s): Instruction: Choose one or more of the following messages: Message 1 (No longer entitled to COBRA continuation coverage) This is because you are no longer entitled to COBRA continuation coverage for the following reason _____. Message 2 (Over net income) This is because your household's net income of (\$_____) is over the net income limit of \$_____. Please look at the budget page to see how we figured your income. Message 3 (Over resources) This is because your household's countable resources \$_____ are over the resource limit of \$_____. Please look at the budget page to see how we figured you resources. Message 4 (Not cost effective) This is because we determined that it is no longer cost effective to pay your health insurance premiums. Message 5 (Employer has less than 75 employees) This is because Medical Assistance payment of COBRA continuation premiums is available when the coverage is through an employer of 75 or more employees. Message 6 (Other) This is because:_____.</p> <p>Choose Message A (Use if all members of the household are discontinued). You are responsible for payment of your premiums after the effective date. Regulation 360-7.5</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

HEALTH INSURANCE (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
X51	MA	<p>COBRA Coverage of Group Health Insurance Premiums (Manual Notice Required) Prior Conditional Acceptance</p> <p>We will discontinue Medical Assistance coverage for group health insurance premiums under the COBRA Continuation Coverage Program effective _____. We had previously accepted the following person(s): (<u>list names</u>) for the COBRA Continuation Coverage Program.</p> <p>Message 1 This is because you are no longer entitled to COBRA continuation coverage for the following reason _____.</p> <p>Message 2 (Over net income) This is because your household's net income of (\$_____) is over the net income limit of \$_____. Please look at the budget page to see how we figured your income.</p> <p>Message 3 (Over resources) This is because your household's countable resources of \$_____ are over the resources limit of \$_____. Please look at the budget page to see how we figured your resources.</p> <p>Message 4 (Not cost effective) This is because we determined that it is no longer cost effective to pay your health insurance premiums.</p> <p>Message 5 (Employer has less than 75 employees) This is because Medical Assistance payment of COBRA continuation premiums is only available when the coverage is through an employer of 75 or more employees.</p> <p>Message 6 (Other) This is because:_____.</p> <p>Choose Message A (Use if all members of the household are discontinued) You are responsible for all premium bills we paid for you. Regulation 360-7.5</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

HEALTH INSURANCE (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
X52	MA	<p>Medicare Buy – In Program QMB - (Manual Notice Required) We will discontinue Medicare Buy – In coverage effective _____. This means that Medical Assistance can no longer pay your Medicare premiums, deductible and coinsurance. Choose one or More Messages: This is because your household's net income is \$_____. The allowable income limit is <u>(100% of poverty)</u>. You are over the allowable limit. Please look at the budget page to see how we figured your income. This is because your household's countable resources are \$_____. The allowable limit is <u>(twice the SSI resource level)</u>. You are over the allowable limit. Please look at the budget page to see how we figured your resources. This is because your household's net income and countable resources are over the income and resource limits. Your net income is \$_____. The allowable income limit is <u>(100% of poverty)</u>. Your countable resources are \$_____. The allowable resource limit is <u>(twice the SSI resource level)</u>. Please look at the budget page to see how we figured your income and resources. This is because you are not <u>(enrolled in/eligible for)</u> Medicare Part A from the Federal Social Security Administration. This is because _____.</p>
631	MA	<p>Regulation 360-7.7 (Use for all) Suspend MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility (System Generated) We will suspend Medicaid coverage effective _____ for: Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you receive while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions. All other Medicaid coverage will be suspended while you are incarcerated. You are eligible for Medicaid coverage only for the treatment of inpatient emergency medical conditions. This decision is based on Sections 122, 366(1-a) and 366(1)(e)(1) of the SSL.</p>

WORKER'S GUIDE TO CODES

4.1-57

02/15/2014

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

OTHER

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
D00	MA	Deceased (This code operates the same as E95 and G39 but will have clocking down period)
E95*	All	Deceased (NYC) We will discontinue Medicaid/Family Planning Benefit Program effective_____. This is because records indicate that this person is deceased. If you are now enrolled in a Medicaid Managed Care plan, you will no longer be enrolled in your health plan. Regulation 366-a(5)(a) and 366(1)(b)(6) of the SSL.
G39	MA	Deceased (NYC)(System Generated) We will discontinue Medicaid/Family Planning Benefit Program effective_____. This is because records indicate that this person is deceased. If you are now enrolled in a Medicaid Managed Care plan, you will no longer be enrolled in your health plan. Regulation 366-a(5)(a) and 366(1)(b)(6) of the SSL.
G88*	All	Client's Request - Written Request (NYC) We will discontinue Medicaid/Family Planning Benefit Program effective _____ for: This is because you said that you did not want Medicaid/Family Planning Benefit Program. This decision is based on Sections 366(1)(b)(g) and 366-a(5)(a) of the SSL.
H61	MA	Closing Code used to Close H60 Only Retroactive Cases (System Generated)

*Adequate

WORKER'S GUIDE TO CODES

4.1-58

02/15/2014

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

OTHER (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
G98	All	Client's Request Verbal, NYC (Timely) We will discontinue Medicaid/Family Planning Benefit Program effective _____. this is because on _____ you said that you did not want Medicaid/Family Planning Benefit Program. This decision is based on Sections 366(1)(b)(6) and 366-a(5)(a) of the SSL.
Y02	MA	Special Immigrant Visa Closing - Used for Iraqi and Afghan Immigrants ACI=R (Manual Notice Required) We are sending you this notice to tell you that the Medical Assistance Program will discontinue your public health insurance coverage effective _____. You have reached the end of your initial period of Medicaid eligibility as an Afghan or Iraqi Special Immigrant. Section 525 of Title V of Division G of Public Law 110-181 and Section 1244(g) of the National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181 and Section 1059 of the National Defense Authorization Act of 2006, Public Law 109-163
Y03	MA	One Time Auto-Close for Homeless Lapsed Cases (No notice generated, immediate closing)
Y25	All	Client's Request - Medicaid (MA) - Eligibility Mail Out (Manual Closing) Medicaid has been discontinued because on the returned Eligibility Mail Out form, the client asked that the MA portion of the case be closed. Regulation 360-2.6
Y26	All	Client's Request - Medicaid (MA) and FS - Eligibility Mail Out Medicaid has been discontinued because on the returned Eligibility Mail Out form, the client asked that the MA and FS portions of the case be closed. Regulation 360-2.6
Y30	FPBP/PE	Ineligible for FPBP Excess Income (Manual notice required)
Y31	FPBP/PE	Failed to Return Documents (Manual notice required)
Y99	All	Other (Manual Notice Required) Close cases for which there is no other appropriate reason code. No notice is generated by the system. Workers must manually complete the notice. We will discontinue Medical Assistance effective _____. This is because you failed to (<u>worker fill in</u>). Regulation for Social Service Department (<u>worker fill in</u>)

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

MISCELLANEOUS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
178	MPE	<p>Emergency Medical Condition We will discontinue your Medical Assistance coverage effective____ because: Message 1 You were granted Medical Assistance solely for the treatment of an emergency medical condition, this time limited coverage has now expired. Regulation18 NYCRR 360-3.2(j)(2)(ii)</p> <p>Message 2 You were granted Medical Assistance solely for the treatment of an emergency medical condition, but you are now an inmate in a New York State or local correctional facility. Medical Assistance cannot pay for medical care, services or supplies you receive while you are physically residing in a correctional facility. Regulation18 NYCRR 360-3.4(a)(1)</p>
194	MSSI	<p>Ineligible for MA-SSI You are no longer eligible for SSI and have been determined ineligible for MA-SSI. Regulation18 NYCRR 360-2.6, 360-3.3</p>
740	All	<p>Forced Closing.</p>
991	MSSI	<p>Discontinue SSI – Separate MA Determination Your eligibility for SSI has been discontinued or suspended. A separate determination of your continuing eligibility for MA will be made. Regulation 18 NYCRR 360- 2.2 (Stenson). Adequate Notice</p>
198	All	<p>60 Day Presumptive Eligibility Period Ended/Ineligible for MA Based on your need for____, you were determined presumptively eligible for Medical assistance for a maximum period of 60 days. After a review of your application you have been determined ineligible for ongoing Medical Assistance. Regulation 18 NYCRR 360-3.7, 358-3.3, Part 531</p>

WORKER'S GUIDE TO CODES

4.1-60
02/15/2014

MA CASE REASON CODES (CONT'D)

RESERVED FOR EXPANSION

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

DISASTER RELIEF

CODE	CATEGORY	REASON
322	MPE	<p>Other (Adequate Notice) This decision is based on (<u>Worker Fill</u>).</p>
323	MPE	<p>Excess Income/Non-Resident/Non-Qualified Alien (timely) Under the Disaster Relief program, you have been receiving time-limited health care coverage, which will end on the effective date of this notice. You applied for Medicaid/Family Health Plus to have your health care coverage continue after the end of Disaster Relief. Your application for Medicaid/Family Health Plus is denied because: Choose one of the following for the Manual Notice 1. Your gross income is over the Family Health Plus of \$_____ and your net income (gross income less Medicaid Assistance deductions) is over the Public Assistance Standard of need of \$_____. Persons who are 21 through 64 years of age and are not pregnant, certified blind or disable, or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program in order to be eligible for Medical Assistance. Please look at the attached budget explanation (MAP-2060) to see how we figure your income. Regulation 366(1)(a)(1) and 396-ee 2. Your gross income of \$_____ is over the Family Health Plus income limit of \$_____ and your net income (gross income less Medical Assistance deductions) of \$_____ is over the Medical Assistance income limit of \$_____. Please see the attach budget explanation of the (MAP-2060) for details on how we calculate your income. Regulation 366, 369-ee, and 18 NYCRR 360-4.8 3. You have excess income in the amount of \$_____ per month. The enclosed information explains how an individual may become eligible for Medical Assistance under the Excess Income/Optional Pay-in-Program. (See attach forms MAP-931-Explanation of the Excess Income Program, and MAP-931A, Explanation of the Pay-in-Program.) Regulation 4. You are not a resident of New York City. Regulation 62 and 18 NYCRR 360-2.2 5. You are not a citizen, qualified alien, or person permanently residing in the United States under Color of Law (PRUCOL). Persons who are not citizens, qualified aliens, or PRUCOL may receive Medical Assistance coverage only for the treatment of emergency medical conditions or for medical services provide to pregnant women, if they are otherwise eligible. (See attached form MAP-2020A. Definition of Qualified Aliens and PRUCOL.) Regulation Section 122 of Social Services Law and GIS 01MA026</p>

WORKER'S GUIDE TO CODES

4.1-62

02/15/2014

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

DISASTER RELIEF (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
972	MPE	<p>Failure to Provide Documentation</p> <p>Under the Disaster Relief Medicaid/Family Health Plus program you have been receiving time-limited health care coverage, which will end effective _____. You applied for Medicaid/Family Health Plus to have your health care coverage continue after the end of Disaster Relief. We have denied your application for Medicaid/Family Health Plus.</p> <p>This is because you or your representative did not return all of the information necessary to determine if you can get Medicaid/Family Health Plus. We need the following documents. These are the documents we told you we needed, but you did not give them to us and did not tell us you could not get them:_____.</p> <p>If you have not submitted the documents, you need to bring them to us at the above address before the effective date above.</p> <p>If you have submitted all of the required information, please call the unit's office telephone number listed in the box above to make sure the documents have been received and processed.</p> <p>Regulation18 NYCRR 360-2, 369-ee</p>

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

PCAP CASES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E58		<p>Failure to Return PCAP Recertification Renewal Form (NYC) We will discontinue Medicaid effective _____. We are discontinuing your Medicaid because you or your representative failed to return the Medicaid Recertification/Renewal Notification form by _____. We are discontinuing your Medicaid because you or your representative failed to return the Medicaid Recertification/Renewal Notification form by _____. This decision is based on Section 366-a(5) of the Social Services Law.</p>
E83*	MA	<p>Client's Request - Written (Infant Extension) We will discontinue Medical Assistance effective _____. This is because you wrote to us that you wanted your case closed. You wrote that on your recertification letter processed in this office on (<u>processing date</u>). Regulation 360-2.6 The following infant (s) born on (date of birth) will continue to receive Medical Assistance until the end of the month in which the infant(s) becomes age one (list names and CINS of infant) Regulation (s) 360-3.3 (c)</p>

* Adequate

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

PCAP CASES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E88*	MA	<p>Client's Request - Written PCAP Clients We will discontinue Medical Assistance effective _____. This is because you wrote to us that you wanted your case closed. You wrote that on your recertification letter processed in this office on (processing date). Regulation 360-2.6</p>
E93*	MA	<p>Client's Request - Written, PCAP Clients (Infant Extension) We will discontinue Medical Assistance effective _____. This is because you wrote to us that you wanted your case closed, you wrote that on your recertification letter processed in this office on (processing date). Regulation 360-2.6 The following infant (s) born on <u>(date of birth)</u> will continue to receive Medical Assistance until the end of the month in which the infant(s) becomes age one (List names and CINS of infant[s]) Regulation 360-3.3 (c)</p>
G83	MA	<p>Client's Request - Verbal (Infant Extension) We will discontinue Medical Assistance effective _____. This is because on _____ you asked us to close your case. The following infant (s) born _____ will continue to receive Medical Assistance until the end of the month in which the infant (s) becomes age one <u>(List names and CINS)</u> Regulation 360-3.3 (c)</p>
G93	MA	<p>Client's Request - Verbal We will discontinue Medical Assistance effective _____. This is because on _____ you asked us to close your case. Regulation 360-2.6</p>

* Adequate

WORKER'S GUIDE TO CODES

4.1-65

10/23/2016

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

PCAP CASES (CONT'D)

CODE CATEGORY REASON

* U15 MA

Failure to Comply With Recert Procedure – Didn't Return Information

We will discontinue Medical Assistance effective_____.

We are discontinuing Medical Assistance because you or your representative did not return all of the information necessary determine continued eligibility for Medical Assistance.

If your Medical Assistance is discontinued, all your Medical Assistance services, including your home care services, will be discontinued.

We need these documents which are not in our files or which might have changed since you gave them to us before might have. These are the documents we told you we need but you did not give them to us and did not tell us you could not get them.

If you have submitted all of the required documents, please call the Unit's office telephone number listed in the box above to make sure they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medical Assistance after the date of discontinuance.

Regulations 60-2.2(e), 360-2.3

The following infant(s) born on_____ will continue to receive Medical Assistance until the end of the month in which the infant(s) become age one:

Regulations 360-3.3(c)

* Use MRT Codes on pages 4.1-72 through 4.1-74 to list items.

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

PCAP CASES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
980		<p>Failure to Comply With Recert Procedure – Didn't Return Information (System Generated) We will discontinue Medical Assistance effective _____. We are discontinuing Medical Assistance because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. If your Medical Assistance is discontinued, all your Medical Assistance services, including your home care services, will be discontinued. We need these documents which are not in our files or which might have changed since you gave them to us before. These are the documents we told you we need but you did not give them to us and did not tell us you could not get them. If you have submitted all of the required documents, please call the Unit's office telephone number listed in the box above to make sure they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medical Assistance after the date of discontinuance. Regulations 360-2.2(e), 360-2.3The following infant(s) born on _____ will continue to receive Medical Assistance until the end of the month in which the infant(s) become age one Regulations 360-3.3(c)</p>
985		<p>Failure to Return PCAP Recertification Renewal Form (NYC) (System Generated) We will discontinue Medicaid effective _____. We are discontinuing your Medicaid because you or your representative failed to return the Medicaid Recertification/Renewal Notification form by _____. If your Medicaid is discontinue, all your Medicaid Services including, your home care services, will be discontinue. You or your representative must return the Recertification/Renewal Notification form in order for us to determine your eligibility for Medicaid This decision is based on Section 366-a(5) of the Social Services Law.</p>

WORKER'S GUIDE TO CODES

4.1-67

02/21/2016

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES

CODE CATEGORY REASON

(Viewable only on CNS)

- | | | |
|-----|-----------|---|
| 166 | All | <p>Authorization Lapsed More Than 90-Days
This case has been closed automatically because its authorization has lapsed more than 90 days. (System generated output code).
No citation required.</p> |
| 416 | FPBP | <p>FPBP Remainder 12 Month Extension (With Transportation) (Manual Entry Only)
Your Family Planning Benefit Program case has been renewed.
We will continue Family Planning Benefit Program coverage unchanged until _____ for:
Regulation Section 366 (1)(b)(6) of the SSL.</p> |
| 417 | FPBP/FPEP | <p>FPBP/FPEP Remainder 12 Month Extension (Without Transportation)
We will change your coverage from Family Planning Benefit Program coverage to the Family Planning Extension Program effective _____. We will continue Family Planning Benefit Extension coverage until _____ for:
You have already received 12 months of family planning services coverage. To complete the balance of the 24 months of family planning services coverage, we must change your coverage to the Family Planning Extension Program for 12 months.
Regulation Sections 364-j, 366(1)(b) and 366(1)(b)(6) of the SSL</p> |
| 450 | MA/FHP | <p>Medicaid/FHP Ineligible, Income Over 223% FPL (System Generated)
We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection & Affordable Care Act of 2010. Under these rules, we compared your gross income to the Medicaid eligibility income levels.
We will discontinue Medicaid/Family Health Plus effective _____ for:
This is because you are not eligible for Medicaid because your gross income of \$ _____ is over the allowable Medicaid income limit of \$ _____.
Regulation 18NYCRR 366(1)(b) and 366-a(2) of the SSL.</p> |
| 567 | MA | <p>Disc - Excess Income Due to COLA for QI-1 Individuals (NYC)
We will discontinue Medical Assistance effective _____ for: _____
This is because your household's net income of \$ _____ is more than the Medical Assistance income limit of \$ _____ for your household size.
Please look at the enclosed budget calculation to see how we figured your income.
Regulation 366(1)(a)(1) and subdivision 3 of Section 367-a of the SSL</p> |
| 603 | MA | <p>Continuous Eligibility for MA Recipients (NYC)
Even though the individual(s) listed below are no longer eligible for medicaid, we will continue/extend Medicaid coverage until _____ for:
This decision is based on Social Services Law 366(4)(c)</p> |
| 620 | MA | <p>Transition Medicaid to NY State of Health-Recipients in the Five Year Ban
Because of the immigration status of individuals on your Medicaid case, eligibility for Medicaid coverage for the following individuals must now be determined by New York's health plan marketplace, NY State of Health:
This decision is based on Section 369-gg of the SSL.</p> |

WORKER'S GUIDE TO CODES

4.1-68

06/17/2018

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
666		Fair Hearing (System Generated)
693	All	Discontinue MA, Fail to Apply for Medicare (NYC) (System Generated) (TA/MA) Your Medicaid coverage will be discontinued effective _____. This is because you failed to show us proof that you applied for MEDICARE. You may request a Fair Hearing if you disagree with any decision explained in this notice, This decision is based on Section 366 (2)(b)(1) of the Social Services Law.
698	All	Discontinue MA, Fail to Apply for Medicare (NYC) (System Generated) (MA Only) Your Medicaid coverage will be discontinued effective _____. This is because you failed to show us proof that you applied for MEDICARE. You may request a Fair Hearing if you disagree with any decision explained in this notice. This decision is based on Section 366(2)(b)(1) of the Social Services Law.
701		Combined PA MA Disc for Same Reason Incarcerated Prior to April 1, 2008 We will discontinue your Medical Assistance effective _____. This is for the same reason as your Public Assistance is being discontinued. However, you will no longer be enrolled in your health plan. Regulation 18NYCRR 360-3.4 and Section 366(1)(c) of the SSL
702	All	Disc PA/MA, Continue MA, Chafee Eligible We will continue Medicaid coverage. This is because you were discharged from foster care and are age 18, 19 or 20. Regulation SSL 366 (3-a)
703	All	Disc MA, Incarceration Out-of-State or Federal Penitentiary Located Within NYS We will discontinue Medicaid effective _____. This is for the same reason as your Public Assistance is being discontinued. This decision is based on Regulation 18NYCRR 360-3.4 and Section 366(1-a) of the Social Services Law.
706		PA MA Disc for Same Reason, Discontinue MSP We will discontinue Medicaid effective ____ for. This is for the same reason as your Public Assistance is being discontinued. Regulation 18NYCRR 351.9, 351.2 (g)(1), 360-2.3, 360-2.3, 360-3.4, 360-3.5 and SSL 366(1)(b).
714		MA Case Discharged from Foster Care - True Chafee (System generated when Chafee Indicator 'T' is present)
716		MAGI Individual Transition Medicaid to NY State of Health This is to inform you that continued eligibility for Medicaid coverage for the following individuals must now be determined by New York's health plan marketplace, NY State of Health. This means that you will no longer recertify your Medicaid coverage with the NYC Human Resources Administration (HRA). Your Medicaid coverage with HRA will end on _____. This decision is based on Sections 366-a(5) and 366(1)(b) of the Social Services Law.

WORKER'S GUIDE TO CODES

4.1-69

06/17/2018

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

CODE CATEGORY REASON

(Viewable only on CNS)

- 718** **FPBP/FPEP 24 Month Extension (NYC)**
We will discontinue your Medicaid effective_____: Even though the individual(s) listed are no longer eligible for Medicaid as explained in this notice, we will continue Family Planning Benefit Program Extenuation coverage until _____. Because you received Medicaid when you were pregnant, you are eligible for an additional 24 months of family planning services coverage, regardless of the outcome of the pregnancy.
Regulation 18NYC 364-j, 366(1)(a)(11) and 369-ee of the SSL
- 719** **FPBP Initial 12 Month Extension (NYC)**
We will discontinue your Medicaid effective_____ for: Even though the individual(s) listed are no longer eligible for Medicaid as explained in this notice, we will continue Family Planning Benefit Program cover until _____. You will receive this coverage under the Family Planning Benefit Program for 12 months at a time.
Regulations 18 NYCRR 360-3.2(j), Section 122 of SSL
- 721** **MA** **Transition Medicaid Coverage to NY State of Health, Recipient in the Five Year Ban** (Similar language used for Rosenberg B notices - BHP related)
Because of the immigration status of individuals on you Medicaid case, eligibility for Medicaid coverage for the following individuals must now be determined by New York's health plan marketplace, NY State of Health:
This decision is based on Sections366(1)(g) and 369-gg of the SSL.
- 730** **PA Denied/ MA Application Under Review NYC**
We are reviewing your application to see if the following person(s) may be eligible for Medical Assistance. We may write to you asking for additional information we need to determine your eligibility for Medical Assistance.
Regulation 18 NYCRR 360-2.2(a)(2)
- 731** **PA Denied/MA Application Under Review**
We are reviewing your application to see if the following person(s) may be eligible for Medical Assistance. We may write to you asking for additional information we need to determine your eligibility for Medical Assistance.
Regulation 18 NYCRR 360-2.2(a)(2)
- 732** **Combined PA/MA Denial**
We have denied your Medical Assistance application. This is for the same reason as your Public Assistance application was denied.
- 736** **MA Extension for CHP Transition**
Even through the individual(s) listed are no longer eligible for Medical Assistance as explained in this notice we will continue/extend the Medical Assistance coverage until__for__: Name__Client ID #____.
this is to give use time to enroll the child(ren) in the Child Health Plus B Program.

WORKER'S GUIDE TO CODES

4.1-70

06/17/2018

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

CODE CATEGORY REASON

(Viewable only on CNS)

- 739 Combined PA/MA Application Under Review**
A decision about the following individual's application for Medical Assistance/
Family Health Plus has not yet been made. When a decision is made, you will
receive a notice explaining it.
Regulation 18 NYCRR 360-2.5
- 741 Combined PA/MA Discontinuance**
We will discontinue Medical Assistance effective _____. This is for the same
reason as your Public Assistance is being discontinued.
Regulations 360-3.6
Note: Medical Assistance benefits will stop the same day as PA.
- 750 Discontinue PA/MA Death**
We will discontinue Medical Assistance effective_____ for:_____.
This is for the same reason that Public Assistance was discontinue for the above
individual as explained in the Public Assistance section of this notice
Regulation 360-2.6
- 756 PA/MA Continue Unchange- Full Coverage**
These persons will continue to be entitled to full services under Medical
Assistance Program.
Regulation 360-2.6
- 759 Continue MA until FHP Determination**
We will continue your Medical coverage for two months until _____. This Is
because recipients whose income is less than 100% of poverty may be eligible for
the Family Health Plus Program. We will write you soon asking for the information
we need to determine your eligibility for Family Health Plus. If you do not respond,
your Medical Assistance case may be closed at that time.
Regulation 360-2.6

WORKER'S GUIDE TO CODES

4.1-71

02/15/2014

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
761		<p>Combined PA MA Discontinuance We will discontinue your Medical Assistance effective _____ for This is for the same reason as your Public Assistance is being discontinued. Managed Care: If you are enrolled in a Medical Assistance managed care health plan, you can use your Health Plan Card to get health plan services until the end of the month in which your Medical Assistance is discontinued. Regulation cite is dependent on the PA Reason Code.</p>
763		<p>MA Support Extension We will continue Medical Assistance coverage for four months until _____. This is because recipients in a Medical Assistance case closed due to receipt of or increase in child or spousal support are eligible for an additional four months of Medical Assistance coverage. Regulation 360-3.3(c)</p>
770		<p>Failure to Participate in a Drug/Alcohol Program (Client under 21 years old) While we determine if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged for: _____. We will soon write to you asking for information we need to determine your continuing eligibility for Medical Assistance. Regulation 360-2.6, 360-2.2 (d), 370.2 This code is generated by CNS codes GX1, GX2 and Gx3</p>
772		<p>Pregnant Woman/Postpartum Extension Even though the individual(s) listed are no longer eligible for Medical Assistance as explained in this notice, we will continue Medical Assistance coverage until _____ for: _____. This is because a pregnant woman who is eligible for Medical Assistance at any time during her pregnancy continues to be eligible for Medical Assistance until the end of the month following the 60th day after her pregnancy ends. When the child is born he/she will be eligible for Medical Assistance until age one. Regulation 360-4.1, 360-4.7, 360-4.8</p>
773		<p>Combined PA/MA Continue of Newborn Even though the individual(s) listed are no longer eligible for Medical Assistance as explained in this notice, we will continue/extend the Medical Assistance for the following infant(s) born on _____ until the end of the month in which the infant(s) becomes age one: If you have any questions, call the general information number printed on page one of the Notice. Regulation 360-3.3(c).</p>
774		<p>Disc PA, Continue MA, District to District Move The following Individuals will continue to receive Medicaid _____. Because you have informed us of your move, your coverage will be transferred to your new district of residence, effective _____. You will receive more information about your coverage from your new district. Regulation cited is dependent on the PA Reason Code. This code is generated for failure to recertify (PA code G10) or coverage code 30</p>

WORKER'S GUIDE TO CODES

4.1-72

10/17/2015

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
775		Combined PA/MA Continued Unchanged – Pending Decision While we determine if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged. We will soon write to you asking for information we need to determine your continuing eligibility for Medical Assistance. If you do not respond when we write, your Medical Assistance case may be closed at that time. Regulation cited is dependent on the PA Reason Code.
776		Foster Care The following individual will continue to receive Medical Assistance coverage through the Foster Care Program effective (<u>date</u>). Regulation 360-2.6 This code is generated by PA code E73
777		Managed Care – Guaranteed Eligibility We will discontinue your Medical Assistance effective _____. This is for the same reason your Public Assistance is being discontinued. However, the following individual(s) are enrolled in a managed care program and are eligible to receive the medical services available through the managed care program until _____. Coverage is limited to the services authorized by your managed care provider, and Medical Assistance/Family Planning services. Please check your member handbook for a list of these services. Regulation 360-10.5
778		Combined PA/MA Transitional Medical Assistance (TMA) Acceptance (12-Months). Your Medical Assistance will continue for 12 months until _____ for the following persons as long as you have a dependent child under age 21 living with you: (<u>list name</u>). This is because your income (less Medicaid deductions including child support costs) is over the Low Income Family income limit due to increased earnings, new employment or loss of earned income disregards. You will continue to receive Transitional Medical Assistance for the entire 12 months as long as: you remain employed; and a dependant child under age 21 continues to live with you. Regulation 360-3.3 (c) This code is generated by CNS codes E31 or E33
780		Combined PA/MA Support Extension We will continue Medical Assistance coverage for four months until _____. This is because recipients in a Family Assistance (FA) case closed due to receipt of or increase in child or spouse support are eligible for an additional four months of Medical Assistance coverage. Regulation 360- 3.3 (c) PA Code E32 generates this code

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
781		<p>Failure to Participate in Drug/Alcohol Program (Ages 21- 65) We will discontinue your Medical Assistance effective _____. This is for the same reason as your Public Assistance is being discontinued. However, if you take part in a drug and/or alcohol treatment program, you may reapply for Medical Assistance at any time. Regulation 360-2.2 (d), 370.2 This code is generated by PA codes PX1, PX2 and PX3</p>
782		<p>Added to Another Case We will discontinue your Medical Assistance effective _____. This is because you will be part of the Public Assistance case of (<u>case name</u>). Your Medical Assistance will be provided in that case. Regulation 352.1</p>
783		<p>Continuous Eligibility for Children (NYC Only) Even though the individual(s) listed are no longer eligible for Medical Assistance as explained in the notice, we will continue Medical Assistance until _____ for:_____. This is because children up to age nineteen years of age who are determined Eligible for Medical Assistance remain eligible for benefits for twelve continuous months or until they reach the age of nineteen, whichever is earlier. Regulation 366(4)(q).</p>
784		<p>Discontinue PA/MA Immediate (NYC ONLY) We will discontinue your Medical Assistance effective _____ for _____. This is for the same reason as your Public Assistance is being discontinued Regulation cite is dependent on the PA Reason Code</p>
785		<p>Failed to Participate in Drug/Alcohol Rehabilitation Program We will discontinue your Medical Assistance effective (<u>date</u>). This for the same reason as your Public Assistance case is being discontinued. However, if you take part in a drug/or alcohol treatment program, you may reapply for Medical Assistance at any time. Regulation 360-2.2 (d) and 370-2 This code is generated for MA coverage code 30</p>

WORKER'S GUIDE TO CODES

4.1-74

02/21/2016

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

CODE CATEGORY REASON

786		Failure to Participate in Drug/Alcohol PCP (Guarantee) (NYC Only) Instruction: An automated notice should be generated for PA and MA closing when a recipient is enrolled in managed care program (coverage code 31 or 33) and eligible for guaranteed eligibility. We will discontinue your Medical Assistance effective _____. This is for the same reason your Public Assistance is being discontinued. However if you take part in a drug and/or alcohol treatment program, you may reapply for Medical Assistance any time. The following individual is enrolled in a managed care program and is eligible to receive the medical services available through the managed care program until _____. Coverage is limited to the services authorized by your managed care provider, and Medical Assistance/Family Planning services. Please check your member handbook for a list of these services. If you have any questions, call the general information number printed on page one of this notice. Regulation 360-2.2 (d), 370.2 and 18 NYCRR 360-10.5 This code is generated by PA codes PX1, PX2 and PX3.
787		Reinstate PA/ MA PA Sanction Ended (NYC Only) We will reinstate Medical Assistance effective ____ for ____. This is because your Medical Assistance was stopped for a reason that applied to both Public Assistance and Medical Assistance. This reason no longer exists, so you are eligible for Medical Assistance as well as Public Assistance. Regulation 360-3.3
799		Combined PA MA FS Non Sanction MA PA (NYC Only) (Name) cannot be included in your Medical Assistance case for the same reason that individual cannot be included in your Public case. (Name) must comply with this requirement in order to be included in the Medical Assistance case. The Medical Assistance regulation cited is dependent on the reason for sanction.
808	MA	Disc MA, Deceased (NYC) (System Generated) We will discontinue Medicaid for the above individuals effective: ____. This is because we have been informed by the Social Security Administration that this person is deceased. Regulation 18 NYCRR 360-2
816	MA	Suspended Coverage at Incarceration of Inmate of NYS or Local Facility HH=1 Inmate of a New York State or local correctional facility. 18 NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL

WORKER'S GUIDE TO CODES

4.1-75

02/15/2014

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
846	FPBP	Discontinue FPBP Fail to Return Renewal (NYC) We will discontinue your Family Planning Benefits coverage effective_____. This is because you or your representative has failed to return the Family Planning Benefits Recertification/Renewal form by_____. You may request a Fair Hearing if you disagree with any decision explained in this Notice. You have 60 days form the date of this notice to request a Fair Hearing. If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. Regulations 18 NYCRR 360-2.2(e) and 360-2.3 and 366(1)(b)(6) of the SSL.
847	FPBP	Didn't Return Information NYC We will discontinue your Family Planning Benefits coverage effective____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. You may request a Fair Hearing if you disagree with and decision explained in this Notice. You have 60 days from the date of this notice to request a Fair Hearing. You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing. If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. You or your representative must submit these documents in order for us to determine your eligibility for continuing coverage. This decision is based on Regulations 18 NYCRR 360-2.2(e) and 360-2.3 and Section 366(1)(b)(6) of the Social Services Law.
850	MA	TMA Transitional Benefits (Truncation) Client no longer meets statutory requirements. MA case closing at the end of transaction month. Reason and citation must be specified by worker. 18 NYCRR 360-3.3
857	ALL	Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center, HH=1 (NYC) We will suspend Medicaid/Family Health Plus/family Health Plus Premium Assistance Program/Family Planning Benefit Program coverage effective <u>(T+14)</u> . Your Medicaid benefits will be reinstated when you are discharged. Regulation 18 NYCRR 360-3.4(a)(2) and Section 366(1)(c) and (d) of the SSL
866	MA/MSP	Failed to Return Renewal (Recertification) Form for QI-1/SLIMB (NYC) We will discontinue your participation in the Medicare Savings Program effective <u>(Date)</u> . Regulation 18NYCRR 360-2.2(e) and Section 367(a)
867	MA/MSP	Failed to Return Renewal (Recertification) Form for QI-1/SLIMB (NYC) We are discontinuing your participation in the MSP because you or your representative did not return all of the information necessary determine continued participation in the Medicare Savings Program. Regulation 18NYCRR 360-2.2(e) and Section 367(a)

WORKER'S GUIDE TO CODES

4.1-76

06/18/2012

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
905	MA/FHP	Exceed FHP Limit and are Ineligible for Surplus We will discontinue Medical Assistance/Family Health Plus effective _____. This is because on January 1, your household income (will increase/increased) due to a cost-of-living adjustment (Cola) in a Social Security benefit. This increase in income must be used to figure your Medical Assistance/Family Health Plus eligibility. Regulation 18NYCRR 360-4.1,360-4.8 Section 369-ee and 366 (1)(a)(1)
911	MSSI	Medical Assistance Case Opened In Error Your Medical Assistance case was opened in error. Due to a computer Problem, we thought that you were in receipt of Supplemental Security Income (SSI) benefits which would make you automatically eligible for Medical Assistance. Since you were not in receipt of SSI, you must have a face to face interview so that we can determine if you can still get Medical Assistance. Regulation 18NYCRR 360-2.6 and 360-3.3
939	MA/FHP	In Prison (HH=1) (Valid 4/1/08) We will suspended Medical Assistance/Family Health Plus coverage effective _____. This is because you are an inmate in a New York State or local correctional facility. Your Medical Assistance case is <i>NOT</i> being closed. 18NYCRR 360-3.4(a)(1) and Section 366(1-a) of the SSL

WORKER'S GUIDE TO CODES

4.1-77

10/23/2016

MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

SYSTEM GENERATED MA CODES (CONT'D)

- 957 MSSI No Longer Eligible For SSI**
You were granted Medical Assistance because you were eligible for SSI. We have been informed by the Social Security Administration that you are no longer eligible for SSI because you are not in the United States. Medicaid may only be granted to an eligible resident of New York State, or to a person temporarily in the State who requires immediate medical care that is not otherwise available.
Regulation 18NYCRR 360-2.6 and 360-3.2, 360-3.3, 360-3.5
- 958 MA Rosenberg C**
You did not complete and return information requested in an earlier notice.
18 NYCRR 360-2.2(e), 360-2.2(f) and 360-2.3
- 959 MA Rosenberg C - Managed Care**
You did not complete and return information requested in an earlier notice.
18 NYCRR 360-2.2(e), 360-2.2(f) and 360-2.3
- 962 MA Excess Income due to Increase in Social Security Benefit**
You will be receiving increased Social Security Benefits as of _____. Your Social Security amount will be _____. Due to this increase we have determined that as of _____ you are no longer eligible for full Medicaid coverage because you have more income than Medicaid allows for a household of your size.
Regulation 18 NYCRR 360-1.2, 360-3.3, 360-4.6, 360-4.7, 360-4.8
- 966 Spenddown Increase due to COLA Increase**
We will increase the amount of your excess income from \$_____ to \$_____ a month effective: ____ for: ____.
This is because your income has increased due to an increase in Social Security Benefits on January 1, _____.
Because of this, your income (less Medical Assistance deductions) is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$_____. Please look at the budget calculation section to see how we figured your excess income.
Regulations 18 NYCRR 360-4.1 and 360-4.8.
- R99 All Separate Determination**
Referred to MAP for Separate Determination (Output Only).
Regulation 360-2.2, 360-2.4

WORKER'S GUIDE TO CODES

4.1-78

02/18/2018

MA CASE REASON CODES (CONT'D)

RECERTIFICATION BUDGET NOTICE CODES - MA (MA: REAS - 241)

SYSTEM GENERATED

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
B02		Recertification Budget Notice (viewable only on CNS) Continue MA/FHP/FPBP Unchanged, No A/C (NYC).
B03		Spenddown to MA Level, No A/C (NYC).
B04		No Change in Excess Income Amount No A/C (NYC).
B05		Increase in Excess Income Spenddown Amount (NYC).
B06		Decrease in Excess Income Spenddown Amount, No A/C.
B07		Chronic Care - Excess Income Unchanged No A/C
B08		Chronic Care - Excess Income Change Individual
B41		Continue MA Unchanged, (Timely)
B48		Spenddown to MA Level, (Timely)
B49		No Change in Excess Income Amount, (Timely)
B54		Decrease in Excess Income Spenddown Amount, (Timely)
B55		Continue Payment of Medicare QMB, (Adequate)
B56		Continue Payment of Medicare Part B, SLIMB (Adequate)
B57		Continue Payment of Health Insurance Premiums (Adequate)
B58		Continue Payment of Medicare QMB, Timely (NYC)
B59		Continue Payment of Medicare Part B, SLIMB, Timely
B63		Continue MA Payment of Health Insurance Premiums Timely (NYC)
B87		Continue MA/FPBP (NON-SSI Related Individuals)

WORKER'S GUIDE TO CODES

4.1-79

10/23/2016

MA CASE REASON CODES (CONT'D)

CONFIRMATION CODES - MA (MA: REAS - 241)

SYSTEM GENERATED

CODE CATEGORY REASON

MC1

Confirmation of Managed Care Plan Selection (MA)

Thank-you for choosing a Medicaid health plan. We want to confirm the choice you made. _____ is the health plan choice made for the following individual: _____. You must begin to use your health plan on _____ (effective date), as long as you are still eligible for Medicaid. If you need health care before this date, use your Medicaid card at any doctor's office or clinic that takes Medicaid. If you find any mistakes, call the New York Medicaid CHOICE HelpLine 1-800-505-5678, Monday through Friday 8:30 a.m. to 8:00 p.m. and Saturdays, from 10:00 a.m to 6:00p.m.

For people with hearing problems, please call the TT/TDD number, which is 1-888-329-1541. The call is free. Your new health plan card will come in the mail. Keep your health plan card and Medicaid card in a safe place; you'll need both. If you don't like the health plan you chose you have 90 days from _____ (the effective date) to change health plans.

If you do not change your plan in 90 days, you must stay in the plan for 9 more months, unless you have a good reason to leave it. To change health plans, call the New York Medicaid CHOICE HelpLine at 1-800-505-5678.

MC2

Confirmation of Managed Care Plan Selection (FHP)

Thank-you for choosing a Family Health Plus health plan. We want to confirm the choice you made. Plan is the health plan choice made for the following individual:_____.

You may begin to use your health plan on (effective date). If you find any mistakes, call the New York Medicaid CHOICE HelpLine at 1-800-505-5678. You can call the call the HelpLine, Monday through Friday 8:30 a.m. to 8:00 p.m. and Saturdays, from 10:00 a.m. to 6:00p.m.

For people with hearing problems, please call the TTY/TDD number, which is 1-888-329-1541. The call is free. Your new health plan card will come in the mail. Keep your health plan card in a safe place.

If you don't like the health plan you chose you have 90 days from (effective date) to change health plans. If you do not change your plan in 90 days, you must stay in the plan for 9 more months, unless you have a good reason to leave it. To change health plans, call the New York Medicaid CHOICE HelpLine at 1-800-505-5678.

MA CASE REASON CODES (CONT'D)

CNS MRT DEFERRAL DOCUMENT CODES

This is a list of Medicaid Recertification Tracking System (MRT) Document Codes that are used when MA Case Closing Code U13 (or 995 are used) is entered in CNS. A prompt shall appear on the screen requiring the entry of the appropriate MRT Code.

CODE REASON

- A01 Prior agency photo identification card
- A02 Social security card for each family member
- A03 Birth or baptismal certificate for each family member
- A04 Letter from agency you are known to
- A05 Driver's license
- A06 Military discharge papers
- A07 Marriage certificate or divorce or separation papers
- A08 Death certificate
- A09 Certification of Naturalization
- A10 Alien registration card or other USCIS document
- A11 Passport and/or visa
- A12 Guardianship papers
- A13 Signature of spouse on authorization to verify resources with financial institutions
- B01 Rent receipt and lease
- B02 Statement from landlord indication who lives with you
- B03 Utility bills
- B04 Mortgage statements: property and school tax bills
- B05 School records and/or latest report card for children
- B06 Statement from family doctor or clinic that children live with you
- B07 Letter from person (s) you live with verifying that they supply room and board
- C01 Pay stubs for previous four (4) weeks or statement from employer showing all deductions
- C02 Unemployment insurance book
- C03 Statement of rental and/or room and board income

WORKER'S GUIDE TO CODES

4.1-81

10/23/2016

MA CASE REASON CODES (CONT'D)

MRT DEFERRAL CODES (CONT'D)

CODE REASON

- C04 Support payments – divorce or separation papers
- C05 Statement about childcare expenses
- C06 Documentation of additional income, which allows you to meet your rent and other household expenses. The income reported to us is less than your reported rent and other household expenses
- C07 Completed form “Request for Information on Income Producing Property” Include a copy of the Annual Mortgage Statement and the current Escrow Analysis. If there is no mortgage, submit copies of the current Real Estate Tax Bill, Water/Waiver Bill and Fire Insurance Statement.
- C08 Award letter for Social Security – Call 1- 800- 772-1213 to get an award letter.
- C09 Award letter for Military or Veterans’ benefits.
- C10 Award letter for pensions
- C11 Award letter for Railroad Retirement
- C12 Award letter for Insurance endowments.
- C13 Award letter for New York State Disability.
- C14 Award letter for Worker’s Compensation
- C15 If self employed: business records Schedule C /Schedule E and Form 1040
- C16 Income tax returns
- D07 Life insurance policies and current cash surrender value statement from the company.
- D08 Stocks, bonds, certificates of deposit and money market fund accounts
- D09 Real estate deeds.
- D10 Credit union account statements
- D13 Information about any pending lawsuit.
- D14 Closing papers on property sale.
- D15 Information about inheritance.
- D16 Information about lottery and other gambling winnings.
- D17 Current bank records, Current credit union records, Current retirement records (IRA and Keogh).
- D18 Bank, credit union and retirement records (IRA and Keogh) for the last 60 months including closed accounts.
- D19 Statement from Financial Institution Documenting
- D20 Statement Explaining Reasons for Large Withdrawal
- D21 Copy of Pre-need Burial Agreement and Signed Medicaid Disclosure.

WORKER'S GUIDE TO CODES

4.1-82

10/23/2016

MA CASE REASON CODES (CONT'D)

MRT DEFERRAL CODES (CONT'D)

CODE REASON

- D22 Statement from Nursing Facility Verifying Private Payment, amount of Private Payment, Period Covered by Private Payment, Nursing Facility's Daily Rate.
- D23 Trust Agreement with Schedule 'A'.
- E01 If anyone is pregnant, a doctor's statement giving the expected date of delivery
- E02 Medical Form LDSS-486, Medical Report for Determination of Disability
- E03 Disability Interview, Form DSS – 1151
- E04 Dialysis Treatment Letter
- E05 Additional Medical Documentation
- F01 Explanation of Past Maintenance
- F02 Explanation of Current Maintenance
- F03 Completed Absent Parent Questionnaire.
- G01 Failure to Provide Completed Application and/or Documentation
- H01 Sign DAB Renewal Notification Where Indicated.
- H02 Completed DAB Renewal Notification.
- K01 Verification on Medicare Card
- K02 Verification of Medicare Premiums
- K03 Verification of Medicare Supplemental Insurance
- K04 Verification of Health Insurance and Coverage
- K05 Verification of Health Insurance Premiums
- K06 Verification of Accident Insurance
- K07 Verification of Accident Insurance Premiums

WORKER'S GUIDE TO CODES

4.2-1

06/18/2012

TURNAROUND DOCUMENT - DSS 3517

SECTION 15 - MA INDIVIDUAL LEVEL CODES

MA CATEGORICAL CODES (CAT) – 372

- 01 LIF Child Death of a Parent (Deprivation)
- 02 LIF Child Incapacity Parent (Deprivation)
- 03 LIF Child Imprisonment Parent (Deprivation)
- 05 LIF Child divorce, Annulment, or Legally Separated Parent
- 06 LIF Child Abandonment/Desertion by Parent
- 08 LIF Child Unemployment Principal Wage Earner Formerly ADC-U
- 09 LIF Child No Deprivation or Single or Childless Couple (S/CC)
- 10 Aged (OAA)
- 11 Blind (AB)
- 12 Disabled (AD)
- 13 LIF Dependent Relative (Deprivation)
- 14 Essential person (PA Only)
- 15 Pregnant Women No Deprivation (Use for Intact Households)
- 20 IVE Adoption Subsidy (MA Cases Only for Children)
- 21 ADC-Related Adult (deprivation) (Case Type 20)
- 22 ADC-Related Child (deprivation)(Case Type 20)
- 25 ADC-Related Adult (no deprivation) (Case Type 20)
- 26 LIF Adult Intact Family (No Deprivation)
- 32 Non-NYS IV-E Foster Care (MA or MA-SSI)
- 33 Non-IV-E Adoption Special Needs (MA or MA-SSI)
- 34 Non-NYS IV-E Adoption (MA or MA-SSI)
- 35 Presumptive Eligibility Home Care Nursing/Hospice (MPE only)
- 36 Presumptive Eligibility Pregnant Women (MPE only)
- 39 FNP Parent Living with his/her Child (ren) Above the PA Standard (MA Only)
- 42 ADC-Related Pregnant Women (MA Level) (Case Type 20)
- 43 Expanded MA Levels. Pregnant Women (Case Type 20)
- 44 Expanded Coverage, Child Less Than 1, But Eligible at 100% of Poverty
- 46 Expanded Coverage, Child From 1 to 5 Under 133% FPL
- 47 Expanded Coverage, Child From 6 to 19, Under 100% FPL
- 48 LIF Pregnant Women (Deprivation)
- 50 Special Supplement (s) Client-FNP for Medicaid (NYC only).
- 51 Expanded Coverage Infant Less Than 1, Eligibility at 200% FPL
- 56 FHP Single and Childless Couples. Individuals 19-20 not living with parents
- 57 FHP Parents living with minor children. Individuals 19-20 living with parents
- 58 FHP Pregnant women eligible at 100% of the Federal poverty level (valid only on case type 20)
- 59 FHP Pregnant women between 100% and 200% of FPL (Valid only on case type 20)
- 65 Presumptive Eligibility Children
- 66 Disaster Relief, System Generated for MPE cases for Special Disaster Relief load to case Type 21
- 68 Family Planning Coverage (FP)
- 69 Family Planning Coverage (FNP)
- 70 Medicaid Buy-In - Disabled Basic Group
- 71 Medicaid Buy-In - Medically Improved
- 73 Woman in Postpartum period
- 84 Expanded Coverage, Child From 6 to 19, Income Level > 100% FPL and < or equal to 133% FPL
- 85 IV-E KinGap Foster Care
- 86 Non-IV-E KinGap Foster Care
- 87 Non-NYS IV-E KinGap Foster Care

TURNAROUND DOCUMENT - DSS 3517 (CONT'D)

SECTION 15 - MA INDIVIDUAL LEVEL CODES

MA CATEGORICAL CODES (CAT) – 372

- 90 Child 6 - 19 with 100% - 133% FPL
- 91 ADC/LIF Related Child
- 92 Pregnant Women with a FPL ≤ 223% (Aid Category code P7)
- 93 Single & Childless Couples & 19 < 21 living alone with a FPL > 100% ≤ 138% (Aid Category code H0)
- 94 Parents & Caretaker Relatives with a FPL ≤ 138% (Aid Category code H1)
- 95 19 < 21 living with Parents with a FPL > 138% ≤ 155% (Aid Category code H1)
- 96 19 < 21 living with Parents with a FPL ≤ 138% (Aid Category code 90)
- 97 Individual not a parent or caretaker relative. Income =< 100% FPL (Only valid with MA Opening codes 613, 614, 615, and 616. Only valid for Case Type 20)
- 98 Individual not a parent or caretaker relative. Income >100% = < 138% FPL. (Only valid for MA Case Type 20)

CHAFEE INDICATOR (NOT ON TAD) – 349

- T True Chafee ID not valid on individuals over 21 (Manual Process)
- 1 Guarantee (Auto Process Only) - Chafee child 18-21 years old
- 7 Guarantee (Manual Openings, valid only at Centers 5A7, 580, and specified supercenters)

WORKER'S GUIDE TO CODES

4.2-3

02/19/2017

MA STATUS CODES (MA: STAT) – 340

AC Active
AP Applying
CL Closed
IC Medicaid Suspension
NA Not Applying
RJ Denied
SN Sanctioned
DD Dead

MA COVERAGE CODES (MA: COV CD) – 343

01 Full Coverage
02 Outpatient Coverage Only
04 No Coverage-PA Cases Only
06 Provisional Coverage (FHP)
07 Emergency Medical Coverage
08 Presumptive Eligibility – Home Care Nursing/Hospice (MPE only)
09 Medicare Premium, Co-insurance and Deductible Only
10 Eligibility for All Services except Long Term Care
11 Full Coverage-FNP Except Emergency Medical Care (Legal Alien during 5 year ban)
13 Presumptive Eligibility – Prenatal Care A (MPE only)
14 Presumptive Eligibility – Prenatal Care B (MPE only)
15 Pre natal Care
17 Eligibility for Payment of Health Insurance Premium Only
18 Family Planning Only Eligible at or Below 200% of FPL
19 Community Coverage with community based Long Term Care - **(Case Type 20)**
20 Community Coverage without Long Term Care **(Case Type 20 & 24 Only)**
21 Outpatient Coverage with comm based long term care - **(Case Type 20)**
22 Outpatient Coverage without Long Term Care **(Case Type 20 Only)**
23 Outpatient Coverage with no Nursing Facility Services **(Case Type 20 Only)**
24 Community Coverage without Long Term Care (Legal Alien during 5 year ban)
(Case Type 20 Only)
25 I/P Hospital Only - FNP for Individuals Age 21-64 Admitted to Psychiatric Facilities
(Case Types 20 & 24)
26 I/P Hospital Only - FP for Incarcerated Individuals **(Case Types 20 & 24)**
27 Family Planning Extension Program (without transportation)
30 PCP – Full Coverage
31 PCP – Guarantee - **(System Generated)**
34 Family Health Plus Coverage
36 Family Health Plus Guarantee - **(System Generated)**

MEDICARE SAVINGS PROGRAM (MSP) - 345

P Qualified Medicare Beneficiary (QMB)
L Specified Low Income Medicare Beneficiary (SLIMB)
U Qualified Individual 1 (QI1)
X New Value for QDWI - Has not been defined by DOH

SECTION 15 - MA INDIVIDUAL LEVEL CODES (CONT'D)

MEDICARE APPLICATION INDICATOR (MAI) - 354

A	Applied for Medicare
V	Verified (System Generated)
P	Verified (Manual Entry)
Blank	Medicare = N or Blank
S	SLIMB Ineligible
N	Not Eligible
D	Deferral

AD EX INDICATOR - 365

The Aged/Disabled field must be entered in a (MMDDYY) date format.

Note: Required with employment code (74) only.

MA EMPLOYABILITY CODES (EMP) - 375

INDIVIDUALS UNDER THE AGE 18 MUST BE ASSIGNED CODE 30, EXCEPT AB/AD CHILDREN AND UNBORNS

<u>CODE</u>	<u>CATEGORY</u>	<u>DEFINITION</u>
17	All	Teen parent age 16-19 without HS Diploma.
20	FA/SNCA	Employable.
24	All	Pregnancy.
27	All	Employed.
30	All	Child less than 18 years old.
31	All	Caretaker of child under 3 years of age on same MA case.
32	All	Advanced age - 65 years and older.
33	FA	Caretaker with other adult on same MA case in employment compliance.
34	All	Caretaker of child under 3 not on same MA case.
35	All	Child 18 expected to graduate by 19th birthday.
36	All	Incapacitated 30 days to 1 year.
38	All	Needed in home full time to care for incapacitated/disabled family member-Exempt
40	All	Needed in home part time to care for an incapacitated/disabled family member- Non Exempt
41	All	Temporary illness - 3-month exemption.
42	All	Temporary incapacity - 6-month exemption
43	All	Incapacitated - SSI application filed.
44	All	In receipt of SSI and/or SSI Disability.
53	All	Person 18 -21 not employed.
60	SNCA	55 years or older - not employed in the last 5 years.
63	All	Substance abuser - in rehabilitation.
64	All	Substance abuser - waiting for rehabilitation.

SECTION 15 - MA INDIVIDUAL LEVEL CODES (CONT'D)

MA EMPLOYABILITY CODE (EMP) – 375 (CONT'D)

INDIVIDUALS UNDER THE AGE 18 MUST BE ASSIGNED CODE 30, EXCEPT AB/AD CHILDREN AND UNBORNS

CODE CATEGORY DEFINITION

70	FA/SSI	Disability Type I.
71	FA/SSI	FA caretaker relative of child 19 or younger (not born) in the same MA case.
72	All	FA caretaker relative of child between the ages of 6 to 19 not in same MA Only case.
74	FA/SSI	Disability Type II.
99	All	Unborn

TPHI/MCR INDICATOR - SYSTEM GENERATED

This is displayed as a combined field in the individual data area of the TAD. The 1st position in the field is TPHI, the 2nd position is MCR.

TPHI -Third Party Health Insurance

- Y Client Has TPHI
- N Client Does Not Have TPHI

MCR - Medicare

- Y Yes
- N No

EMPLOYER PURCHASE INDICATOR (EPI)- 344

Employer purchase FHP Indicator

Space - Not a Member of EPI (System Generated)

- 1 - 1199 Employee in 1199 Manage Care Plan (System Generated)
- 2 - Client no Longer Eligible for Partnership FHP (System Generated)
- 3 - Employer withdrew from Plan (System Generated)
- 4 - 1199 Employee in non-1199 Managed Care Plan (System Generated)
- 5 - Client Has Case Type 20, and Coverage Code is not Equal to 30 (System Generated)
- 6 - Client in FHP-PAP Program (System Generated)
- B - Client no Longer Eligible for Partnership FHP
- C - Employer Withdrew from Plan
- D - 1199 Employee in non-1199 Managed Care Plan
- E - Client Has Case Type 20, and Coverage Code is not Equal to 30 or 34
- F - 1199 Employee in 1199 Managed Care Plan

WORKER'S GUIDE TO CODES

4.2-6

06/21/2010

MA INDIVIDUAL REASON CODES

OPENING CODES - MA (MA: REAS - 341)

CODE	CATEGORY	
I4	All	Inpatient Hospital bills equal to or greater than excess resources combined with excess income (if applicable) HED use only. MA: 360-3
I5	SSI Related	Medicare Premium, co-insurance and deductible only. MA: 360-3
I9	MA - FA/SNFP	Beginning of extension of eligibility for MA after findings of ineligibility for PA resulting from loss of 30 + 1/3 disregard. MA: 360-3
J0	MA - FA/SNFP	Beginning of four month extension of eligibility for MA after finding of ineligibility for FA resulting from employment or receipt of support. MA: 360-3
J1	FA/SNFP MA - SSI-Related	Medical bills equal to or greater than excess income. MA: 360-3
J2	SSI	SSI recipient not yet appearing on SDX-determined eligible for MA-SSI. MA: 360-3
J3	SSI	SSI new opening on SDX, determined eligible for MA-SSI (Case Type 22) MA: 360-3
J4	All	Medical need – no recent change in financial circumstances. MA: 360-3
J5	All	Administrative MA: 360-3
A4	MA - SNCA/SNNC	Parents over 21 and under 65, in an intact family, living with child(ren) under 21 or single FNP parents living with dependent 18, 19 or 20 year old children who have income and/or resources above the PA standard MA: 360-3
A7	MA	Pay - In Excess Income Regulation 360-4.8

* 0 = Zero

WORKER'S GUIDE TO CODES

4.2-7

02/18/2018

MA INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 341) (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	
A03	MA/FHP	Suspended Coverage at Incarceration of Inmate of NYS or Local Facility Inmate of a New York State or local correctional facility. (Valid 4/01/08) 18NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL
A41	MA/FHP	Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center, HH=1 (NYC) We will suspend Medicaid/Family Health Plus/family Health Plus Premium Assistance Program/Family Planning Benefit Program coverage effective: _____. Your Medicaid benefits will be reinstated when you are discharged. Regulation 18 NYCRR 360-3.4(a)(2) and Section 366(1)(c) and (d) of the SSL
A64	MA	Suspend MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility We will suspend Medicaid coverage effective _____ for: Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you receive while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions. This decision is based on Sections 122, 366(1-a) and 366(1)(e)(1) of the SSL
D95	FHP/ESI	Parents at Case Level MA 369-ee
H28	MA	Medical Assistance/Family Planning Benefits Program.
H52	MA	Continuous Coverage MA Manual (Manual Notice)
H53	MA	Continuous Coverage MA Individual Closed on PA Case (Manual Notice)
H66	MA	<u>MAGI-Like Consumers (NYC)</u> Section 366(1)(b) of the Social Services Law
H67	FHP	Single and Childless Couple Eligible for FHP Eligible single and childless couples can only be used on FHP MA: 369-ee
H68	FHP	FHP Parents FHP Parents level can only be used on FHP cases. MA: 369-ee
H69	FHP	Pregnant Woman on MA Case FHP eligible pregnant woman active on a MA Case Type 20.H MA: 369-ee
H74	FHP	Family Health Plus Parent and Expanded Eligibility Children FHP Parents and children with expanded eligibility (can only be used on FHP cases) MA: 369-ee
H97	FHP/ESI	Pregnant Women MA 369-ee
H98	FHP/ESI	Parents and Expanded Eligibility Children MA 369-ee

WORKER'S GUIDE TO CODES

4.2-8

02/19/2017

MA INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES - MA (MA: REAS - 241) (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H70	MBI/DBG	Medicaid Buy-In (Disabled Basic Group) Eligible at or below 150%. Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law
H71	MBI-MI	Medicaid Buy-In (Medically Improved) Eligible at or below 250% but greater than 150%. Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law
P47	MA	Reinstate MA Coverage (30 Days Prior to Release) (Both Manual and System Generated) We will reinstate Medicaid coverage when the following individual is released to the community from the correctional facility: Prior to release, a common Benefit Identification Card will be mailed to the correctional facility. This card will be made available to you upon release to the community.
920	MA	Add Newborn To Case (System Generated) This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth MA: 366-g
921	MA	Unborn/Newborn Conversion (System Generated) This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth. The infant was listed on case as unborn. If the mother was enrolled in managed care on the date of the infant's birth, the infant will be included in the same managed care plan as the mother. MA: 366-g

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341)

EXCESS INCOME/RESOURCES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E04	FHP	<p>Deny FHP, MA Ineligible, Excess Income, S/CC We have denied Medicaid/Family Health Plus for: Message 1: Gross Income Over 185% Medicaid Standard You are not eligible for Medical Assistance because your gross income of \$___ is over 185% of the Medicaid Standard of \$___. Message 2: Net Income over the Medicaid Standard You are not eligible for Medicaid because your net income (gross income less Medical Assistance deductions) of \$___ is over the Medicaid Standard of \$___. For All: We also evaluated your eligibility for Family Health Plus. You are not eligible because your gross income of \$___ is over the FHP income limit of \$___. 18 NYCRR 360-4.1, 360-4.7, and 360-4.8 Sections 366(1)(a)(1) and 369-ee of SSL</p>
E22	FHP	<p>Deny FHP, MA Ineligible, Excess Income, FP We have denied Medical Assistance/Family Health Plus for: You are not eligible for Medical Assistance because your net income (gross income less Medical Assistance deductions) of \$___ is over the allowable Medical Assistance income limit of \$___. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$___. If you incur medical bills in the amount of your excess income or if your income goes down, you may reapply. We also evaluated your eligibility for Family Health Plus you are not eligible because your gross income of \$___ is over the FHP income limit. 18 NYCRR 360-4.1, 360-4.7 and 360-4.8 and Sections 366(1)(a)(1), and 369-ee</p>
E59	MA	<p>Pregnant Woman, Excess Income We have denied Medical Assistance for: ____. This is because your net income of \$_____ is more than 200% of the Federal Poverty Level of \$_____ which is the income limit for a pregnant woman. Since your income is over 200% of the Federal Poverty Level, we compare your income to the Medical Assistance limit. Your net income of \$___ is over the allowable Medical Assistance income limit of \$___. Your monthly excess income is \$___. If you incur medical bills in the amount of your excess income, you may reapply. MA:18NYCRR 360-4.1, 360-4.7 and 360-4.8</p>
F09	MBI-WPD	<p>Ineligible Excess Income above 250% of FPL We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective___. This is because your net income (gross income less Medical Assistance deductions) of \$___ is over the MBI-WPD income limit of \$___. Please look at the budget section to see how we figured your income. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

WORKER'S GUIDE TO CODES

4.2-10

02/16/2010

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

F26	MBI-WPD	<p>Excess Resources (Manual Notice)</p> <p>We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your countable resources of \$____ are over the MBI-WPD resource limit. Because your countable resources are over the allowable medical assistance resource limit, you are not eligible for Medical Assistance.</p> <p>The amount over the limit is called excess resources or spenddown. We have not received documentation that you have spent your excess resources by establishing or adding a burial trust/fund.</p> <p>If you incur medical bills in the amount of your excess resources or if the amount of you</p> <p>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>
F28	MBI-WPD	<p>Excess Income above 250% of FPL and Excess Resources (Manual Notice)</p> <p>We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the MBI-WPD income limit of \$____ and your countable resources of \$____ are over the MBI-WPD resource limit.</p> <p>You are not eligible for Medical Assistance because your net income (gross income less Medical Assistance deductions) is over the allowable Medical Assistance income limit and your countable resources are over the allowable resource limit. The amounts over the limits are called excess income and resources or spenddown.</p> <p>We have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund.</p> <p>If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income, or if your income or resources go down, you may reapply.</p> <p>Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.1, 360-4.6, 360-4.7, 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

WORKER'S GUIDE TO CODES

4.2-11

02/15/2014

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

FE1 **MA** **Deny MA Excess Income, Child Age 6-18 (NYC)**
We have denied your application for Medicaid dated _____ for:
This is because your net income of \$____ is more than 133% of the Federal
Poverty Level of \$____ which is the income for persons ages six through eighteen
years.

**Regulations 18NYCRR 360-4.1, 360-4.7 and 360-4.8, and Section 366(1)(a)((11) and
366(4)(p)(1) of the Social Services Law**

G57 **MA** **Deny Medicaid, Ineligible, Income Over 138% (NYC)**
Message 1 (Deny MA)

We have denied your application for Medicaid dated _____ for:

Message 2 (Disc MA)

We have re-determined your eligibility for Medicaid coverage under the new rules of the
Patient Protection and Affordable Care Act of 2010.

We will discontinue Medicaid effective _____ for:

For All:

This is because you are not eligible for Medicaid because your gross of \$_____ is over the
allowable Medicaid income limit of \$_____.

However, you may be eligible for Medicaid with a spenddown.

Please read the Sections "Explanation of the Excess Income Program" and "Optional Pay-
in Program."

Sections 366(1)(b) and 366-a(2) of the Social Services Law.

H36 **MA** **Deny Medicaid, Ineligible, Income Over 154% (NYC)**
Message 1 (Deny MA)

We have denied your application for Medicaid dated _____ for:

Message 2 (Disc MA)

We have re-determined your eligibility for Medicaid coverage under the new rules of the
Patient Protection and Affordable Care Act of 2010.

We will discontinue Medicaid effective _____ for:

Use for All:

This is because you are not eligible for Medicaid because your gross of \$_____ is over
the allowable Medicaid income limit of \$_____.

However, you may be eligible for Medicaid with a spenddown.

Please read the Sections: "Explanation of the Excess Income Program" and "Optional
Pay-in Program."

Sections 366(1)(b)(3) and 366-a(2) of the Social Services Law.

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

**H37 MA Deny Medicaid, Ineligible, Income Over 155% (NYC)
Message 1 (Deny MA)**

We have denied your application for Medicaid dated _____ for:

Message 2 (Disc MA)

We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010.

We will discontinue Medicaid effective _____ for:

Use for All:

This is because you are not eligible for Medicaid because your gross of \$_____ is over the allowable Medicaid income limit of \$_____.

However, you may be eligible for Medicaid with a spenddown.

Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-in Program."

Sections 366(1)(b)(3) and 366-a(2) of the Social Services Law.

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

ELIGIBILITY REQUIREMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F81	MA	<p>Photo ID Refusal (MA Only) We have denied your application for Medical Assistance dated:_. This is because you failed or refused to have your picture taken for a photo identification card. Getting a photo ID is a requirement of the Medical Assistance Program. MA: 360-2.2</p>
F92	All	<p>Failure to Provide Proof of Citizenship, Identity and or Current Immigration Status We have denied Medicaid/Family Health Plus coverage for: <u>Name</u>. This is because you have failed to provide documentation of citizenship, identity and or current immigration status. Regulation 18NYCRR 351.1(b)(2)(ii), 351.2, 351.5, 351.6, 351.8(a)(2)(ii), 360-1.2, 360-2.3 and 369-ee of the SSL</p>
H42	MA	<p><u>Deny Medicaid. Individual Revoked Authorization for AVS</u> We have denied your application for Medicaid dated _____ for: This is because in order to get Medicaid, you and your spouse (if married) must provide a signed authorization allowing Medicaid to verify your and your spouses's resources with financial institutions. This decision is based on 42 U.S.C. 1396w and Section 366-a(2) of the SSL.</p>
F93	All	<p>Failure/Refusal to Sign Citizenship/Alien Declaration We have denied your application for Medical Assistance dated: _____. This is because you failed to sign Citizenship and Alien Declaration. MA: 360-2.6</p>
HH9	MA	<p>Individual HX Referral (NYC) We received your application dated _____ for Medicaid coverage. Your application for the following individuals is being sent to New York's health benefit exchange, New York State of Health: This is because starting January 1, 2014, certain individuals must have their eligibility determined by New York State of Health. New York State of Health will use your application to determine your eligibility. 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) Social Service Law</p>

WORKER'S GUIDE TO CODES

4.2-14

10/23/2016

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
V97	All	Failure to Report to Child Support Enforcement Unit (IV-D Requirement) We have denied your application for Medical Assistance dated: _____. This is because you did not report to the Child Support Enforcement Unit on <u>date</u> to help obtain medical support or establish paternity for your Child(ren) whose parent(s) does not live with him/her or was born out of wedlock. Failure to report to the Child Support Enforcement unit without good cause is grounds for denying or closing Medical Assistance/Family Health Plus. However, if you are pregnant, you do not have to help the Child Support Enforcement Unit until at least two months after the baby is born. If you are pregnant, let us know. Regulation 18NYCRR 346,347, 360-3.2(b), 369.2(b), 369.2(b) (3) and section 369ee
Y84	FHP	Failure to Provide Health Plan and Provider Selection Form We have denied your application for Family Health Plus dated: _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.1, 360-4.8

MA INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)****DEATH**

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F50	MA	Death Before Determination – No Unpaid Medical Bills We have denied your application for Medical Assistance dated_____. This is because this individual died before the Medical Assistance application process was completed and there were no unpaid medical bills. MA: 360-2.2 and 360-2.3.
F51	MA	Death Before Determination Insufficient information We have denied your application for Medical Assistance dated_____. This is because our records indicate that this individual is deceased and we have insufficient information to complete the Medical Assistance application process. If there are unpaid Medical bills a representative may contact us to complete the process. MA: 360-2.2 and 360-2.3.

WORKER'S GUIDE TO CODES

4.2-16

02/15/2014

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

RECEIPT OF MULTIPLE OR CONCURRENT ASSISTANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F66	All	Currently in Receipt of Assistance Within Same District We have denied Medical Assistance for: ____. This is because you are already receiving Medical Assistance/Family Health Plus under another case. 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) Social Service Law
M02	MA	Deny Application Due to Receipt of Medicaid through New York State of Health (NYC) We have denied your application for Medicaid dated _____ for: This is because your identity matches that of a person who is already receiving Medicaid coverage through New York State of Health, account number _____. Because the identities match, we have determined that you and that person are the same person. Regulation 18 NYCRR 351.9 and Section 366(1)(b) of the SSL.
M98	All	Concurrent Benefits – Intrastate (Within State) We have denied Medical Assistance/Family Health Plus for: ____. This is because your identity matches that of a person who is already receiving Medical Assistance. When the identity of an applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance/FHP. 18 NYCRR 351.9
N66	All	Concurrent Benefits Interstate (Between States) We have denied Medical Assistance/Family Health Plus for: ____. This is because your identify matches that of a person who is already receiving Medical Assistance/FHP in _____. When the identity of an applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance/FHP. 18NYCRR 351.9 and Section 369-ee of Social Service Law

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

LIVING ARRANGEMENTS

<u>CASE</u>	<u>CATEGORY</u>	<u>REASON</u>
E72	All	<p>Institutionalized We have denied Medical Assistance/Family Health Plus for:____. This is because you are in a public institution which provides medical care for you. 18 NYCRR 360-3.4 and Section 369-ee of the Social Service Law</p>
E73	All	<p>Child Entering Foster Care We have denied Medical Assistance/Family Health Plus for:____. This because the individual will receive Medical Assistance through the Foster Care Program 18 NYCRR 360-2</p>
F60	All	<p>Left Household We have denied Medical Assistance/Family Health Plus for:____. This is because you left the household. 18 NYCRR 360-2.6 and Sections 366(1)(a)(11) and 369-ee</p>
F63	All	<p>In Prison We have denied Medical Assistance/Family Health Plus for:____. This Is because you are in a public institution which provides medical care for you. 18 NYCRR 360-3.4 and Section 369-ee of the Social Service Law</p>

WORKER'S GUIDE TO CODES

4.2-18

02/15/2014

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

HEALTH INSURANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
Y84	FHP	Failure to Provide Health Plan and Provider Selection Form We have denied Family Health Plus effective _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.1, 360-4.8

WORKER'S GUIDE TO CODES

4.2-19

02/18/2018

MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

OTHER

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
H22	All	<u>Deny MA, Failed to Apply for Medicare (NYC)</u> We have denied your application for Medicaid dated _____ for: Although we told you to apply for MEDICARE, you failed to show us proof that you applied for MEDICARE. Because you are age 65 or older, or will be age 65 within the next 3 months, applying for MEDICARE is a condition of eligibility for Medicaid. This decision is based on Section 366(2)(b)(1) of the Social Services Law.
M13	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Currently in Receipt of Medicaid in Another State</u> We have denied your application for medicaid/family Health Plus/FHP-PAP/FPBP. This is because you already receive Medicaid in the State of ____. Regulation 18 NYCRR 351.9 and Sections 369-ee and 366(1)(a)(11) of the SSL.
M66	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Currently in Receipt of Medicaid on Another Case</u> We have denied your application for Medicaid/Family Health Plus/FHP-PAP/FPBP. This is because you are already receiving Medicaid/Family Health Plus/FHP-PAP/FPBP under case name ____. Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the SSL.
M67	All	<u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Part of Another MA Application</u> We have denied your application for Medicaid/Family Health Plus/FHP-PAP/FPBP. This is because you are part of the application of____and you are still a member of that household. We will decide if you can get assistance as a member o that case. Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the SSL.
Y98	All	Other- Manual Notice Required (No MA Extension) This code is to be used if none of the other reason codes for rejection of individual are applicable. MA: 360-2.2
Y99	All	Other- Manual Notice Required This code is to be used if none of the other reason codes for rejection of individual are applicable. MA: 360-2.2

WORKER'S GUIDE TO CODES

4.2-20

02/15/2014

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341)

EXCESS INCOME/RESOURCES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E24	FHP	<p>Disc FHP Turning 65, Ineligible for MA Exc Inc (NYC)</p> <p>We will discontinue Family Health Plus effective____. For:____.</p> <p>This is because Family Health Plus provides health insurance coverage to certain individuals age 19 through 64 only who have income over the Medicaid limits. Until you turned 65 years of age, we compared your income to the Family Health Plus income limits. Now we compare your income and resources to the Medicaid limits.</p> <p>You are not eligible for Medicaid because your net income (gross income less Medicaid deductions) of \$____ is over the Medicaid income limit of \$____. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$____.</p> <p>If you incur medical bills in the amount of your excess income, or if your income goes down, you may reapply for Medicaid.</p> <p>18NYCRR 360-4.8 and Section 369-ee of the SSL</p>

WORKER'S GUIDE TO CODES

4.2-21

02/21/2016

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

F09	MBI-WPD	<p>Ineligible Excess Income above 250% of FPL (Manual Notice) We will discontinue Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the MBI-WPD income Standard of \$____. Please look at the budget section to see how we figured your income. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>
F26	MBI-WPD	<p>Excess Resources (Manual Notice) We will discontinue your Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your countable resources of \$____ are over the MBI-WPD resource limit. Because your countable resources are over the allowable medical assistance resource limit, you are not eligible for Medical Assistance. The amount over the limit is called excess resources or spenddown. We have not received documentation that you have spent your excess resources by establishing or adding a burial trust/fund. If you incur medical bills in the amount of your excess resources or if the amount of you Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>
F28	MBI-WPD	<p>Excess Income above 250% of FPL and Resources (Manual Notice) We will discontinue Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the MBI-WPD income limit of \$____ and your countable resources of \$____ are over the MBI-WPD resource limit. You are not eligible for Medical Assistance because your net income (gross income less Medical Assistance deductions) is over the allowable Medical Assistance income limit and your countable resources are over the allowable resource limit. The amounts over the limits are called excess income and resources or spenddown. We have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund. If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income, or if your income or resources go down, you may reapply. Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.1, 360-4.6, 360-4.7, 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</p>

WORKER'S GUIDE TO CODES

4.2-22

06/19/2016

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

H38 FHP/FHP-PAP Discontinue FHP, Ineligible, Income Over 138% FPL

This is to inform you that the Family Health Plus Program is being discontinued; therefore we have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010.

We will discontinue Family Health Plus effective _____ for:

You are not eligible for Medicaid because your gross income of \$_____ is over the Medicaid income limit of \$_____.

However, you may be eligible for Medicaid with a spenddown.

Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program."

This decision is based on Sections 366(1)(b), 366-a(2) and 369-ee of the SSL

WORKER'S GUIDE TO CODES

4.2-23

02/14/2015

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

ELIGIBILITY REQUIREMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
V97	All	<p>Fail to Report to Child Support Enforcement Unit (IV-D Requirement) We will discontinue Medical Assistance/ Family Health Plus effective <u>date</u>. This is because you did not report to the Child Support Enforcement Unit on <u>date</u> to help obtain medical support or establish paternity for your Child(ren) whose parent(s) does not live with him/her or was born out of wedlock. Failure to report to the Child Support Enforcement unit without good cause is grounds for denying or closing Medical Assistance/Family Health Plus. However, if you are pregnant, you do not have to help the Child Support Enforcement Unit until at least two months after the baby is born. If you are pregnant, let us know. Regulation 18NYCRR 346,347, 360-3.2(b), 369.2 (b), 369.2(b) (3) and section 369ee</p>
Y84	FHP	<p>Failure to Provide Health Plan and Provider Selection Form (Manual Notice) We will discontinue Family Health Plus effective _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. MA: 360-4.1, 360-4.8</p>

WORKER'S GUIDE TO CODES

4.2-24

06/17/2018

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

ELIGIBILITY REQUIREMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F92	All	Failure to Provide Proof of Citizenship, Identity and/or Current Immigration Status We will discontinue Medical Assistance/Family Health Plus effective _____. This is because you failed to provide documentation of citizenship, identity and or current immigration status. MA: 360-2.6
F93	All	Fail to Complete Declaration of Citizenship/Immigration We will discontinue Medical Assistance/Family Health Plus effective _____. This is because in order to get Medical Assistance/Family Health Plus, we must have a written declaration for each applying household member stating that the individual is either a United States citizen, National, Native American or is in a satisfactory immigration status. 18 NYCRR 360-2.3, 360-3.2(j) and Section 369-ee
G82	MA	Transition Medicaid to NY State of Health-Recipients in the Five Year Ban Because of the immigration status of individuals on your Medicaid case, eligibility for Medicaid coverage for the following individuals must now be determined by New York's health plan marketplace, NY State of Health: We will continue Medicaid coverage until _____. To avoid a break in coverage, you will need to sign in to your account in NY State of Health between (____) and (____). This decision is based on Section 369-gg of the SSL.
H48	MA	Discontinued Medicaid, Individual Revoked Authorization for AVS We will discontinue Medicaid effective _____ for: This is because in order to get Medicaid, you and your spouse (if married) must provide a signed authorization allowing Medicaid to verify your and your spouse's resources with financial institutions.
H51	All	Discontinue MA, Fail to Apply for Medicare (NYC) Your Medicaid coverage will be discontinued effective _____. This is because you failed to show us proof that you applied for MEDICARE. You may request a Fair Hearing if you disagree with any decision explained in this notice, Although we sent you a notice on _____ telling you to apply for MEDICARE, you or your representative failed to show us proof that you applied for MEDICARE by _____.
HH9	MA	This decision is based on Section 366 (2)(b)(1) of the Social Services Law. Individual HX Referral This is to inform you that we will continue Medicaid until <u>(MA coverage "To" date)</u> for the following individuals: We have forwarded your information to New York's health benefit exchange, New York State of Health. This decision is based on Section 366(1)(b) of the SSL

WORKER'S GUIDE TO CODES

4.2-25

02/21/2016

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

RECEIPT OF MULTIPLE OR CONCURRENT ASSISTANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F66*	All	Currently in Receipt of Assistance Within Same District We will discontinue Medical Assistance/Family Health Plus effective____. This is because you are already receiving Medical Assistance/Family Health Plus under another case. 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) Social Service Law
M05	MA	Discontinue MA, Concurrent Benefits, Individual with Coverage on HX We will discontinue Medicaid/Family Planning Benefit Program effective _____ for: This is because we believe you are already receiving Medicaid. Regulation 18 NYCRR 351.9 and Section 366(1)(b) of the SSL
M98*	All	Concurrent Benefits – Intrastate (Within State) We will discontinue Medical Assistance/Family Health Plus effective:____. This is because your identity matches that of a person who is already receiving Medical Assistance. When the identity of an applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance/FHP. 18 NYCRR 351.9
N66	All	Concurrent Benefits Interstate (Between States) PARIS Match We will discontinue Medical Assistance/Family Health Plus effective ____,for:____. This is because your identify matches that of a person who is already receiving Medical Assistance/FHP in____. When the identity of an applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance/FHP. 18NYCRR 351.9 and Section 369-ee of Social Service Law

*Adequate

WORKER'S GUIDE TO CODES

4.2-26

02/21/2016

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

LIVING ARRANGEMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
EF2	All	MA/FHP Disc Medicare Savings Program of Inmate of NYS or Local Correctional Facility We will discontinue Medical Assistance payment of the Medicare Part B premium effective ____. This decision is based on Social Service Law 367-a(3)(d)(1)
EF3	All	Disc MA Payment of Health Insurance Premiums The Medical Assistance program will discontinue paying for your health insurance premiums effective ____. Regulation 18 NYCRR 360-3.4(a)(2) and Sections 366(1)(c) and (d) of the SSL.
EF4	All	Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center (NYC) We will suspend Medicaid/Family Health Plus/family Health Plus Premium Assistance Program/Family Planning Benefit Program coverage effective ____ for: Regulation 18 NYCRR 360-3.4(a)(2) and Sections 366(1)(c) and (d) of the SSL.
EF5	All	Disc MSP for an Individual Admitted to Psychiatric Center (NYC) We will discontinue Medicaid payment of the Medicare part B premium effective ____ for: This is because it is not cost effective. Section 367-a of the Social Service Law
E72*	All	Institutionalized We will discontinue Medical Assistance/Family Health Plus effective ____ for: ____. This is because you are in a public institution which provides medical care for you. 18 NYCRR 360-3.4 and Section 369-ee of the Social Service Law
E73	All	Child Entering Foster Care We will discontinue Medical Assistance/Family Health Plus effective ____ for: ____. This because the individual will receive Medical Assistance through the Foster Care Program 18 NYCRR 360-2

WORKER'S GUIDE TO CODES

4.2-27

02/21/2016

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

LIVING ARRANGEMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F60	All	Left Household We will discontinue Medical Assistance/Family Health Plus effective ___ for: ___. This is because client left the household. 18 NYCRR 360-2.6 and Sections 366(1)(a)(11) and 369-ee of Social Service Law
F63	All	In Prison We will suspend Medical Assistance/Family Health Plus effective _____. This is because you are an inmate in a NYS or local correctional facility. Although Medical Assistance cannot pay for medical care, services or supplies you receive while you are physically residing in a correctional facility, your Medical Assistance case is <u>NOT</u> being closed. If we are also paying your Medicare Part A and/or Part B premium, we will discontinue payment of this premium. NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL
F64	All	In Prison outside of NYS (valid 4/1/08) We will discontinue Medical Assistance/Family Health Plus effective <u>Date</u> . This is because you are an inmate of a correctional facility outside of New York State or a federal penitentiary within New York State. NYCRR18 360-3.4 and Sections 366 (1-a) and 369-ee of SSL

WORKER'S GUIDE TO CODES

4.2-28

02/19/2017

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

OTHER

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
424	FPBP	FPBP Truncation This code allows MA coverage to be truncated on any of the following extension codes: 718, 719, 416, and 417.
D00	MA	Deceased (This code operates the same as E95 and G39 but will have a clocking down period)
E90*	All	Client Requested Removal from Case NYC We will discontinue your Medicaid/Family Planning Benefit Program effective _____ for: This is because you asked us to close your Medicaid/Family Planning Benefit Program case. This decision is based on Sections 366(1)(b)(6) and 366-a(5)(a) of the SSL.
E95*	All	Died We will discontinue your Medical Assistance/Family effective _____. This is because the client died. MA: 360-2.6
H14	All	Failure to Provide Proof of U.S. Citizenship and Identity - SSA/BVI Match We will discontinue Medicaid/Family Planning Benefit Program effective _____ for: You said you were a U.S citizen/national; however, we were unable to verify that this is true. You failed to respond to a request to provide documentation that you are a U.S. citizen/national. The Medicaid program requires proof of identity and U.S. citizenship or satisfactory immigration status. You failed to provide proof of your identity and U.S. citizenship. If you have submitted all of the required documentation, please call the Unit's office number listed in the box above to make sure they have been received and processed. This decision is based on Sections 122, 366-a(2) and (5) of the SSL.
H49	All	Agency Affirmed/Defaults/Withdrawals Fair Hearing Actions Code allowed to be used ONLY by Fair Hearings Centers 527, 546, 567 and 588. (For Fair Hearings ONLY, Notice Not Required)
Y02	MA	Special Immigrant Visa Closing - Used for Iraqi and Afghan Immigrants ACI=R Manual Notice Required We are sending you this notice to tell you that the Medical Assistance Program will discontinue your public health insurance coverage effective _____. You have reached the end of your initial period of Medicaid eligibility as an Afghan or Iraqi Special Immigrant. Section 525 of Title V of Division G of Public Law 110-181 and Section 1244(g) of the National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181 and Section 1059 of the National Defense Authorization Act of 2006, Public Law 109-163

WORKER'S GUIDE TO CODES

4.2-29

02/15/2014

MA INDIVIDUAL REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 341) (CONT'D)

OTHER (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
Y98	All	Other – Manual Notice Required (MA Extension) This code is to be used if none of the other reasons for closing an individual are applicable. MA: 360-2.2
Y99	All	Other – Manual Notice Required Close individual for which there is not other appropriate reason code. No notice is generated by the system. Workers must manually complete the notice. This decision is based on Department Regulation(s)

*Adequate

WORKER'S GUIDE TO CODES

4.2-30

02/15/2014

MA INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES - MA (MA: REAS - 341)

FAILURE TO PROVIDE/VALIDATE SSN

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E21	MA	Failure to Provide Child's SSN We will discontinue Medical Assistance effective _____. This is because the client failed to provide a Social Security card for each child on the case. MA: 360-2.6
F17	All	Incorrect/Fraudulent Social Security Number (HH = 1) We will discontinue Medical Assistance/Family Health Plus effective _____. This is because each person receiving Medical Assistance should have given the agency their correct Social security number. We determined that you did not give us your correct Social Security number. Regulation 18 NYCRR 360-2.3 (A)
F20	All	Failure to Provide SSN We will discontinue Medical Assistance effective _____. This is because the client failed to provide a SSA card, or apply for a SSA card. MA: 360-2.6

WORKER'S GUIDE TO CODES

4.2-31

10/17/2015

MA INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES - MA (MA: REAS - 341) (CONT'D)

OTHER FAILURES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F40	All	Failure to Enroll in Group Health Plan We will discontinue Medical Assistance effective _____. Medical Assistance has been discontinued because the client failed to sign up for and use group health insurance benefits. MA: 360-2.2
F84	All	Failure to Sign Lien We will discontinue Medical Assistance effective _____. This is because the client refused to sign a property lien agreement. MA: 360-2.6
F12	All	Failure to Apply For SSI We will discontinue Medical Assistance effective _____. This is because the client failed to apply for, or complete an application for SSI. MA: 360-2.6
H04	SNCA/SNNC	Failure to Comply with Office of Child Support Enforcement Language-TBD

WORKER'S GUIDE TO CODES

4.2-32

06/17/2018

DATA INPUT FORM – DSS 3477 (SCREEN WMPPIN)

MA RESTRICTION/EXCEPTION RECORD
SOURCE CODES (SYSTEM-GENERATED)

G System Generated Code
E User Entered Record

MA RESTRICTED/EXCEPTION
STATUS FLAG CODES (SYSTEM-GENERATED)

1 Active **2** Inactive

PRINCIPAL PROVIDER CATEGORY

00 No Principal Provider
01 Private Skilled Nursing
02 Private Intermediate Care
03 Public Skilled Nursing
04 Public Intermediate Care
05 OMRD Developmental
06 OMH Psychiatric Center
07 Acute Hospital -Long Term Care
08 Hospital -Excess
09 Hospital Catastrophic
10 Child Care Facility
12 OMR Small Residential Unit (SRU)
14 Personal Care Services
16 Assisted Living Program (ALP)
DL Delete

PAYMENT EXCEPTION TYPE CODES (PA, MA)

1 Per Diem Payments To Provider Not Allowed
2 Per Diem Payments to Provider Allowed
3 Payment for Alternate Care Not Allowed

PREPAID CAPITATION PLAN SUBSYSTEM CODES

Benefits Package - User Entered in Concert with Provider ID and County Code#

Prepaid Capitation Plan Capitation Code

3 Individual Enrollee
0 End of capitation

ENROLLMENT REASON CODES

01 Enrollment Override
02 Voluntary Enrollment (all input methods)
05 Mandatory Enrollment via Auto Assign
07 Automated Enrollment of a Newborn
08 HX to WMS Enrollment (Online Only using Worker ID HXTWM. User ID restricted)
09 One-Step Enrollment (NYS Only)

WORKER'S GUIDE TO CODES

4.2-33

06/17/2018

DATA INPUT FORM – DSS 3477 (SCREEN WMPPIN) (CONT'D)

DIS-ENROLLMENT REASON CODES

- 59 Lost FHP Eligibility
- 65 Plan Termination
- 66 Retro Active Disenrollment (plan must void claims subsequent to disenrollment date)
- 85 Death
- 86 Client Request
- 93 Client or LDSS Initiated/Excluded or Exempt
- 95 Lost Medicaid Eligibility-Automated Re-Enrollment within 90 days
- 97 Moved Out of Plan's Service Area

PREPAID CAPITATION PLAN PROVIDER ID

PID	PROVIDER ID	PROVIDER NAME
AX*	01559493	ABC Health Plan
82*	00477156	Affinity Health Plan
C7*	01234037	Beth Abraham Comprehensive Care Management (Pace Program)
CG	01183013	Capital District Physicians' Health Plan, Inc.
AN*	01750476	CO-OP Care Plan
HY	01202822	Emblem/Nassau
HW	01131584	Emblem/Westchester
MR	00477023	Excellus HP
99*	00313979	Greater New York Health INS Plan
GN*	01827572	GuildNet
SF*	01479670	Health First PHSP, Inc
C2	01249265	HealthNow NY
KP*	01617894	HealthPlus Amerigroup
85*	01898993	HomeFirst, Inc.
HH	00477207	Hudson Health Plan
IX*	01865329	Independence Care System
IE	01208997	Independent Health Association
MV	01111375	MVP Health Plan
92*	00894519	Metro - Plus (Metropolitan Health Plus)
NP*	01527962	Neighborhood Health Providers PHSP
SP*	01751046	New York State Catholic Health Plan / Fidelis
SP	01421250	New York State Catholic Health Plan / Fidelis
HI*	02104369	Senior Health Partners
TO	03685774	Total Care, a Today's Option
MO*	01403176	United Healthcare of NY INC. - MetLife
OZ	01659989	Univeral Community Health
CV*	01750467	VNS Choice
WC*	01182503	Wellcare of New York, INC

***PROVIDERS VALID FOR NYC**

WORKER'S GUIDE TO CODES

4.2-34

06/21/2015

RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478

MA RESTRICTION/EXCEPTION TYPE CODES

- 02 Podiatry
- 03 Dental
- 04 DME Restriction
- 05 Pharmacy
- 06 Physician
- 08 Clinic
- 09 In-Patient Hospital
- 10 Dental
- 11 Physician Group
- 12 Physician Assistant/Nurse Practitioner
- 13 Alternative Pharmacy
- 23 OMH Child Waiver-Home and Community Based Services (HCBS)
- 25 OMR-Sub-Chapter Exception
- 30 HHCP Long Term Home Health Care Program
- 31 Community Alternative System Agency (CASA) Community Based (Disabled as of 6/18/07)
- 32 CASA Individual in SNF/HRF (Disabled as of 6/18/07)
- 35 Case Management
- 38 UT Exempt
- 39 Aid Continuing
- 40 SNF-Expense Level (Disabled as of 6/18/07)
- 41 ICF-DD Expense Level (Disabled as of 6/18/07)
- 42 Hospital/SNF Expense Level (Disabled as of 6/18/07)
- 43 Hospital/ICF-DD Expense Level (Disabled as of 6/18/07)
- 44 HCBS Non Intensive
- 45 HCBS Intensive AHRH
- 46 OMR Home and Community Based Services (HCBS) Enrolled
- 47 Supervised CRs
- 48 Supportive IRAs and CRs
- 49 Supportive IRAs
- 50 Parental CONNECT (WMS Coverage Code 15)
- 51 Medicaid Eligible (WMS Coverage Code 01 or 30) Plus CONNECT
- 53 HR Underserved
- 54 Exempt from HR Restrictions (System Generated, Output only)
- 55 MCC Pharmacy
- 56 MCC Physician
- 58 MCC Clinic
- 59 MCC Hospital
- 60 Nursing Home Transition & Diversion Medicaid Waiver
- 62 Care at Home (CSH I)
- 63 CAH II
- 64 CAH III
- 65 CAH IV
- 66 CAH V
- 67 CAH VI
- 68 CAH VII
- 69 CAH VIII

WORKER'S GUIDE TO CODES

4.2-35

06/17/2018

RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478 (CONT'D)

MA RESTRICTION/EXCEPTION TYPE CODES (CONT'D)

70 CAH IX
71 CAH X
72 Bridges to Health Seriously Emotionally Disturbed (B2H SED)
73 Bridges to Health Developmentally Disabled (B2H DD)
74 Bridges to Health Medically Fragile (B2H MedF)
81 (TBI) Traumatic Brain Injury
82 Cash and Counseling (Project in Progress)
83 Alcohol and Substance Abuse ASA (Project in Progress)
84 Base/Community Rehabilitation & Support (CRS) with Clinical Treatment
85 Base/Community Rehabilitation & Support (CRS) without Clinical Treatment
86 Intensive Rehabilitation and Ongoing Rehabilitation Services (IR/OR)
90 Managed Care Excluded
91 Managed Care Exempt
92 DOH Exempt
93 MLTC Eligible
94 OMH Exempt
95 OMRDD Waivered Services Look Alikes
96 (SPM) Seriously and Persistently Mentally Ill Adults and (SED) Seriously Emotionally Disturbed Children
B7 Not Qualified to Enroll in BHP
G1 Transgender Individual Male to Female
G2 Transgender Individual Female to Male
H1 HARP Enrolled without HCBS Eligibility
H2 HARP Enrolled with Tier 1 HCBS Eligibility
H3 HARP Enrolled with Tier 2 HCBS Eligibility
H4 HIV SNP HARP - Eligible without HCBS Eligibility
H5 HIV SNP HARP - Eligible with Tier 1 HCBS Eligibility
H6 HIV SNP HARP - Eligible with Tier 2 HCBS Eligibility
H7 Opted out of HARP
H8 State Identified for HARP Assessment
H9 HARP Eligible Pending Enrollment
N1 Regular SNF Rate - MC Enrollee
N2 SNF AIDS - MC Enrollee
N3 SNF Neuro-Behavioral - MC Enrollee
N4 SNF Traumatic Brain Injury - MC Enrollee
N5 SNF Ventilator Dependent - MC Enrollee
N6 MLTC Enrollee placed in SNF/Partial Cap 21+ Nursing Home Certifiable
N7 NH Budgeting Approved
S1 Surplus Client not Eligible for Medicaid Managed Care or Medicaid Advantage Enrollment
T2 NYC Tax Claim Outside Household (Valid for PA Case Types 11, 12, 16, and 17)
T3 NYC Enhanced Shelter Allowance (Valid for PA Case Types 11, 12, 16, and 17)

RESERVED FOR EXPANSION

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585)

VERSION NUMBER (VERSION)

SYSTEM GENERATED. Indicates the number of the budget currently stored on the database for the case number entered. If no budget has previously been stored, this field will be blank.

BUDGET TYPE (BUDGET TYPE)

REQUIRED ENTRY. Enter the appropriate code to identify the type of budget to be calculated

**Code Definitions Effective
November, 1997 per Welfare Reform**

- 01 LIF-Related
- 02 S/CC-Related
- 04 SSI - Related, (AB/AD/OAA)
- 05 SSI - Related, (AB/AD/OAA)
LIF - Related
- 06 SSI - Related, (AB/AD/OAA)
S/CC - Related
- 07 Chronic Care
- 08 Chronic Care, SSI-Related,
(AB/AD/OAA)

**Code Definitions Prior to
November 1997**

- 01 ADC -Related
- 02 HR-Related
- 05 SSI-Related, ADC Related
- 06 SSI-Related, (AB/AD/OAA)
HR-Related
- 09 Chronic Care, ADC-Related
- 10 Chronic Care, HR-Related

CASE NAME (CASE NAME)

Enter the Case Name (up to 25 Characters) as determined by local district procedures.

CASE NUMBER (CASE NUMBER)

SYSTEM GENERATED from information entered on MA Budget Calculations screen (WBMAMU)

OFFICE (OFC)

Enter appropriate office ID.

UNIT AND/OR WORKER (UNIT ID)

ENTRY ALWAYS REQUIRED. Enter Unit ID and/or worker ID as determined by local procedures.

TRANSACTION TYPE (TRAN)

ENTRY ALWAYS REQUIRED. Enter appropriate transaction type:

- (02) Opening
- (03) Reject (output only)
- (05) Change
- (07) Closing (output only)
- (10) Reopening

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

EFFECTIVE PERIOD (EFFECTIVE PER)

ENTRY ALWAYS REQUIRED. Enter the effective FROM and TO dates to be covered by this calculated entry budget (MM/DD/YY) to (MM/DD/YY). The maximum allowable Effective Period is 12 months.

WITH THE EXCEPTION OF BUDGET TYPES 08-10 WITH BUDGET EFFECTIVE FROM DATES OF 10/1/89 OR LATER, BUDGETS SPANNING DATES IN WHICH MA LEVELS, TAX TABLE AMOUNTS AND ALLOWANCE CHANGES OCCUR CAN BE CALCULATED. SUCH BUDGETS WILL BE BASED ON THOSE FIGURES IN EFFECT ON THE EFFECTIVE "FROM" DATES OF THE CALCULATED BUDGETS.

MONTHS EXCESS IS AVAILABLE (MO)

An entry here will calculate the amount of the excess income for the number of months entered. Acceptable values range from 2 to 6. This field is only used for BT 01, 04 05 and 06.

NUMBER IN CASE (CA)

ENTRY ALWAYS REQUIRED. Enter the number of individuals in budgeting unit (except unborns). If case includes only unborn (s), enter Zero.

EXPANDED ELIGIBILITY CODE (EEC)

An entry in this field indicated that the calculated budget is based on a percentage of the Federal Poverty Level (FPL) The exact percentage utilized is determined by the code.

These codes are as follows:

- A AIDS Insurance. Compares net income to 185% of the Federal Poverty Level. (BT 04 Only)
- E Disabled Adult Children (DAC)
- H COBRA Insurance. Compares net income to 100% of the Federal Poverty Level (BT 04 Only).
- M MAGI - Medicaid/Family Planning Benefits Program
Income eligibility is at or below:
223% (Pregnant Women), 223% (Infants), 154% (Child 1-5)
110% (Child 6-18), 154% (Child 6-18), 138% (Parents/Caretaker relatives)
138% (19 & 20 yr olds living w/parents), 155% (19 & 20 yr olds living w/parents)
100% (Singles/CC and 19 & 20 yrs living alone), 138% (Singles/CC and 19 & 20 yr living alone),
223% (Family Planning Program) of the Federal Poverty Level (BT 01 Only).
- T Transitional Medical Assistance. Compares the adjusted gross earned income to 185% of the Federal Poverty Level (BT 01 Only)

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

EXPECTED DATE OF CONFINEMENT (EDC 1)

Enter the expected Date of Confinement when there is an unborn (s) in the case. The budget summary screen will generate \$50, when appropriate, when computing the PA standard of need. The amount of the MA level will be increased by one.

EXPECTED DATE OF CONFINEMENT (EDC 2)

If there are two pregnant individuals EDC2 field is used for the second person.

AGE INDICATOR (AI)

Enter appropriate indicator:

- N Less than 60 years of age
- Y Equal to or greater than 60 yrs of age

FUEL TYPE (FUEL TY)

Enter appropriate Fuel Type as follows:

- 0 Heat included in shelter costs
- 1 Natural Gas
- 2 Oil
- 3 Electric
- 4 Coal
- 5 Other

SHELTER TYPE (SHELTER TY)

Shelter Type and amount are required fields for Budget Types 01, 02, 05, 06, 07, 09 and 10. Enter the appropriate Shelter Type Code as follows:

- 01 Rent
- 02 Rent Public
- 03 Own Home
- 04 Room & Board
- 05 Hotel Permanent
- 06 Hotel Temporary
- 11 Room Only
- 12 Non-Level 11 Alcohol Treatment Facility
- 15 Congregate Care Level 1 - NYC, Nassau, Suffolk, Westchester
- 16 Congregate Care Level 11- NYC, Nassau, Suffolk, Westchester
- 20 Emergency Assistance Rehousing Program
- 22 Shelter for Victims of Domestic Violence
- 23 Undomiciled
- 28 Congregate Care Level 1 - Upstate
- 29 Congregate Care Level 11- Upstate
- 33 Homeless Shelter Tier 11 Less than three meals/day
- 34 Homeless Shelter Tier 11-Three meals per day (U)
- 35 Homeless Shelter -Non Tier 1 or Tier 11 (Additional Allowance Codes 01, 02, 03 and 13 are not allowed)
- 36 Shelter for Homeless - Less than three meals/day
- 37 Residential Program for Victims of Domestic Violence- Less than three meals/day.
- 42 Congregate Care Level III - Adult Homes and DOH Enriched Housing.
- 44 Supportive/Specialized Housing - Aids Related.

WORKER'S GUIDE TO CODES

4.3-4

06/18/2012

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585)

SHELTER TYPE (SHELTER TY) (CONT'D)

- 54 Housing Disregard (MLTC) - Northern Counties Upstate
- 55 Housing Disregard (MLTC) - Central Counties Upstate
- 56 Housing Disregard (MLTC) - Rochester Counties Upstate
- 57 Housing Disregard (MLTC) - Western Counties Upstate
- 58 Housing Disregard (MLTC) - Northern Metropolitan Counties Upstate
- 59 Housing Disregard (MLTC) - NYC (Bronx, Brooklyn, Manhattan, Queens and Staten Island)
- 60 Housing Disregard (MLTC) - Long Island
- 63 Congregate Care Level III - Housing Disregard (MLTC)

NOTE: When there is a "T" in the EEC field no entry is permitted in Shelter Type field.

SHELTER AMOUNT (AMOUNT)

Enter the total actual monthly amount paid for shelter. If there is no shelter cost, enter zero.

NOTE: This field may be left blank only when BT is 04, 07 and 08 and the "SHELTER" field is blank or when the Shelter Type Code is 15, 16, 23, 28, 29, 33 or 34. In all other situations if Shelter amount is Zero, a 0 must be input in the amount field.

WATER AMOUNT (WATER AMOUNT)

If Water is a separate item of need and the Shelter Type is coded (01) Rent, or (03) Own Home, Enter the actual Water cost.

ADDITIONAL ALLOWANCES TYPE (ADD TY)

Enter the appropriate Additional Allowance Type Code as follows:

- 01 Dinner
- 02 Lunch and Dinner
- 03 Breakfast, Lunch and Dinner
- 13 Home Delivered Meals
- 19 Additional Community Maintenance Allowance (Budget Types 08, 09 and 10 only) With From date 10/1/89 or later
- 20 Transitional Child Care
- 21 Maintenance Allowance for Dependent Members of Institutionalized individual's former household (BT 8, 9 & 10 only)
- 22 Family Member Allowance (added to MMMNA) BT'S 08-10
- 25 Home Attendant Line Operating System (HALO); not used in budget calculation
- 26 Medical Bill Total/ I.S
- 99 Other (Occupational Child Care)

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

ADDITIONAL ALLOWANCE AMOUNT (AMOUNT)

Enter the monthly amount of the Additional Allowance, based on the allowance type code used, as follows:

- 01 2900 Per Person
- 02 4700 Per Person
- 03 6400 Per Person
- 13 3600 Per Person

For Codes 01, 02 and 03 add \$36.00 to above amounts for Pregnant Women and children.

If the case is entitled to an Additional Allowance as indicated by one of the above codes, multiply the amount by the number of persons in the CA field before entry.

DEEMING CODE (SSI DEEM)

Enter the appropriate code that will indicate to the system the deeming procedure to use in budgeting. This is a required field for BT 04 (i.e. SSI Related).

- 1 Deem to SSI -Related spouse
- 2 Deem to SSI-Related Child (ren)
- 3 Deem to SSI-Related spouse and child (ren)
- 4 No deeming

LIVING ARRANGEMENT (SSI LA)

Use of this code indicates to the system the current MA Level, Federal Benefit Rate level to use during certain phases of the SSI budgeting process. An entry is required for BT'S 04 -10.

- 1 Single Person
- 2 Couple

NUMBER OF SSI-RELATED CHILDREN TO DEEM (NO DM)

Enter the number of SSI-related children (under 18 years old) in the case to whom income and resources are to be deemed. This field is used for BT'S 04-06. (Maximum number that can be entered is 4). Leave blank if not applicable.

NUMBER OF NON-SSI RELATED CHILDREN TO ALLOCATE (NO-ALL)

Enter the number of Non SSI-related children (under 18 years old) to whom income must be allocated before income is deemed to the SSI-related individual (s). This field is used for BT'S 05, 06, 09 and 10. (Maximum number that can be entered is 9). Leave blank if not applicable.

MEDICARE SAVINGS PROGRAM (MSP)

Enter correct code to generate calculation of Buy-In Determination. Valid for BT'S 04-10 only.

- A Entry of A allows all Buy-In Determination calculation outcomes in MABEL for QMB, SLIMB, and QI1, eligible budgets 04, 05, and 07.

DATE OF INSTITUTIONALIZATION (DT INS)

Enter the date the person became institutionalized.

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

PERSONAL INCIDENTAL ALLOWANCE (PIA)

Enter the appropriate code to indicate the amount of the Personal Incidental Allowance to be budgeted.

- 1 \$35.00 for residents of ICF'S
- 2 \$50.00 for residents of other Chronic Care Facilities
Note: Above amounts effective 07/01/88.
- 3 Home and community Based Waivered Services (System generated... Entry of PIA code 3 on the Budget Record Screen will cause the system to use the MA level in the PIA field once Chronic care budgeting begins).
- 4 Maximum of \$90.00 Reduced pension for Veterans in Nursing facilities.

SPOUSAL CONTRIBUTION CODE (CON)

Enter the appropriate code to indicate the spouse's contribution to the cost of care. There is a required field for BT'S 08-10. Contribution codes are as follows:

1. Contributing the amount required by regulation
2. Contributing more than the amount required by regulation
3. Contributing less than the amount required by regulation adjudicated
4. Contributing less than amount required by regulation - not adjudicated
5. Refuses to contribute

SPOUSAL CONTRIBUTION AMOUNT (AMOUNT)

If the Spousal contribution code is 2, 3, or 4 the amount that the spouse is contributing is to be entered. If the code is used the amount is system calculated/generated.

LOCAL CODE (LOC)

Not applicable in New York City. Leave Blank.

INCOME AVERAGE INDICATOR (EARNED INCOME A)

A "Y" in this field on the Budget Record Screen indicates that income source gross amount & related deduction information appearing on screen has been system generated as a result of income averaging.

LINE NUMBER (LN)

Enter the line number of person with the income for each occurrence of earned income.

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

CATEGORICAL INDICATORS CODE (CTG) - (EARNED INCOME OR RESOURCES)

Enter the appropriate code, which indicates the categorical relatedness of the individual in receipt of the income.

If there is earned income, an entry in this field is required for BT'S O4-06 only.

- 1 SSI - Related Adult - Aged
- 2 SSI- Related Adult – Blind
- 3 SSI- Related Adult - Disabled
- 4 Non-SSI Related Adult (LIF - Related)
- 5 Non-SSI Related Adult (S/CC - Related)
- 6 SSI-Related Child - Blind
- 7 SSI-Related Child - Disabled
- 8 Non-SSI Related Child

CHILD IDENTIFIER (N)

If a child in the budgeting unit has income, enter a number for the child whose income is being recorded. SSI - related children can be assigned a value of 1- 4. Non-SSI related Children can be assigned a value of 1 - 9.

CHRONIC CARE INDICATOR (I)

If earned income is received by a person in chronic care, enter "X" (May be used only for BT's 07-10)

EARNED INCOME DISREGARD (EID)

If there is earned income, enter one of the following codes:

- 1 Calculate LIF (Undercare)
- 4 Calculate LIF/ADC - \$30 & 1/3
- 5 Calculate LIF/ADC - \$30
- 6 Calculate LIF/ADC (Applicant only)

EARNED INCOME SOURCE (SRC)

Enter the appropriate code for the source of the earned income as follows:

- 01 Salaries, Wages (Employer Provided Sick pay)
- 05 Commission Income
- 06 Other Earnings
- 08 Severance pay
- 09 Family Day Care Provider Income
- 11 Income-In Kind Shelter
- 12 Lump Sum Payment
- 13 Lump Sum Payment Received by Current Wage Earner

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

EARNED INCOME SOURCE (SRC) (CONT'D)

- 20 Net Business Income
- 40 Earnings from Job Training Partnership Act
- 44 Office of Vocational Rehabilitation
- 45 Income from a Boarder/Lodger
- 46 Net Income from Rental of House, Store or other property
- 48 Income from a Roomer

EARNED INCOME PERIOD (PER)

Enter the appropriate period code for the income amount to be entered. When income averaging is used, "6" will be generated in this field.

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

TIME INDICATOR (T)

Enter the appropriate code. Codes are as follows:

- F Employed Full Time and Part Time
- N Employed in second job (same person) not entitled to Work Deductions

THE FOLLOWING INCOME ENTRIES MUST BE WITHIN THE TIME FRAME INDICATED BY THE PERIOD CODE.

GROSS INCOME (GROSS)

Enter the individual's average Gross Amount of Earned Income for the period indicated by the Period Code.

HEALTH INSURANCE (INSUR)

Enter the Health Insurance costs paid for the period indicated by the period code (Not valid entries for BT 02).

COURT ORDERED SUPPORT PAYMENTS (CT-SUP)

If appropriate, enter the monthly amount

WORK - RELATED EXPENSES (WK-REL)

Expense disregard allowed for blind individuals (CTG 2 or 6) during SSI-related budgeting (BT'S 04-10)

IMPAIRMENT-RELATED WORK EXPENSE (IRWE)

Enter the monthly amount of impairment related work expense. Entry is allowed only when an individual has a categorical indicator code of 3 (Disabled) or 7 (SSI-Related Child Disabled).

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

CHILD CARE (CH-CR)

Enter the Childcare costs for the period indicated by the Period code. For BT 04, enter the total childcare expense in the first CHLD-CR occurrence. For the other budget types, enter the actual cost of child care paid per child.

CHILD'S MONTH AND YEAR OF BIRTH (MO/YR)

Enter the month and year child was born.

Enter the appropriate information for the second earned income as defined above.

UNEARNED INCOME LINE NUMBER (UNEARNED INCOME LN)

Allows for entry of 6 unearned incomes. Enter the line number of person with unearned income for each occurrence of unearned income.

CTG CATEGORICAL INDICATOR (C)

Enter the appropriate code, which indicates the categorical relatedness of the individual in receipt of the income as follows:

- 1 SSI-Related Adult - Aged
- 2 SSI-Related Adult - Blind
- 3 SSI Related Adult - Disabled
- 4 Non SSI Related Adult LIF/ADC
- 5 Non-SSI Related Adult S/CC
- 6 SSI-Related Child - Blind
- 7 SSI-Related Child - Disabled
- 8 Non-SSI Related Child

CHILD IDENTIFIER (N)

Enter a number for the child whose income is being recorded. Acceptable values are 1-9.

SSI -related children can be assigned a value of 1-4. LIF/ADC-Related Children can be assigned a value of 1 - 9.

CHRONIC CARE INDICATOR (I)

Enter "X", if applicable, to indicate the unearned income is received by a person in Chronic Care.

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

UNEARNED INCOME SOURCE (SR)

Enter the appropriate unearned income source code as follows:

- 01 Adoption Subsidy
- 02 Alimony/Spousal Support
- 03 Any Dividends, Interest, or Periodic Receipts from Stocks, Bonds, Mortgages, Bank Interest, Trust Funds, Annuities, Credit Union, Estates, etc.
- 06 Child Support Payment
- 07 Disabled Veterans Benefits (Non-Service Connected)
- 10 GI-Dependency Allotment
- 11 Disabled Veterans Benefits (Service Connected)
- 16 Gross Rental Income from Owned Home
- 18 Income from Friends or Non-Legally Responsible Relatives (received on a recurring basis)
- 19 Income from Friends or Non-Legally Responsible Relatives outside the household (received on a recurring basis)
- 26 Lump Sum Payments (Budget types 01,02, 04, 05 and 06)
- 28 German or Austrian Reparation Payments (LIF, S/CC & Chronic Care budgeting, Not allowed with Categorical Indicator Codes 6, 7, & 8)
- 30 Income from Job Training Partnership Act (Formerly CETA)
- 31 Net Income from Rental of House, Store, or other Property
- 32 Net Royalties
- 33 NYS Disability Insurance
- 35 Railroad Retirement Benefit - Dependent
- 38 Railroad Retirement Benefit
- 39 Retirement Benefits (Pensions)
- 41 Sick Pay (Private Insurance)
- 42 Social Security Disability Benefit
- 43 Social Security Survivor's Benefit
- 44 Social Security Retirement Benefit
- 46 Social Security Benefit-Dependent
- 47 Social Security Benefit - DAC
- 48 Social Security Benefit - Pickle
- 49 Unemployment Insurance Benefit
- 50 Union Benefits
- 51 OVR (Office of Vocational Rehabilitation) Training allowance
- 55 Veterans Pension or Benefit
- 59 Worker's Compensation
- 60 Income-In - Kind Provided by LRR-Shelter (MA Only) (Budget types 01, 02, 05 and 06)
- 64 Income-In - Kind Provided by LRR-Meals (MA Only) (Budget types 01, 02, 04, 05 and 06)
- 70 Other Income - In- Kind
- 75 Deemed Income from a Stepparent
- 82 Contribution from a stepparent
- 99 Other

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

PERIOD (P)

Enter the appropriate Period Code as follows:

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

UNEARNED INCOME AMOUNT (AMOUNT)

Enter the gross amount of the Unearned Income for the period indicated.

UNEARNED INCOME EXEMPTION CODE (CD)

Enter the appropriate unearned income exemption code. Up to 2 exemptions can be entered for each unearned income source.

- 01 Health Insurance Premium
- 02 Court Ordered Support (See Appendix)
- 06 20% RSDI
- 11 One-Third SSI Child Support
- 12 Cost of Living RSDI
- 14 VA Aid and Attendance/Housebound Allowance (BTS 04-10 only)
- 15 Social Security Benefit (DAC)
- 16 VA Limited Pension
- 17 VA Unusual Medical Expense (UME)
- 20 Other Amounts Limited by Designated use
- 21 Medicare

EXEMPTION AMOUNT (EXEMPT)

Enter the amount (s) to be exempted from the monthly gross unearned income. Amount(s) should be for the same period as the unearned income. When Code 11 (One-Third Child Support) is used for an SSI related child (ren), this field is left blank. The system will calculate the correct one-third-exemption amount.

RESOURCES (RESOURCES)

Allows for entry for six resources

LINE NUMBER (LN)

Enter the line number of person with the resource for each occurrence.

CTG CATEGORICAL INDICATOR CODE (C) - (UNEARNED INCOME)

Enter the appropriate code which indicates the categorical relatedness of the individual who owns the resource. This field is used for BT'S 04-10 only.

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

MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

SSI RELATED CHILD INDICATOR (N)

Enter a number to identify the SSI related child. Acceptable values are 1-4. If the child has income, use the same number as assigned for earned or unearned income. This field is for BT 04

CHRONIC CARE INDICATOR (I)

Enter the "X", if appropriate, to indicate the resource is owned by a person in Chronic Care.

RESOURCE CODE (CD)

Enter the appropriate code as below:

- 01 Cash on Hand
- 02 Bank Accounts
- 03 Stocks, Bonds, Securities
- 04 Promissory Notes
- 05 Mortgages, Conditional Sales Contracts
- 06 Trust Funds
- 07 PIA Savings Accounts (only for BT's 7-10 when Chronic Care Indicator is "X")
- 08 Lump Sum Payment (includes tax refunds, insurance settlements, Inheritances, etc).
- 10 German Reparation Payments
- 22 Equity Value of Automobile
- 42 Straight Life - Countable cash value
- 43 Endowment Insurance
- 44 Exempt Cash Value of Life Insurance for SSI-Related Budgeting
- 45 Burial Reserve to be disregarded for SSI budgeting
- 86 Retirement Accounts
- 98 Other Liquid Resources

RESOURCE VALUE (S-VAL)

Enter the value of each available resource that is not exempt.

After the screen has been completed with all field entries move the cursor to the XMT position. Depress XMT key. If the Budget Record Screen is error-free, a MA Budget Summary Screen will result (* see note). The worker is able to take a print of the budget summary screen pressing the "Prior Case Next" Key. The worker is also able to obtain a copy of the Budget Record Screen by paging back by depressing the FCTN and F-2 Key simultaneously and then depressing the "Prior Case Next " Key.

* **NOTE:** If any errors are made, the fields in error will appear as "blinking fields".

**CHAPTER 5 -
REFERENCE**

APPENDIX A - BENEFIT PRODUCTION

RECONCILIATION CODES

<u>CODE</u>	<u>VALUE</u>
0	Issued
1	Stop payment (checks only)
2	Cancelled
3	Redeemed - no error
4	Unmatched redemption
5	Unmatched stop payment
6	Unmatched cancellation
7	Redeemed in error/Partial redemption
8	Redeemed against stop payment (checks)
9	Redeemed against cancellation without error
A	Redeemed in error against cancellation
B	Duplicate issue
C	Duplicate cancellation
D	Duplicate redemption
E	Expunged
I	Illegal cancellation
J	Benefits issued through conversion system
P	Purged issue
R	Miscellaneous rejection
S	Requested stale dating/Auto stale dating
T	Transacted
X	Unidentified redemption transaction
Z	Vendor refund

WORKER'S GUIDE TO CODES

5.1-2

02/14/2015

APPENDIX B - OBSOLETE CASE REASON CODES

OPENING CODES – PA (PA: REAS - 222)

CODES USED UNTIL 12/04/00

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
012	ADC	Illness, injury or other impairment of other ADC grantee
015	ADC/ADCU	Lay-off, discharge or other reason of ADC father
016	ADC/ADCU	Lay-off, discharge or other reason of ADC mother
017	ADC,ADCU	Lay-off, discharge or other reason of other ADC grantee
046	FA/SNFP	CAP; this code is used to accept a PA application as a FA case enrolled in the Child Assistance Program
047	FA/SNFP	Transfer from FA to CAP; this code is used to reopen a closed FA case in CAP
048	FA/SNFP	Transfer from CAP to FA; This code is used to reopened an FA case that has been closed by CAP. (This code can be used by all income Support Centers except 017)

CODES USED UNTIL 02/20/07

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
002	ALL	Illness, injury, or impairment of recipient.
005	FA/SNFP SNCA/SNNC	Lay-off, discharge, or other reason.
008	ALL	Case accepted for Single Issue payments that have been ordered by a Fair Hearing decision. (MA will remain in AP status.)
009	SNFP/SNCA SNNC/EAF	Case accepted only for emergency shelter arrears and/or emergency utility arrears which applicant agrees to repay.
010	FA/SNFP	Illness, injury, or other impairment of FA father.
011	FA/SNFP	Illness, injury, or other impairment of FA mother.
020	ALL	Loss of or reduction in support of child due to death of parent.
021	FA/SNFP	Leaving home by parent and stopping or reducing support for reason of divorce.
022	ALL	Leaving home by parent and stopping or reducing support for reason of separation.
023	ALL	Leaving home by parent and stopping or reducing support for reason of desertion.

WORKER'S GUIDE TO CODES

5.1-3

02/14/2015

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 222) (cont'd)

CODES USED UNTIL 02/20/07 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
024	ALL	Leaving home by parent and stopping or reducing support for reason of other (hospital, prison).
030	ALL	Loss of or reduction of support from person outside the home. (FA father absent throughout 6 months preceding application.)
033	ALL	Case accepted for immediate needs (pre-investigation), pre-determination grants and one-shot deals.
035	ALL	Loss of or reduction in support from other person in home as a result of death.
036	ALL	Loss of or reduction in support from other person in home as a result of leaving home and stopping or reducing support (hospitalization, etc.).
037	ALL	Loss of or reduction in support from other person in home as a result of illness, injury or other impairment.
038	ALL	Loss of or reduction in support from other person in home as a result of lay-off, discharge, or other reason.
040	ALL	Loss of or reduction in support from other person in home as a result of loss of or reduction in support from person outside home.
045	ALL	Loss of or reduction in support from other person in home as a result of loss of or reduction in other income.
050	ALL	Loss of or reduction in support from other person in home as a result of other material changes.
060	ALL	Change in state law or agency policy increases need because of:
064	ALL	Eligible as a result of Hurricane Katrina or Hurricane Irene.
065	ALL	Return of recipient or relative (ill or previously institutionalized).
066	ALL	Closed in error. (Employment Unit approval is needed if case was closed due to an employment-related reason.)
070	ALL	Living below agency standards.
075	ALL	Other.
080	FA/SNFP	Transfer from Family Assistance or Safety Net Federal Participation.
081	FA/SNFP	Transfer from Safety Net Cash Assistance.

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

OPENING CODES – PA (PA: REAS - 222) (cont'd)

CODES USED UNTIL 02/20/07 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
082	ALL	Transfer from Emergency Assistance to Families.
097	ALL	Aid Continuing - Case awaiting Fair Hearing decision.
098	ALL	Employment Unit approved override with documentation that allows the opening of CvB or JOB Search closings or sanctions during the infraction period.
101	ALL	To be used to override an IPV sanction and open a case/suffix during the infraction period. Use of this code is restricted to EPF as the Origination Center.
114	ALL	To be used to override a sanction without deleting prior infraction record.
623	SNCA/SNNC FA/SNFP	To be used to override a Drug and Alcohol Closing or Rejection Code during the infraction period. Removes the last sanction.

CODES USED AFTER 02/20/07

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
Y18	ALL	Work Advantage One Shot Deal (Discontinued 10/22/12)

WORKER'S GUIDE TO CODES

5.1-5

02/14/2015

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

OPENING CODES – MA (MA: REAS - 241)

CODES USED UNTIL 02/20/2012

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
018	MA	Medical Assistance/Family Planning Benefits Program For FPBP eligible at or below 200% of FPL. At the case and individual level for Cat codes 68 or 69 only.
044	MA	Parents over 21 and under 65, in an intact family living with child(ren). (Discontinued 6/18/12)
061	MA	RVI Fair Hearing Opening Code in Undercare
063	MPE	Transitional opening code for disaster relief to presumptive eligibility. (Discontinued 6/18/12)
067	FHP	Eligible single/childless couples (can only be used on FHP cases). MA: 369-ee
068	FHP	Parents at the case level (can only be used on FHP cases.) MA: 369-ee
069	FHP	Pregnant women on MA case. MA: 369-ee
071	MA	Pay-In Excess Income Regulation 360-4.8 (c)
074	FHP	Parents and Expanded Eligibility Children Regulation
075	MA	Other Regulation
076	MPE	Presumptive Eligibility Regulation
077	MA- SSI Related	Blind and disabled individuals who lose eligibility for SSI payments; as a result of becoming entitled to Title II child's insurance benefits as a disabled adult child (DAC) or because of an increase in such benefits. Note: MBL budget type 04 (SSI Related), or 05 (SSI-FA) or 06 (SSI- SNCA) must be used Regulation 360-3.3 (c)
078	MA	Not Eligible for MA- Eligible for Health Insurance Premium Payment Only. Regulation 360-7.5 (H)
079	MA	Household Member Eligible for MA and Eligible for COBRA Health Insurance Continuation Payments (Discontinued 6/18/12).
083	MA	Institutionalized Spouse Expected to remain in medical institution for 30 consecutive days- Chronic Care Budgeting used. Regulation 360.14 (c)
084	MA	Inpatient Hospital bills equal to or greater than excess resources combined; with excess income (if applicable). Regulation 360-3
085	MA-SSI Related	Medicare Premium, Co-Insurance and Deductible Only. (SLIMB/QMB) Regulation 360-3.

WORKER'S GUIDE TO CODES

5.1-6

02/14/2015

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

OPENING CODES – MA (MA: REAS - 241) (cont'd)

CODES USED UNTIL 02/20/2012 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
086	MPE	Based on your need for home care services, you have been determined presumptively eligible for a maximum period of 60 days. Regulation 360-3
087	MPE	Based on your pregnancy, you have been determined presumptively eligible for Medical Assistance for a maximum period of 45 days. Regulation 360-3
088	All	Disabled child/children receiving medical/nursing care at home. Regulation 360-3
089	FA/SNFP	Beginning of extension of eligibility for MA after finding of ineligibility for PA resulting from loss of 30 + 1/3 or \$30 disregard. (Discontinued 6/18/12)
090	FA/SNFP	Beginning of four-month extension of eligibility for MA after finding of ineligibility for FA resulting from employment or receipt of support. (Discontinued 6/18/12)
091	FA/SNFP SSI Related	Medical bills equal to or greater than excess income. Regulation 360-4.8 (c)
092	MA- SSI	SSI recipient not yet appearing on SDX determined eligible for MA-SSI Regulation 360-3
094	All	Medical need – no recent change in financial circumstances Regulation 360-3
095	All	Administrative Regulation 360-3
096	All	Determined MA Eligible using Expanded Eligibility Criteria Case contains excess resources, excess income or both (096 replaced 039) Regulation 360-3
506	QI1	Qualified Individual Opening code for Qualified Individuals - QI1
169	MPE	Presumptive Eligibility for Children (Manual Notice) Regulation SSL 364-I (4) (a-e)
467	FHP/PAP	Premium Assistance Program-Eligible Single/Childless Couple MA 369-ee
468	FHP/PAP	Premium Assistance Program-Parents at Case Level MA 369-ee
474	FHP/PAP	Premium Assistance Program-Parents and Expanded Eligibility Children MA 369-ee
670	MBI-DBG	Medicaid Buy - In (Disabled Basic Group) Eligible at or below 150% Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law
671	MBI-MI	Medicaid Buy - In (Medically Improved) Eligible at or below 250% but greater than 150% Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law

WORKER'S GUIDE TO CODES

5.1-7

10/18/2015

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

OPENING CODES – MA (MA: REAS - 241) (cont'd)

CODES USED AFTER 02/20/2012

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
856	FHP	Transition of MA/FHP Eligibility, (Upstate to NYC)(System Generated) A Medical Assistance/Family Health Plus case will be opened. Regulation 18NYCRR Sections 351.2 (g)(1) and 360-4.8 (b) 364-j and 369-ee of SSL
H92	FHP-PAP	Premium Assistance Program-Eligible Single/Childless Couple MA 369-ee
H93	FHP-PAP	FHPlus-PAP with Combo Coverage, Parents and Expanded Eligibility Children 18 NYCRR 360-2.2(d)(2), 360-4.7 and 360-4.7 and 360-4.8 and SectionSSL

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)**OPENING CODES – SNAP (FS: REAS - 231)**

<u>CODE</u>	<u>REASON</u>
064	Eligible as a result of Hurricane Katrina or Hurricane Irene.
A32	1st month prorate - applied before the 16th. (Discontinued 10/20/08.)
A33	1st month prorate - applied after the 15th. (Discontinued 10/20/08.)
A36	FS approval - first month denied, eligible in succeeding months. (Discontinued 10/20/08.)
A39	FS approval - NYSNIP. (Discontinued 10/20/08.)
A40	FS approval - Group Home Standardized Benefit (GHSB). (Discontinued 06/22/09.)
A42	FS approval - NYSNIP: 1st month prorated; applied before the 16th. (Discontinued 10/20/08.)
A43	Approval - NYSNIP 1st month prorate - applied after the 15th. (Discontinued 10/20/08.)

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222)

CODES USED UNTIL 11/21/05

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
057	ALL	Failure of All Household Members to Apply
109	ALL	Diverted from PA by Agency/Contractor Efforts
118	SNCA/SNNC	Failed to Comply with the Automated Finger Imaging System (AFIS) Requirements
119	ALL	Duplicate Assistance Within NYS (This Code is Used when there has been an Automated Finger Imaging Match (AFIS))
122	FA/SNFP	Failed to Comply with the Automated Finger Imaging System (AFIS)
123	SNCA/SNNC	Non-Qualified Alien Emergency Medical Condition - Excess Income (SNCA/SNNC Related)
124	SNCA/SNNC	Non-Qualified Alien Emergency Medical Condition - Excess Resources (SNCA/SNNC Related)
125	FA/SNFP	Non-Qualified Alien - Emergency Medical Condition - Excess Income and Resources (FA/SNFP Related)
126	FA/SNFP	Qualified Alien Five Year Ban - Emergency Medical Condition Excess Income (FA/SNFP Related)
127	FA/SNFP	Qualified Alien Five Year Ban - Emergency Medical Condition Excess Resources (FA/SNFP Related)
201	ALL	Excess Income
202	SNCA/SNNC	Excess Income
205	ALL	Excess Resources (Includes Lump Sum Payments)
206	SNCA/SNCC	Excess Resources (Includes Lump Sum Payments)
220	ALL	Undocumented Alien
225	ALL	Non Resident
230	ALL	Failure to Sign a Treatment Program Consent Form
231	ALL	Recovery, Lien Assignment Homestead

WORKER'S GUIDE TO CODES

5.1-10

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

CODES USED UNTIL 11/21/05 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
240	ALL	Refuses to Register or Seek Work
245	ALL	Failed to Keep EVR Appointment
246	ALL	Ineligible Based on EVR Evaluation
250	ALL	Refuses Other Source of Employment Offered
255	ALL	Refuses to Accept Training or Education
265	ALL	Unable to Locate
270	ALL	Moved Out of District
275	ALL	Death Before Determination: No Outstanding Medical Bills
276	ALL	Death Before Determination: Outstanding Medical Bills
277	SNCA/SNNC	Non-Compliance with Outpatient Rehabilitation Program for Alcohol or Substance Abuse - (HH=1)
282	ALL	Fleeing Felon - Probation or Parole Violator
283	ALL	Failure to Comply With Drug/Alcohol Screening
284	ALL	Minor Failed to Complete High School Education
285	ALL	Other
286	ALL	Other
290	SNCA/SNNC	Transferred Property for Purpose of Qualifying for Assistance
291	ALL	Refused to Provide Information: Employer Group Health Insurance Plan
292	ALL	Refused to Enroll in Employer Group Health Insurance Plan
293	ALL	Refused to Provide Information: Other Than Employer Health Insurance Plan.
294	ALL	Refused to Enroll in Other Than Employer Based Group Health Insurance Plan
307	ALL	Receiving Multiple Benefits
308	FA/SNFP	Refused Offer of a Home

WORKER'S GUIDE TO CODES

5.1-11

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

CODES USED UNTIL 11/21/05 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
319	ALL	Other
360	ALL	Duplicate Assistance Within NYS
361	ALL	Duplicate Assistance - Interstate
521	ALL	6 Month 1st Offense – Less Than \$1,000 (HH=1) - MANUAL NOTICE
522	ALL	12 Months 2nd Offense-Less Than \$3,900 (HH=1) - MANUAL NOTICE
523	ALL	12 Months 1st Offense Between \$1,000 & \$3,900 - (HH=1)
524	ALL	18 Months if 3 rd Offense - (HH=1)
525	ALL	18 Months if 1st Offense More Than \$3,900 - (HH=1)
526	ALL	18 Months if 2 nd Offense More Than \$3,900 - (HH=1)
527	ALL	5 Years 4 th or Subsequent Offense - (HH=1)
528	ALL	Court Ordered Disqualification – (HH=1)
625	ALL	Failed to Furnish or Apply for a Social Security Number

WORKER'S GUIDE TO CODES

5.1-12

02/19/2017

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 222) (cont'd)

CODES USED AFTER 11/21/05

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F12	ALL	Failed to Apply for SSI (HH=1). (Discontinued 06/21/10).
F35	ALL	Fleeing Felon/Probation-Parole Violator (HH=1). (Discontinued 10/20/08).
F44	ALL	Fail to Comply with Drug/Alcohol Screening (HH=1). (Replaced by P44 on 02/16/2010)
F45	ALL	Fail to Comply with Drug/Alcohol Assessment (HH=1). (Replaced by P45 on 02/16/2010)
F46	ALL	Fail to Comply with Drug/Alcohol Release Information (HH=1). (Replaced by P46 on 02/16/2010)
F53	ALL	Refusal by Parent to Apply for Child
F98	ALL	Client Request Childcare in Lieu of TA - PA Only
FX1-3	ALL	Failed to Take Part in Rehab (HH=1) (Replaced by MX1-3 on 02/16/2010)
G44	ALL	Probation Violator. (Discontinued 10/19/09)
G45	ALL	Parole Violator. (Discontinued 10/19/09)
M40	ALL	Intentionally provided incorrect information. (Discontinued 2/17/13)

WORKER'S GUIDE TO CODES

5.1-13

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

REJECTION CODES – MA (MA: REAS - 241)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
103	FHP	Excess Income - Single/Childless Couples, including 19-20 Years Old <i>Not</i> Living w/Parents
104	FHP	Excess Income - Parents, Including 19-20 Years Old Living w/Parents
105	FHP	Receipt of Equivalent Health Insurance
112	ALL	Incorrect/Fraudulent Social Security Number (HH=1)
113	MA	Excess Income Child 6 to 18 Above 100% FPL (Non CNS)
123	MA	Deny Medical Emergency and MA Exc Inc/Res Non-Immigrant/ Undocumented Immigrant FP
124	MA	Over Resources
125	MA	Over Income and Resources
126	ALL	Deny MA Excess Income/Resources Non-Immigrant/Undocumented Immigrant Medical Emergency (SCC)
127	MA	Over Resources (SCC)
128	MA	Deny MA/FHP Non-Immigrant/Undocumented Immigrant No Medical Emergency
129		Deny Qualified Alien – 5 Year Ban – No Emergency
134	ALL	Qualified Individual (QI - 1) Over Income NYC Only
163	MA	Excess Income & Resources Child 6 to 18 above 100% FPL
164	FHP	FHP Excess Resources (NYC)
167	FHP	FHP Excess Income/Resources (NYC)
168	FHP	Deny FHP - Public Employee
200		Failure to keep appointment for eligibility interview
201	ALL	Excess Income MA - SSI Related
202	MA/SNCA/ SNNC	Excess Income
205	FA/SNFP	Excess Resources - SSI Related - Under 21

WORKER'S GUIDE TO CODES

5.1-14

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

REJECTION CODES – MA (MA: REAS - 241) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
206	SNCA/SNNC	Excess Resources
217	SNCA/SNNC	Failed Gross Income Test
218	ALL	Failed to provide documentation to establish eligibility
219	ALL	Refused to furnish or apply for a Social Security number
220	MA	Deny MA/FHP Failure to Provide Proof of Citizenship, Identity and/or Current Immigration Status
225	ALL	Not a Resident of District
230	ALL	Assignment of Property
235		Persons Under 21 – Legally Responsible Relative
247	ALL	Referred for Assistance
265	ALL	Unable to Locate
270	ALL	Moved Out of District
275	ALL	Death before Determination
283		Failure to comply with drug/alcohol screening
285	ALL	Other
289	ALL	Refused other benefits that would reduce or eliminate need for Medical Assistance
290	ALL	Transferred property for the purpose of qualifying for assistance
291	ALL	Refused to provide information on an employer sponsored group health insurance plan
292	ALL	Refused to enroll in an employer sponsored group health insurance plan.
293	ALL	Refused to provide information on other than an employer sponsored group health insurance plan.
294	ALL	Refused to enroll in an other than an employer sponsored group health insurance plan.

WORKER'S GUIDE TO CODES

5.1-15

06/19/2016

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

REJECTION CODES – MA (MA: REAS - 241) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
296	ALL	Retroactive Eligibility (for Payment of Bills Offline)
297	ALL	Duplicate Application
298	ALL	Eligible for Cash Assistance
299	ALL	No Presumptive Eligibility
307	ALL	Receiving Multiple Benefits
354	FHP	Excess Income of Parents and Children
357	FHP	Failure to Provide FHP Plan and Provider Selection Form
381	MBI-WPD	Ineligible Excess Income above 250% of FPL
382	MBI-WPD	Ineligible Excess Resources
383	MBI-WPD	Ineligible Excess Income above 250% of FPL and Excess Resources
886		QI1 Fund Exhausted
887		QI1 Over Income
E06	MA	Deny MA Non-Immigrant/Undocumented Immigrant No Medical Emergency (HH=1)
E61	ALL	Not a Resident of District (New York City)
F32	MA	Deny MA Excess Income Child 6 to 18
F55	MA	Deny MA Excess Income, Child Age 1-5 (NYC)
F56		Deny Child age 1-5, Excess Income and Excess Resource - (Manual Notice Required)

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)**REJECTION CODES – SNAP (FS: REAS - 231)**

<u>CODES</u>	<u>VALUE</u>
119	Duplicate Assistance within NYS - AFIS
122	Failure to comply with Finger Imaging Requirements.
214	Death of all household members.
223	Institutionalization of only Applicant.
224	Combined with other PA/FS Case.
226	Combined with other NPA/FS Case.
227	Income exceeds allowable maximum.
228	Rejected as a result of WRS/UIB clearance.
229	Failure to resolve Computer Match Discrepancy.
237	Resources exceed allowable maximum.
238	Refusal to verify income.
239	Refusal to verify residence.
248	Refusal to verify resources.
249	Refusal to verify household size.
254	Refusal to verify Citizenship/Alien Status.
257	Refusal of case head to verify identity.
258	Failure to report to Application Interview.
259	Refusal to verify questionable information.
262	Failure to comply with Food Stamp work registration.
263	Voluntary Quit
264	Refusal to apply for SSN.
266	Already Active
267	Moved out of NYC

WORKER'S GUIDE TO CODES

5.1-17

02/21/2016

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

REJECTION CODES – SNAP (FS: REAS - 231) (cont'd)

<u>CODES</u>	<u>VALUE</u>
268	Whereabouts Unknown.
273	Other
355	Ineligible Alien
356	Ineligible Alien for Food Assistance Program
F35	Fleeing Felon/Parole Violator (HH=1). (Discontinued 10/20/08.)
F95	Alien Ineligible for Food Assistance Program (FAP), (HH=1). (Discontinued 10/18/10)
G44	Probation Violator. (Discontinued 10/19/09)
G45	Parole Violator. (Discontinued 10/19/09)
M88	Failure to Comply with the Automated Finger Imaging System (AFIS) Requirements, Not Homebound or Group Home Resident (Discontinued 6/18/12)
M99	Duplicate Assistance (AFIS) in NYS (HH=1) (Discontinued 10/22/12)
WE1	Failure to Comply with Employment Requirements, 1st Occurrence (HH=1)
WE2	Failure to Comply with Employment Requirements, 2nd Occurrence (HH=1)
WE3	Failure to Comply with Employment Requirements, 3rd and Subsequent Occurrence (HH=1)

WORKER'S GUIDE TO CODES

5.1-18

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – PA (PA: REAS - 222)

CODES USED UNTIL 12/04/00

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
025	ALL	Died. FS disc, MA disc.
026	FA	Increased Earnings of Father. FS cont'd, MA cont'd.
027	FA	Increased Earnings of Mother. FS cont'd, MA cont'd.
031	FA	Increased Earnings of Mother (BCS). FS cont'd, MA cont'd
032	ALL	Increased Earnings of husband or wife. FS cont'd, MA cont'd.
041	SNCA	Increased Earnings of husband or wife. FS cont'd, MA disc.
042	ALL	Increased Earnings of person living in your home. FS cont'd, MA disc.
051	FA	Employment / Increased Earnings of dependent child. FS cont'd, MA cont'd.
052	ALL	Employment through Division Employment Services. FS cont'd, MA cont'd.
053	FA	Parent returned to former job. FS cont'd, MA cont'd.
054	FA	Parent returned to former full time employment. FS cont'd, MA cont'd.
056	FA	Employment Income / Increased Earnings. FS cont'd, MA cont'd.
058	FA/SNCA	Household members that must be included in case refuse to apply. FS cont'd, MA cont'd.
100	FA	Employment through NY State Employment Service. FS cont'd, MA cont'd.
110	FA	Parent now employed full time thorough NYSES. FS cont'd, MA cont'd.
116	ALL	Refused to sign Learnfare authorization form for DSS. FS cont'd, MA cont'd.
120	FA	Parent secured job Employment Income. FS cont'd MA cont'd.
130	FA	Parent was employed part time have returned to full time.
137 ²	ALL	Your emergency financial needs. FS disc, MA N/A.
140	FA	Parent returned to the home and is providing support. FS cont'd, MA cont'd.
141	FA	Office of Child Support Enforcement located parent in household. FS cont'd, MA cont'd
142	ALL	Client did not cooperate with the Quality control Reviewer. FS cont'd, MA cont'd.
143	ALL	In Violation of parole, probation or fleeing to avoid prosecution.FS disc, MA cont'd.
144	ALL	Client did not take part in or complete the alcohol/substance abuse screening requirement. FS cont'd, MA disc.
145	ALL	Client did not take part in or complete the alcohol/substance abuse assessment requirement. FS cont'd, MA disc.
146	ALL	Client did not sign or revoked the consent for the release of treatment information to this department. FS cont'd, MA disc.
147	ALL	Less than 18, unmarried, has child at least 12 weeks failed to participate in program to attain H.S. diploma. FS cont'd, MA cont'd.
148	ALL	Client did not cooperate with the Quality control reviewer. FS cont'd, MA disc.
149	ALL	H/H member 60 or older no longer in H/H resource limit lower. FS disc, MA cont'd.
150	FA	Married and receiving sufficient support. FS cont'd, MA cont'd
151	SNCA	Minor less than 18 years old, unmarried, pregnant or residing with and providing care for a minor dependent child. Ineligible for self and dependent child by refusing to live in an approved, suitable housing arrangement. FS cont'd, MA disc.
152	ALL	Agency has investigated and rejected the claim that the home would jeopardize the health and safety of minor less than 18 years old, unmarried, pregnant or residing with and providing care for a minor dependent child. Ineligible unless minor and child reside in an approved suitable living arrangement. FS cont'd, MA disc.
153	ALL	Client fraudulently misrepresented identity or residence to receive multiple public assistance benefits at the same time. Ineligible to receive public assistance and food stamp benefits for 10 years. FS disc, MA cont'd.
154	ALL	A minor was absent form the home for 45 days or more DSS not notified in the first 5 days (H/H=1). FS cont'd, MA cont'd.

WORKER'S GUIDE TO CODES

5.1-19

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODES USED UNTIL 12/04/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
155	ALL	Minor less than 18 years old, unmarried, pregnant or residing with and providing care for a minor dependent child. Ineligible for self and dependent child by refusing to live in an approved, suitable housing arrangement. FS cont'd, MA cont'd.
156	ALL	Agency has investigated and rejected the claim that the home would jeopardize the health and safety of minor less than 18 years old, unmarried, pregnant or residing with and providing care for a minor dependent child. Ineligible unless minor and child reside in an approved suitable living arrangement. FS cont'd, MA cont'd.
158	SNFP	Failed to provide verification of income and/or resources from a grandparent who is legally responsible for a person on the case. FS cont'd, MA cont'd.
159	SNFP	Failed to provide verification of income and/or resources form a stepparent who is legally responsible for a person on the case. FS Cont'd, MA cont'd.
160	FA	Child support from father sufficient to meet needs. FS cont'd, MA cont'd.
161	FA	Increased support from legally responsible relative. FS cont'd, MA cont'd.
162	ALL	In possession of assets that exceed allowable PA & FS amount. FS disc, MA cont'd.
170	ALL	Sufficient support from relative or friend living outside home. FS cont'd, MA cont'd.
173	ALL	Refused to provide info on employer group health insurance plan. FS cont'd, MA disc.
174	ALL	Refused to enroll in employer group health plan. FS cont'd, MA disc.
175	ALL	Refused to provide info on other than employer health plan. FS cont'd, MA disc.
176	ALL	Refused to enroll in other than employer health plan FS cont'd, MA disc.
181	SNCA	Unemployment Insurance Benefits sufficient to meet needs. FS cont'd, MA disc.
180 ¹	FA	Unemployment Insurance Benefits sufficient to meet needs.FS cont'd, MA cont'd.
185 ²	ALL	Client's identity matches another person who is receiving public assistance in New York State. FS disc, MA disc.
186 ²	ALL	Client's identity matches another person who is receiving public assistance in New York State (AFIS). FS disc, MA disc.
187	SNCA	Refused to comply with finger imaging requirements (HH>1). FS disc, MA disc
188	SNCA	Refused to comply with finger imaging requirements (HH=1). FS disc, MA disc
189	FA	Client and or another adult member of H/H refused to comply with finger imaging requirements. FS disc, MA cont'd.
203	ALL	Income from Military Service Education Benefits is sufficient. FS cont'd, MA cont'd
204	FA	Income from Military Service Allotment is sufficient. FS cont'd, MA cont'd.
207	ALL	Sufficient Social Security Benefits to meet budgetary needs. FS cont'd, MA cont'd.
208	FA	Income from Military Service or Federal pension is sufficient. FS cont'd, MA cont'd.
209	FA	Income from Military Service or Federal Service Life insurance. FS cont'd, MA cont'd.
210	ALL	Income from Railroad Retirement Benefits is sufficient. FS cont'd, MA cont'd.
211	ALL	Income from Worker's Compensation is sufficient. FS cont'd, MA cont'd.
212	ALL	Income from New York State Disability Benefits is sufficient. FS cont'd, MA cont'd.
213	FA	Income from City or State Civil Service Pension is sufficient. FS cont'd, MA cont'd.
215	ALL	Income from Supplemental Security Income is sufficient. FS cont'd, MA cont'd.
216	FA	Pension received from a Non-Governmental Program is sufficient. FS cont'd, MA cont'd.

WORKER'S GUIDE TO CODES

5.1-20

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODES USED UNTIL 12/04/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
221	SNCA	Pension received from a Non-Governmental Program is sufficient. FS cont'd, MA disc.
222	FA	Life Insurance Benefits sufficient to meet budgetary needs. FS cont'd, MA cont'd.
232	FA	Inherited Money or Property sufficient to meet budgetary \$1,000. FS cont'd, MA cont'd
233	FA	Income from Lodger (s) and/or Boarder/Lodger (s) is sufficient. FS cont'd, MA cont'd
234	ALL	Increased support from person living in home sufficient. FS cont'd, MA cont'd.
235	ALL	Pension received from a person living in home sufficient. FS cont'd, MA cont'd.
236	ALL	Funds from a legal settlement you receive from person in home. FS cont'd, MA cont'd.
242	ALL	Requested your case be closed. FS cont'd, MA cont'd.
243	FA	Requested your case be closed (Bureau Child Support). FS disc, MA cont'd.
251	SNCA	Refused other source of employment offered.
252	ALL	Bank account amount exceeds maximum permitted for PA \$1,000. FS cont'd, MA cont'd.
253	SNCA	Bank account amount exceeds maximum permitted for PA \$1,000. FS disc, MA disc.
260	FA	Decrease in expenses income is sufficient to meet needs. FS cont'd, MA cont'd.
261	SNCA	Decrease in expenses income is sufficient to meet needs. FS cont'd, MA disc.
271	ALL	Gross semi-monthly income exceeds 185% of State standard. FS cont'd.
274 ²	ALL	Failed to keep initial application appointment (Used to close an immediate needs case that has been opened with opening code 033). FS Closed.
280	SNCA	Reclassified from FA to SN not eligible for FA exemptions. FS cont'd, MA cont'd.
281	SNCA	Reclassified from FA to SN not eligible for FA exemptions. FS cont'd, MA disc.
287	SNFP/SNCA/ SNNC/FA	Failed to keep EVR appointment (manual notice). FS disc, MA disc.
288	SNFP/SNCA/ SNNC/FA	Ineligible based on EVR evaluation (manual notice). FS disc.
295 ²	ALL	Client did not return to complete interview (Used to close an immediate needs case that has been opened with opening code 033). FS Closed.
301	SNCA	Income from Military Service or other Federal pension. FS cont'd, MA disc.
302	SNCA	Failed to sign consent form regarding substance abuse. FS cont'd, MA disc.
304	SNCA	Income from Military Service Allotment Benefits is sufficient. FS cont'd, MA disc.
305	ALL	Clients identified as receiving public assistance in another state. FS disc, MA disc.
313	SNCA	Income from City or State Civil Service Pension is sufficient. FS cont'd, MA disc.
320	FA	Arithmetical recomputation resulted in correction of budget. FS cont'd, MA cont'd.
321	SNCA	Arithmetical recomputation resulted in correction of budget. FS cont'd, MA disc.
331	SNCA	Life Insurance Benefits sufficient to meet budgetary needs. FS cont'd, MA disc.
332	SNCA	Inherited Money or Property sufficient to meet budgetary needs. FS cont'd, MA disc.
333	SNCA	Income from Lodger (s) and/or Boarder/Lodger (s) is sufficient. FS cont'd, MA disc.
441 ³	SNCA	Output Code for code 815, 3rd offense results in a 180-day sanction.
442 ³	SNCA	Output Code for code 825, 2nd offense results in a 150-day sanction.
446	SNCA	Output Code for code 539, 2nd offense results in a 150-day sanction.
447 ²	SNCA	Refused to accept or complete a job placement referred by OES. FS cont'd.
449 ³	SNCA	Output Code for code 568, 3rd offense results in a 180-day sanction.

WORKER'S GUIDE TO CODES

5.1-21

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODES USED UNTIL 12/04/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
448 ²	SNCA	Refused to accept or complete On The Job Training in TEAP. FS cont'd.
460 ²	FA	Adult relative eligible to receive payments in ADC left household.FS cont'd, MA cont'd.
470	FA	Child for whom you receive payments in ADC has left household.FS cont'd, MA cont'd
471	FA	Only dependent Child is 19 not eligible for assistance in household. FS cont'd, MA cont'd
472	FA	Children are 18 will not graduate HS before 19 ineligible for ADC.FS cont'd, MA cont'd
500	ALL	Failed to keep appointment with Bureau of Client Fraud. FS cont'd, MA disc.
501	ALL	Failed to provide information concerning Social Security Benefits. FS cont'd, MA disc.
502	ALL	Failed to provide documents to establish proof of birth. FS cont'd, MA disc.
503	ALL	Failed to furnish pay stub to recompute your current needs. FS cont'd, MA disc.
504	ALL	Failed to keep an appointment with Income Support Center.
507	ALL	Failed to file a petition with the family court requesting support. FS cont'd, MA disc.
508	ALL	Failed to keep appointment with Office of the Inspector General. FS cont'd, MA disc.
509	SNCA	Failed to pursue your claim for SSI benefits. FS cont'd, MA cont'd.
510	ALL	Failed to comply with policy regarding assignment of your property.FS & MA cont'd.
511 ³	SNCA	Failed to report to a HR/FS JOB Search Scheduled Appointment. (Initial occurrence 90 Day Sanction). FS disc.
512 ³	SNCA	Output Code for code 511, 2nd offense results in a 150-day sanction.
513 ³	SNCA	Output Code for code 511, 3rd offense results in a 180-day sanction.
514 ³	SNCA	Output Code for code 815, 2nd offense results in a 150-day sanction.
516	SNCA	Output Code for code 817, 2nd offense results in a 150-day sanction.
517	SNCA	Output Code for code 817, 3rd offense results in a 180-day sanction.
518 ³	SNCA	Output Code for code 544, 2nd offense results in a 150-day sanction.
519 ³	SNCA	Output Code for code 544, 3rd offense results in a 180-day sanction.
530 ³	SNCA	Failed to report to a HR JOB Search Scheduled appointment. (Initial occurrence 90 Day Sanction).
539 ³	SNCA	Refused to accept or complete a vocational training program referred by OES (90-day sanction). FS cont'd.
544 ³	SNCA	Failed to cooperate with a training program referred by NYS Job Service (90-day sanction) FS cont'd.
545 ³	SNCA	Failed to provide at the HR/FS JOB Search appointment a completed Job Search Handbook. (Initial Occurrence 90-Day Sanction). FS disc.
546 ³	SNCA	Output Code for code 545, 2nd offense results in a 150-day sanction.
547 ³	SNCA	Output Code for code 545, 3rd offense results in a 180-day sanction.
549 ³	SNCA	Output Code for code 821, 3rd offense results in 180-day sanction.
551 ²	SNCA	Output code for code 447, 2nd offense results in a 150-day sanction.
552 ²	SNCA	Output code for code 447, 3rd offense results in a 180-day sanction.
553	FA	Failed to accept employment referred by BEGIN. FS cont'd, MA cont'd.
556 ²	SNCA	Output code for code 448, 2nd offense results in a 150-day sanction.
558 ³	SNCA	Output Code for code 530, 2nd offense results in a 150-day sanction.

WORKER'S GUIDE TO CODES

5.1-22

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODES USED UNTIL 12/04/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
559 ²	SNCA	Output code for code 448, 3rd offense results in a 180-day sanction.
560 ³	SNFP/SNCA/ SNNC	Failed to keep appointment scheduled by OES cooperate with their efforts to place you in a job or training (90 Day Sanction). FS disc.
561	FA	Refused to accept or complete training in BEGIN. FS disc, MA cont'd.
562	ALL	Refused to accept or complete training in NYSESP. FS disc, MA cont'd.
563 ³	SNCA	Output Code for code 530, 3rd offense results in a 180-day sanction.
564	ALL	Refused to accept or complete training in Wildcat. FS cont'd, MA cont'd.
565 ³	SNFP/SNCA/ SNNC	Output Code for code 560, 2nd offense results in a 150-day sanction.
566 ³	SNFP/SNCA/ SNNC	Output Code for code 560, 3rd offense results in a 180-day sanction.
568 ³	SNCA	Failed to have a medical evaluation to determine eligibility and participate in OES (90-day sanction). FS cont'd.
569 ³	SNCA	Output Code for code 568, 2nd offense results in a 150-day sanction.
571	ALL	Failed to keep appointment for photo identification card. FS cont'd, MA cont'd.
572	ALL	Failed to submit referral form indicating application for Social Security or Supplemental Security Income. FS cont'd, MA disc.
573	ALL	Client did not pick up four consecutive Public Assistance payments. FS disc, MA disc.
574	ALL	Failed to report for recertification interview. FS disc, MA disc.
575	ALL	In possession of assets which exceed allowable PA amount. FS cont'd, MA cont'd.
576	ALL	Receiving Public Assistance on more than one case. FS disc, MA disc.
577	SNCA	Failed to report for scheduled medical examination at HSS. FS cont'd, MA cont'd.
578 ⁴	ALL	Failed to keep appointment with Income Support Center or OES to evaluate employability status. FS cont'd, MA disc.
579	ALL	Failed to submit information to determine continuing eligibility of child who has reached age 16,17, 18, 19, 20, 21. FS cont'd, MA cont'd.
583	ALL	Failed to return with Face to Face request documentation. FS disc, MA disc.
584	ALL	Refused or failed to provide complete and consistent information to establish that funds in a savings account constitute a permissible reserve. FS disc, MA disc.
585	ALL	Refused to provide complete information relating to savings account. FS & MA disc.
587	ALL	Failed to keep at home scheduled interview arranged by appointment letter to discuss continuing eligibility for Public Assistance, Food Stamps and Medicaid. A second letter was left at the home scheduling another appointment at IM center. Failed to appear for this interview. FS disc, MA disc.
588	FA	Client did not cooperate with the Quality control Reviewer. Client given more than one chance to cooperate. Client did not give a good reason why they did not cooperate. FS cont'd.
589 ²	ALL	Income from Increased employment earnings is sufficient. FS disc, MA disc.
592	ALL	Client failed to comply/cooperate with the Eligibility Verification Review (EVR). Did not respond to notification to contact EVR. FS disc, MA disc.
593 ²	ALL	Failed to return the Quarterly Status Report. FS disc, MA cont'd.
594	ALL	Failed to provide information/documentation requested to evaluate continuing eligibility for Public Assistance, Medicaid, and Food Stamps. FS disc, MA cont'd.
595	ALL	Failed to complete and or return the request for information about employment earnings. FS disc, MA disc

WORKER'S GUIDE TO CODES

5.1-23

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODES USED UNTIL 12/04/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
596	ALL	Refused to comply/cooperate with Eligibility Verification Review. FS disc, MA disc.
597 ³	SNCA	Failed to provide at the HR JOB search appointment a completed JOB Search Handbook. (Initial Occurrence 90-day sanction).
598 ³	SNCA	Output Code for code 597, 2nd offense results in a 150-day sanction.
599 ³	SNCA	Output Code for code 597, 3rd offense results in a 180-day sanction.
600 ²	SNNC	Agency's information as of DATE client has been admitted to a private institution. FS disc, MA disc.
601 ³	SNCA	Output Code for code 825, 3rd offense results in a 180-day sanction.
610 ²	SNNC	Agency's information as of DATE client has been admitted to a public institution. FS disc, MA disc.
611	ALL	Other Reasons. Specify reason. FS cont'd, MA disc.
612	ALL	Other Reasons. FS disc, MA disc.
624	ALL	Member of H/H who does not want public assistance, but whose needs or income is being used to determine H/H continuing eligibility failed to furnish or apply for Social Security number. FS cont'd, MA cont'd.
630 ²	SNNC	Agency's information as of DATE client has been admitted to a penal correctional institution. FS disc, MA disc.
750	ALL	Agency's information as of DATE clients needs are being included in the grant of another person in the home receiving the same type of assistance. FS disc, MA disc.
761	ALL	Client is receiving assistance in a Foster Care Program. FS cont'd, MA disc.
762	ALL	Client is receiving assistance in a Shelter Care Program. FS cont'd, MA disc.
763	ALL	Client is receiving assistance from a Private Agency. FS cont'd, MA cont'd.
803 ³	SNCA	Output Code for code 829, 2nd offense results in a 150-day sanction.
807 ³	SNCA	Output Code for code 829, 3rd offense results in a 180 day sanction
809 ³	SNCA	Failed to adhere to WEP sponsor agency's rule. FS cont'd.
811 ³	SNCA	Output Code for code 809, 3rd offense results in a 180-day sanction.
815 ³	SNCA	Failed to report to the NYS Job Service (90 day sanction). FS cont'd.
817	SNCA	Failed to report to an employer referred by NYS Job Service (90-day sanction). FS cont'd.
819 ³	SNCA	Output Code for code 539, 3rd offense results in a 180-day sanction.
821 ³	SNCA	Refused to accept or complete an educational training program referred by OES (90-day sanction). FS cont'd.
823 ³	SNCA	Output Code for code 821, 2nd offense results in a 150-day sanction.
824	ALL	Failed to appear at a private employer referred by Division of Employment Services. FS cont'd, MA cont'd.
825	SNCA	Failed to report to an employer referred by NYS Job Services. FS cont'd.
828	SNFP/SNCA/ SNNC	Voluntarily terminated employment, reduced earning capacity, failed to furnish sufficient information to show that you did so for a purpose other than qualifying for continued or increase Public Assistance. May reapply in 75 days. FS disc, MA cont'd.
829 ³	SNCA	Failed to report/cooperate with the Work Experience Program Intake Section. (90-day sanction). FS cont'd.
831	SNCA	Failed to attend a treatment program for drugs or alcohol. FS cont'd, MA cont'd.
832	SNCA (18-21	Failed to attend a treatment program for drugs or alcohol. FS cont'd, MA cont'd.
833	SNCA	Failed to respond to request for written confirmation of participation in appropriate drug or alcohol abuse program. FS cont'd, MA cont'd.

WORKER'S GUIDE TO CODES

5.1-24

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODES USED UNTIL 12/04/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
834	SNCA (18-21)	Failed to respond to request for written confirmation of participation in appropriate drug or alcohol abuse program. FS cont'd, MA cont'd.
835 ³	SNFP/SNCA/ SNNC	Agency's information as of DATE is that the client failed to keep an appointment with the Substance Abuse Case control worker to evaluate participation in an appropriate rehabilitation program, (HH=1). FS cont'd, MA cont'd.
836	SNCA (18-21)	Agency's information as of DATE is that the client failed to keep an appointment with the Drug and Alcohol Abuse Referral Unit to evaluate your participation in an appropriate rehabilitation program. FS cont'd, MA cont'd.
837	SNCA	Agency's information as of DATE is that the client failed to provide medical information needed to determine potential for rehabilitation or return to self support. FS cont'd, MA cont'd.
838	SNCA	Agency's information as of DATE is that the client failed to provide medical information needed to determine their potential for rehabilitation or return to self support. FS cont'd, MA cont'd.
839 ³	SNCA	Output Code for code 809, 2nd offense results in a 150-day sanction.
843 ³	SNCA	Failed to participate in or complete an outpatient alcohol or substance abuse rehabilitation program (45 day sanction). FS cont'd.
844 ³	SNCA	Output Code for code 843, 2nd offense results in a 120-day sanction.
845 ³	SNCA	Output Code for code 843, 3rd offense results in a 180-day sanction.
872 ²	ALL	Client permanently moved to another district within the State. FS disc, MA disc.
875 ³	SNFP/SNCA/ SNNC	Client failed to sign a consent form for release of information regarding outpatient substance abuse treatment. Ineligible to receive public assistance until compliance but no less than 45 days. FS cont'd, MA disc.
876 ³	SNFP/SNCA/ SNNC	Output Code for code 875, 2nd offense results in a 120-day sanction.
877 ³	SNFP/SNCA/ SNNC	Output Code for code 875, 3rd offense results in a 180-day Sanction.
881	ALL	Client has temporarily moved to another district outside the State. FS disc, MA disc.
882	ALL	Client has permanently moved to another district outside the State. FS disc, MA disc.
890	ALL	Clients whereabouts are unknown. FS disc, MA disc.
895	ALL	Other Reasons (To be used only for EVR closings). FS disc, MA cont'd.
896	ALL	Other Reasons. (To be used only for EVR Closings). FS disc, MA disc.
897	ALL	Other Reasons. (To be used only for EVR closings). FS disc, MA cont'd.
900	ALL	After a field investigation, it has been determine that the client is not residing a the address of record. FS disc, MA disc.
911	SNFP	After a field investigation, it has been determine that the client is not residing at the address of record. (To be used only when closing information has been supplied by ACS). FS disc, MA disc.
960 ²	ALL	Case number changed. FS disc, MA disc.
970 ²	ALL	Merged with another suffix. (System Generated). FS disc, MA disc.
974	ALL	Fail to Respond to Computer Match FS Default Code – SYSTEM GENERATED
990	ALL	Other, specify reason. FS cont'd, MA cont'd.

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

NOTES FOR CODES USED UNTIL 12/04/00:

- 1 Used if household contains any person under age 21
- 2 Adequate Notice
- 3 If individual is under 21, MA status is continued. If individual is 21 or older, and the AMP date is less than 11/1/1997, MA status is discontinued. Otherwise, MA continues.
- 4 This code is to be used at originating center OES only and is limited to a household size of 1.

WORKER'S GUIDE TO CODES

5.1-26

02/14/2015

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODES USED AFTER 12/04/00

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E41	FA/SNFP	Voluntary Quit or Reduced Earnings (HH=1)
E50	FA/SNFP	Failed to Return Quarterly Report
E51	FA/SNFP	Failed to Return Quarterly Report - All Questions
E52	FA/SNFP	Failure to Complete Quarterly Report - Signature
E54	FA/SNFP	Failure to Complete Quarterly Report - Dated Early
E81	SNCA/SNNC	Refused Photo ID (HH=1)
E84	SNCA/SNNC	Failure to Sign Lien (HH=1)
F12	ALL	Failure to Apply for SSI (HH=1). (Discontinued 06/21/10)
F19	ALL	Refusal to Cooperate with Quality Control
F35	ALL	Fleeing Felon - Probation or Parole Violator (HH=1). (Discontinued 10/20/08.)
F43	SNCA/SNNC	Failure to Complete -In Patient Rehabilitation
F44	ALL	Failure to Comply with Drug and/or Alcohol Screening (HH=1). (Replaced by P44 on 02/16/2010)
F45	ALL	Failure to Comply with Drug and/or Alcohol Assessment (HH=1). (Replaced by P45 on 02/16/2010)
F46	ALL	Failure to Sign or Revoked the Treatment Informational Consent Form (HH=1) (Replaced by P46 on 02/16/2010)
G12	SNCA/SNNC	Failure to Apply for SSI (HH=1). (Discontinued 06/21/10)
G19	ALL	Refusal to Cooperate with Quality Control (Discontinued 06/18/07)
G44	ALL	Probation Violator
G45	ALL	Parole Violator
G50	SNCA/SNNC	Failed to Return Quarterly Report
G51	SNCA/SNNC	Failed to Complete Quarterly Report - All Questions
G52	SNCA/SNNC	Failure to Complete Quarterly Report - Signature
G53	ALL	Failure to Return Complete Quarterly Report - Proof
G54	SNCA/SNNC	Failure to Complete Quarterly Report - Dated Early

WORKER'S GUIDE TO CODES

5.1-27

02/19/2017

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – PA (PA: REAS - 222) (cont'd)

CODES USED AFTER 12/04/00

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
GX1-3	ALL	Failed to Take Part in Rehabilitation Program (HH=1) (Replaced by PX1-3 on 02/16/2010)
M17	ALL	Failure to Complete Employment Process
M51	SNCA/SNNC	Failed to Complete Quarterly Report - Selected Questions
M53	ALL	Failed to Complete Quarterly Report - Partial Proof
N13	FA/SNFP	Failure to Apply for or Use Benefits or Resources
N45	ALL	Voluntary Quit 1st Occurrence (HH=1) (Discontinued 06/19/2016)
N46	ALL	Voluntary Quit 2nd Occurrence (HH=1) (Discontinued 06/19/2016)
N47	ALL	Voluntary Quit 3rd and Subsequent Occurrences (HH=1) (Discontinued 06/19/2016)
N49	ALL	Refused Offer of a Home (HH=1)
N50	ALL	Refused Offer of a Home - Rejection of Claim
N51	FA/SNFP	Failure to Complete Quarterly Report - Selected Questions
V40	SNCA/SNNC	Excess Resources
V42	SNCA/SNNC	Excess Resources - Failed to Sell Property
V43	SNCA/SNNC	Excess Resources - End of Six Month Period
W24	SNCA/SNNC	Failure to Provide Verification - Stepparent/Grandparent
W25	SNCA/SNNC	Failure to Provide Verification - Filing unit
Y83	ALL	Opened in Error via Newborn Process

WORKER'S GUIDE TO CODES

5.1-28

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241)

DEATH OF RECIPIENT (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
025	ALL	The only person on the case currently in receipt of Medical Assistance is now deceased. (Adequate notice.) 18 NYCRR 360-2.6

WORKER'S GUIDE TO CODES

5.1-29

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CHANGE IN EMPLOYMENT, SUPPORT, OR INCOME (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
026	ADC/ADCU SSI-Related	The employment or increased earnings of the father living in the home exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8
027	ADC/ADCU SSI - Related	The employment or increased earnings of the mother living in the home exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8
031	ADC/ADCU SSI- Related	The employment or increased earnings of the mother living in the home exceed (s) the allowable Medicaid income standard for a household of your size. (To be used only when the closing information has been supplied by the Bureau of Child Support). 189 NYCRR 360-4.6, 360-4.7, 360-4.8
032	HR Families SSI- Related	The employment or increased earnings of yourself or of your husband/wife living in the home exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-1.2 PART 352
041	HR Single Adults/ Couples	The employment or increased earnings of yourself or of your husband/wife living in the home is sufficient to meet the budgetary needs of your family unit. (If the household contains any person under age 21, use code 032.) 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8, 360-1.2, PART 352
120	ADC/ADCU	A parent secured a job and the income from employment exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8
130	ADC/ADCU	The parent who employed part - time is now employed full time and the income from employment exceed (s) the allowable 18 NYCRR 360-4.6, 360-4.7, 360-4.8
140	ADC SSI-Related	The child(ren)'s parent has returned to the home and is providing support which exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8
150	ADC SSI- Related	You have married and are receiving support which exceed(s) the allowable Medicaid income standard for a household of your size 18 NYCRR 360-4.6, 360-4.7, 360-4.8

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CHANGE IN EMPLOYMENT, SUPPORT, OR INCOME (CONT'D) (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
170	ALL	The support you receive from a relative or friend living outside the home exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART352
180	ADC/ADCU HR Families	The Unemployment Insurance Benefits you receive exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART 352
181	HR Single Adults/ Couples	The unemployment Insurance Benefits you receive are sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8, 360-1.2, PART 352
207	ALL	The Social Security Benefits you receive exceed(s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2 PART 352
208	ADC/ADCU HR Families SSI- Related	The income you receive from a Military Service or other Federal pension exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-3.3, 360-4.6, 360-4.7, 360-4.8,360-1.2, PART 352
301	HR Single Adults/ Couples	The income you receive from a Military Service or other Federal pension is sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8, 360-1.2, PART 352
209	ADC/ADCU HR Families SSI-Related	The income you receive from a Military Service or other Federal Service Life Insurance exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2 PART 352
203	ALL	The income you receive from Military Service Education Benefits exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352
302	HR/Single Adults/ Couples	The income you receive from a Military Service or other Federal Service Life Insurance is sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 362-3.8, 360-1.2, PART 352

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CHANGE IN EMPLOYMENT, SUPPORT, OR INCOME (CONT'D) (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
204	ADC/ADCU HR Families SSI Related	The income you receive from a Military Service Allotment exceed (s) the allowable Medicaid income standard for household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART 352
304	HR Single Adult/ Couples	The income you receive from a Military Service allotment exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-3.8, 360-1.2, PART 352
210	ALL	The income you receive from Railroad Retirement Benefits exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352
211	ALL	The income you receive from Worker's Compensation exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3360-1.2, PART 352
212	ALL	The income you receive from New York State Disability Benefits exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352
213	ADC/ADCU HR Families SSI -Related	The income you receive from a City or State Civil Service Pension exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352
313	HR Single Adults/ Couples	The income you receive from a City or State Civil Service Pension is sufficient to meet your budgetary needs 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8,360-1.2 PART 352
216	ADC/ADCU Adults/ Couples	The pension of benefits you receive from a non-governmental program exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352
221	HR Single Adults/ Couples	The pension or benefits you receive from a non- governmental program is sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART 352

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CHANGE IN EMPLOYMENT, SUPPORT, OR INCOME (CONT'D) (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
222	ADC/ADCU HR Families SSI-Related	You have received Life Insurance Benefits which exceed(s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART 352
331	HR Single Adults/ Couples	You have received Life Insurance Benefits sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8, 360-1.2, PART 352
233	HR Single Adults/ Couples	The income you receive from Lodger (s) and/or Boarder/Lodger (s) exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-1.2 PART 352
333	HR Single Adults/ Couples	The income you receive from Lodger (s) and/or Boarder/Lodger (s) is sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8,360-1.2, PART 352
234	ALL	The support or increase in support you receive from a person iving in the home exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2, PART 352
589	ALL	The income you receive from increased employment earnings is sufficient to meet your budgetary needs. (Adequate notice.) 18 NYCRR 360-1.2, 360-2.5, 360-3.3, 360-4.3, PART 352

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

NO CHANGE IN INCOME OR RESOURCES (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
242	ALL	Our information as of _____ is that you have requested that your case be closed. 18 NYCRR 360-2.6
260	ADC/ADCU HR Families SSI-Related	There has been a decrease in your expenses. Your income exceeds allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3, 360-1.2 PART 352
261	HR Single Adults/ Couples	There has been a decrease in your expenses. Your income is now sufficient to meet your budgetary needs. 18 NYCRR 360-4.6, 360-4.7, 360-3.3, 360-3.8, 360-1.2 PART 352
269	ADC/ADCU HR Families	You were entitled to the first \$30 and one- third of the remainder income disregard for four months. That period has expired and the amount formerly dis-regarded will now be counted in your income. Therefore, your income exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.2,360-1.2 PART 352
271	HR	Federal and state law provides that if your gross monthly income exceed s 185% of the state standard of need you will no longer meet the Public Assistance eligibility standard which is a requirement for Medical Assistance eligibility. The monthly standard of need for your household is \$ (specify) but your monthly gross income is \$(specify) which is more than 185% of the standard of need. Accordingly, you are no longer eligible for assistance. 18 NYCRR 352.18 (a), 360-1.2, 360-3.3, 360-3.8
272	ADC/ADCU HR Families	You were entitles to a \$30 monthly earned income disregard for twelve months. That period has expired and the amount formerly disregarded. Will now be counted in your income. Therefore, your income exceed (s) the allowable Medical income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.7, 360-4.8, 360-3.3,360-1.2, PART 352

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CHANGE IN SITUATION CAUSING ELIGIBILITY (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
320	ALL	An arithmetical recomputation has resulted in a correction of your budget. Your income exceed (s) the allowable Medicaid income standard for a household of your size. 18 NYCRR 360-4.6, 360-4.8, 360-3.3, 360-1.2, PART 352

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (USED UNTIL 12/13/93)

CODE CATEGORY REASON

173	ALL	You refused to provide information on your employer group health insurance plan. 18 NYCRR 360-3.2
174	ALL	You refused to enroll in your employer group health insurance plan. 18 NYCRR 360-3.2
175	ALL	You refused to provide information on other than employer based group health insurance plan. 18 NYCRR 360-3.2
176	ALL	You refused to enroll in other than employer based group health insurance plan. 18 NYCRR 360-3.2
447	HR	You refused to accept or complete a job placement program to which you were referred by the Office of Employment Services. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385

**Code 551-Output Code
for a 120 Day Sanction
Code 552-Output Code
for a 180 Day Sanction**

500	ALL	You failed to keep an appointment with the Bureau of Client Fraud Investigation (HRA) or failed to contact the Bureau of Client Fraud investigation (HRA) to reschedule said appointment. 18 NYCRR 360-1.2, 360-2.3, PART 351
504	ALL	You failed to keep an appointment with the Medical Assistance Office to discuss your eligibility for Medical Assistance and failed to contact the Medical Assistance Office to reschedule the appointment. 18 NYCRR 360-1.2, 360-2.2, 360-3.3, PART 351
507	ALL	You were asked to file a petition with the Family Court requesting medical support from your legally -responsible relative (s), and you failed to do so. 18 NYCRR 360-1.2, 360-2.2, 360-2.3, PART 369
508	ALL	You failed to keep an appointment with the Office of the Inspector General (HRA), or failed to contact the Office of the Inspector General (HRA) to reschedule said appointment. 18 NYCRR 360-1.2, PART 351

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D) (USED UNTIL 12/13/93)

CODE CATEGORY REASON

510 ALL You have failed to comply with our policies regarding assignment or utilization of your non-exempt property.
18 NYCRR 360-4.4

511 HR Single You failed to report to HR/FS Job Search Scheduled Appointment (Initial Occurrence - 75-Day Sanction).
18 NYCRR 360-1.2, 360-3.3, PART 385

Code 512-Output code for a 150 Day Sanction
Code 513-Output Code for 180 Day Sanction

530 HR Single You failed to report to report to HR Job Search Schedule Appointment (Initial Occurrence - 75 Day Sanction).
18 NYCRR 360-1.2, 360-3.3, PART 385

Code 558-Output Code for a 150 Day Sanctio
Code 563-Output Code for a 180 Day Sanction

539 HR You refused to accept or to complete a vocational training program to which you were referred by the Office of Employment Services. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement.
18 NYCRR 360-1.2, 360-3.3, PART 385

Code 446-Output Code for a 120 Day Sanction
Code 819-Output Code for a 180 Day Sanction

544 HR You failed to report to or cooperate with a training program to which you were referred by the New York State Job Service. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 Days and until such time as you are willing to comply with this requirement.
18 NYCRR 360-1.2, 360-3.3, PART 385

Code 518-Output Code for a 120 Day Sanction
Code 519-Output Code for 180 Day Sanction

545 HR Single You failed to cooperate with HR/FS Job Search Rules and and Regulations (Initial Occurrence - 75 Day Sanction).
18 NYCRR 360-1.2, 260-3.3, PART 385

Code 546-Output Code for a 150 Day Sanction
Code 547-Output Code for a 180 Day Sanction

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D) (USED UNTIL 12/13/93)

CODE CATEGORY REASON

560 HR

Code 565-Output Code for a 120 Day Sanction
Code 566-Output Code for a 180 Day Sanction

You failed to report to an appointment schedule for you by the Office of Employment Services or failed to cooperate with their efforts to place you on a job or in training. We have determined that your action was willful and without good cause you are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement.
 18 NYCRR 360-1.2, 360-3.3, PART 385

597 HR Single

Code 598-Output Code for a 150 Day Sanction
Code 599-Output Code for a 180 Day Sanction

You failed to cooperate with HR Job Search Rules and Regulations. (Initial Occurrence - 75 Day Sanction)
 18 NYCRR 360-1.2, 360-3.3, PART 385

562 HR

You refused to accept or complete training in the New York State Employment Service Program. We have determined that your action was willful and without good cause.
 18 NYCRR 360-3.3, 360-1.2, PART 385

568 HR

Code 569-Output Code for a 120 Day Sanction
Code 449-Output Code for a 180 Day Sanction

You failed to comply with our request to have a medical evaluation to determine your employability and availability to participate in the Office of Employment Services Programs. We have determine that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement.
 18 NYCRR 360-3.3, 360-1.2, PART 385

574 ALL

You failed to report for your recertification interview for Medical Assistance.
 18 NYCRR 351.21, 351.22, 360-1.2, 360-2.2, 360-3.3

577 ALL

You failed to comply with our request to have medical evaluation.
 18 NYCRR 385.4, 360-1.2

581 HR

You failed to comply with employment related requirements.
 18 NYCRR 360-1.2, 360-3.3, PART 385

583 ALL

You failed to provide information/documentation required by this agency to establish your continuing eligibility for Medical Assistance.
 18 NYCRR 360-2.3, 360-1.2, PART 351

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D) (USED UNTIL 12/13/93)

CODE CATEGORY REASON

584 ALL You refused or failed to provide complete and consistent information to establish that the funds in your savings account constitute a permissible reserve.
18 NYCRR 360-4.8, 360-3.3, 360-1.2, PART 352

587 ALL You were not at home for a schedule interview arranged by appointment letter to discuss your continuing eligibility for Medical Assistance.
18 NYCRR 360-1.2, 360-2.2, PART 351

815 HR You failed to report to the New York State Job Service for a job placement interview. We have determined that your Code 516- Output Code for a 120 Day Sanction action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement.
18 NYCRR 360-1.2, 360-3.3, PART 385

**Code 514-Output Code for a 120 Day Sanction
Code 441-Output Code for a 180 Day Sanction**

817 HR You failed to report to an employer to whom you were referred by the New York State Job Service.
Code 823 - Output Code for a 120 Day Sanction

**Code 516-Output Code for a 120 Day Sanction
Code 517-Output Code for a 180 Day Sanction**

We have determined that your action was willful and without good cause. You are disqualified from Medical Assistance for 60 days and until; such as you are willing to comply with this requirement.
18 NYCRR 360-1.2, 360-3.3, PART 385

821 HR You refused to accept or complete an educational training program to which you were referred by the office of Employment Services.

**Code 823-Output Code for a 120 Day Sanction
Code 549-Output Code for a 180 Day Sanction**

We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 Days and until such time as you are willing to comply with this requirement.
18 NYCRR 360-1.2, 360-3.3, PART 385

825 HR You failed to accept an employer's offer to work through the New York State Job Service.

**Code 442-Output Code for a 120 Day Sanction
Code 601-Output Code for a 180 Day Sanction**

We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 60 days and until such time as you are willing to comply with this requirement.
18 NYCRR 360-1.2, 360-3.3, PART 385

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D) (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
827	HR	You voluntarily terminated your employment or reduced your earning capacity and failed to furnish sufficient information to show that you did so for a purpose other than qualifying for continued or increased Medical Assistance. You are ineligible for 75 days and until such times as you are willing to comply with work requirement. 18 NYCRR 385.8, 360-1.2, 360-3.3
832	ALL	You failed to attend a treatment program for drug addicts or alcoholics. 18 NYCRR 385.4, 360-1.2, 360-3.3
833	ALL	You failed to respond to our letter requesting written confirmation of your participation in an appropriate rehabilitation program for drug or alcohol abuse. 18 NYCRR 385.4, 360-1.2, 360.3. PART 385
837	ALL	You failed to provide medical information needed to determine your potential for rehabilitation or return to self support. 18 NYCRR 385.4, 360-1.2, 360-3.3

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

ADMISSION TO PRIVATE OR PUBLIC INSTITUTION (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
600	HR	You have been admitted to a private institution. (Adequate notice.) 18 NYCRR 360-1.2, 360-1.3, 360-3.3, PART 352
610	HR	You have been admitted to public institution. (Adequate notice.) 18 NYCRR 360-3.4, 360-3.3, 360-1.2, PART 352
630	ALL	You have been admitted to a penal or correctional institution. (Adequate notice.) 18 NYCRR 360-3.4, 360-3.3, 360-1.2, PART 352

WORKER'S GUIDE TO CODES

5.1-41

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

RECEIPT OF OTHER TYPES OF ASSISTANCE (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
763	HR	You are receiving assistance from a private agency. 18 NYCRR 351.22, 360-3.3

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

MOVED OR WHEREABOUTS UNKNOWN (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
872	ALL	You have permanently moved to another district within the State; therefore you are no longer eligible for Medical Assistance from this district. If you continue to be in need of Medical Assistance you should contact the local social services agency in your new county of residence. (Adequate notice.) 18 NYCRR 311.3, 311.4
882	ALL	You have permanently moved to another district outside the State; therefore you are no longer eligible for Medical Assistance from this district. 18 NYCRR 311.4
890	ALL	Your present whereabouts are unknown to us; therefore, you are not eligible for Medical Assistance benefits. 18 NYCRR 351.2 (b), 360-1.2
900	ALL	After a field investigation, it has been determined that you are not residing at the address of record. 18 NYCRR 351.2, 360-1.2

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

MISCELLANEOUS (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
190	FA/SNFP	End of four month extension of Medical Assistance eligibility after a finding of ineligibility for FA resulting from unemployment
197*	MSSI	You are no longer eligible for SSI and have been determined ineligible for MA-SSI (Immediate Closing).
779		Multi – Suffix Re-affiliated Client While we evaluate if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged. This code is generated by PA Individual Reason Code Y97. This decision is based on Department Regulation (s) 360-2.6
784		Combined PA/MA Discontinuance We will discontinue your Medical Assistance effective (date). This is for the same reason that your Public Assistance is being discontinued. The regulation cited is dependent on the PA Reason Code. This code is generated for individual closing codes F63 and E72. The MA coverage date is the mailing date.
962	ALL	You will be receiving increased Social Security Benefits as of _____. You are no longer eligible for full Medicaid coverage because you have more income than Medicaid allows for a household of your size. 18 NYCRR 360-1.2, 360-3.3, 360-4.6, 360-4.7, 360-4.8
963	ALL	Your resources exceed the level that Medicaid allows for a household of your size. 18 NYCRR 360-1.2, 360-3.3, 360-4.6, 360-4.7,360-4.8
964	SSI-Related	You have failed to complete the mail recertification process. 18 NYCRR 360-2.1, 360-2.2
990	ALL	Other reasons Specify reason - This code is used only if none of the foregoing reasons are applicable.

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

TMA-MA TRANSITIONAL BENEFITS ON CLOSED PA CASES (USED UNTIL 12/13/93)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
851	ADC/ADCU HR/HRPG	MA suffix one month extension. 18 NYCRR 360-3.3 (c)
852	ADC/ADCU HR/HRPG	MA suffix three month extension. 18 NYCRR 360- 3.3 (c)
401	ADC/ADCU HR/HRPG	Administrative closing on Transitional Benefits Cases.

WORKER'S GUIDE TO CODES

5.1-45

10/18/2015

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CODES USED AFTER 12/13/93

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
E04	FHP	Excess Income Single/Childless Couple MA/FHP
E05	FHP	Excess Income Due to COLA Increase (Discontinued 10/18/14)
E07	FHP	Excess Income Due to COLA Increase and Ineligible for Surplus (Discontinued 10/18/14)
E15	MA	Pregnant Woman Didn't Return Form
E17	MA	Incorrect/fraudulent Social Security Number.
E22	FHP	Excess Income, Family Health Plus
E23	FHP	Equivalent Health Insurance
E24	FHP	Individual Reaching Age 65 Excess Income
E26	FHP	Persons Turning 65 Excess Resources
E27	FHP	Persons Turning 65 Ineligible for MA Excess Income/Resources
E35	MA	Excess Income, Single/Childless Couples
E37	MA-SN	Parents; Over Income
E39	MA	Excess Income Due to COLA Increase (Discontinued 10/18/14)
E40	MA-SN	Excess Income/ Resources S/CC

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CODES USED AFTER 12/13/93

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
E42	MA	Excess Income CHP Transition child 6-18 Above 100% FPL.
E43	MA	Excess Income and Resources - CHP Transition child 6-18 Above 100% FPL (CNS).
E49	MA	Excess Income Child Turning One Year Old
E61	MA	Not a Resident of District.
E68	MA	Excess Income/Resources Child Turning One Year Old
E87		Failure to Comply with Recert Procedure PCAP Client Didn't Show for Interview Newborn Extension (Discontinued 6/18/12)
EF1	MA/FHP	Admitted/Committed to Prison Prior to 4/0/08
EF4	ALL	Suspend MA coverage for 21-64 Year Old Admitted to Psychiatric Center, HH=1 (NYC) (Discontinued 6/18/12)
EF5	All	Disc MSP for an Individual Admitted to a Psychiatric Center (NYC) (Discontinued 6/18/12)

WORKER'S GUIDE TO CODES

5.1-47

10/18/2015

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CODES USED AFTER 12/13/93

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
F13	MA/FHP	Disc MA/FHP Fail to Return Recert Post Partum (Discontinued 10/19/09)
F31	MA-SN	Parents; Over Income/Resources
F32	MA	Excess Income Child 6-18 Above 100% of FPL
F43	MA	Failure to accept treatment for alcoholism and drugs.
F44	MA	Failure to comply with drug and/or alcohol screening (HH=1).
F45	MA	Failure to comply with drug and/or alcohol assessment.
F46	MA	Failure to sign or revoked the treatment informational consent form (HH=1).

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CODES USED AFTER 12/13/93

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
F55	MA	Excess Income, Children Age 1-5
F56	MA	Excess Income and Excess Resources Children age 1 – 5
F57	MA	Excess Income, Children at Least Six Years of Age.
F58	MA	Excess Income and Resources, Children at Least Six Years of Age.
F59	MA	Excess Resources
F68	MA	Excess Income and Resources- Child 6-18 Above 100%Federal Poverty Level (CNS)
F69	MA	Excess Income and Excess Resources

WORKER'S GUIDE TO CODES

5.1-49

10/18/2015

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CODES USED AFTER 12/13/93

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
F87	MA-FHP	Discontinue FHP Excess Resources (NYC)
F89	FHP	Discontinue FHP Excess Income/Resources (NYC)
FE1	MA	Discontinue MA Excess Income, Child Age 6-18 (NYC)
G10	MA/FHP	Didn't Show for Interview (Discontinued 6/18/12)
G48	FHP	Disc FHP-PAP, ESHI Not Cost Effective, Ineligible for FHP Due to Equivalent Health Insurance
H02	FHP	Discontinue FHP - Public Employee (Discontinued 10/22/12)
H38	FHP/FHP-PAP	Discontinue FHP, Ineligible, Income Over 138% FPL
H39	FHP/MA	Discontinue FHP, Ineligible, Income Over 223% FPL
H40	FHP/MA	Discontinue FHP, Ineligible, Income Over 154% FPL
H41	FHP/MA	Discontinue FHP, Ineligible, Income Over 155% FPL

WORKER'S GUIDE TO CODES

5.1-50

02/21/2016

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – MA (MA: REAS - 241) (cont'd)

CODES USED AFTER 12/13/93

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
M88	ALL	Failed to Comply with Automated Finger Imaging Requirements, 18-21 Year Old. (Discontinued 10/19/09)
M99	ALL	Concurrent benefits - AFIS Match
U14	MA	Didn't Show for Interview Pregnant Woman (Discontinued 6/18/12)
U16	MA	Did Not Return Information, Pregnant Woman (Discontinued 10/19/09)
U65		Not a Resident of District (MA Extension)
UN3	FHP	Failure to Return TPHI Documentation (Case Type 24 Only) (Discontinued 2016.1)
V30	MA	Failure to comply with child support enforcement unit.
649	FHP	Failure to Return TPHI Documentation (MA Case Type 24 Only) (System Generated)
902	FHP	Individuals Who Exceed the FHP Limit due to COLA Increase (Discontinued 10/18/14)
955	MA	Continue MA - Recipient Must Call for Recert Interview (Discontinued 6/18/12)
971	MPE	Failure to Appear for an Interview (Discontinued 6/18/12)
993	MPE	Did Not Show For Interview (System Generated)
996	MA	Failure to Comply with Recert Procedure PCAP Client Didn't Show (System Generated) (Discontinued 6/18/12)

WORKER'S GUIDE TO CODES

5.1-51

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231)

CODES USED UNTIL 05/08/00

<u>CODE</u>	<u>VALUE</u>
388	Failure to Comply with Finger Imaging Requirements 18 NYCRR 387.17
411	Ineligible Alien (HH=1) Close the FS portion of a PA/FS case permanently because the alien/client has lost eligibility as a result of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. 18 NYCRR 387.9 (a) (2)
740	Forced Closing N/A
901	Death of all Household Members (Notice not required) 18 NYCRR 387.20 (c) (1)
902	Change in Rent Expense 18 NYCRR 387.10 (a), 387.12 (e)
903	Change in Utility Expense 18 NYCRR 387.10 (a), 387.12 (e)
904	Change in Child Care Expense 18 NYCRR 387.10 (a), 387.12 (d)
905	Change in Telephone Expense 18 NYCRR 387.10 (a), 387.12 (e)
906	Change in Medical Expense 18 NYCRR 387.10 (a), 387.12 (c)
907	Change in Household composition 18 NYCRR 387.10 (a)
908	Institutionalization of only recipient in single person case 18 NYCRR 387.1 (t) (4) (vi), (vii) or (viii)
909	Combined with other PA/FS Household. 18 NYCRR 387.1 (t)

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

CODES USED UNTIL 05/08/00 (CONT'D)

<u>CODES</u>	<u>VALUE</u>
910	Combine with other NPA/FS Household. 18 NYCRR 387.1 (t)
915	Receipt of or increase in Boarder/Lodger income beyond allowable maximum 18 NYCRR 387.10 (a)
916	Receipt of or increase in employment income beyond allowable maxim (Excludes jobs VIA NYSES) 18 NYCRR 387.10 (a)
917	Receipt of earned income from job secured thru NYSES and increase exceeds allowable maximum. 18 NYCRR 387.10 (a)
918	Receipt of or increase (other than COLA) in Social Security benefits beyond allowable maximum. 18 NYCRR 387.10 (a)
919	COLA in Social Security increases Social Security benefits beyond allowable maximum. 18 NYCRR 387.10 (a)
920	Receipt of or increase (other than COLA) in SSI benefits beyond allowable maximum. 18 NYCRR 387.10 (a)
921	COLA in SSI increase SSI benefits beyond allowable maximum 18 NYCRR 387.10 (a)
922	Receipt of or increase in UIB benefits beyond allowable maximum 18 NYCRR 387.10 (a)
923	Receipt of or increase in relative contributions/support beyond allowable maximum 18 NYCRR 387.10 (a)
924	Receipt of or increase in income of non-household member N/A
925	Failure to verify income (to be used only by the Income Clearance Program (ICP) 18 NYCRR 387.8 (c)

WORKER'S GUIDE TO CODES

5.1-53

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

CODES USED UNTIL 05/08/00 (CONT'D)

<u>CODES</u>	<u>EDIT</u>	<u>VALUE</u>
926		Receipt of or increase in other unearned income 18 NYCRR 387.10 (a)
927		Failure to provide information required to establish eligibility for Food Stamp benefits (to be used in instances where a recipient fails to comply with a computer match call- in letter). 18 NYCRR 387.8 (c)
928		Resources exceed allowable maximum 18 NYCRR 387.9 (b)
931	R	Failure to verify residence 18 NYCRR 387.8 (c), 387.17 (f)
932	R	Failure to verify residence 18 NYCRR 387.8 (c), 387.17 (f)
933	R	Failure to verify resources 18 NYCRR 387.8 (c), 387.17 (f)
934	R	Failure to verify household size 18 NYCRR 387.8 (c), 387.17 (f)
935	R	Failure to verify citizenship/alien status 18 NYCRR 387.8 (c), 387.17 (f)
936	R	Failure of case head of provide identification document 18 NYCRR 387.8 (c), 387.17 (f)
937	R	Failure to file recertification application 18 NYCRR 387.8 (c), 387.17 (f)
938	R	Failure to verify questionable information at recertification 18 NYCRR 387.8 (c), 387.17 (f)
940		Change in Food Stamp Regulations. N/A
V29		Failure to Provide Verification-Expedited FS (Timely) 18 NYCRR 387.8, 387.9, 387.14

R- To be used at recertification only

S- System generated Mass Recalculation closing codes

WORKER'S GUIDE TO CODES

5.1-54

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

CODES USED UNTIL 05/08/00 (CONT'D)

<u>CODES</u>	<u>EDIT</u>	<u>VALUE</u>
946	S	Adjusted household size is 0 18 NYCRR 387.1 (t)
947	S	Failed Gross Income test 18 NYCRR 387.10 (a)
948	S	Failed Net F.S.I. test. 18 NYCRR 387.10 (a)
949	S	Coupon Amount less than or = 0 18 NYCRR 387.10 (a), 387.15
950		Failure to verify questionable information. 18 NYCRR 387.8 (c)
951		Failure to comply with Food Stamp Work Regulations 18 NYCRR 387.9 (a) (4), 387.1 (t) (4) (iv), 387.13 (e)
952		Terminated employment voluntarily 18 NYCRR 387.13 (i)
954		Refused to comply with Social Security Number regulations 18 NYCRR 387.9 (a) (5), 387.1 (t) (4) (iv)
956		Failure to attend drug/alcohol treatment program. N/A
958		Failure to cooperate with NYSDSS FS quality control review 18 NYCRR 7 CFR 273.2 (d) (2)
961		Concealed receipt of duplicate assistance on more than one case. 18 NYCRR 387.1 (t)
971		Originally ineligible: agency error in budget calculation 18 NYCRR 387.10 (a)
973		Failure to report for ID Card N/A
975		Case number change: reopened under different number N/A

R- To be used at recertification only

S- System generated Mass Recalculation closing codes

WORKER'S GUIDE TO CODES

5.1-55

10/18/2014

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

CODES USED UNTIL 05/08/00 (CONT'D)

<u>CODES</u>	<u>VALUE</u>
981	Recipients request: written 18 NYCRR 358-3.3 (e) (1) (xi)
983	Recipients request: not written 18 NYCRR 358-3.3 (e) (1) (xi)
985	Moved out of NYC: written request 18 NYCRR 387.9 (a) (1)
988	Moved out of NYC: Verbal request 18 NYCRR 387.9 (a) (1)
989	Whereabouts unknown 18 NYCRR 387.9 (a) (1)
992	Intentional Program Violation 18 NYCRR 387.1 (t) (4) (iii) 399.9 (c), 399.9 (g)
999	Other
F1	Purchase Illegal Drugs with FS-IPV (1st Violation (hh=1). Close the FS portion of a PA/FS case for 12 months because the client has been convicted of using FS to obtain illegal drugs. 18 NYCRR 359.9

WORKER'S GUIDE TO CODES

5.1-56

02/21/2016

APPENDIX B - OBSOLETE CASE REASON CODES (CONT'D)

CLOSING CODES – SNAP (FS: REAS - 231) (cont'd)

CODES USED AFTER 05/08/00

<u>CODES</u>	<u>VALUE</u>
F35	Fleeing Felon Probation/Parole Violator (HH=1) (Timely). (Discontinued 10/20/08.) 18 NYCRR 387.1
F95	Ineligible Alien for Food Assistance Program (Timely). (Discontinued 10/18/10.) 18 NYCRR 388.3
G44	Probation Violator 18 NYCRR 351.2(k)(3)(ii)
G45	Parole Violator 18 NYCRR 351.2(k)(3)(ii)
M88	Failure to Comply with the Automated Finger Imaging System (AFIS) Requirements, Not Homebound or Group Home Resident (Discontinued 6/18/12)
M99	Duplicate Assistance, AFIS, in NYS (Adequate) (Discontinued 10/22/12)

WORKER'S GUIDE TO CODES

**5.1-57
10/18/2014**

RESERVED FOR EXPANSION

WORKER'S GUIDE TO CODES

5.1-58

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES

OPENING CODES – PA (PA: REAS - 331)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
064	ALL	Eligible as a result of Hurricane Katrina or Hurricane Irene.

WORKER'S GUIDE TO CODES

5.1-59

10/18/2015

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES – MA (MA: REAS - 341)

<u>CODE</u>	<u>CATEGORY</u>	
018	MA	Medical Assistance/Family Planning Benefits Program (Discontinued 6/18/12)
067	FHP	Single and Childless Couple Eligible for FHP (Discontinued 2/20/12) Eligible single and childless couples can only be used on FHP MA: 369-ee
068	FHP	FHP Parents (Discontinued 2/20/12) FHP Parents level can only be used on FHP cases. MA: 369-ee
069	FHP	Pregnant Woman on MA Case (Discontinued 2/20/12) FHP eligible pregnant woman active on a MA Case Type 20. MA: 369-ee
074	FHP	Family Health Plus Parent and Expanded Eligibility Children (Discontinued 2/20/12) FHP Parents and children with expanded eligibility (can only be used on FHP cases) MA: 369-ee
467	FHP/ESI	Eligible Single/Childless Couple (Discontinued 2/20/12) MA 369-ee
468	FHP/ESI	Parents at Case Level (Discontinued 2/20/12) MA 369-ee
469	FHP/ESI	Pregnant Women (Discontinued 2/20/12) MA 369-ee
474	FHP/ESI	Parents and Expanded Eligibility Children (Discontinued 2/20/12) MA 369-ee
670	MBI/DBG	Medicaid Buy-In (Disabled Basic Group) Eligible at or below 150%. (Discontinued 2/20/12) Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law
671	MBI-MI	Medicaid Buy-In (Medically Improved) Eligible at or below 250% but greater than 150%. (Discontinued 2/20/12) Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law
A07	MA/FHP	Individual Closed as Incarcerated in Error (NYC) (Valid 4/01/08) Restore Medical Assistance/Family Health Plus (Discontinued 6/18/12)
H18	MA	Medical Assistance/Family Planning Benefits Program (Discontinued 10/22/12)
H92	FHP/ESI	Eligible Single/Childless Couple MA 369-ee

WORKER'S GUIDE TO CODES

5.1-60

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

OPENING CODES – SNAP (FS: REAS - 351)

CODE

064

VALUE

Eligible as a result of Hurricane Katrina or Hurricane Irene.

WORKER'S GUIDE TO CODES

5.1-61

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331)

CODES USED UNTIL 11/18/02

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
C6	FA/SNFP	Not eligible for CAP
PO	ALL	Undocumented Alien
P5	ALL	Non-Resident
T5	ALL	Unable to Locate
U0	ALL	Moved Out of District
U5	ALL	Death before Determination: No Outstanding Medical Bills.
U6	ALL	Death before Determination: Outstanding Medical Bills.
V5	ALL	Other
V6	ALL	Other
W0	FA/SNFP SNCA/SNNC	Transferred Property for Purpose of Qualifying for Assistance
X1	ALL	Failure to Comply with Finger Imaging Requirements-Non Legally Responsible Adult.
119	ALL	Duplicate Assistance In NYS: This code is used when there has been an Automated Finger Imaging Match (AFIS).
123	SNCA/SNNC	Non-Qualified Alien-Emergency Medical Condition-Excess Income (SNCA Related)
124	SNCA/SNNC	Non-Qualified Alien Emergency Medical Condition-Excess Resources
125	FA/SNFP SNCA/SNNC	Non-Qualified Alien Emergency Medical Condition-Excess Income and Resources (FA Related)
126	FA/SNFP	Qualified Alien Five Year Ban-Emergency Medical Condition Excess Income (FA] Related)
127	FA/SNFP	Qualified Alien Five Year Ban-Emergency Medical Condition Excess Resources ([FA Related)
282	ALL	Fleeing Felon-Probation or Parole Violator
284	ALL	Minor Failed to Complete High School Education
307	ALL	Receiving Multiple Benefits

WORKER'S GUIDE TO CODES

5.1-62

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331) (cont'd)

CODES USED UNTIL 11/18/02 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
360	ALL	Duplicate Assistance Non-AFIS, In NYS
361	ALL	Duplicate Assistance Interstate
531	ALL	6 Month 1st Offense – Less Than \$1,000
532	ALL	12 Months 2nd Offense-Less Than \$3,900
533	ALL	12 Months 1st Offense Between \$1,000 & \$3,900
534	ALL	18 Months if 3rd Offense
535	ALL	18 Months if 1st Offense More Than \$3,900
536	ALL	18 Months if 2nd Offense More Than \$3,900
537	ALL	5 years 4th or Subsequent Offense
538	ALL	Court Ordered Disqualification

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – PA (PA: REAS - 331) (cont'd)

CODES USED AFTER 11/18/02

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F35	ALL	Fleeing Felon - Probation or Parole Violator. (Discontinued 10/20/08.)
G44	ALL	<u>Probation Violator</u> Client is currently in violation of probation. (Discontinued 10/19/09) MA Status AP; FS Status RJ PA: 18 NYCRR 351.2(k)(3)(ii)
G45	ALL	<u>Parole Violator</u> Client is currently in violation of parole. (Discontinued 10/19/09) MA Status AP; FS Status RJ PA: 18 NYCRR 351.2(k)(3)(ii)

WORKER'S GUIDE TO CODES

5.1-64

10/18/2015

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – MA (MA: REAS - 341)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
P0*	ALL	Undocumented Alien
P5	ALL	Non-Resident
R2	ALL	Duplicate Application
R4	ALL	Failed To Provide Information/Documentation
T5	ALL	Unable to Locate
U0*	ALL	Moved out of District
E06	MA	Non Immigrant/Undocumented Immigrant - No Medical Emergency
E20	FHP	Excess Income of Parents and Children
E94	ALL	Receiving SSI
E95	ALL	Died
F32	MA-FHP	MA Excess Income Child 6 through 18
F55	MA	Child Age 1-5, Excess Income
F56	MA	Child age 1-5, Excess Income and Excess Resource
F68	MA/FHP	Excess Income and Resources Child 6 Through 18 Above 100% Federal Poverty Level
F75	ALL	Absent from Household Without Good Cause

WORKER'S GUIDE TO CODES

5.1-65

10/18/2015

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – MA (MA: REAS - 341) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
F87	MA-FHP	FHP Excess Resources (NYC) (Budget Type 01 & 04 only)
F89	MA/FHP	FHP Excess Income/Resources (NYC) (Budget Type 01 & 04 only)
G48	FHP	Deny FHP-PAP, ESHI Not Cost Effective, Ineligible for FHP Due to Equivalent Health Insurance
H01	FHP	Discontinue FHP - Public Employee
M97	ALL	Receipt of Multiple Benefits - 10 YR.
M99	ALL	Concurrent Assistance - AFIS Match Client is already receiving Medical Assistance/Family Health Plus. 18 NYCRR 351.9
X40	FHP	Failed to Choose Plan FHP FP (NYC)
X43	FHP	Failed to Choose Plan FHP SCC (NYC)
X44	FHP	Failed to Choose Plan FNP Parent (NYC)

WORKER'S GUIDE TO CODES

5.1-66

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES – SNAP (FS: REAS - 351)

CODES USED UNTIL 11/18/02

<u>CODE</u>	<u>VALUE</u>
F1	FS Ineligible Student 387.9 (a) (3), 387. 1(ee), 387.1 (t) (4) (i)
F2	Ineligible Alien 387.9 (a) (2), 387.1 (t) (4) (ii)
F3	Striker 387.16 (j)
F4	Failure to Apply/Provide SSN 387.9 (a) (5)
F5	Other FS Rejection
F6	Dead 387.20 (c) (i)
356	Ineligible Alien for Food Assistance Program 388.3

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)**REJECTION CODES – SNAP (FS: REAS - 351) (cont'd)****CODES USED AFTER 11/18/02**

<u>CODE</u>	<u>VALUE</u>
F35	Fleeing Felon Probation/Parole Violator. (Discontinued 10/20/08.) 387.1
F95	<u>Alien Ineligible for Food Assistance Program</u> Client denied because he/she is an alien who is not eligible to participate in the Food Assistance Program. (Discontinued 10/18/10) 18 NYCRR 388.3
G44	<u>Probation Violator</u> Client is currently in violation of probation. (Discontinued 10/19/09) 18 NYCRR 351.2(k)(3)(ii)
G45	<u>Parole Violator</u> Client is currently in violation of parole. (Discontinued 10/19/09) 18 NYCRR 351.2(k)(3)(ii)
M99	<u>Duplicate Assistance. AFIS. in NYS</u> An Automated Finger Imaging match (AFIS) has identified the client as receiving FS on another case in NYS. (Discontinued 10/22/12)

WORKER'S GUIDE TO CODES

5.1-68

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331)

CODES USED UNTIL 11/18/02

<u>CODE</u>	<u>CATGORY</u>	<u>REASON</u>
13*	ALL	Failed to provide information about an absent parent or spouse.
14	ALL	Failed to file a petition requesting medical support.
20	SNCA/SNNC	Failed to cooperate with the Work Experience Program Intake.
21	SNCA	Failed to report to or failed to cooperate with the Work Experience Program
22	ALL	Failed to report to a scheduled appointment with the BEGIN.
23	ALL	Failed to report to a scheduled appointment with the BEGIN Career Planning Program.
24	SNCA/SNNC	Failed to report to or failed to cooperate with the Work Experience Program Intake Section.
23	ALL	Failed to report to a scheduled appointment with the BEGIN Career Planning Program.
24	SNCA/SNNC	Failed to report to or failed to cooperate with the Work Experience Program Intake Section.
25	SNCA/SNNC	Failed to adhere to the Sponsor Agency's regulations governing your participation. (WEP) 90 day sanction.
26	SNCA	Failed to adhere to the Sponsor Agency's regulations governing your participation. (WEP) 150 day sanction
27	SNCA	Failed to adhere to the Sponsor Agency's regulations governing your participation. (WEP) 180 day sanction.
28	ALL	Failed to continue attending the BEGIN Career Planning meetings.
29	ALL	Failed to report to the BEGIN Job Club.
30	ALL	Failed to report to continue attending the BEGIN Job Club sessions.
31	ALL	Failed to report to a scheduled appointment at the BEGIN Language Program.

WORKER'S GUIDE TO CODES

5.1-69

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODES USED UNTIL 11/18/02 (CONT'D)

<u>CODE</u>	<u>CATGORY</u>	<u>REASON</u>
32	ALL	Failed to continue attending the BEGIN Language program.
33	ALL	Failed to report to a scheduled appointment at the BEGIN Work-Study Program.
35	ALL	Failed to continue attending the BEGIN Work-Study Program.
36	ALL	Failed to continue your attendance in the TEAP Program.
37	SNCA/SNNC	Failed to report to an appointment scheduled by the Job Placement Unit.
38	SNCA/SNNC	Failed to report to an appointment scheduled by the Job Placement Unit, or failed to cooperate with efforts to be place on a job or in training. (150 day sanction)
39	ALL	Failed to report to the BEGIN Job Club Prep.
41	SNCA/SNNC	Failed to report to an appointment scheduled by the Job Placement Unit, or failed to cooperate with efforts to be place on a job or in training. (180 day sanction)
43	ALL	Failed to continue in the BEGIN Job Club Prep.
42*	FA/SNFP SNCA/SNNC	Voluntary Quit (1st Occurrence) 90 day sanction.
50*	FA/SNFP SNCA/SNNC	Voluntary Quit (2nd Occurrence) 150 day sanction.
51*	FA/SNFP SNCA/SNNC	Voluntary Quit (3rd Occurrence) 180 day sanction.
44	ALL	Failed to report to the BEGIN Assessment Program.
45	ALL	Refused to accept or complete training in the Wildcat Subsidized Employment Program.
154	ALL	Minor absent from the household for 45 consecutive days or more.
283	ALL	Failure to Comply With Drug or Alcohol Screening
308	FA	Refused Offer Of a Home

WORKER'S GUIDE TO CODES

5.1-70

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODES USED UNTIL 11/18/02 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
D1	ALL	Non-Compliance with Outpatient Rehabilitation Program for Alcohol or Substance Abuse 45 day sanction.
D2		(Output Code) 120 day sanction.
D3		(Output Code) 180-day sanction.
E2	ALL	Failed to participate in BEGIN.
Q0	ALL	Recovery, Lien Assignment: Homestead.
Q1	ALL	Recovery, Lien Assignment Homestead.
S0	FA/SNFP SNCA/SNNC	Refuses an Offer of Employment.
W1	ALL	Refused to Provide Information: Employer Group Health Plan.
W2	ALL	Refused to Enroll in Employer Group Health Insurance Plan
W3	ALL	Refused to Provide Information Other than Employer Based Health Insurance Plan.
W4	ALL	Refused to Enroll in Other than Employer Based Health Insurance Plan.
E3	ALL	Failed to participate in BEGIN 90-day sanction.
E4	ALL	Failed to participate in BEGIN 180-day sanction.
E6	ALL	Refused to accept employment or training.
E7	ALL	Failed to accept employment or training 90-day sanction.
E8	ALL	Refused to accept employment or training 180-day sanction.
E65	ALL	Failure to Complete Employment Assessment - Non-Durational.

WORKER'S GUIDE TO CODES

5.1-71

02/19/2017

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – PA (PA: REAS - 331) (cont'd)

CODES USED AFTER 11/18/02

<u>CODE</u>	<u>CATGORY</u>	<u>REASON</u>
EY1	ALL	Left residential treatment program - whereabouts unknown (45-day sanction). (Discontinued 10/20/08.)
EY2	ALL	Left residential treatment program - whereabouts unknown (120-day sanction). (Discontinued 10/20/08.)
EY3	ALL	Left residential treatment program - whereabouts unknown (180-day sanction). (Discontinued 10/20/08.)
F12	ALL	Failure to apply for SSI (Discontinued 06/21/2010)
F44	ALL	Failure to Comply with Drug and/or Alcohol Screening (Discontinued 02/16/2010)
F45	ALL	Failure to Comply with Drug and/or Alcohol Assessment (Discontinued 02/16/2010)
F46	ALL	Failure to Sign or Revoked the Treatment Informational Consent Form (Discontinued 02/16/2010)
GX1-3	ALL	Failure to Take Part In and Complete Rehabilitation Program (Replaced by PX1-3 on 02/16/2010)
WE2	ALL	Failure to Comply with Employment Requirements 2nd Occurrence (Discontinued 06/19/2016)
WE3	ALL	Failure to Comply with Employment Requirements 3rd and Subsequent Occurrences (Discontinued 06/19/2016)

WORKER'S GUIDE TO CODES

5.1-72

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – MA (MA: REAS - 341)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
13	FA/SNFP SNCA/SNNC	You failed, without good cause, to provide information about an absent parent or spouse. 18 NYCRR 369.2, 360-1.2, 370-2
14	FA/SNFP	You failed, without good cause, to file a petition requesting medical support from a legally responsible relative. 18 NYCRR 369.2, 360-1.2
23	FA/SNFP SNCA/SNNC	On DATE you failed to report to a scheduled appointment with the BEGIN Career Planning Program. We have determined that your action was willful and without god cause. 18 NYCRR 360-1.2, 360-3.3, PART 385 (Note: for FA case other persons in the case must be reclassified)
28	FA/SNFP SNCA/SNNC	On DATE you failed to continue attending the BEGIN Career Planning meetings. We have determined that your action was willful and without good cause. 18 NYCRR 360-1.2, 360-3.3, PART 385 (Note: For FA, other persons on the case must be reclassified)
30	FA/SNFP SNCA/SNNC	You failed to report to an employer to whom you were referred by the New York State Employment Service. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 30 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385 (Note: For FA- other persons on the case must be reclassified)
31	FA/SNFP SNCA/SNNC	You failed to report to a training program to which you were referred by the New York State Employment Service. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 30 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385 (Note: For FA - Other persons on the case must be reclassified)

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – MA (MA: REAS - 341) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
40	FA/SNFP SNCA/SNNC	You failed to accept an employer's offer to work the New York State Employment Service. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 30 days and until such time you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385 (Note: For ADCU - Other persons on the case must be reclassified)
42	SNCA/SNNC	You voluntarily terminated employment or reduced earning capacity and failed to furnish sufficient information to show that the action taken was for a purpose other than qualifying for continued or increased Medical Assistance. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 75 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385
44	FA/SNFP SNCA/SNNC	You refused to accept or complete training in the New York State Employment Service Program. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 30 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385 (Note: FA - Other persons on the case must be reclassified)
50	FA/SNFP	You voluntarily terminated employment or reduced earnings capacity and failed to furnish sufficient information to show that action taken was for a purpose other than to qualify for continued or increased Medical Assistance. We have determined that your action was willful and without good cause. You are disqualified from receiving Medical Assistance for 30 days and until such time as you are willing to comply with this requirement. 18 NYCRR 360-3.3, 360-1.2, PART 385 (Note: For FA - Other persons on the case must be reclassified)

WORKER'S GUIDE TO CODES

5.1-74

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – MA (MA: REAS - 341) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
Q0*	ALL	Assignment of Property You failed to comply with our policies regarding assignment or utilization of your non-exempt property. 18 NYCRR 360-4.4
W1	ALL	TPHI Resources You refused to provide information on your employer group health insurance plan. 18 NYCRR 360-3.2
W2	ALL	TPHI Resources You refused to enroll in an employer group health insurance plan. 18 NYCRR 360-3.2
W3	ALL	TPHI Resources You refused to provide information on other than an employer based group health insurance plan. 18 NYCRR 360-3.2
W4	ALL	TPHI Resources You refused to enroll in other than an employer based group health insurance plan. 18 NYCRR 360-3.2
F43	ALL	Failure to accept treatment for alcoholism and drugs
F44	SNCA/SNNC	Failure to Comply With Drug and Alcohol Screening We will discontinue Medical Assistance effective _____. This is because the client did not take part in, or complete the alcohol/substance abuse screening requirement. MA: 360-2.6
F45	SNCA/SNNC	Failure to Comply With Drug and /Alcohol Assessment We will discontinue Medical Assistance effective _____. This is because the client did not take part in or complete the alcohol/substance abuse assessment requirement. MA: 360-2.6
F46	SNCA/SNNC	Failure to Sign or Revoked the Treatment Informational Consent Form We will discontinue Medical Assistance effective _____. This is because client did not sign or revoked the consent for the release of treatment information to this department. MA: 360-2.6

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – MA (MA: REAS - 341) (cont'd)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
GX1	SNCA/SNNC	<p>Failure to Take Part in Rehabilitation Program-First Offense We will discontinue Medical Assistance effective_____. This is because the client did not take part in and complete the out-patient rehabilitation program. The client cannot get assistance for 45 days. MA: 360-2.2 (d), 370.2</p>
GX2	SNCA/SNNC	<p>Failure to Take Part in Rehabilitation Program-Second Offense We will discontinue Medical Assistance effective_____. This is because the client did not take part in and complete the outpatient rehabilitation program. The client cannot get assistance for 120 days. MA: 360-2.2 (d), 370.2</p>
GX3	SNCA/SNNC	<p>Failure to Take Part in Rehabilitation Program-Third Offense We will discontinue Medical Assistance effective_____. This is because the client did not take part in and complete the out-patient rehabilitation program. The client cannot get assistance for 180 days. MA: 360-2.2 (d), 370.2</p>

WORKER'S GUIDE TO CODES

5.1-76

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

SANCTION CODES – SNAP (FS: REAS - 351)

CODES USED UNTIL 05/08/00

<u>CODES</u>	<u>VALUE</u>
DS	Sanction Period - 12 Months 359.9
DY	Sanction Period - 24 Months 359.9
DF	Sanction Period - Forever 359.9
E1	Failure to Comply with the Food Stamp Program's employment and training requirements. 387.13
Z1	FS Individual Fraud Sanction 359.9

WORKER'S GUIDE TO CODES

**5.1-77
10/18/2014**

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WORKER'S GUIDE TO CODES

5.1-78

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – PA (PA: REAS - 331)

CODES USED UNTIL 12/04/00

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
04	FA/SNFP	Dependent child has reached 18 and will not graduate High School before his/her 19th birthday
C5	FA/SNFP	Not Eligible for CAP. Case is still enrolled in CAP action to be taken on the FS component of case. This code can only be used in the CAP Center 017
05	FA/SNFP	Only dependent child has reached age 19
06	ALL	Dependent child left household
07	ALL	An adult left household
10	ALL	Failed to keep or reschedule an appointment with Bureau of Client Fraud Investigation (BCFI).
11	ALL	Failed to provide documentation of birth
12	ALL	Failed to apply for a social security number
15	SNCA/SNNC	Failed to pursue SSI benefits claim and/or fail to cooperate fully with Social Security Administration's Investigation
16	ALL	Failed to comply with policies regarding assignment or utilization of your property
52	ALL	Failed willfully and without good cause to keep rescheduled appointment in the Income Maintenance/Medical Assistance Center to evaluate employment
53	ALL	Refused to provide information on employer group health insurance plan
54	ALL	Refused to enroll in employer group health insurance plan
55	ALL	Refused to provide information on other than employer based TPHI
56	ALL	Refused to enroll in other than employer based TPHI
60	ALL	Failed to attend a treatment program for drug addicts or alcoholics.
61	FA/SNFP/ SNCA/SNNC	Failed to respond to letter requesting written confirmation of participation in as appropriated rehabilitation program for drug or alcohol abuse
62	FA/SNFP/ SNCA/SNNC	Failed to keep an appointment with the Drug and Alcohol Abuse Referral Unit to evaluate participation in an appropriate rehabilitation program

WORKER'S GUIDE TO CODES

5.1-79

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – PA (PA: REAS - 331) (cont'd)

CODES USED UNTIL 12/04/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
63	ALL	Failed to bring in the required permanent identification documents within 30 days.
64	ALL	Failed to comply with request to have a medical evaluation
66	ALL	Fail to comply with Finger Imaging Requirements - Non-Legally Responsible Adult
70	ALL	Client admitted to a private institution
71	ALL	Client admitted to a public institution
72	ALL	Client admitted to a penal or correctional institution
73	ALL	Receiving assistance in a Shelter Care Program
74	ALL	Receiving assistance in a Foster Care Program
75	ALL	Receiving assistance from a private agency
76	ALL	Receiving in-kind assistance from a private agency
81	ALL	Permanently moved to another district within the State
82	ALL	Temporarily moved to another district outside the state
83	ALL	Permanently moved to another district outside the state
84	ALL	Whereabouts are unknown
85	ALL	After a field investigation it has been determine that client is not residing at the address of record
87	ALL	Client needs are included in the grant of another person in the home receiving the same type of assistance
99	ALL	Other reasons
143	ALL	In violation of parole or probation, or fleeing to avoid prosecution, custody or confinement after a felony conviction
144	ALL	Client did not take part in or complete the alcohol/substance abuse screening requirement

WORKER'S GUIDE TO CODES

5.1-80

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – PA (PA: REAS - 331) (cont'd)

CODES USED UNTIL 12/04/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
145	ALL	Client did not take part in or complete the alcohol/substance assessment requirement
146	ALL	Client did not sign or revoked the consent for the release of treatment information to this department
147	ALL	Client is less than 18 years old, unmarried, have a child at least 12 weeks old and failed to participate in a program to attain a high school diploma or an alternative education or training program
153	ALL	Client fraudulently misrepresented identity or residence to receive multiple public assistance benefits. Ineligible to receive public assistance and food stamp benefits for 10 years
155	ALL	Client is unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child. Refused to live in an approved, suitable housing arrangement.
156	ALL	Client is unmarried, less than 18 years old, pregnant or residing with and providing care for a minor dependent child. Refused to live in an approved, suitable housing arrangement. Investigated and rejected clients claim that the home would jeopardize health and safety.
185	ALL	Client identified as receiving public assistance in New York State.
186	ALL	Client identified as receiving public assistance in New York State (AFIS).
305	ALL	Client identified as receiving public assistance in another state.

WORKER'S GUIDE TO CODES

5.1-81

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – PA (PA: REAS - 331) (cont'd)

CODES USED AFTER 12/04/00

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
F35	ALL	Fleeing Felon - Probation or Parole Violator. (Discontinued 10/20/08.)
F43	SNCA/SNNC	Failure to Complete -In Patient Rehabilitation.
G44	ALL	<u>Probation Violator</u> Client is currently in violation of probation. (Discontinued 10/19/09) MA continued, FS discontinued PA: 18 NYCRR 351.2(k)(3)(ii)
G45	ALL	<u>Parole Violator</u> Client is currently in violation of parole. (Discontinued 10/19/09) MA continued, FS discontinued PA: 18 NYCRR 351.2(k)(3)(ii)

WORKER'S GUIDE TO CODES

5.1-82

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – MA (MA: REAS - 341)

CODES USED UNTIL 05/08/00

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
01	ALL	A dependent child in the household is deceased 18 NYCRR 360-2.6
02	ALL	An adult in the household is deceased. 18 NYCRR 360-2.6
04	FA/SNFP	Your dependent child has reached age 18 and will not graduate from high school before his/her 19th birthday. He/she is no longer eligible for assistance in the Family Assistance category or IVE Adoption Assistance. If still in need, he/she should apply for Home Relief. 18 NYCRR 30-2.2, 360-2.6
05	FA/SNFP	Your only dependent child has reached age 19. Therefore, he/she is no longer eligible to receive assistance in the Family Assistance category or IVE Adoption Assistance. If still in need, he/she should apply for SNCA/SNNC 18 NYCRR 360-2
06	ALL	A dependent child has left the household. 18 NYCRR 360-2.6
07	ALL	An adult has left the household 18 NYCRR 360-2.6
10	ALL	You failed to keep or reschedule an appointment with the Bureau of Client Fraud Investigation (HRA). 18 NYCRR 360-1.2, PART 351
12	ALL	You failed to comply with the Social Security number requirement for____. 18 NYCRR 360-1.2, 360-2.2, 369.2, PART 351
53	ALL	You refused to provide information on your employer group health insurance plan. 18 NYCRR 360-3.2
54	ALL	You refused to enroll in your employer group health insurance plan. 18 NYCRR 360-3.2
55	ALL	You refused to provide information on other than employer-based TPHI 18 NYCRR 360-3.2
56	ALL	You refused to enroll in other than employer based TPHI. 18 NYCRR 360-3.2

WORKER'S GUIDE TO CODES

5.1-83

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – MA (MA: REAS - 341) (cont'd)

CODES USED UNTIL 05/08/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
60	ALL	You failed to attend a treatment program for drug addicts or alcoholics 18 NYCRR 385.4, 360-1.2
61	ALL	You failed to respond to a letter requesting written confirmation of participation in an appropriate rehabilitation program for drug or alcohol abuse. 18 NYCRR 385.4, 360-1.2
62	ALL	You failed to keep appointment with the Drug and Alcohol Abuse Referral Unit, to evaluate participation in appropriate rehabilitation program. 18 NYCRR 360-3.3, 360-1.2, 360-5 PART 385
64	ALL	You failed to comply with our request to have a medical evaluation. 18 NYCRR 385.4, 360-1.2
70	SNCA/SNNC	You have been admitted to a private institution. 18 NYCRR 360-1.2, 360-1.3, 360-3.3 PART 352
71	ALL	You have been admitted to a private institution. 18 NYCRR 360-3.3, 360-3.4, 360-1.2, PART 352
72	ALL	You have been admitted to a penal or correctional institution. 18 NYCRR 360-1.2, 360-1.3, 360-3.3, PART 352
75	SNCA/SNNC	You are receiving assistance from a private agency. 18 NYCRR 351.22, 360-3.3, 360-1.2
78	ALL	You were granted Medical Assistance solely for the treatment of a medical condition which has now expired. 18 NYCRR 360-3.2
81	ALL	You have permanently moved to another district within the state.
83	ALL	You have permanently moved to another district outside the state.
84	ALL	Your present whereabouts are unknown to us.
85	ALL	Not residing at the address of record.
91	FA/SNFP	You have failed to present medical bills Safety Net families which meet or exceed your monthly SSI Related surplus/excess income.
94	SSI	You are no longer eligible for SSI and have been determined ineligible for MA SSI.
99	ALL	Other reasons

WORKER'S GUIDE TO CODES

5.1-84

06/19/2016

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – MA (MA: REAS - 341) (cont'd)

CODES USED AFTER 05/08/00

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
E26	FHP	Disc FHP Turning 65, Ineligible for MA Exc Res (NYC)
E27	FHP	Disc FHP Turning 65, Ineligible for MA Exc Inc and Res
E82	MA	Discontinue Family Planning Services, Excess Income (Discontinued 6/18/12) Regulation 366(1)(a)(11) and a(11) of the Social Service Law
E94	ALL	Receiving SSI
EN1	FHP	Failure to Return TPHI Documentation: Verification of Health Insurance and Coverage
EN2	FHP	Failure to Return TPHI Documentation: Verification of Health Insurance Premiums
EN3	FHP	Failure to Return TPHI Documentation: Verification of Health Insurance and Coverage & Verification of Health Insurance Premiums
F32	MA	Excess Income, Child 6 through 18 (Cat Codes 44, 46, 47 or 51 required)

WORKER'S GUIDE TO CODES

5.1-85

02/21/2016

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – MA (MA: REAS - 341) (cont'd)

CODES USED AFTER 05/08/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
F55	MA	Child age 1-5, Excess Income (Discontinued 2016.1)
F56	MA	Child age 1-5, Excess Income and Excess Resource
F68	MA	Excess Income and Excess Resources Child 6 Through 18 Above 100% Federal Poverty Level (Categorical Codes 44, 46, or 51 must be used with this code)
F75	ALL	Absent from Household Without Good Cause

WORKER'S GUIDE TO CODES

5.1-86

02/21/2016

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – MA (MA: REAS - 341) (cont'd)

CODES USED AFTER 05/08/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
F87	FHP	FHP Excess Resources
F89	FHP	Discontinue FHP Excess Income/Resources (NYC)
FE1	MA	Discontinue MA Excess Income, Child Age 6-18 (NYC) (Discontinued 2016.1)
G48	FHP	Deny FHP-PAP, ESHI Not Cost Effective, Ineligible for FHP Due to Equivalent Health Insurance (Discontinued 2016.1)

WORKER'S GUIDE TO CODES

5.1-87

10/18/2014

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – MA (MA: REAS - 341) (cont'd)

CODES USED AFTER 05/08/00 (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>VALUE</u>
H02	FHP	Discontinue FHP - Public Employee A person who is eligible for health care coverage through a federal, state, county, municipal or school district benefit plan is not eligible for Family Health Plus. (Discontinued 10/22/12) Section 369-ee of the SSL and Chapter 58 of the Laws of 2005
M97	ALL	Receipt of Multiple Benefits
M99	ALL	Concurrent Assistance - AFIS Match Client is already receiving Medical Assistance/Family Health Plus. 18 NYCRR 351.9
x40	FHP	Discontinued MA Failed to Choose Plan FHP FP (NYC)
X43	FHP	Discontinued MA Failed to Choose Plan FHP SCC (NYC)
X44	FHP	Discontinued MA Failed to Choose Plan FNP Parent (NYC)
Y83	ALL	Opened in error via Newborn process

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)

REMOVAL CODES – SNAP (FS: REAS - 351)

CODES USED UNTIL 05/08/00

<u>CODES</u>	<u>VALUE</u>
399	Duplicate Assistance Within NYS (This code is used when there has been an Automated Finger Imaging Match –AFIS) 18 NYCRR 351.2 (a), 351.9
K1	FS Ineligible Student 18 NYCRR 387.9 (a) (3), 387.1 (ee), 387.1 (t) (4) (i)
K2	Ineligible Alien 18 NYCRR 387.9 (a) (2), 387.1 (t) (4) (ii)
K4	Failure to Apply/Provide SSN 18 NYCRR 387.9 (a) (5), 387.1 (t) (4) (iv)
K5	Other FS Closing
K6	Dead 18 NYCRR 387.20 (c) (1)

APPENDIX C - OBSOLETE INDIVIDUAL REASON CODES (CONT'D)**REMOVAL CODES – SNAP (FS: REAS - 351) (cont'd)****CODES USED AFTER 05/08/00**

<u>CODES</u>	<u>VALUE</u>
F35	Fleeing Felon Probation/Parole Violator. (Discontinued 10/20/08.) 18 NYCRR 387.1
F95	<u>Alien Ineligible for Food Assistance Program</u> Remove the individual from the case because he/she is an alien who is not eligible to participate in the Food Assistance Program. 18 NYCRR 388.3
G44	<u>Probation Violator</u> Client is currently in violation of probation. (Discontinued 10/19/09) 18 NYCRR 351.2(k)(3)(ii)
G45	<u>Parole Violator</u> Client is currently in violation of parole. (Discontinued 10/19/09) 18 NYCRR 351.2(k)(3)(ii)
M99	<u>Duplicate Assistance - AFIS in NYS</u> An Automated Finger Imaging match (AFIS) has identified the client as receiving FS on another case in NYS. (Discontinued 10/22/12)

WORKER'S GUIDE TO CODES

**5.1-90
06/21/2015**

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APPENDIX D - OTHER OBSOLETE CODES
OBSOLETE SINGLE ISSUANCE CODES

SPECIAL GRANT CODES (PA ISSUANCE CODES)

<u>*CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
32	BIWEEKLY RECURRING BEGIN CHILDCARE	Discontinued 2007.3 10/22/07
53	HR/FS JOB SEARCH EXPENSE	Discontinued 2007.3 10/22/07
61	BASIC KITCHEN EQUIPMENT FOR PATIENT DISCHARGED	Discontinued 2007.3 10/22/07
78	LEARNFARE REFUND	Discontinued prior to 2007.3 10/22/07
A8	SUPPLEMENTAL HSP RENT (RECOUPABLE)	Discontinued 2007.3 10/22/07
A9	HSP RENT SUPPLEMENT (NON- RECOUPABLE)	Discontinued 2014.1 02/15/14
K3	CAP CHILD SUPPORT RECONCILIATION	Discontinued prior to 2007.3 10/22/07
K4	CAP CHILDCARE	Discontinued prior to 2007.3 10/22/07
K5	CAP GRANT	Discontinued prior to 2007.3 10/22/07
N4	BACK TO SCHOOL PAYMENT	Discontinued 02/01/10

* **NOTE: ALL CODES REQUIRE ONE OF THE FOLLOWING LEVELS OF APPROVAL UNLESS OTHER LEVELS ARE SPECIFIED ABOVE:**

- Up to \$999.99 AJOS I/PAA I
- \$1000 to \$1,999.99 AJOS II/PAA II (Assistant Deputy Director)
- \$2,000 and over ADMIN JOS I (Deputy Director)

All special grant code 99's and must have approval from an ADMIN JOS II (Center Director)

APPENDIX D - OTHER OBSOLETE CODES (CONT'D)
OBSOLETE SINGLE ISSUANCE CODES (CONT'D)

SPECIAL GRANT CODES (SNAP ISSUANCE CODES)

<u>CODE</u>	<u>TYPE OF ALLOWANCE</u>	<u>COMMENTS</u>
28	REPLACE UNDELIVERED BENEFITS	Discontinued 2007.3 10/22/07
30	REPLACE UNDELIVERED BENEFITS	Discontinued 2007.3 10/22/07
32	REPLACE COUPONS	Discontinued 2007.3 10/22/07
34	REPLACE COUPONS	Discontinued 2007.3 10/22/07
41	REPLACE DESTROYED BENEFITS	Discontinued 2007.3 10/22/07
43	REPLACE DESTROYED BENEFITS	Discontinued 2007.3 10/22/07
45	EXPIRED/MUTILATED/CANCELLED BENEFITS	Discontinued 2007.3 10/22/07
47	REPLACE EXPIRED/MUTILATED/CANCELLED BENEFITS	Discontinued 2007.3 10/22/07
60	ALTERNATE FOOD STAMPS	Discontinued 12/04/00
K6	SI CAP FS	Discontinued 12/04/00
K9	SI PRE-CAP FS	Discontinued 12/04/00

OBSOLETE ABEL CODES

PA CASE TYPE CODES (PA:TYPE)

ADC	(PA Center)	Aid to Dependent Children (Replaced by FA)
ADCU	(PA Center)	Aid to Dependent Children - Unemployed (Replaced by FA)
HR	(PA Center)	Home Relief (Replaced by SNCA)
HRPG	(PA Center)	Home Relief Pre Investigation (Clients were evaluated and transferred to one of the new categories)

FSUT INDICATOR CODES (FSUT: IND)

N Not Eligible for Combined Utility/Phone Standard (Disabled As of 10/A/04)

PHONE INDICATOR CODES (PHONE: IND)

N Not Eligible for Phone Standard (Disabled as of 10/A/04)
X Eligible for FS SUA Phone Standard (Disabled as of 10/A/04)

INSTALLATION TYPE CODES (INST: TYPE)

Removed As of 04/A/04

APPENDIX D - OTHER OBSOLETE CODES (CONT'D)

OBSOLETE ABEL CODES (CONT'D)

INCOME SOURCE CODES (INCOME/RECURRING: SRC)

- 03 Work Experience Non-WIN
- 58 Unearned Earnings from JTPA

SHELTER TYPE CODES (SHELT: TYPE)

- 20 Emergency Rental Supplement Program
- 41 Jiggetts-Approved Excess Shelter (Discontinued effective 04/30/10)
- 51 Congregate Care Level III - Enhanced Residential Care (Rest of the State)

INDIVIDUAL SPECIAL NEEDS TYPE CODES (SPEC NDS: TY)

- 57 Child Care Allowance for Non-PA Non-Legally Responsible Caretaker (Discontinued 2/17/13)

PA ADDITIONAL NEEDS TYPE CODES (PA: ADDL: TY)

- 42 HSP Shelter Allowance Supplement
- 43 LTSP Recurring Rent Supplement
- 44 EIHP Recurring Rent Supplement
- 48 Shelter Allowance Supplement Adults Only

APPENDIX D - OTHER OBSOLETE CODES (CONT'D)

OBSOLETE TAD CODES

OBSOLETE EMERGENCY INDICATORS (EMG: IND) - 270

- C Child Assistance Program (CAP) (Discontinued 12/4/2000)
- D CAP and EAF Authorization (F) (Discontinued 12/4/2000)
- E CAP and Prior Emergency Authorization (P) (Discontinued 12/4/2000)

OBSOLETE STATE/FEDERAL CHARGE CODES (ST/FED CODE) - 307

- 31 Federal charge unaccompanied refugee minor - Eligible through age 20 if they entered the country before age 18. (Discontinued 2009.3 10/19/2009)

OBSOLETE STATE/FEDERAL CHARGE DATES (ST/FED DATE) - 325

<u>Charge Code</u>	<u>Category</u>	<u>Date</u>	<u>Limit of State/Federal Charge</u>
31	ALL	Date of Entry	Indefinite

PA CATEGORICAL CODES (CAT) – 372

- 36 Presumptive Eligibility - Pregnant Woman (Use only with MA coverage codes 13 or 14) [FA/SNFP/SNNC] (Discontinued 2012.1)
- 37 Federally Non-Participating (FNP) Alien [FA/SNFP/SNNC] (Discontinued 2011.3)

AFIS EXEMPTION INDICATOR (AFIS EX) - 392

- 9 Exempted Long Term Care (In-patient) (MA Only)

DOMESTIC VIOLENCE WAIVERS (WAIVERS)

- D/A Drug/Alcohol Waiver
- IVD IV-D Child Support Waiver
- TL Time Limits for Cash Assistance Waiver
- OTH Other

SYSTEM GENERATED VALUES may appear in these Domestic Violence Waiver fields to identify which program requirements have been waived due to a domestic violence situation. These values are not worker enterable through WMS.

- X Waiver status is approved.
- P Waiver status is partial (valid for IVD only).
- E Waiver status has expired.

APPENDIX D - OTHER OBSOLETE CODES (CONT'D)

OBSOLETE TAD CODES (CONT'D)

LIFELINE INDICATOR CODES (LFLN)

This field is only valid for FA, SNFP, SNCA, SNNC, and NPA/SNAP case types. (Discontinued 2/17/13)

- N Client opts-out of Lifeline Program.
- Space Client does not opt-out of Lifeline Program.

LANGUAGE READ CODES (LANG READ) - 281

- C Blank Chinese-Mandarin (Discontinued 2015.1)
- 2 Blank Chinese-Cantonese (Discontinued 2015.1)
- 3 Blank Chinese-Other (Discontinued 2015.1)
- CH Chinese-Toisanese (Discontinued 2015.1)

PA EMPLOYABILITY CODES (EMP) - 375

<u>CODE</u>	<u>CATEGORY</u>	<u>DEFINITION</u>
77	ALL	Non-Exempt from PA Work Requirements/Exempt from SNAP Work requirements and ABAWD (Discontinued 02/21/2016)
78	ALL	Non-Exempt from PA and SNAP Work Requirements/ABAWD Exempt (Discontinued 02/21/2016)

SNAP EMPLOYMENT CODE (FAP) - 375 (Discontinued 02/21/2016)

- WA NPA Work Registration Required/ABAWD Exempt
- WE Work Regulations Exempt
- WR Work Regulations Required. (Only allowed if individual is aged 18-49 and the case does not contain any individuals under 18 whose PA or SNAP status is AP, AC, SI, or SN.)

APPENDIX D - OTHER OBSOLETE CODES (CONT'D)

OBSOLETE MA CODES

EXPANDED ELIGIBILITY CODE (EEC)

- B All Categories (BT's 01 and 05). See P, C and D.
- C Child(ren) Calculate Total Net Income. Compares household net income To 133% of the federal poverty level. (BT's 01 and 05 only). Children ages one through five years of age.
- D Child(ren) six (6) through eighteen (18). Compares net income to 100% of the FPL (BT's 01 & 05).
- F FHP for 19-20 years old living with their parents and adults living with their child (ren) compare net income to 150% of federal poverty level.
- I Infants birth one year. (BT's 01 & 05). Compares household net income to 185% and 200% of the federal poverty level.
- J Medicaid/Family Planning Benefits Program: Income eligibility is at or below 200% of the FPL. (BT 01,02 and 04).
- K Family Planning Benefits Program Only: Income eligibility is at or below 200% of the FPL. (BT 01,02 and 04).
- N FHP for 19-20 years old not living with parents currently 100% of federal poverty level (Valid on Budget Type 01 & 05 only)
- P Pregnant women and Infants. Compares total net income to 200% of the federal poverty level. (BT's 01 & 05 only).
- S FHP for s/cc currently 100% of federal poverty level

RESOURCE CODE (CD)

19 Vehicle (Discontinued 2016.1)

MA COVERAGE CODES (MA: COV CD) - 343

- 16 HR Coverage - (Disabled as of version 2004.1)
- 32 PCP/Home Relief Coverage - (Disabled as of version 2004.1)
- 33 PCP Guarantee/Home Relief Coverage – (Disabled as of version 2004.1)

WORKER'S GUIDE TO CODES

6.1-1

06/17/2018

**CHAPTER 6 -
INDICES**

ITEM NAME INDEX

	Page
ABAWD Ind. Code	1.4-5
Abbreviated CNS Notices (ABBR CNS)	1.2-7
Action Codes	3.1-18
AD EX Indicator	4.2-4
AFIS Exemption Indicator (AFIS EX)	1.4-17
Aged/Disabled Indicator Code (A/D)	2.1-6
Alien Citizenship Indicator (ACI)	1.4-14
Alien Reg. Number	1.4-15
Associated Address Codes	3.1-54
Associated Code (ASSOC CD)	1.2-8
Associated Codes	
(ASSOC:CD) - NSBL02	2.1-4
(ASSOC:CD) - NSBL06	2.1-10
Birth Verification Indicator (BVI)	1.4-4
Borough/Community District (B/CD)	1.2-1
Budget Source (BUD SRC)	2.1-11
Bureau Of Child Support Indicator (BCS)	1.4-11
Bypass Restriction Indicator	3.1-19
Category Codes	
(CATEGORY) - DSS 2921	1.1-1
Case/Suffix Level (CAT) - DSS 3517 Sec 10	1.2-3

WORKER'S GUIDE TO CODES

6.1-2

06/17/2018

ITEM NAME INDEX (CONT'D)

	<u>PAGE</u>
DSS 3575	3.1-16
Individual Level (CAT) - DSS 3575 Sec 15	1.4-1
CBIC Card Codes (CC)	1.4-13
CBIC Card Delivery Codes (CDC)	1.4-13
CHTP Codes	1.4-13
Closing Codes	
MA (MA:REAS)	
Disaster Relief	4.1-61
Duplicate Assistance	4.1-46
Excess Income And Resources	4.1-31
Failure To Comply With Recertification Procedures	4.1-26
Health Insurance	4.1-54
Living Arrangements	4.1-42
Miscellaneous	4.1-59
Other	4.1-57
PCAP Cases	4.1-63
Spousal Impoverishment	4.1-53
System Generated	4.1-79
System Generated MA Extension Codes	4.1-30, 4.1-67
PA (PA:REAS)	
60 Month Time Limit	1.3-63
Admission To Private Or Public Institution	1.3-43
Change In Employment, Support or Income	1.3-28
Change In Resources Causing Ineligibility	1.3-47
Client Request	1.3-44
Duplicate Assistance	1.3-49
Failure To Comply With Recertification Procedures	1.3-48
Failure To Provide Verification	1.3-32
Intentional Program Violations	1.3-56

WORKER'S GUIDE TO CODES

6.1-3

06/17/2018

ITEM NAME INDEX (CONT'D)

	<u>PAGE</u>
Investigatory - Eligibility Verification Review	1.3-51
Living Arrangements	1.3-42
Miscellaneous	1.3-60
Moved Or Whereabouts Unknown	1.3-41
Refusal To Comply With Eligibility Requirements	1.3-33
SNAP Only (FS:REAS)	1.3-65
Common Application Form - DSS 2921	1.1-1
Daycare Type Codes (DAYCARE:TYP)	2.1-9
Deduction Type Code (DEDUCTIONS:TYP)	2.1-9
Disability Accommodation Indicator (DAI)	1.4-1
Educational Level (EDUC)	1.4-16
Emergency Indicator (EMG:IND)	1.2-7
Employability Codes (EMP)	
MA Only	4.2-4
PA	1.4-5
Employability Status Codes (EMP)	2.1-5
Employer Purchase Indicator (EPI)	4.2-5
External Budgeting Codes	2.1-1
Fair Hearing Codes (AID STATUS)	3.1-54
Fair Hearing Update Data Entry Form - DSS 3722	3.1-54
Frequency Codes (INCOME:FREQ)	2.1-8
FS Single Issuance Authorization Form - DSS 3574	3.1-17
FSUA Indicator Codes (FSUA:IND)	2.1-2
FSUT Indicator Codes (FSUT:IND)	2.1-3
Fuel Indicator Codes (PA:FUEL)	2.1-4

WORKER'S GUIDE TO CODES

6.1-4

06/17/2018

ITEM NAME INDEX (CONT'D)

	<u>PAGE</u>
Heat Type Codes (FSUA:TYPE)	2.1-2
Highest Degree Obtained (HDO)	1.4-16
Hispanic/Latino Code	1.4-15
Homebound Indicator (HMBD)	1.2-6
Household/Suffix Financial Data - Screen NSBL02	2.1-1
Income Exemption Codes (INCOME:CD)	2.1-9
Income Source Codes (INCOME/RECURRING:SRC)	2.1-6
Individual Income/Needs - Screen NSBL06	2.1-5
Individual Reason Codes for MA	
Opening Codes (MA:REAS)	4.2-6
Rejection Codes (MA:REAS)	4.2-9
Sanction Codes (MA:REAS)	4.2-30
Individual Reason Codes for PA	
Opening Codes (PA:REAS)	1.5-1
Rejection Codes (PA:REAS)	1.5-5
Removal Codes (PA:REAS)	1.5-25
Sanction Codes (PA:REAS)	1.5-15
Individual Reason Codes for SNAP Only	
Opening Codes (FS:REAS)	1.5-4
Rejection Codes (FS:REAS)	1.5-12
Removal Codes (FS:REAS)	1.5-31
Sanction Codes (FS:REAS)	1.5-23
Individual Special Needs Type Codes (SPEC NDS:TY)	2.1-10
Insurer Codes	3.1-22

WORKER'S GUIDE TO CODES

6.1-5

06/17/2018

ITEM NAME INDEX (CONT'D)

	<u>PAGE</u>
IPV Indicator Flag (IPV)	1.4-17
Issuance Codes	3.1-17
Language Codes	
(LANG) - DSS 2921	1.1-2
(LANG) - DSS 3517	1.2-4
Language Read Codes (LANG READ)	1.2-3
M3E Indicator (M3E)	1.2-1
MA Categorical Codes (CAT)	4.2-1
MA Coverage Codes (MA: COV CD)	4.2-3
MA Coverage Codes (MA:COV CD)	1.4-3
MA Employability Codes (EMP). <i>See Employability Codes (EMP)</i>	
MA Responsibility Area Indicator (MA RESP)	4.1-1
MA Responsibility Area Indicators (MA RESP)	1.2-6
MA Restricted/Exception Type	4.2-32
MA Restriction/Exception Record	4.2-32
MA Status Codes	
Case/Suffix Level (MA:STAT) - DSS 3517 Sec 10	1.2-7
Individual Level (MA:STAT) - DSS 3517 Sec 15	1.4-2
Marital Status (MAR)	1.4-16
Medicare Savings Program (MSP)	1.4-11
Misc System-Generated Reason Codes	
PA (PA:REAS)	1.3-77
SNAP Only (FS:REAS)	1.3-78
Offense Subtype Codes	3.1-18

WORKER'S GUIDE TO CODES

6.1-6

06/17/2018

ITEM NAME INDEX (CONT'D)

	<u>PAGE</u>
Offense Type Codes	3.1-18
Office Of Treatment Monitoring Indicator (OTM)	1.4-14
Opening Codes	
MA Only (MA:REAS - 241)	4.1-3
PA (PA:REAS) & MA (MA:REAS)	1.3-1
SNAP Only (FS:REAS)	1.3-5
Other Name Codes (CODE)	1.4-17
PA Additional Needs Type Codes (PA:ADDL:TY)	2.1-4
PA Case Type Codes (PA:TYPE)	2.1-3
PA Recoupment Data Entry Form - DSS 3573	3.1-18
PA Routing Codes (PA:ROUT)	1.2-7
PA Single Issuance Authorization Form - DSS 3575	3.1-1
PA Status Codes	
Case/Suffix Level (PA:STAT) - NSBL02	1.2-7
Individual Level (PA:STAT) - NSBL06	1.4-2
Payment Exception Type Codes (PA, MA)	4.2-32
Period Codes (PER)	2.1-2
Pick-Up Codes	3.1-1
Principal Provider Category	4.2-32
Program Indicator Code (PROG)	2.1-8
Race/Ethnic	1.4-15
Race/Ethnic Affiliation Codes	1.1-1
Recertification Source (RCRT SRC)	1.2-2
Recoupment Indicator Code	3.1-16

WORKER'S GUIDE TO CODES

6.1-7

06/17/2018

ITEM NAME INDEX (CONT'D)

	<u>PAGE</u>
Rejection Codes	
MA Only (MA:REAS - 241)	4.1-10
PA (PA:REAS)	1.3-7
SNAP Only (FS:REAS)	1.3-22
Relationship Code (REL)	1.4-12
Relationship Of Mother To Child (MO CHILD)	1.4-17
Resolution Codes (RES CODE)	3.1-56
Resource Verification Indicator (RVI)	4.1-2
Restricted Indicator	3.1-14
Restriction Type Codes	
Case/Suffix Level (RST) - NSBL02	2.1-4
Individual Level (RST) - NSBL06	2.1-10
Restriction/Direct Two Party Indicator	3.1-19
RFI Indicator (RFI IND)	3.1-55
RFI Status (Inquiry Codes)	3.1-56
Safety Net Indicator (SNET IND)	1.2-8
Saved Budgets - Screen NSBL35	2.1-11
Sex Codes (SEX)	1.4-1
Shelter Type Codes	
(SHELT:TYPE) - NSBL02	2.1-1
(SHELTER:TYPE) - DSS 3575	3.1-15
SNAP Categorical Eligibility Codes (CE)	2.1-4
SNAP Eligible Elderly/Disabled Alien Ind	1.4-15
SNAP Employability Code	1.4-5

WORKER'S GUIDE TO CODES

6.1-8

06/17/2018

ITEM NAME INDEX (CONT'D)

	<u>PAGE</u>
SNAP Regulatory Citations for Change in Grant	1.6-8
SNAP Report Codes (FR)	2.1-1
SNAP Routing (FS:ROUT)	1.2-8
SNAP Status Codes	
Case/Suffix Level (FS:STAT) - DSS 3517 Sec 10	1.2-7
Individual Level (FS:STAT) - DSS 3517 Sec 15	1.4-3
Spanish Indicator (SP IND)	1.2-7
Special Grant Codes (ISSUANCE CODES) - DSS 3575	3.1-1
Special Needs Type Codes. <i>See Individual Special Needs Type Codes</i>	
SSI Indicator (SSI)	1.4-11
State/Federal Charge Codes (ST/FED CODE)	1.4-4
State/Federal Charge Date (ST/FED DATE)	1.4-4
Student ID Code	1.4-13
Teenage Service Act Indicator (TASA)	1.4-5
Third Party Data Sheet Form - DSS 4198	3.1-21
Third Party Health Insurance/Medicare Source Code (TPHI/MCR)	1.4-11
30+1/3 Indicator (30 1/3)	2.1-5
Time Limit Exemption Indicator (TL-EX)	1.4-17
Trust Indicator (TI)	1.2-2
Turnaround Document (TAD) - DSS 3517	1.2-1
Usage Codes (INCOME:U)	2.1-8
Utility Guarantee Indicator (UTIL GUAR)	1.2-1
Validate SSN Codes (VALIDATE)	1.4-1
Veteran's Indicator (VET)	1.4-14

WORKER'S GUIDE TO CODES

6.1-9

06/17/2018

ITEM NUMBER INDEX

ITEMCODEPAGE

044	Utility Guarantee Indicator	1.2-1
053	M3E Indicator	1.2-1
061	Trust Indicator	1.2-2
063	Recertification Source	1.2-2
209	Category Codes	1.2-3
219	MA Responsibility Area Indicator	4.1-1
219	MA Responsibility Area Indicators	1.2-6
220	Homebound Indicator	1.2-6
221	PA Status Codes	1.2-7
222	PA Reason Codes (Case Closings)	1.3-27
222	PA Reason Codes (Case Denial)	1.3-7
222	PA Reason Codes (Case Opening)	1.3-1
222	PA Reason Codes (Misc System-Generated)	1.3-77
224	PA Routing Codes	1.2-7
230	SNAP Status Codes	1.2-7
231	SNAP Reason Codes (Case Closings)	1.3-65
231	SNAP Reason Codes (Case Denial)	1.3-22
231	SNAP Reason Codes (Case Opening)	1.3-5
231	SNAP Reason Codes (Misc System-Generated)	1.3-78
233	SNAP Routing	1.2-8
240	MA Status Codes	1.2-7
241	MA Reason Codes (Case Closings)	4.1-25
241	MA Reason Codes (Case Denial)	4.1-10
241	MA Reason Codes (Case Opening)	4.1-3
249	Abbreviated CNS Notices	1.2-7
255	Language Codes	1.2-4
270	Emergency Indicator	1.2-7
273	Spanish Indicator	1.2-7
274	Safety Net Indicator	1.2-8
281	Language Read Codes	1.2-5
282	Resource Verification Indicator	4.1-2
290	Associated Code	1.2-8
304	Teenage Service Act Indicator	1.4-5
307	State/Federal Charge Codes	1.4-4
313	SNAP Eligible Elderly/Disabled Alien Ind	1.4-15
315	Sex Codes	1.4-1
320	SSI Indicator	1.4-11
321	Validate SSN Codes	1.4-1
323	Student ID Code	1.4-13
324	Veteran's Indicator	1.4-14
325	State/Federal Charge Date	1.4-4
328	Bureau Of Child Support Indicator	1.4-11
329	Relationship Code	1.4-12
330	PA Status Codes	1.4-2
331	PA Reason Codes (Individual Denial)	1.5-5
331	PA Reason Codes (Individual Opening)	1.5-1
331	PA Reason Codes (Individual Removal)	1.5-25

WORKER'S GUIDE TO CODES

6.1-10

06/17/2018

ITEM NUMBER INDEX (CONT'D)

<u>ITEM</u>	<u>CODE</u>	<u>PAGE</u>
331	PA Reason Codes (Individual Sanction)	1.5-15
340	MA Status Codes	1.4-2
341	MA Reason Codes (Individual Denial)	4.2-9
341	MA Reason Codes (Individual Opening)	4.2-6
341	MA Reason Codes (Individual Sanction)	4.2-30
343	MA Coverage Codes	1.4-3
345	Medicare Savings Program	1.4-11
350	SNAP Status Codes	1.4-3
351	SNAP Reason Codes (Individual Denial)	1.5-12
351	SNAP Reason Codes (Individual Opening)	1.5-4
351	SNAP Reason Codes (Individual Removal)	1.5-31
351	SNAP Reason Codes (Individual Sanction)	1.5-23
361	Other Name Codes	1.4-17
366	Birth Verification Indicator	1.4-4
367	Disability Accommodation Indicator	1.4-1
370	SNAP Employability Code	1.4-5
371	ABAWD Ind. Code	1.4-5
372	Categorical Codes	1.4-1
373	Native Hawaiian/Pacific Islander	1.4-15
374	White	1.4-15
375	Employability Codes	1.4-5
375	Employability Codes MA Only	4.2-4
378	Common Benefit Identification Card Code	1.4-13
379	Office Of Treatment Monitoring Indicator	1.4-14
380	Child/Teen Health Program Code	1.4-13
381	Alien Reg. Number	1.4-15
382	Alien Citizenship Indicator	1.4-14
383	CBIC - Card Delivery Codes	1.4-13
387	Marital Status	1.4-16
388	Educational Level	1.4-16
390	Highest Degree Obtained	1.4-16
391	Relationship Of Mother To Child	1.4-17
392	AFIS Exemption Indicator	1.4-17
393	Time Limit Exemption Indicator	1.4-17
394	IPV Indicator Flag	1.4-17
395	Hispanic/Latino	1.4-15
396	American Indian/Alaska Native	1.4-15
397	Asian	1.4-15
398	Black/African American	1.4-15

ITEM ALPHA INDEX

B/CD	Borough/Community District	1.2-1
TPHI/MCR	Third Party Health Insurance/Medicare Source Code	1.4-11

WORKER'S GUIDE TO CODES

6.1-11
06/17/2018

REASON CODE INDEX

CASE (SUFFIX) LEVEL

PA, MA, AND SNAP Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
A03				4.1-3					
A06	1.3-77								
A08				4.1-3					
A09				4.1-3					
A20	1.3-1								
A24				4.1-3					
A26				4.1-3					
A27				4.1-3					
A28				4.1-3					
A29				4.1-4					
A30	1.3-1						1.3-5		
A32	1.3-1								
A34							1.3-5		
A41				4.1-4					
A44				4.1-4					
A48							1.3-5		
A49							1.3-5		
A62				4.1-4					
A63						4.1-42			
A64				4.1-4					
A67				4.1-4					
B11									1.3-65
B12									1.3-65
B13									1.3-65
B14									1.3-65
B15									1.3-65
B26									1.3-65
BH1						4.1-21			
D00			1.3-60			4.1-57			1.3-65
D21				4.1-5					
D22				4.1-5					
D23				4.1-5					
D24				4.1-5					
D25				4.1-5					
D92				4.1-5					
D95				4.1-5					
E04					4.1-13				
E10		1.3-7						1.3-22	
E11						4.1-31			
E12						4.1-26			
E18			1.3-51						
E19			1.3-51						
E22					4.1-13				
E28									1.3-65
E29							1.3-22		1.3-65
E30		1.3-7	1.3-28		4.1-13	4.1-32	1.3-22		1.3-65
E31			1.3-28			4.1-32			
E32			1.3-28			4.1-32			
E33			1.3-28			4.1-32			
E34		1.3-7	1.3-28						
E35		1.3-7	1.3-28		4.1-13			1.3-22	

WORKER'S GUIDE TO CODES

6.1-12
06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
E36			1.3-28			4.1-33			
E38			1.3-29						
E39			1.3-29						1.3-65
E40			1.3-29						1.3-65
E50									1.3-66
E51									1.3-66
E52									1.3-66
E54									1.3-66
E58						4.1-63			
E59					4.1-13				
E60		1.3-7	1.3-41		4.1-17	4.1-43			
E61		1.3-7					1.3-22		1.3-66
E62						4.1-43			
E63		1.3-7			4.1-17	4.1-44	1.3-22		1.3-66
E64		1.3-7							
E65			1.3-33						
E66			1.3-41			4.1-44			
E69		1.3-8	1.3-33						
E70							1.3-22		1.3-66
E71							1.3-22		1.3-66
E72		1.3-8	1.3-43		4.1-17		1.3-22		1.3-66
E73		1.3-8	1.3-43		4.1-17	4.1-44			
E74							1.3-22		
E75							1.3-22		
E76							1.3-22		1.3-66
E77							1.3-22		1.3-67
E78							1.3-22		1.3-67
E79						4.1-44			
E82						4.1-35			
E83						4.1-63			
E86		1.3-8	1.3-33				1.3-23		1.3-67
E88						4.1-64			
E89						4.1-33			
E91			1.3-48						
E92			1.3-33						
E93						4.1-64			
E95		1.3-8	1.3-60			4.1-57	1.3-23		1.3-67
EE3					4.1-10				
EE4					4.1-10				
EE5					4.1-10				
EF2						4.1-42			
EF3						4.1-42			
EF6						4.1-42			
EF7						4.1-42			
EF8						4.1-42			
EM4			1.3-44						
EM5			1.3-44						
EM7			1.3-44						
EM8						4.1-42			
EZ1		1.3-8	1.3-33						
EZ2		1.3-8	1.3-34						
EZ3		1.3-8	1.3-34						

WORKER'S GUIDE TO CODES

6.1-13
06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
EZ4		1.3-8	1.3-34						
EZ5			1.3-29						
F09					4.1-14	4.1-34			
F10		1.3-9							
F11			1.3-60						
F12						4.1-48			
F15							1.3-23	1.3-67	
F17		1.3-9	1.3-34		4.1-21	4.1-48			1.3-67
F19							1.3-23	1.3-67	
F20		1.3-9	1.3-34		4.1-21	4.1-48			
F21							1.3-23	1.3-67	
F22								1.3-67	
F26					4.1-14	4.1-34			
F28					4.1-14	4.1-36			
F30							1.3-23	1.3-68	
F33		1.3-9	1.3-29						
F34			1.3-29						
F37							1.3-23		
F39			1.3-30						
F40		1.3-9	1.3-35			4.1-48			
F43						4.1-49			
F49							1.3-23		
F50					4.1-21				
F51					4.1-21				
F52		1.3-9							
F53		1.3-9	1.3-35						
F54	1.3-1								
F62			1.3-51						
F63		1.3-9	1.3-43			4.1-44	1.3-23	1.3-68	
F64			1.3-43			4.1-45			
F65									1.3-68
F70							1.3-23	1.3-68	
F71							1.3-23	1.3-68	
F76			1.3-35						
F81		1.3-10	1.3-35						
F84		1.3-10	1.3-35						
F85									1.3-68
F86							1.3-23	1.3-68	
F90							1.3-23	1.3-68	
F92		1.3-10	1.3-60		4.1-12	4.1-49	1.3-23	1.3-69	
F93		1.3-10			4.1-12				
F94							1.3-23	1.3-69	
F96								1.3-69	
F98		1.3-10	1.3-44						
F99						4.1-45			
FE1					4.1-15				
G01			1.3-51						
G10			1.3-48						
G11						4.1-49			
G14						4.1-26			
G16			1.3-51						
G17			1.3-51						

WORKER'S GUIDE TO CODES

6.1-14

06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
G18					4.1-15				
G20			1.3-48						
G21			1.3-52						
G22			1.3-52						
G23			1.3-52						
G24			1.3-52						
G25			1.3-52						
G26			1.3-52						
G27			1.3-52						
G28			1.3-53						
G29			1.3-53						
G30			1.3-63						
G31			1.3-63						
G32			1.3-63						
G33			1.3-63						
G34							1.3-5		
G36			1.3-48						
G37			1.3-48						
G39			1.3-60			4.1-57			1.3-69
G40			1.3-30						
G41		1.3-10	1.3-30						
G46		1.3-10							
G47						4.1-44			
G48					4.1-20				
G53									1.3-69
G55			1.3-60						
G56						4.1-27			
G57					4.1-15	4.1-37			
G58					4.1-21	4.1-36			
G59					4.1-21	4.1-37			
G60		1.3-10	1.3-53						
G61			1.3-41						
G62			1.3-41			4.1-45			
G65								1.3-24	
G66						4.1-49			
G77						4.1-45			
G81			1.3-53						
G83						4.1-64			
G87			1.3-44						
G88			1.3-45		4.1-22	4.1-57			
G89		1.3-11	1.3-45						
G90			1.3-45						
G92		1.3-11	1.3-45						
G93						4.1-64			
G94			1.3-45						
G95		1.3-11	1.3-53						
G96		1.3-11	1.3-46						
G97			1.3-46						
G98			1.3-46		4.1-22	4.1-58			
G99		1.3-11	1.3-46						
H05					4.1-22				
H10						4.1-53			

WORKER'S GUIDE TO CODES

6.1-15

06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
H11						4.1-53			
H12								1.3-24	
H19			1.3-53			4.1-50			
H21				4.1-5					
H22					4.1-22				
H24					4.1-22				
H25					4.1-18	4.1-37			
H26					4.1-18	4.1-38			
H28				4.1-5					
H33					4.1-16	4.1-38			
H34					4.1-16	4.1-39			
H35					4.1-16	4.1-39			
H36					4.1-16	4.1-39			
H37					4.1-18	4.1-39			
H42					4.1-22				
H43				4.1-9					
H44						4.1-40			
H45						4.1-40			
H46						4.1-41			
H47						4.1-41			
H48						4.1-50			
H49				4.1-48					
H50				4.1-5					
H51						4.1-48			
H52				4.1-6					
H53				4.1-6					
H60				4.1-5					
H61						4.1-57			
H62				4.1-5					
H64				4.1-5					
H65				4.1-6					
H66				4.1-6					
H67				4.1-6					
H68				4.1-6					
H69				4.1-6					
H70				4.1-6					
H71				4.1-6					
H72				4.1-6					
H73				4.1-6					
H74				4.1-6					
H76				4.1-6					
H77				4.1-6					
H78				4.1-6					
H79				4.1-6					
H80				4.1-6					
H82				4.1-7					
H83				4.1-7					
H84				4.1-7					
H85				4.1-7					
H88				4.1-7					
H91				4.1-7					
H94				4.1-7					

WORKER'S GUIDE TO CODES

6.1-16
06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
H96				4.1-7					
H98				4.1-7					
H99				4.1-7					
HH8					4.1-22	4.1-52			
I46			1.3-47						1.3-69
IP1								1.3-24	1.3-69
J05								1.3-24	1.3-69
M02					4.1-19				
M05						4.1-46			
M13		1.3-11	1.3-49		4.1-19			1.3-24	1.3-69
M15		1.3-11	1.3-35						
M20									1.3-70
M24						4.1-50			1.3-70
M25		1.3-12	1.3-36		4.1-23	4.1-50			1.3-70
M26								1.3-24	1.3-70
M27								1.3-24	1.3-70
M32					4.1-23				
M34								1.3-24	
M35		1.3-12							
M37		1.3-12							
M44			1.3-36						
M48		1.3-12	1.3-42						
M49			1.3-42						
M50			1.3-42						
M53									1.3-70
M55		1.3-12							
M66		1.3-12			4.1-19			1.3-24	
M67		1.3-12			4.1-19			1.3-24	
M68			1.3-61			4.1-45			1.3-70
M71		1.3-13							
M76		1.3-13							
M77		1.3-13							
M78		1.3-13							
M79		1.3-13							
M81			1.3-54						
M82			1.3-54						
M88		1.3-13	1.3-36						
M89						4.1-51			
M90								1.3-24	1.3-70
M91								1.3-24	1.3-71
M97			1.3-49			4.1-46		1.3-24	1.3-71
M98		1.3-14	1.3-49		4.1-19	4.1-46		1.3-24	1.3-71
M99		1.3-14	1.3-49						
MC1						4.1-79			
MC2						4.1-79			
MX1		1.3-14							
MX2		1.3-14							
MX3		1.3-14							
N10		1.3-14						1.3-24	1.3-71
N12			1.3-36						
N13		1.3-14							
N14		1.3-15	1.3-36						

WORKER'S GUIDE TO CODES

6.1-17

06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
N15		1.3-15	1.3-54						
N16		1.3-15	1.3-36						
N17		1.3-15	1.3-37						
N18									1.3-71
N19		1.3-15							
N20			1.3-37						
N21		1.3-15							
N31								1.3-25	
N32								1.3-25	
N33								1.3-25	
N41			1.3-31						1.3-71
N42			1.3-31						1.3-71
N43			1.3-31						1.3-71
N44			1.3-37						
N45			1.3-31						
N46			1.3-31						
N47			1.3-31						
N66			1.3-50			4.1-46		1.3-25	1.3-72
N67			1.3-50			4.1-46			1.3-72
N70			1.3-54						
N71			1.3-54						
N72			1.3-54						
N88			1.3-37						
N90								1.3-25	1.3-72
NF1								1.3-25	1.3-72
NF2								1.3-25	1.3-72
P20		1.3-16							
P30			1.3-64						
P31			1.3-64						
P32			1.3-64						
P44		1.3-16	1.3-37						
P45		1.3-16	1.3-37						
P46		1.3-16	1.3-38						
P47				4.1-7					
PX1			1.3-38						
PX2			1.3-38						
PX3			1.3-38						
Q22							1.3-5		
Q23							1.3-5		
R10			1.3-55						
R11			1.3-55						
R99						4.1-77		1.3-25	
U13					4.1-23	4.1-27			
U15						4.1-65			
U20						4.1-28			
U21						4.1-29			
U23					4.1-24	4.1-29			
U40		1.3-16	1.3-47					1.3-25	
U41		1.3-16	1.3-47					1.3-25	1.3-71
U42		1.3-16	1.3-47						
U43			1.3-47						
U44		1.3-17	1.3-47					1.3-25	1.3-72

WORKER'S GUIDE TO CODES

6.1-18
06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
U45									1.3-72
U54						4.1-41			
U61						4.1-29			
U97									1.3-73
V13					4.1-24	4.1-51			
V18					4.1-20				
V20			1.3-32						
V21		1.3-17						1.3-25	1.3-73
V23		1.3-17	1.3-32						
V24		1.3-17	1.3-32						
V25		1.3-17	1.3-32						
V26			1.3-32						
V50			1.3-55						
VE1			1.3-38						
VE2			1.3-38						
VE3			1.3-38						
W10		1.3-17							
W11		1.3-17	1.3-38						
W23		1.3-17	1.3-32						
W35		1.3-18	1.3-61					1.3-25	1.3-73
W40		1.3-18	1.3-38						
W44		1.3-18	1.3-61					1.3-25	1.3-73
W45		1.3-18	1.3-61					1.3-25	1.3-73
WC1			1.3-39						
WC2			1.3-39						
WE1		1.3-18							1.3-73
WE2		1.3-18							1.3-73
WE3		1.3-18							1.3-73
WF1								1.3-26	
WF2								1.3-26	
WF3								1.3-26	
WS1		1.3-19	1.3-56						
WS2		1.3-19	1.3-56						
WS3		1.3-19	1.3-57						
WS4		1.3-20	1.3-57						
WS5		1.3-20	1.3-58						
WS6		1.3-20	1.3-58						
WS7		1.3-20	1.3-59						
WS8		1.3-21	1.3-59						
WX1			1.3-39						
WX2			1.3-39						
WX3			1.3-39						
WX4			1.3-40						
WX5			1.3-40						
WX6			1.3-40						
X12						4.1-53			
X13						4.1-53			
X50						4.1-54			
X51						4.1-55			
X52						4.1-56			
X66									1.3-73
Y02						4.1-58			

WORKER'S GUIDE TO CODES

6.1-19
06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
Y03						4.1-58			
Y10									1.3-74
Y12								1.3-26	
Y13									1.3-74
Y14			1.3-61						
Y16	1.3-1								
Y17							1.3-5		
Y19	1.3-1								
Y20							1.3-78		
Y21							1.3-5		
Y24									1.3-74
Y25						4.1-58			
Y26						4.1-58			1.3-74
Y27				4.1-7					
Y29									1.3-74
Y30						4.1-58			
Y31						4.1-58			
Y37	1.3-1								
Y38	1.3-1								
Y39	1.3-1								
Y41	1.3-1								
Y42	1.3-1								
Y43	1.3-2								
Y45							1.3-5		
Y46	1.3-2						1.3-6		
Y47	1.3-2								
Y50		1.3-21			4.1-24				
Y51	1.3-2						1.3-6		
Y52			1.3-61						1.3-74
Y53	1.3-2								
Y54			1.3-61						
Y56				4.1-7					
Y57				4.1-7					
Y58				4.1-7					
Y59				4.1-7					
Y60							1.3-6		
Y65	1.3-2								
Y66									1.3-74
Y67	1.3-2			4.1-7					
Y68				4.1-7					
Y69				4.1-7					
Y71	1.3-2								
Y72	1.3-2								
Y73	1.3-2								
Y78			1.3-55						
Y80							1.3-6		
Y81	1.3-2								
Y84					4.1-20	4.1-51			
Y86			1.3-55						
Y87			1.3-55						
Y93			1.3-61						1.3-74
Y94		1.3-21						1.3-26	

WORKER'S GUIDE TO CODES

6.1-20
06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
Y95		1.3-21	1.3-62						
Y96			1.3-62						
Y98			1.3-62						
Y99		1.3-21	1.3-62		4.1-24	4.1-58		1.3-26	1.3-74
Z11									1.3-75
029							1.3-6		
064							1.3-6		
093	1.3-4			4.1-9					
099							1.3-6		
166						4.1-67			
178						4.1-59			
194						4.1-59			
198						4.1-59			
244			1.3-46						
299					4.1-24				
322						4.1-61			
323						4.1-61			
399									1.3-75
400	1.3-1								
401			1.3-62						
404						4.1-30			
414				4.1-9					
415				4.1-9					
416						4.1-67			
417						4.1-67			
450						4.1-67			
567						4.1-67			
576						4.1-47			
602				4.1-9					
603			4.1-67						
604				4.1-9					
606						4.1-52			
608				4.1-9					
609				4.1-8					
613				4.1-9					
614				4.1-9					
615				4.1-9					
616				4.1-8					
620						4.1-67			
621				4.1-8					
622				4.1-8					
626						4.1-52			
631						4.1-56			
632				4.1-9					
633				4.1-11					
666						4.1-68			
667				4.1-8					
669						4.1-8			
672				4.1-8					
693						4.1-68			
698						4.1-68			
701						4.1-68			

WORKER'S GUIDE TO CODES

6.1-21

06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
702						4.1-68			
703						4.1-68			
706						4.1-68			
714						4.1-68			
716						4.1-68			
718						4.1-69			
719						4.1-69			
721						4.1-69			
730						4.1-69			
731						4.1-69			
732						4.1-69			
736						4.1-69			
740						4.1-59			
741						4.1-70			
750						4.1-70			
753				1.3-4					
756						4.1-70			
759						4.1-70			
761						4.1-71			
763						4.1-71			
770						4.1-71			
772						4.1-71			
773						4.1-71			
774						4.1-71			
775						4.1-72			
776						4.1-72			
777						4.1-72			
778						4.1-72			
780						4.1-72			
781						4.1-73			
782						4.1-73			
783						4.1-73			
784						4.1-73			
785						4.1-73			
786						4.1-74			
787						4.1-74			
799						4.1-74			
800				1.3-4					
806				4.1-8					
808						4.1-74			
812				4.1-8					
813				4.1-8					
814				4.1-8					
816						4.1-74			
822				4.1-8					
830					4.1-24				
839				1.3-4					
840						4.1-51			
841						4.1-51			
842						4.1-51			
846						4.1-75			
847						4.1-75			

WORKER'S GUIDE TO CODES

6.1-22

06/17/2018

REASON CODE INDEX (CONT'D)

PA, MA, AND SNAP Case Opening, Rejection, Sanction, and Closing Codes

CODE	PA PAGE			MA PAGE			SNAP PAGE		
	AC	RJ	CL	AC	RJ	CL	AC	RJ	CL
850						4.1-75			
853				4.1-8					
865				4.1-8					
866						4.1-75			
867						4.1-75			
884					4.1-20				
889				4.1-8					
901							1.3-6		
905						4.1-76			
911						4.1-76			
914									1.3-75
923				4.1-8					
939			1.3-43			4.1-76			1.3-75
943								1.3-22	
944									1.3-75
957						4.1-77			
958						4.1-77			
959						4.1-77			
962						4.1-77			
966						4.1-77			
968									1.3-75
972						4.1-62			
976									1.3-75
977									1.3-75
980						4.1-66			
983						4.1-30			
985						4.1-66			
991						4.1-59			
992									1.3-75
994						4.1-30			
995						4.1-30			
997						4.1-30			
998						4.1-30			

WORKER'S GUIDE TO CODES

6.1-23

06/17/2018

REASON CODE INDEX (CONT'D)

INDIVIDUAL LEVEL

For PA and MA Opening, Rejection (Denial), Sanction and Removal Codes

CODE	PA PAGE				MA PAGE				SNAP PAGE			
	AC	RJ	SN	CL	AC	RJ	SN	CL	AC	RJ	SN	CL
064	1.5-3								1.5-4			
96	1.5-3											
97	1.5-3											
101	1.5-3											
424								4.2-28				
920					4.2-8							
921				1.5-30	4.2-8							
968												1.5-33
A2	1.5-1											
A4					4.2-6							
A5	1.5-1											
A7					4.2-6							
C0	1.5-1											
C1	1.5-1											
C2	1.5-1											
C3	1.5-1											
C4	1.5-1											
D0	1.5-1											
D5	1.5-1											
D6	1.5-1											
D7	1.5-2											
D8	1.5-2											
E5	1.5-2											
F0	1.5-2											
G0	1.5-2											
G5	1.5-2											
G6	1.5-2											
H0	1.5-2											
H5	1.5-2											
I0	1.5-2											
I1	1.5-2											
I2	1.5-3											
I3	1.5-3											
I4					4.2-6							
I5					4.2-6							
I9					4.2-6							
J0					4.2-6							
J1					4.2-6							
J2					4.2-6							
J3					4.2-6							
J4					4.2-6							
J5					4.2-6							
LX									1.5-4			
LL									1.5-4			
LM									1.5-4			
LZ									1.5-4			
V7	1.5-3											
A03					4.2-7							
A41					4.2-7							
A64					4.2-7							

WORKER'S GUIDE TO CODES

6.1-24
06/17/2018

REASON CODE INDEX (CONT'D)

For PA and MA Individual Opening, Rejection (Denial), Sanction and Removal Codes

CODE	PA PAGE				MA PAGE				SNAP PAGE			
	AC	RJ	SN	CL	AC	RJ	SN	CL	AC	RJ	SN	CL
D00				1.5-25				4.2-28				1.5-31
D95					4.2-7							
E04						4.2-9						
E21			1.5-15				4.2-30					
E22						4.2-9						
E24								4.2-20				
E59						4.2-9						
E72		1.5-6		1.5-25		4.2-17		4.2-26		1.5-12		
E73		1.5-6		1.5-25		4.2-17		4.2-26				
E86		1.5-6		1.5-25						1.5-12		1.5-31
E88												
E90				1.5-25				4.2-28				
E94		1.5-6		1.5-25								
E95		1.5-6		1.5-25				4.2-28		1.5-12		1.5-31
E96				1.5-26						1.5-12		1.5-31
E97				1.5-26								
EF2								4.2-26				
EF3								4.2-26				
EF4								4.2-26				
EF5								4.2-26				
EZ1			1.5-15									
EZ2			1.5-15									
EZ3			1.5-15									
EZ4			1.5-15									
F09						4.2-9		4.2-21				
F12							4.2-31					
F15										1.5-12		1.5-31
F17			1.5-15				4.2-30					
F19										1.5-12		1.5-12
F20			1.5-15				4.2-30				1.5-23	
F21										1.5-12		1.5-31
F22										1.5-12		1.5-31
F26						4.2-10		4.2-21				
F28						4.2-10		4.2-21				
F30										1.5-12		1.5-31
F40			1.5-16				4.2-31					
F50		1.5-7					4.2-15					
F51		1.5-7					4.2-15					
F60		1.5-7		1.5-26			4.2-17	4.2-27		1.5-12		1.5-32
F61				1.5-26								
F63		1.5-7		1.5-26			4.2-17	4.2-27		1.5-13		1.5-32
F64				1.5-26				4.2-27				
F66		1.5-7		1.5-26			4.2-16	4.2-25				
F75		1.5-8		1.5-27								
F76		1.5-8		1.5-27								
F81							4.2-13					
F84			1.5-15					4.2-31				
F85										1.5-13		1.5-32
F86										1.5-13		1.5-32
F88		1.5-8		1.5-27								
F90										1.5-13		1.5-32

WORKER'S GUIDE TO CODES

6.1-25
06/17/2018

REASON CODE INDEX (CONT'D)

For PA and MA Individual Opening, Rejection (Denial), Sanction and Removal Codes

CODE	PA PAGE				MA PAGE				SNAP PAGE			
	AC	RJ	SN	CL	AC	RJ	SN	CL	AC	RJ	SN	CL
F91										1.5-13		1.5-32
F92		1.5-8		1.5-27		4.2-13		4.2-24		1.5-13		1.5-32
F93		1.5-8		1.5-27		4.2-13	4.2-24	4.2-24				
F94										1.5-13		1.5-32
FE1						4.2-11						
G57						4.2-11						
G82								4.2-24				
H14				1.5-27				4.2-28				
H22						4.2-19						
H36						4.2-11						
H37						4.2-12						
H38								4.2-22				
H42						4.2-13						
H48								4.2-24				
H49					4.2-28							
H51								4.2-24				
H52					4.2-7							
H53					4.2-7							
H66					4.2-7							
H67					4.2-7							
H68					4.2-7							
H69					4.2-7							
H70					4.2-8							
H71					4.2-8							
H74					4.2-7							
H97					4.2-7							
H98					4.2-7							
HH9						4.2-13		4.2-24				
IP1									1.5-13	1.5-23		
M02						4.2-16						
M05								4.2-25				
M13		1.5-8		1.5-28		4.2-19			1.5-13			1.5-32
M33		1.5-9		1.5-28								
M66						4.2-19						
M67						4.2-19						
M97		1.5-9		1.5-28					1.5-13			1.5-32
M98		1.5-9		1.5-28		4.2-16		4.2-25	1.5-13			1.5-33
M99		1.5-9		1.5-28								
MX1			1.5-16									
MX2			1.5-16									
MX3			1.5-16									
N20			1.5-16									
N31		1.5-9							1.5-14			
N32									1.5-14			
N33									1.5-14			
N41			1.5-16								1.5-23	
N42			1.5-16								1.5-23	
N43			1.5-16								1.5-23	
N44		1.5-9		1.5-28								
N49		1.5-10		1.5-29								
N50		1.5-10		1.5-29								

WORKER'S GUIDE TO CODES

6.1-26

REASON CODE INDEX (CONT'D)

For PA and MA Individual Opening, Rejection (Denial), Sanction and Removal Codes

CODE	PA PAGE				MA PAGE				SNAP PAGE			
	AC	RJ	SN	CL	AC	RJ	SN	CL	AC	RJ	SN	CL
N66		1.5-10		1.5-29		4.2-16		4.2-25		1.5-14		1.5-33
N90										1.5-14		1.5-33
NF1											1.5-23	
NF2											1.5-23	
P44		1.5-10	1.5-17									
P45		1.5-10	1.5-17									
P46		1.5-11	1.5-17									
P47					4.2-8							
PX1			1.5-17									
PX2			1.5-17									
PX3			1.5-17									
U44		1.5-11		1.5-29								
V30			1.5-18									
V97						4.2-14		4.2-23				
VE1			1.5-17									
VE2			1.5-17									
VE3			1.5-17									
W12		1.5-11		1.5-29								
W35		1.5-11		1.5-30					1.5-14			1.5-33
W40			1.5-18									
W44		1.5-11		1.5-30					1.5-14			1.5-33
W45		1.5-11		1.5-30					1.5-14			1.5-33
WC1			1.5-18									
WC2			1.5-18									
WE1			1.5-18								1.5-23	
WE2			1.5-18								1.5-24	
WE3			1.5-18								1.5-24	
WF1											1.5-24	
WF2											1.5-24	
WF3											1.5-24	
WS1			1.5-19									
WS2			1.5-19									
WS3			1.5-20									
WS4			1.5-20									
WS5			1.5-21									
WS6			1.5-21									
WS7			1.5-22									
WS8			1.5-22									
Y02								4.2-28				
Y21									1.5-4			
Y48	1.5-3											
Y71	1.5-3											
Y72	1.5-3											
Y73	1.5-3											
Y84						4.2-18		4.2-23				
Y97				1.5-30								
Y98		1.5-11		1.5-30		4.2-19		4.2-29				
Y99		1.5-11		1.5-30		4.2-19		4.2-29		1.5-14		1.5-33