#### WMS ABEL CODES TRANSACTION TYPE (TRAN/TT) Hotel/Motel Temporary (u) 06 01 Application Denial Migrant Labor Camp Medical Facility (\$40 PNA only) (u) 02 Opening Congregate Care Level II-Drug/Alcohol Treatment Facility 03 Denial (Residential Treatment Center) 05 Change Recertification/Reauthorization 11 Non-Commerical Room Only Closing Non-Level II Alcohol Treatment Facility (u) Recertification - Closing State Operated Community Residence (FS Only) Congregate Care Level I-Family Care 09 Open/Close Congregate Care Level II-Not Drug/Alcohol Treatment Reopening 10 Forced Closing or Apartment-like 12 17 Congregate Care Level II-Apartment-like (OMH/OMRDD SEPARATE DETERMINATION INDICATOR (SD) Supportive/Supervised Apartments) Separate Determination FS Transitional Benefit Tier II Family Shelter (3 Meals/Day) (u) Т 20 Rental Supplement CASE TYPE (CASE/CT) 21 Shelter for Homeless (3 Meals/Day) (u) 11 FA 17 SN-FNP 22 Residential Program for Victims of Domestic Violence 12 SN-FP 19 EAF (3 Meals/Day) (u) Undomiciled 13 ADC-FC 31 NPA-FS 33 Homeless Shelter Tier II (Less Than 3 Meals/Day) (u) 16 SN-CSH 32 FS-MIX 36 Shelter for Homeless (Less Than 3 Meals/Day) (u) 60 HEAP Residential Program for Victims of Domestic Violence **GROUP HOME 2 PERSON HH TYPE (Entry in Sponsor Field)** (Less Than 3 Meals/Day) (u) Subsidized Housing (Non-Certificate) (Shelter Types 10, 12, 13, 15, 16, 17 and 42) 40 Section 8 Voucher (30% Limit) Both TA 4 Both SSA 42 Congregate Care Level III - Adult Home and Enriched Housing 1 TA and 1 SSA 5 1 SSA & 1 Neither TA or SSA Supportive/Specialized Housing (District 55 Only) 1 TA & 1 Neither TA or SSA 6 Both Neither TA or SSA SHELTER TYPES NYSNIP FS EXPENSE INDICATOR CODES (HT/AC/UTIL/PHONE) A Excess Charge 94 SSI High Shelter, SUA Eligible X Standard Allowance 95 SSI Low Shelter, SUA Eligible Third Party Pays Heating Cost Directly to Vendor/ SSI High Shelter, No SUA Undocumented Incurred HT/AC Costs 97 SSI Low Shelter, No SUA 98 SSI Shelter Cost and SUA Unknown Standard Allowance HEAP Ineligible (Not Customer of Record)(Also NYSNIP Public Housing Cases with AC Costs) SHELTER PRORATION INDICATOR (PRO/PI) (PA Only) H HEAP Eligible N No Expense C Prorate Children's Share of Shelter Needs N Prorate All Needs Except Shelter Refuses HEAP Unknown (NYSNIP Only) S Prorate Shelter Expenses Only P Prorate Parent's Share of Needs **HOUSEHOLD CHILD INDICATOR (CT 16, 17)** 1-9 Number of Essential Persons No Child in Household Child in Household SHELTER RESTRICTORS/INDICATORS FUEL TYPE (TY) (IND/RES/SI/R) (PA Only) Natural Gas Entire Actual Shelter Propane Municipal Electric Utilities 1st/Entire Shelter (CT 11, 16) В Oil 8 PSC Electric X Shelter Allowance 3 9 Other Fuel 4 Heat Included in Shelter Costs Ε Entire Shelter Cost Coal 0 P Wood X No Fuel Allowed Entire Shelter – Primary Restriction (CT 12, 17) S Entire Shelter – Secondary Restriction (CT 12, 17) Kerosene U Unknown (NYSNIP Only) O Utilities 1st/Shelter Allowance FS CATEGORICAL ELIGIBILITY INDICATOR (CE) Utilities 1st/Excess Shelter Y Yes N No SHELTER FREQUENCY (FRQ) (PA Only) FS AGED/DISABLED INDICATOR W Weekly B Bi-Weekly X Aged/Disabled S Semi-Monthly M Monthly A All Adults Aged/Disabled 1st MONTH SHELTER PAYMENT SOURCE (SRC) S NYSNIP Case R Resource/Exempt Income I Income

OTHER PAALLOWANCE (TY) (PA Only)

Restaurant Allowance – Lunch – Dinner

Restaurant Allowance - Breakfast - Lunch - Dinner

01 Restaurant Allowance - Dinner

Refrigerator Rental

03

## **SHELTER TYPE** u = unlimited (**TY**)

- 01 Rent Private (Including Trailer Lot or Commerical Room)
- 02 Rent Public
- Own Home (Including Trailer)
- 04 Room & Board
- Hotel/Motel Permanent

## WMS ABEL CODES

- 09 Chattel Mortgages
- 13 Home Delivered Meals
- 14 Other Shelter Needs
- +17 Supplemental Child Care
- 18 Expenses Incident to Pregnancy
- $40 \quad Temporarily\ Absent\ Person(s)-In\ Congregate\ Care$
- 45 Person(s) Not in Care Residing in Congregate Care Facility
- + Not Included in the Eligibility Determination

## OTHER FS ALLOWANCES (OTHER TYPE)

- 15 FS Installation Fee
- 16 Pro-Rated FS Installation Fee

## LINE NUMBER (LN)

- 01-20 Line Number of Individual in case with income
  - 98 Income is received by individual in co-op PA case
  - 99 Legally Responsible Non-Case Member in Home

## DISREGARD INDICATOR (I) (PA Only)

- 1 If Eligible, Give Disregard
- 2 Calculate With Disregard
- 3 Calculate With \$30 (Prior to 11/1/97)
- 6 No Disregard (CT 16, 17 Only)

## EARNED INCOME SOURCES (SRC)

- 01 Salaries, Wages
- 04 Work Experience
- 05 Irregular or Infrequent Income
- 06 Other Earnings
- 07 VISTA
- 08 Severance Pay
- 09 Family Day Care Provider Income
- 10 Employer-Provided Sick Pay
- 12 Lump Sum (PA Only)
- 13 Lump Sum Received by Current Wage Earner (PA Only)
- 20 Net Business Income/Income from Self-Employment
- 22 Earnings of a LRR in Co-op Case (PA Only)
- 30 Training Allowance (FS Only)
- 31 Earnings From Subsidized Private or Public Sector Employment (PA Only)
- 35 School to Work Employment Program (FS Only)
- 40 Earnings from JTPA
- 44 Office for Vocational and Educational Services for Individuals With Disabilities
- 45 Income From Boarder/Lodger
- 46 Net Income From Rental of House, Store or Other Property, Worked More than 20 Hours per Week
- 47 Net Income from Rental of House, Store or Other Property, Worked Less than 20 Hours per Week (PA Only)
- 48 Income from a Roomer
- 49 Earned Income of a Sponsor (FS Only)

## FREQUENCY CODES (FRQ/F)

- 1-5 Number of Times Received or Paid in the Month W Weekly B Bi-Weekly
  - S Semi-Monthly

## M Monthly

## WORK DEDUCTIONS INDICATOR (D) (PA Only)

F Full Time P Part Time N No Deductions Allowed

## OTHER/UNEARNED INCOME SOURCES (SRC)

- 01 Adoption Subsidy
- 02 Alimony/Spousal Support (Non-Arrears)
- O3 Any Dividends, Interest or Periodic Receipts from Stocks, Bonds, Mortgages, Bank Interest, Trust Funds, Annuities, Credit Unions, Estates, etc.

- 04 Black Lung Disease
- 05 Monthly Net Amount of Educational Grants & Loans (FS Only)
- 06 Child Support Payments
- 07 Disabled Veteran's Benefits (Non-Service Connected)
- 08 Loan (CT 16, 17)
- 09 Foster Care Payments (FS Only)
- 10 GI Dependency Allotment
- 11 Disabled Veteran's Benefits (Service Connected)
- 12 Gifts
- 13 Child/Spousal Support Assigned to Agency (PA Only)
- 17 Spousal Support (Arrears)(CT 16, 17, 31, 32)
- 18 Income from Friends or Non-Legally Responsible Relatives
- 21 Post Compliance Emergency Payment (PA Only)
- 22 Income-In-Kind (PA Only)
- 24 Excess Support Payment
- 26 Lump Sum Payments (PA Only)
- 81 Earnings from Subsidized Private or Public Sector Employment (FS Only)
- 33 NYS Disability Insurance
- 35 Railroad Retirement Benefit Dependent
- 37 Public Assistance Grant (FS Only)
- 38 Railroad Retirement Benefit
- 39 Retirement Benefits (Pensions)
- 40 PA Grant Reduction
- 41 Sick Pay (Private Insurance)
- 42 Social Security Disability Benefit
- 43 Social Security Survivor's Benefit
- 44 Social Security Retirement Benefit
- 45 SSI Benefit
- 46 Social Security Benefit Dependent
- 49 Unemployment Insurance Benefit Compensation
- 50 Union Benefits
- 54 HUD Utility Allowance (PA Only)
- 55 Veteran's Pensions or Benefit
- 59 Worker's Compensation
- 72 Income of a LRR in Co-op Case (PA Only)
- 73 Earnings of a Dependent Child Who Is A Full or Part-Time Student Who Is Not Employed Full-Time (PA Only)
- 75 Deemed Income from a Step-Parent (PA Only)
- 76 Deemed Income from a Sponsor (PA Only)
- 77 Net Income from Rental of House, Store or Other Property, Worked Less than 20 Hours Per Week (FS Only)
- 79 Income from the Trust Fund of an Infant
- 82 Contribution from a Step-Parent (PA Only)
- 83 Contribution from a Sponsor
- 84 Unearned Income of a Sponsor (FS Only)
- 85 Deemed Income from a Grandparent (PA Only)
- 86 Contribution from a Grandparent (PA Only)
- 87 IV-D Payment (FS Only)
- 88 Parent's Share of Needs (PA Only)
- 89 Parent's Share of Needs Less Than Prorated Share (PA Only)
- 90 Reverse Annuity Mortgage Loan
- 91 Earned Income Tax Credit Data Collection Only
- 99 Other

## RECALCULATION INDICATOR (RECALC)

Y Yes N No

## RECOUPMENT/CLAIM TYPES (TY/TYPE/T)

- 1 Agency Error
- 2 Client Error
- 3 Advance Payment (PA Only)
- 4 PA Fraud/FS IPV
- 5 IV-D Payment (PA Only)
- 6 Applicant Shelter Arrears In Excess of Allowance; Other Non-Rent Shelter Expenses (PA Only)

## WMS ABEL CODES AUTOMATED HEAP BENEFIT CALCULATION

## **FUEL TYPE**

0 Heat Included1 Natural Gas

2 Oil

3 PSC Electric

4 Coal

5 Wood

6 Kerosene

7 Propane

8 Municipal Electric

## BENEFIT TYPE

- R Regular
- E Emergency
- B Both

## RENTER'S BENEFIT RECEIVED (RECD)

X \$50 (Tier I)

W \$40 (Tier II)

## VULNERABLE (VULN IND)

Y Yes

N No

## HEAP CATEGORICAL INDICATOR (HP CAT ELIG IND)

Y Yes

N No

## **EMERGENCY TYPE**

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

## WMS MBL CODES

#### BUDGET TYPE (BT) 01 LIF/ADC-Related 07 Chronic Care 02 S/CC 08 Chronic Care/SSI Related SSI Related 04 09 Chronic Care and LIF/ADC-Related 05 SSI Related and LIF/ADC-Related Chronic Care and S/CC 10 06 SSI Related and S/CC 15 Other (Bottom Line Only) TRANSACTION TYPE (TRAN) 02 Opening 06 Recertification 10 Reopening 05 Change Open/Close EXPANDED ELIGIBILITY CODES (EEC) AIDS Insurance H COBRA Insurance S FHP for Singles/Childless Couples (100%) В EEC For C, D, F, I, P Infants Birth to 1 year T Transitional Medicaid V MBI-WPD (SSI Related Budgeting Prior to C Child(ren) 1 to 5 Years Medicaid/Family Planning MBI-WPD Budgeting) D Child(ren) 6 to 18 Years K Family Planning Only Ε N FHP for 19-20 Not Living w/Parents W MBI-WPD (Only) Disabled Adult Child (DAC) FHP for Families/19-20 Living (100%)with Parents (150%) P Pregnant Woman AGE INDICATOR (AI) FUEL TYPE (TY) Y Individual(s) in the Household is Natural Gas 0 Heat Included in 4 Coal Propane Wood 60 Years of Age or Older 2 Oil Municipal Electric 5 Shelter Costs N No One in the Household is 60 3 PSC Electric 6 Kerosene Other Fuel Years of Age or Older **SHELTER TYPE (TY)** (u = unlimited) 20 Emergency Rental Supplement Program (u) 01 Rent 22 Shelter for Victims of Domestic Violence (u) 02 Rent Public 23 Undomiciled 03 Own Home 04 Room & Board (u) 28 Congregate Care Level I (Rest of State) 29 Congregate Care Level II (Rest of State) 05 Hotel Perm. 33 Homeless Shelter Tier II - Less Than 3 Meals/Day 06 Hotel Temp. (u) 07 Migrant Camp 34 Homeless Shelter Tier II - 3 Meals/Day 09 Medical Facility (\$40 PNA only) (u) 35 Homeless Shelter Non-Tier I or Tier II - 3 Meals/Day (Other Than Title XIX Facility) 36 Shelter for Homeless - Less Than 3 Meals/Day (u) 11 Room 37 Residential Program for Victims of Domestic 12 Non-Level II Alcohol Treatment Facility Violence - Less Than 3 Meals/Day (u) 14 Public Home (u) (Other Than Title XIX Facility) 42 Congregate Care Level III - Enhanced Residential Care (NYC, 15 Congregate Care Level I Nassau, Suffolk, Westchester, Rockland) (NYC, Nassau, Suffolk, Westchester, Rockland) 44 Supportive/Specialized Housing Congregate Care Level II 51 Congregate Care Level III - Enhanced Residential Care (Rest of (NYC, Nassau, Suffolk, Westchester, Rockland) State) 18 Foster Care (u) ADDITIONAL ALLOWANCES (TY) 01 Dinner 18 Pregnancy (Output Only) 21 Dependent Member of Single 02 Lunch & Dinner 19 Community Maintenance Institutionalized Individual 03 Breakfast, Lunch & Dinner Allowance 23 Family Member Allowance 13 Home Delivered Meals 20 Transitional Child Care 99 Other SSI RELATED BUDGETING CODES **Deeming Codes (DEEM) Living Arrangements Codes (LA)** Deem Spouse to Spouse \* Single Person Living Alone or Living with Others 2 Couple Living Alone or Living with Others 2 Deem to SSI-Related Child Family Care Level - Upstate (Dist 97/98 Only) 3 Deem Spouse to Spouse and SSI Related Child\* 3 Family Care Level - New York City (Dist 97/98 Only) No Deeming Individual - Temporarily Absent \* Use when only one spouse is SSI-Related Couple - At Least One of Whom is Temporarily Absent CHRONIC CARE BUDGETING CODES **BUY-IN INDICATOR CODES (BUY)**

## **Budget Screen Indicator (BS)**

1 Chronic Care and Community Screens

## Personal Incidental Allowance Codes (PIA)

- 1 \$35.00 3 MA Level
- 2 \$50.00 4 \$90.00 Veteran

- A Calculate Buy-In Eligibility for Adult(s) in the Case
- B Calculate Buy-In Eligibility for Adult(s) and Child(ren) in the Case
- C Calculate Buy-In Eligibility for Children in the Case
- S Calculate Eligibility for SLMB/QI-1/QI-2

## WMS MBL CODES

#### CONTRIBUTION CODES (CON) Contributing less than the Table of Support - adjudicated Contributing the Table of Support Amount Contributing less than the Table of Support - not adjudicated Refuses to Contribute Contributing more than the Table of Support LOCAL CODES (LOC) 01 Albany Herkimer 21 St. Lawrence 02 Allegany 22 Jefferson 41 Saratoga 03 Broome 23 Lewis 42 Schenectady 04 Cattaraugus 24 Livingston 43 Schoharie 05 Cayuga 25 Madison 44 Schuyler Monroe 45 Seneca 06 Chautauqua 26 07 Chemung 27 Montgomery 46 Steuben 80 Chenango 28 47 Suffolk Nassau 29 48 Sullivan 09 Clinton Niagara 10 Columbia 30 Oneida 49 Tioga 11 Cortland 31 Onondaga 50 **Tompkins** 12 Delaware 32 Ontario 51 Ulster 13 Dutchess 33 Orange 52 Warren 14 Erie 34 Orleans 53 Washington 15 Essex 35 Oswego Wayne 54 Otsego Westchester 16 Franklin 36 55 Fulton 37 Putnam Wyoming 17 56

## EARNED INCOME DISREGARD CODE (EID)

18

19

20

Genesee

Greene

Hamilton

- Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months
- Calculate with \$30 & 1/3 (Budget Eff. From Date Prior to 11/1/97)
- 3 Calculate with \$30 (Budget Eff. From Date Prior to 11/1/97)
- Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months)/\$30 & 1/3

38

39

Rensselaer

Rockland

## CATEGORICAL INDICATOR CODES (CTG, C)

- SSI Related Spouse/Parent/Individual Aged
- 2 SSI Related Spouse/Parent/Individual - Blind
- 3 SSI Related Spouse/Parent/Individual - Disabled
- Non-SSI Related Spouse/Parent (LIF/ADC Related)

- Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months)/\$30
- Calculate LIF % (Not on LIF in 1 of the 4 Preceding Months)

57

66

Yates

New York City

- Non-SSI Related Spouse/Parent (S/CC)

6

- SSI Related Child Blind 7 SSI Related Child - Disabled
- Non-SSI Related Child

## **BOTTOM-LINE REASON CODES (REASON CD)**

Case Cannot be Budgeted Due to Family Composition

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

## Case Cannot be Budgeted Due to System Limitation

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

## Case Cannot be Budgeted Due to Litigation or Regulation Change

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

# LDSS-4398 (Rev. 10/06) WMS MBL CODES

## BOTTOM-LINE REASON CODES (REASON CD) (Cont'd)

Other

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

\* Budgeting now supported by MBL.

## EARNED INCOME SOURCE (SRC)

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

## PERIOD (PER, P)

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

## TIME CODES (T)

F Full Time N No Deductions

## UNEARNED INCOME SOURCE (SR)

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

## UNEARNED INCOME SOURCE (SR) (cont'd)

- 50 Union Benefits
- 51 OVESID Training Allowance
- 55 Veteran's Pensions or Benefit
- 59 Worker's Compensation
- 60 Income-In-Kind Provided by LRR Shelter
- 64 Income-In-Kind Provided by LRR Meals
- 70 Other Income-In-Kind
- 73 Earnings of a Child or Minor who is a Full or Part Time Student who is Not Employed Full Time
- 75 Deemed Income from a Stepparent
- 82 Contribution from a Stepparent
- 99 Other

## UNEARNED INCOME EXEMPTION (EXEMPT)

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

## RESOURCE

## Liquid Resources (CD)

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

## Life Insurance (Life-Ins.)

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

## WMS SUBSYSTEM CODES

#### MA RESTRICTION/EXCEPTION SUBSYSTEM CODES PRINCIPAL PROVIDER SUBSYSTEM CODES MA RESTRICTION/EXCEPTION RECORD PRINCIPAL PROVIDER CODES SOURCE CODES (SYSTEM-GENERATED) 00 No Principal Provider System Generated Code E User Entered Record 01 Private - Skilled Nursing Voluntary - Intermediate Care (VOICF) MA RESTRICTED/EXCEPTION STATUS FLAG CODES 03 Public - Skilled Nursing (SYSTEM-GENERATED) 04 State - Intermediate Care 05 OMRDD Developmental Center Active Inactive 06 OMH Psychiatric Center MA RESTRICTION/EXCEPTION TYPE CODES 07 Acute Hospital - Long Term Care 02 Podiatry 08 Hospital - Excess 03 Dental 10 Child Care Facility 04 Durable Medical Equipment 12 OMR Small Residential Unit (SRU) 05 Pharmacy 14 Personal Care Services 06 Physician 16 Assisted Living Program (ALP) Clinic DL Delete 09 In-Patient Hospital Medicare Part D - Good Cause PRINCIPAL PROVIDER PAYMENT EXCEPTION TYPE CODES OMR - Sub-Chapter A Exception (PA, MA) LTHHCP Long Term Home Health Care Program Per Diem Payments to Provider are Not Allowed Community Alternative Systems Agency (CASA)-Community Per Diem Payments to Provider are Allowed Based RFI - RESOLUTION CODES CASA Individual in SNF/HRF Case Management No Action Needed - App. Denied or Withdrawn or Case Closed UT Exempt 2 Current Case Data is Correct 39 Aid Continuing 3 Case Rebudgeted Due to CINTRAK Data SNF - Expense Level 40 Application Denied or Withdrawn Due to CINTRAK Data 41 ICF-DD Expense Level Case Closed - Failed to Respond Hospital/SNF Expense Level 42 Case Closed - Financially or Categorically Ineligible Hospital/ICF-DD Expense Level 43 No Case Change - Referral for Investigation 44 Alternate Care Demo Client and Matched Individual Not the Same Person 46 OMRDD Home and Community Based Services (HCBS) SSA Validation Data Acknowledged Waiver (IRA, FC or at Home) **Emergency Processing Required** OMRDD Home and Community Based Services (HCBS) Waiver (CR and Subchapter A Day Treatment) PREPAID CAPITATION PLAN SUBSYSTEM CODES OMRDD Home and Community Based Services Waiver-Benefits Package - User Entered in Concert with Provider ID & County (HCBS), (CR and Subchapter A Day Treatment) Code# IRA RES Hab Consumer Prepaid Capitation Plan Capitation Code 50 Prenatal Connect 3 Individual Enrollee Connect 51 0 End of Capitation PCP Enrollment/Disenrollment Reason Codes MCC Pharmacy 56 MCC Physician Enrollment MCC Clinic 01 Enrollment Override 59 MCC Hospital 02 Voluntary Enrollment (all input methods) 62 Care at Home (CAH I) 03 Mandatory Enrollment via Auto Assign 63 CAH II 07 Automated Enrollment of a Newborn 64 CAH III Disenrollment CAH IV 59 Lost FHP Eligibility 66 CAH V 65 Plan Termination 67 CAH VI 66 Retro-Active Disenrollment (plan must void claims subsequent to 68 CAH VII disenrollment date) 85 Death 69 CAH VIII 70 CAH IX 86 Client Request 71 CAH X 93 Client or LDSS Initiated/Excluded or Exempt 81 (TBI) Traumatic Brain Injury 95 Lost Medicaid Eligibility 83 Alcohol and Substance Abuse ASA (Project in Progress) 97 Moved Out of Plan's Service Area 90 Managed Care Excluded 91 Managed Care Exempt DOMESTIC VIOLENCE SUBSYSTEM CODES 92 DOH Exempt

ASSESSMENT STATUS WAIVER STATUS
C - Credible A - Approved
D - Client Declination D - Denied
F - Failure to Show P - Partially Approved

N – Not Credible R - Requested

P - Pending

94 OMH Exempt

OMRDD Waivered Services Look Alikes

(SPM) Seriously and Persistently Mentally Ill Adults

and (SED) Seriously Emotionally Disturbed Children

95

## **LDSS-4398** (Rev. 10/06) Page I

# WMS SUBSYSTEM CODES DOMESTIC VIOLENCE SUBSYSTEM CODES (cont'd) DENIAL REASONS C – Fraudulent Claim D – Failure to Provide Doc. P – No Program Require. R – Client Request F – Failure to Show T – No Threat of Danger N – Not Credible O - Other

## WMS SYSTEM-GENERATED CODES

## ANTICIPATED FUTURE ACTION CODES ANTIC. FUT. ACT. - (PA, MA, FS)

- 101 Individual Turning 6 Weeks
- 102 Individual Turning 3 (PA)/6(MA)
- 103 Individual Turning 14 Years
- 104 Individual Turning 16 Years
- 105 Individual Turning 18 Years
- 106 Individual Turning 21 Years
- 108 Widow Turning 60 Years
- 109 Individual Turning 62 Years
- 110 Individual Turning 65 Years
- 111 Individual Turning 72 Years
- 113 Individual Turning 19 Years
- 113 marviduai running 17 rears
- 114 Individual Turning 20 Years
- 116 Individual Turning 1 (CT = 11: CAP, 12, 16, 17, 20)
- 221 Significant Birthday
- 308 End of POS Authorization Other Than FC, DC, or HH
- 333 Domestic Violence Waiver Expires
- 403 In Psych Institution Prior to 21st Birthday Turning 22
- 410 Initial 18 Month Foster Care Review by Court
- 411 Twenty-Four Month Foster Care Review by Court
- 522 Expiration of MA 5 Year Ban

## CASE STATUS CODES - CASE STATUS (PA, MA, FS)

 01
 New
 21
 Active – override

 10
 Active
 22
 Closed – override

 14
 Closed
 23
 Denied – override

15 Denied

# INDIVIDUAL DISPOSITION STATUS CODES IND. STAT. - (PA, MA, FS, HEAP)

20 Case Closed (System-Generated at Closings)

# MA RESTRICTION/EXCEPTION RECORD SOURCE CODES (MA)

G System Generated Code E User Entered Code

## MA RESTRICTION/EXCEPTION STATUS FLAG CODES (MA)

1 Active 2 Inactive

## **REASON CODES - REASON CODE (PA, MA, FS)**

- 001 Conversion
- 720 PCP Enrollement or Disenrollment
- 740 Case Now in Receipt of Cash Assistance (Forced Closing)
- 901 Individual Added to Case (Individual Level PA, FS)
- 941 Not a State Resident (SSI Recipient)
- 942 Death (SSI Recipient)
- 943 Not in Receipt of FS
- 944 PA Undercare FS Benefit Decision Not Complete
- 945 PA Undercare FS Benefit Remains Co-Op
- 968 Forced Closing of Case (FS)
- 979 Utility Fix
- 986 CIN Unduplication
- 987 Separate Two Persons with Same CIN
- 988 Auto SDX/WMS Interface
- 990 WMS/SSN Enumeration
- A65 Excess Support Address Verification (TT=05, 14)
- A66 Excess Support Payment Auth. (TT=14)
- Y11 Auto-Close NYSNIP Shelter Type 98 Case: Failure to Redeem FS
- Y34 IV-D Ind Changed to Y
- Y62 S/F Conversion

## PA/MADENIALS

- 754 Combined PA/MA Denial
- 755 Denial, Failure to Participate in a Drug/Alcohol Program

- 766 Failure to Comply with a PA Employment Requirement (CT 16, 17)
- 768 Failure to Comply with a PA Employ. Requirement (CT 12)
- 793 PA/MA Denial Client's Request
- 795 Failure to Sign PA Consent Form to Release Drug/Alcohol Treatment Records
- 797 Failure to Sign Citizenship Alien Declaration
- 802 Combined PA/MA Denial-Ineligible Alien

## PA DENIALS/MAACTION

- 753 PA Denial, MA Separate Determination
- 789 PA Denial, MA Separate Determination (SSI/SSA Benefits Suspended)

### PA/MA DISCONTINUANCE

## (Closings and Recertification Closings)

- 761 Combined PA/MA Discontinuance
- 762 Discontinuance, Failure to Participate in a Drug/Alcohol Prgm.
- 767 Failure to Comply with a PA Employ. Requiremt. (CT 16, 17)
- 769 Failure to Comply with a PA Employ. Requirement (CT 12)
- 790 Failure to Sign PA Consent Form to Release Drug/Alcohol Treatment Records
- 791 Lump Sum Not Eligible for MA
- 792 Failure to Sign Citizenship Alien Declaration
- 794 PA/MA Discontinuance Client's Request
- 803 Combined PA/MA Discontinuance Ineligible Alien
- 805 New Resident Qualified Alien Ineligible for 12 Months
- 861 PA/No MA Lanaguage

# PA DISCONTINUANCE/MA EXTENSIONS (Closings and Recertification Closings)

- 700 MA Continuing Pending Separate Determination
- 705 No PA Recert
- 707 Beginning MA Extension after PA Closing
- 710 Begin PCP Guaranteed Eligibility Period
- 715 Continuous Eligibility or Continuous/PCP Guarantee
- 756 MA Continues Unchanged 1 Month Extension
- 758 MA Continues Unchanged Pending Decision
- 760 MA Continuation of Newborn
- 763 MA Continues, Support Extension764 TMA Acceptance, First Six Months
- 765 MA/PCP Extension
- 771 Two Month MA Postpartum Extension
- 821 MA Continues Unchanged
- 823 MA Continues under SSI
- 827 MA Continues Unchanged Reporting Required
- 858 Continuous Eligibility for Children
- 859 Continuous Eligibility for Children Moved Out of District

## PA ACCEPTANCE

- 839 MA Acceptance
- 840 MA Acceptance Managed Care Coverage
- 841 MA Denied
- 842 MA Denied First Month(s) MA Eligible Subsequent Months
- 843 MA Denied First Month(s) Manage Care Coverage Subsequent Months
- 844 MA Denied First and Subsequent Months

## **PA UNDERCARE**

- J65 Excess Support
- Y33 DV Update
- Y62 S/F Conversion
- 820 Separate Manual MA Notice Required
- 924 Change in State Law or Agency Policy

## MA OPENING

923 Case Opened for Newborn

## MA UNDERCARE

- 920/I98 Newborn Added to Case
- 921/I96 Unborn Name Conversion
- 946 Recalculation of Contribution toward Chronic Care,
  - Single, COLA (Upstate)
- Y62 S/F Conversion

## WMS SYSTEM-GENERATED CODES

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

## LDSS-4398 (Rev. 10/06) Page L

## WMS SYSTEM-GENERATED CODES

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

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

## MISCELLANEOUS PA, MA, FS, HEAP CODES

## **RESOURCE LINE NUMBERS**

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

## RESOURCE CODES

## PA RESOURCE CODES

## CODE DEFINITION

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

## **FS RESOURCE CODES**

## CODE DEFINITION

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

## OVERRIDE REASON CODES (PA, MA, FS)

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

## **LDSS-4398** (Rev. 10/06) **Page N**

## DELETED PA, MA, FS, HEAP CODES

## Deleted with October 23, 2006 WMS Migration:

The following MA Reason Code:

U47 - MBI-WPD Ineligible, Less Than 16 or 65 Years or Over, Ineligible for MA Due to Excess Income and/or Resources The following MA Restriction/Exception Type Codes:

- 45 Hospital/Home Demo
- 53 HR Underserved
- 82 Cash and Counseling

## Deleted with July 31, 2006 Migration:

The following MA Reason Codes:

- B42 Discontinue MBI-WPD, Client Request
- B43 Deny/Disc. MBI-WPD, Not a State Resident
- C25 Child 6-18, Previously Eligible at 133%, Now Over 100%, Referred to CHP B
- S19 Child Turning 1, at 200%, Over 133% & MA Level, Excess Income, Spenddown Not Met (ECB)
- S19 Child 1-5, at 133%, Excess Income to Spenddown Not Met (FAB)
- S19 Child Turning 6, Over 100% MA to Excess Income, Spenddown Not Met (FDB)
- S19 Child 6-18, MA to Spenddown, Excess Income, Spenddown Not Met (GAB)
- S31 MA to Excess Income, Spenddown Not Met After 60 Days Post-partum Not FHP Eligible
- U29 MBI-WPD to MA, No Longer Working, Excess Income, Spenddown Not Met, FHP Chose Spenddown or Equivalent Insurance

U46 - Discontinue MBI-WPD, Currently in Receipt of Assistance

The following Associated Name and Address Codes:

- 14 Policy Holder's Name and Insurer's Mailing Address for Policy 1
- 15 Policy Holder's Name and Insurer's Mailing Address for Policy 2

The following Liquid Resource Codes:

91 - Resources Above MA Level/Determination FHP

## Deleted with March 27, 2006 WMS Migration:

MA Anticipated Future Action (AFA) Code '509 - Evacuee'