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Section(s)

I
II, III, IV, V, VI
VII, VIII
IX
X, XI

Section I - Exception Code 83 – Alcohol and Substance Abuse

In the 2008-09 NYS Budget, Alcohol and Substance Abuse services are no longer conditions of Medicaid eligibility. To comply with the legislation, changes have been made to WMS Exception Code Value 83.

For Medicaid Case Types 20, 21, 22, and 24, WMS will no longer allow entry of value 83 if the Exception From Date is greater than 05/01/09 (Edit 068). If the exception 83 From Date is EARLIER than 05/01/09, WMS will system generate an Exception Thru Date 90 days from the From Date.

For Family Assistance Case Types 11, 12, 13, 16, and 17, entry of the exception code WILL BE allowed. However, the system will generate an Exception Thru Date 90 days from the From Date. If a worker wants to input an Exception Thru Date **less than** the system generated 90 days on a case, the worker should enter the Exception From Date AND the Exception Thru Date desired prior to storing the transaction. Entry of a Thru Date greater than 90 days will not be allowed (Edit 072).

For all cases where the 83 Exception Thru date is on file open ended (99/99/99), the system will generate a Thru Date of 07/29/09.

Procedures for lifting (deleting) the code have not changed.

The new edits for exception code 83 are:

068 - EXCEPTION CODE 83 NOT VALID FOR CASE TYPES 20, 21, 22, AND 24.

If the Case Type is 20, 21, 22, or 24, data entry of Exception Code 83 is not allowed **from 5/1/09 on.**

072 - EXCEPTION 83- PERIOD MUST NOT EXCEED 90 DAYS.

If an R/E code 83 is entered and a RE/EXC PERIOD THRU date is also entered, the THRU date must be less than or equal to 90 days from the RE/EXC FROM date.

074 - EXCEPTION 83 - DATES OVERLAPPING

If an R/E code 83 is entered, the period FROM and THRU dates must not fall within an existing R/E code 83's dates.

Section II – Update WMS Address with SDX Information

In the past, when a change of address was received from the Social Security Administration via the State Data Exchange (SDX), the address on WMS was not changed. When a SDX transaction comes through with a change of address, both the residence address and mailing address will now be changed to match the SDX address.

Section III - Protect PA/FS Code field on Case Type 13 (ADC-FC)

The PA/FS Code field will no longer be an allowable entry on Case Type 13. Existing ADC-FC cases with a PA/FS Code will be systematically cleared.

Section IV - Modification of Error Message 1548

Individual Categorical Codes 33, 34, 74, and 75 will be added to the list of Individual Categorical Codes that allow 01 coverage in mixed households (RVI 2, 3, or 4). Error message 1548 will be modified to read:

1548 - COVERAGE CODE 01 NOT ALLOWED

Worker entry of Coverage Code 01 is not allowed for individuals with RVI 2, 3, or 4 who are **NOT** Individual Categorical Code 01, 02, 03 05, 06, 07, 08, or 09 **AND** the individual's age is <19 **OR** individuals with RVI 2, 3, or 4 who are **NOT** Individual Categorical Code 15, 33, 34, 42, 44, 45, 46, 47, 48, 54, 60, 61, 62, 63, 74, or 75 or a SEX code of "U"(Unborn).

Section V - Elimination of Finger Imaging Requirement for Medicaid

In an effort to streamline eligibility the finger imaging requirement has been eliminated for Medicaid effective July 1, 2009. In support of this, the following changes will be made to WMS.

Temporary Assistance (TA) Medicaid Extensions

TA Denials

TA Denials using individual level reason code **F88 – Failure to Comply with AFIS (Non-legally Responsible Relative)** will generate a Medicaid separate determination insert reason code of 753 (TA Denial; MA Separate Determination) for all categories. In the past, this was generated for all categories except 09 which received a 755 (Denial; Failure to Participate in a Drug/Alcohol Program).

TA Denials using case level reason code **M88 – Failure to Comply with Finger Imaging Requirement – Legally Responsible Relative (HH>I)** will continue to generate a Medicaid separate determination insert reason code of 753 (TA Denial; MA Separate Determination) for all categories.

TA Closings

TA Closings using individual level reason code **F88 – Failure to Comply with AFIS (Non-legally Responsible Relative)** will generate a Medicaid insert reason code of 821 (MA Continues Unchanged) for all categories. In the past, 758 (MA Continues Unchanged Pending Decision) was generated for all categories except 09 which received a 761 (Combined PA/MA Discontinuance).

TA Closings using case level reason code **M88 – Failure to Comply with Finger Imaging Requirement – Legally Responsible Relative (HH>I)** will generate a Medicaid insert reason code of 821 (MA Continues Unchanged) for all categories. In the past, 758 (MA Continues Unchanged Pending Decision) was generated for all categories.

Future Change to AFIS Exception Code

In the next migration, planned for October 19, 2009, the AFIS Exception Code of 9 – Exempted Long Term Care (In-Patient) (MA Only) will be disabled.

Section VI - Change to Transitional Medical Assistance (TMA)

As a part of implementation of the American Recovery and Reinvestment Act (ARRA) of 2009, New York State is authorized to extend the initial TMA Authorization to a full twelve months effective July 1, 2009. In the past individuals eligible for TMA could receive up to twelve months in three block periods (initial six months, four month block and the final two month block).

Effective July 1, 2009 reason codes **088, 089, E08, Y78, and Y79** will generate the Authorization To Date and the MA Coverage To Date equal to twelve months from the last day of the Authorization From Date month.

The following other areas will be impacted due to this change:

- TMA Quarterly reports will no longer produce interim mailers
- Expanded Eligibility Code (EEC) of T will be disabled for MBL Effective From Dates of 7/1/09 or greater
- Reason codes C01, C03 and S01 will be disabled
- Screen WRQMNU – Quarterly Reporting (Selection 24 of the main WMS menu) will be disabled

Existing active TMA recipients will be identified and if the first mailer was due the Authorization To Date and the Medicaid Coverage To Date will be modified to the last day of the month of the current Medicaid Coverage To Date plus six months. If the second mailer was due the Authorization To Date and the Medicaid Coverage To Date will be modified to the last day of the month of the current Medicaid Coverage To Date plus two months.

Modification to reports related to TMA are planned for the future. You will be notified at a later date of these report changes.

Section VII - Addition of Trust Indicator to WMS Database

A new field used to identify cases in which a case member has a Trust has been added to the Upstate WMS database. This field is labeled “TI” (Trust Indicator) and is located on WMS Screen 1 (next to FS Intw). The new field may be entered by the worker under the following conditions:

- For Case Type 20 (MA) or 22 (SSI)
- For Transaction Types 02 (Opening), 05 (Change), 06 (Recertification/Reauthorization), 07 (Closing), and 08 (Recertification/Closing)
- Acceptable values are Y, N or Blank
- For Inquiry purposes the new field will be displayed on the WMS Application and Case Inquiry Screens (WINQ01)
- The new TI field will appear on the Clearance Report in the upper right hand corner next to the FS IND RSN (Food Stamp Individual Reason) field. The TI field will also appear on the Application Turnaround Document and 3209.
- For Luberto cases (Case Type 20 only) the TI field will transfer to the new district *including NYC*

WMS Error Messages

1232 – “TI MUST BE Y OR N” will appear if any value other than Y or N is entered in the Trust Indicator field.

Section VIII - Luberto Enhancement

Previously, if an individual was found active on an MA or Temporary Assistance (TA) case in the Move To/Opening District or another Upstate district, the case was listed as an Exception in Section II on the BICS 4648 Transfer Control Report, and the districts were advised to perform a manual review of the case to determine whether opening a case as a result of the transfer would result in duplicate coverage.

The following change has been made to this process:

For Luberto Closings using case reason codes

- C65 (MA), M61 (TA) or M62 (TA) – Upstate
- G61 (MA) or G62 (TA) – NYC

When an active TA case (Case Type 11, 12, 16, 17) is found in the Upstate Move To/Opening District, an additional search will occur to determine whether MA is authorized on that TA case.

- If no MA coverage is found on the TA case, the Luberto case will transfer and will be processed as an automatic MA opening.
- If MA is authorized on the TA case, the case will appear as an Exception on the BICS 4648 Transfer Control Report (and an opening will not be processed). Workers should review these cases to determine the appropriateness of opening a case for an individual identified as already having coverage.

Section IX- Prisoner Suspend Process, Close Process and Data Update Process

Currently, the process to suspend the Medicaid/FHPlus coverage of Incarcerated Recipients in single person cases is performed manually by the Upstate Interim Unit. Incarcerated Recipients from multi-member households are referred to the Local Departments of Social Services for appropriate action. An automated process has been established to suspend the coverage of prisoners in single person Medicaid/FHPlus cases.

Prisoner Auto Suspend Process:

Cases will be identified for Auto Suspension in the following manner:

- Case Type 20 or 24
- Case Count equal to 1
- Individual Status 07
- Coverage equal to 01, 02, 06, 10, 11, 18, 19, 20, 21, 22, 23, 30, or 34

Cases will be Auto Suspended in the following manner:

- Screen 1
 - Transaction Type is 05
 - CNS code is C55
 - Notice Indicator is T (Timely)
 - Authorization From Date is Transaction date + 10 days
 - Authorization To Date is 12/31/49
 - Worker ID is PRSNR
 - Residence Address is the Street, City, NY, and ZIP of the Facility
 - Care of Name is the Name of the Facility
 - Care of Mailing Address is the Street, City, NY, and ZIP of the Facility
- Screen 2
 - Other Name Line Number is line number of the Recipient/Prisoner
 - Other Name CD is the Appropriate Source Code
 - o 1 is DOCS
 - o 2 is Rikers
 - o 3 is DCJS
 - Other Name First is Department Identification Number (DIN) or Prisoner Identification
- Screen 5
 - Individual Status is 08
 - Coverage Code is 04
 - Recipient Medicaid Coverage From Date is Transaction Date + 10 days
 - Recipient Medicaid Coverage To Date is 12/31/49
- Screen 6
 - Payment Lines with To Dates greater than the Transaction Input Date will be truncated to last day of the Transaction month
 - Payment Lines with From Dates greater than the Transaction Input Date will be Cancelled

- Screen 7 Associated Name and Address
 - Line Number is the line number of the Recipient/Prisoner
 - Code is 19 (Prisoner Community Address)
 - Notice Copy is 1
 - Name will be the Recipient's First and Last Name
 - Address will be the Recipient's Address or Mailing Address prior to incarceration

Prisoner Auto Close Process:

Incarcerated Recipients in single person Medicaid/FHPlus cases with Coverage Codes 17 (Health Insurance Continuation Program) with Source Code 1 (DOCS); Coverage Code 31 (Managed Care Guarantee) or 36 (FHPlus Guarantee) will be closed through an automated process. Payment Lines will be truncated or cancelled.

Cases will be identified for Auto Closing in the following manner:

- Case Type 20 or 24
- Case Count is 1
- Individual Status is 07
- Coverage Codes as follows:
 - 17 with Source Code 1 or
 - 31 or 36

Cases will be Auto Closed in the following manner:

- Screen 1
 - Transaction Type is 07
 - CNS Code will be as follows:
 - o When Coverage Code is 17 with Source Code 1, CNS will be C58
 - o When Coverage Code is 31 or 36, CNS will be 963
 - Notice Indicator will be as follows:
 - o With C58 T (Timely)
 - o With 963 N (None)
 - Authorization To Date will be as follows:
 - o Transaction +10 days for Coverage 17 with Source Code 1
 - o Transaction +1 day for Coverages 31 and 36
 - Worker ID will be set to PRSNR
 - Residence Address will be the Address of the Facility
 - Care of Name will be the Name of the Facility
 - Care of Mailing Address will be the Mailing Address of the Facility
- Screen 2
 - Other Name Line Number will be the line number of the Recipient
 - Other Name CD will be the appropriate Source Code as follows:
 - o 1 is DOCS
 - o 2 is Rikers
 - o 3 is DCJS
 - Other Name First will be DIN or Prisoner ID
- Screen 5
 - Individual Status will be 20
 - Coverage To Dates will be as follows:
 - o Transaction +10 days for Coverage 17
 - o Transaction +1 day for Coverages 31 and 36
- Screen 6
 - Payment Lines with To Dates greater than the Transaction Input Date will be truncated to the end of the Transaction Month
 - Payment Lines with From Dates greater than the Transaction Input Date will be Cancelled

- Screen 7
 - Line Number will be the line number of the Recipient/Prisoner
 - Code will be 19 (Prisoner Community Address)
 - Notice Copy will be 1
 - Name will be the Recipient's First and Last Name
 - Address will be the Recipient's Address or Mailing Address prior to incarceration

Data Update Process:

This new process will include processing to capture the DIN and Source Code for those suspended (08/04) cases that do not currently include this information. In addition, the DIN/Prisoner Identification number, Source Code and Facility Name/Address will be captured for those recipients who have moved from one local jail to another; a local jail to a DOCS facility; or a DOCS facility to a local jail. Movement between NYS DOCS' facilities will not be captured.

Cases will be identified for Additional Matching in the following manner:

- Case Types 20 or 24
- Individual Status is 08
- Coverage Code is 04
- DIN and/or Source Code are not included on the file

Additional Matching of Data will be preformed in the following manner:

- Screen 1:
 - Transaction Type will be set to 05
 - WMS Reason Code will be set to 899
 - CNS Indicator will be set to N
 - Worker ID Trans will be set to PRSNR
 - IF Facility Name/Address on WMS Data Base is different than Reported Facility:
 - Residence Address will be changed to the Address of the Facility
 - Care of Name will be changed to Name of the Facility
 - Care of Mailing Address will be changed to the Mailing Address of the Facility
- Screen 2
 - Line Number will be the line number of the Recipient
 - Other Name CD will be Source Code as follows:
 - 1 if DOCS
 - 2 if Rikers
 - 3 if DCJS
 - Other Name First will be DIN or Prisoner ID

Exceptions:

The Medicaid/FHPlus Auto-Suspend and Auto-Close processes will only affect single Incarcerated Recipient cases. Incarcerated Medicaid/FHPlus Recipients of multi-person cases will continue to be reported to the LDSS.

In addition, single Incarcerated Recipients with Coverage Codes 07, 08, 09, 13, 14, and for Source Codes 2 or 3, Coverage Code 17 will be exceptioned to the LDSS for appropriate action. These exceptions and additional exceptions are specified below.

Exceptions will be Identified and Defined in the Following Manner:

Exception	Definition
A	Cases Suspended through Process
B	Cases Closed through Process
C	Cases Matched with Source Code and/or DIN
D	Cases Suspended within the previous 90 days
E	Cases with Coverage To Date in the past
F	Cases that Error for Other Reasons
G	Cases with Coverage Codes 08, 13, or 14
H	Cases with Coverage Code 09 Cases with Coverage Code 17 and Source Code 2 (Rikers) or 3 (DCJS)
I	Cases with a CIN in multiple cases including MA coverage in suspend status
J	Cases with Coverage Code 07

No LDSS action is required for Exception Codes A, B, and C.

Definitions of Exception Codes D – J:

Exception Code D - MA Coverage History indicates that CIN had been suspended within the previous 90 days
Requires LDSS worker to follow up.

Exception Code E - Recipient Coverage To Date is in the Past
LDSS worker must take appropriate action.

Exception Code F - Case has Failed either Suspend or Closing Procedure for “Other Reason”
LDSS worker must review case and take appropriate action.

Exception Code G - Recipient has Coverage Code 08, 13, or 14, Presumptive Eligibility.
LDSS worker must determine eligibility and take appropriate action.

Exception Code H - Recipient has Medicare Savings Program (Coverage Code 09 Only) and will be incarcerated for at least 90 days, worker must close case and discontinue the premium payment.

Recipient has Medicare Savings Program (Coverage Code 09 Only) with a Spenddown and will be incarcerated for at least 90 days, worker must suspend coverage and discontinue the premium payment.

Recipient has Coverage Code 17 (Health Insurance Continuation) with Source Code 2, or 3 and the recipient is incarcerated for 90 days or more, worker must close the case and discontinue Health Insurance Continuation premium payment.

Exception Code I - CIN associated with currently active MA coverage and currently Suspended MA coverage on separate cases, Worker must determine current status of recipient and take appropriate action

Exception Code J - Cases with Coverage Code 07 (Emergency Services Only) Worker must discontinue coverage.

NOTE: Recipients with Individual Categorical Codes 15, 42, 43, 48, 58, and 59 will be included in the LDSS Report for Multi-Person cases.

Report to be Produced and Sent via BICS:

Effective July 2009, the WINR5612S will no longer be issued. All completed transactions and those requiring worker remediation will be reported on the WINR5612M with the Multi-person cases. At completion of Suspend, Closing, and Matching Processes each LDSS will receive a complete report of cases Suspended, Closed, and Excepted for their district for that month. A 3209 will be generated for each completed transaction.

The report will include Recipient Name, CIN, Case Number, DIN, Source Code, Incarceration Date, Facility Name and Address, Exception Code, and Coverage Code prior to Incarceration.

The report will be sorted by District, Unit, Worker.

NEW WMS Reason Codes:

963 - Prisoner Close Case - No Additional Notice
Used for closing cases with Coverage Code 07, 31, and 36 upon incarceration
Code will only be System Generated

899 - Prisoner Data Match – No Additional Notice
Used to update prisoner data
Code will only be System Generated

NEW Edit:

1665 - Reason Code only Valid with Coverage 07, 31, and/or 36
Reason Code 963 is only valid when closing individuals with Coverage Codes 07, 31, or 36
This edit will not be overrideable.

Section X - Chafee Amendment

Pursuant to the Federal Chafee amendment, DOH has elected to expand Medicaid coverage to Discharged Foster Care children between the ages of 18 to 21. These children will be eligible for Medicaid if they were discharged from Foster Care after their 18th birthday and if they are a resident of NYS. There is no income or resource eligibility test for this group.

To support this change, a new Special Population Field indicator will be added to Screen 4 of WMS for both inquiry and update. Discharged foster care children between the ages of 18 and 21 (Chafee children) will be identified with a “C” in this field. This field will be automatically populated by a file from OCFS but will also be available for manual entry or removal by workers. A report of recipients updated by the automated file will be supplied to the LDSS and will include recipients that were unable to be automatically updated. Records that failed update will need to be manually reviewed by LDSS staff.

This new Special Population Field will appear on the clearance reports in the upper right hand corner next to the MCR (Medicare Indicator) Field. The Special Population Field, with a heading of “SP”, will also appear on the Application Turnaround Documents. The field will also appear next to the CSD on the MA Coverage History Screen.

In addition to the indicator, the CSD will be set to the last day of the month in which the recipient turns 21. The CSD will operate in the same manner as CSD for children under 18 and will not allow the close of a case except for the following reason codes: C53, C65, C69, E60, E63, or E95.

When a TA case that includes recipients with a Chafee indicator in the Special Population Field is being closed, a MA extension case will be generated. For denied TA cases that include recipients with a Chafee indicator, a separate determination will be needed for the Chafee recipient.

For Luberto Cases (reason code C65), that include recipients with a Chafee indicator, the “C” indicator and CSD will transfer to the new district including NYC.

Once a month, the system will automatically remove the Special Population Field for recipients that are 21 years and 1 month old.

WMS Error Messages:

1425-CHAFEE CODE ONLY ALLOWED FOR RECIPIENT BETWEEN 18 AND 21

If a Chafee Indicator “C” is entered for an individual less than 18 years of age and over 21 years of age, the above error message will appear.

1426-CHAFEE CODE MUST BE ENTERED FOR FC RECIP 18-21

When an individual has the following Individual Category Codes (32, 77, 78, 79, 80 or 81-Foster Care) and the individual is at least 18 years old but not yet 21 years old, a Chafee Indicator “C” must be entered on Screen 4 in the new Special Population Field. The above error will appear if the SP field is left blank. This edit is overrideable.

####—CHAFEE INDICATOR ONLY ALLOWED WITH COVERAGE CODES 01, 10, 11, 18, 19, 20 or 30

A recipient who is between the ages of 18 and not yet 21 years old and is an eligible Chafee child as noted with a “C” in the Special Population (SP) Field, will be entitled to the following MA Coverage codes 01, 10, 11, 18, 19, 20, or 30. Any other coverage codes will result in the above error.

1428—SPECIAL POPULATION FIELD IS INVALID

If anything other than “C” is placed in the Special Population (SP) Field on Screen 4, the above error will occur.

####--CHAFEE CHILD—MA ELIGIBLE—CANNOT DELETE

In a case containing an individual who is at least 18 years of age but not yet 21 years old and they have a “C” (Chafee Indicator) in the Special Population (SP) Field on (Screen 4), the following error will appear if the Individual Reason Code (Screen 3) is *NOT* C53, C65, C69, E60, E63, or E95 and the Individual Status Code (Screen 5) is 15 (Deleted). This edit is overrideable.

####--CHAFEE INDICATOR IS BEING REMOVED

If a recipient is at least 18 years old but not yet 21 years old and the “C” Chafee Indicator is being removed from the Special Population (SP) Field on Screen 4, for all Transaction Types (02, 03, 05, 06, 07, 08, 10, 11, and 14), the above error will appear. This edit is overrideable.

####--CHAFEE CHILD—ICC CANNOT BE 53, 54, OR 55

If a recipient is at least 18 years old but not yet 21 years old and the “C” Chafee Indicator is in the Special Population (SP) Field on Screen 4 on a Case Type 20 or 22, the Individual Category Code (ICC) *CANNOT* be 53, 54, or 55.

Section XI - TEMPORARY ASSISTANCE DENIAL MATRIX

Due to the Medicaid Income Level increase, the Temporary Assistance Denial Matrix changed which Medicaid Separate Determination Insert Reason Code is generated when denying certain category types for Temporary Assistance. This Medicaid Separate Determination Insert Reason Code produces a notice that is sent via the Client Notification System to the recipients informing them of their Medicaid eligibility decision. This change will allow for the accurate determination of MA eligibility for recipients when denied TA benefits.

The following three charts explain the TA Denial Matrix starting with the following:

- A. Explanation of Definitions
- B. Insert Codes and Language Meanings
- C. TA Denial Matrix

A. Explanation of Definitions:

TA RC	Temporary Assistance Denial Reason Code (case level)
CAT CD	Categorical code which generates a separate determination
SEP DET INSERT RC	Insert reason code for individual(s) receiving separate determination
NO SEP DET INSERT RC	Insert reason code for individual(s) NOT receiving separate determination
EXCEPT	Individuals who would otherwise not get a separate determination because of their categorical codes would get a separate determination if identified here: U = unborns <21 = individuals less than 21 years of age at time of denial (including newborns) <1 = individuals less than 1 year of age at time of denial

*Blank rows or columns = Not Applicable

B. Insert Code and Language Meanings:

753	<i>PA Denial, MA Separate Determination</i>
754	<i>Combined PA/MA Denial</i>
793	<i>PA/MA Denial – Client's Request</i>

B. TA Denial Matrix:

TA DENIAL MATRIX ---CASE LEVEL REASON CODES

TA RC	DEFINITIONS	CAT CD	SEP DET INSERT RC	NO SEP DET INSERT RC	EXCEPT
E10	Failure to Keep/Complete Interview: No Scheduled Appointment	All		754	
E30	Excess Income (Sep. Deter. if appropriate (TT 03))	All	753		
E34	Excess Income Receipt of SSI - Single Individual (CT16)		753		
E60	Unable to Locate	All		754	
E61	Not a Resident of District	All		754	
E63	Not a Resident of State	All		754	
E64	Moved Out of District Before Determination	All		754	

TA RC	DEFINITIONS	CAT CD	SEP DET INSERT RC	NO SEP DET INSERT RC	EXCEPT
F33	Excess Income - Deemed Income of Alien Sponsor (CT 11)	All	753		
F52	Failure to Provide Information - Federal Reporting	All	753		
F53	Refusal by Parent to Apply for Child (CT 11, 12 Only)	All	753		
F81	Refused Photo ID - Single Individual (CT 16)		753	754	<21
F98	Client Requests Child Care in Lieu of TA (CT 11, 12, 16, 17)	All	753		
I92	No Eligible Individual (Individual - R/C Required)	Defaults to Ind RC			
M15	Failure to Sign Repayment Agreement/Earnings Assignment (CT 12, 16, 17)	All	753		
M25	Failure to Respond to a Computer Match Call-In	All	753		
M35	Lump Sum - No Good Reason Provided	All	753		
M37	Lump Sum - Shortened Ineligibility Period	All	753		
M40	Intentionally Providing Incorrect Information	All	753		
M48	Parent's Offer of a Home - Minor Not Pregnant or Parenting (CT 16, 17)	All	753		
M66	Receiving PA in Another Case	All		754	
M67	Part of Another PA Application	All		754	
M88	Failure to Comply with Finger Imaging Requirement - Legally Responsible	All	753		
M90	Client Request - Written - PA and MA	All		793	
M91	Client Request - Verbal - PA and MA	All		793	
M94	Client Request - Written - PA Only	All	753		
M95	Client Request - Verbal - PA Only	All	753		
N10	Failure to Keep/Complete Appointment	All	753		
N13	Failure to Use/Apply for Benefit/Resource	All	753		
N14	Filing Unit Member Failed to Apply	All	753		
N15	Failure to Keep Appointment - for Home Visit Including EVR/FEDS	All	753		
N16	Failure to Contact Agency	All	753		
N17	Failure to Complete Eligibility Process	All	753		
N19	Failure to Comply with Requirement to Look for Work	All	753		
N21	Failure to Keep Employment Assessment Appointment	All	753		
U40	Excess Resources	All	753		
U41	Transfer of Resources (CT 12, 16, 17)	All	753		
U42	Excess Resources - Refusal to Sell Property	All	753		
U44	Excess Resources - Deemed Resources of Alien Sponsor (CT 11)	All	753		
V21	Failure to Provide Verification	All	753		
V23	Failure to Provide Verification - Parent/Spouse	All	753		
V24	Failure to Provide Verification - Step/Grandparent	All	753		
V25	Failure to Provide Verification - Filing Unit	All	753		
W10	Failure to Keep Investigatory Appointment	All	753		
W11	Failure to Keep Appointment for DSS Medical Assessment	All	753		
Y95	Application for Emergency Assistance Only	Manual Notice Only			
Y99	Other - Manual Notice Required	Manual Notice Only			