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Section(s)

I, II, III, IV, V
VI, VII, VIII,
IX, X, XI
XII, XIII, XIV, XV
XVI
XVII, XVIII, XIX,
XX, XXI, XXII, XXIII

Section I - Pregnancy/Parenting Code

A Pregnancy/Parenting Code (1) identifying a Pregnant Teen will now require that an Unborn be present on the case. The following error will enforce this condition:

1233 – PREGNANCY/PARENTING CODE 1 REQUIRES UNBORN ON CASE.

Section II - Luberto Spenddown Cases

If current MA Coverage in Move From District is 02, 21, 22, or 23, that coverage will be converted to 06 (Provisional) MA Coverage when the system-generated opening is done in the new district.

Coverage on “Move From” Case	Converted Coverage on “Move To” Case
02	06
21	06
22	06
23	06

Section III - Foster Care Individuals Cannot Transfer with Luberto Reason Code C65

Luberto Closing Reason Code C65 will not be allowed when anyone on the case has an Individual Categorical Code 77 or 78. The following error will enforce this condition:

1384 – INVALID ICC FOR C65.

Section IV - Changes to Luberto Case Reason Code C37

Reason Code C37 (Manual Luberto opening) will bypass system-generated MA Continuous Save Date (CSD) edits and edits that require a stored Budget for anyone on a Family Health Plus case (CT 24) with an Individual Categorical Code 44, 45, 46 or 47. This change has been made to emulate Luberto system-generated opening Reason Code 898, which does not require a stored Budget or Continuous Save Date for these individuals.

Section V - WINQ08 Screen (Transaction History)

For Luberto system-generated openings - The WINQ08 Screen will now reflect TRANSACTION Office (Blank)/Unit (MA)/Worker (NYUTR) in place of RESPONSIBLE Office/Unit/Worker when an automated opening transaction occurs in WMS.

Section VI – Changes to WINQ08

Since many entities, other than the Local Districts, (e.g. SDX, Medicare Savings Program, Long Term Care Assessment Centers, HEART) enter information on Medicaid Case Types (Case Types 20 - MA, 21 - MA Presumptive, 22-MA-SSI, and 24 - FHP), it was decided that it would be advantageous to have the TRANSACTION Office, Unit, and Worker to display for each transaction on the Transaction Disposition History (WINQ08) screen on WMS in addition to the RESPONSIBLE Office, Unit and Worker. This is being done so that each transaction can be tracked to show who was responsible for data entry of new transactions.

In order for the Transaction Office, Unit and Worker to display on the Transaction History screen, the worker needs to enter the information on WMS Screen One in the highlighted area in the screen shown below:

The screenshot shows a terminal window with the following content:

```

TIP on END USER for GLOBAL USERS
File Edit Help
WKUM01 Case# 09/10/2009

Trans Type 05 Case Reason C05 PA/FS RC PA/MA RC SafeNet APP
Client Notice: Ind N Number Language S HII RVI 2 SRC
Auth Period 120109 to 123110 Recert Date FS Intw TI
FS Period to PA/FS Code TOP Ofc Unit Worker
Trans: LTC 01 NYDOH
Reuse Case Number Type Emergency Fiscal Resp: 1 1 ML
Ind CARE1 20 01
FS Rep Cd IV-D Ind N Sp-Code HEAP Income
Case Name CARES LFLM
Residence Address City St Zip Phone
1 ALBANY NY 11111
Care Of Name
Mailing Address City St Zip

Co-op Case Nos:
Local Data:
FS Extension: Case No Ofc Unit Worker
MA Extension: Case No Ofc Unit Worker Reason

ACCEPT BLINKING FIELDS NEXT SCREEN 05 XMT
ROW= 7 COL= 51
  
```

Entering the Transaction Office, Unit, Worker fields will result in the information being posted in the Transaction Disposition History Field highlighted in the example below. Notice that the Responsible Office, Unit, Worker fields remain stored (shown circled) at the top right of the screen.

Case	Type	Stat	Pend	Auth			
CARE1	MA	ACTIVE	NO PEND	01266783			
Name CARES							
Case-Type	SP	Auth-No	Auth-Period	TX-Type	Disp-Typ	Sep-Det	Reason
Off Unit	Wrkr	FS-Ind	FS-Period	TX-Date	Audit-Dt	Over-Reas	Notice
Reason Cd	PA/MA	Reason Cd	PA/FS	Reason Cd	Heap	Income	
MA		01266783	12/01/09-12/31/10	CHNG	SUP-SIG		
LTC 01	NYDOH			09/10/09	09/10/09		
C05/CONTI UNCHG							
MA		01266782	12/01/09-12/31/10	CHNG	SUP-SIG		
1 1	ML			09/10/09	09/10/09		
C05/CONTI UNCHG							
MA		01266182	12/01/09-12/31/10	CHNG	SUP-SIG		
	1			09/03/09	09/03/09		
C05/CONTI UNCHG							
MA		01265661	12/01/09-11/30/10	CHNG	SUP-SIG		
LTC 01	NYDOH			08/25/09	08/25/09		
C05/CONTI UNCHG							

ROW= 9 COL= 1

If no entry is made in the Transaction Office, Unit, Worker fields on WMS Screen One, the Responsible Office, Unit, Worker will be displayed.

Section VII – Change to Anticipated Future Action (AFA) Code 414

Clients who are temporarily disabled have time limited disability and therefore need to have their disability reviewed prior to the expiration date associated with their disability. Since it takes significant time for the review, AFA Code 414 and its associated date field have been changed to require a date at least 4 months later than today's date. Entry of a date earlier than 4 months will cause the following WMS error:

1432 – DATE MUST BE AT LEAST 4 MONTHS LATER THAN TODAY'S DATE.

Also, report WINR 4137 – Undercare Notice of Anticipated Future Action will list recipients with the AFA Code 414 4 months prior to the associated AFA date rather than the customary 30 days prior so that recipients have ample opportunity to gather disability documents required for review before their disability date expires.

The AFA Code 414 and the associated date will be sent on the file for Luberto transfers if the case moves from Upstate to Downstate. Likewise, the Downstate Ad-Ex date associated with the Employability Code 74, for temporarily disabled individuals, will be sent on the Luberto file from Downstate to Upstate for Luberto moves.

Section VIII – Disallow True Restrictions Entered For Deceased Recipients

After a reconciliation file was processed between WMS and eMedNY, it was noted that WMS was allowing Restrictions on CINs of deceased recipients. Effective October 19, 2009, entry of a true Restriction will not be allowed on the CIN of a deceased recipient if entered either by tape enrollment or by direct data entry by a worker. If an entry is attempted, Restriction/Exception (R/E) Error 073 will be displayed.

ERROR 073 - RECIPIENT DECEASED

If the Individual Status is 13 (Deceased) entry of a current restriction or exception is prohibited.

Section IX -Elimination of Finger Imaging Requirement for Medicaid

As stated in the May 29, 2009 Dear WMS/CNS Coordinator letter, the AFIS Exception Code of '9 – Exempted Long Term Care (In-Patient)(MA Only)' will be disabled.

Section X - Transitional Medical Assistance (TMA)

As explained in the June 26, 2009 Dear MA Directors & WMS Coordinators letter, the Expanded Eligibility Code (EEC) of T will be disabled for MBL budgets with Effective From Dates of 7/1/09 or greater.

Section XI - Change to Error 1311

Error 1311- CATEGORICAL CODE 56-59 REQUIRES INDIVIDUAL BETWEEN 18 YEARS 10 MONTHS AND 64 YEARS OF AGE was not being applied to Closing Transaction Types (07 & 08) due to a previous issue related to an FHP individual turning 65 after eligibility was established . This edit will now be applied for Closing transactions unless the individual is at least 64 years of age.

Section XII - Modifications to FHP Closings and Deletions

Previously, Medicaid workers were allowed the flexibility to manipulate some FHP Coverage To Dates at Closing transactions or when deleting an individual. Earlier this year, changes were made to the FHP Closing and deletion logic which may interfere with TA Opening transactions. The following changes are being made to the FHP Closing and deletion process:

- For a Closing transaction with Reason Codes F10, U20 or U21, WMS will generate coverage to the last day of the month in which T + 10 occurs. The worker will have the option to change the MA Coverage To Date to the last day of the month following the transaction month.
- For a Deletion transaction with Reason Codes F10, U20 or U21, WMS will generate coverage to the last day of the month in which T + 10 occurs. The worker will have the option to change the MA Coverage To Date to the last day of any month between the last day of the month in which T + 10 occurs and the final day of the current Authorization period.
- For a Closing or Deletion transaction with Reason Codes E60, E63, E79, E90, U66, U77 or U78, WMS will generate T + 1. The worker will have the option to change the MA Coverage To Date to any day within the current Authorization period.
- For a Closing or Deletion transaction with Reason Codes C53, E62, E85, V17 or V31, WMS will generate the MA Coverage To Date equal to T+10.
- For a Closing transaction with Reason Code E95, WMS will generate the Coverage To Date equal to the Client Effective Date (Date of Death).

Section XIII - Process to Delete DIN and Source Code from WMS

Once an inmate is released from prison/jail and has had Medicaid coverage reinstated or discontinued, the DIN and Source Code must be deleted from WMS. To accomplish this, the LDSS worker should manually delete the DIN from the Other Name field on Screen 2. The System will then automatically delete the DIN from the Case Name on Screen 1, and the Source Code and Line Number from the Other Name field on Screen 2.

On Screen 2 and the System Acknowledgement screen, the following warning will be generated:

WARNING 1218 – DIN AND SOURCE CODE DELETED.

Section XIV - TA Force Close Formerly Incarcerated MA Recipient in Suspend Status

WMS currently does not recognize Individual Status 08 with Coverage Code 04 (Suspend Status) in Case Types 20 and 24 as Active Status. Consequently, if a formerly incarcerated recipient applies for TA at release, a TA case can be Opened with active Medicaid Coverage without force closing the MA case in Suspend Status. An enhancement to WMS will allow an existing Medicaid case in Suspend Status to be force closed and a 3209 generated to advise the Medicaid worker.

Section XV - Change Numbering Convention of MA Prisoner Separate Determinations

The current case numbering convention for MA Prisoner Suspend cases generated from TA Closings has the potential for duplicating case numbers. The numbering convention has been changed to incorporate the Fiscal District Code, M (Medicaid), the Year, the Julian Date, and a two digit Sequence Number (e.g. The second TA Case closed in Albany County due to incarceration on 10/12/09, will result in a MA Case Opening in Suspend Status with Case Number 01M0928502).

MA cases generated by the process will continue to be maintained in Pending Status for one day from the generation of the MA Case Opening to allow local districts an opportunity to change the Case Number to their own numbering convention.

Section XVI - Unique Authorization Number for Automated Prisoner Process

As part of the Auto Suspend Prisoners project and the Automated Reinstatement of MA Coverage for the Prison Releasees project, incarcerated individuals will be Auto-Closed, Auto-Suspended, and/or Auto-Reinstated. When any of these processes occur [with the exception of an Auto-Closed TA case with Reason Code F63 (In Prison)], a unique Authorization Number "9xxxxPRS" will be generated to inform workers that automated action has occurred. The unique Authorization Number will also be used at the time of Data Matching, which occurs when a Case Type of 20 or 24 in Suspend Status is updated with a Source Code and DIN from the monthly Prison file.

Currently, a unique Authorization Number is generated for all TA cases that are Auto-Closed. That unique Authorization Number is made up of a 9, the district code, the letter P and finished with the current month and year of the closing.

Section XVII - Edit of Individual Categorical Code for Unborns

When adding an Unborn to a MA Case Type 20, only *valid* Individual Categorical Codes will be allowed as an entry on Screen 3 of WMS. Entry of invalid values will result in Error 0328.

0328-CATEGORICAL CODE REQUIRED FOR UNBORNS FOR CASE TYPE 20

Section XVIII – Anticipated Future Action (AFA) Code Deletions

A number of AFA Codes from Screen 4 of WMS are no longer used by Medicaid, and therefore, have been deleted from WMS.

The following AFA codes have been deleted:

- 509, Z71, Z72, Z73, Z74 and Z75

Entry of the stated AFA values will result in Error 0126.

0126-ANTICIPATED FUTURE ACTION CODE IS INVALID

In addition, the following errors have been disabled:

1402-AFA Z71, Z72, Z73, Z74, Z75 REQ CTYPE 20 OR 24

1404-ONLY ONE AFA IN GROUP Z71, Z72, Z73, Z74, Z75 ALLOWED

Section XIX - Edits to State/Federal (St/Fed) Charge Code 30

With the deletion of St/Fed Charge Codes 34, 35, and 36 (Cuban Entrants, Cuban/Haitian Unaccompanied Entrant Minor, and Haitian Entrants), St/Fed Charge Code 30 (Refugee Assistance Programs-RCA/RMA) is being used incorrectly. To ensure the valid use of St/Fed Charge Code 30, the following system edits will be applied: Recipients with St/Fed Charge Code 30 must have an Individual Categorical Code 09 or be 21 years of age or older.

Entry of invalid values will result in Error 1383

1383-INCOMPATIBLE CHARGE CODE

Section XX - MA Coverage on a TA Case Type

Currently, when a TA case is opened, the system generates the MA Coverage Dates. The MA Coverage From Date is set to the first day of the Authorization period From Date month. Unlike Medicaid, TA does not routinely authorize cases the first day of the month of the Application. To prevent MA Coverage gaps from the date of application to the date of authorization, the MA Coverage From Date will now be system generated to the first day of the Application Date month when a TA case is opened.

The following edit will remain in effect with changes to the Error Reference Table #560.

0560-MA COVERAGE DATE(S) INVALID

The following edit will remain in effect with changes to the Error Reference Table #575.

0575-MA COVERAGE DATE(S) INVALID

Section XXI - TA/MA Closing (Individual Level) Matrix

The following TA/MA Individual Level Closing Reason Codes will be deleted from WMS:

- G44-Probation Violator
- G45-Parole Violator

These Individual Reason codes will now be replaced by:

- W44-Probation Violator
- W45-Parole Violator

These Individual Reason Codes will generate the same Medicaid Insert Language 758-Medicaid Separate Determination as G44 and G45.

Section XXII – Temporary Assistance Denial (Individual Level) Matrix

Due to the Medicaid Income Level increase, the Temporary Assistance Denial (Individual Level) Matrix changed which Medicaid Separate Determination Insert Reason Code is generated when denying certain category types for Temporary Assistance. This 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 (Individual Level) Matrix starting with the following:

- (A) Explanation of Definitions
- (B) Insert Codes and Language Meanings
- (C) TA Denial (Individual Level) Matrix (***note changes**)

A. Explanation of Definitions:

TA IND RC	Temporary Assistance Denial Reason Code (individual 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>
802	<i>Combined PA/MA Denial-Ineligible Alien</i>
861	<i>PA/No MA Language</i>

C. TA Denial (Individual Level) Matrix:

TA DENIAL MATRIX ---INDIVIDUAL LEVEL REASON CODES

TA IND RC	DEFINITIONS	CAT CD	SEP DET INSERT RC	NO SEP DET INSERT RC	EXCEPT
BE1	Intentional Misrepresentation of a Disability (1st Occ.)	All	753		
BE2	Intentional Misrepresentation of a Disability (2nd Occ.)	All	753		
BE3	Intentional Misrepresentation of a Disability (3rd Occ.)	All	753		
E21	Failure to Provide Child's SSN	15, 48	753	754	
E72	Institutionalized	All	753		
E73	In Foster Care	All	753		
*E94	Receiving SSI (HH>1)	All	753		
E95	Died (Indiv. Status = 13)	All	753		
F12	Failure to Apply for SSI	All	753		
F17	Failure to Validate Incorrect SSN	15, 48	753	754	
F21	Failure to Provide SSN	15, 48	753	754	
*F40	Failure to Enroll in Group Health Plan	All	753		
F44	Failure to Comply with Drug/Alcohol Screening	All	753		
F45	Failure to Comply with Drug/Alcohol Assessment	All	753		
F46	Failure to Comply with Drug/Alcohol Release of Information	All	753		
F60	Left Household	All	753		
F63	In Prison	None		861	
*F66	Will Receive PA In Other Case	All		754	
F75	Temporary Absence of Minor	All	753		
F76	Minor Parent Not in School	All	753		
F84	Failure to Sign Lien	All	753		
*F88	Failure to Comply with AFIS-(Non-legally Responsible Relative)	All	753		
F92	Failure to Provide Proof of Citizenship or Eligible Alien Status	15, 48	753	802	
F93	Failure/Refusal to Sign Citizenship/Alien Declaration	15, 48	753	754	
*M33	Excess Income-Deemed Income of Alien Sponsor (CT 11) (HH>1)	All	753		
M71	Continue Applicant Voluntary Quit Sanction	All	753		
M72	Continue Recipient Voluntary Quit Sanction	All	753		

TA IND RC	DEFINITIONS	CAT CD	SEP DET INSERT RC	NO SEP DET INSERT RC	EXCEPT
M74	Continue Employment Requirement Sanction	All	753		
M76	Continue Multiple Benefit 10 Year Sanction	All	753		
M77	Continue Drug/Alcohol Requirement Sanction	All	753		
M78	Continue IPV Sanction	All	753		
M79	Continue Failure to Report Absence of Minor Sanction	All	753		
M97	In Receipt of Multiple Benefits (10 Year Sanction)	All	753		
M98	In Receipt of Concurrent Assistance -Non AFIS Intrastate Match	None		754	
M99	In Receipt of Concurrent Assistance -AFIS Match	None		754	
MX1	Failure to Take Part in Drug/Alcohol Rehab-Applicant (1st Occurrence/45 Days)	All	753		
MX2	Failure to Take Part in Drug/Alcohol Rehab-Applicant (2nd Occurrence/120 Days)	All	753		
MX3	Failure to Take Part in Drug/Alcohol Rehab-Applicant (3rd Occurrence/180 Days)	All	753		
N20	Failure to Notify District of Minor's Temporary Absence	All	753		
N31	Voluntary Quit or Reduced Earnings-Applicant	All	753		
N49	Living Arrangements-Pregnant/Minor Parent (No Health/Safety Claim)	All	753		
N50	Living Arrangements-Pregnant/Minor Parent (Health/Safety Claim Denied)	All	753		
N66	In Receipt of Concurrent Assistance-Non AFIS Match (Interstate or Intrastate without Reliable Residence Determination)	None		754	
*U44	Excess Resources-Deemed Resources of Alien Sponsor (CT 11) (HH>1)	All	753		
W35	Fleeing Felon	All	753		
W40	Failure/Refusal to Become Employable	All	753		
W44	Probation Violator	All	753		
W45	Parole Violator	All	753		
WE1	Failure to Comply with Employment Requirements (1st Occ.)	All	753		

TA IND RC	DEFINITIONS	CAT CD	SEP DET INSERT RC	NO SEP DET INSERT RC	EXCEPT
WE2	Failure to Comply with Employment Requirements (2nd Occ.)	All	753		
WE3	Failure to Comply with Employment Requirements (3rd Occ.)	All	753		
*WS1	IPV: 6 Month Disqualification (1st Offense/Infraction<\$1,000)	All	753		
*WS2	IPV: 12 Month Disqualification (2nd Offense/Infraction<\$3,900)	All	753		
*WS3	IPV: 12 Month Disqualification (2nd Offense/Infraction \$1,000-\$3,900)	All	753		
*WS4	IPV: 18 Month Disqualification (3rd Offense)	All	753		
*WS5	PV: 18 Month Disqualification (1st Offense/Infraction>\$3,900)	All	753		
*WS6	IPV: 18 Month Disqualification (2nd Offense/Infraction>\$3,900)	All	753		
*WS7	IPV: 5 Year Disqualification (4th or Subsequent Offense)	All	753		
*WS8	IPV: Court Ordered Disqualification	All	753		
Y98	Other-Manual Notice Required- No MA Extension		NO MA Ins RC generated		
Y99	Other-Manual Notice Required-1 Month MA extension		NO MA Ins RC generated		

Section XXIII – Temporary Assistance Closing (Case Level) Matrix

Due to the Medicaid Income Level increase, the Temporary Assistance Closing (Case Level) Matrix changed which Medicaid Separate Determination Insert Reason Code is generated when closing certain category types for Temporary Assistance. This 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 closing a TA case.

The following three charts explain the TA Closing (Case Level) Matrix starting with the following:

- (A) Explanation of Definitions
- (B) Insert Codes and Language Meanings
- (C) TA Closing (Case Level) Matrix (***note changes**)

A. Explanation of Definitions:

TA RC	Temporary Assistance Closing Reason Code (case level)
CAT CD	Categorical code which generates a MA 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
CONT EXT	<p>Continuous Extension</p> <p><i>Y</i>-if otherwise ineligible for an extension or if only eligible for a PCP Guarantee extension, then based on the CRC (case reason code), a Continuous MA extension is given.</p> <p><i>N</i>-Not given-No Continuous extension is given regardless of IRC.</p> <p><i>#</i>-Based on the CRC, the individual would be eligible for another extension (other than PCP Guarantee).</p> <p>However, if the CRC defaults to the IRC, then # does not prevent a Continuous Extension.</p>
PCP GUAR	<p>PCP Guarantee</p> <p><i>Y</i>-if otherwise ineligible for an extension, an extension is given to the individual if the Managed Care Guarantee Thru date exceeds the Cov To-Date.</p> <p><i>N</i>-Not given, No PCP Guarantee Extension is given regardless of IRC.</p> <p><i>#</i>-Based on the CRC, the individual would be eligible for another extension (Non-PCP Guarantee).</p> <p>However, if the CRC defaults to the IRC, then # does not prevent a PCP Extension. PCP Guarantee Extensions generate Cov Code 31(PCP Cov only) or 33(PCP/HR Guarantee) with a MA Cov To-Date equal to the PCP Guar Date on the PCP Subsystem. These extensions apply only to individuals who have Cov Code 30(PCP Full Cov) or 32(PCP/HR) at the time of the PA case closing and who will not receive any other MA extensions and who have a PCP Guar Date beyond the Cov To-Date of the PA Case Closing. Cov Code 31 and 33 will be generated for the balance of the period ending with the PCP Guar date.</p>
EXCEPT	<p>Individuals who would otherwise not get a separate determination because of their categorical codes would get a separate determination if identified here:</p> <p>U = unborns</p> <p><21 = individuals less than 21 years of age at time of closing (including newborns)</p> <p><1 = individuals less than 1 year of age at time of closing</p>

***Blank rows or columns = Not Applicable**

B. Insert Code and Language Meanings:

756	MA Continues Unchanged - 1 Month Extension
757	MA Continues, County Transfer
758	MA Continues Unchanged Pending Decision
761	Combined PA/MA Discontinuance
763	MA Continues, Support Extension
764	TMA Acceptance, First Six Months
765	MA/PCP Extension
794	PA/MA Discontinuance – Client’s Request
821	MA Continues Unchanged
858	Continuous Eligibility for Children

C. TA Closing (Case Level) Matrix:

TA CLOSING MATRIX ---CASE LEVEL REASON CODES

TA RC	CATEGORY	MA EXT CAT CD	MA EXT INS RC	NO-EXT INS RC	EXCEPT	CONT EXT	PCP GUAR
E30	Excess Income	All	758			#	#
E31*	EI: Increased Earnings TMA Eligible	01-08, 10, 11, 12, 13, 15, 26, 48 09	764 / 758 758			#	#
E32*	EI: Increased Support Collection – MA Extension (4 months)	01-08, 10, 11, 12, 13, 15, 26, 48 09	763 / 758 758			#	#
E34++	EI: Receipt of SSI – Single Individual	All	756			#	#
E38	EI: Lump Sum EI: Budgeting	All	758			#	#
E39	EI: COLA	All	758			#	#
E40	Budgeting Error	All	758			#	#
E50	Failure to Return Quarterly Report	All	821				
E51	Failure to Complete QR: No Questions Answered	All	821				
E52	Failure to Complete QR: Signature/Date	All	821				
E53	Failure to Complete QR: Proof of Income	All	821				
E54	Failure to Complete QR: Dated Early	All	821				
E60	Unable to Locate	None		761		N	Y
E66	Not a Resident of State	None		761		N	N
F11	Failure to Access PA Benefits	All	758			#	#
F19	Refused to Cooperate With Quality Control	All	758			#	#
F33	EI: Deemed Income of Alien Sponsor	All	758			#	#
F38	EI: Lump Sum	All	758			#	#
F81	Refused Photo ID – Single Individual	All	758			#	#
F98	Client Requests Child Care in Lieu of TA (CT 11, 12, 16, 17)	All	821				
G30	Close FA Due to 60 Month Limit / No SNA Application Filed	All	821				
G31	Close FA Due to 60 Month Limit / Deny SNA - Separate SNA Notice Required	All	758			#	#
G32	Close FA Due to 60 Month Limit/ Deny SNA - Refusal to Sign Repayment Agreement/ Earnings Assignment	All	821				
G33	Close FA Due to 60 Month Limit/ Deny SNA - Refusal to Apply for Child	All	821				
G61	Not a Resident of District-opened in error	None		761		#	Y
I92	No Eligible Individual	41	758		Otherwise	Defaults to	Ind RC

TA RC	CATEGORY	MA EXT CAT CD	MA EXT INS RC	NO-EXT INS RC	EXCEPT	CONT EXT	PCP GUAR
M10	Failure to Recertify: On	All	821				
M11	Failure to Recertify: By	All	821				
M12	Failure to Return Mail-In Recert	All	821				
M15	Failure to Sign Repayment Agreement/Earnings Assignment (CT 12,16,17)	All	821				
M24	Failure to Resolve a Computer Match	All	758			#	#
M25	Failure to Respond to a Computer Match Call-In	All	758			#	#
M48	Parent's Offer of a Home – Minor Not Pregnant or Parenting (CT 16,17)	All	821				
M61	Moved Out of District - Late Report	All	757			#	N
M62	Moved Out of District	All	757			#	N
M63	Will Move Out of State	None		761		N	N
M68	Added to Another Case	None		761		#	#
M88	Failure to Comply with Finger Imaging Requirement – Legally Responsible Relative (HH>1)	All	758			#	#
M90	Client Request Written PA and MA	None		794		N	N
M91	Client Request Verbal PA and MA	None		794		N	N
M92*	Client Request Written Earned Income	01-08, 10, 11, 12, 13, 15, 26, 48 09	764 / 758 758			#	#
M93*	Client Request Verbal Earned Income	01-08, 10, 11, 12, 13, 15, 26, 48 09	764 / 758 758			#	#
M94	Client Request Written PA only	All	758			#	#
M95	Client Request Verbal PA only	All	758			#	#
N13	Failure to Use/Apply for Benefit/Resource	All	758			#	#
N14	Filing Unit Member Failed to Apply	All	758			#	#
N15	Failure to Keep Appointment EVR/FEDS Home Visit	All	758			#	#
N16	Failure to Contact Agency	All	758			#	#
N17	Failure to Complete Eligibility Process	All	821				
N19	Failure to Comply with Requirement to Look for Work	All	821				
N21	Failure to Keep Employment Assessment Appointment	All	821				
N53	Failure to Complete QR: Partial Proof	All	821				
P30	Close FA Due to 60 Month Limit/ Deny SNA - Failure to Comply with Job Search	All	821				
P31	Close FA Due to 60 Month Limit/ Deny SNA - Failure to Comply with Employment Assessment	All	821				
P32	Close FA/ Deny SNA - Refusal to Take a Job	All	821				
U40	Excess Resources	All	758			#	#
U41	Transfer of Resources	All	821				
U42	Excess Resources – Refusal to Sell Property	All	758			#	#

TA RC	CATEGORY	MA EXT CAT CD	MA EXT INS RC	NO-EXT INS RC	EXCEPT	CONT EXT	PCP GUAR
U43	Excess Resources – End of 6 Month Period	All	758			#	#
U44	Excess Resources – Deemed Resources of Alien Sponsor (CT 11)	All	758			#	#
U16	Excess Resources – No Elderly Individual Present	All	758			#	#
V20	Failure to Provide Verification	All	758			#	#
V22	FTPV: Mail-in Recert	All	821				
V23	FTPV: Parent/Spouse	All	758			#	#
V24	FTPV: Stepparent/Grandparent	All	758			#	#
V25	FTPV: Filing Unit	All	758			#	#
W10	Failure to Keep Investigatory Appointment	All	758			#	#
W11	Failure to Keep Appointment for DSS Medical Assessment	All	758			#	#
Y95	Application for Emergency Assistance Only	None		761		N	N
Y98	Other Manual Notice Required- No MA	All	758			#	#
Y99	Other Manual Notice Required (1 Month MA Extension)	All	758			#	#

* For Cat Codes listed in the first line of the Ext Cat Cd column: to receive a 12 month (CRC E31, M92, M93 / MA Opening RC 088) or 4 month (CRC E32 / MA Opening RC 090) extension, the PA case must have been active for at least 3 of the past 6 months prior to the PA Case closing. If it fails the 3 of 6 check, the MA Insert RC defaults to 758 and a 1 month MA extension is generated.

++ For this individual Only: WMS will generate an extension case with MA Coverage = 01 if 16 exists and = 30 if 32 exists. Categorical Code will be set to 12. If all individuals in the case have this Individual RC or none of the individuals without this RC receive this extension, Case Type will =22, Coverage To-Date will=12/31/49 and MA Ext Opening RC will =093; otherwise a standard 1 month extension will be generated.