WMS ABEL CODES

TRANSACTION TYPE (TRAN/TT)
01 Application Denial
02 Opening
03 Denial
05 Change
06 Recertification/Reauthorization
07 Closing
08 Recertification – Closing
09 Open/Close
10 Reopening
12 Forced Closing

SEPARATE DETERMINATION INDICATOR (SD)
X Separate Determination T FS Transitional Benefit

CASE TYPE (CASE/CT)
11 FA
12 SN-FP
13 ADC-FC
16 SN-CSH
17 SN-FNP
19 EAF
31 NPA-FS
32 FS-MIX
60 HEAP

GROUP HOME 2 PERSON HH TYPE (Entry in Sponsor Field)
(Shelter Types 10, 12, 13, 15, 16, 17 and 42)
1 Both TA
2 1 TA and 1 SSA
3 1 TA & 1 Neither TA or SSA
4 Both SSA
5 1 SSA & 1 Neither TA or SSA
6 Both Neither TA or SSA

FS EXPENSE INDICATOR CODES (HT/AC/UTIL/PHONE)
A Excess Charge
X Standard Allowance
0 Third Party Pays Heating Cost Directly to Vendor/ Undocumented Incurred HT/AC Costs
Z Standard Allowance HEAP Ineligible (Not Customer of Record)(Also NYSNIP Public Housing Cases with AC Costs)
H HEAP Eligible
N No Expense
R Refuses HEAP
U Unknown (NYSNIP Only)

HOUSEHOLD CHILD INDICATOR (CT 16, 17)
1 No Child in Household 2 Child in Household

FUEL TYPE (TY)
1 Natural Gas
2 Oil
3 PSC Electric
4 Coal
5 Wood
6 Kerosene
7 Propane
8 Municipal Electric
9 Other Fuel
0 Heat Included in Shelter Costs
X No Fuel Allowed
U Unknown (NYSNIP Only)

FS CATEGORICAL ELIGIBILITY INDICATOR (CE)
Y Yes N No

FS AGED/DISABLED INDICATOR
X Aged/Disabled
A All Adults Aged/Disabled
S NYSNIP Case

SHELTER TYPE u = unlimited **(TY)**
01 Rent Private (Including Trailer Lot or Commerical Room)
02 Rent Public
03 Own Home (Including Trailer)
04 Room & Board
05 Hotel/Motel Permanent
06 Hotel/Motel Temporary (u)
07 Migrant Labor Camp
09 Medical Facility ($40 PNA only) (u)
10 Congregate Care Level II-Drug/Alcohol Treatment Facility (Residential Treatment Center)
11 Non-Commerical Room Only
12 Non-Level II Alcohol Treatment Facility (u)
13 State Operated Community Residence (FS Only)
15 Congregate Care Level I-Family Care
16 Congregate Care Level II-Not Drug/Alcohol Treatment or Apartment-like
17 Congregate Care Level II-Apartment-like (OMH/OMRDD Supportive/Supervised Apartments)
19 Tier II Family Shelter (3 Meals/Day) (u)
20 Rental Supplement
21 Shelter for Homeless (3 Meals/Day) (u)
22 Residential Program for Victims of Domestic Violence (3 Meals/Day) (u)
23 Undomiciled
33 Homeless Shelter Tier II (Less Than 3 Meals/Day) (u)
36 Shelter for Homeless (Less Than 3 Meals/Day) (u)
37 Residential Program for Victims of Domestic Violence (Less Than 3 Meals/Day) (u)
38 Subsidized Housing (Non-Certificate)
40 Section 8 Voucher (30% Limit)
42 Congregate Care Level III - Adult Home and Enriched Housing
44 Supportive/Specialized Housing (District 55 Only)

SHELTER TYPES NYSNIP
94 SSI High Shelter, SUA Eligible
95 SSI Low Shelter, SUA Eligible
96 SSI High Shelter, No SUA
97 SSI Low Shelter, No SUA
98 SSI Shelter Cost and SUA Unknown

SHELTER PRORATION INDICATOR (PRO/PI) (PA Only)
C Prorate Children's Share of Shelter Needs
N Prorate All Needs Except Shelter
S Prorate Shelter Expenses Only
P Prorate Parent's Share of Needs
1-9 Number of Essential Persons

SHELTER RESTRICTORS/INDICATORS (IND/RES/SI/R) (PA Only)
A Entire Actual Shelter
B Utilities 1st/Entire Shelter (CT 11, 16)
X Shelter Allowance
E Entire Shelter Cost
P Entire Shelter – Primary Restriction (CT 12, 17)
S Entire Shelter – Secondary Restriction (CT 12, 17)
Q Utilities 1st/Shelter Allowance
R Utilities 1st/Excess Shelter

SHELTER FREQUENCY (FRQ) (PA Only)
W Weekly B Bi-Weekly
S Semi-Monthly M Monthly

1st MONTH SHELTER PAYMENT SOURCE (SRC)
I Income R Resource/Exempt Income

OTHER PA ALLOWANCE (TY) (PA Only)
01 Restaurant Allowance – Dinner
02 Restaurant Allowance – Lunch – Dinner
03 Restaurant Allowance – Breakfast – Lunch – Dinner
+06 Refrigerator Rental

WMS ABEL CODES

09 Chattel Mortgages
13 Home Delivered Meals
14 Other Shelter Needs
+17 Supplemental Child Care
18 Expenses Incident to Pregnancy
40 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)
03 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)
31 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 Included
- 1 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
- 02 S/CC
- 04 SSI Related
- 05 SSI Related and LIF/ADC-Related
- 06 SSI Related and S/CC
- 07 Chronic Care
- 08 Chronic Care/SSI Related
- 09 Chronic Care and LIF/ADC-Related
- 10 Chronic Care and S/CC
- 15 Other (Bottom Line Only)

TRANSACTION TYPE (TRAN)

- 02 Opening
- 05 Change
- 06 Recertification
- 09 Open/Close
- 10 Reopening

EXPANDED ELIGIBILITY CODES (EEC)

- A AIDS Insurance
- B EEC For C, D, F, I, P
- C Child(ren) 1 to 5 Years
- D Child(ren) 6 to 18 Years
- E Disabled Adult Child (DAC)
- F FHP for Families/19-20 Living with Parents (150%)
- H COBRA Insurance
- I Infants Birth to 1 year
- J Medicaid/Family Planning
- K Family Planning Only
- N FHP for 19-20 Not Living w/Parents (100%)
- P Pregnant Woman
- S FHP for Singles/Childless Couples (100%)
- T Transitional Medicaid
- V MBI-WPD (SSI Related Budgeting Prior to MBI-WPD Budgeting)
- W MBI-WPD (Only)

AGE INDICATOR (AI)

- Y Individual(s) in the Household is 60 Years of Age or Older
- N No One in the Household is 60 Years of Age or Older

FUEL TYPE (TY)

- 1 Natural Gas
- 2 Oil
- 3 PSC Electric
- 4 Coal
- 5 Wood
- 6 Kerosene
- 7 Propane
- 8 Municipal Electric
- 9 Other Fuel
- 0 Heat Included in Shelter Costs

SHELTER TYPE (TY) (u = unlimited)

- 01 Rent
- 02 Rent Public
- 03 Own Home
- 04 Room & Board (u)
- 05 Hotel Perm.
- 06 Hotel Temp. (u)
- 07 Migrant Camp
- 09 Medical Facility ($40 PNA only) (u) (Other Than Title XIX Facility)
- 11 Room
- 12 Non-Level II Alcohol Treatment Facility
- 14 Public Home (u) (Other Than Title XIX Facility)
- 15 Congregate Care Level I (NYC, Nassau, Suffolk, Westchester, Rockland)
- 16 Congregate Care Level II (NYC, Nassau, Suffolk, Westchester, Rockland)
- 18 Foster Care (u)
- 20 Emergency Rental Supplement Program (u)
- 22 Shelter for Victims of Domestic Violence (u)
- 23 Undomiciled
- 28 Congregate Care Level I (Rest of State)
- 29 Congregate Care Level II (Rest of State)
- 33 Homeless Shelter Tier II - Less Than 3 Meals/Day
- 34 Homeless Shelter Tier II - 3 Meals/Day
- 35 Homeless Shelter Non-Tier I or Tier II - 3 Meals/Day
- 36 Shelter for Homeless - Less Than 3 Meals/Day (u)
- 37 Residential Program for Victims of Domestic Violence - Less Than 3 Meals/Day (u)
- 42 Congregate Care Level III - Enhanced Residential Care (NYC, Nassau, Suffolk, Westchester, Rockland)
- 44 Supportive/Specialized Housing
- 51 Congregate Care Level III - Enhanced Residential Care (Rest of State)

ADDITIONAL ALLOWANCES (TY)

- 01 Dinner
- 02 Lunch & Dinner
- 03 Breakfast, Lunch & Dinner
- 13 Home Delivered Meals
- 18 Pregnancy (Output Only)
- 19 Community Maintenance Allowance
- 20 Transitional Child Care
- 21 Dependent Member of Single Institutionalized Individual
- 23 Family Member Allowance
- 99 Other

SSI RELATED BUDGETING CODES

Deeming Codes (DEEM)

- 1 Deem Spouse to Spouse *****
- 2 Deem to SSI-Related Child
- 3 Deem Spouse to Spouse and SSI Related Child*
- 4 No Deeming

***** Use when only one spouse is SSI-Related

Living Arrangements Codes (LA)

- 1 Single Person Living Alone or Living with Others
- 2 Couple Living Alone or Living with Others
- 3 Family Care Level - Upstate (Dist 97/98 Only)
- 4 Family Care Level - New York City (Dist 97/98 Only)
- 5 Individual - Temporarily Absent
- 6 Couple - At Least One of Whom is Temporarily Absent

CHRONIC CARE BUDGETING CODES

Budget Screen Indicator (BS)

- 1 Chronic Care and Community Screens

Personal Incidental Allowance Codes (PIA)

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

BUY-IN INDICATOR CODES (BUY)

- 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)

1 Contributing the Table of Support Amount
2 Contributing more than the Table of Support
3 Contributing less than the Table of Support - adjudicated
4 Contributing less than the Table of Support - not adjudicated
5 Refuses to Contribute

LOCAL CODES (LOC)

01	Albany	21	Herkimer	40	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
06	Chautauqua	26	Monroe	45	Seneca
07	Chemung	27	Montgomery	46	Steuben
08	Chenango	28	Nassau	47	Suffolk
09	Clinton	29	Niagara	48	Sullivan
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	54	Wayne
16	Franklin	36	Otsego	55	Westchester
17	Fulton	37	Putnam	56	Wyoming
18	Genesee	38	Rensselaer	57	Yates
19	Greene	39	Rockland	66	New York City
20	Hamilton				

EARNED INCOME DISREGARD CODE (EID)

1 Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months
2 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)
4 Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months)/$30 & 1/3
5 Calculate LIF % (Eligible for LIF in 1 of the 4 Preceding Months)/ $30
6 Calculate LIF % (Not on LIF in 1 of the 4 Preceding Months)

CATEGORICAL INDICATOR CODES (CTG, C)

1 SSI Related Spouse/Parent/Individual - Aged
2 SSI Related Spouse/Parent/Individual - Blind
3 SSI Related Spouse/Parent/Individual - Disabled
4 Non-SSI Related Spouse/Parent (LIF/ADC Related)
5 Non-SSI Related Spouse/Parent (S/CC)
6 SSI Related Child - Blind
7 SSI Related Child - Disabled
8 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
005 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
103 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

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

WMS MBL CODES

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

MA RESTRICTION/EXCEPTION RECORD SOURCE CODES (SYSTEM-GENERATED)

G System Generated Code E User Entered Record

MA RESTRICTED/EXCEPTION STATUS FLAG CODES (SYSTEM-GENERATED)

1 Active 2 Inactive

MA RESTRICTION/EXCEPTION TYPE CODES

02 Podiatry
03 Dental
04 Durable Medical Equipment
05 Pharmacy
06 Physician
08 Clinic
09 In-Patient Hospital
22 Medicare Part D - Good Cause
25 OMR - Sub-Chapter A Exception
30 LTHHCP Long Term Home Health Care Program
31 Community Alternative Systems Agency (CASA)-Community Based
32 CASA Individual in SNF/HRF
35 Case Management
38 UT Exempt
39 Aid Continuing
40 SNF - Expense Level
41 ICF-DD Expense Level
42 Hospital/SNF Expense Level
43 Hospital/ICF-DD Expense Level
44 Alternate Care Demo
46 OMRDD Home and Community Based Services (HCBS) Waiver (IRA, FC or at Home)
47 OMRDD Home and Community Based Services (HCBS) Waiver (CR and Subchapter A Day Treatment)
48 OMRDD Home and Community Based Services Waiver– (HCBS), (CR and Subchapter A Day Treatment)
49 IRA RES Hab Consumer
50 Prenatal Connect
51 Connect
55 MCC Pharmacy
56 MCC Physician
58 MCC Clinic
59 MCC Hospital
62 Care at Home (CAH I)
63 CAH II
64 CAH III
65 CAH IV
66 CAH V
67 CAH VI
68 CAH VII
69 CAH VIII
70 CAH IX
71 CAH X
81 (TBI) Traumatic Brain Injury
83 Alcohol and Substance Abuse ASA (Project in Progress)
90 Managed Care Excluded
91 Managed Care Exempt
92 DOH Exempt
94 OMH Exempt
95 OMRDD Waivered Services Look Alikes
96 (SPM) Seriously and Persistently Mentally Ill Adults and (SED) Seriously Emotionally Disturbed Children

PRINCIPAL PROVIDER SUBSYSTEM CODES

PRINCIPAL PROVIDER CODES

00 No Principal Provider
01 Private - Skilled Nursing
02 Voluntary - Intermediate Care (VOICF)
03 Public - Skilled Nursing
04 State - Intermediate Care
05 OMRDD Developmental Center
06 OMH Psychiatric Center
07 Acute Hospital - Long Term Care
08 Hospital - Excess
10 Child Care Facility
12 OMR Small Residential Unit (SRU)
14 Personal Care Services
16 Assisted Living Program (ALP)
DL Delete

PRINCIPAL PROVIDER PAYMENT EXCEPTION TYPE CODES (PA, MA)

1 Per Diem Payments to Provider are Not Allowed
2 Per Diem Payments to Provider are Allowed

RFI - RESOLUTION CODES

1 No Action Needed - App. Denied or Withdrawn or Case Closed
2 Current Case Data is Correct
3 Case Rebudgeted Due to CINTRAK Data
4 Application Denied or Withdrawn Due to CINTRAK Data
5 Case Closed - Failed to Respond
6 Case Closed - Financially or Categorically Ineligible
7 No Case Change - Referral for Investigation
8 Client and Matched Individual Not the Same Person
9 SSA Validation Data Acknowledged
X Emergency Processing Required

PREPAID CAPITATION PLAN SUBSYSTEM CODES

Benefits Package - User Entered in Concert with Provider ID & County Code #

Prepaid Capitation Plan Capitation Code

3 Individual Enrollee
0 End of Capitation

PCP Enrollment/Disenrollment Reason Codes

Enrollment

01 Enrollment Override
02 Voluntary Enrollment (all input methods)
03 Mandatory Enrollment via Auto Assign
07 Automated Enrollment of a Newborn

Disenrollment

59 Lost FHP Eligibility
65 Plan Termination
66 Retro-Active Disenrollment (plan must void claims subsequent to disenrollment date)
85 Death
86 Client Request
93 Client or LDSS Initiated/Excluded or Exempt
95 Lost Medicaid Eligibility
97 Moved Out of Plan's Service Area

DOMESTIC VIOLENCE SUBSYSTEM CODES

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	

WMS SUBSYSTEM CODES

DOMESTIC VIOLENCE SUBSYSTEM CODES (cont'd)

DENIAL REASONS

C – Fraudulent Claim
D – Failure to Provide Doc.
F – Failure to Show
N – Not Credible
O - Other
P – No Program Require.
R – Client Request
T – No Threat of Danger

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
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/MA DENIALS

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/MA ACTION

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 Extension
764 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

922 Inmate in a Penal Institution

PENDING DATA STATUS CODES (PA, MA, FS)

AC/DBR	Awaiting Direct Budget Reauthorization Completion
AT/CUI	Awaiting Transmission After CIN Undupe of Inactive Case
AT/DEN	Awaiting Transmission After App. Denial
AT/DRB	Awaiting Transmission After Direct Budget
AT/FCFD	Awaiting Transmission After Forced Closing
AT/FDE	Awaiting Transmission After FDE
AT/FDEOV	Awaiting Transmission After FDE-Override
AT/REA	Awaiting Transmission After Reactivation
AT/REAOV	Awaiting Transmission After Reactivation Override
AT/UM	Awaiting Transmission After Undercare
AT/UMOV	Awaiting Transmission After U/M-Override
AU/CUI	Awaiting Local Update After CIN Undupe of Inactive Case
AU/DBR	Awaiting Local Update After Direct Budget Reauthorization
AU/DEN	Awaiting Local Update After App. Denial
AU/FCFD	Awaiting Local Update After Forced Closing
AU/FDE	Awaiting Local Update After FDE
AU/FDEOV	Awaiting Local Update After FDE-Override
AU/REA	Awaiting Local Update After Reactivation
AU/REAOV	Awaiting Local Update After Reactivation Override
AU/UM	Awaiting Local Update After Undercare
AU/UMOV	Awaiting Local Update After UM Override
CUI/BUP	CIN Undupe Awaiting Batch Update of Inactive Case
DBR/BUP	Signed-Off After Direct Budget Reauthorization - Awaiting Batch Update
DBR/SSG	Awaiting Sign-Off After Direct Budget Reauthorization
DEN/BUP	Sign-Off After App. Denial - Awaiting Batch Update
DEN/SSG	Awaiting Sign-Off After App. Denial
FCFD/BUP	Signed-Off After Forced Closing - Awaiting Batch Update
FDE/ALEC	Full Data Entry - Awaiting Local Error Correction
FDE/BUP	Signed-Off After FDE - Awaiting Batch Update
FDE/ERR	Awaiting Error Correction After FDE
FDEOVER	Overridden Full Data Entry
FDE/SSG	Awaiting Sign-Off After FDE
NOPEND	No Pending Data Exists
REAC/BUP	Signed-Off After Case Reactivation - Awaiting Batch Update
REAC/ERR	Awaiting Undercare Maintenance Error Correction After Case Reactivation
REAC/OVR	Overridden Reactivation
REAC/SSG	Awaiting Sign-Off After Case Reactivation
REAC/UM	Awaiting Undercare Maintenance After Case Reactivation
UM/ALEC	Undercare Maintenance - Awaiting Local Error Correction
UM/BUP	Signed-Off After Undercare Maintenance - Awaiting Batch Update
UM/CL	Awaiting Clearance Resolution
UM/CLERR	Awaiting Clearance Resolution and Error Correction
UM/ERR	Awaiting Undercare Maintenance Error Correction
UMOVER	Overridden Undercare
UM/SSG	Awaiting Sign-Off After Undercare Maintenance Reauthorization

NOTE: The Pending Data Status Codes have been listed in alphabetic mnemonic order. Pending Data Status Code would always appear as mnemonics on the WMS Inquiry Screens.

SOCIAL SECURITY NUMBER CODES (PA, MA, FS, HEAP)

+A	Validation Failed: SSN Not on SSA File
+B	Validation Failed: No Match on Name
+C	Validation Failed: No Match on DOB and Sex
+D	Validation Failed: No Match on DOB
+E	Validation Failed: No Match on Sex
7	SSN SSA Input
8	SSN SSA Validation
9	SSN Failed SSA Validation

TRANSACTION TYPE CODES (TRANS TYPE) (PA, MA, FS, HEAP)

01	Application Denial
04	FDE Withdrawal
11	Reactivation
12	Forced Closing of Case
13	Forced Deletion of Individuals

PARENT INDICATOR (PA)

0	Child Only
1	Single Parent Households and Two Parent Households with One Disabled Parent
2	Two Parent Households with No Disabled Parent

RECIPIENT AID CATEGORY CODES (MA)

09	PG-ADC (FP)
10	FA-Family Assistance
11	ADU-U (FP)
12	IV-E (FP)
13	PG-ADC (FP)
16	TANF with Deprivation (FP)
17	TANF without Deprivation (FP)
18	Safety Net w/out deprivation (FP)
19	Safety Net - Non-Cash (FP)
20	Supplemental Payment (NYC) (FNP) 100% Local
21	LIF W/out Depriv/SCC (FP)
22	RESERVE FOR FUTURE USE
23	MA-CW (FP)
24	MA-Aged (FP)
25	MA-Blind (FP)
26	MA-Disabled (FP)
27	ADC Medically Needy (FP)
28	Public Home (FNP)
30	Presumptive Eligibility for Children (FP)
31	Poverty Level Child (FP)
32	LIF Related w/deprivation (FP)
35	Presumptive Eligibility Home Care (FNP) State/Local
36	RESERVE FOR FUTURE USE
37	Alien Eligibility (FNP) State/Local
38	Alien Eligibility (FP)
39	FNP Related Parent Living Child (FP)
40	Public Shelter Resident (FNP) 100% Local
41	Presumptive Eligibility Prenatal A (FP)
42	Presumptive Eligibility Prenatal B (FP)
43	Prenatal Care (FP)
44	Infant (200% FPL)(FP)
45	Child 1-6 (133% FPL)(FP)
47	Child Welfare (FNP) 100% Local
48	Child Continuous Coverage (FP)
49	Expanded-Continuous Coverage
50	SSI Aged (FP)
51	SSI Blind (FP)
52	SSI Disabled (FP)
53	SSI Pend Aged (FP)
54	SSI Pend Blind (FP)

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

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'