

Automated Benefit Calculation System Appendix

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System Coding Instructions

This section contains coding instructions for data entered on the ABC system.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS																														
TD01: Case Information																																	
TD01 C.I. 1	CASE	ALL	<p>The case number consists of a six-character serial number, a two-character FBU, a one-character MULT, and a one-character check digit.</p> <p>Check new cases to see if the case name has been assigned a case number. If no case number exists, then the system assigns the next sequential number to the case.</p>																														
TD01 C.I. 0	ENT RSN Entry Reason	ALL	<p>When an entry is made on the case information line, an entry reason is required. Valid codes are:</p> <p>A Application C Approval, no application H Immediate release</p>																														
TD01 C.I. 2	CO County Office	ALL	<p>Enter the two-digit code corresponding to the county where the worker is located. Valid codes are:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">00 Hoover Bldg.</td> <td style="width: 50%;">17 Cerro Gordo</td> </tr> <tr> <td>*01 Adair</td> <td>18 Cherokee</td> </tr> <tr> <td>*02 Adams</td> <td>*19 Chickasaw</td> </tr> <tr> <td>*03 Allamakee</td> <td>20 Clarke</td> </tr> <tr> <td>04 Appanoose</td> <td>21 Clay</td> </tr> <tr> <td>*05 Audubon</td> <td>*22 Clayton</td> </tr> <tr> <td>06 Benton</td> <td>23 Clinton</td> </tr> <tr> <td>07 Black Hawk</td> <td>24 Crawford</td> </tr> <tr> <td>08 Boone</td> <td>25 Dallas</td> </tr> <tr> <td>09 Bremer</td> <td>*26 Davis</td> </tr> <tr> <td>10 Buchanan</td> <td>27 Decatur</td> </tr> <tr> <td>11 Buena Vista</td> <td>28 Delaware</td> </tr> <tr> <td>12 Butler</td> <td>29 Des Moines</td> </tr> <tr> <td>*13 Calhoun</td> <td>30 Dickinson</td> </tr> <tr> <td>14 Carroll</td> <td>31 Dubuque</td> </tr> </table>	00 Hoover Bldg.	17 Cerro Gordo	*01 Adair	18 Cherokee	*02 Adams	*19 Chickasaw	*03 Allamakee	20 Clarke	04 Appanoose	21 Clay	*05 Audubon	*22 Clayton	06 Benton	23 Clinton	07 Black Hawk	24 Crawford	08 Boone	25 Dallas	09 Bremer	*26 Davis	10 Buchanan	27 Decatur	11 Buena Vista	28 Delaware	12 Butler	29 Des Moines	*13 Calhoun	30 Dickinson	14 Carroll	31 Dubuque
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SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 C.I. 2 (Cont.)			15 Cass *16 Cedar 34 Floyd *35 Franklin *36 Fremont *37 Greene *38 Grundy *39 Guthrie 40 Hamilton *41 Hancock 42 Hardin 43 Harrison 44 Henry *45 Howard *46 Humboldt *47 Ida *48 Iowa 49 Jackson 50 Jasper 51 Jefferson 52 Johnson 53 Jones 54 Keokuk 55 Kossuth 56 Lee 57 Linn *58 Louisa *59 Lucas *60 Lyon 61 Madison 62 Mahaska 63 Marion 64 Marshall 65 Mills * 66 Mitchell 32 Emmet 33 Fayette *67 Monona 68 Monroe 69 Montgomery 70 Muscatine 71 O'Brien *72 Osceola 73 Page *74 Palo Alto 75 Plymouth *76 Pocahontas 77 Polk 78 Pottawattamie 79 Poweshiek *80 Ringgold *81 Sac 82 Scott *83 Shelby 84 Sioux 85 Story 86 Tama *87 Taylor 88 Union *89 Van Buren 90 Wapello 91 Warren 92 Washington *93 Wayne 94 Webster 95 Winnebago 96 Winneshiek 97 Woodbury * 98 Worth 99 Wright * These offices are staffed on a less-than-full-time basis. Do not transfer cases to these counties. Transfer the case to the designated full-time office.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS												
TD01 C.I. 3	WKR Worker Number	ALL	<p>Enter the four-character number assigned to the worker or team who is responsible for case maintenance. The first character represents the office.</p> <p>The second character indicates the program.</p> <p>The third character designates the unit supervisor.</p> <p>The fourth character identifies the worker.</p> <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="padding: 2px 10px;">C</td> <td style="padding: 2px 10px;">M</td> <td style="padding: 2px 10px;">A</td> <td style="padding: 2px 10px;">2</td> </tr> </table> <table style="margin: auto;"> <tr> <td style="text-align: center; padding: 5px;">C</td> <td style="text-align: center; padding: 5px;">M</td> <td style="text-align: center; padding: 5px;">A</td> <td style="text-align: center; padding: 5px;">2</td> </tr> <tr> <td style="text-align: center;">Office</td> <td style="text-align: center;">Program</td> <td style="text-align: center;">Supervisor</td> <td style="text-align: center;">Worker</td> </tr> </table> </div> <p>Valid codes are:</p> <p><u>Office</u></p> <ul style="list-style-type: none"> A Administrative office, CCA Unit, or Income Maintenance C Central Office, Income Maintenance or Support Staff E Income Maintenance, Support Staff, or Social Worker F Income Maintenance G Glenwood Resource Center (county 65) I DHS Contact Center, IME, or IM IV-E Unit J Cherokee MHI (county 18) K Clarinda MHI (county 73) L Independence MHI (county 10) M Mt. Pleasant MHI (county 44) Income Maintenance, or IME P ICRU, IM Pace Distribution Queue R IMTA, IM Medical Review Distribution Queue S Income Maintenance W Woodward Resource Center (county 08) 	C	M	A	2	C	M	A	2	Office	Program	Supervisor	Worker
C	M	A	2												
C	M	A	2												
Office	Program	Supervisor	Worker												

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 C.I. 3 (Cont.)	WKR Worker Number (Cont.)	ALL	<p><u>Program</u></p> <p>A Income Maintenance or IME C Income Maintenance D System Used for Address Alerts E Income Maintenance F Income Maintenance M Income Maintenance Q Central Office R Income Maintenance S Social Services T Support Staff V Income Maintenance W Income Maintenance</p> <p><u>Unit Supervisor</u></p> <p>A-Z</p> <p><u>Worker</u></p> <p>1-30 A-Z</p>
TD01 C.I. 4	INFO. Priority Information	ALL	<p>Enter messages and reminder information pertaining to the case.</p> <p>Quality Assurance also uses this field to write messages to the worker, e.g., cancellation of warrant.</p>
TD01: Section I. Identification			
TD01 I. 15	ENT RSN Entry Reason	ALL	<p>Enter the code that corresponds with case entry reason. This field is completed for entries in Identification, Section I. Valid codes are:</p> <p>A Application C Approval, no application H Immediate release</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 16	AID Program Codes	ALL	<p>Enter the aid type under which cash assistance, State Supplementary Assistance, facility payments, and client participation will be calculated. Some aid types are valid only in the AID field. Others are valid in both the AID field and the MED AID field. For Medicaid there must be an entry in both the AID field and the MED AID field. Aid types that are valid in the AID field will roll to the MED AID field if no entry is made in the MED AID field.</p> <p>SSI-related aid types for people who are disabled are automatically converted to the corresponding aid type for the aged at month end of the month before the month of the recipient's sixty-fifth birthday.</p> <p>The effective month of the aid type change is the month after the sixty-fifth birthday. For example, aid type 60-0 becomes aid-type 10-0 at October month end, effective December 1, if the recipient becomes 65 during November.</p> <p>Some aid types are listed on the following table more than once. Abbreviations used in the table are:</p> <p>A Aged B Blind D Disabled</p> <p>FIP Family Investment Program</p> <p>ICF/ID Intermediate care facility for persons with an intellectual disability</p> <p>IHHRC In-home health-related care</p> <p>IV-E Title IV-E (FIP-related foster care and adoption assistance)</p> <p>MEPD Medicaid for employed people with disabilities</p> <p>MHI Mental health institute</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 16 (Cont.)	AID Program Codes (Cont.)	ALL	MIYA Medicaid for independent young adults NF Nursing facility PMIC Psychiatric medical institution for children RCA Refugee Cash Assistance Program RCF Residential care facility RMA Refugee Medical Assistance Program SNAP Supplemental Nutrition Assistance Program SSI Supplemental Security Income Program <u>SNAP</u> 09-0 SNAP, adult, not public assistance 09-1 SNAP, family, not public assistance <u>FAMILY INVESTMENT PROGRAM</u> 30-0 FIP, regular 30-2 FIP, money management (obsolete) 30-4 FIP, nonparental 32-8 FIP, protective payee, guardian, or conservator (obsolete) 33-8 FIP, two-parent, with a protective payee, guardian, or conservator (obsolete) 35-0 FIP, two-parent, when there are two active FIP parents of a common child who are both referred to PROMISE JOBS and one parent is the head of household or case name. <u>REFUGEE RESETTLEMENT PROGRAM</u> 06-0 RCA or RMA or both, family 06-1 RCA or RMA or both, adult 06-3 RMA, eligible for RCA but requests no grant

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 16 (Cont.)	AID Program Codes (Cont.)	ALL	<p><u>STATE SUPPLEMENTARY ASSISTANCE</u></p> <p><u>Dependent Person</u></p> <p>14-6 SSI-A, receives SSI, with dependent 24-6 SSI-B, receives SSI, with dependent 64-6 SSI-D, receives SSI, with dependent</p> <p><u>Family-Life Home</u></p> <p>10-0 SSI-A, family-life home 60-0 SSI-D, family-life home</p> <p><u>In-Home Health-Related Care</u></p> <p>14-1 SSI-A, IHHRC 64-1 SSI-D, IHHRC</p> <p><u>Residential Care Facility</u></p> <p>13-4 SSI-A, RCF, eligible for SSI payment 13-5 SSI-A, RCF, income exceeds SSI limit 63-4 SSI-D, RCF, eligible for SSI payments 63-5 SSI-D, RCF, income exceeds SSI limit</p> <p><u>Supplement for Medicare and Medicaid Eligibles</u></p> <p>60-M MEPD</p> <p>13-6 SSI-A, NF, income exceeds SSI maximum (300% group)</p> <p>63-6 SSI-D, NF, income exceeds SSI maximum (300% group)</p> <p>64-5 Disabled, NF or SNF level of care</p> <p>73-1 Skilled nursing care (300% group)</p> <p>73-2 SSI, state resource center ICF/ID, income exceeds SSI maximum (300% group)</p> <p>73-3 SSI, community-based ICF/ID income exceeds SSI maximum (300% group)</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 16 (Cont.)	AID Program Codes (Cont.)	ALL	73-4 Hospital care, income exceeds SSI maximum (no facility calculation) 73-5 SSI-A, MHI, income exceeds SSI maximum (300% group) <u>FMAP-RELATED MEDICAID</u> <u>Family Medical Assistance Program (FMAP)</u> 30-8 Family Medical Assistance Program <u>Transitional or Extended Medicaid</u> 37-0 FMAP, transitional or extended Medicaid <u>Child Medical Assistance (CMAP)</u> 37-2 Child Medical Assistance <u>Medicaid for Independent Young Adults (MIYA)</u> 37-6 MIYA <u>Mothers and Children (MAC)</u> 92-0 Pregnant women, infants, and children <u>Eligible for FMAP or FMAP-Related Medicaid if Not in Medical Institution</u> 37-7 FIP, MHI or PMIC, care payment only 39-0 FIP, nursing facility, care payment only <u>Automatic Redetermination</u> 38-0 FMAP, automatic redetermination <u>IowaCare</u> 60-E 200% group for people ages 19 to 64 60-P 300% group for pregnant and newborns <u>MEDICALLY NEEDY</u> 37-E Medically Needy, FMAP-related, CMAP-related, and SSI-related

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 16 (Cont.)	AID Program Codes (Cont.)	ALL	<p><u>SSI-RELATED MEDICAID</u></p> <p><u>Receiving SSI</u></p> <p>14-0 Receives SSI-A or mandatory supplement</p> <p>64-0 Receives SSI-D or mandatory supplement</p> <p><u>Eligible for SSI But Not Receiving Benefits</u></p> <p>14-3 Eligible for SSI-A; receives no cash benefits</p> <p>64-3 Eligible for SSI-D; receives no cash benefits</p> <p><u>SSI-RELATED MEDICAID (Cont.)</u></p> <p><u>Qualified Medicare Beneficiary, Qualified Disabled Working Persons, Specified Low-Income Medicare Beneficiary, Expanded Specified Low-Income Medicare Beneficiary</u></p> <p>90-0 Aged</p> <p>90-2 Disabled</p> <p><u>Automatic Redetermination</u></p> <p>14-4 SSI-A, automatic redetermination</p> <p>64-4 SSI-D, automatic redetermination</p> <p><u>Other Coverage Groups</u></p> <p>14-2 Aged:</p> <ul style="list-style-type: none"> ▪ People ineligible for SSI or SSA because of Social Security COLA (503 medical) ▪ Widowed people ineligible for SSI or SSA due to 1984 Social Security actuarial change ▪ People ineligible for SSI or SSA due to child's Social Security disability benefits ▪ Widowed people ineligible for SSI or SSA who do not have Medicare Part A and who are ineligible for SSI or SSA because of the receipt of Social Security benefits

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 16 (Cont.)	AID Program Codes (Cont.)	ALL	<p>64-2 Disabled:</p> <ul style="list-style-type: none"> ▪ People ineligible for SSI or SSA because of Social Security COLA (503 medical) ▪ People ineligible for SSI or SSA due to child's Social Security disability benefits ▪ Widowed people ineligible for SSI or SSA due to 1984 Social Security actuarial change ▪ Widowed people ineligible for SSI or SSA because of the receipt of Social Security benefits who do not have Medicare Part A <p>64-7 Medicaid for Kids with Special Needs 60-M Medicaid for employed people with disabilities</p> <p><u>MEDICAID FACILITIES</u></p> <p><u>Nursing Facility</u></p> <p>13-0 SSI-A, NF, would be eligible for SSI payment if at home</p> <p>13-1 SSI-A, NF, eligible for SSI payment</p> <p>13-6 SSI-A, NF, income exceeds SSI maximum (300% group)</p> <p>63-0 SSI-D, NF, would be eligible for SSI payment if at home</p> <p>63-1 SSI-D, NF, eligible for SSI payment</p> <p>63-6 SSI-D, NF, income exceeds SSI maximum (300% group)</p> <p>39-0 FMAP, NF, care payment</p> <p><u>Skilled Nursing Care</u></p> <p>73-1 Skilled nursing care</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 16 (Cont.)	AID Program Codes (Cont.)	ALL	<p><u>ICF/ID</u></p> <p>63-7 SSI, community-based ICF/ID, eligible for SSI if at home</p> <p>63-8 SSI, community-based ICF/ID, eligible for SSI payment</p> <p>73-3 SSI, community-based ICF/ID, income exceeds SSI maximum (300% group)</p> <p>63-2 SSI, state resource center ICF/ID, eligible for SSI payment if at home</p> <p>63-3 SSI, state resource center ICFID, eligible for SSI payment</p> <p>73-2 SSI, state resource center ICF/ID, income exceeds SSI maximum (300% group)</p> <p><u>SSI—Hospital</u></p> <p>73-4 Hospital care, income exceeds SSI maximum (no facility calculation)</p> <p><u>Mental Health Institute or PMIC</u></p> <p>13-7 SSI-A, MHI, eligible for SSI payment</p> <p>13-8 SSI-A, MHI, SSI-eligible if at home</p> <p>73-5 SSI-A, MHI, income exceeds SSI limit (300% group)</p> <p>37-7 FMAP or SSI child or adult, MHI or PMIC</p> <p>37-7 Adult involuntarily committed to MHI</p> <p><u>MEDICAID HOME- AND COMMUNITY-BASED WAIVERS</u></p> <p><u>AIDS/HIV Waiver</u></p> <p>63-6 SSI-D related 300%, NF level of care</p> <p>13-6 SSI-A related 300%, NF level of care</p> <p>73-1 300%, skilled level of care</p> <p>73-4 SSI-related 300%, hospital level of care</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 16 (Cont.)	AID Program Codes (Cont.)	ALL	<p>37-E Medically Needy, over 300%, hospital level of care</p> <p><u>Brain Injury Waiver</u></p> <p>73-3 ICF/ID level of care 73-1 300%, skilled nursing level of care 63-6 300%, SSI-D related, NF level of care</p> <p><u>Children’s Mental Health Waiver</u></p> <p>37-7 FMAP-related or SSI-related children</p> <p><u>Elderly Waiver</u></p> <p>13-6 NF level of care 73-1 SNF level of care</p> <p><u>Health and Disability Waiver</u></p> <p>64-5 Disabled, NF or SNF level of care 73-3 ICF/ID level of care</p> <p><u>Intellectual Disabilities Waiver</u></p> <p>73-3 ICF/ID level of care</p> <p><u>Physical Disability Waiver</u></p> <p>63-6 300%, nursing facility level of care 63-1 SSI-D, at nursing facility level of care. 73-1 300%, skilled nursing level of care</p> <p><u>SYSTEM-GENERATED AID TYPES</u></p> <p>80-0 Medical transportation payment made to client (fund code 1, 2, A, C, or R)</p> <p>80-1 Medical transportation payment made to public transportation provider (fund code 1, 2, A, C, or R)</p> <p>80-2 Medical transportation payment made other than to client or public transportation provider (fund code 1, 2, A, C, or R)</p> <p>80-3 Medical transportation payment made to client (fund code 3 or 4)</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 16 (Cont.)	AID Program Codes (Cont.)	ALL	80-4 Medical transportation payment made to public transportation provider (fund code 3 or 4) 80-5 Medical transportation payment made other than to client or public transportation provider (fund code 3 or 4) <u>FOSTER CARE AND SUBSIDIZED ADOPTION</u> (used on SSNI screen only; see 14-C, SSNI = Medicaid Eligibility File) <u>Entered by field staff</u> 40-9 Medical only, state-only no grant <u>Not entered by field staff</u> 02-1 Foster family care, refugee 02-3 Group care, refugee 02-7 Independent living, refugee 02-8 Shelter care, refugee 40-1 Foster family care, regular 40-3 Group care, regular 40-7 Independent living, regular 40-8 Shelter care, regular 41-1 SSI, blind, foster family care 41-3 SSI, blind, group care 41-7 SSI, blind, independent living 41-8 SSI, blind, shelter care

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 16 (Cont.)	AID Program Codes (Cont.)	ALL	42-1 IV-E foster family care 42-3 IV-E group care 42-8 IV-E shelter care 42-9 IV-E, medical only, out-of-state child placed in Iowa 43-1 Foster family care, payment only 43-3 Group care, payment only 43-7 Independent living, payment only 43-8 Shelter care, payment only 46-1 Subsidized adoption maintenance, not IV-E 46-2 Subsidized adoption maintenance, IV-E 46-3 Presubsidy, not IV-E 46-4 Presubsidy, IV-E 46-5 Medical only, receives subsidy from another state 47-0 Subsidized foster home 47-1 Nonsubsidized foster care program 48-1 SSI, disabled, foster family care 48-3 SSI, disabled, group care 48-7 SSI, disabled, independent living 48-8 SSI, disabled, shelter care
TD01 I. 17	AID CHG DT Date of Case Aid Type Change	ALL	Enter in MMDDYY format the effective date of the case aid type change. The day is always 01. Entry is required when the aid type changes.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I.	MED AID	MED MEPD MN FAC WAV ST SUPP	<p>Enter the aid type under which Medicaid eligibility will be granted. In some cases, the AID and MED AID fields will contain the same aid type. In others, they will be different. If no aid type is entered, the AID field will roll to the MED AID field when the AID field entry is a valid MED AID type.</p> <p><u>Aid Types Valid in AID Field Only</u> 09-0 30-0 35-0 09-1 30-4 39-0</p> <p><u>Aid Types Valid in Both AID and MED AID Fields</u> 06-0 13-8 37-6 63-4 64-7 06-1 14-0 37-7 63-5 73-1 06-2 14-1 38-0 63-6 73-2 06-3 14-2 40-9 63-7 73-3 06-4 14-3 60-0 63-8 73-4 10-0 14-4 60-E 64-0 73-5 13-0 14-6 60-M 64-1 90-0 13-1 24-6 60-P 64-2 90-2 13-4 30-8 63-0 64-3 92-0 13-5 30-E 63-1 64-4 13-6 37-0 63-2 64-5 13-7 37-2 63-3 64-6</p>
TD01 I.	MED CHG DT Date of Medical Aid Type Change	MED MN FAC WAIV ST SUPP	<p>Enter in MMDDYY format the effective date of the medical aid type change. The day is always 01. Entry is required when the aid type changes.</p>
TD01 I. 33	CASE REC: RE Case Record Tracking Reason	ALL	<p>Enter the code for the reason the case folder (current volume) is sent to another office. Codes are:</p> <p>AD Audit CA Corrective action specialist review CO Central office review FR Federal review LR Legal review ME Management evaluation review OT Other</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 33	CASE REC: RE Case Record Tracking Reason	ALL	QC Quality control review RO Regional office review RT Case folder is returned TR Transfer to another county (optional entry) Entries update TRAC, on line.
TD01 I. 34	CASE REC: LOC Case Record Tracking Location	ALL	Enter the code that indicates where the case folder is sent. Entries update TRAC, on line. No location entry is required for LR, OT, or RT reason codes. Valid codes are: 00 Central Office 01-99 The county to which the folder is sent for AD, CA, ME, QC or TR reasons. R1-R5 The region to which the folder was sent for FR, CA or RO review.
TD01 I. 35	CASE REC: DATE Case Record Date	ALL	The date the folder was sent in MM/DD/YY format. Not required for reason code RT. The system generates the date when it is not entered. Entries update TRAC on line.
TD01 I. 20	MR DEMAND 1: MO Month for Which a Form Is to Be Printed in the Daily Process	FIP SNAP MED REF IACARE	Enter the number for the month in which the report form would normally be mailed (the month before the month in the END CERT or NEXT REV field or, for the <i>Medicaid Review</i> , before the review month). Valid codes are: 01 January 05 May 09 September 02 February 06 June 10 October 03 March 07 July 11 November 04 April 08 August 12 December

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 21	MR DEMAND 1: CD Demand Code 1	FIP SNAP MED REF IACARE	<p>If the MR DEMAND 1 MO field is entered, enter the code that identifies the type of report form requested. The system will determine the appropriate message to be printed on the form. Valid codes are:</p> <p>4 FIP review (RRED)</p> <p>5 SNAP recertification (RRED) NOTE: If a client requests replacement of the recertification form, enter code 5, not 9.</p> <p>6 FIP review and SNAP recertification (RRED)</p> <p>9 Client request (no message) Note: Enter 9 only if the client requests a form in a month in which no other form has been sent.</p> <p>M Medicaid review</p> <p>Q Quarterly report for transitional Medicaid; valid for current period or month only</p>
TD01 I. 22	MR DEMAND 1 CYC Demand Cycle Code 1	FIP SNAP MED REF	<p>Enter C only when the client is due to return the demanded RRED in the monthly cycle. (If this field is used, do not use the demand due date field.)</p> <p>If no due date is required, leave blank. Do not enter this field for the <i>Medicaid Review</i> form.</p> <p>For an in-cycle report form, the due date printed on the form changes to the next month's due date after the current due date has passed.</p>
TD01 I. 23	MR DEMAND 1 DT Demand Due Date 1	FIP SNAP MED REF IACARE	<p>Enter the out-of-cycle date that the demanded RRED or <i>Medicaid Review</i> is due to be returned by the client, using four digits (MMDD). If no due date is required, leave blank.</p> <p>(If this field is used, do not use the demand cycle code field.)</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 24	MR DEMAND 2 MO Month for Which a Form Is to Be Printed in the Daily Process	FIP SNAP MED REF IACARE	Enter the number for the month in which the report form would normally be mailed (the month before the month in the END CERT or NEXT REV field or, for the <i>Medicaid Review</i> , before the review month). Valid codes are: 01 January 05 May 09 September 02 February 06 June 10 October 03 March 07 July 11 November 04 April 08 August 12 December
TD01 I. 25	MR DEMAND 2 CD Demand Code 2	FIP SNAP MED REF IACARE	Enter if the MR DEMAND 2 MO field is entered. Enter the code that identifies the type of report form requested. The system will determine the appropriate message to be printed on the form. Valid codes are: 4 FIP review (RRED) 5 SNAP recertification (RRED) Note: If a client requests replacement of the recertification form, enter code 5, not 9. 6 FIP review and SNAP recertification (RRED) 9 Client request (no message) Note: Enter only if no other form has been sent in the month. M Medicaid review Q Quarterly report for transitional Medicaid; valid for current period or month only
TD01 I. 26	MR DEMAND 2 CYC Demand Cycle Code 2	FIP SNAP MED REF	Enter C only when the client is due to return the demanded RRED in the monthly cycle. (If this field is used, do not use the demand due date field.) If no due date is required, leave blank. Do not enter this field for the <i>Medicaid Review</i> form. For an in-cycle report form, the due date printed on the form changes to the next month's due date after the current due date has passed.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 27	MR DEMAND 2 DT Demand Due Date 2	FIP SNAP MED REF IACARE	Enter the out-of-cycle date that the demanded RRED or <i>Medicaid Review</i> is due to be returned by the client, using four digits (MMDD). If no due date is required, leave blank. (If this field is used, do not use the demand cycle code field.)
TD01 I. 28	LI Language Indicator	ALL	Enter "S" if the household speaks only Spanish.
TD01 II. 52	PHONE Client Telephone Number	ALL	Enter the three-digit area code and the seven-digit telephone number for the client.
TD01 I. 44	CO RES Resident County	ALL	Enter the two-digit number for the county in which the client resides. Enter 00 to indicate out-of-state placement. If no entry is made, the system generates an on-line edit that requires an entry before you leave TD01.
TD01 I. 30	SERV WRK Service Referral To	ALL	If applicable, enter the four-character worker number that identifies the service worker. If the specific worker is not known, enter CS00.
TD01 I. 31	SERV NEED Service Referral Need	ALL	This is a three-character field. The first two characters describe the service to which the client is referred. Valid codes are: <u>Code</u> <u>Service</u> 01 Adoption services 02 Court-ordered custody investigation 03 Subsidized adoption 04 Adult residential care 05 Family-life home

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 31 (Cont.)	SERV NEED Service Referral Need (Cont.)	ALL	09 Child protection 10 Family-centered service 14 Child care, half-day, group child-care home 15 Child care, half-day, center 16 Child care, half-day, family child-care home 17 Child care, half-day, in-home 18 Adult day care 19 Shelter care 25 Family planning 26 Independent living 27 Foster family care 29 Foster group care 30 Adult residential services 31 Juvenile court-related services 34 Supervised apartment services (adult) 39 Adult support service 47 Dependent adult abuse 51 Work activity 52 Sheltered workshop 57 Transportation 60 Service management 61 Child care, full day, group child-care home 62 Child care, full day, center 63 Child care, full day, family child-care home

SCREEN/NUMBER	FIELD NAME/DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS								
TD01 I. 31 (Cont.)	SERV NEED Service Referral Need (Cont.)	ALL	64 Child care, full day, in-home 80 Medicaid case management 98 In-home health care								
			The third character identifies the person or agency requesting the service. Valid codes are: <u>Code</u> <u>Person or Agency</u> A Client household J Person within DHS Z Other								
TD01 I. 32	VOC REH Vocational Rehabilitation Worker Number		This number is entered by Quality Assurance.								
TD01 I. 43	SCHOOL School District	FIP REF	This field is not currently in use.								
TD01 I. 29	CSRU: WORKER Child Support Recovery Unit Worker Number	FIP MED FC	This is the system-generated 4-character worker number of the child support worker who received data from IM. D R K 1 <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">R</td> <td style="text-align: center;">K</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">Local</td> <td style="text-align: center;">Program</td> <td style="text-align: center;">Location</td> <td style="text-align: center;">Worker</td> </tr> </table> <p>Valid values are: <u>Local Office</u> A Foster Care C Collection Services Center D Child Support Recovery <u>Program</u> F Foster Care Recovery R Child Support Recovery</p>	D	R	K	1	Local	Program	Location	Worker
D	R	K	1								
Local	Program	Location	Worker								

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I. 29 (Cont.)	CSRU: WORKER Child Support Recovery Unit Worker Number	FIP MED FC	<p><u>Location</u></p> <p>C With AF = Central Office</p> <p>A Decorah</p> <p>B Mason City</p> <p>C With DR = Spencer</p> <p>D Sioux City</p> <p>E Fort Dodge</p> <p>F Marshalltown</p> <p>G Black Hawk</p> <p>H Dubuque</p> <p>I Davenport</p> <p>J Cedar Rapids (Friend of Court)</p> <p>K Des Moines (City View)</p> <p>L Carroll</p> <p>M Council Bluffs</p> <p>N Creston</p> <p>O Ottumwa</p> <p>P Burlington</p> <p>Q Cedar Rapids</p> <p>S Clinton</p> <p><u>Worker</u></p> <p>1 9 or A-Z</p> <p>O When worker number is unknown.</p>
TD01 I. 37	CSRU: NON-COOP Child Support Recovery Unit Cooperation Status	FIP	<p>Enter the code that indicates the status of the client's cooperation with CSRU. Valid codes are:</p> <p>0 Cooperation. Default value when no entry is made.</p> <p>4 Noncooperation with CSRU; apply 25% grant reduction.</p> <p>6 Cooperation; remove 25% FIP grant reduction beginning with current calendar month's benefits.</p> <p>7 Cooperation; remove 25% FIP grant reduction beginning with next calendar month's benefits.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I.	GOOD CAUSE: MP Reason Minor Parent Is Not Living with Adult Parent or Legal Guardian	FIP	<p>Enter the code that indicates why the minor parent is not living with an adult parent or legal guardian. Entries are necessary only when TD03 FIP MINOR has a code of 3 or 5. Enter the code when pending or approving the case. Valid codes are:</p> <ul style="list-style-type: none"> 0 Good cause does not exist. 1 Parent/legal guardian is deceased, missing or living in another state. 2 Physical or emotional health or safety may be jeopardized if living with the adult parent/legal guardian. 3 The minor parent is in a foster care independent living arrangement. 4 The minor parent is in the Job Corps Solo Parent Program. 5 The adult parent/legal guardian does not allow the minor parent to live at home, and the minor parent is living with a specified relative age 21 or over. 6 The minor parent lives in a maternity home or other licensed adult-supervised supportive living arrangement. 7 Other good cause, as determined by the administrator of the Bureau of Financial, Food, and Work Supports.
TD01 I.	GOOD CAUSE: SNAP PEN Failure to Comply Penalty	SNAP	<p>Enter the applicable code when a household member fails to comply with another program's requirements. Valid codes are:</p> <ul style="list-style-type: none"> Y Imposes a penalty reducing SNAP benefits NOTE: If FIP is not active on the case, the "Y" code is ignored. N Removes the penalty

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 I.	HR1 Hours of Employment	MEPD	Enter the code for the number of hours of employment. Valid codes are: A Zero to 10 hours employment per month B Above 10 hours through 80 hours of employment per month C More than 80 hours of employment per month
TD01 I.	EMP1 Source of Income	MEPD	Enter the code for the source of income. Valid codes are: O Business outside the home S Self-employment business I Working for an individual U Not employed
TD01	RI	MEPD	Enter the code that indicates the resource limit the system should use to calculate eligibility: I Individual C Couple
TD01: Section II. Name and Address			
TD01 II. 45	EN RSN Entry Reason	ALL	Enter the code for the case entry reason. Valid codes are: A Application C Approval, no application H Immediate release P One time (does not update master file)
TD01 II. 46	CASE: LAST Case Last Name	ALL	This field can be worker-entered or system-entered. The worker can enter the first 16 letters of the last name of the case head of household, as it appears on the Department records and on TD03. (When the person has only one name, enter it here.) If this field is blank, the system will enter the last name of the person associated with the state ID number entered in the CNID field on TD01.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS																								
TD01 II. 47	CASE: FIRST Case First Name	ALL	<p>This field can be worker-entered or system-entered. The worker can enter the first name of the case head of household (or the first 10 letters) as it appears on Department records and on TD03. (When the person has only one name, enter "UNKNOWN" in this field.)</p> <p>If this field is blank, the system will enter the first name of the person associated with the state ID number entered in the CNID field on TD01.</p>																								
TD01 II. 48	CASE: INIT Middle Initial	ALL	Enter the middle initial of the case head of household name.																								
TD01 II. 49	CASE: TITLE Case Name Title	ALL	<p>This field can be worker-entered or system-entered. The worker can enter the abbreviation for the title (if any) as it appears on TD03. Enter the single characters in the first space. The abbreviations are:</p> <table border="0"> <tr> <td>SR</td> <td>Senior</td> <td>3</td> <td>Third</td> <td>V</td> <td>Fifth</td> </tr> <tr> <td>JR</td> <td>Junior</td> <td>4</td> <td>Fourth</td> <td>6</td> <td>Sixth</td> </tr> <tr> <td>I</td> <td>First</td> <td>IV</td> <td>Fourth</td> <td>VI</td> <td>Sixth</td> </tr> <tr> <td>II</td> <td>Second</td> <td>5</td> <td>Fifth</td> <td></td> <td></td> </tr> </table> <p>If this field is blank, the system will enter the title of the person associated with the state ID number entered in the CNID field on TD01 (if any).</p>	SR	Senior	3	Third	V	Fifth	JR	Junior	4	Fourth	6	Sixth	I	First	IV	Fourth	VI	Sixth	II	Second	5	Fifth		
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I	First	IV	Fourth	VI	Sixth																						
II	Second	5	Fifth																								
TD01 II. 51	PAYEE/ADDR Payee or Addressee Name	ALL	<p>Enter the name of the person to whom payment is made on the household's behalf. This field is 24 spaces long.</p> <p>Generally, this is the head of household or case name. However, if the PAY/MOD field is used, the payee name should not be the name of any household member.</p>																								

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 II. 50	PAYEE/MOD Payee Relationship to Case Name	ALL	<p>Enter the code that identifies the relationship of the payee to the case name. This field must be completed when the payee is different from the case name. Valid codes are:</p> <p>GDN Legal guardian CSV Conservator FOR Protective payee, other payee, or authorized representative Blank None PXY Proxy</p> <p>When a payee no longer exists, remove this code with the space bar.</p>
TD01 II.	CNID Case Name State ID Number	ALL	<p>Enter the state ID number of the person who is the case name.</p> <p>For FIP and SNAP, the case name person must be the person on TD03 coded as "01" in the PER field and coded "0" for the relationship code in the REL field.</p>
TD01 II.	Address Fields	ALL	<p>Because of postal addressing standards, proper entries in the address fields are essential. Follow these guidelines when entering information on the ADDRESS lines.</p> <ul style="list-style-type: none"> ▪ Do not use the percent (%) sign. ▪ Do not use dual addresses, such as a street address and a PO box. Use the address where the client receives mail. If both street and PO box must be used, place the PO box address on ADDRESS 2, and the street address on ADDRESS 1. ▪ Limit punctuation to slashes and hyphens: <ul style="list-style-type: none"> • Slashes: 101 ½ MAIN ST • Hyphens: 289-01 MAIN ST

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS																														
TD01 II.	Address Fields	ALL	<ul style="list-style-type: none"> ▪ Normal punctuation should be omitted. Example: <div style="margin-left: 40px;"> JAMES JONES JR 1001 S MAIN ST ANYTOWN IA 59000 </div> ▪ Enter rural route addresses as RR1 BOX 122, on ADDRESS 2. Do not use the words "rural," "number," or "no." ▪ Completely write out the words GENERAL DELIVERY. ▪ Do not use the word "and" as in 8TH AND GRAND. Use 801 GRAND. 																														
TD01 II. 53	ADDRESS 1 First Line of Address	ALL	<p>Leave blank unless one of the following apply:</p> <ul style="list-style-type: none"> ▪ Enter the CASE NAME only if PAYEE MOD is used. ▪ Enter the number of the apartment, floor, building, room, etc., only when that number will not fit on ADDRESS 2. Do not use the # sign. Approved abbreviations are: <table style="margin-left: 40px; border: none;"> <tr><td>APT</td><td>Apartment</td></tr> <tr><td>BSMT</td><td>Basement</td></tr> <tr><td>BLDG</td><td>Building</td></tr> <tr><td>DEPT</td><td>Department</td></tr> <tr><td>FL</td><td>Floor</td></tr> <tr><td>FRNT</td><td>Front</td></tr> <tr><td>LBBY</td><td>Lobby</td></tr> <tr><td>LOWR</td><td>Lower</td></tr> <tr><td>OFC</td><td>Office</td></tr> <tr><td>PH</td><td>Penthouse</td></tr> <tr><td>RM</td><td>Room</td></tr> <tr><td>SPC</td><td>Space</td></tr> <tr><td>STE</td><td>Suite</td></tr> <tr><td>TRLR</td><td>Trailer</td></tr> <tr><td>UPPR</td><td>Upper</td></tr> </table>	APT	Apartment	BSMT	Basement	BLDG	Building	DEPT	Department	FL	Floor	FRNT	Front	LBBY	Lobby	LOWR	Lower	OFC	Office	PH	Penthouse	RM	Room	SPC	Space	STE	Suite	TRLR	Trailer	UPPR	Upper
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SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 II. 53 (Cont.)	ADDRESS 1 First Line of Address (Cont.)	ALL	<ul style="list-style-type: none"> ▪ Enter C/O followed by a space and the necessary information, i.e., name, number, etc. Do not use the percent (%) sign. <p>If removing a code from the PAYEE MOD field, remove the name in this field with the space bar, or by typing the address data in this field. Do not use a General Delivery address for households receiving FIP.</p>
TD01 II. 54	ADDRESS 2 Second Line of Address	ALL	<p>Enter the delivery address as it is to appear on the envelope. The format is:</p> <ul style="list-style-type: none"> ▪ Primary address number, space, ▪ Predirectional abbreviation, space, ▪ Street name, space, ▪ Street description, space, ▪ Postdirectional abbreviation, space, ▪ And, space permitting, room, floor, building number. <p>Examples:</p> <p style="text-align: center;"> 123 1/2 N WEST ST 23 </p> <p style="text-align: center;"> 400 OAK BLVD NW 4 </p> <p>When an address must contain a building number and an apartment number, enter the building number last. Example: Enter 508 Elm Street, Building 2, Apt 5 as:</p> <p style="text-align: center;"> 508 ELM ST APT 5-2 </p> <p>The total field is 21 characters long.</p> <p>The primary address number (the house number) may be up to six characters long. It should be numeric, but may contain one slash or one letter. (e.g., 114 ½ or 1128A).</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS																																																																																																																								
TD01 II. 54	ADDRESS 2 Second Line of Address	ALL	<p>Use abbreviations in the pre- and postdirectional fields. For example, when the street name is North and it is located on the east side of town, enter E NORTH ST. Allowable directional abbreviations are: N, E, S, W, NE, NW, SE, and SW.</p> <p>Street names should be numeric (7TH), not spelled out (seventh).</p> <p>Approved street abbreviations:</p> <table> <tbody> <tr><td>ANX</td><td>Annex</td><td>LK</td><td>Lake</td></tr> <tr><td>AVE</td><td>Avenue</td><td>LKS</td><td>Lakes</td></tr> <tr><td>BND</td><td>Bend</td><td>LN</td><td>Lane</td></tr> <tr><td>BLF</td><td>Bluffs</td><td>LDG</td><td>Lodge</td></tr> <tr><td>BLVD</td><td>Boulevard</td><td>MDWS</td><td>Meadows</td></tr> <tr><td>BRG</td><td>Bridge</td><td>MT</td><td>Mount</td></tr> <tr><td>BRK</td><td>Brook</td><td>MTN</td><td>Mountain</td></tr> <tr><td>CYN</td><td>Canyon</td><td>ORCH</td><td>Orchard</td></tr> <tr><td>CPE</td><td>Cape</td><td>PKY</td><td>Parkway</td></tr> <tr><td>CTR</td><td>Center</td><td>PL</td><td>Place</td></tr> <tr><td>CIR</td><td>Circle</td><td>PLN</td><td>Plain</td></tr> <tr><td>CLFS</td><td>Cliffs</td><td>PLNS</td><td>Plaines</td></tr> <tr><td>COR</td><td>Corner</td><td>PR</td><td>Prairie</td></tr> <tr><td>CORS</td><td>Corners</td><td>RNCH</td><td>Ranch</td></tr> <tr><td>CT</td><td>Court</td><td>RPDS</td><td>Rapids</td></tr> <tr><td>CTS</td><td>Courts</td><td>RDG</td><td>Ridge</td></tr> <tr><td>CRK</td><td>Creek</td><td>RIV</td><td>River</td></tr> <tr><td>DR</td><td>Drive</td><td>RD</td><td>Road</td></tr> <tr><td>EXPY</td><td>Expressway</td><td>SQ</td><td>Square</td></tr> <tr><td>FLS</td><td>Falls</td><td>STA</td><td>Station</td></tr> <tr><td>FLD</td><td>Field</td><td>STRM</td><td>Stream</td></tr> <tr><td>FRST</td><td>Forest</td><td>ST</td><td>Street</td></tr> <tr><td>FRK</td><td>Fork</td><td>SMT</td><td>Summit</td></tr> <tr><td>FRKS</td><td>Forks</td><td>TER</td><td>Terrace</td></tr> <tr><td>FT</td><td>Fort</td><td>TRFY</td><td>Trafficway</td></tr> <tr><td>FWY</td><td>Freeway</td><td>TRL</td><td>Trail</td></tr> <tr><td>GDNS</td><td>Gardens</td><td>TRLR</td><td>Trailer</td></tr> <tr><td>GRV</td><td>Grove</td><td>TPKE</td><td>Turnpike</td></tr> <tr><td>HWY</td><td>Highway</td><td>VLY</td><td>Valley</td></tr> <tr><td>HL</td><td>Hill</td><td>VIA</td><td>Viaduct</td></tr> </tbody> </table>	ANX	Annex	LK	Lake	AVE	Avenue	LKS	Lakes	BND	Bend	LN	Lane	BLF	Bluffs	LDG	Lodge	BLVD	Boulevard	MDWS	Meadows	BRG	Bridge	MT	Mount	BRK	Brook	MTN	Mountain	CYN	Canyon	ORCH	Orchard	CPE	Cape	PKY	Parkway	CTR	Center	PL	Place	CIR	Circle	PLN	Plain	CLFS	Cliffs	PLNS	Plaines	COR	Corner	PR	Prairie	CORS	Corners	RNCH	Ranch	CT	Court	RPDS	Rapids	CTS	Courts	RDG	Ridge	CRK	Creek	RIV	River	DR	Drive	RD	Road	EXPY	Expressway	SQ	Square	FLS	Falls	STA	Station	FLD	Field	STRM	Stream	FRST	Forest	ST	Street	FRK	Fork	SMT	Summit	FRKS	Forks	TER	Terrace	FT	Fort	TRFY	Trafficway	FWY	Freeway	TRL	Trail	GDNS	Gardens	TRLR	Trailer	GRV	Grove	TPKE	Turnpike	HWY	Highway	VLY	Valley	HL	Hill	VIA	Viaduct
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SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD01 II. 54 (Cont.)	ADDRESS 2 Second Line of Address (Cont.)	ALL	HLS Hills VLG Village JCT Junction VIS Vista KNLS Knolls WLS Wells For additional information regarding addresses, refer to the Postal Addressing Standards publication. Do not use a General Delivery address for households receiving FIP.
TD01 II. 55	CITY	ALL	Enter the name of the city. Limited to 14 letters; punctuation is not allowed.
TD01 II. 56	STATE	ALL	Enter the abbreviation for the state. State abbreviations are: AL Alabama MT Montana AK Alaska NE Nebraska AZ Arizona NV Nevada AR Arkansas NH New Hampshire CA California NJ New Jersey CO Colorado NM New Mexico CT Connecticut NY New York DE Delaware NC North Carolina DC District of Columbia ND North Dakota FL Florida OH Ohio GA Georgia OK Oklahoma HI Hawaii OR Oregon ID Idaho PA Pennsylvania IL Illinois RI Rhode Island IN Indiana SC South Carolina IA Iowa SD South Dakota KS Kansas TN Tennessee KY Kentucky TX Texas LA Louisiana UT Utah ME Maine VT Vermont MD Maryland VA Virginia MA Massachusetts WA Washington MI Michigan WV West Virginia MN Minnesota WI Wisconsin MS Mississippi WY Wyoming MO Missouri

SCREEN/NUMBER	FIELD NAME/DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS					
TD01 II. 57	ZIP ZIP Code	ALL	Enter the five-digit ZIP code as it is to appear on the envelope. If ZIP code is 20001, enter: <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">1</td> </tr> </table>	2	0	0	0	1
2	0	0	0	1				
TD01 II. 58	ZIP Extended ZIP Code	ALL	Entry of the extended zip code is not required. <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> </tr> </table>	1	0	0	4	
1	0	0	4					
TD02: Section III. SNAP								
TD02 III. 59	ENTRY RSN Entry Reason	SNAP	Enter the code that corresponds to the SNAP entry reason. Valid codes are: A Application B Reinstatement C Approval, no application or recertification processing on closed case G Change with timely notice H Immediate release, no timely notice J Change of end date (disqualified, sanctioned) K Timely recertification (active case) L Untimely recertification (active case) M Death R Sending notice only					
TD02 III. 60	STATUS Status	SNAP	Enter the code that identifies the worker-determined status of SNAP. Valid codes are: A Opened, due to application B Reinstated C Reopened, no application; recertification D Pended I Sanctioned M Denied N Canceled S Never opened (system-generated)					

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 III. 61	REA 1 Notice Reason	SNAP	Enter the three-digit notice code. (See Notice Codes.)
TD02 III. 62	REA 2 Notice Reason	SNAP	Enter the three-digit notice reason code. Codes for certain adverse action statements must be entered in this field. (See Notice Codes.)
TD02 III. 63	APP DT Date of Application	SNAP	<p>Enter the date of SNAP initial application or reapplication, in MMDDYY format. This must be a current or prior date. (The system does not accept a date before January 1 of the previous year.)</p> <p>The date for notice 111 and the date for tracking overdue actions at initial application are calculated from this date.</p> <p>If the entry reason is C, enter the application date only when an application or recertification RRED was filed.</p>
TD02 III. 64	POS DT Eligibility Date	SNAP	Enter the effective date that the client becomes eligible for SNAP (in MMDDYY format). This date appears on the notice as benefits are prorated. It can't be before the application date.
TD02 III. 82	AD Application Detail	SNAP	<p>Enter the code that describes the timeliness of any approved SNAP application. Entry is required when entering an "A" in STATUS. If the application is processed timely, use code "A." If the application is untimely, enter the code indicating the reason for the processing delay. Valid codes are:</p> <p>A No delay; application was processed timely</p> <p>B Household requested help from IM to get information</p> <p>C Household requested interview delay</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 III. 82	AD Application Detail	SNAP	D Household delay (for reason other than B or C) E IM delay
TD02 III. 65	NEG DT Program Termination Date	SNAP	This date is system-generated as of the last day of the current month. Enter it for program sanction end dates.
TD02 III. 81	EMSV Emergency Services	SNAP	EMSV is a two-character field. In the first space, enter the code indicating the eligibility for SNAP emergency services (ES). Codes are: A Not eligible for emergency service B Eligible. Issues benefits for the application month only C Eligible. Issues benefits for the month after application month only D Eligible. Issues benefits for the application month and the following month Blank Not applicable In the second space, enter the code indicating the timeliness of emergency services. Codes are: 0 No delay (ES processed timely) OR ineligible for ES for any reason except missed interview (with "A" in the 1 st character) 1 Application screening error 2 Discovery at interview 3 Discovery with information returned 4 Agency delay: system entry errors 5 Agency delay: other

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 III. 81	EMSV Emergency Services	SNAP	6 Ineligible for ES due to missed interview (A entered in 1 st character) 7 Client delay: ID provided after 7 th day (B, C or D entered in 1 st character)
TD02 III. 83	DOD Date of Discovery	SNAP	Enter in MM/DD/YY format the date that you discovered a delay in emergency services. NOTE: This field is enterable only if the 1 st space of the EMSV field contains a code from B to E and the code in the 2 nd space of the EMSV field is not zero.
TD02 III. 66	START CERT Certification Start Date	SNAP	On new approvals and recertifications, enter the first month of the certification period, in MMYY format.
TD02 III. 67	END CERT Certification End Date	SNAP	On new approvals and recertifications, enter the month through which the SNAP program is certified, in MMYY format.
TD02	RT Review Type	SNAP	Enter the code that tells whether the next recertification requires an interview. Valid codes are: F Next recertification needs an interview N Next recertification does not need an interview
TD02	INT Interview Type	SNAP	Enter the code that indicates whether an interview was held. Codes are: F Face-to-face interview held P Phone interview held N No interview held
TD02 III. 70	SI SNAP Indicator	SNAP	Enter the code that identifies the type of SNAP household. Valid codes are: 1 Farmer (Farm losses will not be deducted unless this code is entered or present.) 2 Migrant laborer 3 Battered women and children (This code overrides "illegal person" edits.)

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 III. 70 (Cont.)	SI SNAP Indicator (Cont.)	SNAP	4 and up. Assigned to particular strikes or specific policy situations. Only the counties affected are notified.
TD02	PHM	SNAP	System-generated. Indicates if ABC has determined the household to be categorically eligible due to the Promoting Benefits of a Healthy Marriage Program (PHMP) for the next system month. Codes are: Y Categorically eligible due to PHMP Blank Not determined categorically eligible due to PHMP
TD02 III. 71	SNAP TEST Income Test	SNAP	Enter the code that corresponds to the income tests to be applied. Valid codes are: G Gross Tested (gross and net tests applied) – Medical expense deductions are not allowed N Net Tested - HH has at least one Elderly (60+) or Disabled Member (see manual) – Medical expense deductions are allowed E Gross Tested (Use Rare) – Only used for HH's responsible for med expenses of a former Elderly/Disabled HH member who died or entered hospital/nursing home while active
TD02 III. 72	HH TYPE Household Type	SNAP	Enter the code that identifies the SNAP household type. This entry is required for the initial month of each certification period and for denials. Incorrect coding can result in a Quality Control error. A person is considered receiving FIP, SSI, or general assistance (GA) if income from that source is included as income for the first month of the certification period, or for denial of the first month. (SSI includes State Supplementary Assistance.)

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 III. 72 (Cont.)	HH TYPE Household Type (Cont.)	SNAP	<p>Enter a new household type whenever a change in a household member's circumstances causes the household to gain or lose categorical eligibility based on receipt of FIP or SSI. Reenter household type whenever FIP is approved or reinstated for an ongoing SNAP case. The system does not automatically change the household type.</p> <p>When household type is A or B, categorical eligibility codes other than zero are converted. With any other type, the categorical eligibility codes are used as entered. Valid codes are:</p> <p>A All SNAP household members receive FIP. S All SNAP household members receive SSI. B All SNAP household members receive FIP or SSI. T (1) All SNAP household members receive GA but not all receive FIP or SSI; or (2) Some, but not all, SNAP household members receive FIP or SSI and the remaining members receive GA.</p> <p>When GA is granted for a household expense, all members are receiving GA. When GA is granted for one household member's expense, only that member is receiving GA.</p> <p>W At least one, but not all, of the household members receive FIP or SSI or GA P No household members receive FIP SSI, or GA (no public assistance)</p>
TD02 III. 74	CAT ELIG Categorical Eligibility	SNAP	<p>Enter the code indicating for which SNAP months categorical eligibility should apply. When the code for categorical eligibility applies, SNAP income and resource tests are skipped.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 III. 74	CAT ELIG Categorical Eligibility	SNAP	<p>Entries are required on SNAP approvals from applications and recertifications and when FIP is approved on an ongoing SNAP case.</p> <p>Entries to change the code are necessary when the household begins to, or no longer meets categorical eligibility requirements for reasons other than FIP being canceled on the SNAP case.</p> <p>Entries are not required on denials.</p> <p>If FIP approval is processed at the same time, enter the code as though FIP income and resource calculations will result in FIP eligibility.</p> <p>Because household types A and B indicate that categorical eligibility is dependent on FIP eligibility, if FIP calculations result in ineligibility for a month, ABC converts the categorical eligibility code accordingly for these household types.</p> <p>ABC converts the categorical eligibility code only in the above situations; otherwise, tests are not applied to the categorically eligible months.</p> <p>Codes 1-9 are used when the months in the SNAP approval other than the ongoing or next system months are categorically eligible.</p> <p>Codes A-H are used when the ongoing or next system month is one of the categorically eligible months.</p> <p><u>Code</u> <u>Meaning</u></p> <p>0 (zero) All SNAP income and resource tests are required. Categorical eligibility does not apply.</p> <p>1 Current system month only</p> <p>2 First prior system month only</p> <p>3 Second prior system month only</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS	
TD02 III. 74 (Cont.)	CAT ELIG Categorical Eligibility (Cont.)	SNAP	<u>Code</u> 4 5 6 7 A B C D E F G H X	<u>Meaning</u> First prior system month and current system month only Second prior system month and current system month only First and second prior system months only Current system month, first and second prior system months Current system month and ongoing First prior system month and the ongoing months Second prior system month and the ongoing months First prior system month, current system month and the ongoing months Second prior system month, current system month and the ongoing months First and second prior system months and the ongoing months Current system month, first and second prior months and the ongoing months Ongoing months only System entered when SNAP closes for over resources due to lottery or gambling winnings. If the household reapplies, enter the correct code over the X. ABC will use the X to calculate the first month of benefits without categorical eligibility, then use the new code ongoing.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 III. 77	OVERDUE CERT Overdue Certification	SNAP	<p>If a case is delayed beyond required processing time frames, enter one of the following codes:</p> <ul style="list-style-type: none"> 0 The agency did not delay. Either the client caused the delay, or the only delay was in recording the actual approval on the system after the household received expedited service. 1 The agency delayed on an expedited service application. 2 The agency delayed an application without emergency service. 3 The agency delayed on a recertification. <p>When more than 30 days have elapsed between the application date and the decision date, a fatal error is generated if no entry is made. This code is not retained on the ABC master file. It always shows 0 on display of the master.</p>
TD02 III. 73	LIMIT Limit Date	SNAP	<p>If applicable, enter the end date of the limited certification period, in MMCCYY format. The date must fall between the certification start and end dates. Note: Unless the entry is removed, the case will close at cutoff of the month entered in this field.</p>
TD02 III. 69	BENEFIT	SNAP	System-generated.

TD02: Section IV. FIP and Refugee			
SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 IV. 84	ENTRY RSN FIP Entry Reason	FIP REF	Enter the code that corresponds with the FIP program entry reason. Valid codes are: A Application B Reinstatement C Approval, no application G Change with timely notice H Immediate release J Change of end date (disqualified, sanctioned) M Death R Sending notice only
TD02 IV. 85	STATUS FIP Status	FIP REF	Enter the code that identifies the worker-determined status of the FIP program. Valid codes are: A Opened B Reinstated C Reopened, no application D Pended I Sanctioned M Denied N Canceled R Closed for lump sum S Never opened (system-generated)
TD02 IV. 86	REA1 Notice Reason	FIP REF	Enter the three-digit notice reason code.
TD02 IV. 87	REA2 Notice Reason	FIP REF	Enter the three-digit notice code. Codes for certain adverse actions must be entered in this field. (See Notice Codes.)

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 IV. 88	APP DT Date of Application	FIP REF	For new or reapplying cases, enter the date of the initial application or reapplication for the FIP program, in MMDDYY format. This must be a current or prior date. The system will not accept a date earlier than January 1 of the year before the current year.
TD02 IV. 89	POS DT FIP Eligibility Date	FIP REF	Enter the date that the client becomes eligible for the FIP program, in MMDDYY format. The date cannot be before the application date. This date will appear on the notice if benefits are prorated.
TD02 IV. 104	AD FIP Application Detail	FIP REF	Enter the code that indicates the timeliness of any approved FIP application. Entry is required when entering an "A" in FIP STATUS. If the application is processed timely use code "A." If the application is untimely, enter the reason for the processing delay. Valid codes are: A No delay; application processed timely B Household requested help from IM to get information C Household requested interview delay D Household delay (for reason other than B or C) E IM delay F Non-IM agency delay (PROMISE JOBS, CSRU, etc.) G Grace period allowed
TD02 IV. 90	NEG DT FIP Program Termination Date	FIP REF	System-generated as the last day of the current month. Worker-entered program sanction end dates.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 IV.	SEC8 Subsidized Housing	FIP	<p>Enter the code that identifies the family's subsidized housing status.</p> <p>P Public housing R Rent subsidy N No subsidized housing</p> <p>The SEC8 field has an on-line help screen. To display the codes and select the code to be entered, type a "?" in the SEC8 field, press ENTER, and type an "X" next to your choice.</p> <p>Options for returning to the TD02 screen are:</p> <p>1 Cancel. Field not updated. 2 Update. Field updated.</p>
TD02 IV 102	BAT ALIEN Battered Alien	FIP	<p>Enter the code that tells whether the case is a FIP battered alien case. Valid codes are:</p> <p>Y Yes N No (The system defaults to code 'N' if no worker entry is made.) Blank No code is shown for actions before 1/6/03.</p>
TD02 IV. 91	LAST REV FIP Date of Last Review	FIP REF	Enter the date the review is completed.
TD02 IV. 92	NEXT REV FIP Review Date	FIP REF	<p>Usually system-generated. If applicable, enter the month and year when the next FIP review is due, in MMY format. Cannot be before the current date.</p> <p>Note: Due to alignment, the system may override the entered date with a system-generated date.</p>
TD02 IV.	RT Review Type	FIP REF	<p>Enter the code that tells whether the next review is face to face. This may also be system-generated.</p> <p>F Next review is the annual face-to-face review. N Next review is not a face-to-face review.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 IV. 98	PE Presumptive Eligibility	FIP	<p>Enter a code to indicate whether an application was processed under presumptive eligibility. Entry is required at approval and review. Valid codes are:</p> <ol style="list-style-type: none"> 1 Presumptive eligibility does not apply. (Always enter this code at review.) 2 Presumptive eligibility; approval was processed before all financial information was verified. 3 Presumptive eligibility; approval was processed before all nonfinancial factors were verified. 4 Presumptive eligibility applies due to both 2 and 3, above. 5 Presumptive eligibility applies for other reasons.
TD02 IV. 96	REF OR Refugee Country of Origin	REF	<p>Enter the code that corresponds with the client's country of origin. This must be entered for all RCA and RMA cases. Valid codes are:</p> <p>AF Afghanistan CA Cambodia CU Cuba ET Ethiopia HA Haiti IR Iraq LA Laos PO Poland RU Russia TH Thailand VT Vietnam XX Other European countries ZZ All others</p>
TD02 IV. 97	REF ENT Refugee Entry Date	REF	<p>Enter the earliest date that a refugee member of the eligible group entered the United States (for information only).</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD02 IV.	LIMIT	FIP REF	If applicable, enter the end date of the six-month hardship exemption period, in MMCCYY format. Note: FIP will close at timely notice of the month that is entered in the LIMIT field.
TD02 IV. 94	BENEFIT FIP Amount	FIP REF	System-generated FIP benefit amount.
RSCF: SNAP Monthly Resources			
RSCF	SNAP Monthly Resources	SNAP	Enter countable resource amounts for SNAP cases. Leading zeros are required when an amount is less than the field accommodates.
RSCF 301	Benefit Month	SNAP	Enter the month for which countable resource amounts are considered. Use MMY format.
RSCF 301	Cash on Hand	SNAP	Enter the countable amount of cash on hand for the program.
RSCF 301	Checking Account	SNAP	Enter the countable total of checking accounts for the program.
RSCF 301	Savings Account	SNAP	Enter the countable total of savings accounts for the program.
RSCF 301	Stocks/Bonds/ Certificates	SNAP	Enter the countable total of stocks, bonds, and certificates for the program.
RSCF 301	Real Estate	SNAP	Enter the countable value of real estate for the program.
RSCF 301	Countable Vehicle Amount	SNAP	Enter the countable value of vehicles for the program.
RSCF 301	Contracts	SNAP	Enter the countable value of contracts for the program.

SCREEN/NUMBER	FIELD NAME/DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
RSCF 301	Lotto-Gambling	SNAP	Enter the countable value of lottery or gambling winnings for the program.
RSCF 301	Other	SNAP	Enter the countable value of all other resources not listed in the preceding categories.
RSCA: FIP Monthly Resources			
RSCA	FIP Monthly Resources	FIP REF	Enter countable resource amounts for FIP. Leading zeros are required when an amount is less than the field accommodates.
RSCA 401	Benefit Month	FIP REF	Enter the month for which countable resource amounts are considered. Use MMY format.
RSCA 401	Cash on Hand	FIP REF	Enter the countable amount of cash on hand for the program.
RSCA 401	Checking Account	FIP REF	Enter the countable total of checking accounts for the program.
RSCA 401	Savings Account	FIP REF	Enter the countable total of savings accounts for the program.
RSCA 401	Stocks/Bonds/Certificates	FIP REF	Enter the countable total of stocks, bonds, and certificates for the program.
RSCA 401	Real Estate	FIP REF	Enter the countable value of real estate for the program.
RSCA 401	Countable Vehicle Amount	FIP REF	Enter the countable value of vehicles for the program.
RSCA 401	Life Insurance	FIP REF	Enter the countable value of life insurance policies for the program.
RSCA 401	Contracts	FIP REF	Enter the countable value of contracts for the program.
RSCA 401	Tools	FIP REF	Enter the countable value of tools for the program.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
RSCA 401	Other	FIP REF	Enter the countable value of all other resources not listed in the preceding categories.
RSCA 401	Applicant/ Participant Override	FIP	If regular system decisions are invalid in the case situation, enter a code to change the system decision on which resource limit to use. Valid codes are: A Applicant P Participant
TD05: Section V. Medical			
SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05 V. 108	MED ENTRY RSN Medical Entry Reason	REF MED MN MEPD	Enter the code that corresponds to the Medicaid program entry reason. Use the same entry reason here to enter only retroactive medical coding. Valid codes are: A Application B Reinstatement C Approval, no application D Reinstatement or suspension E Worker determined eligible G Change with timely notice H Immediate release J Change of end date (disqualified, sanctioned) M Death R Sending notice only

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05 V. 109	MED STATUS Medical Status	REF MED MN MEPD	Enter the code that identifies the worker-determined status of the Medicaid program. Valid codes are: A Opened, due to application B Reinstated C Reopened, no application D Pended I Sanction M Denied N Canceled R Closed for lump sum S Never opened (system-generated)
TD05 V. 113	MED RSN 1 Notice/Action Reason	MED REF MN MEPD	Enter the three-digit notice reason code or action code. (See Notice Codes .) Enter 000 for a Medically Needy approval if you want to issue a notice manually.
TD05 V. 114	MED RSN 2 Notice/Action Reason	MED REF MN MEPD	Enter the three-digit notice reason code or three-digit action code. Codes for certain adverse action statements and negative action facility codes must be entered in this field.
TD05 V. 115	MED APP DT Date of Application	MED REF MN MEPD	Enter the date of the initial application or reapplication for Medicaid, in MMDDYY format. This must be a current or prior date. The system will not accept a date earlier than January 1 of the year before the current year.
TD05 V. 116	MED POS DT Medical Eligibility Date	MED REF QMB MEPD	Enter the date that the client becomes eligible for Medicaid, in MMDDYY format. For most Medicaid programs, this date cannot be earlier than the first day of the application month, nor can it be later than the benefit month. Exception: In the QMB program, the date cannot be earlier than the first day of the month after the month of decision.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05	MED AD	MED REF QMB MEPD	<p>Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" in MED STATUS.</p> <p>If the application is processed timely, use code "A." (If the deadline is a weekend or holiday, entry made on the next working day is considered timely.) If the application is untimely, enter the reason for the processing delay. Valid codes are:</p> <p>A Timely processing (day 0 through day 30 for all coverage groups)</p> <p>B Household requested help from IM to get information</p> <p>C SSI approval</p> <p>D Household delay (other) or delay for 30-day stay</p> <p>E IM delay</p> <p>F Non-IM agency delay (e.g., disability determination)</p> <p>G Delay due to citizenship or identity verification</p> <p>H MN application processed by day 45 (day 31 through day 45)</p> <p>I MSP application received from SSA (system-entered)</p> <p>J Grace period allowed</p>
TD05 V. 117	MED NEG DT Medical Assistance Termination Date	REF MED MEPD	System-generated as the last day of current month, or the last day of subsequent month when timely notice is required. Worker-entered for date of death and for sanction end dates.
TD05 V. 118	MED LAST REV Medical Date of Last Review	REF MED	Enter the date the review was completed, in MMY format.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05 V. 118 (Cont.)	MED LAST REV (Cont.) First Month of Prospective Certification Period	MN	For medically needy approval, enter the first month of the prospective certification period.
	First Month of Premium Period	MEPD	For MEPD approval, enter the first month of the annual premium period, in MMY format. If the premium changes during the premium period, enter the effective date of the change in MMY format.
TD05 V. 119	MED NEXT REV Medical Review Due Date	REF MED	Enter the month and year when the next Medicaid review is due. Cannot be before current date. If no entry, the system generates a 12-month review date.
		MN	For medically needy approval, enter the last month of the prospective certification period, in MMY format.
	Last Month of Premium Period	MEPD	For MEPD approval, enter the last month of the annual premium period, in MMY format. If the premium amount changes during the premium period, reenter the existing date in the MMY format.
TD05 V. 120	MR Medicaid Monthly Reporting Code	MED MN	Enter N. Since Medicaid no longer requires monthly reporting, this is the only valid code.
TD05 V.	RT Review Type	MED	Enter the code that tells whether the next review is face to face. This may also be system-generated. F The next review is the annual face-to-face review. N The next review is not a face-to-face review.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05 V. 122	RETRO Retroactive Medical Eligibility	MED MN	<p>Enter the code that corresponds with the client's Medicaid eligibility (except MEPD). Use codes 8 and A through G only if the month of application is earlier than the month of FIP or Medicaid eligibility.</p> <p>Use codes 1 through 7 when approving retroactive Medicaid on traditional Medicaid aid types or approving ongoing Medically Needy with a retroactive Medicaid period.</p> <p>Use codes H through N when only a retroactive period is approved for Medically Needy cases.</p> <p>Valid codes are:</p> <p>0 No card required for three prior months nor month of application</p> <p>1 or H First month before the month of application</p> <p>2 or I Second month before month of application</p> <p>3 or J Third month before month of application</p> <p>4 or K First and second months before the month of application</p> <p>5 or L First and third months before the month of application</p> <p>6 or M Second and third months before the month of application</p> <p>7 or N All three months before the month of application</p> <p>8 Month of application only</p> <p>A First month before the month of application and the month of application</p> <p>B Second month before the month of application and the month of application</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05 V. 122 (Cont.)	RETRO Retroactive Medical Eligibility (Cont.)	MED MN	<p>C Third month before the month of application and the month of application</p> <p>D The first and second months before the month of application and the month of application</p> <p>E The first and third months before the month of application and the month of application</p> <p>F The second and third months before the month of application and the month of application</p> <p>G The month of the application and the three months before the month of application</p> <p>V Generate the SSI reminder letter when the SSI Medicaid information form is not returned or when the system does not generate the reminder automatically.</p> <p>X Generate the SSI Medicaid information form when the system does not generate it automatically.</p> <p>Z Retroactive Medicaid was requested but at least one person has not verified citizenship or identity.</p>
TD05 V.	MED LIMIT DATE	MED	Reserved.
TD05 V. 125	MED CP CD	MN	<p>Enter code S if the case is a zero-spenddown Medically Needy case.</p> <p>If the case goes from ongoing eligibility to spenddown, enter a space in this field using the space bar on the keyboard.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05 V. 131	SPENDDOWN 1 Retroactive Certification Period Spenddown	MN	Worker-calculated. Enter the amount of spenddown after deduction of the health insurance premium for the retroactive certification period. If there is no spenddown amount, or if the case is not eligible for the retroactive period, enter zeros.
TD05 V. 132	SPENDDOWN 2 Current Certification Period Spenddown	MN	Worker-calculated. Enter the amount of spenddown after deduction of the health insurance premium for the current certification period. If there is no spenddown amount, or the case is not eligible for current certification period, enter zeros.
TD05 V. MED	EXT MED END Extended Medicaid End Date	MED REF	System-generated (MM/YY); shows the last month of the current or most recent extended Medicaid period.
TD05	CNT-UI	MN MEPD	For a system-generated NOD, enter the total unearned income for the certification period. Enter the average monthly gross unearned income amount for the disabled person. Enter zeros if there is no unearned income.
TD05	UI-DED 1	MN	For a system-generated NOD: <ul style="list-style-type: none"> ▪ For SSI-related cases, enter the total general income exclusion for certification period. ▪ For FMAP-related cases, enter the remaining balance of paid court-ordered child support for certification period.

SCREEN/NUMBER	FIELD NAME/DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05	UI-DED 2	MN	For a system-generated NOD: <ul style="list-style-type: none"> ▪ On SSI-related cases, enter the total diversion to others for the certification period. ▪ On FMAP-related cases, enter the remaining balance of the diversion for ineligible or excluded people for the certification period.
TD05	CNT-EI	MN MEPD	For a system-generated NOD, enter the total amount of earned income for certification period. Enter the average monthly gross earned income amount for the disabled person. Requires entry of at least zeros.
TD05	EI-DED 1	MN	For a system-generated NOD: <ul style="list-style-type: none"> ▪ On SSI-related cases, enter any remaining general income exclusion for the certification period. ▪ On FMAP-related cases, enter the 20% earned income deduction for the certification period.
TD05	EI-DED 2	MN	For a system-generated NOD: <ul style="list-style-type: none"> ▪ On SSI-related cases, enter the total work expense for the certification period. ▪ On FMAP-related cases, enter the total dependent care expense for the certification period.
TD05	EI-DED 3	MN	For a system-generated NOD: <ul style="list-style-type: none"> ▪ On SSI-related cases, enter the total earned income deduction for the certification period. ▪ On FMAP-related cases, enter paid out court-ordered child support for the certification period.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05	EI-DED 4	MN	For a system-generated NOD: <ul style="list-style-type: none"> ▪ On SSI-related cases, enter total work expense for the blind for the certification period. ▪ On FMAP-related cases, enter the total diversion for ineligible or excluded people for the certification period.
TD05	A&A	MN	Leave blank for FMAP-related cases. For a system-generated NOD for SSI-related cases, enter the total aid and attendance amount for the certification period.
TD05	UME	MN	Leave blank for FMAP-related cases. For a system-generated NOD for SSI-related cases, enter the total unmet medical expenses for the certification period.
TD05	PASS	MN	Leave blank for FMAP-related cases. For a system-generated NOD for SSI-related cases, enter the total amount of a plan for achieving self-support for the certification period.
TD05	INS PREM Health Insurance Premium	MN	For a system-generated NOD, enter the total amount of the health insurance premiums for the certification period.
TD05	MEDICARE	MN	For a system-generated NOD, enter the total amount of Medicare premiums paid by the recipient for the certification period.
TD05	MNIL AMT	MN	For a system-generated NOD, enter the total MNIL for the household size for the certification period.
TD05	HH SIZE	MN MEPD	For a system-generated NOD, enter the number of household members.
TD05 MEPD PM	MEPD PM	MEPD	This field displays the system-calculated premium.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05 V. 108	ENTRY RSN Facility/ St Supp/ Waiver Entry Reason	ST SUPP WAV FAC	Enter the code that corresponds to the program entry reason. Valid codes are: A Application B Reinstatement C Approval, no application D Reinstatement or suspension E Worker determined eligible G Change with timely notice H Immediate release J Change of end date (disqualified, sanctioned) M Death R Sending notice only
TD05 V. 111	STATUS Facility/ St Supp/ Waiver Status	FAC WAV ST SUPP	Enter the code that identifies the worker-determined facility or waiver status. Valid codes are: A Opened, due to application C Reopened, no application D Pended I Sanctioned (disqualified for transfer of resources) M Denied N Canceled S Never opened (system-generated)
TD05 V. 112	FI Notice Indicator	FAC WAV ST SUPP	For any facility or waiver case action, enter X when a notice is not to be generated. Enter a space using the spacebar if a notice is to be generated.
TD05 V. 113	REA 1 Notice/Action Reason	FAC ST SUPP WAV	Enter the three-digit notice reason code or three-digit action code. (See Notice Codes.)

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05 V. 114	REA 2 Notice/Action Reason	FAC WAV ST SUPP	Enter the three-digit notice reason code or three-digit action code. Codes for certain adverse action statements and State Supplementary Assistance and Medicaid facility and waiver negative action codes must be entered in this field.
TD05 V. 115	APP DT Date of Application	FAC WAV ST SUPP	Enter the date of the initial application or reapplication for Medicaid facility or waiver program or for State Supplementary Assistance. Enter in MMDDYY format. Must be a current or prior date. The system will not accept a date earlier than January 1 of the year before the current year.
TD05 V. 116	POS DT Eligibility Date	FAC WAV ST SUPP	Enter the date that the client becomes eligible for the facility, waiver, or State Supplementary Assistance program. Enter in MMDDYY format.
TD05	FAC AD	FAC WAV ST SUPP	Enter the code that indicates the timeliness of approval any State Supplementary Assistance or Medicaid facility or waiver application. Entry is required when entering an "A" in FAC STATUS. If the application is processed timely, use code "A." (If the deadline is a weekend or holiday, an entry made on the next working day is considered timely.) If the application is untimely, enter the reason for the processing delay. Valid codes are: A Timely processing B Household requested IM help to get information C SSI approval D Household delay (other)

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05 (Cont.)	FAC AD (Cont.)	FAC WAV ST SUPP	E IM delay F Non-IM agency delay (level of care, disability determination, etc.) G Delay due to citizenship or identity verification H Delay for 30-day stay J Grace period allowed
TD05 V. 117	NEG DT Termination Date	FAC WAV ST SUPP	System-generated as the last day of current month or as the last day of subsequent month when timely notice is required. When facility, State Supplementary Assistance, or waiver eligibility ends due to death, enter the date of death. If the client leaves the facility, enter the date of discharge. Also use to enter sanction end date.
TD05 V. 118	LAST REV Date of Last Review	FAC WAV ST SUPP	Enter the date the review was completed. Enter in MMY format.
TD05 V. 119	NEXT REV Review Due Date	FAC WAV ST SUPP	Enter the month and year when the next facility, waiver, or State Supplementary Assistance review is due. This cannot be before the current date. If no entry, the system generates a 12-month review date.
TD05 V. 125	MED CP CD Client Participation Code	FAC ST SUPP WAV	For all facility and waiver cases, enter the code that corresponds to the client's level of care, regardless of the amount of client participation (\$0.00 or more than \$0.00). Valid codes are: H MHI, PMIC, or CMH waiver M NF, ICF/ID, or RCF level of care. S Skilled nursing level of care (SNF).

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05 V. 126	VENDOR Facility, Hospice, or Waiver Number	FAC WAV ST SUPP	Enter the facility, hospice, or waiver vendor number. (You must also make an entry in the TD05 FI. field.) Vendor numbers begin with: 061 Hospice (in state) 091 Hospice (out of state) 088 ICF/ID 064 MHI 080 NF 085 NF/MI 089 RCF 00 PMIC, waiver cases (use all zeros) 065 SNF
TD05 V. 123	1 st CP AMT First Month Client Participation	FAC	Client participation for the month or portion of the month indicated in TD05 field FAC POS DT. If worker-entered, the amount is worker-calculated.
TD05 V. 124	ONGO CP Ongoing Client Participation	FAC	The amount for ongoing client participation. If worker-entered, the entry is worker-calculated.
TD05 V. 121	FLH AMOUNT Family Life Home	ST SUPP FAC	Enter the worker-determined grant amount if a state- supplemental warrant is applicable, including a personal needs allowance supplement for nursing facilities and ICF/ID.
TD05 V. 128	BED DAYS Number of Reserve Bed Days	FAC	Enter the number of days the client spent on reserve bed status before leaving the first facility. Use this only when the client is transferring from one facility to another. Valid values are from 01-31.
TD05 V. 130	CO County of Responsibility	FAC WAV	Enter the county with responsibility for a client receiving enhanced services, waiver services, or ICF/ID. See TD01, CO , for county codes. Enter 00 for state cases. Note: When a county of responsibility is entered in this field, you must also make an entry in COS field on TD03.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD05	Limit Date	FAC WAV ST SUPP	Reserved.
RSCM: Medical Resources			
RSCM	Medical Resources	REF MED	Enter countable resource amounts for Medicaid or refugee cases calculated by ABC. Leading zeros are required when an amount is less than the field accommodates.
RSCM 301	Benefit Month	MED REF	Enter the month for which countable resource amounts are considered. Use MMY format.
RSCM 301	Cash on Hand	MED REF	Enter the countable amount of cash on hand for the program.
RSCM 301	Checking Account	MED REF	Enter the countable total of checking accounts for the program.
RSCM 301	Savings Account	MED REF	Enter the countable total of savings accounts for the program.
RSCM 301	Stocks/Bonds/ Certificates	MED REF	Enter the countable total of stocks, bonds, and certificates.
RSCM 301	Real Estate	MED REF	Enter the countable value of real estate for the program.
RSCM 301	Countable Vehicle Amount	MED REF	Enter the countable value of vehicles for the program.
RSCM 301	Life Insurance	MED REF	Enter cash value of policies.
RSCM 301	Contracts	MED REF	Enter the countable value of contracts for the program.
RSCM 301	Tools	MED REF	Enter the countable value of tools for the program.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
RSCM 301	Other	MED REF	Enter the countable value of all other resources not listed in the preceding categories.
RSCM 302	Applicant/ Participant Override	MED REF	If regular system decisions are invalid in the case situation, enter a code to change the decision the system makes on which resource limit to use. (Do not enter the standard amount. That is system-generated.) Valid codes are: A Applicant P Participant

RSCS: Facility, Waiver, and State Supplementary Assistance Resources

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
RSCS	FAC, WAV, ST SUPP Monthly Resources	FAC WAV ST SUPP	Enter countable resource amounts for facility, waiver, or State Supplementary. Leading zeros are required when an amount is less than the field accommodates. If there are no resources, you must enter zeroes in one resource field.
RSCS 401	Benefit Month	FAC WAV ST SUPP	Enter the month for which countable resource amounts are considered. Use MMY format.
RSCS 401	Cash on Hand	FAC WAV ST SUPP	Enter the countable amount of cash on hand for the program.
RSCS 401	Checking Account	FAC WAV ST SUPP	Enter the countable total of checking accounts for the program.
RSCS 401	Savings Account	FAC WAV ST SUPP	Enter the countable total of savings accounts for the program.
RSCS 401	Stocks/Bonds/ Certificates	FAC WAV ST SUPP	Enter the countable total of stocks, bonds, and certificates for the program.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
RSCS 401	Real Estate	FAC WAV ST SUPP	Enter the countable value of real estate for the program.
RSCS 401	Countable Vehicle Amount	FAC WAV ST SUPP	Enter the countable value of vehicles for the program.
RSCS 401	Life Insurance	FAC WAV ST SUPP	Enter the countable value of life insurance policies for the program.
RSCS 401	Contracts	FAC WAV ST SUPP	Enter the countable value of contracts for the program.
RSCS 401	Tools	FAC WAV ST SUPP	Enter the countable value of tools for the program.
RSCS 401	Other	FAC WAV ST SUPP	Enter the countable value of all other resources not listed in the preceding categories.
RSCS 401	Applicant/ Participant Override	FAC WAV ST SUPP	Enter a code to change the decision the system makes on which resource limit to use: A Applicant P Participant The code is entered only if regular system decisions are invalid in the case situation. Resource limit is system-generated.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03: Section VII. Person Information			
TD03 VII. 171	ENTRY RSN Individual Entry Reason	ALL	Enter the code which corresponds to the individual's action reason. Valid codes are: A Application B Reinstatement C Approval, no application/reopen D Reinstatement to suspension E Worker determination of eligibility (MED and FAC only) G Change with timely notice H Immediate release (no timely notice) J Change of end date M Death
TD03 VII. 172	STATE ID State Identification Number	ALL	The SID is assigned by the system. It is eight characters.
TD03 VII. 174	FIRST NAME Person's First Name	ALL	Enter the first name of the person who is the case name up to the first eight letters. When the person has only one name, enter "UNKNOWN" here. ABC then uses the last name on the report form and the NOD grid.
TD03 VII. 175	LAST NAME Person's Last Name	ALL	Enter the person's last name up to the first 13 characters. When the person has only one name, enter it here. ABC then uses this name and not the word "UNKNOWN" on the report form and NOD grid.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 176	TI Person's Title	ALL	Enter the abbreviation for the person's title. Enter one-character codes in the first position. Valid codes are: SR Senior JR Junior I First II Second III Third 4 Fourth IV Fourth 5 Fifth V Fifth 6 Sixth VI Sixth
TD03 VII. 177	BIRTH Date of Birth	ALL	Enter the person's eight-digit date of birth. The date must be in MMDDCCYY format. Invalid dates must not be entered. Individual data is not recorded on TD03 until a valid (not necessarily verified) date has been provided.
TD03 VII. 265	ST Birth State	FIP MED MN FAC WAV	Complete this field only for children. Enter the two-letter abbreviation for the state in which the child was born. See TD01 ST for state abbreviations. Other valid codes are: XX Born outside United States ZZ Birth state unknown
TD03 VII. 178	SEX Sex	ALL	Indicate the sex of the person. Valid codes are: F Female M Male

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII.	DSTR Disaster Code and Location	ALL	<p>For individuals identified in a specific disaster, enter applicable disaster coding. Existing codes are obsolete. If this field is used in the future, new codes will be provided.</p> <p>The first position identifies the disaster. Existing codes are:</p> <p>K Katrina Hurricane R Rita Hurricane</p> <p>The second position identifies the location of the disaster. Existing location codes include:</p> <p>AL Alabama LA Louisiana MS Mississippi TX Texas</p> <p>To change existing coding, entry or reentry is required for both disaster code and disaster location.</p> <p>To remove coding, use the spacebar in both positions.</p>
TD03 VII. 173	PER Person Number	ALL	<p>Enter the person number that indicates the person's case identification. Valid codes are:</p> <p>01 Case name (For FIP, the person coded "01" must be the same person as the case name in the TD01 CNID field and must be coded "0" for relationship on TD03 REL.)</p> <p>02 Spouse</p> <p>03 – 09 Other adults</p> <p>11 & up Children, with oldest listed first (11), then next to oldest (12), etc.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 179	CIT Citizenship Status	ALL	<p>Enter the code for the person's citizenship status:</p> <ol style="list-style-type: none"> 1 U.S. citizen. 2 8 USC 1641 alien. (See 4-L.) <p>These aliens can be included in the FIP grant, but persons in some classifications must have been in the U.S. for five years to be eligible. Unless exempt due to receipt of SSI, aliens in all classifications described at 8 USC 1641 are mandatory PROMISE JOBS participants even if they are ineligible for FIP.</p> <ol style="list-style-type: none"> 3 Other documented alien. Ineligible for FIP and PROMISE JOBS. 4 Undocumented alien. Ineligible for FIP and PROMISE JOBS. <p>The CIT field has an on-line HELP screen. To display the codes and select a code to be entered, type a question mark in the CIT field, press ENTER, and type an "X" next to your choice.</p> <p>Options for returning to TD03 screen are:</p> <ol style="list-style-type: none"> 1 Cancel. Field not updated. 2 Update. Field is updated.
TD03 VII.	US	MED	<p>Enter the code for the document used to verify the person's citizenship. Valid codes are:</p> <ol style="list-style-type: none"> A U.S. passport B Certificate of Naturalization (N-550 or N-570) C Certificate of Citizenship (N-560 or N-561) D Birth certificate E Certification of Report of Birth (DS-1350)

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. (Cont.)	US (Cont.)	MED	<p>F Report of Birth Abroad of a Citizen of the USA (FS-240) or documentation of citizenship obtained under Section 320 of the Immigration and Nationality Act</p> <p>G Certificate of US Birth Abroad (FS-545)</p> <p>H United States Citizen ID Card (I-197 or I-179)</p> <p>I Ineligible alien; eligible for emergency medical services only</p> <p>J American Indian Card (I-872) coded with "KIC" or documentation from federally recognized Indian tribes</p> <p>K Northern Mariana ID Card (I-873)</p> <p>L Final adoption decree</p> <p>M Evidence of civil service employment before 1976</p> <p>N Official military record of service</p> <p>P Review only; proof has been requested (Not available after 3/2/09)</p> <p>Q Extract of a hospital record, early school record, or religious record</p> <p>R Life, health, or other insurance record</p> <p>S Census record for person born between 1900 and 1950</p> <p>T Other</p> <p>U Institutional admission record</p> <p>V Clinic, doctor, or hospital record</p> <p>W SDXD (system-entered) (not available after 9/10/07)</p> <p>X SDXD (worker-entered) (not available after 9/10/07)</p> <p>Y Affidavit of Citizenship</p> <p>Z Data match with Iowa vital records</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. (Cont.)	US (Cont.)	MED	1 Exempt, Medicare recipient 2 Exempt, SSI recipient 3 Exempt, newborn child of Medicaid-eligible mother 4 Proof not required until annual review (Not available after 3/2/09) 5 Eligible alien 6 Data match with another state's vital records 7 Exempt, foster care (IV-E or IV-B), subsidized adoption (IV-E only), or subsidized guardianship (IV-E only) 8 Exempt, social security disability recipient 9 Over income for Medicaid ? Proof pending during 90-day reasonable opportunity period – Inconsistent match with SSA + Consistent match with SSA # Proof received by member directly from SSA
TD03 VII.	ID	MED	Enter the code for the document used to verify the person's identity. Valid codes are: A U.S. passport B Certificate of Naturalization (N-550 or N-570) C Certificate of Citizenship (N-560 or N-561) D Driver's license or DLIC match E Non-driver's ID issued by state, federal, or local government or DLIC match F Certificate of Indian blood or documentation from federally recognized Indian tribes

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. (Cont.)	ID (Cont.)	MED	G School photo ID H Military ID, draft card, or military dependent ID I Ineligible alien – eligible for emergency services only J Clinic, doctor, or hospital record if under age 16 (Not available for entry after 7/16/06) K Clinic, doctor, hospital, or school record if under 16 L School record if under age 16 (not available for entry after July 12, 2006) M Other N Affidavit of identity P Review only; proof has been requested (Not available after 3/2/09) X SDXD (worker-entered) (not available after 9/10/07) 1 Exempt, Medicare recipient 2 Exempt, SSI recipient 3 Exempt, newborn child of Medicaid-eligible mother 4 Proof not required until annual review (Not available after 3/2/09) 5 Eligible alien 6 Other state’s data match 7 Exempt, foster care (IV-E or IV-B), subsidized adoption (IV-E only), or subsidized guardianship (IV-E only) 8 Exempt, social security disability recipient 9 Over income for Medicaid

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. (Cont.)	ID (Cont.)	MED	? Proof pending during 90-day reasonable opportunity period – Inconsistent match with SSA + Consistent match with SSA # Proof received by member directly from SSA
TD03 VII. 180	MAR Marital Status	ALL	Enter the code that identifies the person's marital status. Valid codes are: S Single (never married) M Legally married (includes common-law marriage) U Reserved for future use D Divorced L Legally separated P Separated, no legal action W Widowed
TD03 VII. 181	REL Relationship	FIP REF MED	Enter the code that indicates the person's relationship to the case name. Valid codes are: 0 Head of household (For FIP, the person coded "0" for head of household must be the same person entered as case name in TD01 CNID field and coded person number "01" in TD03 PER.) 1 Spouse 2 Son or daughter 3 Grandchild 4 Sibling (sister or brother) 5 First cousin 6 Nephew or niece 7 Parent of head of household (not MAC) 8 Stepchild A Second cousin (not for Medicaid)

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 181	REL Relationship	FIP REF MED	<p>B Other related adult (Do not use for parent on a FIP two-parent case.)</p> <p>C Unrelated child</p> <p>D Unrelated adult (Do not use for parent on a FIP two-parent case.)</p> <p>E Other related child</p> <p>F Foster child (FIP only)</p> <p>P Co-parent of a common child (not a spouse to case name)</p> <p>REL has an on-line HELP screen. To display and select a relationship code, type a "?" in the REL field, press ENTER, and type an "X" next to your choice.</p> <p>Options for returning to the TD03 screen are:</p> <p>1 Cancel. Field is not updated.</p> <p>2 Update. Field is updated.</p>
TD03 VII. 187	DEP Deprivation Code	FIP REF MED	<p>Enter the code that corresponds with the child's situation.</p> <p>For FIP and FMAP-related Medicaid (except for foster care), use only codes "A," "U" and "N."</p> <p>A One or both of the child's parents are absent or deceased</p> <p>U Both of the child's parents are in the home (or "absent" solely because of performing active duty in the military)</p> <p>N Child is included in a battered alien FIP case</p> <p>For children in foster care, valid codes are:</p> <p>A Child is deprived due to a parent's absence</p> <p>D Child is deprived due to a parent's death</p>

SCREEN/NUMBER	FIELD NAME/DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 187 (Cont.)	DEP Deprivation Code (Cont.)	FIP REF MED	I Child is deprived due to a parent's incapacity N Child is not deprived of parental support or care
TD03 VII. 267	PAT Paternity	FIP MED	For children, enter the code that indicates whether paternity has been established between this child and the father. Valid codes are: Y Yes N No
TD03 VII. 195	OHP Out-of-Home Placement	FC FAC FIP MED MN WAV	Enter the code for the type of living situation in which the client has been placed, or for referral to vocational rehabilitation. Valid codes are: A Dependent adult child living with State Supplementary Assistance recipient D Dependent spouse living with State Supplementary Assistance recipient F Family-life home G Family-life home and receiving SSI H Nursing facility or Medicare-certified skilled nursing facility (waiver cases) M Dependent minor living with recipient N In-home health-related care P Dependent parent living with State Supplementary Assistance recipient R Residential care facility B Voluntary foster care C Court-ordered foster care V Referral to vocational rehabilitation services

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 195 (Cont.)	OHP Out-of-Home Placement (Cont.)	FC FAC FIP MED MN WAV	1 Noninstitutionalized spouse case when a diversion of income is applicable 2 Couple case when the spouses live in the same room of a facility
TD03 VII. 189	EDU Education Code	ALL	<p>Enter the code that identifies the last grade the person completed. This is a required entry for all FIP adults and FIP children, including:</p> <ul style="list-style-type: none"> ▪ People included in the grant, ▪ People with a considered status code, and ▪ People with an inactive status code who are the case name. <p>Valid codes are:</p> <p>0 No formal education 1 1st grade 2 2nd grade 3 3rd grade 4 4th grade 5 5th grade 6 6th grade 7 7th grade 8 8th grade 9 9th grade A 10th grade B 11th grade C 12th grade D GED completed E Attending vocational or technical school F Awarded vocational or technical degree G Attended or attending college H Awarded bachelors degree I Attending post graduate J Awarded post graduate degree K Attending special education L Completed special education M Seeking other credentials N Awarded other credentials</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 189	EDU Education Code	ALL	EDU has an on-line HELP screen. To display the codes and select the code to be entered, type a "?" in the EDU field, press ENTER, and type an "X" next to your choice. Options for returning to the TD03 screen are: 1 Cancel. Field is not updated. 2 Update. Field is updated.
TD03 VII. 191	HAND Handicap Code	ALL	Enter the codes that identify the person's handicap. Report up to three codes for each person. Valid codes are: A Mental retardation B Mental health problem or mental illness C Speech, language, or communication impairment D Learning disability E Substance abuse F Hearing impairment G Visual handicap H Physical handicap: nonorthopedic I No known disability J Physical handicap: orthopedic
TD03 VII. 266	QLFY Qualifying Parent	FIP	The system adds a TD03 code of "Q" in this field whenever a case has an aid type of 35-0 or 33-8.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 179	H W B A I N	ALL	<p>Enter a "Y" in the field representing each race or ethnicity chosen by the client. Multiple "Y" selections are allowed. No or blank is the default.</p> <p>H Hispanic or Latino ethnicity. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p>W White race. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p>B Black or African American race. A person having origins in any of the black racial groups of Africa.</p> <p>A Asian race. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.</p> <p>I American Indian or Alaska native race. A person having origins in any of the original peoples of North America, who maintains cultural identification through tribal affiliation or community recognition.</p> <p>N Native Hawaiian or other Pacific Islander race. A person having origins in any of the Pacific Islands.</p> <p>NOTE: There is no category for other.</p> <p>The H, W, B, A, I, N fields have an on-line HELP screen. To display the field descriptions, type a "?" in the H, W, B, A, I, or N field and press ENTER. Select the applicable field(s) by typing an "X" next to the choices.</p> <p>Options for returning to the TD03 screen are:</p> <ol style="list-style-type: none"> 1 Cancel. The fields are not updated. 2 Update. Fields are updated.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 188	MN Medically Needy Characteristic	MN	<p>Enter a code for each person on a Medically Needy case. Valid codes for eligible or conditionally eligible recipients are:</p> <ul style="list-style-type: none"> 1 FMAP-related child 2 CMAP-related child 4 FMAP-related pregnant woman 5 CMAP-related pregnant woman 7 SSI-related aged person 8 SSI-related blind person 9 SSI-related disabled person A FMAP-related caretaker relative <p>For a spenddown-countable-only person. The valid code is:</p> <ul style="list-style-type: none"> 0 Not applicable
TD03 VII.	RB Religious Beliefs	ALL	<p>When a person's social security number is all zeros, enter the code that reflects the person's religious beliefs. Valid codes are:</p> <ul style="list-style-type: none"> Y Due to religious beliefs, the person will not apply for a social security number. N No, the lack of a social security number is not due to religious beliefs.
TD03 VII. 182	SSN Social Security Number	ALL	<p>Enter the nine-digit number for the person's social security number. If the person does not have a social security number, enter all 9s when the person has applied for the number. Enter all 0s only when application has not been made or is not required.</p> <p>To enter a Social Security claim number different from the social security number, enter the nine digits of the claim number in this field. Complete the entry in SSN CLAIM NO, as if they were one field.</p> <p>To enter a Railroad Retirement claim number, begin with first space of this field and continue in SSN CLAIM NO, as if they were one field.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 183	SSN CLAIM NO Social Security Claim Number	ALL	Enter the suffix of the Social Security claim number. (Social security number entry is required.) The Social Security claim number is recorded in the system. The Worker Action Report shows the actual Social Security claim number entered. For a Railroad Retirement claim number, continue as if SSN and SSN CLAIM NO were one field.
TD03 VII. 184	MP Medicare Premium	SNAP FIP MED FAC	Enter the code that tells whether the person is paying a Medicare premium. Valid codes are: Y Yes N No When the state begins to pay the premium, the buy-in process causes the code to change. For SNAP, the automatic code change causes an ABC calculation.
TD03 VII.	WVR Medicaid Waiver Indicator Facility Code Indicator	WAV FAC	When you pend a facility case, enter the code for the type of facility. For other cases, enter the code identifying which Medicaid HCBS waiver a client is associated with (if any). Valid codes are: <u>Waiver</u> A Health and disability B AIDS/HIV C Elderly D Intellectual disability E Brain injury H Children's mental health P Physical disability Blank = Non waiver

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. (Cont.)	WVR Medicaid Waiver Indicator Facility Code Indicator (Cont.)	WAV FAC	<u>Pending a Facility</u> 1 Hospice 2 NF 3 RCF 4 ICF/ID 5 ICF/MI 6 SNF 7 MHI 8 PMIC
TD03 VII. 260	SRV Enhanced Services/Alien Indicator	MED FAC	If applicable, enter the code that indicates limited Medicaid services for aliens or enhanced services. Valid codes are: <u>Aliens</u> C Illegal alien emergency services, including labor and delivery P COFA alien <u>Enhanced Services</u> M Mental retardation I Chronic mental illness S Developmental disabilities
TD03 VII. 261	COS County of Settlement	MED FAC	Enter the county of legal settlement for clients receiving enhanced services, waiver, or ICF/ID services. Enter 00 for state cases.
TD03 VII.	FACS FACS Status Code Indicator	MED	Valid FACS codes are: Blank No placement in FACS F Foster care placement G Subsidized guardianship S Subsidized adoption P Presubsidized adoption C Child of FACS client M Medicaid for independent young adults (MIYA) N Closed placement

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. (Cont.)	FACS FACS Status Code Indicator (Cont.)	MED	R Medicaid for non-IV-E children with an adoption subsidy from a state with a reciprocal Medicaid agreement NOTE: The system automatically removes the "M" code in the system month after the 21st birthday.
TD03	LPR DT Legal Permanent Resident Date	MED	Enter in MM/CCYY format the date that a legal permanent resident child who is exempt from the five-year-bar entered the United States.
TD03 VII. 197	SNAP STATUS Individual Status	SNAP	Enter the code that identifies the person's SNAP status, determined by the worker: A Opened, due to application B Reinstated C Reopened, no application D Pended I Sanctioned or disqualified (non-IPV) J Disqualified (IPV only) K Disqualified and left home (IPV only) M Denied N Canceled S Never opened (system-generated)
TD03 VII. 198	SNAP RSN Notice Reason	SNAP	Enter the three-digit notice code when: ▪ Adding a person to an ongoing program; ▪ Canceling a person from an ongoing program; or ▪ Denying a person on an application.
TD03 VII. 199	SNAP DATE Start/Close Date	SNAP	Worker-entered only if the person is new to the SNAP program and the program is active on the case. Close date is system-generated.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 186	WR Work Registration, ABAWDs	SNAP	<p>Enter the code that corresponds with the person's work registration and ABAWD status. MWR means "mandatory work registrant."</p> <p>3 MWR, not ABAWD (age must be 16-59)</p> <p>4 FIP recipient (receiving FIP on any case)</p> <p>9 Exempt from work registration and ABAWD work requirements</p> <p>E Potential ABAWD, only exempt from MWR and ABAWD due to earnings</p> <p>F Central Office use only</p> <p>L MWR ABAWD not meeting the work requirement (age must be 18-54)</p> <p>V MWR ABAWD meeting work requirement (age must be 18-54)</p>
TD03 VII. 200	DIS No. of Months Ineligible	SNAP	<p>Enter the number of months that the person is disqualified for SNAP. Valid codes are:</p> <p>00 Disqualified until situation changes; no specified number of months</p> <p>01-97 Number of months of disqualification</p> <p>98 Ten years</p> <p>99 Disqualified for life</p> <p>The system sets the disqualification period by adding the number of months entered in the DIS field to the month the transaction updates. The system applies the last day of the month for the disqualification end.</p> <p>Example: An entry of 3 in the DIS field is processed in March. The system considers the person disqualified until June 30.</p>
TD03 VII.	LIMIT	SNAP	Reserved for future use.
TD03 VII	SUSP Suspension	SNAP	Reserved for future use.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII	QC Quality Control	SNAP	<p>When you cancel or deny SNAP on TD02 for a quality control sanction, you must designate the person who did not cooperate. Valid codes are:</p> <p>Y This person did not cooperate with QC. N Either this person has cooperated with QC or the noncooperation period has expired.</p> <p>To make a correction before updating the transactions, use the space bar key.</p>
TD03 VII. 201	FIP/ST FIP Individual Status	FIP REF	<p>Enter the code that identifies person's FIP status as determined by the worker. Valid codes are:</p> <p>A Opened, due to application (either for case or adding a person) B Reinstated C Reopened, is not an application procedure D Pended F Excluded parent (not sanctioned) H Stepparent or self supporting parent in minor parent case I Sanctioned M Denied N Canceled R Closed for lump sum (Obsolete 12-22-06) S Never opened (system-generated)</p>
TD03 VII. 202	FIP RSN Notice Reason	FIP REF	<p>Enter the three-digit notice code when adding a person to or canceling a person from an ongoing program, or denying a person on an application.</p>
TD03 VII. 203	FIP DATE FIP Start/Close Date	FIP REF	<p>If this person is opened for FIP after the <u>program</u> has been opened, enter the person's start date. The close date is system-generated.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 264	JOBS Referral Codes	FIP REF	<p>PROMISE JOBS referral codes show exempt or mandatory status. Mandatory codes indicate if the person is referred as an applicant or a participant.</p> <p><u>Code Client Type</u></p> <p>1 Exempt 3 Mandatory applicant 4 Mandatory hardship applicant 7 Mandatory participant hardship applicant 8 Mandatory participant U Mandatory with LBP W Mandatory hardship applicant with LBP X Referral status not known</p> <p>All FIP applicants are referred to Iowa Workforce Development (IWD).</p> <p>NOTE: Refugees on Refugee Cash Assistance cases in the 06-X series are not eligible for PROMISE JOBS services and should not be coded.</p> <p>The ABC system or PJCase system automatically changes a person's JOBS code to "X" when:</p> <ul style="list-style-type: none"> ▪ FIP is canceled or denied for the person. ▪ IM or the ABC system changes a person's in-home indicator on TD03 from a "Y" to "N." ▪ PROMISE JOBS makes an entry in the PJCase system to document that an applicant: <ul style="list-style-type: none"> • Did not sign an FIA, or • Abandoned a limited benefit plan reconsideration attempt.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 264 (Cont.)	JOBS Referral Codes (Cont.)	FIP REF	<p>On-line edits may require entry or reentry of a code for each person you make TD03 entries on when:</p> <ul style="list-style-type: none"> ▪ Pending a person. ▪ Referring a person to PROMISE JOBS. ▪ Approving or denying an application. ▪ Reopening or reinstating FIP. ▪ Changing the FIP individual status code. <p>The JOBS field has an on-line HELP screen. To display the codes and select a code to be entered, type a “?” in the JOBS field, press ENTER, and type an “X” next to your choice. Delete the “X” next to any previous selected code.</p> <p>Options for returning to the TD03 screen from HELP are:</p> <ol style="list-style-type: none"> 1. Cancel. Field is not updated. 2. Update. Field is updated
TD03 VII. 204	FIP DIS FIP No. of Months Ineligible	FIP REF	<p>Enter the number of months that the person is ineligible for FIP. Valid codes are:</p> <p>00 Sanctioned until situation changes; no specified number of months.</p> <p>01-99 Number of months person is sanctioned.</p> <p>The system sets the disqualification period by adding the number of months entered in the DIS field to the month the transaction updates. The system applies the last day of the month for the disqualification end.</p> <p>Example: An entry of 3 in the DIS field is processed in March. The system considers the person disqualified until June 30.</p>
TD03 VII. 272	FIP LIMIT FIP Limit Date	FIP	<p>The PJCase system generates this date when an LBP is started. Workers enter it when a person new to ABC is added to a case already in an LBP.</p>

SCREEN/NUMBER	FIELD NAME/DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. FIP	FIP SUSP Suspension Month	FIP REF	System-generated. The most recent month for which the calculation had a suspension result, or the status was "suspended."
TD03 VII. FIP	MINOR Minor Parent's Living Situation	FIP	<p>Enter the code that indicates the person's situation for each parent under age 18 and for a person aged 18 or over who is coparent of a minor parent's child.</p> <p>Enter the code when pending or approving the case, even if there is an existing entry. You can remove a code by using the spacebar key. Valid codes are:</p> <ul style="list-style-type: none"> 0 Under 18; has been married 1 Living with self-supporting parents 2 Living with legal guardian 3 Living independently 4 Living in a three-generation FIP household 5 Living with a nonparental caretaker 6 Adult coparent of the minor parent's child
TD03 VII. FIP	INHOME In-Home	FIP	<p>Entry is required for each person being approved or pended for FIP. Enter or re-enter the code to indicate when the person is in the home. Valid codes are:</p> <ul style="list-style-type: none"> Y Person is in the home N Person is not in the home <p>Entry of "Y" is also required if a person is being activated on SNAP or FMAP-related medical when:</p> <ul style="list-style-type: none"> ▪ Case is in FIP aid type, and ▪ TD02 FIP status is "A," "B," "C," "D," or "E," and ▪ The person being activated for SNAP and/or FMAP-related Medicaid has a FIP status of "I," "M," "N," "R," or "S."

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. FIP (Cont.)	INHOME In-Home (Cont.)	FIP	<p>The ABC system automatically changes the in-home code to "N" for each person when the FIP program is canceled or denied. When an individual's FIP is being cancelled or denied on TD03 the worker must manually enter the appropriate code.</p> <p>On-line edits require entry or reentry of the INHOME code for each person when:</p> <ul style="list-style-type: none"> ▪ Any FIP status is entered on TD03 or ▪ Referring a nonactive or nonpending person to PROMISE JOBS.
TD03 VII. FIP	FIA DATE	FIP	Reserved for future use.
TD03 VII.	LBP Limited Benefit Plan	FIP	<p>No entry is required.</p> <p>If the person is active in an LBP on the JOBS system, the effective date of the LBP is displayed in MMCCYY format. The display indicates "1st" for a first LBP chosen or "Sub" for subsequent LBPs chosen.</p>
TD03	EAC Electronic Access Card	FIP	<p>This field indicates if an electronic access card account has been set up for this person. The entry in this field is system-generated. Valid codes are:</p> <p>Y Person has a VISA EAC account set up.</p> <p>M Person has a Mastercard EAC account set up.</p> <p>Blank Person does not have an EAC account set up.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 205	MED/ST Medical Individual Status	MED MN	<p>Enter the code that identifies the person's medical status as determined by the worker. Valid codes are:</p> <p>A Opened, due to application</p> <p>B Reinstated</p> <p>C Reopened, no application</p> <p>D Pended</p> <p>F Excluded adult or ineligible adult alien (not sanctioned)</p> <p>H Stepparent or responsible person (not MN)</p> <p>I Sanctioned</p> <p>M Denied</p> <p>N Canceled</p> <p>P Canceled, pending</p> <p>R Closed for lump sum</p> <p>S Never opened (system-generated)</p>
TD03 VII. 206	MED RSN Notice Reason	MED MN	<p>Enter the three-digit notice code when taking action to add a person to or cancel a person from an ongoing program, or to deny a person on an application.</p> <p>When more than one person is added in the same action, notice 035 uses the earliest date entered in TD03, MEDICAL DATE.</p>
TD03 VII. 207	MED DATE Medical Start/Close Date	MED MN	<p>If a person is opened for medical after the <u>program</u> has been opened, enter the person's start date. The start date cannot be earlier than January 1 of the year before the current year.</p> <p>If the person is closed for a date different from the system-generated end-of-the-month date, enter the person's closing date.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 207 (Cont.)	MED DATE Medical Start/Close Date (Cont.)	MED MN	The system holds only one date per person, so sometimes the date can be from another case. However, if a person is active on a MAC case and considered on a Medically Needy case, closing the MAC case does not roll the negative date over the Medically Needy date. Therefore, the negative date for the MAC closing does not show on TD03.
TD03 VII. 209	FUND Medical Participation Fund Code	MED FAC MN ST SUPP WAV MEPD	<p>Enter the code that corresponds to the person's medical participation.</p> <p>Changing a fund code without accompanying medical status changes causes the system to enter a start date of the first of the next system month for the Medicaid system.</p> <p>If a person has an active fund code on one case and is a considered person on a Medically Needy case, the Medically Needy "S" fund code is passed to the Medically Needy subsystem, but the active fund code shows on the ABC system.</p> <ol style="list-style-type: none"> 1 Federally eligible adult receiving a maintenance payment from one of the following: <ul style="list-style-type: none"> ▪ SSI benefits ▪ Mandatory state supplements ▪ Optional state supplements 2 Federally eligible child receiving a maintenance payment from one of the following: <ul style="list-style-type: none"> ▪ SSI benefits ▪ Mandatory state supplements ▪ Optional state supplements ▪ Title IV-E foster care or adoption funding 3 State-eligible adult, eligible on: <ul style="list-style-type: none"> ▪ A dependent person grant, or ▪ An exception to eligibility policy

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 209 (Cont.)	FUND Medical Participation Fund Code (Cont.)	MED FAC MN ST SUPP WAV MEPD	<p>4 State-eligible child, eligible as:</p> <ul style="list-style-type: none"> ▪ A foster care or subsidized adoption recipient not otherwise eligible for Medicaid ▪ The dependent on the dependent person program ▪ The result of an exception to eligibility policy <p>7 Not eligible for Medicaid and not counted in household size (stepparent or excluded person)</p> <p>9 Eligible for QMB, SLMB, E-SLMB, or QDWP only; or</p> <p>System-generated when a person has no eligibility for Medicaid on any case.</p> <p>A Adult, Medicaid only</p> <p>C Child, Medicaid only</p> <p>P Conditionally eligible person for Medically Needy (has spenddown); or</p> <p>Conditionally eligible person for MEPD. NOTE: If the system calculates the premium to be zero, the system will convert the fund code to A or C.</p> <p>R CMAP</p> <p>S Considered person (not Medicaid-eligible) for:</p> <ul style="list-style-type: none"> ▪ In-home health-related care, or ▪ FMAP-related Medicaid, or ▪ FMAP-related or SSI-related Medically Needy

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 208	MED DIS Medical Number of Months Ineligible	MED FAC WAV ST SUPP	<p>Enter the number of months that the person is ineligible for Medicaid. The system sets the disqualification period by adding the number of months entered in the DIS field to the month the transaction updates. The system applies the last day of the month for the disqualification end.</p> <p>Example: An entry of 3 in the DIS field is processed in March. The system considers the person disqualified until June 30.</p> <p>Valid codes are:</p> <p>00 Disqualified until situation changes; no set number of months.</p> <p>01-99 Number of months person is disqualified.</p>
TD03 VII.	MED LIMIT Med Limit Date	MED MN	Enter the month in which the 60-day postpartum expires in MMY format. Also make unborn and newborn entries in the applicable fields on TD03.
TD03 VII. 194	UNB Number of Unborn	MED MN	<p>Enter the number of fetuses to be considered in determining household size for Medicaid eligibility purposes. Valid codes are 0-9. (If no worker entry is made, the system automatically generates a zero.)</p> <p>Enter a zero on MAC cases when entering a limit date, and a P in the newborn field.</p>
TD03 VII.	UNB/DUE Unborn Due Date	MED	<p>If an entry of 1-9 is in the UNB field, you must enter the due date in MM/CCYY format.</p> <p>If an entry is not made, an on-line error will appear when you try to update the transaction.</p> <p>NOTE: An on-line edit will occur if you do not enter the MED LIMIT and the NWBN fields.</p>

SCREEN/NUMBER	FIELD NAME/DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS										
TD03 VII.	NWBN	MED MN	<p>Enter a code for each child receiving Medicaid as a newborn child of a Medicaid-eligible mother and for women who are eligible for the 60-day postpartum period. Otherwise, leave blank. Valid codes are:</p> <p>Y Newborn N No P Postpartum</p>										
TD03 VII. 262	QMB Qualified Medicare Beneficiary	MED	<p>Enter the code to indicate eligibility for qualified Medicare beneficiary (QMB), specified low-income Medicare beneficiary (SLMB), expanded specified low-income beneficiary (E-SLMB), or qualified working disabled person (QDWP) coverage.</p> <p>Use the QMB field only on cases in QMB aid types (90-0 or 90-2) and Medically Needy cases with a zero spenddown. Valid codes are:</p> <table border="0"> <tr> <td><u>Eligible for:</u></td> <td><u>Poverty Levels</u></td> </tr> <tr> <td>E Expanded SLMB</td> <td>120-134%</td> </tr> <tr> <td>L SLMB</td> <td>101-119%</td> </tr> <tr> <td>Q QMB</td> <td>1-100%</td> </tr> <tr> <td>W QWDP</td> <td></td> </tr> </table>	<u>Eligible for:</u>	<u>Poverty Levels</u>	E Expanded SLMB	120-134%	L SLMB	101-119%	Q QMB	1-100%	W QWDP	
<u>Eligible for:</u>	<u>Poverty Levels</u>												
E Expanded SLMB	120-134%												
L SLMB	101-119%												
Q QMB	1-100%												
W QWDP													
TD03 VII. 263	POV Percent of Federal Poverty Level	MED	<p>Enter the worker-calculated percentage that the client's income is of the federal poverty level.</p> <p>This field must be entered on all medical cases EXCEPT those in the following aid types: 30-8 37-0 37-2 38-0 92-0</p> <p>Values must be three digits and numeric. Round percentages up. Examples: 095 for 95%; enter 94.3% as 095. If you calculate the poverty level as 000, enter 001. Exceptions: Round down for:</p> <ul style="list-style-type: none"> ▪ SLMB if over 119% but under 120% ▪ E-SLMB if over 134% but under 135% 										

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 263 (Cont.)	POV Percent of Federal Poverty Level (Cont.)	MED	<p>For FMAP-related cases, poverty levels displayed in the POV field are system-calculated based on the BCW2 income entries. The poverty level will not change for continuously eligible children except at review and reapplication.</p> <p>For QMB, SLMB, and E-SLMB, the poverty level must match the QMB indicator. Buy-in will not occur if the poverty level is 000. Therefore, convert the 000 to 001.</p> <p>Enter 999 when the client is over resources for QMB, SLMB, E-SLMB, or QDWP.</p> <p>Enter 998 if the person is over resources for QMB, SLMB, E-SLMB, or QDWP but has income at or below 150% of poverty.</p>
TD03 VII. 268	COPAY Copayment	MED FAC WAV	<p>Enter the code that corresponds to the client's situation, if any.</p> <p>P Pregnant woman</p> <p>T Noninstitutionalized person has transferred assets</p> <p>Y Institutionalized person or waiver consumer has transferred assets</p> <p>F Nursing facility resident is in a noncertified bed or a noncertified facility or is Medically Needy-eligible</p> <p>Enter a space using the space bar to remove a code.</p>
TD03 VII. 193	SCR Early and Periodic Screening, Diagnosis and Treatment Code	MED MN WAV FAC ST SUPP	<p>Enter the code that corresponds with the person's medical screening status. This code is removed at month end. Valid codes are:</p> <p>C Screening accepted</p> <p>G Screening refused</p> <p>K Purchased EPSDT informing and care coordination services for specific aid types</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII.	EL Express Lane Eligibility	MED	<p>Enter the code that corresponds with the person's express lane eligibility status. Valid codes are:</p> <ul style="list-style-type: none"> A Express Lane Medicaid for Children, form 470-4851, sent (system-entered) B Child approved under express lane process C Ineligible for express lane (used only when proof of qualified alien status or citizenship and identity is required but not provided) D Express lane eligibility not requested E Express lane eligibility ended (system-entered)
TD03 VII.	FAC/ST/WV Facility, State Supplementary or Waiver Status	FAC ST SUPP WAV	<p>Enter the code that identifies the person's facility, State Supplementary Assistance, or waiver status as determined by the worker. Valid codes are:</p> <ul style="list-style-type: none"> A Opened, due to application B Reinstated C Reopened, no application D Pended F Excluded adult (not sanctioned) H Considered spouse I Sanctioned M Denied N Canceled P Canceled, pending R Closed for lump sum S Never opened (system-generated)

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 192 (Cont.)	HEALTH Health Coverage Code 3 rd Character (Cont.)	MED	<p>G Hospital, physician, dental, and drug</p> <p>H Hospital and dental</p> <p>I Hospital and drug</p> <p>J Hospital, physician, and drug</p> <p>K Physician and drug</p> <p>L Physician and dental</p> <p>M Hospital, physician, dental, drug, and vision</p> <p>N Hospital, physician, drug, and vision</p> <p>O Hospital, physician, and vision</p> <p>P Hospital, physician, and other*</p> <p>Q Hospital, physician, dental, and other*</p> <p>R Hospital, physician, dental, drug, and other*</p> <p>S Hospital, dental, and other*</p> <p>T Hospital, drug, and other*</p> <p>U Hospital, physician, drug, and other*</p> <p>W Physician, drug, and other*</p> <p>Y Physician, dental, and other*</p> <p>Z Hospital, physician, dental, drug, vision, and other*</p> <p>1 Hospital, physician, drug, vision, and other*</p> <p>2 Hospital, physician, vision, and other*</p> <p>* "Other" includes (but is not limited to): Ambulance, home health, hospice, lab and X-ray, medical equipment, nursing facility (including skilled), specific disease (heart, cancer)</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 192 (Cont.)	HEALTH Health Coverage Code 4 th Character	MED	<p>The fourth character identifies the type of supplemental coverage. Enter only codes 2, 1, or A, in that order or priority. (All other codes are system-generated.) Enter the code 2 on all QMB-, SLMB-, and E-SLMB-eligible persons.</p> <p>0 None</p> <p>1 Medicare Part B</p> <p>2 Medicare Part A and Part B</p> <p>3 CHAMPVA</p> <p>4 CHAMPUS</p> <p>5 Veterans Administration</p> <p>6 Other medical resources</p> <p>7 CHAMPUS from an absent parent, not court-ordered</p> <p>8 CHAMPUS from an absent parent, court-ordered</p> <p>9 Medicaid trust</p> <p>A Medicare Part A</p> <p>B Accident</p> <p>G Coverage from absent parent, not court-ordered</p> <p>H Coverage from absent parent, court-ordered</p> <p>I Major medical</p> <p>J Major medical from an absent parent, not court-ordered</p> <p>K Major medical from an absent parent, court-ordered</p> <p>L Indemnity</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD03 VII. 192 (Cont.)	HEALTH Health Coverage Code	MED	<p>When buy-in data are updated to ABC in a monthly process, the fourth character is automatically updated. ICAR updates data on health coverage from the absent parent to ABC through the TPL system weekly.</p> <p>Enter the code that indicates the person's prisoner suspension status. Valid codes are:</p> <p>A Medicaid suspension has been established (worker entered)</p> <p>B No action necessary for this individual (worker entered)</p> <p>C Medicaid suspension 12 month period has ended (system entered)</p> <p>Z Medicaid suspension removed prior to 12 months (worker entered)</p> <p>Space Re-open benefits when incarceration has ended (worker entered)</p>
TD03	PSC DATE		<p>Enter the incarceration or release date. When PSC entry is:</p> <p>A PSC DATE must be incarceration date</p> <p>B PSC DATE must be release date</p> <p>Z PSC DATE must be release date</p> <p>Space PSC DATE must be all zeros</p>
TD06: Section IX. Special Issuances			
TD06 IX. 220	IMM/CAN Immediate or Cancel	FIP REF MED FCSA MN MEPD	<p>If necessary, enter the code that identifies the type of action being taken. Valid codes are:</p> <p>M (worker-entered) Computer issuance of worker-calculated prorated payment.</p> <p>Z (worker-entered or central office use for MEPD) Computer issuance of supplemental payment (not prorated).</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS		
TD06 IX. 220 (Cont.)	IMM/CAN Immediate or Cancel (Cont.)	SNAP	K	CANC worker- entered	Used to record any SNAP returned other than for death. No entry is made when benefits are returned for a claim payment.
			M	MNTH system- generated	Used on registers and ISSV to indicate “ongoing” monthly allotments authorized by ABC calculation.
			N	FOOD worker- entered	Used when SNAP is reissued to replace food destroyed in a household misfortune.
			P	SPEC system- generated	Used on registers and ISSV to indicate allotments authorized by ABC calculation for the month of the TD02 POS DT.
			T	AUTH system- generated	Used on registers and ISSV to indicate allotments authorized by ABC calculation for months between the date in TD02 POS DT and the “ongoing” month.
			W	DECD worker- entered	Used to record the amount of SNAP returned due to the client’s death.
TD06 IX. 221	AID TP Aid Type	FIP REF MED MN MEPD	Enter the code that corresponds to the program for which the client is or was eligible for the effective date of issuance. This is not required for SNAP actions. See TD01, Aid Type for correct code.		

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD06 IX. 226	SP ALLOW CD Type of Special Allowance Payment	ALL	<p>Enter the code for the type of action. Valid codes are:</p> <p>Adjustive Payments</p> <p>N Change in current month (no recoupment) J Support rebate (no recoupment)</p> <p>Court Decision</p> <p>F Court-ordered, retroactive benefits (no recoupment)</p> <p>Corrective Payments</p> <p>K Client error P Appeal decision Q Court decision R Agency administrative error X Other (Central office uses for MEPD.)</p> <p>NOTE: For FIP, use these codes only for corrective payments for a <u>past</u> (retroactive) month. They apply the payment to any outstanding FIP overpayment.</p> <p>By FIP policy, corrective FIP underpayments for the current month are due the client. This requires entry of code "N." (See 4-H for more information.)</p> <p>Medical Transportation/Lodging</p> <p>A Medical transportation and lodging</p> <p>Special Needs</p> <p>E School expense G Guardianship/conservatorship fee</p>
TD06 IX. 233	LOC/TYP Location/Type	SNAP	<p>NOTE: The system will generate code "F" for a refund (e.g., in the Bliet lawsuit).</p> <p>For SNAP, an entry code of "E" indicates emergency benefits issued through EBT. Also used with IMM/CAN value of C to issue replacement SNAP due to fraud.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD06 IX. 227	CLAIM #	SNAP	Warrant claim number or SNAP control number. This field is obsolete.
TD06 IX. 232	ISSUE DATE	SNAP	Date of expedited authorization. This field is obsolete.
TD06 IX. 228	FED ADT Federally Eligible Adult	FIP REF MED	Enter the number of federally eligible adults in the household when making a full month's payment for a prior month. Enter the number of federally eligible adults added when making payment for a new adult. Enter "1" if the fund code of the person eligible for medical transportation reimbursement is 1, 2, A, C, or R. Enter "0" if the fund code of the person eligible for medical transportation reimbursement is 3 or 4.
TD06 IX. 229	FED CHLD Federally Eligible Child	FIP REF	Enter the number of federally eligible children in the household when making a full month's payment for a prior month. Enter the number of federally eligible children added when making payment for new children.
TD06 IX. 230	N/FED ADT Nonfederally (State) Eligible Adult	FIP REF	Enter the number of state-eligible adults in the household when making a full month's payment for a prior month. Enter the number of state-eligible adults added when making a payment for a new adult.
TD06 IX. 231	N/FED CHLD Nonfederally (State) Eligible Child	FIP REF	Enter the number of state-eligible children in the household when making a full month's payment for a prior month. Enter the number of state-eligible children added when making a payment for new children.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD06 IX.	PAYEE/ADDR Payee or Addressee Name	ALL	Enter the name of the person to whom payment is made on the household's behalf. (See TD01 PAYEE/ADDR for example.)
TD06 IX.	PAYEE/MOD Payee Relationship to Case Name	ALL	Enter the code that identifies the relationship of the payee to the case name. This field must be completed when the payee is different from the case name. (See TD01 PAYEE/MOD for valid codes.)
TD06 IX.	ADDRESS 1 First Line of Address	ALL	Enter the case name when PAYEE/MOD is used. Enter the first line of the address as it is to appear on the envelope or mailer. Leave blank if not applicable. (See TD01 ADDRESS 1 for more information.)
TD06 IX.	ADDRESS 2 Second Line of Address	ALL	Use this field when the case name appears on the Address 1 line. Enter the second line of the address as it is to appear on the envelope or mailer. (See TD01 ADDRESS 2 for more information.)
TD06 IX.	CITY	ALL	Enter the name of the city. Limited to 14 letters; punctuation is not allowed.
TD06 IX.	STATE	ALL	Enter the abbreviation for the state. (See TD01 STATE for state abbreviations.)
TD06 IX.	ZIP Zip Code	ALL	Enter the five-digit zip code as it is to appear on the envelope or mailer.
TD06 IX.	ZIP Extended ZIP Code	ALL	For use as required.
TD06 IX.	VENDOR Employer ID or Social Security Number	FIP REF MED	Central office use only. Enter the public transportation provider's nine-digit federal identification number or social security number.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD06 IX.	CODE Vendor Code	FIP REF	Enter the code identifying the type of number entered in VENDOR. Valid codes are: E Employer identification number F Foreign employer M Miscellaneous O Other S Social security number
TD06 IX.	TYPE Vendor Type	FIP REF	Enter the code identifying the vendor's type of business. Valid codes are: C Corporation E Estate or trust G Government or nonprofit I Individual O Other or unknown P Partnership S Sole proprietor U Public service
BCW1 & 2			
BCW1 & 2	CASE	ALL	System-generated case number.
BCW1 & 2	PREP WKR	ALL	System-generated worker number.
BCW1 & 2	PREP DT	ALL	System-generated date.
BCW1 & 2	SEQ	ALL	System-generated sequence count.
BCW1 & 2	CO/WKR	ALL	System-generated codes for the county and worker responsible for case maintenance.
BCW1 & 2	OVERRIDE	ALL	System-generated.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
BCW1 & 2	STATUS: SNAP FIP MED FAC	FIP SNAP MED FAC REF	System-generated. Valid codes are: A Opened B Reinstated (not used for FAC) C Reopened D Pended E Suspended (obsolete 12/22/06) I Sanctioned (not used for FAC) M Denied N Canceled P Canceled, pending (not used for FAC) R Closed for lump sum (not used for SNAP or FAC) S Never opened
BCW1 & 2	ENTRY RSN	FIP SNAP FAC REF	Enter the code that corresponds with the case action. Valid codes are: G Change with timely notice H Immediate release
BCW1 & 2	CASE RSN (CASE REA)	ALL	Enter the three-digit code that corresponds with the applicable notice of decision reason. (See Notice Codes .)
BCW1: Case Information			
BCW1	CASE NAME	ALL	System-generated. Entry is the TD01 case name (last, first).
BCW1	STATE ID	SNAP	The SID of the person to whose income record the system assigns the BCW SNAP deductions. (If this person is not included when SNAP is reinstated or reopened, reenter SNAP deduction fields.)

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
BCW1	CASE INFORMATION	ALL	Case information (master or transaction). This information remains on the master file until changed.
BCW1	SA1 to SA6 (first position)	FIP REF	Enter the code to determine whether the special allowance amount is ongoing or one- time. Valid codes are: G Ongoing (part of next monthly benefit; appears on the screen after processing) X One time (issuance produced in daily run; code does not appear on the screen after processing) B Both (issue one time, then ongoing; only the ongoing part shows on the screen after processing) C Closed (Enter when special need terminates.)
BCW1	SA1 to SA6 (second position)	FIP REF	Enter the code for the type of special payment. Valid codes are: E School expense G Guardianship or conservatorship fee
BCW1	AMT1 to AMT6	FIP REF	Enter the amount of the special allowance.
BCW1	EXT MED Extended Medical Code	MED	If increased income could result in canceling FMAP, enter the number of months that the case could be eligible for extended or Transitional Medicaid. Valid entries are 01 through 12.
BCW1	BEN MO Benefit Month	SNAP TM	Enter the month that is associated with the SNAP deductions, or the Transitional Medicaid eligibility month. Enter in MMY format. When entering a date in the THRU MO field, enter the first month of the date range in the BEN MO field.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
BCW1	THRU MO Through Month	All but TM	Enter the last month in the date range for system-generated BCW1s.
BCW1	E/B Eligibility/ Benefit Indicator	SNAP	Enter A.
BCW1	MED EXP Medical Expenses	SNAP	Enter the total amount of actual, allowable medical expenses projected for household. Enter zeros if no deduction is allowed or if you are entering the standard medical deduction in the MC D field. When determining the amount of allowable medical expenses, do not subtract the \$35. The system will subtract that amount.
BCW1 (Cont.)	MED EXP (Cont.)		Verify that the TD03 screen contains correct data regarding the Medicare premium payer. The system will subtract the standard Medicare amount. NOTE: ABC deducts a medical expense only if FS TEST field entry on TD02 is N or E.
BCW1	M CD Medical Code	SNAP	Enter the code that identifies the type of medical deduction applicable to the household. If no deduction is applicable, make no entry. Valid codes are: A Actual expenses S Standard medical deduction When S is entered, the MED EXP field should contain zeros. The system will ignore the MP field on TD03. NOTE: ABC deducts a medical expense only if the TD02 FS TEST entry is N or E. If M CD is left blank, and FS TEST is N or E, a deduction will be allowed if there is an amount in MED EXP or if MP is coded Y.

SCREEN/NUMBER	FIELD NAME/DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
BCW1	U CD	SNAP	Enter the code that identifies the utility deduction type applicable to the household. Valid codes are: B Big standard (heating or air conditioning) L Little standard (no heating or air conditioning) N No utility expense P Phone standard
BCW1	SHELTER Shelter Amount	SNAP	Enter the amount of shelter expense for the household. Zeros must be entered if no deduction is applicable.
BCW1	S CD Shelter Code	SNAP	Enter the code that identifies the type of shelter expense. Valid codes are: A Rent only B Lot rent only C Rent and lot rent D Mortgage only E Mortgage and taxes, insurance, and assessments, lot rent (when a household is purchasing their mobile home and paying lot rent) F Taxes, insurance, and assessments only H Homeless shelter deduction (Obsolete March 2021).
BCW2: Individual Income Information			
BCW2			See BCW1 for instructions on the CASE , PREP WKR , PREP DT , SEQ , OVERRIDE , STATUS , ENTRY RSN , CASE REA , and CO/WKR fields.
BCW2	STATE ID		The state identification number of the person whose individual income record is displayed or to be entered.

SCREEN/NUMBER	FIELD NAME/DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
BCW2	CLIENT NAME		The name of the person whose individual income record is displayed or to be entered.
BCW2	BENEFIT MO Benefit Month	ALL	Enter the benefit month in MMY format. When entering a date in the THRU MO field, enter the first month of the date range in the BEN MO field.
BCW2	THRU MO Through Month	ALL	Enter the last month in the date range for system-generated BCW2s.
BCW2	PI Program Indicator	ALL	Enter the code that corresponds with the program. Valid codes are: A FIP B SNAP C Medicaid only D Facility, State Supplementary Assistance, or waiver
BCW2	E/B Eligibility/Benefit Indicator	ALL	Enter the code that indicates how the income or deductions are to be used. Valid codes are: E Eligibility B Benefit calculation A All For SNAP and FIP, "A" is the only valid code.
BCW2	EARNED 1-5 Earned Income Amount	ALL	Enter the earned income amount (wages, tips, bonuses, commissions, etc.), always beginning in field 1. Bonuses and commissions must be reduced to a monthly amount before entering, as applicable by program policy. Other income can be entered in weekly amounts or semimonthly amounts if there are enough fields. If there are more than five amounts, add earned income amounts so that all earned income is entered in five fields only.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
BCW2 (Cont.)	EARNED 1-5 Earned Income Amount (Cont.)	MED ST SUPP	For State Supplementary Assistance and SSI-related Medicaid, deduct allowable impairment-related work expenses from gross income and enter the result.
BCW2	OTHER EI Other Earned Income Lump Sum	ALL	Enter the total amount of monthly net self-employment income.
BCW2	SR Other Earned Income Source	ALL	Enter code "1" for self-employed other earned income. 1 Self-employment
BCW2	CHILD CARE Child or Dependent Care Amount	SNAP MED	Enter the actual amount for child or dependent care per month, up to the maximum allowable. NOTE: Do not enter a childcare deduction for FIP or refugee assistance.
BCW2	TM Transitional Medicaid Eligible Household Members	MED	This field is no longer used.
BCW2	UNEARN 1-4 Unearned Income	ALL	Enter the amount of the person's unearned income. Unearned income includes SSI, unemployment insurance, pensions, etc. If there is dual entitlement for social security, total the benefits into one entry.
BCW2	OTHER UI Other Unearned Income	ALL FIP REF MED FAC WAV ST SUPP	Enter the amount of other unearned income.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
BCW2	SR (1-4) Source of Unearned Income	ALL	<p>Enter in the first position the code that indicates the source of the unearned income. Valid codes are:</p> <p>A SSI (includes federally administered state supplement)</p> <p>B Social security</p> <p>C Veteran's pension</p> <p>D VA aid and attendance and VA Unusual Medical Expense (only enter UME for certain Iowa Veterans' Home residents)</p> <p>E Dividends or interest (do not enter on FIP or FMAP-related Medicaid cases)</p> <p>F Railroad Retirement</p> <p>G Educational monies</p> <p>H Veteran's benefits</p> <p>I Lump sum (nonrecurring) (Obsolete effective 12-22-06)</p> <p>J Civil service annuity</p> <p>K Child support (assigned)</p> <p>L Child support (unassigned)</p> <p>M IPERS</p> <p>P Lump-sum reduction</p> <p>R Private pension</p> <p>S Miller trust</p> <p>T Black Lung benefits</p> <p>U Job insurance</p> <p>X Other</p> <p>W Worker's compensation</p> <p>Z Trust and other third-party payments on Medicaid cases (no deductions are subtracted)</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
BCW2 (Cont.)	SR (1-4) Source of Unearned Income (Cont.)	ALL	<p>If there is dual entitlement for social security, total the benefits into one entry.</p> <p>Leave the second position of the field blank. It is reserved for future use.</p>
BCW2	DEDUCT 1 Deduction Amount 1	SNAP FIP MED FAC ST SUPP RCF ST SUPP IHHC	<p>Enter the amount of loss to be deducted from countable SNAP income. The amount is deducted only if the FSI code (on TD02) is 1.</p> <p>Enter the amount of support paid for dependents outside the home. The amount is deducted only for individuals with status H.</p> <p>Enter the amount of deduction in the month of entry or discharge, client participation owed to another facility, and expenses of previous living arrangements.</p> <p>Enter the amount of deduction for home maintenance allowance in the month of entry and diversion to spouse and dependents.</p> <p>Enter deductions for plan for self-support and for needs of dependent in-home maintenance allowance.</p> <p>Even though the entry is on an individual line (which usually can be changed each month), when used for a facility case, this entry becomes case information, i.e., only one amount can exist per case.</p> <p>If more than one amount is entered for several months' client participation and eligibility calculations, the BCW2 screens show the last entry as the amount for all months visible on the system.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
BCW2	P DED NEED Parent Need Test	SNAP FIP FMAP- REL MED FAC ST SUPP RCF & IHHC, SSI-REL MED	<p>Enter a one-time child support payment. The entry will not roll forward to the future month.</p> <p>Enter the amount to be deducted from the parent's income for Standard of Need Test. The amount must be for:</p> <ul style="list-style-type: none"> ▪ Needs of the ineligible parent and ineligible children, or ▪ Court-ordered support paid for dependents outside the home. <p>Enter \$90 additional personal needs allowance for veterans with VA pensions and who do not have a spouse or dependents. For PMIC, enter the amount retained by the state.</p> <p>Enter deductions for blind work expense.</p>
BCW2	P DED PAY Parent/Child Deduction Payment Test	FIP FMAP MED- MAC RCF & SSI-REL MED	<p>If a child's income that is exempt from the payment test has been entered, enter an amount equal to the child's earnings minus other deductions.</p> <p>If entering parental income, enter the amount to be deducted from the parent's income for the payment standard test. The amount must be for:</p> <ul style="list-style-type: none"> ▪ Needs of the ineligible parent and ineligible children, or ▪ Court-ordered support paid for dependents outside the home. <p>Enter the deduction for a plan for self support.</p>

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
BCW2	P DED PAY Parent/Child Deduction Payment Test (Cont.)	FAC	Enter the deduction for the community spouse and other dependents. Enter the administrative fee on cases with a medical assistance income trust.
		ST SUPP IHHC	Enter the cost of in-home health-related care, as determined by service worker.
BCW2	DEDUCT 5	MED	Enter the amount of the <i>hawk-i</i> premium deduction for cases with AID entries of 60-E or 60-P.
BCW2	DEDUCT 6	MED	Enter the amount of medical expense deductions for a case with an AID entry of 60-P.
TD04: Section VI. Foster Care and Subsidized Adoption			
TD04 VI. 142	ENTRY RSN Entry Reason	MED	Enter H (immediate release, no timely notice).
TD04 VI. 151	BENEFIT Maintenance Amount	MED	Enter the maintenance amount for foster care or subsidized adoption. The amount must be greater than zero. Exception: PMIC cases do not require an amount in this field.

SCREEN/ NUMBER	FIELD NAME/ DESCRIPTION	PRGM USE	WORKER INSTRUCTIONS
TD04 VI.	ELIGIBILITY FOR IV-E ADMINISTRA- TIVE FUNDING: RETRO 1 ST : 2 ND : 3 RD : MO OF APP: POS MO: ONGOING:	MED	<p>Enter the code to indicate eligibility for IV-E administrative and training funding. (The codes will stay on the internal master file, but will not appear on the display screen once updated.)</p> <p>POS MO and ONGOING fields require entries on approvals and reinstatements.</p> <p>RETRO fields are required on approvals when the month the child entered foster care is before the month the Medicaid application was received.</p> <p>Active cases require an entry into the ONGOING field for aid type changes, TD06 authorizations, or receipt of a <i>FACS Exchange of Information</i> which results in a change in the IV-E administration funding.</p> <p>RETRO 1ST: First month before TD05 MED APP DT</p> <p>RETRO 2ND: Two months before TD05 MED APP DT</p> <p>RETRO 3RD: Three months before TD05 MED APP DT</p> <p>MO. OF APP: Month of TD05 MED APP DT</p> <p>POS MO: Month of TD05 MED POS DT</p> <p>ONGOING: Months following TD05 MED POS DT</p> <p>N Not eligible Y Eligible</p> <p>Enter Y when the case would be IV-E-maintenance-eligible except it is an SSI case.</p>

Notice Codes

Notice codes are listed below in alphabetical order by topic. Within groups, reasons are listed in numerical order. See [Reference Chart](#) at the end of the notice table for an index of the notice codes in numerical order with the page number of the manual where they are found.

NOTE: Codes for managed health care services also are described in [14-C](#).

The first column indicates the action for which the notice is used.

The codes listed in the second column have three designations:

- Codes with no parentheses must **either** be worker-entered on the system to generate messages or generated by systems other than ABC (such as PROMISE JOBS).
- Codes with double parentheses are **sometimes** worker-entered on the system to generate messages. ABC generates the messages at other times without the entry of these codes.
- Codes with single parentheses are **never** worker-entered on the system to generate messages.

The second column also indicates the program to which the notice message, manual reference, and rule reference correspond. FMAP-related medical programs are usually included in the designation “MED.” If a program is not listed in this column for a case reason message or a person reason message, that notice reason **cannot** be used for that program.

The third column lists the notice message and the manual reference and state rule (Iowa Administrative Code) or federal regulation (CFR) reference, by program. A Spanish translation of the message is given, if available. Note that many notices go over one page. Be sure to get all the relevant language.

The fourth column lists the system fields in which the notice code is accepted.

Primary Headers

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval	(001)	<p>Your application for the Home and Community Based Services waiver is approved **/**/**. Soon you will be contacted by a case manager who will develop a waiver service plan based on your individual needs. Once the service plan has been completed, your waiver services will begin.</p> <p>Su solicitud de Exención para Home and Community Based Services (Servicios a Domicilio y Comunitarios) ha sido aprobada a partir del **/**/**.</p>	No entry
	MED	<p>EM 8-N Determining Coverage Group; 441 Iowa Admin. Code 83.2(249A), 83.22(249A), 83.42(249A), 83.61(249A), and 83.82(249A)</p>	
	(002)	<p>Your application for Family Life Home assistance is approved. The amount you pay for your care, called client participation, is shown at right.</p> <p>Su solicitud de asistencia para Family Life Home (Hogar Familiar) ha sido aprobada. El importe que usted paga por atención médica, llamado participación del cliente, se muestra a la derecha.</p>	
	ST SUPP	<p>EM 6-B Family Life Home Payment; 441 Iowa Admin. Code 52.1(1)</p>	
	(003)	<p>Your application for In-Home Health-Related Care is approved. The amount you pay for your care, called client participation, is shown at right.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	(003) (Cont.)	Su solicitud de In-Home Health-Related Care (Atención Médica en el Hogar) ha sido aprobada. El importe que usted paga por atención médica, llamado participación del cliente, se muestra a la derecha.	No entry
	ST SUPP	EM 6-B IHHRC Client Participation for Adults and Children; 441 Iowa Admin. Code 177.4(7) and (8)	
	(004)	Your application for Residential Care Facility assistance is approved beginning **/**/**. Su solicitud de asistencia para Residential Care Facility (Centro Residencial de Atención Médica) ha sido aprobada a partir del **/**/**.	
	ST SUPP	EM 6-B Residential Care Facility Assistance; 441 Iowa Admin. Code 51.3(249)	
	(007)	Your application for Medicaid is approved for limited services for the past month(s) of _____. Medicaid will only pay the Medicare Part B premium. Su solicitud de Medicaid ha sido aprobada para servicios limitados durante el/los pasado(s) mes(es) de _____. Medicaid solamente pagará la prima de Medicare Parte B.	
	E-SLMB SLMB	EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(34) and 75.1(36)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	(008)	<p>Your application for Medicaid is approved for limited services beginning **/**/**. Medicaid will only pay the Medicare Part B premium.</p> <p>Su solicitud de Medicaid ha sido aprobada para servicios limitados a partir del **/**/**. Medicaid solamente pagará la prima de Medicare Parte B.</p>	No entry
	E-SLMB SLMB	<p>EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(34) and 75.1(36)</p>	
	(009)	<p>Your application for Medicaid is approved for limited services beginning **/**/**. Payments will be made for Medicare premiums, deductibles, and coinsurance only.</p> <p>Su solicitud de Medicaid ha sido aprobada para servicios limitados a partir del **/**/**. Los pagos se realizarán para abonar las primas de Medicare, los deducibles y el coseguro solamente.</p>	
	QMB	<p>EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)</p>	
	(010)	<p>Your application for Cash Assistance is approved. If you signed a Family Investment Agreement (FIA), it is now in effect and you can start your FIA steps and get PROMISE JOBS benefits. If you do not follow through with your FIA steps, you will enter a limited benefit plan.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	(010) (Cont.)	Su solicitud de asistencia de dinero en efectivo (Cash Assistance) ha sido aprobada. Si ha firmado un Acuerdo de Inversión Familiar (Family Investment Agreement, FIA), el mismo ya está en vigencia y usted puede iniciar los pasos establecidos en su FIA y obtener beneficios de PROMISE JOBS. Si no cumple con los pasos establecidos en su FIA, será incorporado/a a un plan de beneficios limitados.	No entry
	FIP	EM 4-B Effective Date of Assistance; 441 Iowa Admin. Code 40.25(239B)	
	(011)	Your application for Medicaid and facility care is approved. Su solicitud de Medicaid y atención médica en una institución ha sido aprobada.	
	MED	EM 8-F SSI-Related Coverage Groups; 441 Iowa Admin. Code 75.13(249A)	
	(012)	Your application is approved for Medical Assistance because you meet all requirements. Su solicitud de Medical Assistance (Asistencia Médica) ha sido aprobada porque usted cumple con todos los requisitos.	
MED	EM 8-F FMAP-Related Coverage Groups; EM 8-F SSI-Related Coverage Groups; 441 Iowa Admin. Code 75.13(249A)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	(013)	<p>Your application for Medicaid is approved for the past month(s) of ____.</p> <p>Su solicitud de Medicaid ha sido aprobada por el/los pasado(s) mes(es) de ____.</p>	No entry
	<p>MED</p> <p>(014)</p>	<p>441 Iowa Admin. Code 76.13(2)</p> <p>Your application is approved for SNAP from **/**/** through **/**/**. You can access your SNAP EBT card information on the web at https://www.connectebt.com/.</p> <p>To stretch your food dollars, you can purchase seeds and plants that produce food with your EBT benefits. For more information about eligible items you may purchase, please visit https://www.fns.usda.gov/snap/eligible-food-items.</p> <p>Su solicitud ha sido aprobada para SNAP de **/**/**. Puede acceder a la información de su tarjeta SNAP EBT en la web a https://www.connectebt.com/.</p> <p>Para que su dinero destinado a alimentos dure mas, puede comprar semillas y plantas que producen alimentos con sus beneficios de EBT. Para obtener mas información sobre los artículos elegibles que puede comprar, visite https://www.fns.usda.gov/snap/eligible-food-items.</p> <p>SNAP</p> <p>EM 7-B Processing Standards, EM 7-F Prorating Initial Month's Benefits</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
	(066)	<p>Your application is approved for SNAP from **/**/** through **/**/**. Your SNAP amount may decrease if your application for FIP is approved.</p> <p>You can access your SNAP EBT card information on the web at https://www.connectebt.com/.</p> <p>To stretch your food dollars, you can purchase seeds and plants that produce food with your EBT benefits. For more information about eligible items you may purchase, please visit https://www.fns.usda.gov/snap/eligible-food-items. For more healthy food resources, we can help you find a food pantry, meal delivery service or meal site near you. Dial 2-1-1 or call Lifelong Links at 866-468-7887.</p> <p>Su solicitud ha sido aprobada para SNAP hasta de **/**/** a **/**/**. Su cantidad de SNAP podrá disminuir si se aprueba su solicitud de beneficios del FIP.</p> <p>Puede acceder a la información de su tarjeta SNAP EBT en la web en https://www.connectebt.com/.</p> <p>Para que su dinero destinado a alimentos dure mas, puede comprar semillas y plantas que producen alimentos con sus beneficios de Transferencia Electronica de Beneficios (Electronic Benefits Transfer, EBT).</p>	No entry

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	(066) (Cont.)	Para obtener mas información sobre los artículos elegibles que puede comprar, visite https://www.fns.usda.gov/snap/eligible-food-items . Para obtener mas recursos de alimentos saludables, podemos ayudarle a encontrar un banco de alimentos, un servicio de entrega de comidas o un sitio para comer cerca de usted. Marque el 2-1-1 o llame a Lifelong Links al 866-468-7887.	No entry
	SNAP	EM 7-B Processing Standards; EM 7-F Determining Assistance	
	(411)	You are eligible to receive information on the benefits of a healthy marriage through **/**/**. If SNAP ends, your eligibility to get this information also ends unless SNAP is reopened. Usted reúne los requisitos para recibir información sobre los beneficios de un matrimonio sano (Healthy Marriage) hasta **/**/**. Si SNAP finaliza, ya no será elegible para obtener dicha información, a menos que se restablezca SNAP.	
	(016)	First month's benefits are prorated from **/**/**. Los beneficios del primer mes serán prorrateados a partir del **/**/**.	
	SNAP	EM 7-F Prorating Initial Month's Benefits	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	(017)	Your application is approved for Medical Assistance beginning **/**/**.	No entry
		Su solicitud de Medical Assistance (Asistencia Médica) ha sido aprobada a partir del **/**/**.	
	MED	EM 8-F FMAP-Related Coverage Groups; EM 8-F SSI-Related Coverage Groups; 441 Iowa Admin. Code 74.2 (249A, 85GA, SF446), 75.13(249A)	
	(018)	Your application for facility care is approved beginning **/**/**.	
		Su solicitud de atención médica en una institución ha sido aprobada a partir del **/**/**.	
	MED	42 CFR 435.725, 441 Iowa Admin. Code 52.1(1) and (3), 75.16(249A), 76.13(3), 76.15(249A), 81.4(2), 82.9(2), 85.4(249A), 177.4(7), 177.4(8)	
(019)	First month's benefits are prorated from **/**/**.		
	Los beneficios del primer mes serán prorrateados a partir del **/**/**.		
FIP	EM 4-B Effective Date of Assistance; 441 Iowa Admin. Code 40.24(4), 40.26(239B), 41.25(2)		
(043)	Your application for Medicaid is approved for limited services beginning **/**/**. Medicaid will only pay the Medicare Part A premium. Su solicitud de Medicaid ha sido aprobada para servicios limitados a partir del **/**/**. Medicaid pagará únicamente la prima de Medicare Parte A.		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	(043) (Cont.)		
	QDWP	EM 8-F Qualified Disabled and Working People; 441 Iowa Admin. Code 75.1(33)	
	(046)	<p>Your application for Medicaid is approved for limited benefits for the past month(s) of _____. Medicaid will only pay the Medicare Part A premium.</p> <p>Su solicitud de Medicaid ha sido aprobada para servicios limitados por el/los pasado(s) mes(es) de _____. Medicaid pagará únicamente la prima de Medicare Parte A.</p>	No entry
	QDWP	EM 8-F Qualified Disabled and Working People; 441 Iowa Admin. Code 75.1(33)	
	(049)	<p>Your request for FIP benefits past your 60-month limit is approved beginning **/**/ through **/**/ because ...</p> <p>Su solicitud de beneficios FIP pasado el límite de 60 meses ha sido aprobada a partir del **/**/ y hasta **/**/ porque...</p>	
	(155)	<p>You get SSI, State Supplementary Assistance or you live in a facility in which the Department of Human Services is paying some or all of the cost. You may not have to pay property taxes at this time. Take this notice to your county Board of Supervisors to discuss having your property taxes delayed.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:																				
Approval (Cont.)	(155) (Cont.)	<p>Usted recibe SSI, State Supplementary Assistance (Asistencia Estatal Suplementaria) o vive en una institución en la que el Department of Human Services (Departamento de Servicios Humanos) esté pagando parte o todo el costo. Usted puede no tener que pagar impuestos de propiedad en el momento. Lleve este aviso a la Junta de Supervisores de su condado para discutir la demora en sus impuestos de propiedad.</p> <p>EM 8-A Property Tax Relief; 441 Iowa Admin. Code 427.9</p> <p>Note: This message will not be printed on approval NODs when:</p> <ul style="list-style-type: none"> ▪ The aid types are any of the following: <table style="margin-left: 40px; border: none;"> <tr> <td>13-0</td> <td>37-7</td> <td>63-3</td> <td>73-2</td> </tr> <tr> <td>13-1</td> <td>39-0</td> <td>63-6</td> <td>73-3</td> </tr> <tr> <td>13-6</td> <td>63-0</td> <td>63-7</td> <td>73-4</td> </tr> <tr> <td>13-7</td> <td>63-1</td> <td>63-8</td> <td>73-5</td> </tr> <tr> <td>13-8</td> <td>63-2</td> <td>73-1</td> <td></td> </tr> </table> <p>and</p> <ul style="list-style-type: none"> ▪ Zeros are entered in the vendor number on TD05 (waiver cases). 	13-0	37-7	63-3	73-2	13-1	39-0	63-6	73-3	13-6	63-0	63-7	73-4	13-7	63-1	63-8	73-5	13-8	63-2	73-1		
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13-1	39-0	63-6	73-3																				
13-6	63-0	63-7	73-4																				
13-7	63-1	63-8	73-5																				
13-8	63-2	73-1																					

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	(249) (Cont.)	<p>El término "Part-Elig" significa que algunas personas en su casa son elegibles y otras no. Los niños que son continuamente elegibles, las mujeres embarazadas y los niños menores de 1 año son elegibles para recibir los servicios de Medicaid.</p>	
Approval (Cont.)	<p>MED</p> <p>(250)</p> <p>MED</p> <p>343</p>	<p>EM 8-F Mothers and Children Program; 441 Iowa Admin. Code 75.1(28)"a"(1)</p> <p>Medicaid is approved for pregnant women and children under the age of 1 beginning **/**/**.</p> <p>Medicaid is denied for children between the ages of 1 and 19 because your income is over the limit. The income limit for this group is \$_____.</p> <p>Se han aprobado los beneficios de Medicaid para las mujeres embarazadas y los niños menores de 1 año de edad a partir del **/**/**.</p> <p>Medicaid ha sido denegado para los menores de 1 a 19 años de edad porque sus ingresos superan el límite. El límite de ingresos para dicho grupo es de \$_____.</p> <p>EM 8-F Mothers and Children Program; 441 Iowa Admin. Code 75.1(28)"a"(1)</p> <p>Medicaid is conditionally approved for Medically Needy for the past months of _____. You will have a spenddown, which is like a deductible, of \$_____.</p> <p>To meet spenddown, medical claims must be filled out and sent in within 12 months from the date of this notice. You may be denied Medicaid for this time period if your medical expenses are not verified by this date.</p>	No entry

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	343 (Cont.)	<p>If you meet your spenddown, the people listed as conditionally eligible will get Medicaid. You will get another notice that tells you which bills were used to meet spenddown. You are responsible to pay any medical bills used to meet your spenddown.</p> <p>To continue to get Medicaid after the certification period, you must reapply.</p> <p>Se aprueba Medicaid condicionalmente para Medically Needy por los pasados meses de _____. Deberá pagar “spenddown”, el cual es como un deducible, por \$_____.</p> <p>Para cumplir con el requisito de “spenddown”, debe completar los reclamos médicos y enviarlos en un plazo de 12 meses a partir de la fecha de esta notificación. Podría denegarse Medicaid por dicho período si sus gastos médicos no son verificados antes de dicha fecha.</p> <p>Si cumple con el requisito de “spenddown”, las personas que figuran como elegibles condicionalmente recibirán Medicaid. Recibirá otra notificación en la cual se le informará qué facturas fueron contabilizadas como “spenddown”. Es su responsabilidad pagar todas las facturas médicas contabilizadas como “spenddown.”</p> <p>EM 8-J Retroactive Eligibility; EM 8-J Submitting Medical Expenses; 441 Iowa Admin. Code 75.1(35) and 75.1(35)“f”</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Approval (Cont.)	349 (Cont.)	<p>Por el período desde **/**/** hasta **/**/**. Deberá abonar gastos médicos en concepto de “spenddown” por \$_____ para recibir Medicaid durante este período.</p> <p>Para cumplir con el “spenddown”, los reclamos por gastos médicos deben ser completados y enviados en un plazo de 12 meses a partir del **/**/** o de 12 meses a partir de la fecha de la presente notificación, en el caso que esta última fecha sea posterior a la primera. Sus beneficios Medicaid podrán ser denegados durante dicho período si sus gastos médicos no son verificados antes de dicha fecha.</p> <p>Si cumple con el “spenddown”, las personas mencionadas como elegibles condicionalmente recibirán Medicaid. Recibirá otra notificación informándole cuáles de sus facturas fueron utilizadas para cumplir con el “spenddown”. Usted será responsable de pagar todas las facturas médicas utilizadas para cumplir con el “spenddown”.</p> <p>Deberá presentar una nueva solicitud si desea continuar recibiendo Medicaid después del **/**/**.</p> <p>EM 8-J Submitting Medical Expenses; EM 8-J Income Policies; EM 8-J Retroactive Eligibility; 441 Iowa Admin. Code 75.1(35)“b,” “d,” “e,” “f,” and “g”</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Cancellation (Cont.)	(051)	Your facility care is canceled beginning **/**/ because ... Sus beneficios para atención médica en una institución serán cancelados a partir del **/**/ porque ...	No entry
	(052)	Your Medicaid is canceled beginning **/**/ because ... Sus beneficios Medicaid serán cancelados a partir del **/**/ porque ...	
	(053)	Your SNAP is canceled beginning **/**/ because ... Sus beneficios SNAP serán cancelados a partir del **/**/ porque ...	
	(054)	Your Transitional Medical (TM) is canceled beginning **/**/ because ... Sus beneficios transitorios de Transitional Medicaid (TM) serán cancelados a partir del **/**/ porque ...	
	(055)	Your Family Life Home assistance is canceled beginning **/**/ because ... Sus beneficios de Family Life Home (Hogar Familiar) serán cancelados a partir del **/**/ porque ...	
	(056)	Your Home and Community Based Services waiver program is canceled beginning **/**/ because ... Sus beneficios del programa de exención Home and Community Based Services (Servicios a Domicilio y Comunitarios) serán cancelados a partir del **/**/ porque ...	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Cancellation (Cont.)	(058)	Your In-Home Health-Related Care is canceled beginning **/**/ because ...	No entry
		Sus beneficios de In-Home Health-Related Care (Atención Médica en el Hogar) serán cancelados a partir del **/**/ porque ...	
	(059)	Your Residential Care Facility assistance is canceled beginning **/**/ because ...	
		Sus beneficios de asistencia para Residential Care Facility (Centro Residencial de Atención Médica) serán cancelados a partir del **/**/ porque ...	
	(103)	If you have child care expenses while you work, ask your worker about the Child Care Assistance program. Si debe pagar por el cuidado de sus hijos mientras usted está trabajando, consulte a su asistente acerca del programa Child Care Assistance (Ayuda Económica para Cuidado Infantil).	
	FIP	EM 13-G Child Care Assistance; 441 Iowa Admin. Code 170.2(237A, 239B)	
(165)	Your Supplement for the Medicare and Medicaid Eligibles program that pays you \$1 to \$3 per quarter is canceled effective **/**/ because you no longer meet the requirements of the program. You may keep any check for this program that you receive this month or next month. You are eligible for the check because it is for the quarter that just ended.		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Cancellation (Cont.)	(165) (Cont.)	Su programa Supplement for Medicare y Medicaid Eligibles que le paga de \$1 a \$3 por trimestre ha sido cancelado con vigencia al **/**/** porque usted ya no reúne los requisitos del programa. Puede conservar todos los cheques que reciba de este programa durante este mes o el mes próximo. Es elegible para conservar el cheque porque el mismo corresponde al trimestre que acaba de finalizar.	No entry
	MED	EM 6-B Supplement for Medicare and Medicaid Eligibles; 441 Iowa Admin. Code 50.2(249), 51.10, 52.1(249)	
	(177)	Your Residential Care Facility assistance will remain canceled because ... Sus beneficios de asistencia para Residential Care Facility (Centro Residencial de Atención Médica) permanecerán cancelados porque ...	
	(178)	Your facility care assistance will remain canceled because ... Sus beneficios de asistencia para atención médica en una institución permanecerán cancelados porque ...	
	(251)	Medicaid is canceled beginning **/**/** for children between 1 and 19 because your income is over the limit. Pregnant women and children under 1 are still eligible.	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Cancellation (Cont.)	(251) (Cont.)	<p>Medicaid será cancelado a partir del **/**/** para los menores entre 1 y 19 años de edad porque sus ingresos superan el límite.</p> <p>Las mujeres embarazadas y los niños menores de 1 año siguen siendo elegibles.</p>	No entry
	MED	EM 8-F Mothers and Children Program; 441 Iowa Admin. Code 75.1(28)"a"(1)	
	(252)	<p>Medicaid is canceled beginning **/**/** for children between the ages of 1 and 19 because your income is over the limit.</p> <p>Pregnant women and children under 1 are still eligible.</p> <p>Medicaid será cancelado a partir del **/**/** para los menores entre 1 y 19 años de edad porque sus ingresos superan el límite.</p> <p>Las mujeres embarazadas y los niños menores de 1 año siguen siendo elegibles.</p>	
	MED	EM 8-F Mothers and Children Program; 441 Iowa Admin. Code 75.1(28)"a"(1)	
	282	<p>... you did not give us proof of citizenship and/or identity.</p> <p>... usted no nos proporcionó comprobantes de ciudadanía y/o de identidad.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Cancellation (Cont.)	282 (Cont.) MED MN QMB QDWP SLMB E-SLMB ST SUPP	EM 8-C Citizenship; 441 Iowa Admin. Code 75.11(249A)	
	292	... you are not enrolled in your parent's employer group health insurance. ... usted está inscripto/a en el seguro médico grupal del empleador de su padre/madre.	TD05 MED RSN2
	MKSN	EM 8-F Medicaid for Iowa Kids with Special Needs; 441 Iowa Admin. Code 75.1(43)"c"	
	481	... your Medicaid for Employed People with Disabilities (MEPD) premium payment was not received by the 14 th of the month. Your benefits may continue if we get your payment by the end of this month. ...no recibimos el pago de la prima de Medicaid para Empleados con Discapacidades (MEPD) antes del día 14 del mes. Sus beneficios podrán continuar si recibimos el pago antes de que finalice el mes en curso.	
	MEPD	EM 8-F Medicaid for Employed People with Disabilities; 441 Iowa Admin. Code 75.1(39)"a"(6), "b"(3), (6) and (7)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Change (Cont.)	(033)	The amount you pay for your care, called client participation, for ____ is \$____.	No entry
		El monto que usted paga por atención médica, llamado participación del cliente, será de \$____ para ____.	
	FAC	42 CFR 435.725; 441 Iowa Admin. Code 52.1(1) and (3), 75.16(249A), 76.13(3), 76.15(249A), 81.4(2), 82.9(2), 85.4(249A), 177.4(7), 177.4(8)	
	(035)	Your Medical assistance has changed beginning **/**/** because... Su Medical Assistance (Asistencia Médica) ha cambiado a partir del **/**/** porque...	
	(038)	Since you moved from one facility to another, you owe \$____ to the first facility and \$____ to the new facility. Ya que se mudó de una institución adeuda \$____ a la institución anterior y \$____ a la nueva.	
	FAC	42 CFR 435.725; 441 Iowa Admin. Code 52.1(1) and (3), 76.13(3), 76.15(249A), 81.4(2), 82.9(2), 85.4(249A), 177.4(7) and (8)	
090	The Health Insurance Premium Payment (HIPP) Unit was notified that the people on your insurance policy are no longer eligible for Medicaid or may be eligible only for the Medically Needy program. Payment of your premiums will stop on **/**/**.		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>Change (Cont.)</p>	<p>090 (Cont.)</p>	<p>If you think anyone on your policy is eligible for Medicaid or if you are not sure why your Medicaid stopped, please call your worker in the county DHS office. If your Medicaid begins again, HIPP payments will also start again.</p> <p>If you want to keep the insurance, you will have to pay all the premiums that are due after **/**/**. If you do not want to keep the insurance, ask your employer or insurance carrier to stop the coverage. Tell your worker in the county DHS office if you stop the coverage so our files can be updated and your medical bills can be processed.</p> <p>La Unidad HIPP (Health Insurance Premium Payment) ha sido notificada que las personas que figuran en su póliza de seguro ya no son elegibles para Medicaid o podrían ser elegibles para el programa Medically Needy solamente. El pago de sus primas finalizará el **/**/**.</p> <p>Si cree que alguna de las personas que figuran en su póliza es elegible para Medicaid o si tiene dudas acerca de por qué Medicaid finalizó, llame a su asistente a la oficina DHS del condado. Si sus beneficios Medicaid son reactivados, también comenzará a recibir los pagos HIPP nuevamente.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Change (Cont.)	091 (Cont.)	<p>Usted es elegible para el programa HIPP siempre y cuando su plan del seguro sea rentable y las personas cubiertas bajo su plan reciban Medicaid. Recuerde que debe informar a su asistente HIPP en un plazo de 10 días todas las modificaciones relacionadas con los servicios cubiertos, el costo del seguro y el nombre de la compañía que le proporciona seguro médico.</p> <p>EM 8-M Health Insurance Premium Payment Program; 441 Iowa Admin. Code 75.1(35)“g”(2), 75.21(249A), 75.21(5), 75.52(5)</p>	
	487	<p>Your Medicaid for Employed People with Disabilities (MEPD) premium is changing because your income has gone down. Your new premium amount for **/** through **/** is shown at right.</p> <p>La prima de sus beneficios Medicaid para Empleados con Discapacidades (MEPD) ha cambiado porque sus ingresos han disminuido. El nuevo monto de la prima desde el **/** hasta el **/** se muestra a la derecha.</p>	<p>TD05 MED RSN1 or RSN2 (Entry reason R)</p>
	MEPD	<p>EM 8-F Medicaid for Employed People with Disabilities; EM 8-G MEPD Case Maintenance; 441 Iowa Admin. Code 75.1(39)“b”</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Conservator/Guardian Released	<p>106</p> <p>FIP</p>	<p>Your benefits will no longer be sent to your conservator or guardian beginning **/**/**.</p> <p>A partir del **/**/** sus beneficios ya no serán enviados a su tutor o guardián legal.</p> <p>EM 4-G Conservator or Guardian; 441 Iowa Admin. Code 40.22(2), 43.21(1)</p>	<p>TD02 FIP REA1 or REA2</p>
Denial	<p>(020)</p> <p>(021)</p> <p>(022)</p> <p>(023)</p>	<p>Your application for Cash Assistance is denied because ...</p> <p>Su solicitud de Cash Assistance (Ayuda Económica en Efectivo) ha sido denegada porque ...</p> <p>Your application for facility care is denied because ...</p> <p>Su solicitud de atención médica en una institución ha sido denegada porque ...</p> <p>Your application for Medicaid is denied because ...</p> <p>Su solicitud de Medicaid ha sido denegada porque ...</p> <p>Your application for Medicaid for past months is denied because you do not meet program guidelines.</p> <p>Su solicitud de Medicaid por los pasados meses ha sido denegada porque usted no reúne los requisitos necesarios.</p>	<p>No entry</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Denial (Cont.)	<p>(023) (Cont.) MED</p>	<p>EM 8-B Determining Eligibility for the Retroactive Period; 441 Iowa Admin. Code 76.5(1)</p>	
	<p>(024)</p>	<p>Your application for SNAP is denied because ... Su solicitud de SNAP ha sido denegada porque ...</p>	No entry
	<p>(286)</p>	<p>The application will be reopened if the required verification is received within 30 days of the date of application and benefits will be provided from the date of application. If the verification is not received within 60 days of the date of the application, you must reapply. La solicitud se reabrirá si la verificación requerida se recibe dentro del plazo de 30 días a partir de la fecha de solicitud y, de ser aprobada, los beneficios serán retroactivos a partir de dicha fecha. Si la verificación requerida no es recibida dentro de ese plazo de 60 días, entonces deberá volver a presentar una nueva solicitud.</p>	
	<p>(025)</p>	<p>Your application to add someone to your benefits is denied because ... Su solicitud para agregar a otra persona a sus beneficios ha sido denegada porque ...</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Denial (Cont.)	(026)	Your application for the Home and Community Based Services waiver is denied because ... Su solicitud de exención para Home and Community Based Services (Servicios a Domicilio y Comunitarios) ha sido denegada porque ...	No entry
	(027)	Your application for Dependent Person is denied because ... Su solicitud de Dependent Person (persona a cargo) ha sido denegada porque ...	
	(028)	Your application for In-Home Health-Related Care is denied because ... Su solicitud de In-Home Health-Related Care (Atención Médica en el Hogar) ha sido denegada porque ...	
	(029)	Your application for Residential Care Facility assistance is denied because ... Su solicitud de asistencia para Residential Care Facility (Centro Residencial de Atención Médica) ha sido denegada porque ...	
	(037)	Your application for Family Life Home is denied because ... Su solicitud de Family Life Home (Hogar Familiar) ha sido denegada porque ...	
	(047)	Your application for Medicaid is denied because ... Su solicitud de Medicaid es denegada porque ...	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Denial (Cont.)	(057)	Your request for FIP benefits past the 60-month limit is denied because ... Su solicitud de beneficios FIP pasado el límite de 60 meses es denegada porque ...	No entry
	(176)	Your application for Medicaid for past months is denied because you do not meet program guidelines. Su solicitud de Medicaid por los meses anteriores es denegada porque usted no reúne los requisitos necesarios.	
	MED	441 Iowa Admin. Code 76.13(2)	
	SLMB	441 Iowa Admin. Code 75.1(34), 76.13(2)	
	QMB	441 Iowa Admin. Code 75.1(34), 76.13(2)	
	QDWP	441 Iowa Admin. Code 75.1(34), 76.13(2)	
	E-SLMB	441 Iowa Admin. Code 75.1(34), 76.13(2)	
194	Your request for an attribution of resources is denied because the attribution has already been done. Su solicitud de atribución de recursos es denegada porque la misma ya fue efectuada.		
	EM 8-D Attribution of Resources; 441 Iowa Admin. Code 75.5(3)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Denial (Cont.)	195	<p>Your request for an attribution of resources is denied because you are not married.</p> <p>Su solicitud de atribución de recursos es denegada porque usted no está casado/a.</p> <p>EM 8-D Attribution of Resources; 441 Iowa Admin. Code 75.5(3)</p>	No entry
	196	<p>Your hardship request for attribution has been denied. You did not try all legal means to get information on resources owned by your spouse, you did not assign your rights to support from your spouse to the state, or your assets are over the \$2,000 limit.</p> <p>Su solicitud por situación de pobreza extrema ha sido denegada. Usted no agotó todos los medios legales para obtener información sobre los recursos de su cónyuge, no le cedió al estado sus derechos de manutención conyugal, o sus activos superan el límite de \$2,000.</p> <p>EM 8-D Attribution of Resources; 441 Iowa Admin. Code 75.5(3)</p>	
	197	<p>Your request to waive the penalty for transferring assets is denied because your assets are more than the cost of nursing care.</p> <p>Su solicitud de exención de la sanción por transferir sus activos es denegada porque sus activos superan el costo del sanatorio.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Denial (Cont.)	197 (Cont.)	EM 8-D Transfer of Assets; 441 Iowa Admin. Code 75.6(249A), 75.15(249A), 75.23(249A), P.L. 100-360	No entry
	198	<p>Your request to waive the penalty for transferring assets is denied because you have not used all legal means to get the assets back.</p> <p>Su solicitud de exención de la sanción por transferir sus activos es denegada porque no ha agotado los medios legales para recuperar sus activos.</p> <p>EM 8-D Transfer of Assets; 441 Iowa Admin. Code 75.6(249A), 75.15(249A), 75.23(249A), P.L. 100-360</p>	
	282	<p>... you did not give us proof of citizenship and/or identity.</p> <p>... usted no nos proporcionó comprobantes de ciudadanía y/o de identidad.</p>	
	MED MN QMB QDWP SLMB E-SLMB ST SUPP	<p>EM 8-C Citizenship; 441 Iowa Admin. Code 75.11(249A)</p>	
	292	<p>... you are not enrolled in your parent's employer group health insurance.</p> <p>... usted está inscripto/a en el seguro medico grupal del empleador de su padre/madre.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Denial of Unnecessary Application (Cont.)	174	Your application for medical assistance is denied because you are already eligible. Su solicitud de asistencia médica es denegada porque usted ya es elegible.	TD05 FAC RSN1 or FAC RSN2 (Entry reason R)
	MED	441 Iowa Admin. Code 76.2(249A), 76.14(249A), 92.2(249A), and 92.6(249J)	
	175	Your application for SNAP is denied because you are already eligible. Su solicitud de SNAP es denegada porque usted ya es elegible.	TD02 SNAP REA1 or REA2
	SNAP	EM 7-C Duplicate Assistance; 7 CFR 273.3	
FIP Corrective Payments	(107)	\$____ is approved as a one-time, corrective payment. \$____ of this amount will be applied to an existing overpayment. Se autoriza la suma de \$____ como paga único para regularizar la situación. \$____ de dicha suma se utilizará para devolver el sobrepago existente.	No entry
	FIP	EM 4-H Establishing an Underpayment; 441 Iowa Admin. Code 45.24(2)“b”	
	135	\$____ is approved as a one-time, corrective payment. Se autoriza la suma de \$____ como pago único para regularizar la situación.	TD06 REASON
	FIP	EM 4-H Establishing an Underpayment; 441 Iowa Admin. Code 45.24(239B)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Presumptive Eligibility	<p>152</p> <p>FIP</p>	<p>You will get FIP while the local office looks at your eligibility. Any overpayment will need to be paid back.</p> <p>Usted recibirá FIP mientras la oficina local evalúa su elegibilidad. Si existiera un sobrepago deberá reembolsarlo.</p> <p>EM 4-B Processing Standards; 441 Iowa Admin. Code 40.25(239B)</p>	<p>TD02 FIP REA1 or REA2 or TD06 REASON</p>
FIP Special Payment Denials	<p>190</p> <p>FIP</p> <p>191</p> <p>FIP</p> <p>192</p>	<p>Your request for a special FIP payment is denied because you have already received payment for that need.</p> <p>Su solicitud de un pago especial de FIP es denegada porque ya ha recibido pagos para satisfacer dicha necesidad.</p> <p>EM 4-F Special Needs; 441 Iowa Admin. Code 41.27(9)“j,” 41.28(3)</p> <p>Your request for a special FIP payment is denied because proof of the expense has not been received.</p> <p>Su solicitud de un pago especial de FIP es denegada porque no hemos recibido el comprobante correspondiente a dicho gasto.</p> <p>EM 4-F Special Needs; 441 Iowa Admin. Code 41.27(9)“j,” 41.28(3)</p> <p>Your request for a special FIP payment is denied because it is not covered by school expense policy.</p>	<p>TD02 FIP REA1 or REA2</p> <hr/> <p>TD06 REASON</p> <p>BCW1 RSN</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Special Payment Denials (Cont.)	192 (Cont.)	Su solicitud de un pago especial de FIP es denegada porque el mismo no está cubierto por la política de gastos escolares.	TD06 REASON BCW1 RSN
	FIP	EM 4-F School Expenses; 441 Iowa Admin. Code 41.28(3)"a"	
	193	Your request for a special FIP payment is denied because the conservator or guardian fee is not court ordered.	
	193	Su solicitud de un pago especial de FIP es denegada porque los honorarios del tutor o guardián legal no fueron establecidos por orden judicial. EM 4-F Guardianship or Conservator Fees; 441 Iowa Admin. Code 41.28(3)	
FIP Special Payment (One-Time Approval)	((121))	\$_____ is approved for guardianship or conservator fees. Se autoriza la suma de \$_____ para honorarios del tutor o guardián legal.	TD06 REASON
	FIP	EM 4-F Guardianship or Conservator Fees; 441 Iowa Admin. Code 41.28(3)	
	((122))	\$_____ is approved for school expenses. Se autoriza la suma de \$_____ para gastos escolares.	
	FIP	EM 4-F School Expenses; 441 Iowa Admin. Code 41.28(3)"a"	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Special Payment (One-Time Approval) (Cont.)	(124)	\$____ is approved for PROMISE JOBS parenting skills training. Se autoriza la suma de \$____ para el curso de educación para padres de PROMISE JOBS.	No entry
	FIP	EM 4-Appendix, PROMISE JOBS Provider Manual, Expense Allowances for Parenting Skills Training	
	(125)	\$____ is approved for PROMISE JOBS Family Development Services. Se autoriza la suma de \$____ para Servicios de Desarrollo Familiar de PROMISE JOBS.	
	FIP	EM 4-Appendix, PROMISE JOBS Provider Manual, PROMISE JOBS Family Development	
	(128)	\$____ is approved for PROMISE JOBS transportation. Se autoriza la suma de \$____ para servicios de transporte de PROMISE JOBS.	
	FIP	EM 4-Appendix, PROMISE JOBS Provider Manual, Transportation	
	(129)	\$____ is approved for PROMISE JOBS employment/training expenses. Se autoriza la suma de \$____ para gastos de capacitación laboral de PROMISE JOBS.	No entry
	FIP	EM 4-Appendix, PROMISE JOBS Provider Manual, Expense Allowances	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Special Payment (One-Time Approval) (Cont.)	(130)	\$____ is approved for PROMISE JOBS educational expenses. Se autoriza la suma de \$____ para gastos educativos de PROMISE JOBS.	No entry
	FIP	EM 4-Appendix, PROMISE JOBS Provider Manual, Expense Allowances	
	(131)	\$____ is approved for PROMISE JOBS child care. Se autoriza la suma de \$____ para cuidado infantil de PROMISE JOBS.	
	FIP	EM 4-Appendix, PROMISE JOBS Provider Manual, Child Care	
	(132)	This payment has been sent directly to your provider. Dicho pago fue enviado directamente a su proveedor.	
	FIP	EM 4-Appendix, PROMISE JOBS Provider Manual, Issuing PROMISE JOBS Expense Allowances	
FIP Special Payment (Ongoing)	(126)	\$____ a month is approved for guardianship or conservator fees. Se autoriza la suma de \$____ por mes para honorarios del tutor o guardián legal.	No entry
	FIP	EM 4-F Guardianship or Conservator Fees; 441 Iowa Admin. Code 41.28(3)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Special Payment (Ongoing)	(127)	\$____ a month is approved for school expenses. Se autoriza la suma de \$____ por mes para gastos escolares.	No entry
	FIP	EM 4-F School Expenses; 441 Iowa Admin. Code 41.28(3)“a”	
	(145)	For a past month, your income was \$____ more than the program limit. Your special needs FIP payment was lowered by this amount. Durante el mes pasado, sus ingresos superaron en \$____ el límite del programa. El pago de FIP para necesidades especiales fue reducido de acuerdo a dicho monto.	
	FIP	EM 4-F How to Treat a Special Need; 441 Iowa Admin. Code 41.27(9)“j”	
SNAP Application Pending	111	Your application will be reopened if we receive your required verification within 60 days of the date on the application. Call your worker if you do not know what you still need to do. If the verification is not received within the 60 days of the date of the application, you must reapply. Su solicitud se reabrirá si recibimos la verificación requerida dentro del plazo de 60 días a partir de la fecha de solicitud. Llame a su trabajador/a social si aún no sabe lo que necesita hacer. Si la verificación requerida no es recibida dentro de ese plazo de 60 días, entonces deberá volver a presentar una nueva solicitud.	TD02 SNAP REA2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP Application Pending	<p>111 (Cont.) SNAP</p> <p>153</p> <p>SNAP</p>	<p>EM 7-B Processing Standards; 7 CFR 273.2(h); 441 Iowa Admin. Code 65.6(1)</p> <p>We are working on your SNAP application. You have done all you need to do.</p> <p>Estamos trabajando en su solicitud de SNAP. Ha realizado todos los trámites necesarios.</p> <p>EM 7-B Processing Standards; 7 CFR 273.10(g)(1)(iii)</p>	<p>TD02 SNAP REA2</p>
SNAP Application: 30-Day Delay Due to Client	<p>154</p> <p>SNAP</p>	<p>It has been 30 days since you applied for SNAP. Your SNAP will not start on the date you applied because you did not give us the information we asked for within the first 30 days.</p> <p>Han transcurrido 30 días desde que solicitó SNAP. Su beneficio de SNAP no comenzará en la fecha en que realizó la solicitud porque no nos entregó la información que solicitamos en los primeros 30 días.</p> <p>EM 7-B Delays in Processing; 7 CFR 273.2(h); 441 Iowa Admin. Code 65.6(1)</p>	<p>TD02 SNAP REA1</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Lump Sum (Cont.)	<p>(102)</p> <p>FIP MED</p>	<p>Your period of ineligibility from lump-sum income is not over.</p> <p>Su período de inelegibilidad por ingresos fijos no ha finalizado.</p> <p>EM 4-E Nonrecurring Lump Sum; 8-E Lump Sum; 441 Iowa Admin. Code 41.27(9)“c”(2), 75.1(28)“a”(2), 75.57(9)“c”(2)</p>	<p>TD02 FIP REA1 or REA2</p> <p>TD05 RSN1 or RSN2</p>
Medicaid: Automatic Redetermination	<p>(161)</p> <p>MED</p> <p>(162)</p>	<p>You are not eligible for Medicaid under your current program. Medicaid will continue while we look at other programs. If you are not eligible for another program, your Medicaid is canceled beginning **/**/**. You will be notified if you are eligible under a different Medicaid program.</p> <p>Usted no es elegible para Medicaid bajo su programa actual. Medicaid continuará mientras evaluamos otros programas. Si usted no fuera elegible para otro programa, sus beneficios Medicaid serán cancelados a partir del **/**/**. Se le notificará si es elegible para un programa Medicaid diferente.</p> <p>441 Iowa Admin. Code 76.17(249A)</p> <p>You were notified that your Medicaid canceled. Medicaid will continue while we look at other programs. If you are not eligible for another program, your Medicaid is canceled beginning **/**/**. You will be notified if you are eligible under a different Medicaid program.</p>	No entry

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid: Automatic Redetermination	(162) (Cont.) MED	Se le notificó que sus beneficios Medicaid fueron cancelados. Medicaid continuará mientras evaluamos otros programas. Si usted no fuera elegible para otro programa, sus beneficios Medicaid serán cancelados a partir del **/**/**. Se le notificará si es elegible para un programa Medicaid diferente. 42 CFR 435.930(b); 441 Iowa Admin. Code 76.17(249A)	
Medicaid: Extended or Transitional Coverage	(160) MED (163)	Your child support income has increased. You are eligible to get extended Medicaid until **/**/**. Sus ingresos por manutención de hijos han aumentado. Usted es elegible para recibir una extensión de Medicaid hasta el **/**/**. EM 8-F People Who are Ineligible for FMAP Due to Receipt of Support; 441 Iowa Admin. Code 75.1(21) Your increased earnings make you eligible to get Transitional Medicaid through **/**/**. You will have the same Medicaid coverage that you had before. The transitional benefits will be canceled if your family no longer includes a child who was part of the original eligible group.	No entry

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid: Extended or Transi- tional Coverage (Cont.)	<p>(163) (Cont.)</p> <p>MED</p>	<p>Debido al aumento de sus ingresos, usted es elegible para recibir beneficios transitorios de Transitional Medicaid hasta el **/**/**. Tendrá la misma cobertura que tenía antes. Los beneficios transitorios serán cancelados si un niño que formaba parte del grupo elegible original ya no fuera miembro de su familia. Después de la fecha antes mencionada, usted podrá ser elegible para seis meses adicionales de Transitional Medicaid si el familiar a cargo aún tiene empleo, sus ingresos se mantienen dentro de los montos requeridos, y usted informa sus ingresos cuando el Departamento se lo solicite.</p> <p>EM 8-F Transitional Medicaid; 441 Iowa Admin. Code 75.1(31)</p>	ENTER IN:
Medicaid: MEPD Review	<p>492</p>	<p>Your MEPD premium has been reviewed. The amount of your monthly premium for the period of **/** through **/** is shown at right of this notice. You will receive a separate billing statement for the premium payment. If the premium payment is not paid by the due date on your billing statement, your eligibility will be canceled.</p> <p>Su prima MEPD ha sido revisada. El monto de su prima mensual para el período entre el **/** y el **/** se muestra a la derecha de este aviso. Usted recibirá un extracto de facturación separado para el pago de la prima. Si la prima no es pagada antes de la fecha de vencimiento de su extracto de facturación, su elegibilidad será cancelada.</p>	TD05 MED RSN1

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Payment Adjustment (Cont.)	SNAP	EM 7-G Issuing Supplemental Allotments	
Reinstatement and Reopening	(060) FIP	Your Cash Assistance is reopened xx/xx/xx because ... Sus beneficios de Cash Assistance (Ayuda Económica en Efectivo) serán reactivados xx/xx/xx porque ...	No entry
	(062) MED	Your Medicaid is reopened because ... Sus beneficios de Medicaid serán reactivados porque ...	
	(063) SNAP	Your SNAP is reopened xx/xx/xx because ... Sus beneficios de SNAP serán reactivados xx/xx/xx porque ...	
	484	We have received your premium payment and all other eligibility criteria have been met. Hemos recibido el pago de su prima y se han cumplido todos los otros criterios de elegibilidad.	
	MEPD	EM 8-F Medicaid for Employed People with Disabilities; EM 8-G Reinstatement; 441 Iowa Admin. Code 7.17(17A), 75.1(39)"a" (6), and 75.51(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Remain Denied	((179))	Your application for Cash Assistance is still denied because ... Su solicitud de asistencia de dinero en efectivo (Cash Assistance) todavía es denegada ...	TD02 FIP RSN1
	((180))	Your application for Medicaid is still denied because ... Su solicitud de Medicaid todavía es denegada porque ...	TD05 MED RSN1
Remain Canceled	((170)) FIP	Your Cash Assistance is still canceled because ... Sus beneficios de Cash Assistance (Ayuda Económica en Efectivo) todavía están cancelados porque ...	TD02 FIP REA1
	((171)) MED	Your Medicaid is still canceled because ... Sus beneficios de Medicaid todavía están cancelados porque ...	TD05 MED RSN1
	((172)) SNAP	Your SNAP is still canceled because ... Sus beneficios de SNAP todavía están cancelados porque ...	TD02 SNAP REA1

Case Reason Messages

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Appeal Decision	<p>371</p> <p>SNAP FIP MED</p>	<p>... of the final appeal decision. You do not have appeal rights for this action again.</p> <p>... de la resolución final de la apelación. Usted no tiene derecho a apelar esta acción nuevamente.</p> <p>EM 1-E General Standards for Continuation of Assistance Pending Final Appeal Decision; EM 1-E Final Decision; 441 Iowa Admin. Code 7.12(1) and 7.17(17A)</p>	<p>TD02 SNAP REA2 FIP REA2</p> <p>TD05 MED RSN2</p>
CMAP or MКСN	<p>333</p> <p>MED MКСN</p> <p>MN</p>	<p>... you are over the age limit.</p> <p>... usted sobrepasa el límite de edad.</p> <p>EM 8-F FMAP-Related Coverage Groups; EM 8-F Medicaid for Iowa Kids with Special Needs; 441 Iowa Admin. Code 4.2(249A), 85FA, SF446; 75.1(249A)</p> <p>EM 8-J FMAP-Related Medically Needy; EM 8-J SSI-Related Medically Needy; 441 Iowa Admin. Code 75.1(35)</p>	<p>TD05 MED RSN2</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP (Cont.)	207	<p>EM 4-G Reinstatement After the Effective Date of Cancellation (Grace Period); 441 Iowa Admin. Code 40.22(5)</p> <p>... you are eligible again.</p> <p>If you have a signed Family Investment Agreement (FIA), it is again in effect. If you do not follow through with your FIA steps you will enter a limited benefit plan. If you have questions concerning your FIA, contact your PROMISE JOBS worker.</p> <p>... usted es elegible nuevamente.</p> <p>Si ha firmado un Acuerdo de Inversión Familiar (Family Investment Agreement, FIA), el mismo ha entrado en vigencia nuevamente. Si no cumple con los pasos establecidos en su FIA, será incorporado/a a un plan de beneficios limitados. Si desea hacer preguntas con respecto a su FIA, comuníquese con su asistente de PROMISE JOBS.</p>	<p>TD02 FIP REA1 or REA2</p>
	211	<p>EM 4-G Reinstatement; 441 Iowa Admin. Code 40.22(5)</p> <p>... you do not have good cause for not living with a parent or legal guardian.</p> <p>... no existe un motivo justificado para que usted no viva con uno de sus padres o un tutor legal.</p> <p>EM 4-C Failure to Live with Parent or Legal Guardian or Establish Good Cause; 441 Iowa Admin. Code 41.22(15)</p>	<p>TD02 FIP REA2</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP (Cont.)	(213)	Your PROMISE JOBS services are canceled because your FIP is canceled. La cancelación de su Cash Assistance (Asistencia en Efectivo) cancela sus servicios de PROMISE JOBS.	No entry
	280	... of your student status. ... de su condición de estudiante. EM 4-C School Attendance; 441 Iowa Admin. Code 41.25(6)	TD02 FIP REA2
	287	...the children in the household get Kinship Caregiver payments. ...los menores en el hogar reciben pagos de Pariente como proveedor de cuidados (Kinship Caregiver). EM 4-C Duplicate Assistance, 441 Iowa Admin. Code 41.25(2)	
	294	You cannot access your cash benefits with your electronic access card (EAC) or personal debit card at a: <ul style="list-style-type: none"> ▪ Liquor store or any place that mainly sells liquor, ▪ Casino or other gambling or gaming establishment, or ▪ Business which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state (such as a strip club). This includes these types of businesses located in Iowa, on tribal land, or in any other state.	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP (Cont.)	294 (Cont.)	<p>If the department determines that you have accessed your cash benefits with your EAC or personal debit card at one of the above places you:</p> <ul style="list-style-type: none"> ▪ Will have committed fraud, ▪ Have to repay the amount of cash accessed at the location, as well as any access fees, and ▪ Your family will not get cash benefits for three months with the first misuse and six months for each additional misuse. <p>Usted no puede acceder a sus beneficios de efectivo con su tarjeta de acceso electrónica (EAC) o tarjeta de débito personal en los siguientes lugares:</p> <ul style="list-style-type: none"> ▪ Licorería o cualquier lugar que principalmente venda bebidas alcohólicas, ▪ Casino u otro establecimiento de juegos de azar o diversión, o ▪ Negocio que provean entretenimiento para adultos donde los o las artistas se desnuden o actúen sin ropa (por ejemplo, un club de striptease). <p>Esto incluye a todos estos tipos de negocios en Iowa, en reservaciones indígenas o en cualquier otro estado.</p>	ENTER IN:

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP (Cont.)	294 (Cont.)	<p>Si el departamento determina que usted ha accedido a beneficios de efectivo con su EAC o tarjeta de débito personal en uno de los lugares anteriores, usted:</p> <ul style="list-style-type: none"> ▪ Habrá cometido un fraude, ▪ Tendrá que pagar el monto de dinero accedido en el lugar, al igual los cobros de acceso, y ▪ Su familia no tendrá beneficios de efectivo durante tres meses con el primer mal uso y seis meses por cada mal uso adicional. <p>EM 4-C Electronic Access Card Usage; 441 Iowa Admin. Code 41.25(11)</p>	
	320	<p>Your Cash Assistance is reduced by 25 percent. The person caring for the child did not give information to Child Support Recovery.</p> <p>Su Cash Assistance (Ayuda Económica en Efectivo) se reduce en un 25%. La persona a cargo del menor no dio información a Child Support Recovery (Recuperación de Manutención para Hijos).</p> <p>EM 4-C What the Client Must Do to Cooperate; 441 Iowa Admin. Code 41.22(6), (7) and (8)</p>	TD02 FIP REA1
	321	<p>The person caring for the child did not give information to Child Support Recovery.</p>	TD02 FIP REA2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP (Cont.)	<p>361 (Cont.)</p> <p>373</p> <p>FIP</p> <p>374</p> <p>FIP</p>	<p>You received cash assistance from the FIP Diversion program.</p> <p>Usted recibió ayuda económica en efectivo del programa FIP Diversion.</p> <p>EM 4-E FIP Diversion; 441 Iowa Admin. Code 41.25(9); 47.5(1) and (3)</p> <p>... you did not sign the required Family Investment Agreement.</p> <p>... usted no firmó el acuerdo Family Investment Agreement solicitado.</p> <p>EM 4-C Family Investment Agreement; EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3), 41.24(239B)</p> <p>... of your request for the Tribal TANF program.</p> <p>... de su solicitud del programa Tribal TANF.</p> <p>EM 4-C Duplicate Assistance; 441 Iowa Admin. Code 41.25(2)</p>	<p>ENTER IN:</p> <p>TD02 FIP REA2</p>
FIP, Medicaid, and State Supplementary Assistance	<p>301</p> <p>FIP</p> <p>MED</p>	<p>... there are no eligible children living with you.</p> <p>... no hay menores elegibles viviendo con usted.</p> <p>EM 4-C Who Must Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1) and (2)</p> <p>EM 8-C Who Must Be in the FMAP-Eligible Group; 441 Iowa Admin. Code 75.58(1)"a"</p>	<p>TD02 FIP REA2</p> <p>TD05 MED RSN2 OR ST SUPP RSN2</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP, Medicaid, and State Supple- mentary Assistance (Cont.)	301 (Cont.) MN	EM 8-J FMAP-Related Medically Needy; 441 Iowa Admin. Code 75.13(249A) and 75.1(35)	
	302	... your child is over the age limit. ... su hijo/a supera la edad límite.	TD02 FIP REA2
	FIP	EM 4 C Age; 441 Iowa Admin. Code 41 .21(1)	TD05 MED RSN2 OR
	MED	EM 8-C Age; 441 Iowa Admin. Code 75.54(1)	ST SUPP RSN2
	MN	EM 8-J FMAP-Related Medically Needy; 441 Iowa Admin. Code 75.1(35)	
	303	... your child does not meet student requirements. ... su hijo/a no reúne los requisitos para estudiantes.	
	FIP	EM 4-C School Attendance; 441 Iowa Admin. Code 41.21(1)	
	MED	EM 8-C School Attendance; 441 Iowa Admin. Code 75.54(1)	
	304	... you are living with a parent who gets Cash Assistance. ... usted vive con un progenitor que recibe Cash Assistance (Asístanse Económica en Efective).	TD02 FIP REA1 or REA2
	FIP	EM 4-C Defining the Number of Eligible Groups in a Household; 441 Iowa Admin. Code 41.28(2)"b"	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP, Medicaid, and State Supple- mentary Assistance (Cont.)	305	... you get SSI.	TD02
		... usted recibe SSI.	FIP REA1 or REA2
	FIP	EM 4-C Who Must Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1) and (2)	
	MED	EM 8-C SSI Recipient; 441 Iowa Admin. Code 74.2(249A, 85GA, SF446), 75.58(1)	
	MN	EM 8-C SSI Recipient; EM 8-J Who is Not Eligible for Medically Needy; 441 Iowa Admin. Code 75.1(35), 75.58(1)	
	306	... you did not cooperate with Child Support Recovery.	TD05
		... usted no colaboró con Child Support Recovery.	MED RSN2
	MED MN	EM 8-C Cooperation with Support Recovery; 441 Iowa Admin. Code 75.13(1), 75.13(2), and 75.14(249A)	
	QMB SLMB QDWP E-SLMB	EM 8-C Cooperation with Support Recovery; 441 Iowa Admin. Code 75.13(2) and 75.14(249A)	
	309	...you have a household member who is on strike.	TD02
	... uno de los integrantes de su familia está haciendo huelga.	FIP REA2 or BCW1 or 2 RSN	
FIP	EM 4-C Strikers; 441 Iowa Admin. Code 41.25(5)	TD02	
		FIP REA2 or BCW1 or 2 RSN	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP, Medicaid, and State Supple- mentary Assistance (Cont.)	313	... you did not apply for or accept benefits you may be eligible to get. ... usted no solicitó ni aceptó los beneficios para los cuales puede ser elegible.	TD02 FIP REA2 TD05 MED RSN2 OR ST SUPP RSN2
	FIP	EM 4-C Benefits from Other Sources; 441 Iowa Admin. Code 41.27(1)“g” and “j”	
	MED ST SUPP	EM 6-B Nonfinancial Eligibility; EM 8-C Benefits from Other Sources; EM 8-O Nonfinancial Eligibility; 441 Iowa Admin. Code 51.1(249), 75.3(249A), and 92	
	MN QMB SLMB QDWP E-SLMB	EM 8-C Benefits from Other Sources; 441 Iowa Admin. Code 75.3(249A)	
	314	... you did not apply for a social security number. ... usted no solicitó su número del seguro social.	TD02 FIP REA2 TD05 MED RSN2 OR ST SUPP RSN2
	FIP	EM 4-C Failure to Give or Apply for a Social Security Number; 441 Iowa Admin. Code 41.22(13)	
	MED ST SUPP	EM 6-B Nonfinancial Eligibility; EM 8-C Social Security Number; EM 8-O Providing a Social Security Number; 441 Iowa Admin. Code 50.2(249) and 75.7(249A), 92.2	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP, Medicaid, and State Supple- mentary Assistance (Cont.)	314 (Cont.)	EM 8-C Social Security Number; 441 Iowa Admin. Code 75.7(249A)	
	MN QMB SLMB QDWP E-SLMB		
	316	... you did not return child support to Child Support Recovery.	TD02 FIP REA1 or REA2
		... usted no reembolsó la manutención de menores a Child Support Recovery.	TD05 MED RSN1 or RSN2
	FIP	EM 4-C When a Participant Fails to Refund Direct Support; 441 Iowa Admin. Code 41.22(6), 41.22(7)	
	317	... your special payment ended. ... sus pagos especiales finalizaron.	
	FIP	EM 4-F How to Treat a Special Need; 441 Iowa Admin. Code 41.27(9)"j"	
	318	... your household is being added to your spouse's case. ... su familia será agregada al caso de su esposo/a.	
FIP	EM 4-C Defining the Number of Eligible Groups in a Household; 441 Iowa Admin. Code 41.28(1), 41.28(2)"b"		
MED	EM 8-C Defining the Number of Eligible Groups in a Household; 441 Iowa Admin. Code 75.55(249A) and 75.58(1)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP, Medicaid, and State Supple- mentary Assistance (Cont.)	319	... person(s) are added to your case. ... persona(s) son añadidas a su caso.	TD02 FIP REA1 or REA2
	FIP	EM 4-C Defining the Number of Eligible Groups in a Household; 441 Iowa Admin. Code 41.28(1), 41.28(2)“b”	TD05 MED RSN1 or RSN2
	MED	EM 8-C Defining the Number of Eligible Groups in a Household; EM 8-O Household Size; 441 Iowa Admin. Code 75.55(249A), 75.58(1) and 92.5(1)	
	QMB SLMB QDWP E-SLMB	EM 8-C Household Size; 20 CFR 416.1149, 416.1160, 416.1163, 416.1165, 416.1166, 416.1202	
	(350)	... you got a lump sum payment. This payment makes your family ineligible until **/**/**. ... usted recibió un pago total único. Dicho pago hace que su familia no sea elegible hasta el **/**/**.	No entry
	FIP	EM 4-E Nonrecurring Lump Sum; 441 Iowa Admin. Code 41.27(9)“c”(2)	
	MED	EM 8-E Lump Sum; 441 Iowa Admin. Code 75.57(9)“c”(2)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP, Medicaid, and State Supple- mentary Assistance (Cont.)	623 FIP MED MN QMB SLMB QWDP E-SLMB	<p>Your request for a medical transportation payment is denied because the guidelines were not met.</p> <p>Su solicitud de pago por transporte médico es rechazada porque no cumplió las directivas.</p> <p>EM 8-M Medical Transportation; 441 Iowa Admin. Code 78.13(249A)</p>	TD02 FIP REA2 TD05 MED RSN2
	706 MED MN QMB SLMB QDWP E-SLMB	<p>... you came to the United States on or after August 22, 1996. At this time, you are not eligible as a non-citizen.</p> <p>... usted ingresó a los Estados Unidos el o después del 22 de Agosto de 1996. En este momento, usted no es elegible como extranjero con residencia legal en el país.</p> <p>EM 8-L Nonfinancial Eligibility; 441 Iowa Admin. Code 75.11(249A)</p>	TD05 MED RSN2
FIP EAC Ineligibility Period (3 months)	310	<p>... you accessed your cash benefits at a prohibited location. You are not eligible through XXX.</p> <p>... usted accedió a sus beneficios en efectivo en un local prohibido. No será elegible hasta XXX.</p> <p>EM 4-C Electronic Access Card Usage; 441 Iowa Admin. Code 41.25(11)</p>	TD02 FIP REA2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP EAC Ineligibility Period (6 months)	311	<p>... you accessed your cash benefits at a prohibited location again. You are not eligible through XXX.</p> <p>... usted accedió a sus beneficios en efectivo en un local prohibido nuevamente. No será elegible hasta XXX.</p> <p>EM 4-C Electronic Access Card Usage; 441 Iowa Admin. Code 41.25(11)</p>	TD02 FIP REA2
FIP EAC Ineligibility Period (Application Denial)	312	<p>... you accessed your cash benefits at a prohibited location. You cannot get cash benefits through XXX.</p> <p>... usted accedió a sus beneficios en efectivo en un local prohibido. No podrá recibir asistencia en efectivo hasta XXX.</p> <p>EM 4-C Electronic Access Card Usage; 441 Iowa Admin. Code 41.25(11)</p>	
FIP Hardship Exemption	<p>362</p> <p>FIP</p> <p>363</p>	<p>... you do not meet hardship rules.</p> <p>... usted no reúne los requisitos de pobreza extrema.</p> <p>EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)</p> <p>... you did not provide requested information to show you meet hardship rules.</p> <p>... usted no proporcionó la información solicitada para demostrar que reúne los requisitos de pobreza extrema.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Hardship Exemption	363 (Cont.) FIP	EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)	
	364 FIP	... you did not go to your interview with PROMISE JOBS. ... usted no concurreo a su entrevista con PROMISE JOBS.	TD02 FIP RSN2
	FIP	EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)	
	365 FIP	... you did not return the required Financial Support Application. ... usted no devolvió la solicitud Financial Support Application requerida.	
	FIP	EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)	
	366 FIP	Your request for FIP past the 60-month limit is denied because you applied too soon. You can send in a new request after the end of your 58th month. Su solicitud de FIP pasado el límite de 60 meses es denegada porque la presentó con demasiada anticipación. Puede enviar una nueva solicitud después que pasen 58 meses.	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Hardship Exemption (Cont.)	367	... you meet hardship rules. ... usted reúne los requisitos de pobreza extrema.	TD02 FIP RSN2
	FIP	EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)	
	368	... of your request. ... de su solicitud.	
	FIP	EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)	
	369	You do not need a hardship exemption to get FIP. No necesita una exención por situación de pobreza extrema para obtener FIP.	
	FIP	EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)	
	370	... you did not sign the required Family Investment Agreement. ... usted no firmó el acuerdo Family Investment Agreement solicitado.	
	FIP	EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3) 372 Because of a change in your 60-month FIP period, your hardship exemption period ends **/**/**. Contact PROMISE JOBS to update your Family Investment Agreement (FIA). If you do not update your FIA, you will have chosen a Limited Benefit Plan (LBP).	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Hardship Exemption (Cont.)	<p>372 (Cont.)</p> <p>FIP</p>	<p>Debido a una modificación en su período FIP de 60 meses, su período de exención por situación de pobreza extrema finalizará el **/**/**.</p> <p>Comuníquese con PROMISE JOBS para actualizar su acuerdo Family Investment Agreement (FIA). Si no actualiza su FIA, habrá elegido un Plan de Beneficios Limitados (Limited Benefit Plan) (LBP).</p> <p>EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)</p>	ENTER IN:
FIP Limited Benefit Plan	<p>((253))</p> <p>FIP</p> <p>((254))</p>	<p>You were put in a Limited Benefit Plan (LBP) in error. This LBP has been stopped.</p> <p>Usted ha sido colocado/a en un Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) por error. Este LBP ha sido discontinuado.</p> <p>EM 4-J Stopping a Limited Benefit Plan; EM 4-Appendix, PROMISE JOBS Provider Manual, Stopping a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8)</p> <p>You were put in a Limited Benefit Plan (LBP) in error. This LBP has been stopped.</p> <p>Usted ha sido colocado/a en un Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) por error. Este LBP ha sido discontinuado.</p>	TD02 FIP RSN2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan (Cont.)	((254)) (Cont.) FIP	EM 4-J Stopping a Limited Benefit Plan; EM 4-Appendix, PROMISE JOBS Provider Manual, Stopping a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8)	
	((257))	A final decision was made on your appeal. Your Limited Benefit Plan (LBP) will start **/**/**. You cannot get FIP or PROMISE JOBS benefits during the LBP. Se emitió la resolución final de su apelación. Su Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) comenzará el **/**/**. Usted no puede recibir beneficios de FIP o PROMISE JOBS mientras reciba LBP.	TD02 FIP RSN2
	FIP	EM 1-E Final Decision; 4-J When a Timely Appeal of a Limited Benefit Plan is Filed; 441 Iowa Admin. Code 93.15(239B)	
	((258))	A final decision was made on your appeal. Your Limited Benefit Plan (LBP) begins **/**/**. The earliest you can get FIP or PROMISE JOBS benefits is **/**/**. Se emitió la resolución final de su apelación. Su Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) comenzará el **/**/**. Podrá obtener beneficios de FIP o PROMISE JOBS a partir del **/**/**.	
	FIP	EM 1-E Final Decision; 4-J When a Timely Appeal of a Limited Benefit Plan is Filed; 441 Iowa Admin. Code 93.15(239B)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>FIP Limited Benefit Plan (Cont.)</p>	<p>(260)</p>	<p>You have chosen a Limited Benefit Plan (LBP). The LBP begins **/**/**. No one in your household can get FIP or PROMISE JOBS benefits during the LBP.</p> <p>Contact your DHS office to get FIP and PROMISE JOBS benefits again, and to see if you will need to reapply. You will need to sign a new Family Investment Agreement (FIA) with PROMISE JOBS.</p> <p>Usted ha elegido un Plan de Beneficios Limitados (Limited Benefit Plan) (LBP). El LBP comenzará el **/**/**. Ninguno de los integrantes de su hogar puede obtener beneficios de FIP o PROMISE JOBS mientras reciba LBP.</p> <p>Comuníquese con la oficina de DHS para obtener beneficios de FIP o PROMISE JOBS nuevamente y ver si necesita presentar una nueva solicitud. Deberá firmar un nuevo acuerdo Family Investment Agreement (FIA) con PROMISE JOBS.</p> <p>EM 4-J LIMITED BENEFIT PLAN; EM 4-Appendix, PROMISE JOBS Provider Manual, Choices Resulting in a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8) and 93.13(3)</p>	<p>No entry</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan (Cont.)	265	<p>Your Limited Benefit Plan (LBP) has ended. DHS will send you another notice about your FIP benefits.</p> <p>Su Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) ha finalizado. DHS le enviará otra notificación acerca de sus beneficios FIP.</p>	TD02 FIP REA1
	FIP	EM 4-J Stopping a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8), 93.138(2), and 93.13(3)	
	266	<p>You did not do everything that you needed to do to stop your Limited Benefit Plan (LBP). Your LBP will not end.</p> <p>You will need to reapply for FIP and sign a Family Investment Agreement (FIA). If you have chosen an LBP before, you must also complete 20 hours of work or other PROMISE JOBS activity.</p> <p>Tu no ha hecho todo lo que tenia que hacer para detener su plan de beneficios limitados (LBP). LBP no va a terminar.</p> <p>Tendrá que volver a solicitar la FIP y firmar un Acuerdo de Inversión Familiar (FIA). Sí ha optado por un dolor lumbar antes, usted también debe completar 20 horas de trabajo u otra actividad de PROMISE JOBS.</p>	TD02 FIP REA2
	FIP	EM 4-J LIMITED BENEFIT PLAN; EM 4-J Reconsidering a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8), 93.13(3)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan (Cont.)	267	<p>Your Limited Benefit Plan (LBP) is on hold because you filed a timely appeal.</p> <p>Su Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) está pendiente porque usted presentó una apelación a su debido tiempo.</p>	TD02 FIP REA1
	FIP	EM 1-E General Standards for Continuation of Assistance Pending Final Appeal Decision; 441 Iowa Admin. Code 7.17(17A)	
	((268))	<p>A Limited Benefit Plan (LBP) was chosen. You will need to reapply for FIP and sign a Family Investment Agreement (FIA). If you have chosen an LBP before, you must also complete 20 hours of work or other PROMISE JOBS activity.</p> <p>Ha seleccionado un Plan de Beneficios Limitados (Limited Benefit Plan) (LBP). Deberá presentar una nueva solicitud de FIP y firmar un nuevo acuerdo Family Investment Agreement (FIA). Si ya había seleccionado un Plan de Beneficios Limitados (Limited Benefit Plan) (LBP) con anterioridad, también deberá completar 20 horas de trabajo u otra actividad de PROMISE JOBS.</p>	TD02 FIP REA2
	FIP	EM 4-J LIMITED BENEFIT PLAN; EM 4-J To Whom the Limited Benefit Plan is Applied; 441 Iowa Admin. Code 41.24(8), 93.13(3)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>FIP Limited Benefit Plan (Cont.)</p>	<p>272</p>	<p>Each parent in your home chose a Limited Benefit Plan (LBP). Earlier, DHS sent each parent a Notice of Decision to explain that the family could no longer get FIP or PROMISE JOBS benefits because of the LBP. One of the parents chose an LBP before. Because the parents live together now, the LBP of the parent who chose an LBP before will apply to both parents and their children in your home.</p> <p>The earliest you can get FIP and PROMISE JOBS benefits again is **/**/**. You will need to reapply for FIP. Both parents must also sign a Family Investment Agreement (FIA) and complete 20 hours of work or other PROMISE JOBS activity.</p> <p>Los progenitores de su hogar eligieron un Plan de Beneficios Limitados (Limited Benefit Plan) (LBP). Con anterioridad, DHS les envió una Notificación de Resolución explicándoles que la familia no podía continuar recibiendo beneficios de FIP o PROMISE JOBS debido al LBP. Uno de los progenitores ya había elegido un LBP anteriormente. Como actualmente los progenitores viven juntos, el LBP del progenitor que ya había elegido un LBP con anterioridad corresponderá a ambos progenitores y los hijos que vivan en su hogar.</p>	<p>TD02 FIP REA1 or FIP REA2</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP Cancellation or Denial (Cont.)	140 (Cont.)	Puede obtener beneficios nuevamente si presenta la información que ya le pedimos que enviara antes del día 14 del próximo mes. Si han ocurrido cambios en sus ingresos, recursos o en los miembros de su grupo familiar, también debe verificar dichos cambios antes del día 14 del próximo mes.	
	SNAP	441 Iowa Admin. Code 65.44(2)	
	212	... you did not cooperate with Quality Control. ... usted no colaboró con Control de Calidad.	TD02 SNAP REA2
	SNAP	EM 7-C Cooperation; 7 CFR 273.2(d)(2)	
	(415)	... you are not eligible because you are a fleeing felon, or you violated probation or parole. ... usted no es elegible porque es un delincuente prófugo o ha violado su libertad condicional o bajo palabra.	No entry
	SNAP	EM 7-I Fleeing Felons and Parole and Probation Violators; 7 CFR 273.1, 273.11	
	SNAP – NAC ONLY	429 ...you did not respond to the notice of match results. We cannot determine if you are eligible. ...no respondió a la notificación de los resultados de coincidencia. No podemos determinar si usted es elegible.	TD02 SNAP REA2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP Cancellation or Denial (Cont.)		EM 7-G Verifying Changes or Verifying Reported Changes; EM 7-B Processing Standards; EM 7-G Acting on Changes; 7 CFR 273.2f(8), 273.12(c) and (b)(3)	
	500 SNAP	... you are participating in the Food Distribution Program. ... usted participa del programa de Distribución de Alimentos (Food Distribution Program).	TD02 SNAP REA2
	501	... your group home or center is not eligible to be in the SNAP Program. ... su centro u hogar social no es elegible para participar del programa de SNAP.	
	SNAP	EM 7-C Residents of Institutions; 7 CFR 273.11(e) and (f) 502 ... you are not eligible to be a separate SNAP household. ... usted no es elegible para participar de SNAP como una familia por separado.	
	SNAP	EM 7-C Household Composition; 7 CFR 273.1(b)(1) 503 ... you do not live in Iowa. ... usted no vive en Iowa.	
	SNAP	EM 7-C Residency; 7 CFR 273.3	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP Cancellation or Denial (Cont.)	<p>505</p> <p>SNAP</p> <p>506</p> <p>SNAP</p>	<p>... you are a boarder.</p> <p>... usted es pensionista.</p> <p>EM 7-I Boarders and Commercial Boarding Houses; 7 CFR 273.1(b)(i)</p> <p>... you do not meet student requirements.</p> <p>... usted no reúne los requisitos para estudiantes.</p> <p>EM 7-I Eligible Students; 7 CFR 273.5(a), (b)(1); 441 Iowa Admin. Code 65.26(234)</p>	<p>TD02 SNAP REA2</p>
SNAP: Continuing Failure to Comply	<p>507</p> <p>SNAP</p>	<p>... you did not follow mandatory work registration rules. You cannot get SNAP until you do.</p> <p>... usted no cumplió las normas obligatorias del registro laboral. No podrá obtener SNAP hasta que lo haga.</p> <p>EM 7-C Work Requirements for MWRs; 441 Iowa Admin. Code 65.28(12)</p>	<p>TD02 SNAP REA2</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP: Failure to Comply	521	<p>...you have received SNAP for 3 months without meeting work requirements. You cannot get SNAP until December 1, 2026.</p> <p>You may get benefits again before December 1, 2026 if:</p> <ul style="list-style-type: none"> ▪ you work 80 hours a month. Work can be a job, volunteer or court ordered community service work, or working off your rent. ▪ you cannot work because of a physical or mental reason, you are pregnant, someone under 18 starts living and eating with you, you served in the U.S. military, or you are experiencing homelessness. ▪ you turn 55. ▪ you are 24 or younger and were in foster care on your 18th birthday. <p>You need to reapply if you want to get SNAP again.</p> <p>...ha recibido SNAP durante 3 meses sin cumplir con los requisitos laborales. No puede recibir SNAP hasta el 1 de diciembre de 2026.</p> <p>Puede volver a recibir beneficios antes del 1 de diciembre de 2026 si:</p> <ul style="list-style-type: none"> ▪ Trabaja 80 horas al mes. Puede ser en un empleo, un trabajo voluntario o servicio comunitario ordenado por un tribunal, o un trabajo para pagar el alquiler. 	TD02 SNAP REA2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP: Missed Appoint- ment	522	<p>You missed your SNAP interview. It is up to you to contact your county office if you still want to have an interview. If you don't have an interview, SNAP may be denied 30 days from the date of your application.</p> <p>Usted no concurreo a su entrevista con SNAP. Es su decisi3n comunicarse con la oficina del condado si a3n desea hacer la entrevista. Si no se presenta a la entrevista, SNAP podra ser denegada por 30 d3as a partir de la fecha de su solicitud.</p>	TD02 SNAP REA1 (R entry)
	SNAP 523	<p>EM 7-B Interviews; 7 CFR 273.2</p> <p>Your application for recertification is denied because you missed your SNAP interview. We will reopen your application if you contact your county office for an interview by ____.</p> <p>Tu solicitud de recertificaci3n se nego porque se ausento de su entrevista de SNAP. Vamos a reabrir su solicitud si usted pongase en contacto con esta oficina para una entrevista por ____.</p>	
	SNAP	EM 7-B Interviews; 7 CFR 273.2, 273.14	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP: Resources	(256)	<p>...your resources are over the limit due to lotter/gambling winnings of \$4,500 or greater. Your household is not eligible to receive information about the benefits of a healthy marriage.</p> <p>...sus recursos están por sobre el límite debido a ganancias de \$4,500 o más en loterías/juegos de azar. Su grupo familiar no es elegible para recibir información sobre los beneficios de un matrimonio saludable.</p> <p>7 CFR 273.8; 7 CFR 273.12(a)(2)</p>	No entry
	(404)	<p>... your resources are over the limit. If everyone in your household is approved for Cash Assistance and/or SSI, you may be eligible for back SNAP. Contact your county office.</p> <p>... sus recursos superan el límite. Si todos los integrantes de su hogar son aprobados para Cash Assistance y/o SSI, usted podría ser elegible para recibir SNAP nuevamente. Comuníquese con la oficina del condado.</p>	
	SNAP	EM 7-D Resource Limits; 7 CFR 273.8(b)	
	550	<p>... resources were given away to get or keep assistance. You cannot get SNAP through **/**/**.</p> <p>... recursos fueron cedidos para obtener o conservar la asistencia. Usted no puede recibir SNAP hasta el **/**/**.</p>	<p>TD02 SNAP REA2</p> <p>(Status must be I)</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP Resources (Cont.)	SNAP	EM 7-D Transferred Resources; 7 CFR 273.8(h)	
Mass Changes	(299)	(Message varies with the change. Spanish translation not available.)	No entry
Medicaid, Medically Needy, and State Supplementary Assistance	<p>199</p> <p>MED</p> <p>215</p> <p>ST SUPP</p>	<p>Your request to waive the penalty for giving away your resources or assets is denied. The people who got your resources or assets have not proven they cannot pay the nursing home payment.</p> <p>Su solicitud de exención de las sanciones por ceder sus recursos o activos es denegada. Las personas que recibieron sus recursos o activos no han probado que no pueden pagar los servicios de la clínica.</p> <p>EM 8-D Transfer of Assets; 441 Iowa Admin. Code 75.6(249A), 75.15(249A), 75.23(249A), P.L. 100-360</p> <p>... your chosen dependent is living with his or her spouse.</p> <p>... la persona a su cargo que seleccionó vive con su esposo/a.</p> <p>EM 6-B Nonfinancial Eligibility (DP); 441 Iowa Admin. Code 51.4(4)</p>	<p>TD05 RSN2</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	<p>216</p>	<p>... your chosen dependent is eligible for Cash Assistance.</p> <p>... la persona a su cargo que seleccionó es elegible para Cash Assistance.</p>	TD05 RSN2
	<p>ST SUPP</p>	<p>EM 6-B Nonfinancial Eligibility (DP); 441 Iowa Admin. Code 51.4(4)</p>	
	<p>217</p>	<p>... your chosen dependent could be eligible for Cash Assistance. He or she is not considered to be financially dependent.</p> <p>... la persona a su cargo que seleccionó podría ser elegible para Cash Assistance. El/Ella no es considerado/a económicamente dependiente.</p>	
	<p>ST SUPP</p>	<p>EM 6-B Nonfinancial Eligibility (DP); 441 Iowa Admin. Code 51.1(249)</p>	
	<p>229</p>	<p>... you did not provide a completed Insurance Questionnaire or other information for the Third-Party Liability (TPL) unit of DHS.</p> <p>... usted no completó el Cuestionario del Seguro u otra información para la unidad de Responsabilidad Civil (Third-Party Liability (TPL)) de DHS.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	229 (Cont.)	EM 8-C Cooperation with the Health Insurance Premium Payment (HIPP) Unit; EM 8-C Cooperation with Third-Party Liability Unit (TPL); 42 CFR 433.138; 441 Iowa Admin. Code 75.21(1), 75.4(3), 75.2(249A), 75.4(249A), 80.5(249A)	
	MED MN		
	QMB SLMB QDWP E-SLMB	EM 8-C Cooperation with Third-Party Liability Unit (TPL); 42 CFR 433.138; 441 Iowa Admin. Code 75.21(1), 75.4(3), 75.2(249A), 75.4(249A), 80.5(249A)	
	230	... your chosen dependent does not live with you. ... la persona a su cargo que seleccionó no vive con usted.	TD05 MED RSN2
	ST SUPP	EM 6-B Dependent Person Allowance; 441 Iowa Admin. Code 51.4(3)	
	240	... you do not live in a county that has waiver services. ... usted no vive en un condado con servicios de exención.	
	MED	EM 8-N Eligibility for the Elderly Waiver; 441 Iowa Admin. Code 83.22(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	241	<p>... the level of care that you need does not match the waiver you applied for or you get.</p> <p>... el nivel de atención médica que necesita no concuerda con la exención que solicitó o recibe.</p>	TD05 MED RSN2
	MED	EM 8-N Level of Care Determination; 441 Iowa Admin. Code 83.2(249A), 83.2(1)d, 83.22(1)d, 83.42(1)b, 83.61(1)c, 83.82(1)f, 83.102(1)h, 83.122(3)	
	242	<p>... you are not eligible for or do not get waiver services.</p> <p>... usted no es elegible para o no recibe servicios de exención.</p>	
	MED	EM 8-N When to Cancel; 441 Iowa Admin. Code 83.8(249A), 83.28(249A), 83.48(249A), 83.68(249A), 83.88(249A), 83.8, 83.28, 83.48, 83.68, 83.88, 83.108, 83.128	
	244	<p>... the 60-day postpartum period has ended.</p> <p>... el período de posparto de 60 días ha finalizado.</p>	
	MED	EM 8-F Postpartum Eligibility; 441 Iowa Admin. Code 75.1(24) and 92	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	246	... the dependent is not your child, spouse, or parent. ... la persona a su cargo no es su hijo/a, esposo/a o padre/madre.	TD05 MED RSN2
	ST SUPP	EM 6-B Nonfinancial Eligibility (DP); 441 Iowa Admin. Code 54.41(4)	
	((281))	... you are over the age of 18. ... usted es mayor de 18 años.	
	MED	441 Iowa Admin. Code 83.122(1)	
	290	... you did not cooperate with the Health Insurance Premium Payment Program. ... usted no colaboró con el programa Health Insurance Premium Payment.	
	MED	EM 8-C Cooperation with the Health Insurance Premium Payment (HIPP) Unit; 441 Iowa Admin. Code 75.21(1) and 92.2(3)	
	291	... because you did not provide requested information needed to determine eligibility for Medicaid/ <i>hawk-i</i> . No proporcionó la información requerida necesaria para determinar la elegibilidad para Medicaid/ <i>hawk-i</i> .	
	HAWK-I ONLY	EM 8-B Verification; 441 Iowa Admin. Code 76.1(3), 76.2(249A), 76.13(249A), and 86.2(5)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	293	<p>Medicaid has been reopened for the child who is under age one because the child was born to a mother who received Medicaid at the time of birth. Medicaid eligibility will be reviewed when the child turns one year old.</p> <p>Medicaid ha sido renovado para el niño/la niña menor de un año de edad porque su madre recibía Medicaid en el momento de su nacimiento. La elegibilidad para Medicaid será revisada cuando el niño/la niña cumpla un año de edad.</p>	TD05 MED RSN1
	MED	IAC 75.1(20), EM 8-F, Newborn Children of Medicaid-Eligible Mothers	
	416	<p>... you are a refugee and have lived in the U.S. for 7 years or more.</p> <p>... usted es un refugiado y ha vivido en los Estados Unidos por 7 años o más.</p>	TD05 MED RSN2
	ST SUPP	EM 6-B Eligibility for Aliens; 441 Iowa Admin. Code 50.2(1)	
	417	<p>... you are an asylee and have lived in the U.S. for 7 years or more.</p> <p>... usted es un asilado político y ha vivido en los Estados Unidos por 7 años o más.</p>	
	ST SUPP	EM 6-B Eligibility for Aliens; 441 Iowa Admin. Code 50.2(1)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	<p>418</p> <p>ST SUPP</p>	<p>... you are an alien and have lived in the U.S. for 7 years or more.</p> <p>... usted es un residente extranjero y ha vivido en los Estados Unidos por 7 años o más.</p> <p>EM 6-B Eligibility for Aliens; 441 Iowa Admin. Code 50.2(1)</p>	<p>TD05 MED RSN2</p>
	<p>498</p>	<p>Your application for Medicaid for the adults in your household is denied because they did not come to the required interview. Your application for the children is still being worked on.</p> <p>Su solicitud de Medicaid para los integrantes adultos de su hogar es denegada porque los mismos no concurren a la entrevista obligatoria. Su solicitud para los niños está siendo procesada.</p> <p>EM 8-B Interviews; 441 Iowa Admin. Code 76.2(1), 76.1(3); 42 CFR 435.905-435.914</p>	<p>TD05 RSN1 OR RSN2</p> <p>TD05 MED ENTRY RSN R</p>
	<p>600</p> <p>ST SUPP</p> <p>MN QMB SLMB QDWP E-SLMB</p>	<p>... the Department is not able to find you.</p> <p>... el Departamento no puede localizarlo/a.</p> <p>EM 6-B Nonfinancial Eligibility; EM 8-C Residency; EM 8-O Nonfinancial Eligibility; 441 Iowa Admin. Code 51.5(249), 75.10(249A), and 92.2</p> <p>EM 8-C Residency; 441 Iowa Admin. Code 75.10(249A)</p>	<p>TD05 MED RSN2</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	601 MED	... you are not getting the correct level of care. ... usted no está recibiendo el nivel correcto de atención médica. EM 8-I Medical Necessity; 441 Iowa Admin. Code 78.3(249A), 81.10(4)“b,” 82.14(4)“b” and 85.8(1)	TD05 MED RSN2
	602 MED	... you are not getting the correct level of care. ... usted no está recibiendo el nivel correcto de atención médica. EM 8-I Medical Necessity; 441 Iowa Admin. Code 85.8(1)	
	603 ST SUPP	... you are not getting the correct level of care. ... usted no está recibiendo el nivel correcto de atención médica. EM 6-B Physician’s Statement; 441 Iowa Admin. Code 51.3(2)	
	604 MED	... you do not live in a facility. ... usted no vive en una institución. EM 8-F SSI-Related Coverage Groups; 441 Iowa Admin. Code 75.1(7), 75.5(4) and 75.13(2)	
	605 ST SUPP	... you do not live in a licensed facility. ... usted no vive en una institución autorizada. EM 6-B Living in a Certified Facility; 441 Iowa Admin. Code 54.1(249)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	606	... you live in a public institution. ... usted vive en una institución pública.	TD05 MED RSN2
	MED ST SUPP	EM 6-B SSA Policies Applicable to All Programs; EM 8-C Residents of Public Nonmedical Institutions; 20 CFR 416.211; 42 CFR 435.1009 and 1010; 441 Iowa Admin. Code 50.2(1) and 75.12(249A)	
	MN QMB SLMB QDWP E-SLMB	EM 8-C Residents of Public Nonmedical Institutions; 20 CFR 416.211; 42 CFR 435.1009 and 1010; 441 Iowa Admin. Code 75.12(249A)	
	607	... you live in a public institution. ... usted vive en una institución pública	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	608	... you are not blind or disabled. You will get a separate letter that tells you about the disability decision. ... usted no está ciego ni discapacitado. Recibirá otra carta informándole la decisión con respecto a su incapacidad.	TD05 MED RSN2
	MED ST SUPP	EM 6-B SSA Policies Applicable to All Programs; EM 8-C Presence of Age, Blindness, or Disability; 441 Iowa Admin. Code 50.1(249), 50.2(1) and 75.20(249A)	
	MN	EM 8-J SSI-Related Medically Needy; EM 8-J Age Criteria; EM 8-J Blindness Criteria; EM 8-J Disability Criteria; 441 Iowa Admin. Code 75.1(35)"a," 75.3(249A) and 75.20(249A)	
	609	... you did not live in a medical facility for 30 days in a row. ... usted no vivió en una institución médica por 30 días continuos.	
	MED	EM 8-F People in Medical Institutions under 300% Income Level; 441 Iowa Admin. Code 75.1(7), 75.5(4) and 75.13(2)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	<p>611</p> <p>MED ST SUPP</p>	<p>...you no longer get SSI. Please call your Social Security office if you have questions about this.</p> <p>... usted ya no recibe SSI. Por favor llame a la oficina de Social Security si desea hacer preguntas al respecto.</p> <p>EM 6-B SSA Policies Applicable to All Programs; EM 8-F SSI Recipients; 441 Iowa Admin. Code 50.2(1) and 75.1(4)</p>	<p>TD05 RSN2</p>
	<p>(612)</p>	<p>This is the most you will have to pay for your care, based on your income. The facility can charge you this amount or their daily rate, whichever is less, for the days you are in the facility. If the facility rate changes for past months, you may have to pay more based on the new rate.</p> <p>Este es el máximo que deberá pagar por atención médica, de acuerdo a sus ingresos. La institución puede cobrarle este importe o la tarifa diaria correspondiente (la que sea menor de las dos) por los días que esté en la institución. Si la tarifa de la institución cambia en los últimos meses, deberá pagar de acuerdo a la nueva tarifa.</p>	<p>No entry</p>
	<p>MED</p>	<p>EM 8-I If Client Participation Exceeds the Facility's Medicaid Rate; 441 Iowa Admin. Code 81.22(1)</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supple- mentary Assistance (Cont.)	614	...a member of your household is not working. ... un miembro de su hogar no trabaja.	TD05 RSN2
	MED	EM 8-F Transitional Medicaid; 441 Iowa Admin. Code 75.1(31)	
	615	... you do not meet age requirements, you do not have any dependent children, you have not told us that you are disabled or pregnant. ... usted no reúne los requisitos de edad, no tiene hijos a su cargo, o no nos ha informado que es discapacitada o está embarazada.	
	MED	EM 8-F FMAP-Related Coverage Groups; EM 8-C Presence of Age, Blindness or Disability; 20 CFR 208.10, 208.11, 416.801, 406.901; P.L. 104-193; 441 Iowa Admin. Code 75.1(249A), 75.20(249A), 75.58(249A), and 76.2(249A)	
	MN	EM 8-J FMAP-Related Medically Needy; EM 8-J CMAP-Related Medically Needy; EM 8-F FMAP-Related Coverage Groups; EM 8-C Presence of Age, Blindness or Disability; 20 CFR 208.10, 208.11, 416.801, 416.901; 441 Iowa Admin. Code 75.1(35)a, 75.20(249A), 76.2(249A), and 75.58(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supple- mentary Assistance (Cont.)	616	...you did not show proof of your pregnancy. ... usted no presentó pruebas de su embarazo.	TD05 MED RSN2
	MED MN	EM 8-C Verification of Pregnancy; 441 Iowa Admin. Code 75.17(249A)	
	617	... you are not pregnant. ... usted no está embarazada.	
	MED	EM 8-F Pregnant or Postpartum Women and Newborns; EM 8-F FMAP-Related Coverage Groups; 441 Iowa Admin. Code 75.1(249A)	
	MN	EM 8-F Pregnant or Postpartum Women and Newborns; EM 8-J Pregnant and Postpartum Women and Newborns; EM 8-F FMAP-Related Coverage Groups; 441 Iowa Admin. Code 75.1(249A), 75.1(35)“a”	
	618	... you do not have paid or unpaid medical bills. ... usted no tiene facturas médicas pagas o impagas.	
MED	EM 8-B Determining Eligibility for the Retroactive Period; 441 Iowa Admin. Code 76.5(1); 42 CFR 435.914		
MN	EM 8-B Determining Eligibility for the Retroactive Period; EM 8-J Retroactive Eligibility; 441 Iowa Admin. Code 75.25(249A) and 76.5(1); 42 CFR 435.914		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	619	...you do not have emergency medical expenses. ... usted no tiene gastos médicos de emergencia.	TD05 MED RSN2
	MED	EM 8-L Existence of an Emergency Medical Condition; 441 Iowa Admin. Code 75.11(249A) and 76.6(3)	
	MN	EM 8-L Existence of an Emergency Medical Condition; EM 8-J Who is Eligible for Medically Needy; 441 Iowa Admin. Code 75.1(35) and 75.11(249A)	
	621	...you did not apply for or accept other benefits that you may be eligible to get. ... usted no solicitó ni aceptó otros beneficios para los que es elegible.	
	MED ST SUPP	EM 6-B Nonfinancial Eligibility; EM 8-C Benefits From Other Sources; EM 8-O Nonfinancial Eligibility; 441 Iowa Admin. Code 51.1(249), 75.3(249A), 92.2	
	MN SLMB QMB QDWP E-SLMB	EM 8-C Benefits From Other Sources; 441 Iowa Admin. Code 75.3(249A)	
	622	... you no longer live in a facility. ... usted ya no vive en una institución.	
MED ST SUPP	EM 6-B Living in a Certified Facility; EM 8-F SSI-Related Coverage Groups; 441 Iowa Admin. Code 51.3(1), 54.1(249) and 75.1(7)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	((624))	... there is no eligible child in the home. ... no hay un menor elegible en su hogar.	TD05 MED RSN2
	MED	EM 8-F FMAP-Related Coverage Groups; 441 Iowa Admin. Code 75.1(249A), P.L. 104-193	
	((625))	...the adult had no earnings in 1 or more of the last 3 months and did not have good cause. ... la persona adulta no recibió ingresos durante uno o más de los últimos 3 meses y no hubo una causa justificada.	
	MED	EM 8-F Transitional Medicaid; 441 Iowa Admin. Code 75.1(31)	
	((626))	...your income is over the limit. If you are enrolled in Managed Health Care, your enrollment ends on **/**/**.	
		... sus ingresos superan el límite. Si está inscripto/a en Managed Health Care, su inscripción finalizará el **/**/**.	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	((626)) (Cont.)	EM 8-F Transitional Medicaid; 441 Iowa Admin. Code 75.1(31)“i”(3)	
	MED	EM 8-M Managed Health Care; 441 Iowa Admin. Code 75.1(31)“i”(1)	
	((627))	...you did not return your Transitional Medicaid (TM) Quarterly Income Report on time. ... usted no devolvió el informe Transitional Medicaid (TM) Quarterly Income Report a tiempo.	TD05 RSN2
	MED	EM 8-F Transitional Medicaid; 441 Iowa Admin. Code 75.1(31)“i”(1)	
	((628))	... your Transitional Medicaid (TM) is ending **/**/** because the time limit has ended.	No entry
	MED	EM 8-F Transitional Medicaid; 441 Iowa Admin. Code 75.1(31)	
	630	... you are not eligible for limited Medicaid services because you do not get Medicare.	TD05 RSN2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	630 (Cont.)	... usted no es elegible para servicios limitados de Medicaid porque no recibe Medicare.	
	SLMB	EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(34)	
	QMB	EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)	
	QDWP	EM 8-F Qualified Disabled and Working People; 441 Iowa Admin. Code 75.1(33)	
	E-SLMB	EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(36)	
	651	... you gave away your resources or assets to get Medicaid. As a result, you are not eligible for home health or Medicaid long-term care services until **/**/**.	TD05 RSN2
		... usted cedió sus recursos o activos para obtener Medicaid. En consecuencia, usted no es elegible para servicios de atención médica a domicilio o Medicaid a largo plazo hasta el **/**/**.	
MED	EM 8-D Transfer of Assets; 441 Iowa Admin. Code 75.6(249A), 75.15(249A), 75.23(249A), P.L. 100-360		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid, Medically Needy, and State Supplementary Assistance (Cont.)	<p>655</p>	<p>... you did not give your resources or assets to your husband or wife within 90 days. Your resources are still over the \$2,000 limit for medical facility care.</p> <p>... usted no le cedió sus recursos o activos a su esposo/a en un plazo de 90 días. Sus recursos aún superan el límite de \$2,000 para atención médica en una institución.</p>	<p>TD05 RSN2</p>
	<p>MED</p>	<p>EM 8-D Transfers to Establish Ongoing Eligibility; 441 Iowa Admin. Code 75.5(249A)</p>	
	<p>656</p>	<p>... you did not agree to give your resources or assets to your husband or wife within 90 days. Your resources are still over the \$2,000 limit for medical facility care.</p> <p>... usted no aceptó cederle sus recursos o activos a su esposo/a en un plazo de 90 días. Sus recursos aún superan el límite de \$2,000 para atención médica en una institución.</p>	
	<p>MED</p>	<p>EM 8-D Transfers to Establish Ongoing Eligibility; 441 Iowa Admin. Code 75.5(249A)</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>Medicaid and State Supplementary Assistance</p>	<p>142 (Cont.)</p>	<p>EM 6-B Verification; EM 8-B Verification; EM 8-O Verified Eligibility Factors; 20 CFR 416.201-416.220; 441 Iowa Admin. Code 76.1(3), 76.13(249A), 76.2(249A), 50.2(249), 50.4(4), and 92.2(2); 92.4(1), 92.5(5)b, 75.51(249A)</p>	<p>No entry</p>
	<p>143</p>	<p>You may call the local DHS office and reschedule an interview. The interview must be held and all verification and information necessary to determine eligibility must be received within 14 calendar days from the date of this notice. If you attend the interview and provide the necessary information, we will look at your application again; otherwise, you will have to reapply.</p> <p>Puede llamar a la oficina local de DHS y reprogramar la entrevista. La entrevista debe ser realizada y todos los comprobantes y datos necesarios para determinar su elegibilidad deben ser recibidos en un plazo de 14 días corridos a partir de la fecha de esta notificación. Revisaremos su solicitud nuevamente si concurre a la entrevista y presenta la información necesaria; de lo contrario, deberá presentar una nueva solicitud.</p> <p>441 Iowa Admin. Code 75.51(249A)</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	144	<p>You may call the local DHS office and reschedule an interview. The interview must be held and all verification and information necessary to determine eligibility must be received by the 14th of the next month.</p> <p>Puede llamar a la oficina local de DHS y reprogramar la entrevista. La entrevista debe ser realizada y todos los comprobantes y datos necesarios para determinar su elegibilidad deben ser recibidos antes del día 14 del mes próximo.</p> <p>441 Iowa Admin. Code 75.51(249A)</p>	No entry
Medicaid and State Supplementary Assistance Income (Cont.)	064	<p>The Healthy and Well Kids in Iowa (hawk-i) program is looking to see if your children can get health care coverage through hawk-i. You don't have to do anything right now. The hawk-i program will contact you within the next two weeks. If you have any questions, you can call hawk-i customer service at 1-800-257-8563.</p> <p>El programa Healthy and Well Kids de Iowa (hawk-i) está viendo si sus hijos pueden recibir cobertura médica a través de hawk-i. No necesita hacer nada en este momento. El programa hawk-i se comunicará con usted en las próximas dos semanas. Si desea hacer preguntas, puede llamar al servicio al cliente de hawk-i al teléfono 1-800-257-8563.</p>	No entry

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Income (Cont.)	231	... your income is over the limit. ... sus ingresos superan el límite.	TD05 MED RSN2
	MED	EM 8-E FMAP-Related Limits; 441 Iowa Admin. Code 75.1(28)"a"	
	232	... your income is over the limit. The income limit for children between the ages of 1 and 19 is \$____. ... sus ingresos superan el límite. El limite de ingresos por menores de 1 a 19 años es de \$____.	
	MED	EM 8-F Mothers and Children Program; 441 Iowa Admin. Code 75.1(28)"a"	
	233	... your income is over the limit. The income limit for children between the ages of 1 and 19 is \$____. The income limit for pregnant women and children under 1 is \$____. ... sus ingresos superan el límite. El limite de ingresos para menores de 1 a 19 años es de \$____. El limite de ingresos para embarazadas y niños menores de 1 año es de \$____.	
	MED	EM 8-F Mothers and Children Program; 441 Iowa Admin. Code 75.1(28)"a"	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Income (Cont.)	234	<p>... your income is over the limit. The income limit for children between the ages of 1 and 19 is \$____. The income limit for pregnant women and children under 1 is \$____.</p> <p>... sus ingresos superan el límite. El limite de ingresos para menores de 1 a 19 años es de \$____. El limite de ingresos para embarazadas y niños menores de 1 año es de \$____.</p>	TD05 MED RSN2
	MED	EM 8-F Mothers and Children Program; 441 Iowa Admin. Code 75.1(28)"a"	TD05 MED RSN2 or ST SUPP RSN2
	235	<p>... your income is over the limit for SSI-Related Medicaid.</p> <p>... sus ingresos superan el límite de SSI-Related Medicaid.</p>	
	MED	EM 8-E SSI-Related Income Limits; 441 Iowa Admin. Code 75.1(4), 75.1(7), 75.1(39), 75.1(43); 42 CFR Part 435; 20 CFR 416, Subpart D	
236	... your income is over the limit for State Supplementary Assistance and Medicaid.	TD05 MED RSN2 or ST SUPP RSN2	
MED ST SUPP	EM 6-B Income; EM 8-E SSI-Related Income Limits; 441 Iowa Admin. Code 50.2(1), 51.3(3) and 75.1(249A)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Income (Cont.)	237	... your income is over the limit for specified low income Medicare beneficiaries. ... sus ingresos superan el límite de Medicare para beneficiarios de bajos ingresos.	TD05 MED RSN2
	SLMB	EM 8-F Specified Low-Income Medicare Beneficiaries; EM 8-E SSI-Related Income Limits; 441 Iowa Admin. Code 75.1(34) ... your income is over the limit for qualified Medicare beneficiaries. ... sus ingresos superan el límite de Medicare para beneficiarios calificados.	
	QMB	EM 8-E SSI-Related Income Limits; EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)	
	QDWP	... your income is over the limit for qualified disabled and working people. ... sus ingresos superan el límite para discapacitados y trabajadores calificados. EM 8-F Qualified Disabled and Working People; EM 8-E SSI-Related Income Limits; 441 Iowa Admin. Code 75.1(33)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Income (Cont.)	237 (Cont.) QDWP	... your income is over the limit for expanded specified low income Medicare beneficiaries. ... sus ingresos superan el límite de Medicare para beneficiarios de bajos ingresos específicos extendidos.	TD05 MED RSN2
	E-SLMB	EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; EM 8-E SSI-Related Income Limits; 441 Iowa Admin. Code 75.1(36)	
	238	... your income is over the limit for specified low-income Medicare beneficiaries. ... sus ingresos superan el límite de Medicare para beneficiarios de bajos ingresos específicos.	
	SLMB	EM 8-E SSI-Related Income Limits; EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(34)	
	QMB	EM 8-E SSI-Related Income Limits; EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Income (Cont.)	238 (Cont.)	<p>... your income is over the limit for qualified disabled and working people.</p> <p>... su ingreso superan el límite de Medicare para beneficiarios de bajos e específicos.</p>	
	QDWP	<p>EM 8-F Qualified Disabled and Working People; EM 8-E SSI-Related Income Limits; 441 Iowa Admin. Code 75.1(33)</p> <p>... your income is over the limit for expanded specified low-income Medicare beneficiaries.</p> <p>... su ingreso superan el límite de Medicare para beneficiarios de bajos e específicos.</p>	
	QDWP	<p>EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; EM 8-E SSI-Related Income Limits; 441 Iowa Admin. Code 75.1(36)</p>	
	239	<p>... your income is over the limit for medical facility care.</p> <p>... sus ingresos superan el límite para atención médica en una institución.</p>	TD05 FAC/WAV RSN2
	MED	<p>EM 8-F People in Medical Institutions under 300% Income Level; 441 Iowa Admin. Code 75.1(7); 20 CFR 416, Subpart D</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Resources	214	... your resources are over the limit. ... sus recursos superan el límite.	TD05 MED RSN2
	MED	EM 8-D FMAP-Related Resource Limits; EM 8-F Mothers and Children Program; 441 Iowa Admin. Code 75.1(28)“b”	
	218	... your resources are over the \$2,000 limit for an individual. ... sus recursos superan el límite de \$2,000 por persona.	
	MED	EM 8-D SSI-Related Resource Limits; 20 CFR 416.1205; 441 Iowa Admin. Code 75.1(249A)	
	219	... your resources are over the \$3,000 limit for a couple. ... sus recursos superan el límite de \$3,000 por pareja.	TD05 FAC/WAV RSN2
	MED	EM 8-D SSI-Related Resource Limits; 20 CFR 416.1205; 441 Iowa Admin. Code 75.1(249A)	
220	MED	... your resources are over the \$2,000 limit for medical facility care. ... sus recursos superan el límite de \$2,000 para atención médica en una institución. EM 8-D SSI-Related Resource Limits; 20 CFR 416.1205; 441 Iowa Admin. Code 75.1(7)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Resources (Cont.)	221	... your resources are over the \$3,000 limit for medical facility care. ... sus recursos superan el límite de \$3,000 para programas de Asistencia Estatal Suplementaria (State Supplementary Assistance) y Medicaid.	TD05 MED RSN2 TD05 FAC/WAV RSN2
	MED	EM 8-D SSI-Related Resource Limits; 20 CFR 416.1205; 441 Iowa Admin. Code 75.1(7)	
	222	... your resources are over the \$2,000 limit for State Supplementary Assistance programs and Medicaid. ... sus recursos superan el límite de \$2,000 para programas de Asistencia Estatal Suplementaria (State Supplementary Assistance) y Medicaid.	TD05 MED RSN2, ST SUPP RSN2
	MED ST SUPP	EM 6-B Resources; EM 8-D SSI-Related Resource Limits; 20 CFR 416.1205; 441 Iowa Admin. Code 50.2(1) and 75.1(9)	
	223	... your countable resources are over the \$3,000 (couple) limit for State Supplementary Assistance programs/Medical Assistance. ... sus recursos contables superan el límite de \$3.000 (pareja) para los programas de State Supplementary Assistance/Medical Assistance (Asistencia Estatal Complementaria/Asistencia Médica).	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Resources (Cont.)	MED ST SUPP	EM 6-B Resources; EM 8-D SSI-Related Resource Limits; 20 CFR 416.1205; 441 Iowa Admin. Code 50.2(1) and 75.1(9)	
	224	... your resources are over the \$7,560 limit for limited Medicaid services for an individual. ... sus recursos superan el límite de \$7,560 para servicios limitados de Medicaid por persona.	TD05 MED RSN2
	SLMB	EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(34)“b”	
	E-SLMB	EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(36)	
	QMB	EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)“b”	
	OR 224	... your resources are over the \$4,000 limit for limited Medicaid services for an individual. ... sus recursos superan el límite de \$4,000 para servicios limitados de Medicaid por persona.	
	QDWP	EM 8-F Qualified Disabled and Working Persons; 441 Iowa Admin. Code 75.1(33)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Resources (Cont.)	225	... your resources are over the \$11,340 limit for limited Medicaid services for a couple. ... sus recursos superan el límite de \$11,340 para servicios limitados de Medicaid por pareja.	TD05 MED RSN2
	SLMB	EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(34)“b”	
	E-SLMB	EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(36)	
	QMB	EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)“b”	
	or		
	225	... your resources are over the \$6,000 limit for limited Medicaid services for a couple. ... sus recursos superan el límite de \$6,000 para servicios limitados de Medicaid por pareja. QDWP	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Resources (Cont.)	228	... your resources are over the limit. ... sus recursos superan el límite.	TD05 MED RSN2
	MED ST SUPP	EM 6-B Resources; EM 8-D SSI-Related Resource Limits; EM 8-D FMAP-Related Resource Limits; 20 CFR 416.1205; 441 Iowa Admin. Code 50.2(1), 75.1(39), 75.1(249), 75.56(249A), 76.5(2)	TD05 ST SUPP RSN2
	MN	... your resources are over the \$10,000 limit for Medically Needy. ... sus recursos superan el límite de \$10,000 para Medically Needy. EM 8-J Resource Policies; 441 Iowa Admin. Code 75.1(35)j	
	496	... your resources are over the \$12,000 limit for Medicaid for Employed People with Disabilities (MEPD). ... sus recursos superan el límite de \$12,000 de Medicaid para Empleados con Discapacidades (Employed People with Disabilities (MEPD)).	TD05 MED RSN2
	MEPD	EM 8-F Medicaid for Employed People with Disabilities; 441 Iowa Admin. Code 79.1(39)"a"(5)	
	497	... your resources are over the \$13,000 limit for Medicaid for Employed People with Disabilities (MEPD). ... sus recursos superan el límite de \$13,000 de Medicaid para Empleados con Discapacidades (Employed People with Disabilities (MEPD)). EM 8-F Medicaid for Employed People with Disabilities; 441 Iowa Admin. Code 79.1(39)"a"(5)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance Resources (Cont.)	650 MED	...you gave away your resources or assets to be eligible. You are not eligible for nursing home assistance, home- and community-based waiver services, or nursing services until **/**/**. ... usted cedió sus recursos o activos para ser elegible. Usted no es elegible para asistencia en centros de salud, servicios de exención a domicilio o comunitarios, ni servicios de enfermería hasta el **/**/**. EM 8-D Transfer of Assets; 441 Iowa Admin. Code 75.3(249A), 75.6(249A) and 75.15(249A)	TD05 FAC/WAV RSN2 (Status must be I)
Medicaid: MEPD Cancellation	483 MEPD	...you are not working and you have not told us that you plan to return to work within 6 months. ...usted no está trabajando y no nos dijo que planea regresar al trabajo en 6 meses. EM 8-F Medicaid for Employed People with Disabilities; 441 Iowa Admin. Code 75.1(39)"c"	TD05 MED RSN2
Medicaid: MEPD Denial	489 MEPD	... you do not have earned income. ... usted no tiene ingresos laborales. EM 8-F, Medicaid for Employed People with Disabilities; 441 Iowa Admin. Code 75.1(39)"a"(4)	TD05 MED RSN2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>Medicaid: MEPD Denial (Cont.)</p>	<p>490</p> <p>MEPD</p> <p>491</p> <p>MEPD</p>	<p>... you are age 65 or older.</p> <p>... usted tiene 65 años de edad o más.</p> <p>EM 8-F Medicaid for Employed People with Disabilities; 441 Iowa Admin. Code 75.1(39)“a”(2), 92.2(1)“a”</p> <p>...your income is over the limit.</p> <p>... sus ingresos superan el límite.</p> <p>EM 8-F Medicaid for Employed People with Disabilities; EM 8-E Income Limits – SSI Related Income Limits; 441 Iowa Admin. Code 75.1(39)“a”(3)</p>	<p>TD05 MED RSN2</p>
<p>Medicaid: Suspension of Inmates</p>	<p>430</p>	<p>Your Medicaid is suspended beginning **/**/** because you live in a public institution. You are eligible for limited Medicaid benefits for inpatient hospital services only. Suspension will continue for up to 12 months from your date of incarceration as long as you continue to live in a public institution and you meet Medicaid eligibility criteria.</p> <p>Sus beneficios de Medicaid serán suspendidos a partir del **/**/** porque usted vive en una institución pública. Usted califica para beneficios limitados de Medicaid para servicios de hospitalización únicamente. La suspensión durará por un período de 12 meses contados a partir de la fecha de reclusión siempre y cuando continúe viviendo en una institución pública y cumpla con los criterios de elegibilidad para Medicaid.</p>	<p>TD05 MED RSN2</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>Medicaid: Suspension of Inmates (Cont.)</p>	<p>MED 432</p>	<p>441 Iowa Admin. Code 75.12(249A) ... you live in a public institution and your period of suspension has ended. You may reapply for Medicaid if you are admitted as an inpatient in a hospital or nursing facility or when you are no longer an inmate of a public institution. ... usted vive en una institución pública y el período de suspensión ha finalizado. Puede volver a presentar la solicitud para Medicaid si se encuentra internado/a en un hospital o en un sanatorio o cuando ya no se encuentre recluido/a en una institución pública.</p>	<p>TD05 MED RSN2</p>
	<p>MED 433</p>	<p>441 Iowa Admin. Code 75.12(249A) You are eligible for full Medicaid benefits effective **/**/** because you are no longer an inmate of a public institution. You must tell us when something changes like your address, living arrangement or other circumstances. You can report your change by mail to: DHS, Imaging Center 4, PO Box 2027, Cedar Rapids, IA 52406, by Phone: 877-347-5678, by FAX: 515-564-4041, or by email: IMCustomerSC@dhs.state.ia.us</p>	<p>TD05 MED RSN 1 or MED RSN 2 FMAP-RELATED</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>Medicaid: Suspension of Inmates (Cont.)</p>	<p>433 (Cont.)</p>	<p>You need to tell us within ten days of the change. If you don't tell us when changes happen, we may give you too much or not enough Medicaid. Or, give you benefits that you should not have gotten. If so, you will have to pay back what you got in error.</p> <p>Califica para beneficios completos de Medicaid a partir del **/**/** porque ya no se encuentra recluido/a en una institución pública. Debe informarnos cuando se produzcan cambios, como su domicilio, cambio de vivienda u otras circunstancias. Puede informar los cambios por correo a:</p> <p>DHS, Imaging Center 4, PO Box 2027, Cedar Rapids, IA 52406, por teléfono: 877-347-5678, por FAX: 515-564-4041, o por correo electrónico: IMCustomerSC@dhs.state.ia.us</p> <p>Debe informarnos dentro de los 10 días posteriores a ocurrido dicho cambio. Si no nos informa sobre los cambios, podríamos darle demasiados beneficios de Medicaid o menos beneficios de los necesarios, o podríamos darle beneficios que no le corresponden, y tendría que devolver los beneficios recibidos por error.</p>	<p>ENTER IN:</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>Medicaid: Suspension of Inmates (Cont.)</p>	<p>MED</p>	<p>EM 8-G Reporting Changes; 42 CFR 435.916(b) and (c); 441 Iowa Admin. Code 75.12(249A) and 76.10(249A)</p>	
	<p>434</p>	<p>You are eligible for full Medicaid benefits again effective **/**/** because you are no longer an inmate of a public institution. You must tell us when something changes like your address, living arrangement or other circumstances</p> <p>You need to tell us within ten days of the change. If you don't tell us when changes happen, we may give you too much or not enough Medicaid. Or, give you benefits that you should not have gotten. If so, you will have to pay back what you got in error. To get the correct mailing address call 877-347-5678.</p> <p>Usted es elegible para beneficios completos de Medicaid una vez más efectiva **/**/** porque ya no es un recluso de una institución pública. Usted debe decirnos cuando algo cambia, como su dirección, arreglos de vivienda u otras circunstancias.</p>	<p>TD05 MED RSN 1 or MED RSN 2 SSI- RELATED</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid: Suspension of Inmates (Cont.)	<p>434 (Cont.)</p> <p>MED</p>	<p>Es necesario que nos avisa dentro de los diez días del cambio. Si no nos dice cuándo ocurren los cambios, es posible que le dan demasiado o no lo suficiente como para Medicaid. O bien, puede dar beneficios que no debería haber recibido. Si es así, usted tendrá que pagar lo que recibió por error. Para obtener la dirección postal correcta llame a 877-347-5678.</p> <p>EM 8-G Reporting Changes; 42 CFR 435.916(b) and (c), 441 Iowa Admin. Code 75.12(249A) and 76.10(249A)</p>	
Medicaid: Waiver Denial	<p>338</p> <p>MED</p> <p>339</p>	<p>... you do not have a proven diagnosis of AIDS/HIV, brain injury, mental retardation, serious emotional disorder and you are not 65 or older.</p> <p>... usted no tiene un diagnóstico comprobado de VIH/SIDA, accidente cerebral, retardo mental, desorden emocional grave y usted no tiene 65 años o más.</p> <p>EM 8-N When to Deny an Application; 441 Iowa Admin. Code 83.22(1), 83.42(1), 83.42(1)a, 83.61(1), 83.61(1)a, 83.81(249A), 83.82(1)a, 83.122(2)</p> <p>... you are eligible for SSI or you refused to apply for SSI and could be eligible.</p> <p>... usted es elegible para SSI o usted se negó a solicitar SSI y podría ser elegible.</p>	TD05 Waiver RSN2

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid Waiver Denial (Cont.)	<p>MED</p> <p>839</p> <p>MED</p>	<p>EM 8-N Eligibility for the Health and Disability Waiver; 441 Iowa Admin. Code 83.2(249A)</p> <p>There is a limit on the number of persons that can be served. Your name will remain on a waiting list and you will be notified when your turn has come.</p> <p>Hay un límite en el número de personas que pueden ser atendidas. Su nombre permanecerá en una lista de espera y será notificado(a) cuando haya llegado su turno.</p> <p>EM 8-N When to Deny an Application; 441 Iowa Admin. Code 83.3(2), 83.61(3), 83.82(3), 83.82(4), 83.102(5), 83.123(1)</p>	<p>TD05 Waiver RSN2</p>
Multiple Programs	<p>200</p> <p>SNAP</p> <p>FIP</p> <p>MED ST SUPP</p>	<p>... of your request.</p> <p>... de su solicitud.</p> <p>EM 7-B Withdrawal of Application; EM 7-G Reporting Requirements; 7 CFR 273.2(c)(6), 273.12(c); 441 Iowa Admin. Code 65.5(7)</p> <p>EM 4-A When Timely Notice is not Required; EM 4-B Processing Standards; 441 Iowa Admin. Code 16.3(3); 40.25(239B)</p> <p>EM 6-B Application Processing; EM 8-B Withdrawal of Application; EM 8-O Withdrawal of Application; 441 Iowa Admin. Code 50.2(249), 76.1(6), 92.3</p>	<p>TD02 SNAP REA2 for SNAP</p> <p>TD02 FIP REA2 for FIP</p> <p>TD05 RSN2 for Medicaid, QMB, or SLMB</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	MN QMB SLMB QDWP E-SLMB	EM 8-B Withdrawal of Application; 441 Iowa Admin. Code 76.1(6)	
	201	... you do not live in Iowa. ... usted no vive en Iowa.	TD02 SNAP REA2 for SNAP
	SNAP	EM 7-C Residency; 7 CFR 273.3	TD02
	FIP	EM 4-C Residency; 441 Iowa Admin. Code 41.23(1)	FIP REA2 for FIP
	MED ST SUPP	EM 6-B SSA Policies Applicable to All Programs; EM 8-C Residency; EM 8-O Residency; 441 Iowa Admin. Code 51.5(249), 75.1(41), 75.10(249A), 92.2	TD05 RSN2 for Medicaid, QMB, or SLMB
	MN QMB SLMB QDWP E-SLMB	EM 8-C Residency; 441 Iowa Admin. Code 75.10(249A)	
	202	... because of your citizenship or alien status. ... debido a su ciudadanía o condición de extranjero.	
SNAP	EM 7-C Citizenship and Alien Status; 7-I Who Is An Eligible Alien; 7 CFR 273.2(b), 273.4(a)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	FIP	EM 4-L Alien Status; 441 Iowa Admin. Code 41.23(5)	
	MED ST SUPP	EM 6-B Eligibility for Aliens; EM 8-C Citizenship; EM 8-L Nonfinancial Eligibility; EM 8-O Nonfinancial Eligibility; 42 CFR 435.406; 441 Iowa Admin. Code 50.2(1), 75.11(249A), 92.2(2)	
	MN QMB SLMB QDWP E-SLMB	EM 8-C Citizenship; EM 8-L Nonfinancial Eligibility; 441 Iowa Admin. Code 75.11(249A)	
	203	<p>... you did not cooperate with Quality Control or the Investigation Section of the Department of Inspections and Appeals.</p> <p>... usted no colaboró con Control de Calidad ni la Sección de Investigaciones del Department of Inspections and Appeals.</p>	TD02 FIP REA2 for FIP
	FIP	EM 4-C Cooperation with Investigations and Quality Control; 441 Iowa Admin. Code 40.27(4)"d"	TD05 RSN2 for Medicaid, QMB, or SLMB
	MED ST SUPP	EM 6-B Verification; EM 8-C Cooperation with Investigations and Quality Control; EM 8-O Quality Control; 441 Iowa Admin. Code 75.1, 76.8(249A), 92.3	
	MN	EM 8-C Cooperation with Investigations and Quality Control; 441 Iowa Admin. Code 75.1(35), 76.8(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	QMB	EM 8-C Cooperation with Investigations and Quality Control; 441 Iowa Admin. Code 75.1(29), 76.8(249A)	
	SLMB	EM 8-C Cooperation with Investigations and Quality Control; 441 Iowa Admin. Code 75.1(34), 76.8(249A)	
	QDWP	EM 8-C Cooperation with Investigations and Quality Control; 441 Iowa Admin. Code 75.1(33), 76.8(249A)	
	E-SLMB	EM 8-C Cooperation with Investigations and Quality Control; 441 Iowa Admin. Code 75.1(36), 76.8(249A)	
	(204)	... your resources are over the limit. ... sus recursos superan el límite.	No entry
	SNAP	EM 7-D Resource Limits; 7 CFR 273.8(b)	
	FIP	EM 4-D Resource Limits; 441 Iowa Admin. Code 41.26(1)“e”	
	MED ST SUPP	EM 6-B SSA Policies Applicable to All Programs; EM 8-D SSI-Related Resource Limits; EM 8-D FMAP-Related Resource Limits; 441 Iowa Admin. Code 50.2(1), 75.1(249), 75.9(249), 75.15(249), 75.56(249), 76.5(2); 20 CFR 416.1205	
	QMB	EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)“b”	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	SLMB	EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(34)“b”	No entry
	QDWP	EM 8-F Qualified Disabled and Working People; 441 Iowa Admin. Code 75.1(33)	
	E-SLMB	EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(36)	
	(205)	... your income is over the limit. ... sus ingresos superan el límite.	
	SNAP	EM 7-F Determining Assistance; 7 CFR 273.9(a), 273.10(e)	
	FIP	EM 4-F Applying Income Tests; EM 4-F Prospective Budgeting; EM 4-G Changes in Household Circumstances; 441 Iowa Admin. Code 40.27(2) and 41.27(9)“a”	
	MED ST SUPP	EM 6-B Income; EM 8-E SSI-Related Limits; EM 8-E FMAP-Related Limits; EM 8-O Income Policies; 441 Iowa Admin. Code 50.2(1), 52.1(1) and (3), 75.1(249), 75.1(41), 75.57(249), 75.58(2), 76.1(31), 177.4(7) and (8), 92.5	
	QMB	EM 8-E SSI-Related Income Limits; EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)	
	SLMB	EM 8-F Specified Low-Income Medicare Beneficiaries; EM 8-E SSI-Related Income Limits; 441 Iowa Admin. Code 75.1(34)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	QDWP	EM 8-F Qualified Disabled and Working People; EM 8-E SSI-Related Income Limits; 441 Iowa Admin. Code 75.1(33)	
	E-SLMB	EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; EM 8-E SSI-Related Income Limits; 441 Iowa Admin. Code 75.1(36)	
	206	<p>... you did not give us the information we asked for. We cannot determine if you are eligible.</p> <p>... usted no nos dio la información que le solicitamos. No podemos determinar si es elegible.</p>	TD02 SNAP REA2
	SNAP	EM 7-G Verifying Changes or Verifying Reported Changes; EM 7-B Processing Standards; EM 7-G Acting on Changes; 7 CFR 273.2f(8), 273.12(c) and (b)(3)	
	FIP	EM 4-B Processing Standards; EM 4-E Income Verification Requirements; EM 4-G Providing Information and Verification; 441 Iowa Admin. Code 40.24(239B), 40.27(4); 41.27(1)“i,” 41.27(2)“q” and 40.29(239B)	TD02 FIP REA2
	MED ST SUPP	EM 6-B Verification; EM 8-B Verification; EM 8-O Verified Eligibility Factors; 20 CFR 416.201-416.220; 441 Iowa Admin. Code 76.1(3), 76.13(249A), 76.2(249A), 50.2(249), 50.4(4), and 92.2(2); 92.4(1), 92.5(5)b	TD05 MED RSN2 TD05 FAC/ST SUPP/WAV RSN2
	MN	EM 8-B Verification; 441 Iowa Admin. Code 75.1(35), 76.1(3), 76.2(249A) and 76.13(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	QMB SLMB QDWP E-SLMB	EM 8-B Verification; 441 Iowa Admin. Code 76.1(3), 76.2(249A) and 76.13(249A)	
	207	...you are eligible again. ...usted ese legible nuevamente.	TD02 SNAP REA1 TD05 MED RSN1
	SNAP	EM 7-G Reinstatement; 441 Iowa Admin. Code 65.44(234)	
	MED	EM 8-G Reinstatement; 441 Iowa Admin. Code 16.3(17A); 75.51(249A)	
	208	... you filed a timely appeal. ... usted presentó una apelación a su debido tiempo.	TD02 SNAP REA1 or REA2
	SNAP FIP	EM I-E Continuation of Assistance	TD02 FIP REA1 or REA2
	MED	EM 1-E General Standards for Continuation of Assistance Pending Final Appeal Decision; Iowa Admin. Code 7.17(17A)	TD05 MED RSN1 or MED RSN2
	(209)	...your income or expenses have changed. ... sus ingresos o recursos han cambiado.	No entry
	SNAP	EM 7-F Net Income Limit; 7 CFR 273.10(e)(1) and (2)	
	FIP	EM 4-F Applying Income Tests; EM 4-F Prospective Budgeting; EM 4-G Changes in Household Circumstances; 441 Iowa Admin. Code 40.27(2) and 41.27(9)"a"	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	MED ST SUPP	EM 6-B Client Participation; EM 8-F Mothers and Children (MAC) Program; EM 8-I Income Available for Client Participation; EM 8-O Case Maintenance; 441 Iowa Admin. Code 52.1(3), 75.1(28)“a” and “e,” 75.16(249A), 75.52(5), 92.5(6), and 92.10(3)	
	MN	EM 8-J Medically Needy-Acting on Changes; 441 Iowa Admin. Code 75.52(5), 75.1(35)j	TD02 SNAP REA2 or TD03 SNAP RSN TD02 FIP REA2 or TD03 FIP RSN TD05 MED RSN2 or ST SUPP RSN2 or TD03 MED RSN
	210	... of a court decision.	
	ALL	... de una resolución judicial.	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	300	<p>... the Department cannot verify you are living in Iowa. You may get benefits again if you tell us your new address by the 14th of next month. If you have other changes, you may also need to verify those by the 14th of next month.</p> <p>... el Departamento no puede verificar que usted está viviendo en Iowa. Podría obtener beneficios nuevamente si nos informa su nuevo domicilio antes del día 14 del próximo mes. Si han ocurrido otros cambios, es posible que también deba verificarlos antes del día 14 del próximo mes.</p>	<p>TD02 SNAP REA2 OR FIP REA2</p> <p>TD05 MED RSN2 OR ST SUPP RSN2</p>
	SNAP	EM 7-C Residency; 7 CFR 273.3; 441 Iowa Admin. Code 65.44(2)	
	FIP	EM 4-C Residency; 441 Iowa Admin. Code 40.22(5), 41.23(239B)	
	MED ST SUPP	EM 6-B Nonfinancial Eligibility; EM 8-C Residency; EM 8-O Nonfinancial Eligibility; 441 Iowa Admin. Code 51.5(249), and 75.10(249A), 92.2	
	MN QMB SLMB QDWP E-SLMB	EM 8-C Residency; 441 Iowa Admin. Code 75.10(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	401	...you live in an institution.	TD02
		... usted vive en una institución.	SNAP REA2 for SNAP
	SNAP	EM 7-C Residents of Institutions; 7 CFR 273.1(e); 273.11(e) (f); 271.2	TD02
	FIP	EM 4-C Who Must Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1) and (2)	FIP REA2 for FIP
	MED ST SUPP	EM 6-B SSA Policies Applicable to All Programs; EM 8-C Residents of Public Nonmedical Institutions; EM 8-C Who Must Be in the FMAP-Eligible Group; 441 Iowa Admin. Code 50.2(1), 75.12(249A), 75.13(2), 75.58(1)“a”; 20 CFR 416.211; 42 CFR 435.1008-1009	TD05 RSN2 for Medicaid, QMB, or SLMB
	402	... you or your children get benefits in another state.	
		... usted o sus hijos reciben beneficios en otro estado.	
	SNAP	EM 7-C Duplicate Assistance; 7 CFR 273.3	
	FIP	EM 4-C Duplicate Assistance; 441 Iowa Admin. Code 41.25(2)	
	MED ST SUPP	EM 6-B Nonfinancial Eligibility; EM 8-C Residency; 441 Iowa Admin. Code 51.5(249) and 75.10(249A)	
MN QMB SLMB QDWP E-SLMB	EM 8-C Residency; 441 Iowa Admin. Code 75.10(249A)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
	<p>405</p> <p>SNAP</p> <p>FIP</p> <p>MED ST SUPP</p> <p>MN QMB SLMB QDWP E-SLMB</p>	<p>... you get benefits on another case.</p> <p>... usted o sus hijos reciben beneficios por otro caso.</p> <p>EM 7-C Duplicate Assistance; 7 CFR 273.3</p> <p>EM 4-C Duplicate Assistance; 441 Iowa Admin. Code 41.25(2)</p> <p>EM 6-B Nonfinancial Eligibility; EM 8-C Residency; EM 8-O Nonfinancial Eligibility; 441 Iowa Admin. Code 51.5(249), 75.10(249A) and 92.2</p> <p>EM 8-C Residency; 441 Iowa Admin. Code 75.10(249A)</p>	<p>TD02 SNAP REA2 for SNAP</p> <p>TD02 FIP REA2 for FIP</p> <p>TD05 RSN2 for Medicaid, QMB, or SLMB</p>
	<p>406</p> <p>SNAP</p>	<p>... you missed your interview.</p> <p>... usted no concurreo a la entrevista.</p> <p>EM 7-B Failure to Attend the Interview; 7 CFR 273.2(e)(3); 273.2(g)(3)</p> <p>... you missed your interview.</p> <p>If you attend the interview and provide the required verification, including verification of any changes in your income, resources or in the members of your household within 14 calendar days from the date of this notice, we will look at your eligibility again. Otherwise, you will have to reapply.</p>	<p>TD02 SNAP REA2REMO</p> <p>TD02 FIP REA2</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)		<p>... usted no concurre a la entrevista.</p> <p>Revisaremos su solicitud nuevamente si concurre a la entrevista y presenta los comprobantes solicitados, incluyendo comprobantes de los cambios ocurridos en sus ingresos, recursos o en los miembros de su grupo familiar, en un plazo de 14 días naturales a partir de la fecha de esta notificación, vamos a ver de nuevo su elegibilidad. De lo contrario, deberá presentar una nueva solicitud.</p>	
	FIP	EM 4-B Interviews; EM 4-G The Eligibility Review; 441 Iowa Admin. Code 40.22(5), 40.23(4), 40.24(2), 40.27(1)	
	407	<p>... you did not give us a social security number.</p> <p>... usted no nos dio el número del seguro social.</p>	TD02 SNAP RSN2 or
	SNAP	EM 7-C Failure to Give or Apply for a Social Security Number; EM 7-C Household Composition; 7 CFR 273.6C; 7 CFR 273.1(a)(2)	TD02 FIP RSN2 or
	FIP	EM 4-C Failure to Give or Apply for a Social Security Number; 441 Iowa Admin. Code 41.22(13)	TD05 MED RSN2 OR ST SUPP RSN2
	MED ST SUPP	EM 6-B Nonfinancial Eligibility; EM 8-C Social Security Number; 441 Iowa Admin. Code 51.8(249) and 75.7(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	407 (Cont.)	EM 8-C Social Security Number; EM 8-O Providing a Social Security Number; 441 Iowa Admin. Code 75.7(249A), 92.2	
	MN QMB SLMB QDWP E-SLMB		
	(408)	... part of your benefit will be used to pay an overpayment.	No entry
		... parte de su beneficio será usado para reembolsar un sobrepago.	
	SNAP	EM 7-H Methods of Collecting Payments; 7 CFR 273.18(g)(1)	
	FIP	EM 4-H Methods of Recovery; 441 Iowa Admin. Code 46.22(2), 46.25(3)	
	((409))	... of information we received. The benefit you get may be more than you are eligible for and may need to be paid back. ... de la información que recibimos. El beneficio que reciba podría ser superior al que le corresponde y debería reembolsarlo.	TD02 SNAP REA2 FIP REA2
SNAP	EM 7-G Reinstatement		
FIP	EM 4-G Reinstatement; 441 Iowa Admin. Code 40.22(5)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	610	<p>... you are not eligible because you did not return your review form or your review form was not complete.</p> <p>...usted no es elegible ya que no devolvió el formulario de revisión, o bien lo devolvió incompleto.</p>	TD02 FIP REA2
	FIP	EM 4-G Required Report Forms; EM 4-G The Eligibility Review; 441 Iowa Admin. Code 40.27(239B)	
	MED ST SUPP	EM 6-B Case Maintenance; EM 8-G Additional FMAP-Related Case Maintenance: Eligibility Reviews; EM 8-G Additional SSI-Related Case Maintenance: Eligibility Review; EM 8-G Supplying Information and Verification; 441 Iowa Admin. Code 75.1(39)“b,” 76.1 and 76.7(249A); 42 CFR 435.916	TD05 RSN2
	MN	EM 8-J SSI-Related Spenddown Calculation; EM 8-J Recertifications; 441 Iowa Admin. Code 75.1(35)“d,” “e,” “f,” “i,” “j,” and “k,” 76.1 and 76.7(249A); 42 CFR 435.916	
	QMB SLMB QDWP E-SLMB	EM 8-G Eligibility Review; EM 8-G Supplying Information and Verification; 441 Iowa Admin. Code 76.1 and 76.7(249A); 42 CFR 435.916	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	613	... of death. We are sorry for your loss. We are sending this notice because it is required by law.	TD02 SNAP REA2 FIP REA2
		... debido a muerte. Lamentamos su pérdida. Le enviamos esta notificación porque así lo requiere la ley.	TD05 RSN2
	SNAP	EM 7-G Acting on Changes; 7 CFR 273.21(j)(1) and (j)(2), 273.12(c)	
	FIP	EM 4-C Who Must Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1) and (2)	
	MED ST SUPP	42 CFR 435.916; 441 Iowa Admin. Code 16.3(3), 74.2(249A, 85GA, SF446), 75.58(1)"a", 76.15(249A), 92	
Refugee	358	... you did not cooperate in a work or training plan. You are not eligible through **/**/**.	TD02 FIP REA2 (Status must be I)
		... usted no colaboró en un plan de trabajo o de capacitación. Usted no es elegible hasta el **/**/**.	
FIP	EM 6-D Sanctions for Failure or Refusal to Cooperate; EM 6-D(1) Recipients of Refugee Cash Assistance; 441 Iowa Admin. Code 60.9(5)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Refugee (Cont.)	700	... you are a United States citizen. ... usted es ciudadano/a de los Estados Unidos.	TD02 FIP REA2 TD05 RSN2
	FIP MED	EM 6-D United States Citizen; 441 Iowa Admin. Code 60.1(217)	
	701	... you have lived in the United States for 12 months. ... usted ha vivido en los Estados Unidos por 12 meses.	
	FIP MED	EM 6-D Time Since Entry to the U.S.; 441 Iowa Admin. Code 60.7(217)	
	702	... you are not in an approved training plan. ... usted no participa de un plan de capacitación aprobado.	
	FIP MED	EM 6-D Individual Employability Plan; 441 Iowa Admin. Code 60.9(3)	
	703	... you have not met work and training requirements. ... usted no reunió los requisitos laborales y de capacitación.	
	FIP	EM 6-D Failure to Meet Work Requirements; 441 Iowa Admin. Code 60.9(5)	
MED	EM 6-D Failure to Meet Work Requirements; 441 Iowa Admin. Code 60.8(217) and 60.9(217)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Refugee (Cont.)	704	<p>... you did not apply for or accept other benefits.</p> <p>... usted no solicitó ni aceptó otros beneficios.</p>	<p>TD02 FIP REA2</p> <p>TD05 RSN2</p>
	FIP MED	EM 6-D Benefits from SSI and Other Sources; 441 Iowa Admin. Code 60.4(217)	
	705	<p>... you are a full-time student in a higher education program.</p> <p>... usted es estudiante de tiempo completo en un programa de educación superior.</p>	
	FIP MED	EM 6-D Receipt of Assistance While Attending School; 441 Iowa Admin. Code 60.6(217)	

Person Reason Messages

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Appeal Decision	973	<p>Cash Assistance for ____ is ending because of the final decision on your appeal. You do not have appeal rights for this action.</p> <p>Los beneficios de Cash Assistance (Ayuda Económica en Efectivo) para ____ terminarán debido a la decisión final de su apelación. No tiene derecho a apelar esta resolución.</p>	<p>TD03 FIP RSN</p>
	FIP	EM 1-E General Standards for Continuation of Assistance Pending Final Appeal Decision; EM 1-E, Final Decision; 441 Iowa Admin. Code 7.17(17A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Appeal Decision (Cont.)	SNAP	<p>SNAP for ____ is ending because of the final decision on your appeal. You do not have appeal rights for this action.</p> <p>Los beneficios de SNAP para ____ terminarán debido a la decisión final de su apelación. No tiene derecho a apelar esta resolución.</p> <p>EM 1-E General Standards for Continuation of Assistance Pending Final Appeal Decision; EM 1-E Final Decision; 441 Iowa Admin. Code 7.17(17A)</p>	TD03 FA RSN
	MED	<p>Medicaid for ____ is ending because of the final decision on your appeal. You do not have appeal rights for this action.</p> <p>Los beneficios de Medicaid para ____ terminarán debido a la decisión final de su apelación. No tiene derecho a apelar esta resolución.</p> <p>EM 1-E General Standards for Continuation of Assistance Pending Final Appeal Decision; EM 1-E Final Decision; 441 Iowa Admin. Code 7.17(17A)</p>	TD03 MED RSN
FIP	<p>800</p> <p>FIP</p>	<p>You asked to exclude ____.</p> <p>Usted solicitó que se excluya a ____.</p> <p>EM 4-C Who May Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1)</p>	TD03 FIP RSN

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP (Cont.)	887	<p>...gets Kinship Caregiver payments.</p> <p>...recibe pagos de Pariente como proveedor de cuidados (Kinship Caregiver).</p> <p>EM 4-C Duplicate Assistance, 441 Iowa Admin. Code 41.25(2)</p>	TD03 FIP RSN
	912	<p>Your application to add _____ to your FIP is denied because this person did not sign a Family Investment Agreement.</p> <p>Su solicitud para agregar a ____ a sus beneficios Cash Assistance (Ayuda Económica en Efectivo) es denegada porque dicha persona no firmó el acuerdo de Inversión Familiar (Family Investment Agreement).</p>	
	FIP	EM 4-C, Family Investment Agreement; 441 Iowa Admin. Code 41.24(1) and (4)	
	916	<p>... does not have good cause for not living with a parent or legal guardian.</p> <p>... no tiene un motivo justificado para no vivir con uno de sus padres o su tutor legal.</p>	
FIP	EM 4-C Failure to Live with Parent or Guardian or Establish Good Cause; 441 Iowa Admin. Code 41.22(15)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP (Cont.)	<p>919</p> <p>FIP</p> <p>920</p>	<p>Your application to add ____ to your FIP is denied because the parent did not sign a Family Investment Agreement.</p> <p>Su solicitud para agregar a ____ a sus beneficios Cash Assistance (Ayuda Económica en Efectivo) es denegada porque el padre/la madre no firmó el acuerdo de Inversión Familiar (Family Investment Agreement).</p> <p>EM 4-C, Family Investment Agreement; 441 Iowa Admin. Code 41.24(1) and (4)</p> <p>... ____ has received FIP for 60 months. This person's PROMISE JOBS services are also canceled.</p> <p>Some people can get FIP past their 60-month limit because of a hardship. If you have filled out and returned the Request for FIP Beyond 60 Months form, you will get another notice. That notice will tell you if you can get FIP longer because of a hardship.</p> <p>... ____ ha recibido FIP por 60 meses. También se cancelan los servicios PROMISE JOBS de dicha persona.</p> <p>Algunas personas pueden obtener FIP pasado el límite de 60 meses debido a una situación de pobreza extrema. Si usted ha completado y devuelto el formulario Request for FIP Beyond 60 Months (Solicitud de FIP por más de 60 meses), recibirá otra notificación. En la misma se le informará si puede obtener FIP por más tiempo debido a una situación de pobreza extrema.</p>	<p>TD03 FIP RSN</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP (Cont.)	<p>FIP</p> <p>950</p> <p>FIP</p> <p>995</p> <p>FIP</p>	<p>EM 4-C Limit on FIP Assistance; 441 Iowa Admin. Code 41.30(1) and (2) EM 4-J Overview; 441 Iowa Admin. Code 93.103 (239B)</p> <p>... ____ is disqualified for giving false information about where he/she lives to get benefits from two or more states at a time.</p> <p>... ____ ha sido descalificado/a por haber proporcionado información falsa acerca del lugar donde vive para obtener beneficios de dos o más estados al mismo tiempo.</p> <p>EM 4-C Persons Who Misrepresent Their Place of Residence; 441 Iowa Admin. Code 46.29(239B)</p> <p>... is not eligible due to being a fleeing felon, or violating probation or parole.</p> <p>... no es elegible porque a que es un delincuente prófugo o ha violado su libertad condicional o bajo palabra.</p> <p>EM 4-C Fleeing Felons and Probation or Parole Violators; 441 Iowa Admin. Code 41.25(10)</p>	<p>TD03 FIP RSN</p>
FIP Hardship Exemption	<p>921</p> <p>FIP</p>	<p>____ does not meet hardship rules to get FIP past the 60-month limit.</p> <p>____ no reúne los requisitos de situación de pobreza extrema que son necesarios para obtener FIP pasado el límite de 60 meses.</p> <p>EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)</p>	<p>TD03 FIP RSN</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Hardship Exemption (Cont.)	922	<p>____ did not give us information we asked for to determine hardship eligibility for ____ past the 60-month limit.</p> <p>____ no nos proporcionó la información que le solicitamos para determinar la elegibilidad por pobreza extrema de ____ pasado el límite de 60 meses.</p>	TD03 FIP RSN
	FIP	EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)	
	924	<p>____ did not attend the interview with PROMISE JOBS to get FIP past the 60-month limit.</p> <p>____ no concurrió a la entrevista con PROMISE JOBS para obtener FIP pasado el límite de 60 meses.</p>	
	FIP	EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)	
	951	<p>FIP for ____ is canceled because the 6-month hardship period is over for ____.</p> <p>Se cancelan los beneficios FIP de ____ porque ha finalizado el período de 6 meses por pobreza extrema correspondiente a ____.</p>	
FIP		EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)	
	952	<p>____ is eligible to get FIP past the 60-month limit. FIP for ____ will stop at the end of the six-month hardship exemption period.</p> <p>____ es elegible para obtener FIP pasado el límite de 60 meses. Los beneficios FIP de ____ terminarán al finalizar el período de exención de 6 meses por pobreza extrema.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>FIP Hardship Exemption (Cont.)</p>	<p>FIP 953</p>	<p>EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)</p> <p>_____ did not sign the Family Investment Agreement to get FIP past the 60-month limit.</p> <p>_____ no firmó el acuerdo de Inversión Familiar (Family Investment Agreement) necesario para obtener FIP pasado el límite de 60 meses.</p>	<p>TD03 FIP RSN</p>
	<p>FIP 955</p>	<p>EM 4-C Hardship Exemption; 441 Iowa Admin. Code 41.30(3)</p> <p>_____ does not want FIP past the 60-month limit.</p> <p>_____ no desea recibir FIP pasado el límite de 60 meses.</p>	
	<p>FIP</p>	<p>EM 4-C, Hardship Exemption; 441 Iowa Admin. Code 41.30(3)</p>	
<p>FIP Limited Benefit Plan</p>	<p>(805)</p>	<p>FIP for _____ will end the last day of **/****.</p> <p>Los beneficios Cash Assistance (Ayuda Económica en Efectivo) de _____ finalizarán el último día de **/****.</p> <p>EM 4-J LIMITED BENEFIT PLAN; EM 4-J To Whom the Limited Benefit Plan is Applied; 441 Iowa Admin. Code 41.24(8)</p>	<p>No entry</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan (Cont.)	((853))	<p>_____ was put in a Limited Benefit Plan (LBP) in error. This LBP has been stopped for this person.</p> <p>_____ fue colocado/a en un Plan de Beneficios Limitados (LBP) por error. El LBP de esta persona ha sido cancelado.</p>	TD03 FIP RSN
	FIP	<p>EM 4-J Stopping a Limited Benefit Plan; EM 4-Appendix, PROMISE JOBS Provider Manual, Stopping a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8)</p>	
	((854))	<p>_____ was put in a Limited Benefit Plan (LBP) in error. This LBP has been stopped for this person.</p> <p>_____ fue colocado/a en un Plan de Beneficios Limitados (LBP) por error. El LBP de esta persona ha sido cancelado.</p>	
	FIP	<p>EM 4-J Stopping a Limited Benefit Plan; EM 4-Appendix, PROMISE JOBS Provider Manual, Stopping a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8)</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>FIP Limited Benefit Plan (Cont.)</p>	<p>858</p>	<p>_____ chose a Limited Benefit Plan (LBP). The LBP begins **/**/**. _____ and this person's children who live in the home cannot get FIP or PROMISE JOBS benefits for 6 months. They can get FIP and PROMISE JOBS benefits again **/**/**.</p> <p>When the 6 months end, _____ must sign a Family Investment Agreement (FIA) and complete 20 hours of work or other PROMISE JOBS activity to get FIP and PROMISE JOBS benefits again.</p> <p>Contact your DHS office if you want to get FIP for these people again.</p> <p>_____ eligió una Plan de Beneficios Limitados (LBP). El LBP comenzará el **/**/**. Ni _____ ni los hijos de dicha persona que vivan en su hogar podrán obtener beneficios de FIP o de PROMISE JOBS por 6 meses. Los mismos podrán recibir beneficios de FIP o de PROMISE JOBS nuevamente a partir del **/**/**.</p> <p>Cuando finalicen los 6 meses, _____ deberá firmar el Acuerdo de Inversión Familiar (FIA) y completar 20 horas de trabajo u otra actividad de PROMISE JOBS para recibir beneficios FIP y PROMISE JOBS nuevamente.</p> <p>Comuníquese con la oficina de DHS si desea obtener FIP para estas personas nuevamente.</p>	<p>No entry</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>FIP Limited Benefit Plan (Cont.)</p>	<p>858 (Cont.)</p> <p>FIP</p> <p>859</p>	<p>EM 4-J LIMITED BENEFIT PLAN; EM 4-Appendix, PROMISE JOBS Provider Manual, Choices Resulting in a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8) and 93.13(3)</p> <p>_____ chose the Limited Benefit Plan (LBP). The LBP begins **/**/**. _____ and this person's children who live in the home cannot get FIP or PROMISE JOBS benefits during the LBP.</p> <p>To stop the LBP, this person must sign a new Family Investment Agreement (FIA).</p> <p>Contact your DHS office if you want to get FIP for these people again.</p> <p>_____ eligió una Plan de Beneficios Limitados (LBP). El LBP comenzará el **/**/**. Ni _____ ni los hijos de dicha persona que vivan en su hogar podrán obtener beneficios de FIP o de PROMISE JOBS durante la vigencia del LBP.</p> <p>Para cancelar el LBP, dicha persona deberá firmar el Acuerdo de Inversión Familiar (FIA).</p> <p>Comuníquese con la oficina de DHS si desea obtener FIP para estas personas nuevamente.</p>	<p>No entry</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>FIP Limited Benefit Plan (Cont.)</p>	<p>FIP</p> <p>860</p> <p>FIP</p>	<p>EM 4-J LIMITED BENEFIT PLAN; EM 4-Appendix, PROMISE JOBS Provider Manual, Choices Resulting in a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8), 93.13(3)</p> <p>_____ chose the Limited Benefit Plan (LBP). The LBP begins **/**/**. _____ cannot get FIP or PROMISE JOBS benefits during the LBP.</p> <p>To stop the LBP, this person must sign a new Family Investment Agreement (FIA).</p> <p>Contact your DHS office if you want to get FIP for this person again.</p> <p>_____ eligió una Plan de Beneficios Limitados (LBP). El LBP comenzará el **/**/**. _____ no podrá recibir beneficios de FIP o de PROMISE JOBS durante la vigencia del LBP.</p> <p>Para cancelar el LBP, dicha persona deberá firmar el Acuerdo de Inversión Familiar (FIA).</p> <p>Comuníquese con la oficina de DHS si desea obtener FIP para esta persona nuevamente.</p> <p>EM 4-J LIMITED BENEFIT PLAN; EM 4-Appendix, PROMISE JOBS Provider Manual, Choices Resulting in a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8), 93.13(3)</p>	<p>No entry</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>FIP Limited Benefit Plan (Cont.)</p>	<p>863</p> <p>FIP</p> <p>((864))</p> <p>FIP</p>	<p>FIP for ____ is still canceled because of the Limited Benefit Plan (LBP) that was chosen. This person did not sign a Family Investment Agreement (FIA) before the LBP started, so an FIA must be signed to get FIP and PROMISE JOBS benefits again.</p> <p>Contact your DHS office if you want to get FIP for this person again.</p> <p>Los beneficios FIP de ____ aún están cancelados debido al tipo de Plan de Beneficios Limitados elegido. Esta persona no firmó el Acuerdo de Inversión Familiar (FIA) antes que el LBP comenzara, por lo tanto deberá firmar el FIA para recibir beneficios FIP y PROMISE JOBS de nuevo.</p> <p>Comuníquese con la oficina de DHS si desea obtener FIP para esta persona nuevamente.</p> <p>EM 4-J LIMITED BENEFIT PLAN; 441 Iowa Admin. Code 41.24(8) and 93.13(3)</p> <p>The earliest ____ can get FIP and PROMISE JOBS benefits again is **/**/**.</p> <p>____ podrá obtener beneficios de FIP y PROMISE JOBS nuevamente a partir del **/**/**.</p> <p>EM 4-J LIMITED BENEFIT PLAN; 441 Iowa Admin. Code 41.24(8) and 93.13(3)</p>	<p>TD03 FIP RSN</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan (Cont.)	865	<p>_____ did what was needed to stop the Limited Benefit Plan (LBP).</p> <p>_____ realizó todos los trámites necesarios para cancelar el Plan de Beneficios Limitados (LBP).</p>	TD03 FIP RSN
	FIP	<p>EM 4-J Reconsidering a Limited Benefit Plan; EM 4-Appendix, PROMISE JOBS Provider Manual, Reconsidering a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8), 93.13(3)</p>	
	866	<p>_____ did not do what was needed to stop the Limited Benefit Plan (LBP). The LBP is still in effect. To get FIP and PROMISE JOBS benefits again, this person must sign a Family Investment Agreement (FIA). If this person chose an LBP before, this person must also complete 20 hours of work or other PROMISE JOBS activity.</p> <p>Contact your DHS office if you want to get FIP for this person again.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>FIP Limited Benefit Plan (Cont.)</p>	<p>866 (Cont.)</p>	<p>___ no realizó todos los trámites necesarios para cancelar el Plan de Beneficios Limitados (LBP). El LBP aún está vigente. Para obtener beneficios de FIP y PROMISE JOBS nuevamente, esta persona deberá firmar el Acuerdo de Inversión Familiar (FIA). Si esta persona ya había elegido un LBP anteriormente, también deberá completar 20 horas de trabajo u otra actividad de PROMISE JOBS.</p> <p>Comuníquese con la oficina de DHS si desea obtener FIP para esta persona nuevamente.</p>	
	<p>FIP</p>	<p>EM 4-J LIMITED BENEFIT PLAN; 441 Iowa Admin. Code 41.24(8), 93.138(2), and 93.13(3)</p>	
	<p>867</p>	<p>The Limited Benefit Plan (LBP) for ___ is on hold because a timely appeal was filed.</p> <p>El Plan de Beneficios Limitados (LBP) de ___ está temporariamente inactivo porque se presentó una apelación oportunamente.</p>	<p>TD03 FIP RSN</p>
	<p>FIP</p>	<p>EM 1-E General Standards for Continuation of Assistance Pending Final Appeal Decision; 441 Iowa Admin. Code 7.17(17A)</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>FIP Limited Benefit Plan (Cont.)</p>	<p>868</p>	<p>FIP for ____ is still canceled because of the Limited Benefit Plan (LBP) that was chosen. To get FIP and PROMISE JOBS benefits again, this person must sign a Family Investment Agreement (FIA). If this person has chosen an LBP before, the person must also complete 20 hours of work or other PROMISE JOBS activity.</p> <p>Contact your DHS office if you want to get FIP for this person again.</p> <p>Los beneficios FIP de ____ aún están cancelados debido al tipo de Plan de Beneficios Limitados (LBP) elegido. Para obtener beneficios de FIP y PROMISE JOBS nuevamente, esta persona deberá firmar el Acuerdo de Inversión Familiar (FIA). Si esta persona ya había elegido un LBP anteriormente, también deberá completar 20 horas de trabajo u otra actividad de PROMISE JOBS.</p> <p>Comuníquese con la oficina de DHS si desea obtener FIP para esta persona nuevamente.</p> <p>EM 4-J Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8), 93.13(3)</p>	<p>TD03 FIP RSN</p>
	<p>869</p>	<p>____ chose the Limited Benefit Plan (LBP) again. The LBP begins **/**/**. The earliest ____ can get FIP or PROMISE JOBS benefits again is **/**/**.</p>	<p>No entry</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>FIP Limited Benefit Plan (Cont.)</p>	<p>869 (Cont.)</p> <p>FIP</p>	<p>When the 6 months end, ____ must sign a Family Investment Agreement (FIA) and complete 20 hours of work or other PROMISE JOBS activity to get FIP and PROMISE JOBS benefits again.</p> <p>Contact your DHS office if you want to get FIP for this person again.</p> <p>____ eligió una Plan de Beneficios Limitados (LBP) nuevamente. El LBP comenzará el **/**/**. ____ podrá recibir beneficios de FIP o de PROMISE JOBS nuevamente a partir del **/**/**.</p> <p>Cuando finalicen los 6 meses, ____ deberá firmar el Acuerdo de Inversión Familiar (FIA) y completar 20 horas de trabajo u otra actividad de PROMISE JOBS para recibir beneficios FIP y PROMISE JOBS de nuevo.</p> <p>Comuníquese con la oficina de DHS si desea obtener FIP para esta persona nuevamente.</p> <p>EM 4-J LIMITED BENEFIT PLAN; EM 4-Appendix, PROMISE JOBS Provider Manual, Choices Resulting in a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8) and 93.13(3)</p>	<p>ENTER IN:</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan (Cont.)	870	The Limited Benefit Plan (LBP) has stopped for your family since ____ no longer lives with you. El Plan de Beneficios Limitados (LBP) ha sido cancelado para su familia porque ____ ya no vive con usted. EM 4-J Limited Benefit Plan; EM 4-J To Whom the Limited Benefit Plan is Applied; EM 4-J Stopping a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8)	No entry
	871	The Limited Benefit Plan (LBP) has stopped for ____. El Plan de Beneficios Limitados (LBP) de ____ ha sido cancelado.	TD03 FIP RSN
	872	The Limited Benefit Plan (LBP) has stopped for ____. El Plan de Beneficios Limitados (LBP) de ____ ha sido cancelado. EM 4-J To Whom the Limited Benefit Plan is Applied; EM 4-J Stopping a Limited Benefit Plan; 441 Iowa Admin. Code 41.24(8)	No entry

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
FIP Limited Benefit Plan (Cont.)	878	<p>... of the Limited Benefit Plan (LBP) that ____ chose. To get FIP and PROMISE JOBS benefits again, this person must sign a Family Investment Agreement (FIA). If this person chose an LBP before, this person must also complete 20 hours of work or other PROMISE JOBS activity.</p> <p>Contact your DHS office if you want to get FIP for this person again.</p> <p>... del Plan de Beneficios Limitados (LBP) que ____ eligió. Para obtener beneficios de FIP y PROMISE JOBS nuevamente, esta persona deberá firmar el Acuerdo de Inversión Familiar (FIA). Si esta persona ya había elegido un LBP anteriormente, también deberá completar 20 horas de trabajo u otra actividad de PROMISE JOBS.</p> <p>Comuníquese con la oficina de DHS si desea obtener FIP para esta persona nuevamente.</p> <p>EM 4-J LIMITED BENEFIT PLAN; 441 Iowa Admin. Code 41.24(8), 93.13(3)</p>	TD03 FIP RSN
SNAP	927 SNAP	<p>... cannot get SNAP because this person got SNAP for 3 out of the last 36 months without meeting the work requirements.</p> <p>... no puede obtener SNAP porque la recibió por 3 meses durante los últimos 36 meses sin cumplir con los requisitos laborales.</p> <p>EM 7-I ABAWD Work Requirement; 441 Iowa Admin. Code 65.28(18)</p>	TD03 SNAP RSN

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP (Cont.)	928	<p>... ____ quit work without a good reason. This person is disqualified until **/**/** or until the requirements are met, whichever is later.</p> <p>... ____ dejó su trabajo sin causa justificada. Esta persona ha sido descalificada hasta el **/**/** o hasta que cumpla con los requisitos, en el caso que lo último ocurra con posterioridad a la fecha mencionada.</p>	TD03 SNAP RSN (Status must be I)
	SNAP	EM 7-C Work Requirements for MWRs; 441 Iowa Admin. Code 65.28(12)	
	934	<p>... ____ is a boarder.</p> <p>... ____ es pensionista.</p>	TD03 SNAP RSN
	SNAP	EM 7-I Boarders and Commercial Boarding Houses; 7 CFR 273.1(c)	
	935	<p>... ____ does not meet student requirements.</p> <p>... ____ no reúne los requisitos para estudiantes.</p>	
	SNAP	EM 7-I Eligible Students; 7 CFR 273.5(a), (b)(1); 441 Iowa Admin. Code 65.26(234)	
	936	<p>... ____ does not eat with you.</p> <p>... ____ no come con usted.</p>	
SNAP	EM 7-C Household Composition; 7 CFR 273.1(a)(2)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP (Cont.)	944	<p>... you did not respond to the notice of match results. We cannot determine if _____ is eligible.</p> <p>... no respondió a la notificación de los resultados de coincidencia. No podemos determinar si _____ es elegible.</p> <p>EM 7-G Verifying Changes or Verifying Reported Changes; EM 7-B Processing Standards; EM 7-G Acting on Changes; 7 CFR 273.2f(8), 273.12(c) and (b)(3)</p>	TD03 SNAP RSN – NAC ONLY
	995	<p>... is not eligible due to being a fleeing felon, or violating probation or parole.</p> <p>... no es elegible debido a que es un delincuente prófugo o ha violado su libertad condicional o bajo palabra.</p>	TD03 SNAP RSN (Status must be I)
	SNAP	EM 7-I Ineligible Household Members; 7 CFR 273.1, 273.11	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP: Continuing Failure to Comply with Work Registration	803 SNAP	<p>_____ did not meet work requirements for mandatory work registrants. This person is still disqualified from the SNAP Program until the requirements are met.</p> <p>_____ no cumplió los requisitos laborales establecidos para los inscriptos en el registro laboral obligatorio. Esta persona aún está descalificada para el Programa SNAP hasta que cumpla con los requisitos.</p> <p>EM 7-C Work Requirements for MWRs; 441 Iowa Admin. Code 65.28(12)</p>	TD03 SNAP RSN (Status code must already be I)
SNAP: IPV Disqualifications	802 SNAP	<p>_____ is permanently disqualified for trading SNAP for firearms, ammunition or explosives. Your household is not eligible to receive information about the benefits of a healthy marriage.</p> <p>_____ ha sido descalificado/a permanentemente por haber intercambiado SNAP por armas de fuego, municiones o explosivos. Su grupo familiar no reúne los requisitos para recibir información sobre los beneficios de un matrimonio sano (Healthy Marriage).</p> <p>EM 7-J Penalties for Intentional Program Violation; 7 CFR 273.16(b)(3); 441 Iowa Admin. Code 65.46(5)</p>	TD03 SNAP RSN (Status must be J)

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP: IPV Disqualifications (Cont.)	943	<p>_____ is disqualified for intentional program violation. Your household is not eligible to receive information about the benefits of a healthy marriage.</p> <p>_____ ha sido descalificado/a por haber violado intencionalmente las normas del programa. Su grupo familiar no reúne los requisitos para recibir información sobre los beneficios de un matrimonio sano (Healthy Marriage).</p>	TD03 SNAP RSN (Status must be J)
	SNAP	EM 7-J Penalties for Intentional Program Violation; 7 CFR 273.16(b)	
	992	<p>_____ is disqualified for intentional program violation involving a controlled substance. Your household is not eligible to receive information about the benefits of a healthy marriage.</p> <p>_____ ha sido descalificado/a por haber violado intencionalmente las normas del programa relacionadas con sustancias controladas. Su grupo familiar no reúne los requisitos para recibir información sobre los beneficios de un matrimonio sano (Healthy Marriage).</p>	
	SNAP	EM 7-J Penalties for Intentional Program Violation; 7 CFR 273.16 (b)(2); 441 Iowa Admin. Code 65.46(1)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP: IPV Disqualifications (Cont.)	993	<p>_____ is permanently disqualified for trafficking SNAP. Your household is not eligible to receive information about the benefits of a healthy marriage.</p> <p>_____ ha sido descalificado/a permanentemente por traficar SNAP. Su grupo familiar no reúne los requisitos para recibir información sobre los beneficios de un matrimonio sano (Healthy Marriage).</p>	TD03 SNAP RSN (Status must be J)
	SNAP	EM 7-J Penalties for Intentional Program Violation; 441 Iowa Admin. Code 65.46(2)	
	994	<p>_____ is disqualified for giving false information about identity or residency to get SNAP benefits in more than one place at the same time. Your household is not eligible to receive information about the benefits of a healthy marriage.</p> <p>_____ ha sido descalificado/a por proporcionar información falsa acerca de su identidad o residencia con el fin de obtener beneficios de SNAP en más de un lugar al mismo tiempo. Su grupo familiar no reúne los requisitos para recibir información sobre los beneficios de un matrimonio sano (Healthy Marriage).</p>	
	SNAP	EM 7-J Penalties for Intentional Program Violation; 7 CFR 273.16(b)(5); 441 Iowa Admin. Code 65.46(3)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
SNAP Work Registration	<p>987</p> <p>SNAP</p>	<p>_____ chose to work under 30 hours per week. This person is disqualified from SNAP until **/**/** or until the requirements are met, whichever is later.</p> <p>_____ eligió trabajar menos de 30 horas por semana. Esta persona queda descalificada para SNAP hasta el **/**/** o hasta que cumpla con los requisitos, en el caso que lo último ocurra con posterioridad a la fecha mencionada.</p> <p>EM 7-C Work Requirements for MWRs; 441 Iowa Admin. Code 65.28(12)</p>	<p>TD03 SNAP RSN (Status must be I)</p>
Medicaid and State Supplementary Assistance	<p>800</p> <p>MED ST SUPP</p> <p>811</p>	<p>You have asked to exclude _____. Usted solicitó que se excluya a _____.</p> <p>EM 6-B Application Processing; EM 8-C Persons Voluntarily Excluded from the Eligibility Group; EM 8-G Reporting Changes; EM 8-G Terminating Medicaid; 42 CFR 435.10 and 919; 441 Iowa Admin. Code 50.2(249), 75.59(249A), and 76.10(2)</p> <p>_____ is no longer living in a Residential Care Facility (RCF). RCF payments will not be made for the time this person was not living there.</p> <p>_____ ya no vive en un Establecimiento Médico Residencial (RCF). No se harán los pagos de RCF por el tiempo en que dicha persona no estuvo viviendo allí.</p>	<p>TD03 MED RSN or FAC/ STATE SUPP/ WAIVER</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>Medicaid and State Supplementary Assistance (Cont.)</p>	<p>811 (Cont.)</p>		
	<p>ST SUPP</p>	<p>EM 6-B Residential Care Facility Assistance; 441 Iowa Admin. Code 51.3(2)</p>	
	<p>812</p>	<p>_____ is the newborn of a mother who is eligible for Medicaid. Medicaid for the child will continue until the child turns 1 as long as the child is an Iowa resident.</p> <p>_____ es el bebé recién nacido de una madre que califica para recibir Medicaid. Medicaid para el bebé continuará hasta que el mismo cumpla 1 año de edad, siempre y cuando el bebé resida en Iowa.</p>	<p>TD03 MED RSN or FAC/ STATE SUPP/ WAIVER</p>
	<p>MED</p>	<p>EM 8-F Newborn Children of Medicaid-Eligible Mothers; 42 CFR 435.117; 441 Iowa Admin. Code 75.1(20)</p>	
	<p>813</p>	<p>_____ does not live with the mother.</p> <p>_____ no vive con su madre.</p>	
	<p>MED</p>	<p>EM 8-F Newborn Children of Medicaid-Eligible Mothers; 42 CFR 435.117; 441 Iowa Admin. Code 75.1(20)</p>	
	<p>814</p>	<p>_____ is turning 1 and is no longer eligible for Medicaid as a newborn.</p> <p>_____ cumplirá 1 año y ya no será elegible para Medicaid como recién nacido/a.</p>	
<p>MED</p>	<p>EM 8-F Newborn Children of Medicaid-Eligible Mothers; 42 CFR 435.117; 441 Iowa Admin. Code 75.1(20)</p>		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	815	<p>We do not have proof of _____'s birth date. Medicaid may start again when the birth date is verified.</p> <p>No recibimos el comprobante de la fecha de nacimiento de _____. Los beneficios Medicaid serán reactivados cuando verifiquemos la fecha de nacimiento.</p>	TD03 MED RSN or FAC/ STATE SUPP/ WAIVER
	MED	EM 8-F Newborn Children of Medicaid-Eligible Mothers; 42 CFR 435.117; 441 Iowa Admin. Code 75.1(20)	
	817	<p>The Department has determined that _____ is no longer disabled.</p> <p>El Departamento ha determinado que _____ ya no se encuentra discapacitado.</p>	
	MED	EM 8-C Denial Based on Disability; 441 Iowa Admin. Code 75.1(39)"a"(1) and 75.20(2)	
	818	<p>The 60-day postpartum period for _____ has ended.</p> <p>El período de posparto de 60 días de _____ ha finalizado.</p>	
	MED	EM 8-F Postpartum Eligibility; 441 Iowa Admin. Code 75.1(24)	
	819	_____ was eligible for Medicaid because she was pregnant. Medicaid will continue through the 60-day postpartum period, which begins the day pregnancy ended.	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	819 (Cont.)	____ fue elegible para Medicaid porque estaba embarazada. Los beneficios Medicaid continuarán durante el período de posparto de 60 días, el cual comenzará el día de finalización del embarazo.	TD03 MED RSN or FAC/ STATE SUPP/ WAIVER
	MED	EM 8-F Postpartum Eligibility; 441 Iowa Admin. Code 75.1(24), 92.2(1)	
	820	... as ____ had a birthday. If this child is in a medical institution, call your worker so Medicaid will not end. ... porque fue el cumpleaños de _____. Si este/a niño/a está en un establecimiento médico, llame a su asistente para que los beneficios Medicaid continúen.	
	MED	EM 8-F Continued MAC Coverage of Children Receiving Inpatient Care; 441 Iowa Admin. Code 75.1(28)“j,” 75.1(28)“k”	
	821	... ____ was placed by the court in a public residential care facility that has more than 16 beds. ... ____ fue colocado/a por orden judicial en un establecimiento médico residencial público que tiene más de 16 camas.	
ST SUPP	EM 6-B Living in a Certified Facility; 441 Iowa Admin. Code 52.1(3)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>Medicaid and State Supplementary Assistance (Cont.)</p>	<p>822</p>	<p>_____ is in a correctional facility. _____ se encuentra en un centro correccional.</p>	<p>TD03 MED RSN or FAC/ STATE SUPP/ WAIVER</p>
	<p>MED ST SUPP</p>	<p>EM 6-B SSA Policies Applicable to All Programs; EM 8-C Residents of Public Nonmedical Institutions; 20 CFR 416.211; 42 CFR 435.1008-1009, 441 Iowa Admin. Code 75.12(249A)</p> <p>823</p> <p>Social Security found _____ to be presumptively eligible for disability. Medicaid is approved **/**/** through **/**/**. You will keep getting Medicaid after this date if Social Security finds you are disabled.</p> <p>Your Medicaid will end if Social Security finds that you are not disabled.</p> <p>Social Security ha determinado que _____ es presuntamente elegible por discapacidad. Se autoriza Medicaid desde el **/**/** hasta el **/**/**. Usted continuará recibiendo Medicaid con posterioridad a dicha fecha si Social Security confirma que está discapacitado/a.</p> <p>Sus beneficios Medicaid finalizarán si Social Security determina que no está discapacitado/a.</p>	
	<p>MED</p>	<p>EM 8-C Presumptive Disability; 20 CFR 416.931; 441 Iowa Admin. Code 50.2(1), 75.20(249A); and 75.1(4)</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	824	<p>_____ is not blind or disabled. The Social Security Administration denied benefits as you are not disabled at this time.</p> <p>We are required to follow Social Security's decision. If you are approved for disability benefits at a later date, please tell us within 10 days of the date on your notice from Social Security.</p> <p>_____ no está ciego/a ni discapacitado/a. Social Security Administration le deniega beneficios porque usted no está discapacitado/a en este momento.</p> <p>Debemos cumplir la resolución de Social Security. Si en el futuro usted recibe beneficios por discapacidad, por favor infórmenos en un plazo de 10 días a partir de la fecha de notificación de Social Security.</p>	TD03 MED RSN or FAC/ STATE SUPP/ WAIVER
	MED 825	<p>EM 8-C Denial Based on Disability; 441 Iowa Admin. Code 75.1(39)"a"(1), 75.20(2)</p> <p>_____ is not blind or disabled. If your medical condition gets worse or you have a new condition, then you may re-apply for Medicaid.</p> <p>_____ no está ciego/a ni discapacitado/a. Si su estado empeora o si aparece un nuevo problema de salud, entonces podrá solicitar Medicaid nuevamente.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	825 (Cont.) MED	EM 8-C Reapplying after Disability is Denied; 441 Iowa Admin. Code 75.20(2); 20 CFR 416.913, and 416.920	TD03 MED RSN or FAC/ STATE SUPP/ WAIVER
	826 MED	_____ is able to work. _____ está capacitado/a para trabajar.	
	MED	EM 8-C Substantial Gainful Activity for an Employee; Substantial Gainful Activity for a Self-Employed Person; 20 CFR 416.975 and 416.974; 441 Iowa Admin. Code 75.1(39)“a”(1), 75.20(2)	
	827	The Social Security Administration has determined that _____ is no longer disabled. Social Security Administration ha determinado que _____ ya no se encuentra discapacitado.	
	MED	EM 8-C Denial Based on Disability; 441 Iowa Admin. Code 75.1(39)“a”(1) and 75.20(2)	
	828	_____ did not apply for SSI. _____ no solicitó SSI.	
	ST SUPP	EM 6-B Nonfinancial Eligibility; 441 Iowa Admin. Code 51.1(249)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
<p>Medicaid and State Supplementary Assistance (Cont.)</p>	<p>829</p>	<p>If your Medicaid stops, DHS will no longer pay your Medicare premiums. The Social Security Administration will bill you or deduct premiums from your social security check. Tell them if you do not want Medicare.</p> <p>Si sus beneficios Medicaid terminan, DHS no seguirá pagando sus primas de Medicare. Social Security Administration le enviará la factura o descontará el importe de las primas de su cheque del seguro social. Comuníqueles si no desea tener Medicare.</p>	<p>TD03 MED RSN or FAC/ STATE SUPP/ WAIVER</p>
	<p>MED</p>	<p>EM 8-M Medicaid Services; 42 CFR 407.48</p>	
	<p>830</p>	<p>DHS now pays the Medicare premium for _____. Social Security will issue a refund of premiums you paid.</p> <p>Actualmente DHS paga la prima de Medicare de _____. Social Security le reembolsará las primas que usted pagó.</p>	
	<p>832</p>	<p>EM 8-I Effect of Buy-In; 42 CFR 435.725C, (4); 441 Iowa Admin. Code 75.16(2)“f”</p> <p>_____ does not have a verified diagnosis of AIDS/HIV, brain injury, mental retardation, serious emotional disorder or is not 65 or older.</p> <p>No se ha verificado el diagnóstico de _____ con respecto a SIDA/HIV, daño cerebral, retardo mental o trastorno emocional severo, o no tiene 65 años o más.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	832 (Cont.)	EM 8-N When to Deny an Application; 441 Iowa Admin. Code 83.22(1), 83.42(1), 83.42(1)a, 83.61(1), 83.61(1)a, 83.81(249A), 83.82(1)a, 83.122(2)	TD03 MED RSN or FAC/ STATE SUPP/ WAIVER
	833	_____ is or could be eligible for SSI, but did not apply. _____ es o podría ser elegible para SSI pero no presentó la solicitud.	
	834	EM 8-N Eligibility for the Health and Disability Waiver; 441 Iowa Admin. Code 83.2(249A) _____ is not actively trying to sell his/her property. _____ no está tramitando la venta de su propiedad.	
	835	EM 6-B Conditional Benefits; 441 Iowa Admin. Code 50.5(249) We were not counting a resource for a period of time because you had it for sale. That time period is over. The value of that resource is now being counted, and your resources are over the \$2,000 limit.	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	835 (Cont.)	Durante cierto período de tiempo no tuvimos en cuenta uno de sus recursos porque el mismo estaba en venta. Dicho período de tiempo ha finalizado. El valor de dicho recurso será contabilizado a partir de ahora y por lo tanto sus recursos superan el límite de \$2,000. EM 6-B Conditional Benefits; 441 Iowa Admin. Code 50.5(249)	TD03 MED RSN or FAC/ STATE SUPP/ WAIVER
	836	____ did not agree to pay back the State Supplementary Assistance program for assistance paid while trying to sell a resource. ____ no aceptó reembolsar al programa estatal Supplementary Assistance la ayuda económica que recibió mientras trataba de vender un recurso. EM 6-B Conditional Benefits; 441 Iowa Admin. Code 50.5(249)	
	837	... your income is over the limit. ____ is not following the Plan for Self Support (PASS). ... sus ingresos superan el límite. ____ no está cumpliendo con el Plan for Self Support (PASS) (Plan de Autofinanciamiento). EM 8-E Deduction for Plan for Achieving Self Support; 20 CFR 416.1180	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	838	<p>_____ is not receiving SSI and is not over the income limit for SSI.</p> <p>_____ no recibe SSI y no supera el límite de ingresos establecido por SSI.</p> <p>EM 6-B Nonfinancial Eligibility; 441 Iowa Admin. Code 51.1(249)</p>	TD03 MED RSN or FAC/ STATE SUPP/ WAIVER
	839	<p>... there is a limit on the number of people who can be served. Your name is on a waiting list. We will tell you when you can apply.</p> <p>... existe una cantidad límite de personas que pueden recibir beneficios. Su nombre está en lista de espera. Le informaremos cuando pueda presentar su solicitud.</p> <p>EM 8-N When to Deny an Application; 441 Iowa Admin. Code 83.3(2), 83.61(3), 83.82(3), 83.82(4), 83.102(5), 83.123(1)</p>	
	840	<p>_____ did not apply for free health insurance.</p> <p>_____ no solicitó seguro médico gratuito.</p> <p>EM 8-C Benefits from Other Sources, Medical Benefits; 441 Iowa Admin. Code 75.2(249A)</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	841	<p>_____ is no longer in subsidized adoption.</p> <p>_____ ya no se encuentra en adopción subsidiada.</p> <p>EM 8-H Subsidized Adoption Placement; 441 Iowa Admin. Code 75.1(10)</p>	TD03 MED RSN or FAC/ STATE SUPP/ WAV
	842	<p>_____ is eligible for Medicaid. The state you are now living in will give you Medicaid.</p> <p>_____ es elegible para Medicaid. El estado en el que vive actualmente le dará Medicaid.</p> <p>EM 8-H Child Placed Outside Iowa; 441 Iowa Admin. Code 75.10(2)</p>	
	843	<p>_____ has been added to your household from **/**/** through **/**/**.</p> <p>_____ ha sido agregado/a a su familia desde el **/**/** hasta el **/**/**.</p> <p>EM 8-J Adding New Person to Eligible Group; 441 Iowa Admin. Code 75.19(3), 75.1(35)</p>	
	846	<p>_____ did not give information about a health or accident insurance payment to the Department's Third Party Liability (TPL) unit.</p> <p>_____ no le proporcionó información sobre el pago del seguro médico o de accidentes a la unidad de Responsabilidad Civil por Daños a Terceros (TPL) del Departamento.</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	846 (Cont.) MED MN QMB	EM 8-C Cooperation with Third-Party Liability Unit; 42 CFR 433.138; 441 Iowa Admin. Code 75.4(3), 75.2(249A), 75.4(249A), 80.5(2)	TD03 MED RSN or FAC/ STATE SUPP/ WAV
	847	_____ did not give information to the Health Insurance Premium Payment (HIPP) program. _____ no le proporcionó información al programa HIPP (pago de primas del seguro médico).	
	MED QMB SLMB MN	EM 8-C Cooperation with the Health Insurance Premium Payment (HIPP) Unit; 441 Iowa Admin. Code 75.21(1)	
	848	... you did not give us proof of citizenship and/or identify for _____. ... no nos proporcionó los comprobantes de ciudadanía y/o identidad de _____.	
	MED MN QMB SLMB E-SLMB ST SUPP	EM 8-C Citizenship; 441 Iowa Admin. Code 75.11(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	<p>849</p> <p>MED</p>	<p>_____ is canceled because you did not give us the information we asked for. We cannot determine if you are eligible.</p> <p>_____ se ha cancelado porque no nos ha suministrado la información que le pedimos. No podemos determinar si usted es elegible o no.</p> <p>EM 6-B Verification; EM 8-B Verification; 20 CFR 416.201-416.220; 441 Iowa Admin. Code 76.1(3), 76.13(249A), 76.2((249A), 50.2(249), 50.4(4) and 92</p>	<p>TD03 MED RSN</p>
	<p>(888)</p>	<p>... _____ has income over the limit.</p> <p>... los ingresos familiares de _____ superan el límite.</p> <p>EM 8-E, Income; and 8-F, Coverage Groups 441 IAC 75.57(249A) Income; 441 IAC 75.54(4) Continuous Eligibility for Children</p>	<p>No entry</p>
	<p>(889)</p>	<p>_____ is denied because the income is over the limit.</p> <p>_____ es denegado porque los ingresos familiares superan el límite.</p> <p>EM 8-B, Application Processing; EM 8-E, Income; and EM 8-F, Coverage Groups 441 IAC 75.1(249A) Applications; 441 IAC 75.57(249A) Income; 441 IAC 75.54(4) Continuous Eligibility for Children</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	913	... ____ has resources over the limit. ... ____ tiene recursos que superan el límite.	No entry
	MED	EM 8-D FMAP-Related Resource Limits; EM 8-D SSI-Related Resource Limits; 441 Iowa Admin. Code 50.2(1), 75.1(249A), 75.9(249A), 75.15, 75.56(249A), 76.5(2); 20 CFR 416.1205	
	MN	EM 8-J Resource Policies; 441 Iowa Admin. Code 75.1(35)“e”	
	QMB SLMB	EM 8-D SSI-Related Resource Limits; 441 Iowa Admin. Code 75.1(29), 75.9(249A), 76.5(2); 20 CFR 416.1205	
	QDWP	EM 8-D SSI-Related Resource Limits; 441 Iowa Admin. Code 75.1(33), 75.9(249A), 76.5(2); 20 CFR 416.1205	
	E-SLMB	EM 8-D SSI-Related Resource Limits; 441 Iowa Admin. Code 75.1(36), 75.9(249A), 76.5(2); 20 CFR 416.1205	
	914	... ____ has income over the limit. ... ____ tiene recursos que superan el límite.	TD03 MED RSN or FAC/ STATE SUPP/ WAV
	MED	EM 8-E FMAP-Related Limits; 441 Iowa Admin. Code 75.1(249A) and 75.57(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	957	... ____ is not enrolled in the parent's employer group health insurance.	TD03 MED RSN or FAC/ STATE SUPP/ WAV
	MКСN	EM 8-F Medicaid for Iowa Kids with Special Needs; 441 Iowa Admin. Code 75.1(43)c	
	959	____ does not have emergency medical expenses. ____ no tiene gastos médicos de emergencia.	
	MED MN	EM 8-L Existence of an Emergency Medical Condition; 441 Iowa Admin. Code 75.11(249A)	
	960	____ is not eligible for Medicaid because this person did not give information about a health or accident insurance payment to the Department's Third-Party Liability (TPL) Unit. ____ no es elegible para Medicaid porque dicha persona no le proporcionó información sobre el pago del seguro médico o de accidentes a la unidad de Responsabilidad Civil por Daños a Terceros (TPL) del Departamento.	
	MED MN	EM 8-C Failure to Cooperate with Health Insurance Premium Payment (HIPP) or Third- Party Liability (TPL); 441 Iowa Admin. Code 75.2(249A), 75.4(3) and 75.21(1)	
	QMB	EM 8-C Third-Party Liability (TPL); 441 Iowa Admin. Code 75.2(249A), 75.4(3)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Medicaid and State Supplementary Assistance (Cont.)	SLMB	EM 8-C Third-Party Liability (TPL); EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.2(249A), 75.4(3)	
	QDWP	EM 8-C Third-Party Liability (TPL); EM 8-F Qualified Disabled and Working People; 441 Iowa Admin. Code 75.2(249A), 75.4(3)	
	E-SLMB	EM 8-C Third-Party Liability (TPL); EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.2(249A) and 75.4(3)	
Medicaid: Suspension of Inmates	431	<p>_____ lives in a public institution and no longer qualifies for Medicaid when considered separately from your family. _____ may reapply for Medicaid when released from the public institution, or if circumstances change.</p> <p>_____ vive en una institución pública y ya no califica para Medicaid cuando se consideran por separado de su familia. _____ puede volver a solicitar para Medicaid cuando se libera de la institución pública, o si las circunstancias cambian.</p>	TD03 MED RSN
	MED	441 Iowa Admin. Code 75.12(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs	613	<p>... of death. We are sorry for your loss. We are sending this notice because it is required by law.</p> <p>... a muerte. Lamentamos su pérdida. Le enviamos esta notificación porque así lo requiere la ley.</p>	TD03 SNAP RSN FIP RSN MED RSN
	SNAP	EM 7-G Acting on Changes; 7 CFR 273.21(j)(1) and (j)(2), 273.12(c)	
	FIP	EM 4-C Who Must Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1) and (2)	
	MED ST SUPP	EM 6-B Death of Recipient; EM 8-C Who Must Be in the FMAP-Eligible Group; EM 8-G Death of a Recipient; EM 8-O Acting on Changes; 441 Iowa Admin. Code 7.7(2), 75.58(1)"a," 76.10(249A), and 92; 42 CFR 435.916	
	MN QMB SLMB QDWP E-SLMB	EM 8-G Death of a Recipient; 441 Iowa Admin. Code 76.10(249A); 42 CFR 435.916	
	844	<p>_____ does not live in Iowa.</p> <p>_____ no vive en Iowa.</p>	TD03 FIP RSN for FIP
	SNAP	EM 7-C Residency; 7 CFR 273.3	TD03
FIP	EM 4-C Residency; 441 Iowa Admin. Code 41.23(239B)	MED RSN for Medicaid, QMB, or SLMB	
MED ST SUPP	EM 6-B SSA Policies Applicable to All Programs; EM 8-C Residency; EM 8-O Residency; 441 Iowa Admin. Code 51.5(249), 75.10(249A), and 92.2		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	MN QMB SLMB QDWP E-SLMB	EM 8-C Residency; 441 Iowa Admin. Code 75.10(249A)	
	((900))	... ____ does not meet the age limit. ... ____ no cumple con la edad límite.	
	FIP	EM 4-C Age; 441 Iowa Admin. Code 41.21(1)	
	MED	EM 8-C Age; EM 8-F Mothers and Children Program; 441 Iowa Admin. Code 75.1(28), 75.54(1)	
	MN	EM 8-J FMAP-Related Medically Needy; EM 8-J SSI-Related Medically Needy; 441 Iowa Admin. Code 75.1(35)	
	901	... ____ does not meet student requirements. ... ____ no reúne los requisitos para estudiantes.	
	FIP	EM 4-C School Attendance; 441 Iowa Admin. Code 41.21(1)	
	MED	EM 8-C School Attendance; 441 Iowa Admin. Code 75.54(1)	
	902	... ____ gets SSI. ... ____ recibe SSI.	
	FIP	EM 4-C Who Must Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1) and (2)	
			TD03 FIP RSN TD03 MED RSN
			TD03 FIP RSN for FIP
			TD03 MED RSN for Medicaid, QMB, or SLMB

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	MED	EM 8-C Who Must Be in the FMAP-Eligible Group; 441 Iowa Admin. Code 75.58(1)	
	MN	EM 8-C Who Must Be in the Eligible Group; EM 8-J SSI-Related Medically Needy; 441 Iowa Admin. Code 75.1(249A), 75.1(35)"a," 75.3(249A)	
	905	... ____ is on strike. ... ____ está en huelga.	TD03 FIP RSN for FIP
	FIP	EM 4-C Strikers; 441 Iowa Admin. Code 41.25(5)	
	908	... ____ did not apply for or accept other benefits that this person might be able to get.	TD03 FIP RSN for FIP
		... ____ no solicitó o no aceptó otros beneficios que esta persona podría recibir.	TD03 MED RSN for Medicaid, QMB, or SLMB
	MED MN QMB SLMB QDWP E-SLMB	FIP	EM 4-C When a Client Refuses to Apply for or Accept Benefits; 441 Iowa Admin. Code 41.27(1)"g" and "j"

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	909	... ____ did not apply for a social security number.	TD03 FIP RSN for FIP
		... ____ no solicitó su número del seguro social.	TD03 MED RSN for Medicaid, QMB, or SLMB
	FIP	EM 4-C Failure to Give or Apply for a Social Security Number; 441 Iowa Admin. Code 41.22(13)	
	MED MN QMB SLMB QDWP E-SLMB	EM 8-C Social Security Number; 441 Iowa Admin. Code 75.7(249A)	
	910	... ____ will not finish school before age 19.	TD03 FIP RSN TD03 MED RSN
		... ____ no finalizará la escuela antes de cumplir 19 años.	
	FIP	EM 4-C School Attendance; 441 Iowa Admin. Code 41.21(1)	
	MED	EM 8-C School Attendance; 441 Iowa Admin. Code 75.54(1)	
	911	... ____ will be 18 and not in school.	
		... ____ cumplirá 18 años y no concurre a la escuela.	
FIP	EM 4-C School Attendance; 441 Iowa Admin. Code 41.21(1)		
MED	EM 8-C School Attendance; 441 Iowa Admin. Code 75.54(1)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	915	<p>... _____ does not meet eligibility requirements as a stepparent or needy relative.</p> <p>... _____ no reúne los requisitos de elegibilidad como padrastro/madrastra o familiar necesitado.</p>	<p>TD03 FIP RSN</p> <p>TD03 MED RSN</p>
	FIP	EM 4-C Who May Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1)“b”	
	MED	EM 8-C Who May Be in the FMAP-Eligible Group; 441 Iowa Admin. Code 75.58(1)	
	918	<p>_____ is not eligible. This person is not related to the child in the way the program requires.</p> <p>_____ no es elegible. La relación existente entre dicha persona y el/la menor no corresponde al tipo requerido por el programa.</p>	
	FIP	EM 4-C Specified Relatives; 441 Iowa Admin. Code 41.22(3)	
	MED	EM 8-C Specified Relatives; 441 Iowa Admin. Code 75.55(1)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	925	... ____ lives in an institution.	TD03 SNAP RSN
		... ____ vive en una institución.	
	SNAP	EM 7-C Residents of Institutions; 7 CFR 273.1(e), 273.11(e), (f), 271.2	TD03 FIP RSN
	FIP	EM 4-C Who Must Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1) and (2)	TD03 MED RSN
	MED	EM 8-C Residents of Institutions; EM 8-C Who Must Be in the FMAP-Eligible Group; 20 CFR 416.211; 42 CFR 435.1008; 42 CFR 435.1009; 441 Iowa Admin. Code 75.58(1)	
	926	... ____ gets benefits in another state.	
		... ____ recibe beneficios en otro estado.	
	SNAP	EM 7-C Duplicate Assistance, 7 CFR 273.3	
	FIP	EM 4-C Duplicate Assistance; 441 Iowa Admin. Code 41.25(2)	
	MN	EM 8-C Residency; EM 8-J Applications; 441 Iowa Admin. Code 75.10(249A) and 76.1(249A)	
MED QMB SLMB QDWP E-SLMB	EM 8-C Residency; 441 Iowa Admin. Code 75.10(249A)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	929	... ____ does not live with you.	TD03 SNAP RSN
		... ____ no vive con usted.	TD03
	SNAP	EM 7-C Household Composition; 7 CFR 273.1(a)(2)	FIP RSN
	FIP	EM 4-C Who Must Be in the Eligible Group; 441 Iowa Admin. Code 41.28(1) and (2)	TD03 MED RSN
	MED	EM 8-F FMAP-Related Coverage Groups; EM 8-F SSI-Related Coverage Groups; 441 Iowa Admin. Code 75.1(249A), 75.57(249A), and 57.58(1)	
	MN	EM 8-J Determining the Eligible Group; 441 Iowa Admin. Code 75.1(35) and 75.1(249A)	
	QMB SLMB QDWP E-SLMB	EM 8-F SSI-Related Coverage Groups; 441 Iowa Admin. Code 75.1(249A) and 57.58(1)	
	930	... ____ gets benefits on another case.	
		... ____ recibe beneficios por otro caso.	
	SNAP	EM 7-C Duplicate Assistance; 7 CFR 273.3	
	FIP	EM 4-C Duplicate Assistance; 441 Iowa Admin. Code 41.25(2)	
	MED ST SUPP	EM 6-B Nonfinancial Eligibility; EM 8-C Residency; 441 Iowa Admin. Code 51.5(249) and 75.10(249A)	
	MN	EM 8-C Residency; 441 Iowa Admin. Code 75.10(249A)	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	931	... ____ did not provide a social security number.	TD03 SNAP RSN
		... ____ no presentó el número del seguro social.	TD03 FIP RSN
	SNAP	EM 7-C Social Security Numbers; 7 CFR 273.6(a), (b)(2)(ii)	TD03 MED RSN
	FIP	EM 4-C Failure to Give or Apply for a Social Security Number; 441 Iowa Admin. Code 41.22(13)	
	MED MN QMB SLMB QDWP E-SLMB	EM 8-C Social Security Number; 441 Iowa Admin. Code 75.7(249A)	
	932	... ____ does not meet citizenship or alien requirements.	
		... ____ no reúne los requisitos de ciudadanía o estado de extranjero.	
	SNAP	EM 7-C Citizenship and Alien Status; 7-I Who is an Eligible Alien; 7 CFR 273.2(b), 273.4(a)	
	FIP	EM 4-L Alien Status; 441 Iowa Admin. Code 41.23(5)	
	MED ST SUPP	EM 6-B Eligibility for Aliens; EM 8-C Citizenship; EM 8-L Nonfinancial Eligibility; EM 8-O Nonfinancial Eligibility; 42 CFR 435.406; 441 Iowa Admin. Code 75.11(249A), 92.2	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	932 (Cont.)		
	MN QMB SLMB QDWP E-SLMB	EM 8-C Citizenship; EM 8-L Nonfinancial Eligibility; 42 CFR 435.406; 441 Iowa Admin. Code 75.11(249A)	
	((933))	... ____ is eligible. ... ____ es elegendible.	TD03 SNAP RSN
			TD03 FIP RSN
			TD03 MED RSN
	SNAP	EM 7-G Acting on Changes; 7-G Changes in Household Circumstances; 7 CFR 273.12(c), (b)(3); 441 Iowa Admin. Code 65.5(7)	
	FIP	EM 4-G Adding a New Member to an Active Case; 441 Iowa Admin. Code 40.23(239B), 40.26(239B), 41.27(9)“e”	
MED MN	EM 8-G Reinstatement; 441 Iowa Admin. Code 16.3(17A) and 75.51(249A)		
QMB SLMB QDWP E-SLMB	EM 8-G Reinstatement; 441 Iowa Admin. Code 16.3(17A)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	<p>945</p> <p>MED MN</p> <p>QMB SLMB QDWP E-SLMB</p>	<p>... _____ did not cooperate with Child Support Recovery.</p> <p>... _____ no colaboró con Child Support Recovery (Recuperación de Manutención de Hijos).</p> <p>EM 8-C Cooperation with Support Recovery; 441 Iowa Admin. Code 75.13(1), 75.13(2), and 75.14(249A)</p> <p>EM 8-C Cooperation with Support Recovery; 441 Iowa Admin. Code 75.13(2) and 75.14(249A)</p>	TD03 MED RSN
	<p>946</p> <p>MED MN QMB SLMB QDWP E-SLMB</p>	<p>_____ did not cooperate with Quality Control or the Investigation Section of the Department of Inspections and Appeals.</p> <p>_____ no cooperar con Control de Calidad o la Sección de Investigación del Departamento de Inspecciones y Apelaciones (Department of Inspections and Appeals).</p> <p>EM 8-C Cooperation with Investigations and Quality Control; 441 Iowa Admin. Code 75.1, 76.8(249A), 92.3</p>	

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Multiple Programs (Cont.)	<p>947</p> <p>MED MN QMB SLMB QDWP E-SLMB</p>	<p>_____ came to the United States on or after August 22, 1996. At this time, this person is not eligible as a non-citizen.</p> <p>_____ ingresó a los Estados Unidos el o después del 22 de Agosto de 1996. En este momento, usted no es elegible como extranjero con residencia legal en el país.</p> <p>EM 8-L Nonfinancial Eligibility; 441 Iowa Admin. Code 75.11(249A)</p>	<p>TD03 MED RSN</p>
QMB, SLMB, QDWP, and E-SLMB	<p>956</p> <p>SLMB QMB QDWP E-SLMB</p>	<p>_____ does not get Medicare and is not eligible for limited Medicaid services.</p> <p>_____ no recibe Medicare y no es elegible para servicios limitados de Medicaid.</p> <p>EM 8-F Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(34)</p> <p>EM 8-F Qualified Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(29)</p> <p>EM 8-F Qualified Disabled and Working People; 441 Iowa Admin. Code 75.1(33)</p> <p>EM 8-F Expanded Specified Low-Income Medicare Beneficiaries; 441 Iowa Admin. Code 75.1(36)</p>	<p>TD03 MED RSN</p>

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Refugee	937	... ____ is a United States citizen. ... ____ es ciudadano de los Estados Unidos.	TD03 FIP RSN OR MED RSN
	FIP MED	EM 6-D United States Citizen; 441 Iowa Admin. Code 60.1(217)	
	938	... ____ has lived in the United States for 12 months. ... ____ ha vivido en los Estados Unidos por 12 meses.	
	FIP MED	EM 6-D Time Since Entry to the U.S.; 441 Iowa Admin. Code 60.7(217)	
	939	... ____ is not in an approved training plan. ... ____ no participa de un plan de capacitación aprobado.	
	FIP MED	EM 6-D Individual Employability Plan; 441 Iowa Admin. Code 60.9(3)	
940	... ____ has not met work and training requirements. ... ____ no reunió los requisitos laborales y de capacitación.		
FIP	EM 6-D Failure to Meet Work Requirements; 441 Iowa Admin. Code 60.9(5)		
MED	EM 6-D Failure to Meet Work Requirements; 441 Iowa Admin. Code 60.9(217)		

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Refugee (Cont.)	941	<p>...___ did not apply for or accept other benefits that this person might be able to get.</p> <p>... _____ no solicitó ni aceptó otros beneficios que esta persona podría recibir.</p>	TD03 FIP RSN or MED RSN
	FIP MED QMB SLMB	EM 6-D Benefits from SSI and Other Sources; 441 Iowa Admin. Code 60.4(217)	
	942	<p>... _____ is a full-time student in a higher education program.</p> <p>... _____ es estudiante de tiempo completo en un programa de educación superior.</p>	
	FIP MED	EM 6-D Receipt of Assistance While Attending School; 441 Iowa Admin. Code 60.6(217)	
	954	<p>... _____ did not cooperate in a work or training plan and is not eligible through **/**/**.</p> <p>... _____ no colaboró en un plan de trabajo o de capacitación, y no será elegible hasta el **/**/**.</p>	TD03 FIP RSN (Status must be I)
	FIP	EM 6-D Sanctions for Failure or Refusal to Cooperate; 441 Iowa Admin. Code 60.9(5)	

Notice Override

ACTION	CD/PGM	MESSAGE AND MANUAL CITATION	ENTER IN:
Notice Override	000	This code is used to prevent system generation of a Notice of Decision. It stops all notices.	Any notice field.
	999	This code is used to block a system notice for one program without blocking other program's notice.	

EBT

These notices are all system-generated.

ACTION	CODE	PURPOSE
EBT Adjustment Agree	(513)	<p>A purchase was made at ____ located at ____ at ____ on ____ . A report indicated that a problem with the store's equipment may have caused too much of your benefits to be taken out of your SNAP EBT account.</p> <p>A review of your SNAP account shows that too much in benefits did come out of your account. \$ ____ was put in your account on ____ .</p> <p>Se hizo una compra en ____ ubicado en ____ en ____ el ____ . Un informe indicó que un problema con el equipo de la tienda puede haber causado que muchos de sus beneficios se restaran de su cuenta EBT de SNAP.</p> <p>Una revisión de su cuenta de SNAP muestra que en efecto muchos de sus beneficios se restaron de su cuenta. Se sumaron \$ ____ en su cuenta el ____ .</p>
	EBT	EM 14-J, Electronic Benefit Transfer; 7 CFR 274.2

ACTION	CODE	PURPOSE
EBT Adjustment Disagree	(512)	<p>A purchase was made at ____ located at ____ at ____ on ____ . A report indicated that a problem with the store’s equipment may have caused too much of your benefits to be taken out of your SNAP EBT account.</p> <p>A review of your SNAP EBT account shows that the right amount of SNAP benefits did come out of your SNAP EBT account. Your SNAP EBT account will not be credited. If you do not agree, you can ask for an appeal within 90 days from the date on this notice.</p> <p>To appeal you can send your request in writing online at https://hhs.iowa.gov/programs/appeals or in writing to:</p> <p>HHS Appeals Section 321 E 12th St Des Moines, IA 50319-1002 FAX: (515) 564-4044 Email: appeals@dhs.state.ia.us</p> <p>Or, call the Appeals Section at 1-888-723-9637 to verbally appeal.</p> <p>Se hizo una compra en ____ ubicado en ____ en ____ el ____ . Un informe indicó que un problema con el equipo de la tienda puede haber causado que muchos de sus beneficios se restaran de su cuenta EBT de SNAP.</p>

ACTION	CODE	PURPOSE
EBT Adjustment Disagree (Cont.)	EBT	<p>Una revisión de su cuenta EBT SNAP muestra que se retiró la cantidad precisa de beneficios de SNAP de su cuenta EBT. Su cuenta SNAP EBT no será acreditada. Si no está de acuerdo, puede pedir una apelación dentro de los 90 días siguientes a la fecha de este aviso.</p> <p>Para realizar la apelación, puede enviar su solicitud por escrito en línea a https://hhs.iowa.gov/programs/appeals o por escrito a:</p> <p style="padding-left: 40px;">HHS Appeals Section 321 E 12th St Des Moines, IA 50319-1002 FAX: (515) 564-4044 Email: appeals@dhs.state.ia.us</p> <p>O bien, llame a Appeals Section al 1-888-723-9637 para realizar una apelación verbal.</p> <p>EM 14-J, Electronic Benefit Transfer; 7 CFR 274.2</p>
EBT Adjustment Retailer Initiated	(515)	<p>_____ located at _____ reported that at _____ on _____ you made a purchase. There was a problem with the store's equipment, which caused the wrong amount of SNAP benefits to come out of your account. An additional amount of \$_____ in benefits has been taken out of your account to pay the store.</p> <p>If there were not enough benefits in your account to pay the store, it will be collected from your next month's benefits. No further collection efforts will be taken beyond this time period.</p> <p>If you do not agree with this action, you can ask for an appeal within 10 days from the date on this letter and for the amount to be put back until the appeal is decided.</p>

ACTION	CODE	PURPOSE
EBT Adjustment Retailer Initiated (Cont.)	(515) (Cont.)	<p>To appeal you can submit your request in writing online at https://hhs.iowa.gov/programs/appeals or in writing to:</p> <p style="padding-left: 40px;">HHS Appeals Section 321 E 12th St Des Moines, IA 50319-1002 FAX: (515) 564-4044 Email: appeals@dhs.state.ia.us</p> <p>Or, call the Appeals Section at 1-888-723-9637 to verbally appeal.</p> <p>_____ ubicado en _____ informó que en _____ el _____ usted hizo una compra. Hubo un problema con el equipo de la tienda, que causó que una cantidad errada de beneficios de SNAP saliera de su cuenta. Se ha retirado una suma adicional de \$_____ en beneficios de su cuenta para pagar a la tienda.</p> <p>Si no hubiera suficientes beneficios en su cuenta para pagar a la tienda, se deducirá de sus beneficios del próximo mes. No se harán cobros adicionales después de ese período.</p> <p>Si no está de acuerdo con esta acción, puede solicitar una apelación dentro de los 10 días siguientes a la fecha de esta carta, para que se regrese la cantidad de dinero hasta que se decida la apelación.</p> <p>Para realizar la apelación, puede enviar su solicitud por escrito en línea a https://hhs.iowa.gov/programs/appeals o por escrito a:</p> <p style="padding-left: 40px;">HHS Appeals Section 321 E 12th St Des Moines, IA 50319-1002 FAX: (515) 564-4044 Email: appeals@dhs.state.ia.us</p>

ACTION	CODE	PURPOSE
EBT Adjustment Retailer Initiated (Cont.)	(515) (Cont.) EBT	O bien, llame a Appeals Section al 1-888-723-9637 para realizar una apelación verbal. EM 14-J, Electronic Benefit Transfer; 7 CFR 274.2
EBT Aging	(510) EBT	<p>You have not spent any SNAP benefits since _____. SNAP benefits can only stay in an EBT SNAP account for 9 months after a household stops spending any. You still have \$_____ left in your SNAP EBT account that you can spend before _____. If you do not spend any by then, you lose them all. If you do spend some before then, you get another 9 months to spend the rest.</p> <p>If you can't spend your benefits because you lost your Iowa EBT card, it doesn't work, or you don't know how to use it, call EBT Customer Service at 800-359-5802 right away.</p> <p>Usted no ha gastado ningún beneficio de SNAP desde _____. Los beneficios de SNAP únicamente pueden permanecer en una cuenta EBT de SNAP por 9 meses después que un hogar pare de gastarlos. Usted aún tiene \$_____ en su cuenta EBT SNAP, que puede gastar antes de _____. Si no los gasta para esa fecha, los perderá todos. Si gasta algunos antes de esa fecha, tendrá otros 9 meses para gastar el resto.</p> <p>Si usted no puede gastar los beneficios porque perdió su tarjeta Iowa EBT, porque no funciona, o porque no sabe como utilizarla, llame a Servicio al Cliente EBT al 800-359-5802 de inmediato.</p> 7 CFR 274.2 Electronic Benefit Transfer

ACTION	CODE	PURPOSE
EBT Aging	(511)	<p>You have not spent any SNAP benefits since _____. You still have \$_____ of SNAP benefits in your SNAP EBT account. If your Iowa EBT card doesn't work or you don't know how to use it, call EBT Customer Service at 800-359-5802 right away.</p> <p>If you haven't used any benefits because you are saving them up, use a little now to keep the rest.</p> <p>You owe \$_____ in SNAP overpayments. If you do not use some by _____ the benefits in your account will be used to pay on your overpayments.</p> <p>Usted no ha gastado ningún beneficio de SNAP desde _____. Usted aún tiene \$_____ de beneficios de SNAP en su cuenta EBT de SNAP. Si su tarjeta Iowa EBT no funciona o si no sabe como utilizarla, llame a Servicio al Cliente EBT al 800-359-5802 de inmediato.</p> <p>Si no ha usado ningún beneficio porque los está ahorrando, use ahora un poco para conservar el resto.</p> <p>Usted debe \$_____ en sobrepagos de SNAP. Si no usa algunos antes de _____ los beneficios de su cuenta se usarán para pagar los sobrepagos.</p> <p>EBT</p> <p>7 CFR 274.2 Electronic Benefit Transfer</p>

Action Codes

Facility and Waiver Codes

Action codes are used to create and update facility and waiver payment records in the subsystems. The subsystems also use the codes to determine which data are sent to the peer review organization (PRO) for level of care determination and review.

ACTION	CODE	EXPLANATION OF CODE
Positive	070	System-generated for the original approval to each level of care.
	071	System-generated for subsequent approvals.
		<ul style="list-style-type: none"> ▪ Use for transfer from one facility to another at the same level of care. ▪ Use in ICF/ID cases when a recipient returns from a home visit of over 90 days or for any transfer into a community-based ICF/ID from another ICF/ID.
	072	Use to correct the facility or waiver positive date <u>only if</u> the last action was approval. This code does not change the vendor number of the payment status of the action previously entered.
	073	Use to enter a facility vendor number that was omitted or entered incorrectly. (This code does not change the payment status or the effective date of the action previously entered.)
	074	Use to correct client participation when the facility or waiver positive date entered is the same as the one on the screen. Use to correct client participation previously entered in error or which has changed, for the same month, since the entry on file. (Enter both first-month and ongoing amounts and code.)
075	Use to change client participation when the facility or waiver positive date entered is later than the one on the screen. (Enter both first-month and ongoing amounts and code.)	

ACTION	CODE	EXPLANATION OF CODE
Positive (Cont.)	076	Use to change the aid type when the basis of eligibility changes but the recipient stays at the same level of care. For residential care facility cases only, use to add or change information on the address or on the guardian or conservator.
	077	Use to change a facility vendor number due to a change in ownership of the facility. Do not use this code when a recipient moves from one facility to another.
Negative	080	No longer in use.
	088	Use to terminate facility payment for a date that is before the latest facility positive or negative date on the screen.

System-Generated Codes

These action codes do not generate a notice.

CODE	EXPLANATION OF CODE
(086)	Entered by the system to cancel SNAP due to expiration of the certification period.
(087)	Entered by the system to cancel Medicaid due to the expiration of a medical eligibility period and to cancel FIP due to expiration of the hardship period.
(089)	Entered by the system to cancel Medicaid at the end of the second month of automatic redetermination.

WIFS Messages

This section contains information about WIFS messages. “WIFS” stands for “warnings, informational, fatal, and summary.” WIFS messages are E-mail messages sent to inform income maintenance workers that action may need to be taken on a designated system. Although WIFS E-mail indicates that it was sent from the SPIRS Help Desk or IM Systems Mainframe, it is actually system-generated. WIFS messages pertain only to:

- The ABC system,
- The MEPD billing system (see [14-C](#)),
- The SSNI (TXIX) system (see [14-C](#)),
- *hawk-i* referrals (see [14-C](#)), or

- The Individualized Services Information System (ISIS)
- The FACS System

Three types of WIFS messages are sent to income maintenance workers:

- W = Warning messages: A “W” message indicates a possible problem with the billing system or a person’s medical record. Check to make sure all the information entered the system is correct.
- I = Informational messages: An “I” message alerts you to certain conditions or provides information important to you.
- F = Fatal messages: An “F” message notifies you that the billing system has not updated for an individual. You should take an action in order to allow the system to update.

The S = Summary message is not sent to income maintenance workers. These messages are sorted by program and are printed in a report for use by data processing staff.

Each WIFS E-mail you receive contains information about only one person and may include:

- Your worker number
- Your county number
- The client’s state identification number
- The client’s case name
- The client’s case number
- The system that generated the message (HWKI, ISIS, MEPD, TXIX, FACS, and ABC)
- The type of message (warning, informational, or fatal)
- The program number (located after the type of message). For research purposes only.
- The WIFS message number (located after the program number). This is the number that corresponds to the message that is included in the E-mail.
- A generic field. This field is used to relay specific information to the income maintenance worker in addition to the WIFS message. It may contain an aid type, a benefit month, or a worker number/county number code, or it could be blank.
- The actual WIFS message. This message informs you of the reason the WIFS was issued.

The table below explains the ABC-related WIFS messages an income maintenance worker could receive.

WIFS No.	Message Sent To Worker	Definition/Resolution
0001 IABC	Quarterly supplement check cannot be issued until after fatal WAR is corrected.	Correct the WAR on this case. The supplement for Medicare and Medicaid eligibles cannot be issued until after the correction updates.
0002 IABC	Delete TD06 entries that are blocking issuance of quarterly supplement payment.	The supplement for Medicare and Medicaid eligibles could not be issued for this person due to another TD06 entry on the scheduled date of issuance. Delete your TD06 entries. After the SMME check has been issued, you may re-enter the TD06 for the benefit check amount.
IM Systems Mainframe (Buy-in)	Buy-in is complete on (date) for (SID and first name). This case is currently receiving the standard medical deduction for SNAP. If the household has any other verified medical expenses that would entitle them to the standard medical deduction, no action is needed. If not, remove the standard from the BCW1, click on the link below, and send the form to the household.	Medicare buy-in has occurred for this person. The household may no longer be eligible to receive the standard medical deduction. Evaluate the household's medical deductions and make any necessary changes.
IM Systems Mainframe (Buy-out)	Buy-out is complete on (date) for (SID and first name). If the household previously chose the standard medical deduction for SNAP, ensure that the BCW1 is coded to allow the standard. If the household chose actual expenses, no action is needed.	Medicare buy-out has occurred for this person. The household may be eligible to receive the standard medical deduction or a greater actual medical deduction. Evaluate the household's medical deductions and make any necessary changes.

WIFS No.	Message Sent To Worker	Definition/Resolution
IM Systems Mainframe (FACS)	(SID and person's name) has had a change in a foster care, adoption, or preadoption placement entered in FACS on (date). By ABC timely notice, IM needs to review the child's current placement in FACS to determine ongoing eligibility for FIP or Medicaid.	Check the person's FACS placement status. If the person is currently in a placement, cancellation of FIP or Medicaid on this case may be necessary.

Worker Action Messages

All messages generated in processing of data appear on the Worker Action Report (WAR) screens. Abbreviations used on the WAR screens are found at the end of the Appendix. Messages are displayed by case on WAR1 screens and by county and worker on WAR2 and WAR3 screens.

Information on the WAR1 screen includes case number, tickler message, case name, origin, data entered, code number, severity, and process date.

WAR2 information includes county and worker numbers, case number, error message, case name, origin, data entered, severity, code number, and process date.

WAR3 information includes county and worker numbers, case number, tickler message, case name, origin, data entered, severity, code number, and process date.

There are no code numbers for tickler (reminder) messages. Tickler messages appear on the WAR1 and WAR3 screens when:

- The worker enters a message with a specific due date. The message is displayed on the worker action report screens with the corresponding print date; or
- The system generates tickler messages. (See [Automatic Tickler Messages.](#))

Informational messages (I) alert the worker to certain conditions or provide information. The message explains which entries were ignored or modified by the system and which special actions were performed. Informational messages appear on WAR1 and WAR3.

Nonfatal errors (NF) do not prevent processing. However, the erroneous entry in the specified field is not accepted and does not show in the field where the entry was attempted. Errors with numbers beginning with 0 are almost all nonfatal. Nonfatal errors appear on WAR1 and WAR3.

If an error is fatal (F), no entries for that case process to update the master file. For example, if TD02 Sections III and IV and TD06 are entered, and TD02 Section III has a fatal error, data for all these transactions are held, not processed. Fatal errors that occur in COLA processing stop the automated COLA process for that case. The worker must then manually complete the COLA process. Fatal errors appear on WAR1 and WAR2.

Error numbers of 500 and above are almost always fatal and indicate that the entry is invalid. It is possible that other entries made were also invalid but did not result in messages on the Worker Action Reports.

Error numbers 300 to 499 result when the system attempts to combine all of the information entered and is unable to complete the processing because pieces of information are missing.

For example: Error 323 “No BCW Line D entered this month” occurs if a SNAP case is opened with an effective date of April, but BCW1 data are entered only for the benefit months of May and June. The system is unable to complete the processing because a piece of information (April deductions) is missing.

“Origin” indicates the specific field on a screen involved with the error. It shows the field where entries were made or the field that needs an entry to complete the transaction.

“Origin” shows “UC” (update control) when the error is in the 300-499 category. The message indicates missing or incomplete information. It can also be informational.

Check the data to be sure that the various components are compatible (aid type, program status, person program status, income code, BCW state ID numbers, benefit months on BCW1 and BCW2, dates on TD02, TD03, TD04, TD05, TD06, etc.). If everything appears to be present and compatible, check case action chapters 14-B(5), 14-B(6), 14-B(7), and 14-B(9) to be certain that a valid transaction was coded.

If the origin indication is “ME” (month end), the error may not be the **direct** result of worker entry. Month-end errors occur when the system is processing information used to prepare next month’s benefits at ABC cutoff.

The entry causing a month-end error could have occurred any time during the month and could have been valid for daily processing at that time. The error may also have been caused by entries for the same clients on another case. Month-end errors mean that the benefits are not issued. Generally a TD06 issuance is required. These messages appear on WAR1 and WAR3.

“Data Entered” indicates what was actually entered on the system. It may also be the state ID of the individual in question. If there is a difference between “Data Entered” and what was intended, then the error may be attributed to entry of data. If “Data Entered” is consistent with what was intended, check 14-B-Appendix for valid entries and codes.

When review of worker action report messages indicates that correction is required, transactions may be modified for processing. Transactions are held until deleted by the worker or corrected and updated to the ABC master files.

CODE/SEV	ORIGIN	INSTRUCTIONS
001 NF	TD01	The worker number is required.
002 NF	TD03	The copayment entry is invalid.
003 NF	TD01	The language indicator is invalid. It must be either S or blank.
004 NF	TD01	“Service referral to” is required when “service referral need” is entered.
005 NF	TD01	The first two characters of the “service referral need” must be numeric.
006 NF	TD01	The third character of the “service referral need” must be alphabetical.
007 NF	TD01	“Service referral need” must be present when “service referral to” is entered.
008 NF	TD01	The school district field must be numeric or blank.
009 NF	TD03	The title is invalid. It must be Sr., Jr., I, II, 3, etc.
010 NF	TD01	The client’s telephone number must be numeric.
011 F	TD01 53	An address must be entered on a new case.
012 NF	TD02	The SNAP indicator code is invalid.
013 NF	TD02	The refugee country of origin code is invalid.
014 NF	TD03	The QMB positive date was changed to the first of the next month. The positive date on the WAR is the date that was entered. The positive date on the system is the correct date.
015 NF	TD03	The poverty level is not numeric.
017 NF	TD02	The refugee entry date must be entered as month/year.

CODE/SEV	ORIGIN	INSTRUCTIONS
018 F	TD02	The refugee entry date is required.
019 F	TD05	The spenddown amount must be numeric.
020 NF	TD01	Minor cause invalid. GOOD CAUSE: MP entries are invalid. Valid entries are 0-7.
031 NF	TD01	Invalid CSU worker number.
033 NF	TD01	The system replaced an invalid noncooperation code with 0.
034 I	BCW1	If the homeless shelter code H is entered, the shelter and utility amounts must be zero, and the utility code must be N.
040 NF	TD03	The sex code is invalid. Enter M or F.
042 NF	TD03	The marital status code is invalid.
043 NF	TD03	The payee relationship code is invalid.
044 NF	TD03	The Medicare premium code is invalid. Enter Y or N.
045 NF	TD03	The deprivation code is invalid.
047 F	TD01	General Delivery is not a valid address for a case with FIP.
048 NF	TD03	The handicap code is invalid.
049 NF	TD03	The first two characters of the health coverage code must be numeric.
051 NF	TD03	The screening code is invalid.
057 F	TD02	The limit date used is greater than the certification end date.
058 NF	TD01	Payee name is not the same as the case name.
059 NF	TD03	The household type is invalid.
060 I	BCW2	Warning: This individual has 18 income records. See Error 999 .
061 I	BCW2	The individual income area is full. Some data was lost. See Error 999 .

CODE/SEV	ORIGIN	INSTRUCTIONS
062 NF	TD03	The Medicaid card generator code is invalid.
063 NF	TD02	The refugee entry date must be numeric.
064 I	TD01	The entry reason was changed to A because this is a new case.
065 NF	TD01	The on-demand code was ignored.
066 NF	TD03	The individual medical start date is before the case medical start date.
067 I	TD03	A person was pended for a program the person is already on, or a person was approved for foster care but is already on public assistance or foster care.
068 I	TD01	The demand month used is outside the mailing cycle.
069 I	TD03	The entry in TD03 MN is invalid for a case that is not medically needy.
070 I	BCW1	An entry of extended medical months has been ignored because it is not consistent with reinstatement or other coding.
071 I	TD03	A claim number entry was accepted. If the "Data Entered" column is blank, the last entry was to remove the number.
072 I	TD05	A disenrollment from a federally qualified HMO was attempted during the guarantee period (after the first 30 days but before 6 months). If disenrollment is appropriate, an override code is needed, with Managed Health Care Review Committee approval.
073 I	TD05 ADOM	The managed health care date was not necessarily incorrect, but is changed in conjunction with status for forced enrollment in mandatory counties.
074 I	TD05 ADOM	An attempt was made to change the start/close date for managed health care enrollment or disenrollment. There is only one acceptable effective date, based on timely notice. Once it is set, it cannot be changed.
075 I	TD05 ADOM	Entry of a managed health care option is allowed only when enrolling, correcting, or changing a managed health care provider.

CODE/SEV	ORIGIN	INSTRUCTIONS
076 I	TD05 ADOM	Entry of a managed health care plan type is allowed only when enrolling, correcting, or changing a plan type.
077 I	TD05 TD03	An attempt was made to enroll a case or person not eligible to enroll in managed health care.
078 I	TD01	No entry made for resident county. The worker county was assigned as the resident county. This message appears for foster care and subsidized adoption cases. If the state abbreviation is not IA, the resident county must be 00.
079 I	TD05 TD03	The system automatically reinstates managed health care enrollment if Medicaid is reinstated. Do not code managed health care entries when reinstating, unless the effective date of cancellation was before the effective date of enrollment.
080 I	TD05 ADOM	No entry was made to correct the managed health care option or plan type.
081 I	TD05 TD03 ADOM	Managed health care status indicates correction, but the case was not currently managed health care, the option entered was invalid, or the plan type entered was invalid.
082 I	TD05 TD03	The managed health care status entered was not acceptable for the case situation or other related entries.
083 I	TD05	An entry was made to disenroll a case or person from managed health care in a mandatory county. If disenrollment is appropriate, the action requires an override code and Managed Health Care Review Committee approval.
084 I	TD03	The system created case-level managed health care information, resulting in overcoding due to TD03 entries. TD03 managed health care entries are deleted.
085 I	ADOM	A case with an active Medicaid status has been opened for a person already enrolled in managed health care which serves the new case's county. A message is sent to the worker for the new case.

CODE/SEV	ORIGIN	INSTRUCTIONS
086 I	TD05	TD05 managed health care entries are modified or created by the system. Based upon the case situation, case-level managed health care actions have been changed or initiated by the system.
087 I	TD03	TD03 managed health care entries are modified or created by the system. Based upon the individual situation, person-level managed health care actions have been changed or initiated by the system.
088 I	TD05 TD03	Based on the managed health care status entry, the reason code entered is not compatible or is invalid.
089 I	TD05 ADOM	A date not compatible with effective date guidelines was entered. The system corrected the date or removed one that should not have been there.
090 I	ADOM	Inappropriate ADOM entries were made for the status entered.
091 F	BCW2	Income entry error. Reenter all income.
092 I	TD02 TD03	The approval date was changed to 01 because the approval month and year entered are future.
093 I	UC TD	An in-cycle RRED was generated.
094 I	UC TD	An out-of-cycle MEDR, or RRED was generated. The worker must track the due date.
095 I	TD03	“Retro 30 1/3 ADJ” issued when the system documents the 30 and 1/3 months and end date on retroactive medical case calculations. If the retroactive months when 30 1/3 was applicable are not continuous to the medical approved month, it may be necessary to add to or reset the 30 and 1/3 number of months.
096 I	TD03	“Susp 30 1/3 ADJ” issued for the month of suspension when the system recalculates the 30 and 1/3 expiration date, on FIP cases where the month of suspension was lifted.

CODE/SEV	ORIGIN	INSTRUCTIONS
097 I	TD03	Prospective benefit income (P E/B) replaced benefit (B E/B) income for the current calendar month. If there was a significant difference in the amounts of earnings, the system had to adjust the 30 + 1/3 counting.
098 I	TD05 ADOM	A MediPASS provider number was entered for a status that was not active.
099 I	TD05 ADOM	A MediPASS provider number was entered, but the managed health care option was not 99.
100 I	TD05	The MR code defaults to an "N" for this aid type.
105 I	TD03	Case contains child(ren) with a date in the LPR DT field. Verify continued LPR status for children to remain eligible at annual review.
250 F	TD03 271	Entry of "Y" in the INHOME field is not allowed unless the TD02 FIP status is "A, B, C, D, or E." If the TD02 FIP status is not in one of these codes, change the INHOME entry to "N."
252 F	TD03	Aid type not eligible for suspension. PSC field is entered, but the MED AID TYPE does not qualify for Medicaid suspension.
253 F	TD05	Last review date must be entered on TD05. If A is entered in PSC field, then must also enter last review date on TD05.
254 F	TD05	Multiple cases, cancel case not suspended. Worker must make entries on multiple cases that are not eligible for limited Medicaid prior to updating MED Case.
255 F	TD03	Space PSC field and enter zeros in PSC DATE. Worker is not allowed to open a case unless the PSC field has been updated to spaces on TD03.
256 F	TD03	Entries are needed in PSC and PSC DATE field. When suspending on TD05, the worker must enter TD03 PSC of A and PSC DATE. When reopening a case on TD05, the worker must enter TD03 PSC of Z and PSC DATE.
257 F	TD05	RSN2 must be 430 if PSC is A.
258 F	TD05	RSN1 must be 433 if PSC is Z.
259 F	TD05	RSN1 must be 434 if PSC is Z.
260 F	TD03	PSC entry of space is not allowed.
261 F	TD03	Must end limited services before canceling case.

CODE/SEV	ORIGIN	INSTRUCTIONS
301 F	TD02 59, 84 TD05 108 UC	Reinstatement is invalid because the process date is beyond the cutoff date of the month of the effective date of cancellation.
302 I	UC	Transactions have been pended due to lack of time for timely notice. They will be processed again on pending release day.
303 I	TD05 UC	When three months of calculations were processed for a facility case, at least one month was ineligible. Quality Assurance receives and acts on this message.
304 F	TD01 1 UC	The case was not found on the master file, and the sequence number is not 01. An invalid case or sequence number was entered.
305 F	TD03 UC	This person was not found on the master file. A state ID number was entered, usually on BCW2, for a person not associated with the case. Contact Quality Assurance for error correction.
308 F	TD05	Under the aid type used, both facility and medical must be approved on this case. This error occurs when: <ul style="list-style-type: none"> ▪ Facility approval was entered but no medical; or ▪ Facility was denied and medical is dependent on facility approval.
310 F	TD03 UC	The case exceeds 16 people: this person was not added. Enter the state IDs of the current and new household on a new case number.
311 F	BCW1 BCW2 UC	This person is not open for the program specified. At least one person must be open on all active programs. This error is generated from BCW1 TRANS MED entries if an E/B indicator is entered and the case is not active for SNAP.
313 F	TD02 TD05 TD04 UC	The positive action date for case approval is invalid. TD05 MED POS DT and FAC POS DT must be the same for automated facility approval.

CODE/SEV	ORIGIN	INSTRUCTIONS
314 F	TD03 UC	The positive action date for individual approval is invalid. Entry in MEDICAL DATE is not allowed when it is not necessary, due to roll interference. For retroactive Medically Needy cases with spenddown, the individual positive action date cannot be more than three months before the case medical positive action date.
317 F	BCW2 UC	You must enter the program indicator on BCW2.
318 F	TD01 UC	The companion case was not found on the master file.
320 I	TD02	<p>FIP recalculation caused:</p> <ul style="list-style-type: none"> ▪ A decrease in benefit; or ▪ An ineligible result; or ▪ No amount issued because the result was equal to the amount previously issued. <p>The recalculation month appears to the left of this message on the WAR.</p>
321 I	TD02	SNAP recalculation caused a decrease in benefit. The recalculation result appears to the left of this message on the WAR.
323 F	BCW1 UC	<p>Some or all of the BCW1 deductions were not entered for the SNAP calculation. This error is generated when:</p> <ul style="list-style-type: none"> ▪ A SNAP approval requires BCW1 deductions for each month from the positive date through the next system month. Verify that a BCW1 was entered for each month of the approval process; or ▪ The BCW1 deductions are assigned to the individual record indicated by the state ID printed on the BCW1. If this individual record is not reopened with the household or is removed due to death coding on another case, new BCW1 entries are required.

CODE/SEV	ORIGIN	INSTRUCTIONS
324 F	BCW1 UC	<p>No BCW1 deductions were entered for the SNAP calculation being done for a given month. It could be a prior month, current month, or benefit month.</p> <p>A SNAP approval requires BCW1 deductions that can be used to calculate both eligibility and benefit level for each month from the SNAP positive date through the coming month.</p> <p>The BCW1 deductions are assigned to the individual record indicated by the state ID number shown on the BCW1. If this individual record is not reopened with the household or is removed due to death coding on another case, BCW1 deduction entries are necessary.</p>
325 NF	TD01 UC	<p>The case must have a valid monthly reporting aid type. When a MR demand code 4 is entered (4 is FIP or FMAP-related Medicaid review), Medicaid cases for clients in foster care (case with FBU 19) do not receive MR forms at time of review.</p>
326 I	UC	<p>Delayed facility action. Three months of eligibility and client participation have been calculated and included for the notice of decision. When the results for the second and third months are not equal, the first and second months are updated, and the second and third months will be updated the next day.</p>
327 I	UC	<p>Medical cancellation has been delayed due to timely notice requirements.</p>
328 I	UC	<p>Informs the receiving worker of a county or worker transfer of the case.</p>
329 I	UC	<p>Medical transportation check issued.</p>
331 F	UC	<p>The system does not have alternate delivery information.</p>
332 F	UC	<p>Individual trailers are out of order. Central office will correct and notify the local office.</p>
333 I	TD05 TD03 UC	<p>Unable to issue a managed health care notice of decision. Central office will correct tables and notify the local office to reenter.</p>

CODE/SEV	ORIGIN	INSTRUCTIONS
335 I	UC	Managed health care actions were pended for timeliness.
337 NF	UC	A payment was not generated; this aid type does not allow it.
339 I	TD03 Health	The health coverage code needs to be updated.
340 F	BCW1 UC	No utility code was entered for the SNAP calculation being done for a given month. It could be a prior month, current month, or benefit month.
341 I		The Medicaid Eligibility System. This error generates when ABC fund code entries do not meet federal reporting category requirements. Look at the codes on ABC and see if they conform to the ages and grant amounts of the recipients. The Medicaid system has already corrected the codes internally.
342 I	UC	Cancellation of QMB coverage has been delayed due to timely notice requirements.
343 I	UC	The foster care case is canceled, but the Medicaid case is active.
344 F	TD06	This duplicate SNAP issuance is invalid. Check the SIDs to see if anyone received benefits on another case for a month you are running or if you are issuing the same amount as was already issued. Contact SPIRS for further assistance if unable to resolve.
345 I	TD06	One of the following has occurred: <ul style="list-style-type: none"> ▪ Emergency SNAP followed another issuance. ▪ Emergency SNAP was not the first for the effective date. ▪ Supplemental issuance with either a worker-entered or system-generated code J with the same effective date and issuance amount as the original issuance is considered an invalid duplicate issuance. <p>NOTE: Benefits were not issued as the <i>Notice of Decision</i> indicates. Contact DHS, SPIRS Help Desk for further instructions in each of the situations listed.</p>
346 F	TD06	Check ISSV for existing SNAP issuance for the TD06 month to make sure the household did receive SNAP that month.

CODE/SEV	ORIGIN	INSTRUCTIONS
347 F	TD06	Check ISSV to make sure the amount of the replacement does not exceed the SNAP amount issued for that month.
348 NF	UC	The new current month emergency issuance was dropped. Issued when a calculation shows the household ineligible and an emergency issuance was requested.
349 F	TD04	Medicaid from Iowa is invalid based on COBRA eligibility. Either an out-of-state child placed in Iowa is in a non-IV-E facility or an Iowa child placed out of state should receive Medicaid from that state.
350 I	TD02	End of SNAP certification has been changed to align with FIP/MED.
351 I	TD02	FIP next review has been changed to align with SNAP.
352 I	TD05	MED next review has been changed to align with SNAP.
353 I	BCW2	Future BCWs have been changed.
354 F	TD03	When the aid type is 37-0 or 37-E, the fund code cannot be "7." Please change the fund code.
355 F	TD05	This will be generated when notice reason code 286 is used.
356 F	TD03	Invalid entry in TD02 SNAP REA2 or TD03 SNAP QC field. When you enter code 212 in the TD02 SNAP REA2, code "Y" must be entered in the TD03 SNAP QC field for the person who did not cooperate.
357 F	TD03	The TD03 SNAP QC field is coded "Y" for a person being opened. If the person has cooperated with Quality Control or the noncooperation period has expired, change the "Y" to N." Otherwise, the person is ineligible for SNAP.
358 F	TD03	More than one person has an entry of "Y" in the TD03 SNAP QC field. Enter "Y" only for the person designated by Quality Control.
376 F	TD05 TD03	To correct this error, the person must be between age 18 and age 21 during the months of eligibility. Check the TD05 POS DATE and TD05 RETRO entries against the birth date.

CODE/SEV	ORIGIN	INSTRUCTIONS
377 I	TD05	Newborn status is ending before 12 months. Reopen newborn, if appropriate.
380 I	ICSC	The name of this responsible parent was changed by CSRU entry. (No longer displayed.)
386 I	ICSC	CSRU indicates the absent parent is living with the participant. Contact the household to clarify household composition.
391 I	PJCASE	Multiple recalculations have occurred and two notices are possible.
400 F	TD03 UC	<p>This person is already associated to six cases. A state ID number can be associated with only six cases. This error is generated when the sixth case could not be dropped to allow the new (seventh) case because the sixth case had either:</p> <ul style="list-style-type: none"> ▪ An individual status as follows: SNAP: A, B, C, D, I, J, K FIP: A, B, C, D, F, H, I, R MED: A, B, C, D, F, H, I, R FAC: A, B, C, D, F, I or ▪ A relationship code of 0, 1, 2, 3, 4, 5, 6, 7, 8, A, B, C, D, E, F, or P. <p>Check the associated cases to see if another case number can be reused instead of adding a new case. If this is not possible, refer the problem to DHS, SPIRS Help Desk.</p>
401 NF	BCW1	The number of extended medical months entered was four or less. Check the entry to verify that only four months of extended medical remain; if not, adjust the entry accordingly.
405 I	UC	The case number is invalid for the person. The person's record is on the TD03 but is not associated with the case; i.e., ST01 does not include this case for this person.
410 NF	TD02 TD05 UC	FIP and facility programs are invalid on the same case.

CODE/SEV	ORIGIN	INSTRUCTIONS
415 F	TD02 UC	There are no active people on the SNAP program.
420 NF	TD02 TD05 UC	The system either recalculated an invalid date entered by the worker, or changed a date due to the alignment process.
424 F	TD01	The TD01 CSRU NON-COOP and SNAP PEN fields conflict.
425 F	TD05 161 ADOM 626	This MediPASS provider number is not on file.
426 F	TD05 161 ADOM 626	This MediPASS provider number is not valid for the county of residence.
430 F	TD05 134 ADOM 626	Based upon the status entered, an inappropriate managed health care reason code was entered.
431 F	TD05 133 TD03 210	The managed health care status is unacceptable for the case or person.
432 F	TD05 135 TD03 611	The managed health care option entered is not valid for the county in which the client resides.
433 F	TD05 136 ADOM 612	The managed health care plan type entered is not offered by the managed health care provider indicated.
434 F	TD05 161	The MediPASS provider number is invalid.
436 F	TD03 210	Overcoding for managed health care on TD05 and TD03 causes conflict.
437 F	RSCF 301	More than four months' worth of SNAP resource transactions were entered.
438 F	RSCA 401	More than four months' worth of FIP resource transactions were entered.
442 I	MEPD Billing System	MEPD client will be or is age 65. Cancel due to age. Use notice message 490.
443 F	TD01	Invalid resource coding on MEPD. Aid type must be 60-M and resource code must be entered.

CODE/SEV	ORIGIN	INSTRUCTIONS
445 F	TD05 CNT EI/UI	Enter the correct earned income in the CNT EI field and the correct unearned income in the CNT UI. Zeros are considered to be appropriate entries.
446 F	TD05 EI/UI DED	Zero out the deduction fields UI-DED 1 & 2 and EI DED 1-4 previously entered.
455 I	MEPD Billing System	Several messages are possible: <ul style="list-style-type: none"> ▪ MEPD-UPD MO ERR. The month of update is before 3/00. ▪ MEPD-POS DT ERR. The positive date is before 3/00. ▪ MEPD-NO BILLING. The case has a "P" fund code, but the month of update is not on the billing system. ▪ MEPD-FUND ERROR. The case has an active fund code, but the billing system shows a premium owed or no billing information. ▪ MEPD-IBNV FUND. The ABC fund code is not A, C, or P.
460 F	BCW2	Enter matching amounts so BCW2 fields don't conflict.
462 F	TD03	The person is already active on Medicaid.
463 F	TD05 MED STATUS	Entry of "C" in MED STATUS field is incorrect. Must enter "A."
464 F	TD05 MED POS DT	MED POS DT not equal to APP DT. Correct the TD05 positive date.
465 F	TD03 QMB	When the aid type is 60-E/60-E, 60-P/60-P, 37-7/60-E or 37-7/60-P, there cannot be a value in the TD03 QMB field. To correct, use the space bar to remove values in the QMB field.
480 I	MEPD Billing System	Cancel: Payment for second beginning month was not received by due date.
481 I	MEPD Billing System	Cancel: Case needs to be canceled due to nonpayment of premium for an ongoing month.
482 I	MEPD Billing System	Cancel: Insufficient client payment.

CODE/SEV	ORIGIN	INSTRUCTIONS
484 I	MEPD Billing System	Reinstate: Payment received.
485 I	MEPD Billing System	Reopen: Late payment received.
487 I	ABC Month end run	MEPD: More than one active person on an MEPD case. Close all individuals but one and open separate MEPD cases for other eligible individuals.
490 F	TD03 SEX, BIRTH, UNB, NWBN	The BIRTH, FUND code, UNB, or NWBN field is incorrect. Enter the UNB or NWBN field for women ages 19 or older. Note: Complete form 470-0397, <i>Request for Special Update</i> , to give appropriate months of eligibility when a person turns 19 years old during the month of approval on MAC.
491 F	TD03 UNB/DUE	Enter the MED LIMIT and NWBN fields, or change the FUND code.
492 F	TD01 MED AID TD03 BIRTH	The medical aid type is invalid based on the age of the oldest Medicaid-eligible person on the case. Correct the aid type or the birth date.
493 F	TD03 BIRTH TD01 MED AID	The aid type is valid only for persons 65 years old by the end of this month. Correct either the aid type or the birth date of the oldest Medicaid-eligible person on this case.
494 I	TD03 BIRTH TD01 MED AID	The system changed the case and medical aid types based on the age of the oldest person. Please check the birth date to make sure it is now correct.
495 F	TD03 BIRTH TD01 MED AID	The medical aid type is valid only for persons 65 years or older. Please check and correct either the aid type or the birth date.
496 I	TD03 BIRTH TD01 MED AID	Enter the correct code under TD03 OHP for the dependent person. There should not be an OHP code entered for the State Supplementary Assistance recipient.
497 F	TD03 FUND TD01 MED AID	The FUND code is invalid for the medical aid type. Please check and correct either the FUND code or the medical aid type.

CODE/SEV	ORIGIN	INSTRUCTIONS
498 F	TD03 MED LIMIT TD01 MED AID	The person's MED LIMIT date is invalid for the medical aid type. Please check and correct either the person's MED LIMIT date or the medical aid type.
499 F	TD01 AID TD05 MHI	The MHI code is invalid for the case aid type. Please check and correct either the case aid type or the MHI code.
501 F	TD01 1, 15	This case is a new case. TD01, section 01 must be completed. Must use "A" for entry reason.
502 F	TD01 2	The county of the office must be entered.
503 F	TD01 3	The case worker number is invalid.
504 F	TD01 16	An aid type must be entered.
505 F	TD01 16 TD05 131 BCW2 72 TD03 804 BCW2 73	The aid type is not valid for facility actions. Pended facility and waiver cases require a valid code in the TD03 WVR field.
506 F	TD01 16	The aid type is not valid for the program. For example: <ul style="list-style-type: none"> ▪ If spenddown or client participation is coded, the aid type must be medically needy or facility, respectively. ▪ For facility cases, the aid type, vendor number, and MED CP CD must be consistent. ▪ The facility program must be closed before changing the aid type to non-facility. ▪ Facility BCW2s cannot be entered on FIP aid types. ▪ If the aid type is 46-5, the grant must be zero. ▪ The aid type may not be changed to 09-0 or 09-1 until the first day of the next month.
507 F	TD05 and TD03	A medical status of "I" was entered on an invalid aid type.
508 NF	TD01	The aid change date must be numeric.
509 F	TD01 17	The day of aid change date must be 01.
510 F	TD05 and TD03	The vendor number is invalid for the waiver code.

CODE/SEV	ORIGIN	INSTRUCTIONS
511 F	TD01 18	The companion case number must be entered in the same format as the case number, i.e., 123456-00-0-1 (serial-FBU-mult-check digit).
512 F	TD01 18	The companion case number entered is not on the master file. To establish a new case and a companion case, the companion case number must be present.
514 F	TD01 20	The RRED demand month 1 must contain values 01-12 only.
515 F	TD01 20	The RRED demand month 1 must be entered if RRED demand code is entered.
517 F	TD01 21	The RRED demand code 1 must be a valid code.
518 F	TD01 21	The RRED demand code 1 must be entered when RRED demand month 1 is entered.
519 F	TD01 22	RRED demand cycle code 1 must be C if in cycle; leave blank if out of cycle.
520 F	TD01 22, 23	For the RRED demand cycle code 1: <ul style="list-style-type: none"> ▪ In cycle, no demand due date should be entered. ▪ Out of cycle, enter demand due.
521 F	TD01 23, 27	The RRED due date 1 must be in MMDD format. The month must be 01-12. The date must be valid for the month.
522 F	TD01 23	The RRED due date 1 must be numeric.
524 F	TD01 24	The RRED demand month 2 must contain values 01-12 only.
525 F	TD01 24	The RRED demand month 2 must be entered if the RRED demand code is entered.
527 F	TD01 25	The RRED demand code 2 must be valid.
528 F	TD01 25	The RRED demand code 2 must be entered when the RRED demand month is entered.
529 F	TD01 26	The RRED demand cycle code 2 must be C if in cycle; leave blank if out-of-cycle.

CODE/SEV	ORIGIN	INSTRUCTIONS
530 F	TD01 26, 27	If RRED demand cycle code 2 indicates in cycle, no date should be entered in RRED demand due 2. If RRED demand cycle code indicates out-of-cycle, a date must be entered in RRED demand due 2.
531 F	TD01 27	The RRED demand date must be in MMDD format.
532 F	TD05 MHI	The MHI field either is not entered or has the wrong code. Either enter or correct the code.
533 F	TD05 109, 111	The status must be valid for the aid type used. For facility status, Medicaid cannot be canceled when the case would remain active for facility. Facility cannot be pended unless medical is also pended.
534 F	TD01 45	An entry reason must be entered if data is entered on TD01, Section II and, if entered, must be valid.
535 F	TD01 45	An entry reason was entered, but no data was entered in section II.
536 F	TD01 46	A case last name is required.
537 F	TD06 237	A one-time address change is required with a TD06 special transitional child care allowance entry of codes 5, 8, or 9.
539 F	TD01 50	The payee modifier is not valid. See System Coding Instructions for valid codes.
	TD06 236	Special issuance payee modifier must be FOR one time only address change.
540 F	TD01 51	Payee name is a required field.
541 F	TD01 53	The case name must be entered on TD01 address 1 when a payee modifier is present.
	TD06 237	The case name must be entered on TD06 address 1 for one time address changes.
542 F	TD01 55	City is a required field on TD01.
	TD06 239	City is a required field for one time address change on TD06.

CODE/SEV	ORIGIN	INSTRUCTIONS
546 F	TD06 77	The state is not a valid code.
	TD06 240	A valid state code is required for a one-time only address change on TD06.
547 F	TD02 77	The SNAP OVERDUE CERT code is invalid. A valid code must be entered when more than 30 days have elapsed between the application date (entered with the pending or approval of the application) and the decision date.
548 F	TD01 57	The ZIP code must be numeric.
	TD06 241	The ZIP code must be numeric for a one-time only address change on TD06.
549 F	TD01 58	The extended ZIP code is invalid.
550 F	TD05 126	Entry of a vendor number requires a facility positive action date and valid medical entry reason and facility indicator codes. <ul style="list-style-type: none"> ▪ For HCBS waiver cases entered with a Medicaid facility aid type, enter zeros in the vendor number field. ▪ For facility cases, the aid type, vendor number, and MED CP CD must be consistent.
551 F	TD02 60	The SNAP case status is invalid or inconsistent with other coding. Reinstatement of SNAP does not allow the certification end to be entered.
552 F	TD02 61	When a SNAP reason is entered, it must be consistent with other coding.
553 F	TD02 62	The SNAP reason must be a valid code and be consistent with other coding.
554 F	TD02 62	When reason 2 is entered, it must be numeric and it must be consistent with other coding.
556 F	TD02 63	The SNAP application date must be numeric.
557 F	TD02 75	The SNAP delayed verification is invalid. Entry must be made on approvals, including recertifications.

CODE/SEV	ORIGIN	INSTRUCTIONS
559 F	TD02 64, 89 TD05 116, 127	The eligibility date cannot be more than one calendar month beyond the current month or more than two months before the current month. A case cannot be reopened for a prior month that already received a monthly grant.
560 F	TD02 64, 89	The date must be numeric.
561 F	TD02 63, 64	Date must include a month of 01-12, followed by day, followed by year. The day must be appropriate; e.g., 0229 is possible only in leap year. The application date cannot be a future date.
562 F	TD02 65	The program negative date must be numeric when entry reason J or status I is entered.
563 F	TD02 65 TD05 115, 129 TD04 146, 147, 148, 158, 159 TD03 199, 203	The date must include a month of 01-12, followed by day, followed by year. The day must be appropriate for the month; e.g., 02/29 is possible only in leap year.
564 F	TD02 66	The SNAP certification start date must be numeric and the date cannot be earlier than the positive date.
565 F	TD01 19	The companion case type is invalid.
566 F	TD02 74	The categorical eligibility is invalid. Entry must be made on SNAP approvals, including recertifications, and also when FIP is approved on an ongoing SNAP case.
567 F	TD02 67	The SNAP certification end date must be numeric, and the date cannot be earlier than the positive date.
568 F	TD02 67	The SNAP certification end date must in MMY format. Month must be 01-12.
569 F	TD02 66, 67	The SNAP certification period exceeds 12 months.
571 F	TD02 71	The SNAP income test code is invalid.
572 F	TD02 73	The SNAP limited use date must be within the certification period.

CODE/SEV	ORIGIN	INSTRUCTIONS										
573 F	TD02 73	The SNAP or FIP limited use date must be valid; it cannot be earlier than the positive date.										
574 F	TD02 66, 73	The date must be in MMY format. The month must be 01-12.										
575 F	TD02 59, 84 TD05 108, 110 TD04 142 TD03 171	The entry reason is invalid. See System Coding Instructions for codes. Reinstatement is not valid for Medically Needy. Entry of J is not allowed to change the limited benefit plan end date. Use PJCase to change an LBP. This error is also generated when SNAP entries to reinstate the case are made after the TD02 SNAP END CERT date.										
576 F	TD02 85	The FIP case status is not valid, or there is roll interference due to medical case status entries. See System Coding Instructions for valid codes.										
577 F	TD02 86	The FIP reason must be numeric when entered. The reason must be consistent with other coding.										
578 NF	TD03 172	There are more than 16 people on the case.										
579 F	TD02 87	Reason 2 must be consistent with other coding.										
580 F	TD02 98	The presumptive eligibility code is invalid. Entry is required on FIP approvals, including reviews. For reviews, the system allows only codes 1 and 3. Coding can be changed between approvals, but not so that more determinations are recorded as pending between approvals. Invalid changes are: <table border="0"> <thead> <tr> <th><u>Code on file</u></th> <th><u>Entry</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2, 3, 4, or 5</td> </tr> <tr> <td>2</td> <td>3 or 4</td> </tr> <tr> <td>3</td> <td>2 or 4</td> </tr> <tr> <td>5</td> <td>2, 3, or 4</td> </tr> </tbody> </table>	<u>Code on file</u>	<u>Entry</u>	1	2, 3, 4, or 5	2	3 or 4	3	2 or 4	5	2, 3, or 4
<u>Code on file</u>	<u>Entry</u>											
1	2, 3, 4, or 5											
2	3 or 4											
3	2 or 4											
5	2, 3, or 4											
581 F	TD02 88	The FIP application date must be a number if entered.										
582 F	TD02 88, 89, 90	The date must include a month of 01-12, followed by day, followed by year. The day must be appropriate for the month; e.g., 02/29 is possible only in leap year.										

CODE/SEV	ORIGIN	INSTRUCTIONS
583 F	TD02 88	The FIP application date cannot be greater than the current date.
585 F	TD01 18	The companion case has no active program.
586 F	TD03 177	The date must include a month of 01-12, followed by day, followed by year. The day must be appropriate for the month; e.g., 02/29 is possible only in leap year.
587 F	TD02 90 TD05 129	The date must be numeric. A facility negative date must be entered if facility status is canceled (N) or facility entry reason is J.
	TD04 148	A foster care negative date must be entered if the status of foster care is M or N.
588 I	UC	The result of a state ID individual search is given to service workers when a duplicate state ID is found on ST01. The service worker determines which state ID number is correct.
589 F	TD02 91, 92 TD04 150	The review date must be numeric.
590 F	TD02 91, 92	The review date cannot be later than the system review date.
591 F	TD05 118, 119 TD04 149, 150 BCW1 33	The date must be in valid MMY Y format. The month must be 01-12.
592 NF	TD02 92	The FIP review due date cannot be earlier than the current month.
593 F	TD05 112	Medical action reasons 1 and 2 are invalid for a facility entry, or facility indicator was not entered when action codes were used.

CODE/SEV	ORIGIN	INSTRUCTIONS
594 F	TD02 61, 62, 86, 87 TD05 113, 114 TD04 144, 145 TD03 198, 202, 206	The reason code is invalid. See Notice Codes for valid codes. A facility action code entry requires a facility indicator (TD05 FI) entry. If a sanction notice reason is entered, the status must be I.
596 F	TD03 72	A household type code is required on SNAP approvals. Valid codes are A, B, S, T, W, or P. If FIP is active on the case, the household type code must be A, B, T, or W.
597 F	TD05 109	The medical action is invalid or is not valid with the FIP status.
598 F	TD05 108, 113	The medical reason coding must be consistent with other coding. When reinstating Medicaid, RSN1 must be entered. A facility positive date entry is required when entries approve facility, or change vendor number, CP, etc.
599 F	TD02 71	Medical expenses are not allowed for SNAP with a TEST of G.
600 F	TD05 108, 114	Medical reason 2 coding must be consistent with other coding. This error is also received if a QMB case is canceled or denied using a non-QMB notice reason.
601 F	TD05 114	The medical action reason entry is invalid, or other coding is not consistent with action code 088. Entry of 088 also requires entry of an H facility entry reason, an N facility status (if the program is active), an X facility indicator, and a negative date that is not further in the past than the month which can still be changed without vendor adjustment.
602 F	TD05 115	The date of application must be consistent with other coding. For Medically Needy, the month must be the month in TD05 POS DT.
603 F	TD06 225	A special benefit amount is required.
604 F	TD02 88 TD05 115	The date of application is later than the current date.

CODE/SEV	ORIGIN	INSTRUCTIONS
605 F	TD02 89 TD05 116	The positive action date is more than one month beyond the current month.
606 F	TD05 116	The medical eligibility date is invalid or interferes with 'roll.'
607 F	TD02 65 TD05 116, 117	The positive and negative dates must be in MMDDYY format.
608 F	TD05 117	The negative date is inconsistent with other coding.
609 F	TD05 118, 119	The medical review due date is inconsistent with other coding.
610 F	TD02 100 TD05 170	FIP or medical review type is invalid.
611 F	TD05 120	The MEDICAL MR code is not valid.
612 F	TD05 121	The State Supplementary Assistance amount must be numeric if it is entered.
614 F	TD05 122	<p>The medical card retroactive code is invalid. Entry is required with a Medically Needy approval. Use codes H through N for retroactive Medically Needy only.</p> <p>For MEPD (60-M) cases, entries for retroactive months cannot be made on TD05. You must use the RETR screens.</p> <p>For a case with aid types of 60-E or 60-P, the only valid entries for TD05 RETRO field are: zero, "1," or blank.</p>
616 F	TD05 122	If the retroactive medical code is A - G or 8, the application month must be a month before the positive month.
617 F	TD05 123, 131	The amount is inconsistent with other coding. This message can indicate that client participation must be entered, or that spenddown coding is not correct.
618 F	TD05 124, 132	The amount is inconsistent with other coding. This message can indicate that client participation must be numeric, or that spenddown coding is not correct.
619 F	TD05 and TD03	A medical status of "I" was entered on a Medically Needy case with a spenddown.

CODE/SEV	ORIGIN	INSTRUCTIONS
620 F	TD05 125	An entry in the client participation code field is required when a client participation amount is entered.
621 F	TD05 125	The field does not contain a valid client participation code. Enter an "S" on SSI-related zero spenddown Medically Needy cases. Enter a space using the space bar on all other zero spenddown Medically Needy cases. For facility cases, the aid type, vendor number, and MED CP CD entries must be consistent.
622 F	TD05 VENDOR UC	The vendor number or waiver code is invalid. The vendor number must be consistent with the aid type and MED CP CD. If the vendor number is zero, you must enter a valid waiver code.
623 F	TD05 VENDOR	The vendor number must contain numeric values. For home- and community-based waiver cases under a facility aid type, enter zeros. For facility cases, the aid type, vendor number, and MED CP CD must be consistent.
624 NF	TD05 VENDOR	The SNF vendor number is invalid.
625 F	TD06 AMT	A special benefit amount cannot be zero.
626 F	TD05 114, 129	The date must have numeric values. A facility negative date must be entered when action code 088 is entered.
627 F	TD05 129	The facility negative date cannot be entered at the same time the case is approved.
628 F	TD03 WVR	The waiver code is invalid for the aid type.
629 F	TD05 128	Reserve bed days cannot be greater than 31.
630 F	TD05 127, 129	The date is inconsistent with other coding. If a correction to client participation is entered (074 in TD05 RSN 1), the date must be the same as printed in TD05 FAC POS DT. For other facility actions, the date must be entered.
631 F	TD05 127	The date must be in month, day, year format.

CODE/SEV	ORIGIN	INSTRUCTIONS
632 F	TD03 PER TD03 INHOME	<p>On a FIP case, there must be one and only one active individual with a person number (TD03 PER) code of "01" (case name) and an INHOME code of "Y." This error results when:</p> <ul style="list-style-type: none"> ▪ No individuals on the case have a person number "01" or ▪ More than one individual has a person number "01."
633 F	TD03 REL, TD03 INHOME	<p>On a FIP case, there must be one and only one active person with a relationship code of "0" and an INHOME code of "Y." This error results when:</p> <ul style="list-style-type: none"> ▪ No person on the case has a relationship code of "0," or ▪ More than one person has a relationship code of "0."
634 F	TD03 CIT, TD03 INHOME	<p>For a FIP/RCA individual with an INHOME code of "Y," the CIT field is mandatory. To check the code, go to the TD03 screen for the person. Type a "?" in the CIT field and press ENTER. A HELP screen will show the possible codes and definitions.</p>
635 F	TD03 CIT TD03 FIP ST	<p>There was an attempt to approve or pend a person for FIP/RCA with a citizenship code of "3" or "4." Review the person's FIP status and CIT code on TD03. (If you type a "?" in the CIT field and press ENTER, a HELP screen will show the possible codes and definitions.)</p>
636 F	TD05 FAC FI	<p>The medical facility indicator (FAC FI) must be "X" or a space.</p>
637 F	TD05 CO	<p>The county of responsibility field must contain numeric values.</p>
638 F	TD04 146	<p>The date must contain numeric values.</p>
640 F	TD04 143	<p>The foster care status is invalid.</p>
641 F	TD02 64, 89 TD05 116, 127 TD04 147	<p>The positive action date cannot be more than one calendar month beyond the current calendar month. For foster care cases, the date cannot be later than the current date. For SNAP, the date cannot be beyond the first day of the next calendar month.</p>
642 F	VI, 147	<p>A positive date entry for a service case was entered after a county conversion date.</p>

CODE/SEV	ORIGIN	INSTRUCTIONS
643 F	IX, 224	The number of months for special issuance is invalid.
644 F	VI, 148	The negative action date must contain numeric values.
645 F	I, 16	The FIP entry reason and the aid type conflict.
646 F	VI, 149	The review date must contain numeric values.
649 F	TD04 BENEFIT	A foster care maintenance amount is required if none is received from the FACS referral.
650 F	TD04 158	The date leaves facility must contain numeric values.
651 F	TD06 224 UC	The special issuance effective date or the number of months is invalid. If the IMM/CAN entry is M or Z, the issuance month must be less than the next month.
653 F	TD04 159	The date must contain numeric values.
654 F	TD04 241	A valid IV-E flag entry is required at approval or must be entered or present for aid type changes and TD06 authorizations.
656 F	TD02 59, 84 TD05 108, 110 TD04 142 TD03 171	The entry reason is invalid with entry of status A.

CODE/SEV	ORIGIN	INSTRUCTIONS
660 F	TD04 163	<p>Aid type and IV-E administrative coding do not match.</p> <p>On approval or reinstatement, this error results when:</p> <ul style="list-style-type: none"> ▪ The aid type is 30-8 and the ongoing positive month field entries are not “Y,” OR ▪ The aid type is 37-2, 92-0, 37-E, or 40-9 and the ongoing positive month field entries are not “N.” <p>On an aid type change to an active case, this error results when:</p> <ul style="list-style-type: none"> ▪ No TD04 entry is made in an ongoing field, OR ▪ Entry is made in any other administrative field. <p>On an active case, this error results when:</p> <ul style="list-style-type: none"> ▪ The ongoing field is not “Y” for an active 30-8 case, OR ▪ The ongoing field is not “N” for an active 37-2, 92-0, 37-E, or 40-9 case, OR ▪ Entries are made in a IV-E field other than ongoing.
661 F	TD03 PER	The person number is required and must be numeric.
662 F	TD03 REL TD03 PER	<p>For a FIP individual with an INHOME code of “Y,” the person number and relationship do not match. This error results when:</p> <ul style="list-style-type: none"> ▪ The individual’s person number is “01” and the relationship is not “0,” OR ▪ The individual’s relationship is coded “0” and the person number is not “01.”
663 F	TD03 174	The first name must be entered.
665 F	TD03 175	The last name must be in alphabetic characters only.
667 F	TD04 159	The date must be in month, day, year format.
668 F	TD03 177	The birth date must contain valid numeric values.
669 F	TD03 177	An entry in the birth date field is required on approvals.
671 F	TD03 264	The JOBS code is invalid.

CODE/SEV	ORIGIN	INSTRUCTIONS
672 F	TD03 182	The SSN is either all 0 or all 9 and the person has been active on any program for at least three months.
673 F	TD03 185	The income code is invalid.
674 F	TD03 186	The WR registration code is invalid. The code must be 3, 4, 9, E, L, or V. The code must be 4 if the person receives FIP (whether on this case or another case). <ul style="list-style-type: none"> ▪ If the code is 3, the person's age must be 16 to 59. ▪ If the code is L or V, the person's age must be 18 to 54.
675 F	TD03 190	Medical card generator coding was ignored with an approval, since cards are generated automatically as appropriate.
676 F	TD03 195	The out-of-home placement code is invalid. For IV-E foster care cases, no warrant is issued if the OHP code is not voluntary or court-ordered.
678 F	TD03 197	The SNAP individual status is invalid. B is valid only when it is also entered in the program status.
680 F	TD03 201, 205	The statuses of the FIP and medical individual entries are in conflict. This error is also generated when an attempt is made to approve a stepparent along with entries to deny another person on the case.
681 F	TD01 18	Companion case entry is required.
682 F	TD03 199	A date must be entered to add a person or to set or change the length of a disqualification or sanction period. It cannot be before the current system month.
683 F	BCW2 PI	The BCW2 program indicator is invalid with the case program status.
684 F	TD03 200	The number of months ineligible must contain numeric values when entry reason J or status I or J is used.
686 F	TD03 201	The individual status code is invalid. B is valid only when it is also entered in the program status.
687 F	TD03 171, 198, 202, 206	The individual reason code must be consistent with other coding.

CODE/SEV	ORIGIN	INSTRUCTIONS
688 F	TD03 199, 203, 207	Individuals' dates cannot be varied for the same program in the same day's entries. Individuals must be added or removed in separate steps if the effective dates are not the same. FIP start dates must be in the same calendar months.
689 F	TD06 225	The special issuance amount entered exceeds the limit. For all issuances (cash payments or SNAP benefits), the amount entered cannot exceed \$1,800.
690 F	TD03 203	The start/close date must be numeric to add a person to FIP or to change a sanction period. The date cannot be earlier than the benefit date.
691 F	TD03 178	The sex for the individual is invalid. Check the SEX and NWBN fields.
692 F	TD03 200, 204, 208	The number of months ineligible must contain numeric values when entry reason J or status code I or J is used. For PROMISE JOBS, the number of months entered must be consistent with the notice reason used.
693 F	TD03 205	<p>The individual medical status code is invalid. It must not interfere with 'roll.' B is valid only when it is also entered in the program status. H is not a valid entry.</p> <p>A person cannot be added if that person's status on the case is active. For 19 FBU Medicaid cases, a referral from FACS is required before approval is allowed.</p>
694 F	TD03 260	The service code is invalid. Correct enhanced services or alien indicator must be entered.
695 F	TD03 261	The county of legal settlement is invalid. Either the code entered was incorrect, or the code was not entered when an enhanced services indicator was entered.
696 F	TD03 262	The QMB code is invalid. Code must be L, Q, or zero. If L, the fourth position of the health coverage code must be A or 2.

CODE/SEV	ORIGIN	INSTRUCTIONS
697 F	TD03 197, 201, 205	Individuals cannot be opened when other entries are made to close individuals. These actions must be done in steps. Also, individual medical status entries must not be made when FIP program status is entered but individual FIP status is left blank.
698 F	TD03 207	The date must contain numeric values and be in month-day-year format to add a person.
699 F	TD03 197, 201, 205	The person status code must agree with the entry code used.
700 F	TD03 208	Number of months must contain numeric values with entry reason J or status I entries.
701 F	TD03 209	The fund code is invalid. For Medically Needy, entry is required. For cases other than Medically Needy, entry of 9 is not allowed.
702 F	TD02 TD06	The EMSV entry conflicts with TD06 entries. The system can only accept a total of three TD06 entries per day. The system treats the TD02 EMVS field codes as if they are TD06 entries. If you are doing other TD06 entries on the same day as approving for EMSV you may need to delete one or more of your TD06 entries.
703 NF	TD03	The fund code is invalid. The aid type must agree with the fund code entered.
704 F	TD06 220	The immediate or cancel code must be valid. When entering on TD06 to bring benefits to the correct level, do not enter recalculation changes on BCW2 for the same month as the TD06. Codes A, D, H, and X are restricted to Quality Assurance.
706 F	TD06 221	The aid type is invalid.
707 F	TD06 221	The aid type must agree with the type of benefit entered. For aid type 47-0, the level of care must be entered on TD04.
708 F	TD06 222 BCW 7	The notice reason is invalid. For origin BCW7, check both BCW1 and BCW2 entries.

CODE/SEV	ORIGIN	INSTRUCTIONS
710 F	TD03 171	This person is not on the master file, so the entry reason must be A.
711 NF F on QMB/ SLMB case	TD03 192	The fourth character of the supplemental health coverage code is invalid. The letter O may have been entered instead of zero. For QMB/SLMB cases, the code must be A, 1, or 2.
715 F	TD06 234	A code must be entered for a special allowance.
716 F	TD06 226	For SNAP, the code must be consistent with the code in TD06, IMM/CAN. (For replacements, the two codes must match.)
717 F	TD06 232	An issue date is required when the LOC/TYP code is "L."
723 F	TD01 19	The companion type is required.
727 F	TD03 171 BCW 1	The entry reason is invalid. For origin BCW 1, check both BCW1 and BCW2 entries.
731 F	BCW7	The case reason is invalid. Entry is required when "X" is entered in BCW2, HRS.
732 F	BCW1 39	The shelter amount is invalid. The amount must be zero if homeless code "H" is on the master.
733 F	BCW1	BCW1 transactions cannot exceed 30 per case.
734 F	BCW1 40	The shelter code is invalid.
735 F	BCW2	BCW2 transactions cannot exceed 40 per case.
736 F	TD01 16 BCW1 41	The extended medical code is invalid. The aid type must be entered or reentered for approvals.
737 F	BCW2 72	The DEDUCT 1 amount must be numeric.
740 F	BCW1 19, 21, 23, 25, 27, 29	The first character of the allowance code is invalid. The FIP status must be active when the entry is made. BCW1 special allowances cannot be issued on a closed case. Use code C only to cancel ongoing special allowances.
741 F	BCW1 19, 21, 23, 25, 27, 29	The second character of the allowance code is invalid.

CODE/SEV	ORIGIN	INSTRUCTIONS
743 F	BCW1 20, 22, 24, 26, 28, 30, 35, 37 BCW2 75	The amount is invalid. The utility amount must be zero if homeless code "H" is on the master.
744 F	BCW1 20, 22, 24, 26, 28, 30	An amount must be entered if a type is entered.
745 F	BCW1 31, 38	The utility code is invalid.
748 F	BCW1 31, 32	0000 cannot be entered as a date. The date must be numeric.
749 F	TD06 223 BCW1 32	The date is invalid. For TD06, EFFECT DT, the date may be too far in the future or the past.
750 F	BCW1 32 UC	A date is invalid. For TD06, EFFECT DT, the date may be too far in the future or the past.
752 F	BCW2 47	The program indicator is invalid. SSI income is not valid for FIP program.
753 F	BCW2 47	A program indicator is required.
754 F	BCW2 47 UC	The program indicator is invalid with the person's program status.
755 F	BCW2 47	A TD05 facility positive date must be entered with a BCW facility entry.

CODE/SEV	ORIGIN	INSTRUCTIONS
757 F	Medicaid BCW2	<p>The medical or facility BCW2 benefit months are in error. One or more of the following conditions exist:</p> <ul style="list-style-type: none"> ▪ For a pended case the benefit month entered is prior to the application date, ▪ Benefit months were not entered for all processing months, ▪ The benefit months entered are too far in the past, ▪ When approving a facility application, the benefit month entered cannot be prior to the positive date, ▪ When reinstating, the benefit month entry cannot be prior to the positive date, ▪ The benefit month entered is beyond the next system month, ▪ BCW2 entries were made on non-calculated Medicaid aid types, or ▪ For 37-7/60-E or 37-7/60-P aid types, entries are not allowed in the 1ST CP amount or ONGOING CP fields. <p>Delete the inappropriate Medicaid BCW2 entries. Re-enter another transaction to cause the case to process.</p>
758 F	BCW2 48	The individual action reason must be numeric and valid.
759 F	BCW1 34 BCW2 49	The eligibility/benefit indicator is invalid.
761 F	BCW2 50, 51, 52, 53, 54	The entry must be numeric.
763 F	BCW2 55	The entry must be numeric.
765 F	BCW2 56	<p>The source code is invalid. If “3” is entered, the status must be “R.” A program reopening cannot be entered at the same time.</p> <p>Lump-sum income or reduction cannot be coded if:</p> <ul style="list-style-type: none"> ▪ The aid type is not FIP-related; ▪ The E/B indicator is E (the entry must be B); ▪ The benefit month is not the next month; or ▪ The program is SNAP.

CODE/SEV	ORIGIN	INSTRUCTIONS
767 F	BCW2 57	The amount must be numeric.
768 F	BCW2 58	The hours indicator is not a valid code.
769 F	BCW2 TM	The transitional Medicaid number of persons is invalid. Entries are needed only for the second and third reporting periods.
774 F	TD03 263	The QMB code is not consistent with the POV code.
776 F	BCW2 62, 64, 66, 68, 70	The unearned income amount must be numeric.
778 F	BCW2, 63, 65, 67, 69, 71	<p>The unearned income source code is not a valid code.</p> <p>Do not enter unearned source code "E" on FIP or SNAP cases or on any FMAP-related Medicaid cases.</p> <p>Code lump-sum income or reduction only on active FIP cases. The E/B indicator must be "B." Do not code lump-sum income or reduction for SNAP or Medicaid programs.</p> <p>If an unearned income code of "P" is entered, the FIP status must be "R." Reopening FIP cannot be entered at the same time.</p>
779 F	BCW2 63, 65, 67, 69, 71	An unearned income source code is required when an unearned income amount is entered.
780	BCW2 572	Deduct 1 amount must be numeric.
781	BCW2 573	Deduct 2 amount must be numeric.
782 F	BCW2 74	The parent deduction need test amount must be numeric.

CODE/SEV	ORIGIN	INSTRUCTIONS
783 F	BCW2	<p>An invalid BCW2 has been entered for SNAP.</p> <ul style="list-style-type: none"> ▪ For approvals or pending, the BCW2 entry cannot be for a month before the date in the SNAP POS DT or SNAP APP DT fields. ▪ For reinstatements, the BCW2 entry cannot be for a month before the month in the SNAP NEG DT field or reinstatement entries are invalid as they are too late to process. ▪ For active cases, a BCW2 entry cannot be for a month before the current system month. <p>Delete the inappropriate SNAP BCW2 entries. Reenter another transaction to cause the case to process.</p>
784 F	FIP BCW2	<p>An invalid BCW2 has been entered for FIP.</p> <ul style="list-style-type: none"> ▪ For approvals or pended cases, the BCW2 entry cannot be for a month before the date in the FIP POS DT or FIP APP DT fields. ▪ For reinstatements, the BCW2 entry cannot be for a month before the month in the FIP NEG DT field, or reinstatement entries are invalid as they are too late to process. ▪ For active cases, a BCW2 entry cannot be for a month before the current system month. ▪ When adding a person to FIP, a BCW2 entry for the new person cannot be for a month before the new person's TD03 FIP DATE. <p>Delete the inappropriate FIP BCW2 entries. Re-enter another transaction to cause case to process.</p>
785 F	BCW1	<p>A BCW1 was entered for a month that is:</p> <ul style="list-style-type: none"> ▪ Too far in the past on either an active case or a case being reinstated; or ▪ Prior to the positive date; or ▪ Prior to the application date on a pended case. <p>Remove invalid BCW1. Update another entry to cause the case to process.</p>

CODE/SEV	ORIGIN	INSTRUCTIONS
786	RSCF RSCA RSCM RSCS	A resource screen was entered for a month/year that is too far in the past or a resource screen was entered on a closed SNAP case. Remove the invalid resource screen. Update another entry to cause the case to process.
787 F	BCW1 35, 37, 39	The SNAP program is not open, so SNAP deductions are not valid.
788	TD03	The citizenship code is required or invalid.
804 F	TD03	The waiver code is invalid or is needed.
809 I	TD03	There is more than one active person on the foster care case.
810 F	TD03 172	Required individual information is incomplete.
812 F	TD03 188	A medically needy characteristic is required with a Medically Needy application or when adding a person to a Medically Needy case. A change in code is not allowed without an application. Zero is valid only if the fund code is "P" or "S." The error also occurs if a case has met spenddown, the Medically Needy code is "0," and the fund code is "9."
813 F	TD05 113	Zeros are the valid entry for Notice/Action Reason 1 on Medically Needy cases.
814 F	TD05 117	A negative date entry is not allowed with Medically Needy application.
815 F	TD05 118	The last review date must match the positive month and year on a Medically Needy application. It cannot overlap the previous certification period.
816 F	TD05 118, 119	Entry of the last review and next review dates is required on a Medically Needy case that has spenddown in either the retroactive or ongoing certification period.
817 NF	TD05	The individual is receiving Medicaid for a Medically Needy certification period.

CODE/SEV	ORIGIN	INSTRUCTIONS
818 F	TD03 209	A change in Medically Needy fund codes is not allowed during the certification period.
819 F	TD05 131, 132	A change in Medically Needy spenddown amounts is not allowed during the certification period.
820 F	TD05 117 UC	A negative date entry was made for a month previously covered by a valid Medically Needy medical assistance eligibility card.
821 F	TD03 207	The individual medical start date is before the allowable medical retroactive period.
822 F	TD03 207	The individual medical start date is greater than the case certification period, at time of case approval.
823 F	TD02 85 TD05 109	The reopening date after lump-sum ineligibility has not been reached.
824 F	TD03 UNB	The unborn code is invalid. If the field is left blank, the system enters zero. On MAC cases, the error is generated when an unborn code is entered for a male of any age, or is not entered for a female considered an adult.
825 F	TD01 CO TD06 IMM/CAN, LOC/TYPE	TD06 IMM/CAN is "E," and LOC/TYPE is "N," but the TD01 county entered or on file is not a less-than-full-time office.
826		The individual reason code is invalid.
827 F	TD01 CNID, TD03 PER, TD03 REL	The case name ID must be entered on a FIP case in the TD01 CNID field and must match the person's INHOME code of "Y." This error results when: <ul style="list-style-type: none"> ▪ Case name ID was not entered, or ▪ The CNID number does not match with the person coded as "01" in the PER field, or ▪ The CNID number does not match with the person coded as "0" in the REL field.
828 F	TD03 EDU	Education field is mandatory for every individual associated with a FIP case with an INHOME field entry of Y. To check the code, go to the TD03 screen for the person. Type a ? in the EDU field, and press ENTER. A HELP screen will show the possible codes and definitions.

CODE/SEV	ORIGIN	INSTRUCTIONS
829 F	TD03 INHOME	<p>Entry of the TD03 INHOME field is mandatory on an active FIP case when a person's FIP status is I, M, N, R, or S and one of the following is true:</p> <ul style="list-style-type: none"> ▪ The person's SNAP status changes to A, B, or C. ▪ The person's medical status changes to A, B, or C. <p>Valid codes for the INHOME field are Y and N.</p>
830 F	TD03 MINOR	<p>A change in a person's minor parent code is required. The person is on a FIP case with an INHOME code of Y and one of the following is true:</p> <ul style="list-style-type: none"> ▪ The person has a minor parent code of 0 to 5 and is older than age 17. ▪ The person has a minor parent code of 6 and there is no other person on the case with a minor parent code of 0-5.
831 F	TD02 BAT ALIEN	<p>Battered alien coding is valid only on a FIP case.</p>
832 F	TD05 FLH AMOUNT	<p>The FLH AMOUNT is zero when case aid type is 13-1, 63-1, 63-3, or 63-8, the medical status is A, B, or C, and the provider is a skilled, ICF/ID, or nursing facility.</p> <p>Cases with a medical aid type of 13-1, 63-1, 63-3, or 63-8 for skilled, ICF/ID, or nursing facility require an amount between \$1.00 to \$50.00 to be entered in the FLH AMOUNT field.</p>
833 F	TD05 FLH AMOUNT	<p>The FLH AMOUNT is greater than zero for an active case with a medical aid type that is no longer 13-0, 13-1, 63-0, 63-1, 63-2, 63-3, 63-7, or 63-8 (nursing facility or ICF/ID) or 10-0 or 60-0 (family life home).</p> <p>An FLH AMOUNT that is greater than zero is invalid when this is not a family life home case or an ICF/ID or nursing facility case in 13-1, 63-1, 63-3, or 63-8 aid types.</p>

CODE/SEV	ORIGIN	INSTRUCTIONS
834 F	TD01 AID	<p>To have an active FIP case in aid type 35-0 or 33-8, there must be two PROMISE JOBS referred parents of a common child.</p> <ul style="list-style-type: none"> ▪ One parent must have a REL code of zero. ▪ The other parent must have a REL code of 1 or P. ▪ Both parents must have a participant JOBS code. <p>When canceling a parent from an active case in aid type 35-0 or 33-8, change the aid type to a regular FIP aid type when you make the cancellation entry.</p> <p>When denying a parent and approving other household members on a case pended with in aid type 35-0 or 33-8, change the aid type to a regular FIP aid type when you make the denial entry.</p>
850 F	TD03 US, ID	Entry of A in the MED ST field on TD03 requires the entry of verified indicators in both the US and ID fields.
852 F	TD05 STATUS	Verify citizenship and identity. The 90-day period has been used.
853 F	TD05 RETRO	Valid codes are required in the US and ID fields before approving retroactive Medicaid.
854 F	TD03 NWBN	Entry of Y in the NWBN field requires the entry of 3 in both the US and ID fields.
855 F	TD03 US, ID	A valid code is required in the US or ID field.
860 F	TD03 POV	The poverty level is required.
861 F	TD03 QMB	The QMB code is invalid.
876 F	TD02 SNAP AD, FIP AD	The application is overdue.
	TD05 MED AD, FAC AD	Use the TXNE screen (accessed through F5 on TXNS screen) to determine the program with the overdue application. Change the affected AD code to indicate the applicable delay reason.
877 F	TD02 SNAP EMSV	Emergency services are overdue. The second character of the TD02 EMSV field is invalid. Change the character to indicate the applicable delay reason.

CODE/SEV	ORIGIN	INSTRUCTIONS
900 F	TD02 FIP ENTRY RSN TD05 MED ENTRY RSN, FAC ENTRY RSN TD03 PI ENTRY RSN, PI FIP STATUS UC	The attempt to reopen was invalid. The negative date may be too far in the past for reinstatement.
901 F	TD02 SNAP POS DATE, FIP POS DATE TD02 MED POS DATE, FAC POS DATE	The reopening positive action date is invalid. For SNAP and FIP, the date cannot be before the application date, if the application date is also entered.
902 N	TD02 SNAP APP DATE, FIP APP DATE TD05 MED APP DATE TD04 PC APP DATE	A reopening application date is required.
904 N	TD02 TD05 TD04	The program is open, so the application date cannot be changed.
906 F	TD03	The INDV limit date is not in the valid range.
907 F	TD03 171	Individual reinstatement is needed.
908 F	TD02 85 TD05 108, 110 TD06 143 TD03 171	A reinstated individual is required; none was found.

CODE/SEV	ORIGIN	INSTRUCTIONS
909 F	TD02 60, 85 TD05 109, 110, 111 TD04 142, 143, 147 TD03 197, 201, 205	The status is invalid with the entry reason entered. If coding retroactive medical eligibility on a previously pended FIP case, entry reason and status must be A.
910 F	TD03 171	An individual opening action is needed.
911 F	TD02 64, 89 TD05 116, 127 TD04 147	A positive action date is required with an attempt to open.
912 F	TD02 59, 63, 88 TD05 115 TD04 146	An application date is required with an attempt to open with entry reason A. If Cs are used and the application date is blank, the system puts the positive date in application date too.
913 F	TD02 60, 85 TD05 108, 109, 111 TD04 108, 143	An open individual is required. For service workers, an entry must be made in the individual section for Medical Status.
914 F	TD03 171	An individual reopening action is needed.
915 F	TD03 171, 197, 205	An individual is required with a reopening.
916 F	TD03	<ul style="list-style-type: none"> ▪ Newborn invalid. ▪ TD03 newborn code not correct for age. ▪ Must have valid limit date if using P in newborn field.

CODE/SEV	ORIGIN	INSTRUCTIONS
917 F	TD03 197, 201	<p>This person is sanctioned, under a limited benefit plan, or already active for this program (illegal person). A person can't be active on more than one case for FIP or for SNAP.</p> <p>Check the person's state ID record. Then check the status of the program, and the negative date if the status is N. Contact the other worker or the client to resolve the situation. If the status is N and the negative date is the end of the current month, wait until the first of the next month to open the person on your case.</p> <p>The FIP approval is for a FACS client or a minor dependent of a FACS client.</p> <p>The medical approval is for a FACS client or a minor dependent of a FACS client and the FBU is not 19.</p>
918 F	TD01 17 TD02 63, 64	An invalid date was entered.
919 N	TD02	The application date exceeds the positive action date.
921 F	TD05 109	Medical must be reinstated when entry reason D and status B are entered on TD02, Section IV.
922 F	TD05 108, 110 TD04 142	The entry reason is invalid: the case is already open.
923 F	TD01 45 TD02 59, 84 TD05 108, 111 TD04 142 UC	The entry reason conflicts with the case master status. Do not reinstate a never-opened program or individual. For Medically Needy SSI-related zero-spenddown case review, TD05 LAST REV must be the next system month.
924 F	TD02 59, 84 TD05 108, 111	Entry reason D or F is invalid for this program.
925 F	TD03 197, 201, 205, 270	Individual status and program status conflict. Do not reinstate an individual without a program, interfere with rolling, or code to cause the status already on the case. For origin 205, Medicaid cannot be canceled when the individual record remains active for facility or foster care.

CODE/SEV	ORIGIN	INSTRUCTIONS
926 F	TD02 59, 84 TD05 108 TD04 142	This case is not on the master file. Entry reason must be A.
928 NF	BCW2 47	Extended or Transitional Medicaid is in effect for this person. Do not enter a BCW2 with income for this person. Income cannot be entered for the tenth month of the extended Medicaid period due to loss of disregards except during the ninth month of the period, before system cutoff, or in the first reporting period for TM.
929 F	TD02 67	The certification end date is before the certification start date.
930 F	BCW2 45	No one was found on the master file with this state ID number.
934 F	TD02 66	A valid certification start date is required.
935 F	TD02 67	A certification end date is required with an opening or reopening.
936 F	TD03 201	An individual is not allowed on a closed program.
937 F	BCW1 35	Shelter expense is not allowed on a closed SNAP program.
938 NF	BCW1 UC	The utility end date must be one year in the future.
940 F	BCW1 34	An eligibility/benefit code is required when SNAP deductions are entered.
941 F	BCW1 33 BCW2 46	Benefit month and year are required when an eligibility/benefit code is entered.
942 F	BCW2 49	An eligibility/benefit code is required when benefit month and program indicator are entered.
943 F	TD02 65	The negative action date is before the positive action date.
944 F	TD02 66	The certification start date is invalid with this approval date.
945 F	TD02 92	This date is invalid with the date on the master file.

CODE/SEV	ORIGIN	INSTRUCTIONS
946 F	TD02 89 TD05 116, 127 TD04 147	The positive action date is more than four months old.
947 F	TD03 199, 203, 207	The start/close date is more than four months old.
948 F	TD01 18, 19	Companion case error. Do not make a case a companion to itself.
949 F	TD02 66	The SNAP certification start date is invalid.
951 F	BCW1 41	Extended medical is invalid for this case, because the case was not open for FMAP.
955 F	TD01 18	A companion case number entry is required when a companion type is entered.
956 F	BCW1	The BCW entry reason must be G or H.
957 F	TD01 23	A due date entry is not allowed with a cycle code entry.
958 F	TD02 60, 85 TD05 109, 111	An entry to pend an individual is required with an entry to pend a program.
959 F	TD03 171 UC	This person is not associated with the case. An entry reason of A, C, or E must be entered when adding a new person to a case.
960 F	TD02 FA APP DT, TD02 FIP APP DT, TD05 MED APP DT, TD05 FAC APP DT	An application date must be entered for an approval or denial when the program was not in a pended status.

CODE/SEV	ORIGIN	INSTRUCTIONS
962 F	TD03 FUND	<p>A valid medical participation fund code must be entered when opening or pending an individual. If the person already has an active fund code on another case, the fund code entered with the pended status does not result in a change to the active fund code.</p> <p>For Medically Needy, the fund code must be A, C, R, S, or P. If P is entered, the case must be a Medically Needy spenddown case.</p> <p>For foster care, the combination of aid type and fund code must be correct.</p> <p>On MAC cases, the fund code of an infant or a child must be C; otherwise the fund code must be A, S, or 7.</p>
963 F	TD01 15, 45 TD02 59, 84 TD05 108 TD04 142 TD03 171 BCW1 ADOM 8 UC	<p>Transactions are not allowed until after month end on a case that has been delayed due to lack of time for timely notice.</p>
965 F	TD03 216	<p>30 + 1/3 coding is not allowed with extended Medicaid aid types.</p>
966 F	TD03 217	<p>30 + 1/3 coding is not allowed with extended Medicaid aid types.</p>
967 F	TD05 116	<p>There must be a date in this field when an extended Medical Assistance aid type is entered.</p>
968 F	TD03 219	<p>MINOR cause code is invalid. If 3 or 5 was entered in TD03 MINOR, there must be a valid entry on TD01 GOOD CAUSE: MP. These entries must be made when pending a case. See Good Cause: MP for valid codes.</p>
969 F	TD01 16 BCW1 41	<p>There is an extended Medical Assistance aid type, and no entry was made in this field, or the entry was not 1-12 for transitional Medicaid (or 1-4 for extended Medicaid).</p>

CODE/SEV	ORIGIN	INSTRUCTIONS
970 I	UC	<p>Death was reported on another case or program. In the processing which occurs daily, individual records with notice reasons 613 (indicating death) are deleted. The state ID number is removed from all cases in the system with which it is associated. If the person's program status on any other case is A, B, C, D, E, F, H, I, or J, it is changed to N and this message is generated.</p> <p>If the person who died is the PAYEE on ICSC, and the ABC case number for the children on ICSC will remain the same because a new payee is assigned to that case, you must inform CSRU of the replacement payee name in REFER comments. Indicate the reason for the change is death of the original payee.</p> <p>If the program is one for which ABC does not calculate eligibility, you must redetermine eligibility if there are other persons on the case. If the only eligible child is deceased, action to close the case is probably needed.</p> <p>For SNAP, you may need to re-enter shelter deductions if they were attached to the person who died.</p> <p>On system-calculated cases, the system recomputes benefits in the <u>next</u> daily processing. (Check the CALC TXNS screen to see if the system will recompute.)</p>
971 F		<p>This case has a person with an OHP code of 1 (NIS indicator). COLA income has been entered but the case was not recalculated on ABC. Review the diversion amount and other income and make appropriate BCW entries on ABC, to cause a recalculation.</p>
972 I		<p>Unearned income source code "A" (SSI income) was missing for COLA processing. The system placed the code "A" and the amount in the BCW2 record and recalculated the case.</p>
973 I		<p>Unearned income source code "B" (SSA income) or "T" (Black Lung income) was missing for COLA processing. The ABC system placed the code and amount in BCW2 and recalculated the case.</p>

CODE/SEV	ORIGIN	INSTRUCTIONS
974 F	UC	<p>Income records could not update or be recalculated for COLA processing because there were too many BCWs. NOTE: The system allows only 24 income records per person.</p> <p>If there are too many income records, wait until after the next cutoff to enter more income. (Depending on your case's situation, you may have to cancel the program or the person and make a TD06 entry for the coming month.)</p>
975 F	992	<p>The person's BCW2 record has SSA or Black Lung income but no COLA was done. Possible reasons why COLA did not occur are:</p> <ul style="list-style-type: none"> ▪ No BENDEX record was received ▪ Client no longer receives SSA or Black Lung benefits ▪ Birth date did not match ▪ Person or case was approved after the deadline for exchanges with the Social Security Administration.
976 F	992	<p>The person's BCW2 record has SSI income but no COLA was done. Possible reasons why COLA did not occur are:</p> <ul style="list-style-type: none"> ▪ No SDX record was received ▪ Client no longer receives SSI ▪ Birth date did not match ▪ Person or case was approved after the deadline for exchanges with the Social Security Administration.
977 F	TD02 62, 84 TD05 114	<p>A notice reason indicating a death was entered at the case level, and there is more than one person on the case. If more than one person on the case has died, record each death with TD03 entries.</p>
978 F	TD02 TD05 TD03	<p>A notice reason indicating death was entered for the same individual on one program on the case but not for another program. Make TD03 entries for each program. If this is a one-person case, the entries can be made at the program level.</p>
980 F		<p>For SNAP, COLA processing requires a BCW income record that contains both "E" and "B" income indicators. Either an "E" or a "B" income indicator was not found.</p>

CODE/SEV	ORIGIN	INSTRUCTIONS
981 F		For FIP, COLA processing requires a BCW income record that contains both "E" and "B" income indicators. Either an "E" or a "B" income indicator was not found.
982 F		For Medicaid, COLA processing requires a BCW income record that contains both "E" and "B" income indicators. Either an "E" or a "B" income indicator was not found.
983 F		For facilities, COLA processing requires a BCW income record that contains both "E" and "B" income indicators. Either an "E" or a "B" income indicator was not found.
984 F		A person on the case has a Miller Trust (MAIT) income. ABC COLA processing does not occur for Medicaid or facility cases if a person on the case has such income. Make entries for Medicaid or facility income records that reflect the new Miller Trust (MAIT) amount.
985 F		SSA sent an SSI COLA record for a person who has a FIP or FMAP status of "A," "B," "C," "E" (FIP only), "H," "F," or "I." No FIP or FMAP income record was created or updated.
986 I		The Social Security COLA amount used is different from the BENDEX amount because recoupment exists at SSA. The amount before recoupment is counted as income on facility cases. The ABC system updated the income and recalculated the case.
987 F		This case has a person with a couple case indicator (OHP code of 2) and so must have worker entries for COLA. COLA income has not been entered on ABC.
988 I		This case has a person with dual or triple entitlement for social security. Social security may not have updated correctly during COLA. Review BENDEX and update ABC if needed.
989 F		Unearned income source code of B, T, or A was missing for COLA processing. The code and amount could not be placed in BCW2 entries because all unearned income fields are in use. Review the BCW2s and enter income as appropriate.
990 F	TD03 181	The payee relationship is required or invalid.

CODE/SEV	ORIGIN	INSTRUCTIONS
991 F	TD03 187	Deprivation coding is required or invalid. All individuals on a case with a relationship code of A, C, E, 2, 3, 4, 5, 6, or 8 must have a deprivation code.
992 F	ICSC	<p>An ICAR payee link is required, or the existing link is invalid. If anyone is linked to an ICAR case with a role code of "G" or "J" (child), then someone must be linked as a payee. There cannot be more than one payee linked to an ICAR case. If death is recorded for a current ICAR payee, a new payee must be linked.</p> <p>After correcting the ICAR error, make an entry in ABC to get ABC to update.</p>
993 F	TD03 PAT	The paternity code is required or invalid. A paternity code is required for all active children on a FIP or FMAP-related Medicaid case. "Child" is defined by relationship code.
994 F	TD03 ST	The birth state entry is required or invalid. A valid birth state is required for all active children on a FIP or FMAP-related Medicaid case. "Child" is defined by the relationship code.
995 F	ICSC	<p>A CSRU link is required. If any active child on a FIP or FIP-related Medicaid case has a deprivation code of "A" or "D," all individuals on the case are required to have a link record.</p> <p>This message also occurs if the worker number on ABC indicates an institution (MHI or hospital school) case, and a referral to ICAR was attempted.</p>
996 F	TD03 266	The qualifying parent code is required or invalid. An adult on a UP case (payee relationship code of 0 or 1) must have a code of "P" or "Q."
997 I	ICSC	The client died. Check the ICAR referral and enter a new referral and payee, if appropriate.

CODE/SEV	ORIGIN	INSTRUCTIONS
999 F	UC	<p>There is a fatal error related to information printed in the "data entered" column. This error may indicate that there are too many income records. There is room for 24 income records per person.</p> <p>If there are too many income records, wait until after the next cutoff to enter more income. (Depending on your case's situation, you may have to cancel the program or the person and make a TD06 entry for the coming month.)</p>

Benefits History Information

These codes are used on the BH01 screen. See 14-B(4), [BH01=Benefit History](#), for additional information on the screen.

FIP and SNAP recoupment types determine the rate of benefit reduction. The codes are:

<u>Code</u>	<u>Type of Error</u>
A	FIP; client caused error
B	FIP; agency caused error
C	SNAP; client inadvertently caused error
E	SNAP; agency caused error
F	SNAP; client intentionally caused error
G	CSRU; client caused error
I	Transportation; agency caused error
J	Transportation; client caused error
K	Child care; agency caused error
L	Child care; client caused error
M	Other PROMISE JOBS expenses; agency caused error
N	Other PROMISE JOBS expenses; client caused error
O	Transitional child care; agency caused error
P	Transitional child care; client caused error

The ADD'L MED field displays a code which describes the current transitional or extended Medicaid period of eligibility.

<u>Code</u>	<u>Explanation</u>
0	Not applicable. (There is currently no transitional or extended Medicaid eligibility.)
1	Transitional Medicaid's first six-month period; current data indicate there will be a second period.
2	Transitional Medicaid's second six-month period.
3	Transitional Medicaid's first six-month period, but the quarterly report was not returned.
4	Extended Medicaid.

Issuance Verification System

The ABC and ICAR systems use the Issuance Verification System (ISSV) for verification of benefits received and for authorization of benefits issued (by the ABC system, the ICAR system, or the IM worker). The ISSV system is used for SNAP action code correction.

The ISSV system includes the history of:

- Benefits issued to a case and the people who received those benefits,
- Child support rebate payments made to clients,
- Client income exempted for child support rebates, and
- Cash recoupment payments made by clients and adjustments for those payments.

The ISSV system does not include recoupments by grant reduction. A case issuance history is retained without regard to the case program status codes, the death of household members, the existence of a case record on ABC, etc.

Monthly grant data are available from July 1986. Daily grant data are available from July 1985. Grant data are not purged from ISSV.

SNAP data are saved or added to the display until the effective month of the issuance is over five years old, unless it is a SNAP refund (i.e. Bliet lawsuit), then it is saved indefinitely. SNAP data over five years old are deleted from ISSV annually.

Child support rebate payment data are available from October 1987. Rebate payment data are not purged from ISSV. Data on income exempted for child support rebates are available from April 1991. Exempted income data are not purged from ISSV.

Cash recoupment payments and adjustments are available from May 1982. Recoupment data are not purged from ISSV, but data were purged from the recoupment system before the addition of recoupment data to ISSV. Before April 1991, data were purged for debtors who had all claims closed for a three-year period.

All grants except system-issued and exempted-income rebates are designated on ISSV with the word “WARRANT,” regardless of the system responsible for or the method of distribution to the client. (This includes TD06 child support rebates.) The last seven digits of the warrant number are listed under the CONTROL NUMBER field. (The first digit is a zero for a regular issuance warrant.)

The action code letter defines the reason for the warrant issuance or cancellation. (Action code “J” indicates worker-issued, system-issued, and exempted-income child support rebates.)

“DIR DEP” indicates the grant is deposited into the client’s bank account. “EAC” indicates the grant is deposited into the client’s electronic access card (EAC) account.

All SNAP issuance is designated on ISSV as “SNAP.” The action code defines the reason for issuance, denial, or return. “EBT” indicates that the allotment is accessible to the client through the EBT plastic card system. The special issuance code ‘E’ indicates the allotment is credited to an EBT account.

System-issued rebates are designated on ISSV as “SYS-REBATE.” Rebates by exemption of child support income are designated on ISSV as “EXP/REBATE.” All rebates use action code “J.”

Cash recoupment payments and adjustments are identified as “FIP-REPAY” or “FS-REPAY.” Action code “S” indicates a reduction from the claim balance. Action code “A” indicates an addition to the claim balance (usually due to an error in subtraction, e.g., a wrong claim or wrong amount subtracted).

The same action code letters are used for both grants and SNAP; the screen designate the type of benefit issued. Obsolete codes are listed.

Warrants

- A Medical transportation and lodging
- B Foster care initial placement supervised apartment living (obsolete)
- C Foster care replacement clothing allowance (obsolete)
- D UP-WEP work expense (obsolete)
- E School expenses
- F Court-ordered retroactive benefits
- G Guardianship or conservatorship fee
- H Subsidized adoption attorney fees, foster care in-service training payment (obsolete)
- I Foster care initial clothing allowance (obsolete)
- J Support rebate
- K Corrective payment due to client error
- L JTPA child care (obsolete)
- M System-generated, monthly cycle
- N Adjustive, change in household
- P Appeal decision; foster care preservice training payment
- Q Court decision; foster parent trainer payment
- R Agency administrative error
- S Vendor payment (obsolete)
- T IETP transportation (obsolete)
- U IETP child care (obsolete)
- V IETP employment education (obsolete)
- W WEP transportation (obsolete)
- X Other
- Y WEP child care (obsolete)
- Z System-generated: PROMISE/JOBS
- 1 Subsidized adoption child care or foster care school fees (obsolete)
- 2 Subsidized adoption supplies equipment or foster care foster family respite (obsolete)
- 3 Subsidized adoption counseling or therapy or FC transportation over \$25 (obsolete)
- 4 Subsidized adoption medical expenses not covered by Medicaid or foster home insurance payments (obsolete)
- 5 Transitional child care--center (obsolete)
- 6 CMS job club transportation (obsolete)
- 7 CMS job club day care (obsolete)
- 8 Transitional child care--group (obsolete)
- 9 Transitional child care--family (obsolete)
- * Daily, for next calendar month (not yet issued)

SNAP

- B Mail loss (obsolete)
- C Worker-entered: replacement of SNAP due to fraud
- D System-generated: mail loss, overissuance (obsolete)
- E Emergency issuance
- F Convert EBT benefits to paper coupons (Obsolete effective 1/30/04)
- I System-generated: SNAP replacement denied (from B entry) (obsolete)
- J Extra: new person, etc.
- K Cancel, returned
- L Lost in household disaster (obsolete)
- M System-generated; monthly cycle
- N Replace food destroyed in a disaster
- O System-generated: SNAP replacement denied (from L entry) (obsolete)
- P Special for initial month
- R Remail undelivered coupons. ISSV will display the original action code and old code "U," for undelivered. R code will not display on ISSV. (obsolete)
- S Replacement due to shortage (obsolete)
- T Special authorized for other than the initial month
- U Undelivered (obsolete)
- V Prorated (obsolete)
- W Returned, deceased
- * Daily, for next calendar month (not yet issued) (obsolete)
- \$ Monthly, for next calendar month (not yet issued) (obsolete)
- @ Expedited, for next calendar month (not yet issued) (obsolete)
- # Extra (from J entry), for next calendar month (not yet issued) (obsolete)

The OLD CD field displays the SNAP action code originally connected with the issuance. It displays only if the original code was corrected or deleted by central office staff.

LOC/TYPE indicates the source of the SNAP benefits.

- E Worker-entered: emergency benefits issued through EBT, also replacement of SNAP due to fraud.
- F System-generated: refund of benefits; i.e. Bliet lawsuit.
- L System-generated: expedited issuance taken from local office inventory (obsolete).
- N Worker-entered: expedited issuance sent from central office inventory. (obsolete)
- S Worker-entered or system default: return or replacement of a coupon issuance.

SPC ISS describes certain actions.

C	Canceled warrant or certified mail delivery of food stamp coupons (obsolete 10/1/03 with electronic benefit transfer)
D	Direct deposit
E	Electronic benefit transfer issuance
F	Electronic access card (EAC)
L	Local office delivery of food stamp coupons for client pick-up (obsolete)
N	Central office issuance of food stamp coupons (obsolete)

The following chart lists:

- The types of SNAP benefit authorizations that a worker can enter.
- The other unreturned authorizations for the same case and month that the ISSV checks for possible duplicates.
- The codes checked on ISSV for a duplicate. The codes used are defined above.
- Notes on whether the system stops the issuance only when the new authorization is the exact amount of the previous one.

ISSV Occurrence Chart				
Authorization Tested	Duplicate Situation (fatal error)	Code	Exact Amount	WAR
Emergency	Mail loss (obsolete 1/30/04)	B, C or *		See note
Service (E)	Shortage (obsolete 1/30/04)	S or *		See note
	First month (month of positive date)	P		See note
	Months between first month and system next month	T		See note
	Monthly at cutoff (ongoing)	M		See note
	Emergency Service	E		See note
	Lost benefits/extra	J	X	See note
First Month (P) and Month Between (T)	First month	P		344
	Months between	T		344
	Monthly at cutoff	M		344
	Emergency Service	E		345
	Lost benefits/extra	J		344

Authorization Tested	Duplicate Situation (fatal error)	Code	Exact Amount	WAR
Lost Benefits/ Extra (J)	Lost benefits/extra	J	X	345
	Monthly at cutoff	M	X	345
	First month	P	X	345
	Months between	T	X	345
Note	344 for emergency service issuances credited to an EBT account (N obsolete 5/05) (E);			
	345 for emergency service issuances issued from the local office (L) (obsolete 1/30/04)			
	Effective May 1, 2002, any reference to emergency service local office issuance no longer exists.			

When the ISSV system blocks a duplicate issuance, review the issuances for the month using the case record and the ISSV screen. See 14-B(4), [Issuance Verification System \(ISSV\)](#) for instructions on ISSV screen viewing. If the issuance is valid, the supervisor must send an email to SPIRS. The email should list the case name, case number, county and worker numbers, worker name, IMM/CAN code, dollar amounts, effective date, and issue date.

On-line tickler messages are generated to IM workers based on the inventory control process. (See [Automatic Tickler Messages](#).)

Automatic Tickler Messages

Most automatic tickler messages are generated to the month-end Worker Action Report; others are on daily Worker Action Reports. Supervisory tracking of the month-end Worker Action Report is required. Workers must use established county office procedures and verify that appropriate action has been taken for each case listed on the monthly screens and printout.

TOPIC	MESSAGE	INSTRUCTIONS
Age 18	(State ID) individual turns 18.	Reevaluate eligibility of this person.
Age 18	(State ID) minor parent turns 18.	Reevaluate eligibility of this person.
Automatic redetermination	Active automatic redetermination case.	Medicaid will be canceled to prevent more than two months in automatic redetermination.
BENDEX	(State ID) (case last name) new BENDEX received.	Review BENDEX screens on IEVS for new data. Update income on ABC, if necessary. This tickler is not generated if the response is NOFILE. This tickler is also generated when a social security number discrepancy exists. See 14-G, Social Security Number Verification , for resolution of discrepancies.
BENDEX	(State ID) (case last name) new BENDEX claim number added.	Review BENDEX screens on IEVS. A record sent from SSA has a matching social security number and state ID. However, the claim number is spaces or blanks or does not match the current claim number.
BENDEX	(State ID) (case last name) new BENDEX claim number added to IEVS.	Review BENDEX screens on IEVS. Decide if the new claim number should be entered on ABC.

TOPIC	MESSAGE	INSTRUCTIONS
BENDEX	(State ID) (case last name) BENDEX: Nonstandard premium amount.	Review BENDEX screens on IEVS for non-standard amount. For facility cases when a client participation calculation is being done, enter the excess amount of a higher-than-standard premium in DEDUCT2 on BCW2; enter the difference of the lower-than-standard premium as unearned income (source code "X") on BCW2.
BENDEX	(State ID) (case last name) BENDEX: Nonstandard premium amount.	For SNAP cases, enter the excess amount of a higher-than-standard premium in MED EXP on BCW1; enter the difference of the lower-than-standard premium as unearned income (source code "X") on BCW2.
BENDEX	(State ID) (case last name) BENDEX: Conflict with (state name).	Review BENDEX screens on IEVS; especially the HELPCF screen from BEN1 or BEN2, and update ABC, if necessary.
BENDEX	(State ID) (case last name) BENDEX: Conflict with the state code (Iowa = 16) and a compensation code other than "CF."	Review BENDEX screens on IEVS; especially the HELPCI screen from BEN1 or BEN2, and update ABC, if necessary.
BENDEX	(State ID) (case last name) BENDEX: SSA says that the client died.	Review BENDEX screens on IEVS; review ABC. Remove the client from the case, if necessary.
BENDEX	(State ID) (case last name) BENDEX: Payment info has changed.	Review BENDEX screens on IEVS for new data. Update income on ABC, if necessary.
BENDEX	(State ID) (case last name) BENDEX: Medicare info has changed.	Review BENDEX screens on IEVS for new data. Update Medicare information and income on ABC, if necessary.

TOPIC	MESSAGE	INSTRUCTIONS
BENDEX	(State ID) (case last name) BENDEX: Railroad info has changed.	Review BENDEX screens on IEVS for new data. Contact the client for verification and update ABC, if necessary.
BENDEX	(State ID) (case last name) BENDEX: Black Lung info has changed.	Review BENDEX screens on IEVS for new data. Update ABC, if necessary.
Buy-in	Buy in is complete on (MM/YY) for (state ID) (client name).	Information. Make ABC entries if necessary to reflect change in Medicare premium payer.
Buy-in (NIS couple)	Buy in is complete on (MM/YY) for (state ID) (client name).	Information. Make ABC entries if necessary to reflect change in Medicare premium payer.
Buy-out	Buy out is complete on (MM/YY) for (state ID) (client name).	Information. Make ABC entries if necessary to reflect change in Medicare premium payer.
Buy-out (death)	According to the SSA (state ID) (client name) has died. If so, please make appropriate ABC entries. If not, please call Quality Assurance at (515) 281-8252.	Information. Verify death or take appropriate action.
CMAP	Age change. Birthdate is (MM/DD/YY) for (name).	Reevaluate eligibility of this person.
CSRU	(CSRU #) \$XXX.XX was sent by CSC to client in MM/YY.	Determine the reason support was released and whether it must be considered as income.
CSRU	IV-D case closed per federal criteria.	The ICAR case has been closed. If an active FIP or FMAP or FMAP-related Medicaid case exists, contact the CSRU worker. If no public assistance case is active, no action is necessary.

TOPIC	MESSAGE	INSTRUCTIONS
Enumeration	SSA UPDATED SSN ON THIS CLIENT (STATE ID) (Client Name) (Birth date) (SSN)	Informational only. If the client's state ID number is entered on the SS-5 before the Social Security Administration processes it, ABC data are automatically updated when: <ul style="list-style-type: none"> ▪ The social security number is issued to the client, or ▪ The client's name or date of birth are changed on SSA records. ABC data are not automatically updated if the client applies for a social security number outside the enumeration process.
SNAP code correction	The (MM/YY) code (code) FS issuance has been changed to a code (code).	Informational only. Central office staff make entries based on IM worker request.
SNAP deletion	The FS history cancellation code of (K or W) for (MM/YY) was deleted.	Informational only. Central office staff make entries based on IM worker request.
SNAP elderly	Age change birthdate is (MM/DD/YY) for (name).	Reevaluate applicable tests and deductions.
Foster care	Age change. Birthdate is (MM/DD/YY) for (name).	Reevaluate eligibility.
WR	(Client name) (SSN) has been referred to the IWD for payment of DHS independent job search participation allowance.	Informational only.
WR	(Client name) (SSN) has been referred to the IWD office listed for mandatory SNAP work registration on (date) (IWD address).	Informational only.

TOPIC	MESSAGE	INSTRUCTIONS
WR	(Client name) (SSN) has been referred to the IWD for SNAP employment and training on (date).	Informational only.
JOBS	(State ID) Individual turns 16.	Checks JOBS status of this person.
MAC	(State ID) Age or unborn code invalid for MAC.	Check to see if this person exceeds MAC age limits, or if an unborn child is coded on a male.
MAC	(State ID) Child will reach 1 year of age.	Check the percent of poverty income limit. If the percent is over the allowable limit for family size and age of child, a redetermination is required.
MAC unborn due	UNB/DUE expired, contact client to resolve.	The unborn due date is past. Contact client to determine status of pregnancy.
Medicaid aged	Age change. Birthdate is (date) for (name).	Change aid type. Check Social Security benefits.
Medically Needy	(State ID) QMB indiv. on closed Med Needy case.	Check QMB eligibility and open QMB case if there will be no Medically Needy recertification.
MIYA	Recipient turns 21 years old	Cancel MIYA eligibility. Redetermine Medicaid eligibility.
19-FBU Medicaid	(State ID) Foster Care case canceled.	The foster care or subsidized adoption case associated with this Medicaid case has been canceled. Reevaluate the eligibility of this person for Medicaid.
Newborn	(State ID) Child will reach one year of age.	Newborn status is lost. Redetermination of eligibility required.
New SSI	New SSI Interview, form returned MM/DD/YY. Deny 99 on QUIK.	Deny the SDX Medicaid application on using XABC's QUIK option with an FBU of 99 and schedule an interview if needed.
Overdue review	(program name) (date)	A review completed before the end of the calendar 'due' month prevents an overdue review.

TOPIC	MESSAGE	INSTRUCTIONS
State hire	(State ID) has new job with State of Iowa.	Take appropriate action on the FIP case.
Subsidized adoption	Subsidized adoption (aid type) review due (date).	Informational. Review will be due the second month past the current calendar month.
Suspension	Case in suspended status more than 1 month.	Check FIP and SNAP program status.
Transitional Medicaid	Initiate auto redetermination for ext med exp.	The extended Medicaid period will expire. Evaluate the case for automatic redetermination.
Unborn	Unborn child greater than zero.	The unborn code has been greater than zero for some time.
Youngest child	Age change. Birthdate is (date).	Check the work exemptions for adults.

Abbreviations Used on Worker Action Report

ABBREVIATION	REFERS TO
APPL	Application
BCW1	Specials; extended medical; SNAP deductions
BCW2	Individual income information
BEN MTH	Benefit month (BCW1 D, 33 and BCW2 E, 46)
CHG	Change
CI	Case information (TD01)
CL	For cost-of-living adjustment processing only
CUR PD	Current period
DMD	Demand
DT	Date
E/B	Eligibility benefit indicator (BCW1 D, 34, and BCW2 E, 49)
ELIG/BEN	Eligibility benefit indicator (BCW1 D, 34, and BCW2 E, 49)
ENT	Entered
ENT REA	Entry reason
EXP	Expense
FAC	Facility
FC	Foster care
FS or FA	SNAP
GUAR	Guarantee

ABBREVIATION	REFERS TO
H COV	Health coverage code (TD03 VII, 192)
HMO	Health maintenance organization
ID	Identification (section I of TD01)
INC	Income
INC PGM IND	Program indicator for income on BCW2
INC UI(1-4)	Unearned income source codes (1-4)
INDC	Indicator
INDV	Individual
MAND	Mandatory
MED	Medical fields (TD05 or TD03)
MN	Medically Needy
MOS	Months
NA	Name and address (section II of TD01)
NEG	Negative
NUM	Number
PGM	Program
PGM IND	Program indicator (BCW2 E, 47)
PI	Individual program fields of TD03 (fields 197-208)
POS	Positive
POV	Poverty level
PROG IND	Program indicator (BCW2 E, 47)
PRO/RETRO	E/B indicator (BCW1 D, 34 and BCW2 E, 49)
PROV	Provider
RECALC	Recalculation
REQ	Required
RSCA	FIP resources
RSCF	SNAP resources
RSCM	Medicaid resources
RSCS	Facility, state supplementary assistance, and waiver resources
SA	Special allowances
SEQ NO	Sequence number
ST	Status
ST/CL	Start/close date (TD05 V, 137, 142, or 147; TD03, 199, 203, 207; or ADOM 13, 17, or 21)
ST CLOSE	Start/close date (TD03 VII, 199, 203, or 207)
TYPE 1	Special allowances type, first position
TYPE 2	Special allowances type, second position
TXIX	Medicaid
TXN	Transaction
UC UPDATE CONTROL	Error stopped processing but was not specific to a single field
UT	Utilities
UT USE	Utilities use code (BCW1 D, 31)

Coding Guides

ENTRY REASON AND STATUS COMBINATIONS			
In the program sections on TD02 and TD05,		In the individual line on TD03,	
use entry reason:	to enter status:	use entry reason:	to enter status:
A	A, D, M	A	A, C, D, F, H, M
B	B	B	B, M
C	C, D, M	C	A, C, D, F, H, M
D	B, E (TD05 only)	D	B, E
E	A, C, D, M (TD05 only)	E	A, C, D, M
G	E, I, N	G	E, F, H, I, J, N
H	E, I, M, N	H	A*, B*, C*, E, F, H, I, J, K, N
		* Do not use H entry reason with status A, B or C for FIP or SNAP. When different status codes need to be entered for different programs, they must be done in different steps. Process one program at a time.	

		STATUS CODES															
Screen	Section	Codes	A	B	C	D	E	F	H	I	J	K	M	N	P	R	S
TD02	III SNAP		X	X	X	X	X			X			X	X	X		X
	IV FIP		X	X	X	X	X			X			X	X	X	X	X
TD05	V Medical		X	X	X	X				X			X	X	X	X	X
	V Facility		X		X	X				X			X	X			X
TD03	VII SNAP Individual		X	X	X	X	X			X	X	X	X	X			X
	VII FIP Individual		X	X	X	X	X	X	X	X			X	X		X	X
	VII Medicaid Individual		X	X	X	X		X		X			X	X		X	X
	VII Facility Individual		X	X	X	X				X			X	X			X

		ENTRY REASON CODES																
Screen	Section	Codes	A	B	C	D	E	F	G	H	I	J	K	L	M	N	P	R
TD01	Case Information		X		X					X								
	Section I		X		X					X	X							
	Section II		X		X				X	X							X	
TD02	Section III		X	X	X	X			X	X		X	X	X		X		X
	Section IV		X	X	X	X			X	X		X				X		X
TD05	Section V, Medical		X	X	X		X		X	X		X			X	X		X
	Section V, Facility		X		X		X		X	X		X			X			X
TD03	Section VII		X	X	X	X	X		X	X		X			X			X
TD04	Section VI									X								
BCW1	Special Allowance SNAP Deductions							X	X	X								
BCW2	Individual Income							X	X	X								