

STATE OF IOWA DEPARTMENT OF

**Health** AND **Human**

SERVICES

Employees' Manual

Title 14, Chapter E

Revised September 29, 2023

**SSI**

# **State Data Exchange**

---

|  | <u>Page</u> |
|--|-------------|
| <b>Overview .....</b>                          | <b>I</b>    |
| When Reports Are Generated .....               | 1           |
| Worker Action Required.....                    | 2           |
| SDX Process for Medicaid Cases.....            | 3           |
| FIP Cases .....                                | 4           |
| SNAP Cases.....                                | 4           |
| <b>SDX Data .....</b>                          | <b>7</b>    |
| Identification.....                            | 9           |
| SSI/ST SUPP Eligibility.....                   | 14          |
| Income .....                                   | 23          |
| Resources.....                                 | 26          |
| Unearned Income .....                          | 27          |
| Conversion Cases.....                          | 30          |
| Special SSI/Disabled Child/Widow/Widower ..... | 32          |

## **Overview**

The State Data Exchange (SDX) is a system for transmitting information to each state from the Social Security Administration. This information is about:

- People who are receiving SSI or federally administered State Supplementary Assistance.
- People who have been canceled from or denied SSI or federally administered State Supplementary Assistance.

Iowa's SDX file represents data input by Social Security Administration staff to its computer for people in these groups who live in Iowa. The Department has signed an agreement with the Social Security Administration to accept SDX data for use in determining eligibility for Medicaid and State Supplementary Assistance and, in certain cases, for the SNAP, Foster Care, FIP, and Refugee Resettlement Programs.

The information the Department receives is confidential to the administration of these programs. There are penalties for the unauthorized disclosure of the information on the SDX.

The Social Security computer process is like that of the Department's systems, in that it determines benefits. Changes are input into the system daily. There is a cutoff date each month to determine SSI and State Supplementary Assistance benefits that will be issued at the beginning of the next month.

The Social Security Administration transmits SDX data to Iowa DHS weekly. The Social Security Administration determines the data that are sent. Iowa DHS reformats the SDX information received into reports and displays that are unique to Iowa. Field names and descriptions displayed on our system may differ from the field names and descriptions used by the Social Security Administration.

The latest SDX information updates the Iowa SDX file and is available for review in WISE within Data Sources on the SDX display screens. Some data received from the Social Security Administration System is not shown on the Iowa SDX display or printed reports, based on its relative insignificance.

You can obtain clarification of information on the SDX from the district Social Security office serving the area where the client or the client's payee lives. Conversely, if you learn of a change in an SSI recipient's circumstances that would affect SSI or State Supplementary Assistance eligibility, report this circumstance to the Social Security office.

The following sections give more information on:

- [When reports are generated](#)
- [What worker action is required](#)

## **When Reports Are Generated**

New information generates SDX reports. The SDX reports appear in one of two formats:

- Form 470-5588, *Notification of SSI Approval*. The *Notification of SSI Approval* report is generated for a case that is new to the Iowa master SDX file.

- SDX Change Summary Info/SDX Treasury Info (Change Summary Report). The SDX Change Summary Info/SDX Treasury Info is generated when changed information is received for an already active SSI or State Supplementary Assistance recipient. It lists the changes on the current SDX report from the last SDX report. Changes on the SDX file are listed in the order that the changed items are printed on form 470-5588, *Notification of SSI Approval* report.

An SDX Change Summary Report is generated when SSI or State Supplementary Assistance is canceled. If the SDX file has a canceled status, SDX reports are not generated after the original cancellation is communicated. **EXCEPTIONS:** SDX reports are generated for people:

- Who have an appeal pending.
- Who continue to be eligible under the special SSI eligibility (“1619(a) and (b)” eligibility). See [8-F, People Ineligible for SSI \(or SSA\): Due to Earnings Too High for an SSI Cash Payment \(1619b Group\)](#).

If the person moves out of state, the SDX report is generated only once to show that move, unless the case is a foster care case. For SSI foster care, the SDX reports continue to be generated.

Form 470-5588, *Notification of SSI Approval*, is sent to the application queue and divided out by service area/worker to equalize applications statewide. The IM workers handle the applications as they are added into the queue.

The SDX Change Summary Report is an alert/lookup in WISE. The IM worker handles the alerts as they are generated.

### **Worker Action Required**

Different worker actions are required in response to SDX reports for:

- [SSI-related Medicaid cases](#).
- [FIP cases](#).
- [SNAP cases](#).

See the sections below for actions required in each program. See [6-B](#) for additional procedures for State Supplementary Assistance cases.

If the client contacts the Department of Health and Human Services to report they have been approved for SSI payment more than 60 days, but the Department has not yet received form 470-5588, *Notification of SSI Approval*, forward form 470-0363, *Certification of Eligibility of SSI Applicant to Social Security* to verify receipt of SSI in order to get a Medicaid card before the receipt of form 470-5588.

If the client is presumptively disabled, the eligibility date will be for the same month as the SSI eligibility.

If the first month of eligibility is more than 22 months in the past, provide a written statement to the Medicaid member to be attached to any Medicaid claims. The written statement should include the following information:

- The member's name and state identification number.
- The date of decision for the Medicaid application.
- The months of retroactive Medicaid eligibility.
- A statement indicating that Medicaid claims may be paid up to 365 days from the date of decision on the Medicaid application.

Instruct the Medicaid member to provide a copy of the written statement to each medical provider who provided Medicaid covered services for the member during the period covered by the statement.

The medical provider is responsible for submitting a claim to the Iowa Medicaid Enterprise (IME).

The written statement from the local DHS office must accompany the claim. The IME has informed Medicaid providers of this process in an *Informational Letter*. Providers should contact the IME Provider Services Unit if they have questions.

#### **SDX Process for Medicaid Cases**

When the new SSI case is communicated by receipt of form 470-5588, *Notification of SSI Approval*, you will need to determine the effective date of Medicaid eligibility. If the person is currently active under another coverage group, close the case allowing for timely notice and begin SSI coverage the first of the following month. NOTE: Do not run SSI eligibility in ELIAS when the member had coverage under another aid type for all months of the SSI eligibility. EXCEPTION: If the other Medicaid coverage provided limited coverage (i.e., Medicare Savings Program), grant Medicaid for past months under SSI eligibility.

If the person is not currently a member under another coverage group, the begin date is the later of the Residency Date or SSI Eligibility Date. DO NOT use the application date.

Retroactive Medicaid is only available for pregnant or postpartum women, children under age 19, or residents of a nursing facility.

If the person is requesting nursing facility, waiver, or PACE eligibility, you will need to verify if a transfer of assets has taken place within the last 60 months. Refer to [8-D, Transfer of Assets](#) for more information on transfers.

Medicare records are not to be manually created by IM workers.

Use the information on form 470-5588, *Notification of SSI Approval* to enter information on the data collection pages in ELIAS.

Refer to [NJAO107, Processing Notification of SSI Approval](#) for the process of entering the SSI approval in ELIAS.

### **SSI Canceled or Denied**

When an SDX report shows SSI is canceled, automatically redetermine Medicaid eligibility unless the reason for cancellation precludes further eligibility.

When you receive an SDX report for a person who was previously denied, but subsequently appealed and won the appeal, treat this appeal as an appeal with Medicaid. Determine Medicaid eligibility for the SSI eligibility date. See [8-B, Application Processing](#) and [8-F, Coverage Groups](#).

### **FIP Cases**

When you receive form 470-5588, *Notification of SSI Approval* showing new SSI eligibility for a person whose needs are included in a FIP grant, remove that person's needs from the FIP eligible group. The local office generally is aware of pending SSI eligibility before an SDX is issued. See [4-C, Eligible Group](#), for more information.

When a person is terminated from SSI and the rest of the person's family receives FIP, determine the effect of the SSI termination on the eligible group. Also determine if the person canceled from SSI needs to be added to the FIP eligible group.

Look at the payment status code indicating why SSI was canceled to determine how to proceed for eligibility for FIP benefits. See [SSI/ST SUPP Eligibility](#) for an explanation of each payment status code.

### **SNAP Cases**

When you receive form 470-5588, *Notification of SSI Approval* showing **new** SSI or State Supplementary Assistance eligibility, take the following actions on the ABC system, if applicable:

- Code categorical eligibility. (See [7-C](#) for policy on categorical eligibility.)
- Change coding from gross test to net test. (See [7-F](#) for gross and net income policies.)
- Enter income changes for the applicable month on the ABC system.

Other actions may be necessary depending on how the SSI information affects the household.

When you receive an SDX showing a **change** in the **amount** of SSI or State Supplementary Assistance income, take the following actions:

- Both SDX Change Summary and SDX Treasury are considered verified upon receipt for SNAP. However, the impact on the case may not always be clear. For example, the impact on the case is not clear for an SDX Change Summary when it does not have an effective date. The impact on the case is clear for an SDX Treasury with an effective date. See [7-G, Action on Changes Reported During the Certification Period](#) for more information.

Use the SDX data when determining the amount of a SSI or State Supplementary Assistance payment considered for SNAP purposes for the next month. Use either the gross or net income, whichever is less. (See [SSI GROSS](#), [SSI NET](#), [STATE SUPP GROSS](#), and [STATE SUPP NET](#) fields for an explanation of the payment fields.)

- Enter income changes for the applicable month on the ABC system.

When a person is **canceled** from SSI, take the following actions on the ABC system:

- Enter coding changes in the categorical eligibility field, if necessary. (See [7-C](#) for policy on categorical eligibility.)
- Change coding from net test to gross test, if appropriate. (See [7-F](#) for gross and net income policies.)
- Enter income changes for the applicable month on the ABC system.

Other actions may be necessary depending on how the SSI information affects the household. Look at the payment status code indicating why SSI was canceled to determine how to proceed for SNAP eligibility. An explanation of each payment status code can be found under [SSI/ST SUPP Eligibility](#).



**Example of SDX Form 470-5588, Notification of SSI Approval**

**Notification of SSI Approval**

State Data Exchange (SDX)

Date Printed

State ID

SSN

State Proc

Recipient Name/  
 Residential Address

Mailing Address

Agency Name

Payee Name/  
 Address

**IDENTIFICATION:**

Claim Number \_\_\_\_\_  
 DOB \_\_\_\_\_  
 Sex Code \_\_\_\_\_  
 Marital Status \_\_\_\_\_  
 Alien Code \_\_\_\_\_  
 Alien RES Date \_\_\_\_\_  
 Recipient Type \_\_\_\_\_  
 Death Date \_\_\_\_\_  
 Appeal DECN Date \_\_\_\_\_

**SSI/ST SUPP ELIGIBILITY:**

Payment Status \_\_\_\_\_  
 Residence Date \_\_\_\_\_  
 Application Date \_\_\_\_\_  
 Date Denied \_\_\_\_\_  
 Denial Code \_\_\_\_\_  
 Eligibility Date \_\_\_\_\_  
 Disability Code \_\_\_\_\_  
 Third Party Code \_\_\_\_\_  
 Appeal DECN Code \_\_\_\_\_  
 Appeal Flag \_\_\_\_\_  
 Appeals Code \_\_\_\_\_  
 Appeals Date \_\_\_\_\_

**INCOME:**

SSI Gross \_\_\_\_\_  
 SSI Net \_\_\_\_\_  
 State Sup Gross \_\_\_\_\_  
 State Sup Net \_\_\_\_\_  
 Earned \_\_\_\_\_  
 Month Earned \_\_\_\_\_  
 Deemed \_\_\_\_\_  
 Net Self Employ \_\_\_\_\_  
 Plan Self Supp \_\_\_\_\_  
 Blind Work Exp \_\_\_\_\_

**RESOURCES:**

House \_\_\_\_\_ Vehicle \_\_\_\_\_ Income Prod Property \_\_\_\_\_ Life Insurance \_\_\_\_\_ Other \_\_\_\_\_

**UNEARNED INCOME:**

|       |           |          |       |       |           |
|-------|-----------|----------|-------|-------|-----------|
| Type  | Start Dte | Stop Dte | Amt   | Freq  | Claim Nbr |
| _____ | _____     | _____    | _____ | _____ | _____     |
| Type  | Start Dte | Stop Dte | Amt   | Freq  | Claim Nbr |
| _____ | _____     | _____    | _____ | _____ | _____     |
| Type  | Start Dte | Stop Dte | Amt   | Freq  | Claim Nbr |
| _____ | _____     | _____    | _____ | _____ | _____     |
| Type  | Start Dte | Stop Dte | Amt   | Freq  | Claim Nbr |
| _____ | _____     | _____    | _____ | _____ | _____     |
| Type  | Start Dte | Stop Dte | Amt   | Freq  | Claim Nbr |
| _____ | _____     | _____    | _____ | _____ | _____     |
| Type  | Start Dte | Stop Dte | Amt   | Freq  | Claim Nbr |
| _____ | _____     | _____    | _____ | _____ | _____     |
| Type  | Start Dte | Stop Dte | Amt   | Freq  | Claim Nbr |
| _____ | _____     | _____    | _____ | _____ | _____     |

**CONVERSION CASES:**

Mandatory ELIG Code \_\_\_\_\_ Medical Eligibility Code \_\_\_\_\_ Medicaid Test Indicator \_\_\_\_\_  
 Essential Person \_\_\_\_\_ Widow/Widower Code \_\_\_\_\_



---

## **SDX Data**

The data elements on the SDX file are described below. The data on form 470-5588, *Notification of SSI Approval* are listed first in horizontal order of. Then, starting with "Identification," the elements are listed in vertical column order. This data is also displayed on the SDX screens in WISE through DATA SOURCES. The SDX information provided will be either SDX Treasury Info, SDX Change Summary Info, or SDX COLA. The date listed is the date the SDX information is updated to the screen. The SDX Treasury Info will provide the effective month the treasury SDX information is intended for.

The numbers in parentheses after many of the data element names are the numbers of the data elements on the Social Security Administration SDX record. They are printed here for central office reference when investigating questions or discrepancies.

|                 |   |
|-----------------|---|
| TREAS (MO/YR)   | <p>This designation is displayed only when a report is printed from the Treasury tape. The Treasury tape is usually run on or about the fifteenth of a month and reflects payments to be made the first of the following month.</p> <p>The SSI or State Supplementary Assistance amount on this tape is the check for the next month, determined by the Social Security Administration. However, lump sums and underpayments to change the actual SSI or SSA income for a particular month may also be made during the next month and be printed in the net amounts on the SDXs printed weekly.</p> |
| DATE PRINTED    | The date the SDX report is printed.   |
| STATE PROC      | On the 470-5588, <i>Notification of SSI Approval</i> , this is the date that the report was printed. On the screen in WISE, this is the date that this information is updated to the screen.  |
| STATE ID        | The state ID number of the person for whom the SDX record exists, if any (from IEVS, ABC, or ELIAS).  |
| SSN (05)        | The recipient's social security number, assigned by the Social Security Administration. If the number was previously reported incorrectly on the SDX, the Social Security Administration will supply the correct verified number on the SDX. When the number is changed, enter the correct number onto ABC or ELIAS.  |
| TRANS CODE (03) | <p>The transaction codes summarize the action on the SDX record. Review this code to determine the action on the record.</p> <p>00 No action since last SDX record if on Treasury tapes. Otherwise refers to "no payment" actions only.</p> <p>01 New claim, currently eligible. The person is eligible for SSI, or the person would be eligible for SSI but for the living arrangement in this payment status. (A person in E01 status is not getting an SSI payment.) The SSI computer system will show on the same record that the client is eligible but not getting payment.</p>               |

---

|                       |    |  |
|-----------------------|----|--|
| TRANS CODE (03) Cont. | 02 | New claim, currently ineligible.   |
|                       | 03 | New to the state, eligible for SSI or supplementation in the new state.  |
|                       | 04 | New to the state, ineligible in the new state.   |
|                       | 05 | Moved to another state.<br><br><b>Note this code carefully.</b> It means the recipient moved out of state, <b>despite</b> the recipient's current address on SDX.  |
|                       | 06 | Change other than address has occurred in the record.  |
|                       | 07 | Nonpayment (Nxx) or termination (Txx, other than T30) transaction to a record in C01, E01, M01, P01, or Sxx payment status, or a change to an ineligible record that does not affect eligibility status. |
|                       | 08 | Intrastate address change or payee name change. (See <a href="#">PAYEE NAME/ADDRESS</a> and <a href="#">RECIPIENT ADDRESS</a> fields.)   |
|                       | 09 | Intrastate address change (or payee name change) and change in amount paid.  |
|                       | 10 | The Social Security ID number for the state was added to the SDX system.   |
|                       | 16 | Combination of codes 10 and 06.  |
|                       | 17 | Combination of codes 10 and 07.  |
|                       | 20 | The Social Security ID for the state number was not added due to mismatch error by the Social Security office.   |
|                       | 30 | The Social Security state ID number was changed.   |
|                       | 36 | Combination of codes 30 and 06.  |
|                       | 37 | Combination of codes 30 and 07.  |
|                       | 40 | The Social Security ID number for the state was not changed due to mismatch (an error by the Social Security office).  |
|                       | 50 | The Social Security ID number for the state was deleted.   |
|                       | 56 | Combination of codes 50 and 06.  |
|                       | 60 | The Social Security ID number for the state was not deleted due to mismatch. This shows an error by the Social Security office.  |
|                       | 70 | Requested SDX data was provided in response to state inquiry of incorrect SDX data. This code is operative during a mass change to correct SDX errors.   |
|                       | 80 | No requested SDX data was provided in response to state inquiry due to mismatch. This code is operative during a mass change to correct SDX errors.  |

---

|                          |    |  |
|--------------------------|----|--|
| TRANS CODE (03) Cont.    | 90 | No requested SDX data was provided in response to state inquiry for a pending record not in file. This code is operative during a mass change to correct SDX errors. |
|                          | A0 | State cross-reference WIN number updated.  |
|                          | A6 | Combination of codes A0 and 06.  |
|                          | A7 | Combination of codes A0 and 07.  |
|                          | BJ | Identifies 503 leads file record used by data processing in Central Office.  |
|                          | BO | Interim assistance reimbursement transaction processed. Refer to VI-E for an explanation.  |
|                          | CO | Interim assistance reimbursement transaction rejected.   |
|                          | RF | Identifies reconciliation file record for the Social Security office.  |
|                          | OP | Identifies a pending record.   |
|                          | OW | T30 termination.   |
|                          | OX | T30 reaccretion, potentially ineligible (appears only on updates).   |
|                          | OY | T30 reaccretion, potentially eligible (appears only on updates).   |
|                          | OZ | T30 new or replacement record.   |
| RECIPIENT NAME (15)      |    | The name of the person applying for or receiving SSI or State Supplementary Assistance benefits.   |
| RESIDENTIAL ADDRESS (29) |    | The address of the person according to SSI, if different from the payee address.   |
| MAILING ADDRESS          |    | The mailing address of the person according to SSI, if different from the residential address.   |
| AGENCY NAME              |    | The name of the agency assisting the SSI recipient, if applicable.   |
| PAYEE NAME/ADDRESS (24)  |    | The name and mailing address of the person designated by SSI as payee for the client.  |

### **Identification**

|                    |   |
|--------------------|---|
| CLAIM NUMBER (13)  | The claim number assigned by the Social Security Administration under which the client is entitled or insured. It is included on the SDX for purposes of administration of the buy-in program. When the number is discrepant with Bendex, ask the Social Security district office worker for the proper number. |
| DATE OF BIRTH (17) | The date of birth according to SSI.   |

|                     |  |
|---------------------|--|
| SEX CODE (18)       | The sex of the client according to SSI:<br><br>M Male<br>F Female<br>U Unknown   |
| MARITAL STATUS (21) | The marital status of the recipient at the time the record is established.<br><br>1 Married and living with spouse<br>3 Single, widowed, divorced<br>4 Married and separated   |
| ALIEN CODE (41)     | <p>The alien status, according to SSI. When a person is eligible for SSI, this status is acceptable for SSI Medicaid eligibility and State Supplementary Assistance and for continuing Medicaid or State Supplementary Assistance when SSI is canceled. If SSI eligibility was never granted, these alien codes cannot verify acceptable alien status.</p> <p>When current and prior months are affected, put this code in the “Special Claims” box on form 470-0397, <i>Request for Special Update</i>. (For SNAP clients, see 7-I, <a href="#">Households With Alien Members</a>.) The codes are:</p> <p>A Proven U.S. born, U.S. citizen<br/>B Alleged U.S. born, U.S. citizen<br/>C U.S. citizen born outside the U.S. (includes naturalized citizens)<br/>D Alleged U.S. citizen, before January 1, 1972<br/>E No citizenship or alien status development undertaken; case denied for reasons other than citizenship/alien status<br/>F Refugee status: Sections 207 or 203(a)(7) of the Immigration and Naturalization Act<br/>G Parole status: Section 212(d) of the Immigration and Naturalization Act<br/>H Silva vs. Levi alien<br/>I Indochinese refugee (obsolete code)<br/>J Deferred-action-status alien<br/>K Alien lawfully admitted to the U.S. for permanent residence<br/>L Asylum status: Section 208 of the INA<br/>M Resident of the Northern Mariana Islands<br/>N Identity and citizenship verified by Numident interface (code was previously A or B above)</p> |

|                       |  |                     |
|-----------------------|--|---------------------|
| ALIEN CODE (41) Cont. | <p>P Alien before January 1, 1972 (presumed lawfully admitted for permanent residence)</p> <p>Q Alleged U.S.-born U.S. citizen; allegation corroborated by a U.S. place of birth shown on the on-line Numident</p> <p>R Lawful temporary resident; status granted as a result of the Immigration Reform and Control Act of 1986</p> <p>S Lawful permanent resident; status granted as a result of the Immigration Reform and Control Act of 1986</p> <p>T Alien granted voluntary departure but immigration has declined to deport this person</p> <p>U Unknown</p> <p>V Systems override applied following interface edit (obsolete code; should not appear on SDX reports)</p> <p>W Alien granted stay of deportation</p> <p>X Cuban/Haitian entrant</p> <p>Y Legalized agricultural worker pursuant to the Immigration Reform and Control Act of 1986</p> <p>Z Alien on whose behalf an immediate relative petition has been approved</p> |                     |
| ALIEN RES DATE (42)   | The month and year of alien residence in the United States. An entry of 01/74 means that residency began in 1974 or earlier. An entry by SSI before October 1980 will have a January "deemed" date with the year of residency. This date is important for Refugee Resettlement Program time limits.  |                     |
| MULTI-CATEGORY (212)  | An indicator to show the category of SSI eligibility.  |                     |
|                       | <p>1 Aged</p> <p>2 Blind</p> <p>3 Aged and blind</p> <p>4 Disabled</p> <p>5 Aged and disabled</p> <p>6 Blind and disabled</p> <p>7 Aged, blind, and disabled</p>   |                     |
|                       |  | <u>ABC Aid Type</u> |
|                       | M Disabled--prerequisite month for 1619(a) eligibility (SSI payment due)   | 6XX                 |
|                       | N Aged and disabled--prerequisite month for 1619(a) eligibility (SSI payment due)  | 1XX                 |

|   |   |     |
|---|---|-----|
| O | Blind and disabled--prerequisite month for 1619(a) eligibility (SSI payment due)                      | 2XX |
| P | Aged, blind, and disabled--prerequisite month for 1619(a) eligibility (SSI payment due)               | 1XX |
| Q | Disabled--prerequisite SSI payment not made   | 6XX |
| R | Aged and blind--prerequisite SSI payment not made   | 1XX |
| S | Blind and disabled--prerequisite SSI payment not made   | 2XX |
| T | Aged, blind, and disabled--prerequisite SSI payment not made  | 1XX |
| W | Disabled--payment status S05 applies; substantial gainful activity decision required                  | 6XX |
| X | Aged and disabled--payment status S05 applies; substantial gainful activity decision required         | 1XX |
| Y | Blind and disabled--payment status S05 applies; substantial gainful activity decision required        | 2XX |
| Z | Aged, blind, and disabled--payment status S05 applies; substantial gainful activity decision required | 1XX |

Blank Not applicable

Codes A-L are added by SSI only in the circumstances described below.

“Prerequisite month” means one month of SSI eligibility needed to qualify for 1619(a) and (b) eligibility.

Codes 4, 5, 6, and 7 indicate that the person is not substantially gainfully employed. However, if a code of D, E, F, or G follows the number, then the person is substantially gainfully employed, with payment continuing as a special SSI eligible. Codes H, J, K, or L indicate substantial gainful activity and no SSI payment or regular SSI payment.

STATE LIVE (219)

An indicator of the current living arrangement for the recipient of optional State Supplementary Assistance when the Social Security Administration administers it.

A Living in own household (blind only)

---

|                        |    |   |
|------------------------|----|---|
| STATE LIVE (219) Cont. | B  | Living in household of another (blind only)   |
|                        | C  | Living with dependent person  |
|                        | D  | Living in adult foster care or boarding home  |
|                        | E  | Living in custodial care home   |
|                        | F  | Living in family-life home  |
|                        | G  | Living in Medicaid facility (federal assistance case)   |
|                        | Z  | Not eligible for or has waived optional state supplement  |
| RECIPIENT TYPE (14)    |    | Indicator of the type of recipient. If the recipient is determined disabled when the initial decision was made for SSI eligibility, this code does not change when the person turns age 65. (An “individual” is the unmarried person for whom SSI is making a determination.)   |
|                        | AI | Aged individual   |
|                        | AS | Aged spouse   |
|                        | BI | Blind individual  |
|                        | BS | Blind spouse  |
|                        | BC | Blind child   |
|                        | DI | Disabled individual   |
|                        | DS | Disabled spouse   |
|                        | DC | Disabled child  |
|                        | EP | Essential person  |
|                        | XS | Ineligible spouse   |
| CONCURRENT PAY (214)   |    | This code is being retained in the manual for reference, however, will not be displayed on form <a href="#">470-5588, Notification of SSI Approval or the SDX Change Summary Report</a> . This code is used to distinguish the optional state supplementation concurrent payment categories from the federal payment categories reflected in recipient type code. Currently California, Hawaii, Iowa, Massachusetts, Nevada, and Wisconsin provide optional state supplementation payments based on different needs of clients by category. |
|                        | 0  | (or Blank) No supplementation is paid.  |
|                        | 1  | Supplementation is paid in aged category (optional supplement).   |
|                        | 2  | Supplementation is paid in blind category (optional supplement).  |
|                        | 4  | Supplementation is paid in disability category (optional supplement).   |
|                        | 8  | One member of couple is paid in blind category (optional supplement; California only).  |
|                        | 9  | Mandatory supplementation is paid.  |

|                               |   |   |
|-------------------------------|---|---|
| CONCURRENT PAY (214)<br>Cont. | A | A California recipient is paid in the aged category and receives an additional \$10 payment in lieu of SNAP (a cash-out state).   |
|                               | B | A California recipient is paid in the blind category and receives an additional \$10 payment in lieu of SNAP (a cash-out state).  |
|                               | D | California recipient is paid in the disabled category and receives an additional \$10 payment in lieu of SNAP (a cash-out state). |

DEATH DATE (38) The date of death of the recipient, as reported by SSI.

APPEAL DECISION DATE (305) The date a decision was rendered on the appeal.

### **SSI/ST SUPP Eligibility**

PAYMENT STATUS (217) A three-position code. The first position indicates the person's payment eligibility status. The second and third positions indicate the reason for the status.

First-position codes:

- C Indicates person is eligible for SSI or State Supplementary Assistance payment.
- E Indicates eligibility for federal or state benefit based on the eligibility computation, but no payment is due based on the payment computation.  
  
Medicaid eligibility may continue if the person was receiving Medicaid and continues to meet Medicaid eligibility requirements of other Medicaid coverage groups. See [8-F](#).
- H Indicates a case in hold status, final disposition pending. Medicaid shall not continue under the SSI coverage group.
- M Indicates a case under manual control by SSI. These cases are known as "force payment," although an SSI payment may not be involved.
- N Indicates that an applicant is not eligible for SSI or State Supplementary Assistance payment or that a previously eligible recipient is no longer eligible.  
  
The person is not eligible for Medicaid under the SSI group unless the cancellation is appealed or the person is eligible for the special SSI status. If the person is in a nonpay status, look at the code to determine how to proceed for eligibility for benefits.



PAYMENT STATUS (217) Cont.

- |   |  |
|---|--|
| S | Indicates the person may still be eligible for SSI or State Supplementary Assistance, but the payment is being withheld. The person is not eligible for Medicaid unless in the S08 status. |
| T | Indicates SSI/State Supplementary Assistance eligibility is terminated. Medicaid is canceled unless the person is eligible under a different coverage group.                               |

Complete status codes are:

- |     |   |
|-----|---|
| C01 | Current pay. Eligible for SSI and in some cases State Supplementary Assistance.<br><br>Sometimes when a former SSI recipient has been in a nonpay status and then changes to a current pay status, back benefits do not show up on the SDX. Check with SSI to determine SSI status for the past, in order to determine Department benefits correctly. |
| E01 | The person is eligible for federal or state benefits based on eligibility computation, but no payment is due based on payment computation.  |
| E02 | Eligible for benefits, but benefits are not payable in that month due to the new application date.  |
| H10 | A living arrangement record change is in process.   |
| H20 | A marital status record change is in process.   |
| H30 | A resource record change is in process.   |
| H40 | A student status record change is in process.   |
| H50 | A head of household record change is in process.  |
| H60 | A hold has been placed on the record pending receipt of date of death.  |
| H70 | A hold has been placed on the record pending transmission of one-time payment data.   |
| H80 | Early input of future SSI or Supplementary Assistance eligibility.  |
| H90 | A systems limitation is involved. The Social Security district office must manually compute and input payment amounts.  |
| M01 | Force payment. The person may be in either payment or nonpayment status. See <a href="#">SSI GROSS</a> field or <a href="#">STATE SUPP GROSS</a> field for the eligibility amount. These fields contain zeros if the record is in nonpayment status.  |

---

|                            |     |   |
|----------------------------|-----|---|
| PAYMENT STATUS (217) Cont. | M02 | Force due amount. The SSI system is no longer able to compute an accurate payment. Manual payments are being made.  |
|                            | N01 | Nonpay. The person's countable income exceeds Title XVI payment amount and the state's payment standard for State Supplementary Assistance.   |
|                            | N02 | Nonpay. The person is an inmate of a public institution.  |
|                            | N03 | Nonpay. The person is outside of the U.S.   |
|                            | N04 | Nonpay. The person's nonexcludable resources exceed Title XVI limits.   |
|                            | N05 | Nonpay. SSI is currently unable to determine if eligibility exists.   |
|                            | N06 | Nonpay. The person failed to file for other benefits.   |
|                            | N07 | Nonpay. The person is no longer considered disabled.  |
|                            | N08 | Nonpay. The person is no longer considered blind.   |
|                            | N09 | Nonpay. The person refused vocational rehabilitation without good cause.  |
|                            | N10 | Nonpay. The person refused treatment for drug addiction.  |
|                            | N11 | Nonpay. The person refused treatment for alcoholism.  |
|                            | N12 | Nonpay. The person voluntarily withdrew from program.   |
|                            | N13 | Nonpay. The person is not a citizen or eligible alien.  |
|                            | N14 | Nonpay. An "aged" claim was denied for age.   |
|                            | N15 | Nonpay. A "blind" claim was denied; the person was not blind.   |
|                            | N16 | Nonpay. A disability claim was denied; the person was not disabled.   |
|                            | N17 | Nonpay. The person failed to pursue the claim.  |
|                            | N18 | Nonpay. Failure to furnish documentation necessary to process a claim or to continue payment.   |
|                            | N19 | Nonpay. The person has voluntarily terminated participation in the SSI program. Medicaid eligibility must be determined.  |
|                            | N20 | Nonpay. The person failed to furnish a required report that is considered necessary. Eligibility for Medicaid is not automatically redetermined. The Medicaid case shall be canceled. |
|                            | N22 | Nonpay. The person is an inmate of a correctional institution.  |
|                            | N23 | Nonpay. The person is not a legal resident in the U.S.  |

| PAYMENT STATUS (217) Cont. |     |   |
|----------------------------|-----|---|
|                            | N24 | Nonpay. Administrative sanctions penalty imposed because the person has provided false or misleading statements to obtain benefits.   |
|                            | N25 | Nonpay. The person is: <ul style="list-style-type: none"><li>▪ Fleeing to avoid prosecution for, or custody or confinement after conviction for, a crime which is a felony (or in New Jersey a high misdemeanor) under the laws of the place from which claimant flees, or</li><li>▪ Violating a condition of probation or parole imposed under federal or state law.</li></ul> |
|                            | N27 | Nonpay. The person's disability is terminated due to substantial gainful activity.  |
|                            | N30 | Nonpay. Slight impairment--medical consideration alone, no visual impairment.   |
|                            | N31 | Nonpay. Capacity for substantial gainful activity--person can perform customary past work; no visual impairment. Medical impairments were evaluated   |
|                            | N32 | Nonpay. Capacity for substantial gainful activity-- person can perform other work, no visual impairment. Medical impairments were evaluated   |
|                            | N33 | Nonpay. Person is engaging in substantial gainful activity despite impairment; no visual impairment.  |
|                            | N34 | Nonpay. Impairment is no longer severe at time of the SSI eligibility decision and did not last 12 months; no visual impairment.  |
|                            | N35 | Nonpay. Impairment is severe at time of the SSI eligibility decision but not expected to last 12 months; no visual impairment.  |
|                            | N36 | Nonpay. Insufficient or no medical data furnished; no visual impairment.  |
|                            | N37 | Nonpay. Failure or refusal to submit to consultative medical examination; no visual impairment.   |
|                            | N38 | Nonpay. Person does not want to continue development of claim; no visual impairment.  |
|                            | N39 | Nonpay. Person willfully fails to follow prescribed medical treatment; no visual impairment.  |
|                            | N40 | Nonpay. Impairment does not meet or equal disability definition (disabled child under age 18 only); no visual impairment.   |
|                            | N41 | Nonpay. Slight impairment--medical condition alone; visual impairment. Medical impairments were evaluated.  |

---

|                            |     |  |
|----------------------------|-----|--|
| PAYMENT STATUS (217) Cont. | N42 | Nonpay. Capacity for substantial gainful activity--person performs the customary past work; visual impairment. Medical impairments were evaluated. |
|                            | N43 | Nonpay. Capacity for substantial gainful activity--other work; visual impairment. Medical impairments were evaluated.                              |
|                            | N44 | Nonpay. Engaging in substantial gainful activity despite impairment; visual impairment.  |
|                            | N45 | Nonpay. Impairment no longer severe at time of adjudication and did not last 12 months; visual impairment.   |
|                            | N46 | Nonpay. Impairment is severe at time of adjudication but not expected to last 12 months; visual impairment.  |
|                            | N47 | Nonpay. Insufficient or no medical evidence furnished; visual impairment.  |
|                            | N48 | Nonpay. Failure to or refusal to submit to medical consultative examination; visual impairment.  |
|                            | N49 | Nonpay. Person does not want to continue development of claim; visual impairment.  |
|                            | N50 | Nonpay. Person willfully fails to follow prescribed medical treatment; visual impairment.  |
|                            | N51 | Nonpay. Impairment does not meet or equal disability definition (disabled child under age 18 only); visual impairment.                             |
|                            | N52 | Nonpay. Deleted from the state rolls before January 1973 payment.  |
|                            | N53 | Nonpay. Deleted from the state rolls.  |
|                            | N54 | Nonpay. Social Security district office unable to locate the person.   |
|                            | N55 | Impairment due to drug and alcohol abuse (no visual impairment).   |
|                            | N56 | Impairment due to drug and alcohol abuse (visual impairment).  |
|                            | P01 | Suspended. Suspension of disability payments due to substantial gainful activity; probability of reinstatement.                                    |
|                            | S01 | Suspended. Suspension of payments due to report of death by Treasury, potential automated death case.  |
|                            | S04 | Suspended. SDX system is awaiting disability determination (system-generated).   |
|                            | S05 | Suspended. System-generated to support implementation of 1619(a) requirements.   |

|                            |     |   |
|----------------------------|-----|---|
| PAYMENT STATUS (217) Cont. | S06 | Suspended. Person's address unknown.  |
|                            | S07 | Suspended. Returned check for other than death, address, payee change, or death of payee.   |
|                            | S08 | Suspended. Representative payee development pending.  |
|                            | S09 | Suspended. Miscellaneous suspense code.   |
|                            | S10 | Suspended. Adjudicative suspense (system-generated).  |
|                            | S20 | Suspended. Potential rollback case (a case that SSI must review for correct retroactive benefits) or no disability determination made before 7/73 (inactive).             |
|                            | S21 | Suspended. Person is presumptively disabled or blind and has received three months' payments.   |
|                            | T01 | Terminated. Death of recipient.   |
|                            | T20 | Terminated. Received payment under two different numbers.   |
|                            | T22 | Terminated. Same definition as code T20, except that termination results from computer screening.   |
|                            | T30 | Terminated. Manual termination (payment previously made). Change in record composition requires termination of existing record.   |
|                            | T31 | Terminated. System-generated termination (payment previously made).   |
|                            | T32 | Terminated. Automated systems termination of a paid record that has exceeded a certain size limitation. Internal purging records. Not a change in payment status for SSI. |
|                            | T33 | Terminated. Manual termination.   |
|                            | T50 | Terminated. Manual termination (no previous payment made).  |
|                            | T51 | Terminated. System-generated termination (no previous payment made).  |

RESIDENCE DATE (278)

The date reported to Social Security that the client began living in the new geographical area. The first day of the month is always shown, because the actual day is not entered on the SDX system.

This date takes precedence over the application and eligibility date for interstate moves. **The date may change with both intrastate and interstate moves.** Refer to policies on residency in the Medicaid or SNAP manual ([8-C](#) or [7-C](#)).

|                       |   |
|-----------------------|---|
| APPLICATION DATE (34) | <p>The date that the client filed an SSI application. If another application is filed after the original application, a new computer record is established and a new date recorded with a new set of data for the new application. This date represents the date for the Medicaid application.</p> <p>Enter it on the ABC or ELIAS Systems as the Medicaid application date, unless the residency date is later and is due to an interstate move. When the residency date is later and is due to an interstate move, enter the residency date as the application date on ABC or ELIAS.</p> <p>If the application is before January 1974, the conversion case may show a date before January 1974 or may show January 1974.</p>  |
| DATE DENIED (37)      | <p>The date the applicant was denied SSI or state supplementation.</p>  |
| DENIAL CODE (36)      | <p>The reason an applicant was initially denied for SSI or State Supplementary Assistance.</p> <p>NXX Refer to the list of PAYMENT STATUS codes in this chapter.<br/>Blank Not initially denied.</p>  |
| ELIGIBILITY DATE (40) | <p>The date the person was determined eligible for the SSI recipient coverage group, and (in some cases) State Supplementary Assistance. If different from the application date, eligibility for other Medicaid coverage groups must still be examined using the application date (unless residency date is later).</p>   |
| DISABILITY CODE (97)  | <p>This code indicates the status of the SSI disability and blindness determination for the client.</p> <p>F Final determination. The person is disabled or blind.</p> <p>P Presumptive finding. Eligible for SSI and Medicaid for six months only. See <a href="#">8-F, SSI Recipients</a>.</p> <p>R Referred to state agency. This code indicates either:<br/>(a) final determination; denial, or<br/>(b) pending determination.</p> <p>Check with SSI to know the status of the disability process.</p> <p>S State determination for conversion to SSI program cases only. The person is disabled or blind.</p> <p>T Presumptive finding. State conversion record on the date of conversion in January 1974.</p> <p>X No disability determination made (claim denied on basis of nondisability issues).</p> <p>Blank Not applicable.</p> |

DISABILITY CODE (97) Cont. **NOTE:** Codes F or S exist only for cases in which a disability allowance is established. The code is left as R, P, or T for initial disability denials. If the person has died before a disability determination and there is a pending application with the Department, call the Social Security district office and ask that SSI proceed with the disability determination.

THIRD PARTY CODE (49) These codes indicate whether there could be third-party liability and, if so, whether the client has agreed to “assign” the payments from the third party so payments go directly to the medical provider.

When these codes change, take appropriate action as described below:

- A Refused to assign rights to third party. Contact the client to ascertain if the person continues to refuse to assign rights.
- N Indicates no insurance, as determined by SSI. Contact the client if the code changes from another code to “N.”
- Q Medicaid qualifying trust may exist.
- R Indicates that the person told the Social Security office that they refused to cooperate with third-party liability.  
  
Inquire of the client using form [470-2826](#) or [470-2826\(S\)](#), [Insurance Questionnaire](#) to determine if the client continues to refuse to cooperate. (See 6-Appendix.) If the person agrees to cooperate, inform the Social Security office of the agreement to cooperate.
- Y Indicates a third-party liability existed as determined by SSI at the time of application or review. Determine the type of health insurance and the name of the insurance company for newly eligible SSI recipient using form [470-2826](#) or [470-2826\(S\)](#), [Insurance Questionnaire](#). (See [6-Appendix](#).)
- Blank No data is furnished.

APPEAL DECISION CODE (304) This code shows the decision rendered on the appeal.

- AD Dismissed or abandoned.
- FA Favorable decision. Social Security Administration appealed.
- FC Fully or partially favorable decision. (Converted records only.)
- FF Fully favorable decision.
- FN Favorable decision. Social Security Administration did not appeal. (Court case only.)
- OT Closed (other).

|  |   |
|--|---|
| <p>APPEAL DECISION CODE (304)<br/>         Cont.</p> | <p>PF Partially favorable decision.</p> <p>TI Dismissed (claimant deceased).</p> <p>UA Unfavorable decision. Appealed by recipient. (Court case only.)</p> <p>UF Unfavorable decision.</p> <p>UN Unfavorable decision. Not appealed by recipient. (Court case only.)</p> <p>WC Dismissed or withdrawn. (Converted records only.)</p> <p>WD Dismissed (withdrawn).</p> <p>ID Dismissed (cannot be appealed).</p> <p>2D Dismissed (filed by improper requestor).</p> <p>3D Dismissed (filed late without good cause).</p> <p>4D Dismissed (withdrawn).</p>  |
| <p>APPEAL FLAG (107)</p>                             | <p>An indicator that there is an appeal filed or SSI benefits continued with the Social Security Administration, or that benefits are continued due to timely notice requirements.</p> <p>Blank No appeal filed.</p> <p>P Appeal filed.</p> <p>T Notice of Planned Action sent but not timely; higher payment has been maintained. An appeal has not been filed.</p> <p>An appeal filed with SSI is considered filed with the Department for Medicaid eligibility purposes. If the appeal code is P, check the status of the appeal with the Social Security Administration. As long as the client receives SSI checks, the client is eligible for Medicaid.</p> <p>A successful appeal with SSI is a successful appeal with the Department for purposes of Medicaid eligibility.</p> |
| <p>APPEAL CODE (108)</p>                             | <p>This code shows the level of appeal and the latest action. In the Social Security appeal process, “reconsideration” is the first level of the appeal, “hearing” is the second level, and “appeals council” is the third and final level.</p> <p>A Appeals Council review</p> <p>C Court case</p> <p>H Hearing</p> <p>O Class action</p> <p>R Reconsideration</p>   |
| <p>APPEAL DATE (109)</p>                             | <p>The date of the most recent appeal action.</p>   |



---

## **Income**

### **SSI GROSS (198)**

This is the gross payable SSI benefit for this client. On the Treasury tape, the amount is the gross amount for the effective date/month listed. Extra payments to correct the current month payment or past months' payment errors are not reflected in this field.

### **SSI NET (197)**

This is the amount of system-generated benefits actually payable to the client when the SDX shows current pay or an appeal status. The amount may be different than the gross, due to overpayments or underpayments of SSI benefits or an initial lump-sum payment. The reason for the overpayment or underpayment and the amount or period covered by the lump sum can be explained by the Social Security district office.

On the SDX reports printed before the Treasury tape in a given month, this amount shows benefits paid in the current month. On the Treasury tape, the amount is the expected SSI for the next month, which also may include adjustive payments.

Note that the net income may continue to be generated when the SDX shows a canceled status. The client is not receiving a check when the SDX record shows a canceled status, unless the appeal flag shows that an appeal is filed.

Often the net amount does not equal the gross amount. Determine the reason by contacting the Social Security district office.

If questions arise as to the amount of the payments (either on the SDX or furnished by personnel in the Social Security district office), ask the client to verify the amount of the check. Occasionally SSI checks are issued manually and SSI or State Supplementary Assistance payments are not shown on the SDX. These are special circumstances and not the normal situation.

On Medicaid and State Supplementary Assistance cases, use gross income fields, unless the lesser amount is to compensate for an incorrect SSI amount used by the Department.

On SNAP cases, use either the gross or the net income, whichever is less, from the SDX designated as the Treasury type. The lesser amount is considered the verified payment for the next month.

### **STATE SUPP GROSS (200)**

This is the amount of State Supplementary Assistance that the client is entitled to, before adjustments for overpayments as determined by the Social Security Administration. On the Treasury tape, the amount is the gross amount for the effective date month listed.

---

|                       |   |
|-----------------------|---|
| STATE SUPP NET (199)  | <p>This is the amount of system-generated benefits actually payable to the client when the SDX shows current pay or an appeal status. The amount may be different than the gross, due to overpayments or underpayments of State Supplementary Assistance benefits or an initial lump-sum payment. The reason and duration for the overpayment or underpayment or amount of the lump sum can be explained by the Social Security district office.</p> <p>On the SDX report printed before the Treasury tape in a given month, this item shows adjustments paid in the current month. On the Treasury tape, the amount is the expected State Supplementary Assistance for the next month, which may also include adjustments payments.</p> <p>Note that the net income may continue to be generated when the SDX shows a canceled status. The client is not receiving a check when the SDX record shows a canceled status, unless the appeal flag shows that an appeal is filed.</p> <p>Often the net amount does not equal the gross amount. Determine the reason by contacting the Social Security district office.</p> <p>If questions arise as to the amount or the payments (either on the SDX or furnished by personnel in the Social Security district office), ask the client to verify the amount of the check. Occasionally State Supplementary Assistance checks are issued manually, and SSI or State Supplementary Assistance payments are not printed on the SDX. These are special circumstances and not the normal.</p> <p>On Medicaid or State Supplementary Assistance cases, use gross income fields, unless the lesser amount is to compensate for an incorrect amount used by the Department.</p> <p>On SNAP cases, use either the gross or the net income (whichever is less) from the SDX report designated as the Treasury tape. The lesser amount is considered the verified payment for the next month.</p> |
| EARNED (127)          | <p>The gross amount of wages are generated when the wages exceed \$65 per month. Count this gross amount as income for Medicaid cases. For SNAP cases, verify earned income.</p>  |
| MONTH OF EARNED (126) | <p>This is the monthly period in which the earned income is expected to be received.</p>  |

---

|                          |   |
|--------------------------|---|
| DEEMED (289)             | <p>The current month's amount of income deemed to the SSI-eligible individual from the parent or spouse. This becomes the income of the SSI recipient.</p> <p>If there is an amount greater than zero in the DEEMED field, and the eligible person has another type of income in addition to SSI, then the amount listed may not be the net amount of income to be deemed. You will need to call the local Social Security Administration to verify the net amount of income to be deemed.</p>  |
| NET SELF-EMPLOY (129)    | <p>The net self-employment income (gross income minus expenses) for the period shown in the MONTH OF EARNED field. Use this amount as countable earned income for Social Security Administration and SSI-related Medicaid cases. For SNAP cases, verify the amount.</p>   |
| PLAN SELF SUPPORT (128)  | <p>The monthly amount of income which is to be excluded from income under an approved plan for self-support determined by SSI.</p>  |
| BLIND WORK EXP (130)     | <p>The amount of work expenses which is excluded from earned income for a blind recipient for the month in the MONTH OF EARNED field.</p>   |
| INTERIM ASSIS CODE (291) | <p>The status of the reimbursement to general relief or veterans relief. The code indicates the timing of Social Security Administration reimbursement of state interim assistance payments or the reason for not making reimbursement. The code may change when reimbursement has been done or attempted.</p> <ol style="list-style-type: none"><li>0 Essential person record, or applicant did not authorize reimbursement, or there is no federal/state agreement for reimbursement, or the SDX record is for the month following the month of the recipient's move from state of reimbursement.</li><li>1 Total amount shown in the SSI NET and the STATE SUPP NET fields is being sent or was sent to the state or county.</li><li>2 All or part of the amount shown in the SSI NET and the STATE SUPP NET fields in current record is being sent or was sent to the state or county general relief or veterans relief office.</li><li>3 Reimbursement is not being made; applicant is ineligible or retroactive payment was not due.</li><li>4 Reimbursable assistance case is pending or denied.</li><li>5 Reimbursement check was returned to the Social Security Administration.</li></ol> |

COND PAYMENT CODE (211) A code indicating whether payment was subject to disposing excess resources under the conditional eligibility policy for SSI eligibility. When payment is no longer conditional, the C does not change.

C Conditional  
N Not conditional  
Blank Not applicable

## **Resources**

HOUSE (44) Indicates whether the recipient owns a house.

A Possession of a home that is the principal place of residence  
S Equity in nonexcludable property expected to increase in value  
T Home and equity in nonexcludable property  
Z None  
Blank Not determined

VEHICLE (45) Indicates whether the recipient owns a vehicle and, if so, indicates whether the recipient must dispose of vehicle.

B Vehicle, either over or under limit  
K Required to dispose of vehicle  
Z None  
Blank Not determined

INCOME PROD PROPERTY (47) Indicates whether the recipient owns income-producing property and indicates whether the recipient must dispose of property for eligibility.

D Income-producing property, either under or over limit  
M Required to dispose of income-producing property  
Z None  
Blank Not determined

LIFE INSURANCE (46) Indicates whether the recipient has life insurance and whether the recipient must dispose of the life insurance.

C Life insurance, face value over \$1,500  
L Required to dispose of life insurance  
Z None  
Blank Not determined

OTHER (48) Indicates whether the recipient owns other resources and whether the recipient must dispose of other resources.

E Other resources, over limit  
N Required to dispose of other resources  
Z None  
Blank Not determined

## Unearned Income

### TYPE (68)

Indicates the particular kind of unearned income. This income shall be used in determining client participation for non-MAGI-related cases.

- A Social Security.
- B Black Lung.
- C Veterans Administration compensation from the federal government (not based on need).
- D Railroad Retirement.
- E Veterans Administration pension from the federal government (based on need).
- F Assistance based on need and not excluded from unearned income, such as FIP.
- G Title II income used to offset SSI. (This is used in Social Security income calculations and is **not** a separate source of income. Do not use income reported with this type to calculate eligibility or benefits.)
- H Income in kind for support and maintenance furnished an SSI client. This amount is determined by actual basic living costs minus the client's contribution to actual costs (determined according to presumed maximum value method).
- I Ineligible child allocation. This is not income, but shows the allocation or diversion for ineligible children in the household from income of the ineligible spouse or parent.
- J Income in kind for support and maintenance. This is the amount of income attributed to the client due to the client not paying an equal share of household expenses (determined according to the value of the one-third-reduction method).
- K Countable income for the blind person.
- L Military pension.
- M Federal Civil Service pension.
- N Support payments received from an absent parent.
- O Income based on need from private sources.
- P Employment-related pension, state or local government retirement, or private pension.
- Q Worker's compensation.
- R Rents, interest, dividends, royalties.
- S Other.
- T Alaska longevity bonus.

---

|                  |   |   |
|------------------|---|---|
|                  | U | Concurrent and Title II only attorney's fees allocated over months where type A, G, or W unearned income is present. (This is used in Social Security income calculations and is <b>not</b> a separate source of income. Do not use income reported with this type to calculate eligibility or benefits.)   |
|                  | V | Net deemed income from the spouse or parent.  |
|                  | W | Title II income used in windfall offset computations. (This is used in Social Security income calculations and is <b>not</b> a separate source of income. Do not use income reported with this type to calculate eligibility or benefits.)  |
|                  | X | Minimum income level amount (MIL). This is not income to the client. The amount is a mandatory supplementation.   |
|                  | Y | Special needs reduction (applies to a federal countable MIL). This is not income.   |
|                  | Z | (Vermont only) State countable income.  |
| START DATE (169) |   | The date the unearned income started, if payment is monthly, or the month payment was received, if it was a one-time payment.   |
| STOP DATE (170)  |   | The effective date of termination of unearned income. If the income changes, this is the last date the previous rate or one-time payment was received.  |
| AMOUNT (171)     |   | <p>The monthly amount of unearned income for the recipient. This is the gross amount, unless otherwise indicated. However the Social Security income may be different, if SSI is using a lower amount due to a Social Security overpayment while the person received SSI.</p> <p>For Social Security income, there may be zeros in the amount field for a person with no Social Security benefits who is entitled to Medicare. If the claim number suffix is other than T or M, the Social Security amount may be zero, because there is dual entitlement and the money is combined and issued in one Social Security check under the primary claim number.</p> <p>For the State Supplementary Assistance and non-MAGI-related Medicaid programs, count the gross income on the SDX for benefits. For SNAP, verify the unearned income.</p> |
| FREQ (172)       |   | Indicates whether or not unearned income is being received or was received.   |
|                  | C | Continuous monthly payment, or uninsured (Title II claim number suffix T and M), or Title II benefits in non-pay status   |
|                  | N | One-time payment  |

|                  |   |  |
|------------------|---|--|
| FREQ (172) Cont. | R | Used in conjunction with type A income to indicate recent Social Security benefit filing, or with type /D income to indicate potential eligibility for a Railroad Retirement Board (RRB) benefit |
|                  | T | Termination of continuous monthly payment  |
|                  | U | Used only in conjunction with a type D income to indicate RRB has jurisdiction of the title II (type A) payment and that recipient's entitlement to an RRB annuity has not been determined       |

CLAIM NBR (173)

The claim or identification number. Also, when the income has no claim number, SSI prints a free-form identification message to describe the type of income. The claim number is sometimes followed by an extra number on the SDX report due to an SDX format error from the Social Security Administration. Disregard this extra number. The free-form message may be useful.

The claim or identification number under which each type of unearned income is being received is further explained below.

For Social Security benefits (unearned income type A), the format of the claim number is a nine-digit SSN of the insured individual, a two-position beneficiary identification code (BIC), and a space in position 12 of the field.

For Black Lung benefits (unearned income type B), the format of the claim number is a nine-digit Black Lung claim number, two letters, and a space in position 12 of the field.

For VA compensation and pension benefits not based on need (unearned income type C), the format of the claim is a nine-digit VA number, two letters, and a space in position 12 of the field.

For Railroad Retirement benefits (unearned income type D), the format of the claim number is a nine-digit RRB number, two letters (the RRB beneficiary identification), and a space in position 12 of the field.

For VA compensation and pension benefits based on need (unearned income type E), the format of the claim number is a nine-digit VA number, two letters, and a space in position 12 of the field.

For military retirement pay (unearned income type L), the format of the claim number is a nine-digit military ID number, one letter, one character that is either alphabetical or numeric, and a space in position 12 of the field.

CLAIM NBR (173) Cont.

For federal Civil Service pension (unearned type M), the format of the claim number is a nine-digit civil service number, one letter, one character or a space in the eleventh position, and a space in position 12 of the field.

For income in kind (unearned income type H or J), the claim number field may contain an identifying legend entered by the DO; e.g., RENTFREE, FREERENT, etc. This legend may appear after one of the following living arrangement codes:

- A Living in own household
- B Living in noninstitutional care situation
- C Living in private nonprofit residential care institution (covered by Church Amendment)
- D Living in other private nonmedical institution (domiciliary care, personal care, retirement homes, etc.)
- E Living in private medical institution but Medicaid pays less than 50 percent of the cost
- F Living in public institution for education or vocational training

### **Conversion Cases**

Conversion cases are the former Old Age Assistance, Aid to the Blind, and Aid to Disabled cases with extra needs included in the state grant that were converted from state programs with the advent of SSI in January 1974.

The amount of special need paid over the standard grant amount issued in December 1973 must be continued as mandatory State Supplementary Assistance while the need for the extra payment continues. If the need changes, reduce the mandatory state supplement. See [6-B, Mandatory State Supplementation](#) for an explanation. The special needs are identified by the next five fields.

MANDATORY ELIG CODE (281)

Identifies eligibility for mandatory state supplement.

- E Eligible
- N Not eligible
- Blank Not applicable

ESSENTIAL PERSON (56)

A code indicates whether an essential person exists in the case and the relationship of the essential person to the eligible client.

- 0 None
- 1 Ineligible spouse is an essential person
- 2 Father living with client is essential person
- 3 Mother living with client is essential person



|                                    |            |  |
|------------------------------------|------------|--|
| ESSENTIAL PERSON (56) Cont.        | 4          | Nonrelative is in SSN OF ELIGIBLE SPOUSE/PARENT field (not shown on the Iowa SDX file)   |
|                                    | 5          | Nonrelative is in SSN OF OTHER PARENT field (not shown on the Iowa SDX file)   |
|                                    | A          | Ineligible spouse and at least one other person are essential persons  |
|                                    | B          | Father living with client and at least one other person are essential persons  |
|                                    | C          | Mother living with client and at least one other person are essential persons  |
|                                    | D          | There are at least two essential persons, one of whom is in SSN OF ELIGIBLE SPOUSE/PARENT field (not shown on Iowa SDX file)   |
|                                    | E          | There are at least two essential persons, one of whom is in SSN OF OTHER PARENT field (not printed on Iowa SDX file)   |
|                                    | F          | Parent living with client is essential person (applicable in pipeline cases only)  |
| RECORD SOURCE CODE (11)            |            | A code indicating conversion case records that further identifies the system method of conversion.   |
|                                    | C          | Initial state conversion case  |
|                                    | D          | Identifies conversion records which may or may not have been properly identified as state deletions (may currently be eligible)  |
|                                    | N or Blank | District office new claim  |
|                                    | P          | District office pipeline record. A pipeline case is a case that is receiving special handling.   |
| DECEMBER 73 COUNTABLE INCOME (102) |            | This code indicates the source or method by which the December 1973 federal countable income (FCI) was established. This FCI is used by the SSI system to create the federal countable MIL. The data may reflect the FCI the person received in January 1974 which was attributed to December 1973, or it may reflect information supplied by the state to the SSA district office which is attributable to December 1973. |
|                                    | 1          | No minimum income level (MIL) can be established, as no income determined.   |
|                                    | 2          | December 1973 income cannot be system-established. (Requires Social Security Administration district office follow-up.)  |

- 3 A split couple case. The system cannot establish December 1973 income.
- 4 Record is in an exception or “awaiting spouse” status; the system cannot establish December 1973 income.
- 5 Breakdown of MIL entered as part of T30 replacement record.
- 6 December 1973 income established as a result of Title II first quarter 1974 adjustment process.
- 7 December 1973 income was system-generated on a 1974 standard basis during the first quarter.
- 8 December 1973 income was input to the system by the Social Security Administration district office.
- Blank Not applicable.

DECEMBER 73 LIVING  
ARRANGEMENT CODE (103)

Indicates the domicile of an individual recipient in December 1973.

- A Own household
- B Another’s household
- C Parent’s household
- D Medicaid institution
- E No federal living arrangement applicable in December 1973, or, if applicable, mandatory supplementation is not payable

**Special SSI/Disabled Child/Widow/Widower**

MEDICAID ELIGIBILITY CODE  
(216)

Indicates the Medicaid status when determined by SSI. For persons considered to be SSI recipients (1619(a) and (b) coverage group), also see the [Medicaid test indicator](#). Iowa is a state that formally agreed by contract to use SSI income and resource policies for non-MAGI-related Medicaid eligibility (a “1634” state). Thus Iowa accepts SSI recipients as eligible for Medicaid, except for certain additional Medicaid policies.

These codes inform the Department of the effect of the SSI determination on Medicaid eligibility. Also apply Medicaid policies to the persons that SSI states are Medicaid-eligible.

- A Refused to assign rights to third-party insurance. Referred to the state for determination.
- C Federally administered Medicaid coverage should be continued regardless of the payment status code.
- D Indicates eligibility for Medicaid. The disabled child lost SSI eligibility due to parent’s Social Security benefit.
- G SSI payment is being continued due to an appeal. Eligible for Medicaid.

|  |   |  |
|--|---|--|
| MEDICAID ELIGIBILITY CODE<br>(216) Cont. | N | Eligible for Medicaid (N24 payment status only)  |
|  | Q | Medicaid qualifying trusts may exist. Referred to the state for determination.   |
|  | R | Referred to the state for determination in states where SSI establishes Medicaid eligibility. A federal determination is not possible. The person may be determined eligible for Medicaid if the requirements of another coverage group are met. |
|  | S | State determination; not a Social Security responsibility. The person may be determined eligible for Medicaid if the requirements of any other coverage group are met.   |
|  | W | Indicates possible eligibility for Medicaid coverage group for widows or widowers ineligible for SSI or SSA because of the receipt of Social Security who do not have Medicare Part A.   |
|  | Y | Eligible for Medicaid (1634 states).   |

MEDICAID TEST INDICATOR  
(276)

Indicates whether the state should consider a person for the coverage group for persons considered to be SSI recipients. Payment status N01, E01, or P01 shows that an SSI recipient may be in that coverage group.

The Social Security district office applies two tests to determine eligibility. If the person “uses” Medicaid and has earnings less than the established threshold redetermined each year by the Social Security Administration, then SSI grants this category. See also the multi-category field.

Codes A, B, and F generate Medicaid eligibility code C. Codes C, D, E, G, H, J, K, L, and M generate Medicaid eligibility code R.

- A Meets countable income test; no date entered for use of Medicaid and insufficiency of earnings tests.
- B Meets countable income test; also meets use of Medicaid and insufficiency of earning tests.
- C Meets countable income test; does not meet use of Medicaid test.
- D Meets countable income test; does not meet insufficiency of earnings test.
- E Meets countable income test; does not meet use of Medicaid and insufficiency of earnings tests.
- F Meets countable income test; decision on use of Medicaid and insufficiency of earnings tests pending.

|  |       |   |
|--|-------|---|
| MEDICAID TEST INDICATOR<br>(276) Cont. | G     | Does not meet countable income test; no data entered for use of Medicaid and insufficiency of earnings tests. |
|  | H     | Does not meet countable income test; meets use of Medicaid and insufficiency of earnings tests.               |
|  | J     | Does not meet countable income test; does not meet use of Medicaid test.                                      |
|  | K     | Does not meet countable income test; does not meet insufficiency of earnings tests.                           |
|  | L     | Does not meet countable income test; does not meet use of Medicaid or insufficiency of earnings tests.        |
|  | M     | Does not meet countable income test; decision on use and insufficiency of earnings tests pending.             |
|  | P     | Not eligible for 1619(a) or (b) status.   |
|  | N     | Not eligible for 1619(a) or (b) status.   |
|  | Blank | Tests for status of Medicaid not applicable.  |

The coding to show eligibility for a person considered to be an SSI recipient (or 1619(a) or (b) coverage group) is a combination of (1) payment status PO1, EO1, or NO1, and (2) the Medicaid eligibility codes C, B, or Y and (3) the Medicaid test indicator A, B, or F. A combination of these codes from the three fields must be present to show this eligibility.

When SSI cancels eligibility under the special SSI status, the payment status code may change, but the Medicaid test indicator or Medicaid eligibility code will change. The person may qualify for Medicaid under a different coverage group. Initiate automatic redetermination. (See [8-G, Automatic Redetermination.](#))

|                      |   |   |
|----------------------|---|---|
| WIDOW/WIDOWER (3116) | A | A code of W indicates a widow or widower who is aged 50 through 64 and has lost SSI benefits because of a Title II increase. This code indicates possible eligibility for the Medicaid coverage group for widows or widowers ineligible for SSI or SSA because of the receipt of Social Security who do not have Medicare Part A. |
|----------------------|---|---|

|             |   |   |
|-------------|---|---|
| ZEBLEY CODE | Z | The client is a potential “Zebley” case.                |
|             | D | The client has been denied for any “Zebley” payments.   |
|             | F | The final “Zebley” payment has been made to the client. |

|                                    |   |  |
|------------------------------------|---|--|
| INSTITUTIONALIZATION CODE<br>(196) | A | The client is temporarily residing in a Medicaid institution, is not subject to the reduced SSI benefit rate of \$30, and is temporarily receiving SSI based on the full SSI benefit rate. |
|                                    | B | The client is temporarily residing in a public institution and temporarily is receiving SSI based on the full SSI benefit rate.  |
|                                    | C | The client is residing in a Medicaid institution and is receiving SSI payment based on the reduced SSI benefit rate of \$30.   |
|                                    | D | The client is residing in a Medicaid institution, is subject to the reduced SSI benefit rate of \$30, and is not receiving an SSI payment.   |