

September 21, 2009

Medi-Cal Program Guide Letter (MPG) # 688

Subject **INDIVIDUALS DENIED SSI/SSP DUE TO EXCESS INCOME**

Effective UPON RECEIPT

Reference ACWDL 09-28

Purpose The purpose of this letter is to inform staff that Counties shall complete the Medi-Cal eligibility determinations begun by the Social Security Administration (SSA) based on data collected by the SSA for individuals who were denied SSI/SSP due to excess income on or after July 1, 2009.

Background The State wants to ensure they receive the increased Federal Medical Assistance Percentage under the American Recovery and Reinvestment Act of 2009. To ensure that these additional funds are received, the Medi-Cal program cannot employ any more restrictive standard, methodology or procedures than that which was in effect on May 1, 2009, unless otherwise required by federal law.

Highlighted Changes The worker must process SSI/SSP applications denied by SSA for excess income on or after July 1, 2009. These denied SSI/SSP cases are new applications. The worker will not be conducting SB 87 redeterminations; instead they will be completing the application process started by SSA. The SSA stops their eligibility determinations with the "first fatal flaw" (the first SSI/SSP eligibility criteria that the applicant does not pass). Therefore, workers may have to initiate and/or complete identity, citizenship, income, property, and disability evaluations and receive and review all necessary verifications in order to complete the eligibility determination begun by SSA.

San Diego County has been receiving the 9043 MEDS Alerts since July 3, 2009. The 9043 Alerts are stored in Share Point by the date received. Starting with the date of July 3, 2009 workers must take the appropriate actions on these backlogged alerts following the guidelines outline below.

**Required
Action**

The Daily MEDS Alert "9043" and the information received from the SDX MEDS screen shall be used to start the Medi-Cal determination process for individuals denied SSI/SSP due to excess income by SSA. The worker shall access the daily MEDS alerts 9043 on Share Point from the MEDS Report Folder found in the Management Report Folders. Upon receipt of the alerts, workers shall complete the eligibility determination within 30 days.

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| The following are the guidelines for processing these referrals: | |
| 1. | The date of the application for Medi-Cal will be the most recent of the SSI/SSP application date or the date California residency began. If eligible in the month of application, the worker shall grant eligibility back to the first of that month. |
| 2. | Workers shall send the MC 210SP or MC 355 if needed. The MC210 shall not be sent because the application for Medi-Cal was made with the application for SSI/SSP. |
| 3. | <p>The following is the list of forms and information that must be sent to these applicants.</p> <ul style="list-style-type: none">• MC 219 "Important Information for Persons Requesting Medi-Cal",• MC 13 "Statement of Citizenship, Alienage, and Immigration Status" for each member applying for Medi-Cal benefits,• DHCS 0001 "U.S. Citizens and Nationals applying for Medi-Cal Must Show Proof of Citizenship and Identity".• MC 007 "Medi-Cal General Property Limitations",• 20-46 HHS "Language Needs Determination",• Postage paid pre-addressed return envelope• List of verifications that the applicant will need to submit for the approval of Medi-Cal benefits, with the date the application and verifications are to be returned to the Family Resource Center (FRC),• Child Health Disability Prevention (CHDP) Information Publication,• Medi-Cal "What it Means To You" Brochure (Pub 68),• MC 003 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Brochure,• DGS 7077 "Notice Regarding Standards for Medi-Cal Eligibility", |

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|---|
| <ul style="list-style-type: none"> • DHS 7077A "Notice Regarding Transfer of a Home for Both a Married and an Unmarried Applicant/Beneficiary", and • WIC Brochure. |
|---|

Eligibility Determination

When conducting eligibility determinations workers must consider all avenues of eligibility including the Medicare Savings Programs (QMB/SLMB).

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| The following steps shall be taken by the workers to start the determination process: | |
| 1. | Review the SDX MEDS screens to obtain applicant information. |
| 2. | Perform "Application Registration" process. Workers shall code the application source SSI/SSP Excess Inc Denial. Select "SSI/SSP Excess Inc Denial" in the Source field of the "Collect Applicant Information" Window during Application Registration. |
| 3. | Complete the verification checklist (CSF 77) which itemizes the verification which the applicant must provide. |
| 4. | Mail verification checklist and the required forms listed above to applicant with a postage paid pre-addressed return envelope requesting that all verification and forms be returned to the FRC within 10 days. |
| 5. | Upon receipt of returned verifications, workers shall follow the regular eligibility determination processes outlined in the MPG. |

Application Dates

SSI/SSP applications dates may be more than a year old. When the SSI/SSP application date is 11 months prior to the current month and workers have established eligibility in the application month and ongoing, workers shall send an MC 210RV.

As a reminder on cases older than a year, the beneficiary may call and request the MC-180. Workers shall review and process accordingly following MPG Article 14 Section 3.

Workers are required to submit a disability referral within 10 days of the date of application. For purposes of meeting performance standards, the worker shall enter into case comments any delays between the SSI/SSP application date as shown on the SDX Meds screens and the date the disability

referral was made.

Automation Impact

A new daily alert "9043" will be issued to alert counties to the need to complete processing of applications filed with the SSA when SSI/SSP has been denied for excess income. The new alert will be issued only when the client is not currently receiving full scope Medi-Cal eligible.

SPOS will run a daily report of the new 9043 alerts and post the report on Share Point in the MEDS Report Folder found inside the Management Reports folder.

Summary of Change

The table below shows the changes made to the Program Guide.

| Section | Summary of Change |
|------------------|---|
| Article 04.02.15 | Added the application process for individual denied SSI/SSP due to excess income by the Social Security Administration. |

Attachments

The following attachment is included with this letter:
Attachment A – Users Desk Aid for Reviewing MEDS SDX Screens

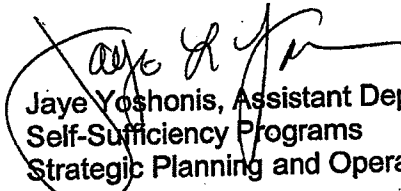
Forms Impact

None

QA/QC Impact

Effective with the October 2009 review month. Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Manager Approval


Jaye Yoshonis, Assistant Deputy Director
Self-Sufficiency Programs
Strategic Planning and Operational Support Division

DMH

ISDX - SSI/SSP CLIENT SDX INQUIRY REQUEST

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ISDX          ** SSI/SSP CLIENT SDX INQUIRY REQUEST **      XXX - mm/dd/yy
                                                    hh:mm:ss

CLIENT IDENTIFICATION:

_____

PLEASE ENTER SOCIAL SECURITY NUMBER AND PRESS <ENTER>.
```

The ISDX Screens were created to assist staff in processing SSI applications that were denied as over-income for SSI payment standards. This Guide is intended to provide information on MEDS ISDX fields to assist staff to enter information into CalWIN. This information includes client household information, unearned and earned income, and client disability and living arrangement information.

MEDS SDX Screens Date Element Reference Guide

SDX1 - SDX INQUIRY - CLIENT DATA FROM MEDS

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SDX1          ** SDX INQUIRY - CLIENT DATA FROM MEDS **          XXX - mm/dd/yy
                                                    hh:mm:ss

MEDS-ID xxx-xx-xxxx  NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxxxxxxxxxx
CIN xxxxxxxxxxx x   BIRTHDATE mm-dd-yyyy  DOB-VER x          SSN-VER x
HIC-NO xxxxxxxxxxxxxx BIC-ISSUE xx-xx-xxxx  PAPER-ISSUE xx-xx-xxxx

DEATH-DATE mm-dd-yyyy  DEATH-SOURCE x          DEATH-POSTED mm-dd-yyyy
SSI-LAST-RECEIVED xx-xxxx  PICKLE-TICKLER xx  LAST-PICKLE-CHG mm-dd-yyyy

SSN-VER-BIRTHDATE mm-dd-yyyy  LANG: SPOKEN x WRITTEN x  ETHNIC x
CITIZENSHIP-DOC: TYPE xx  NUMBER xxxxxxxxxxxxxxxxxxxx  SOURCE xx  DATE mm-dd-yyyy
IDENTITY-DOC:  TYPE xx  NUMBER xxxxxxxxxxxxxxxxxxxx  SOURCE xx  DATE mm-dd-yyyy
BIRTHPLACE xx:xx:xx  INS-ENTRY-DATE mm-yyyy  COUNTRY-OF-ORIGIN xx
CITIZEN/ALIEN-IND x  ALIEN-ELIG x  ALIEN-SPONSOR-STAT x  ALIEN-NO xxxxxxxxxxxx

CURRENT          xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxxxxxxxxxx
AUTHORIZED      xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
REPRESENTATIVE: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
                xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx  FLAG A

TITLE-II-CLAIM-NUMBERS: xxxxxxxxxxxx  xxxxxxxxxxxx  xxxxxxxxxxxx

OPTION __  F8=FORWARD; ENTER=RETURN
    
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The SDX1 Screen displays information other existing client MEDS Screens. Staff should note the following fields for CalWIN:

| | |
|-----------------------------------|--|
| HIC-NO | Client's Health Insurance Claim Number for Medicare Benefits, Rail Road Retirement, or Buy-In. |
| SSI-LAST-RECIEVED | Indicates the date client received SSI benefits prior, if at all. |
| CURRENT AUTHORIZED REPRESENTATIVE | Indicates authorized representative name and address if the client has a representative. |

SDX2 - SDX INQUIRY - CLIENT ADDRESS DATA FROM MEDS

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SDX2      ** SDX INQUIRY - CLIENT ADDRESS DATA FROM MEDS **   XXX - mm/dd/yy
                                                hh:mm:ss

MEDS-ID xxx-xx-xxxx   NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

CURRENT RESIDENCE ADDRESS:
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
RESID IND x  RESIDENCE-COUNTY xx
HOME (xxx) xxx-xxxx
WORK (xxx) xxx-xxxx
OTHR (xxx) xxx-xxxx
FLAG x

PENDING RESIDENCE ADDRESS:
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
RESID IND x  RESIDENCE-COUNTY xx
HOME (xxx) xxx-xxxx
WORK (xxx) xxx-xxxx
OTHR (xxx) xxx-xxxx
FLAG x

CURRENT MAILING ADDRESS:
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
FLAG x

PENDING MAILING ADDRESS:
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
FLAG x

OPTION ___  F7=BACK; F8=FORWARD; ENTER=ISDX
```

The information you will need for CalWIN from this screen is the client's residency address, home, work, and other phones numbers if provided, and the client's mailing address if it differs from the residency address.

MEDS SDX Screens Date Element Reference Guide

SDX3 - SDX INQUIRY – CLIENT INFORMATION

```
SDX3          ** SDX INQUIRY - CLIENT INFORMATION **          XXX - mm/dd/yy
                                                    hh:mm:ss

MEDS-ID xxx-xx-xxxx  NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxx
CLIENT-NAME-PER-SDX-RECORD xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxx
OTHER-LAST-NAME-(6 CHARS) xxxxxx  SDX-BIRTHDATE xx-xx-xxxx  SDX-LANGUAGE xx
TITLE-II-CLAIM-NUMBER xxxxxxxxxxxxxxx

SSI-APPLICATION-DATE  xx-xx-xxxx  DENIAL-DATE xx-xx-xxxx  RECIPIENT-TYPE xx
CALIF-RESIDENCY-DATE  xx-xx-xxxx  DENIAL-REASON xxx  MULTI-CATEGORY x
DISABILITY-ONSET-DATE  xx-xx-xxxx  DISABILITY-DETERM-STATUS x

CUSTODY xxx  COMPETENCY x  PAYEE xxx  REP-PAYEE-SELECTION-DATE xx-xx-xxxx
SDX-PROCESS-DATE xx-xx-xxxx  SDX-TRANS-CODE xx  SSA-DIST-OFFICE xxx

RESOURCES: xxxxxx  TPL-EVENT-DATE xx-xxxx  POTENTIAL-ASSET-TRANSFER xx
OTHER-HEALTH-COVERAGE x  MEDICARE-ENTITLEMENT x  TOA-DIARY-DATE xx-xx-xxxx

IAR-STATE/COUNTY xx-xxx  IAR-STATUS x  SDX-REC-RECEIVED xx-xx-xxxx

OPTION ___  F7=BACK; F8=FORWARD; ENTER=ISDX
```

The SDX3 Screen includes the information needed to determine client date of applications for SSI, client's date of residency in California, denial date of the SSI application, client disability status, and client resources. Please see the chart starting on the next page for extended information.

MEDS SDX Screens Date Element Reference Guide

| | | |
|--|---|---|
| SSI-APPLICATION-DATE | Application Date for SSI submitted by client. This is the application date to be used in CalWIN - Residency date is to be used if client applied in different state before becoming a California Resident | |
| DENIAL-DATE | Date of Denial of SSI Application | |
| RECIPIENT-TYPE | CODE | VALUE |
| Please Note: With this field and the LAC field in the SDX4 screen under ELIG DETERMINATION DATA, you will be able to match the SSI/SSP Category Drop-down in the Collect Individual SSI/SSP Detail Child Window. | AI | Aged individual |
| | AS | Aged spouse |
| | BI | Blind individual |
| | BC | Blind child |
| | BS | Blind spouse |
| | DC | Disabled child |
| | DI | Disabled individual |
| | DS | Disabled spouse |
| | XP | Essential person |
| | XS | Ineligible Spouse |
| | XF | Ineligible Father |
| | XM | Ineligible Mother |
| CALIF-RESIDENCY-DATE | Client beginning date of residency in California - This date to be used as application date if the client applied for SSI in a different state before becoming a California Resident | |
| DENIAL-REASON | This will always be N01 for these cases - Denial Reason in CalWIN will be NONPAY - Income exceeds payment amount | |
| DISABILITY-ONSET-DATE | Date of disability claimed by client - may not be date of disability as determined by SSA, will need verification. | |
| DISABILITY-DETERM-STATUS | This indicates the status of SSI disability and blind cases and shows that payments are being made on the basis of presumptive disability, final determination or state determination | |
| | CODE | VALUE |
| | F | Final determination - allowance |
| | P | Presumptive finding |
| | R | Referred to State agency Code indicates pending determination or final denial determination |
| | S | State determination (conversion cases only) - allowance |
| | T | Presumptive finding - state conversion record |
| | X | No disability determination made (claim denied on basis on non-disability issues) |
| | ** | Data transmitted in error |
| | ""(blank) | Not applicable |

MEDS SDX Screens Date Element Reference Guide

| RESOURCES | Resources include house, vehicles, life insurance, income producing property and other items. This is a 5 character field | |
|---|---|--|
| 1st Character - House | CODE | VALUE |
| | * | Initial claims exception |
| | A | Possession of a home - principal place of residence |
| | J | Recipient owns house to be disposed of. |
| | S | Equity in a non-excludable property is expected to increase in value |
| | T | Home and equity in non-excludable property |
| | Z | None |
| | ""(blank) | Not determined |
| 2nd Character - Vehicle | CODE | VALUE |
| | B | Owens a vehicle - either over or under the limit |
| | G | Unverified resource |
| | K | Individual is required to dispose of the vehicle |
| | Z | None |
| | ""(blank) | Not determined |
| 3rd Character - Life Insurance | CODE | VALUE |
| | C | Life Insurance - face value is over \$1,500.00 |
| | L | Individual is required to dispose of the life insurance |
| | H | Unverified resource |
| | Z | None |
| | ""(blank) | Not determined |
| 4th Character - Income Producing Property | CODE | VALUE |
| | D | Income producing property to be disposed of. |
| | M | Recipient owns income producing property to be disposed of. |
| | Z | None |
| | ""(blank) | Not determined |
| 5th Character - Other | CODE | VALUE |
| | E | Recipient owns other resources over the allowable limits. Must be accompanied by a denial code or a disposition code is accompanied by a disposition code, the entry appears as an 'N' on the SSR. |
| | N | Individual is required to dispose of the other resources |
| | Z | None |
| | ""(blank) | Not determined |

MEDS SDX Screens Date Element Reference Guide

| | | |
|--------------------------|---|--|
| TPL-EVENT-DATE | This reflects the date the recipient's third party liability insurance enrollment takes place | |
| POTENTIAL-ASSET-TRANSFER | CODE | VALUE |
| | MN | Transfer of resources at less than fair value |
| OTHER-HEALTH-COVERAGE | This shows whether or not there could be third party liability for health care expenses. | |
| | CODE | VALUE |
| | A | Applicant refuses to assign rights for third party insurance. |
| | F | Disabled/blind child living overseas, ineligible for Medicaid, and living with a parent who is a member of the military. |
| | N | Third party liability does not exist. |
| | R | Applicant refuses to cooperate in providing third party liability data. Ineligible for Medicaid. |
| | Y | Third party liability does exist and applicant agrees to assign rights. |
| " "(blank) | Not Applicable | |
| MEDICARE-ENTITLEMENT | This reflects the Individual's current Medicare entitlement status, as follows: | |
| | CODE | VALUE |
| | A | The individual is covered for Hospital Insurance, but not for Supplementary Medical Insurance |
| | B | The individual is covered for Supplementary Medical Insurance, but not for Hospital Insurance. |
| | C | The individual is covered for both Hospital Insurance and Supplementary Medical Insurance. |
| | D | To be added 10/05 at earliest |
| | N | The individual is not covered for either Hospital Insurance or Supplementary Medical Insurance. |
| ""(blank) | Space—initialized default | |
| TOA-DIARY-DATE | Date of which resources are set to transfer, or actually transfer | |

MEDS SDX Screens Date Element Reference Guide

SDX4 - SDX INQUIRY - CLIENT INCOME/STATUS DATA

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SDX4          ** SDX INQUIRY - CLIENT INCOME/STATUS DATA **      XXX - mm/dd/yy
                                          hh:mm:ss

MEDS-ID xxx-xx-xxxx  NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxxxxxxxxxx

----- EARNED-INCOME -----
PERIOD      WAGES      NET-SE      EARN-EX      BLIND-EX      EARNED      UNEARNED
mm-yyyy    xxxxx.xx    xxxxx.xx    xxxxx.xx    xxxxx.xx    xxxxx.xx    xxxxx.xx

DEEMED-INCOME xxxxx.xx  DEEMING-CODE x      CHECKING/SAVINGS x      STUDENT x

----- UNEARNED-INCOME -----
START      STOP      AMOUNT      CODES      CLAIM-ID      EFF-DATE      STATUS      MCAID      LAC      ST/CO
mm-yyyy    mm-yyyy    xxxxx.xx    xxx      xxxxxxxxxxxxxx    mm-yyyy    xxx      x      xx    xx-xxx
mm-yyyy    mm-yyyy    xxxxx.xx    xxx      xxxxxxxxxxxxxx    mm-yyyy    xxx      x      xx    xx-xxx
mm-yyyy    mm-yyyy    xxxxx.xx    xxx      xxxxxxxxxxxxxx    mm-yyyy    xxx      x      xx    xx-xxx
mm-yyyy    mm-yyyy    xxxxx.xx    xxx      xxxxxxxxxxxxxx    mm-yyyy    xxx      x      xx    xx-xxx
mm-yyyy    mm-yyyy    xxxxx.xx    xxx      xxxxxxxxxxxxxx    mm-yyyy    xxx      x      xx    xx-xxx
mm-yyyy    mm-yyyy    xxxxx.xx    xxx      xxxxxxxxxxxxxx    mm-yyyy    xxx      x      xx    xx-xxx
mm-yyyy    mm-yyyy    xxxxx.xx    xxx      xxxxxxxxxxxxxx    mm-yyyy    xxx      x      xx    xx-xxx
mm-yyyy    mm-yyyy    xxxxx.xx    xxx      xxxxxxxxxxxxxx    mm-yyyy    xxx      x      xx    xx-xxx
***** ADDITIONAL EARNINGS INDICATED *****
OPTION ___  F7=BACK; F8=FORWARD; ENTER=ISDX
    
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The SDX4 screen displays information on client unearned, earned, self-employment and excluded income. Unearned income codes show type, frequency, and verification of client income. Determination data shows client SSI determination status, and the clients Federal and State living arrangements.

MEDS SDX Screens Date Element Reference Guide

| | | |
|------------------|---|--|
| EARNED-INCOME | Earned Income shows wages, net self-employment, excluded earnings for self support and blindness, and deemed income. | |
| WAGES | This is the gross amount of wages which the recipient expects to earn in the month reflected in the Earned Income Period. | |
| NET-SE | This is the estimated net amount of self-employment income for the period shown in the Earned Income Period. | |
| EARN-EX | This is the monthly amount of earned income for blind or disabled recipients which may be excluded under an approved plan for achieving self-support. (Although PASS is coded under earned income, the amount can be excluded from unearned income also.) | |
| BLIND-EX | This is the amount of work expenses of a blind recipient for the month in the Earned Income Period which may be excluded from the earned income amount. | |
| DEEMED-INCOME | This is the quarterly amount of underpayment of one member that is set or adjusted by the overpayment amount of the other member for the same quarter. | |
| DEEMING-CODE | Indications computation of deemed income. | |
| | Value | Description |
| | Blank | Deeming not involved |
| | Spouse-to-spouse deeming and parent-to-child Deeming prior to April 1982: | |
| | S | No Type V Entry Required (obsolete) |
| | T | Type V Entry Required (obsolete) |
| | U | Type V Entry Required (obsolete) |
| | V | Type V Entry Required (obsolete) |
| | Spouse-to-Spouse deeming after March 1982: | |
| | C | Computation based on couple's income |
| | D | Computation based on individual's income |
| | I | Computation based on individual's income |
| | V | Income present for month and override system deeming |
| | For Parent-to-child deeming after March 1982: | |
| | I | Computation based on eligible child's income only |
| | P | Parental deeming under current (1997) regulations |
| | V | Income present for month and override system deeming |
| | For sponsor-to-alien deeming 10/80: | |
| V | Sponsor deeming applicable | |
| CHECKING/SAVINGS | This identifies the type of direct deposit account. | |
| | Code | Value |
| | C | Checking |
| | S | Savings account |
| STUDENT | Indicates Y if client is a student, N if client is not a student | |

MEDS SDX Screens Date Element Reference Guide

| UNEARNED-INCOME - CODES | Unearned Income codes are a three character field consisting of the following information, Unearned Income Type, Frequency, and Income Verification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|---|--|-------|---|----------------------|---|------------|---|--|---|-----------------------|-----------|--|------|-------|---|---|---|------------------|---|---|---|---|--------------|--|------|-------|---|---------------------------------------|---|---|---|---|---|---|
| Type | <p>This indicates the particular kind of unearned income the recipient is, or was, receiving as well as other amounts that are not income to the recipient; i.e., codes I, K, X, Y and Z. The last three occurrences of type "A" (Social Security) income will appear. The most recent payment will be displayed first, followed by the earlier payments in reverse chronological order. All other types of unearned income reflect the most recent occurrence.</p> <table border="1" data-bbox="275 657 800 1511"> <thead> <tr> <th>Code</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Social Security (T2)</td> </tr> <tr> <td>B</td> <td>Black Lung</td> </tr> <tr> <td>C</td> <td>VA (not based on need)Veterans Administration Compensation</td> </tr> <tr> <td>D</td> <td>RRB (Rail Road Board)</td> </tr> </tbody> </table> | Code | Value | A | Social Security (T2) | B | Black Lung | C | VA (not based on need)Veterans Administration Compensation | D | RRB (Rail Road Board) | Frequency | <p>This indicates the frequency of unearned income being received, or was received.</p> <table border="1" data-bbox="963 657 1356 1511"> <thead> <tr> <th>Code</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>Continuous monthly payment, or uninsured (Title II claim number suffix "T" and "M"), or Title II benefits in non-pay status</td> </tr> <tr> <td>N</td> <td>One-time payment</td> </tr> <tr> <td>R</td> <td>Used in conjunction with type "A" income to indicate recent Retirement, Survivors, and Disability Insurance filing, or with type "D" income to indicate potential eligibility to a RRB benefit.</td> </tr> <tr> <td>T</td> <td>Termination of continuous monthly payment</td> </tr> </tbody> </table> | Code | Value | 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 | R | Used in conjunction with type "A" income to indicate recent Retirement, Survivors, and Disability Insurance filing, or with type "D" income to indicate potential eligibility to a RRB benefit. | T | Termination of continuous monthly payment | Verification | <p>This indicates whether or not the unearned income allegations of the recipient have been verified.</p> <table border="1" data-bbox="1524 657 2020 1511"> <thead> <tr> <th>Code</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Number and income amount not verified</td> </tr> <tr> <td>1</td> <td>Number has been verified, amount not verified</td> </tr> <tr> <td>2</td> <td>Number and income amount have been verified</td> </tr> <tr> <td>3</td> <td>Number and income amount have not been verified. Title II IMPACC/A payment made (Code was previously "O")</td> </tr> </tbody> </table> | Code | Value | 0 | Number and income amount not verified | 1 | Number has been verified, amount not verified | 2 | Number and income amount have been verified | 3 | Number and income amount have not been verified. Title II IMPACC/A payment made (Code was previously "O") |
| Code | | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | | Social Security (T2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | Black Lung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | | VA (not based on need)Veterans Administration Compensation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | RRB (Rail Road Board) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | Used in conjunction with type "A" income to indicate recent Retirement, Survivors, and Disability Insurance filing, or with type "D" income to indicate potential eligibility to a RRB benefit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T | Termination of continuous monthly payment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Number and income amount not verified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Number has been verified, amount not verified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Number and income amount have been verified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Number and income amount have not been verified. Title II IMPACC/A payment made (Code was previously "O") | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MEDS SDX Screens Date Element Reference Guide

| | | | | | | | |
|---|---|--|-----------|--|--|-----------|---|
| E | VA (based on need) Veterans Administration Pension | | U | Uninsured (T2 claim types T&M) If type D, this indicates RRB ID assigned, currently T2 only. (Future RRB entitlement possible) | | 4 | Number has been verified, amount not verified. Title II IMPACC/A payment made (Code was previously "1") |
| F | Assistance based on need and not excluded from unearned income | | ""(blank) | Initialized value | | 5 | If Unearned Income Type Code is equal to "A", number and income amount have been verified for IMPACC/A payment (Code was previously "2") If unearned income type code is equal to "X", the income level has been transmitted to new record following a "T30"/"T50" action |
| G | Title XVI offset | | | | | 6 | No existing entry, IMPACC/A Applied |
| H | Income in-kind (support and maintenance) | | | | | 7 | Systems generated income (redefined effective 6/86 retroactive to 1/74) |
| I | Ineligible child allocation (spouse-to-spouse or parent-to-child deemed income) | | | | | 8 | State countable. |
| J | Value of one-third reduction | | | | | 9 | The system adjusted a prior code of "8" or "Z" entries; Codes "O", "1", or "2" apply to Unearned Income Type Codes equal to "A", "B", "C", "D", or "E", Codes "6", "7", "8", or "9" apply to Unearned Income Type Codes equal to "X" or "Z" (State of Vermont conversion cases only). |
| K | Blind countable income | | | | | ""(blank) | Initialized value |
| L | Military unearned pension | | | | | | |
| M | Federal Civil Service pension | | | | | | |
| N | Support payments received from absent parent | | | | | | |

MEDS SDX Screens Date Element Reference Guide

| | |
|-----------|--|
| O | Income based on need from private sources |
| P | Employment-related pension (State or local government retirement, private pension) |
| Q | Worker's Compensation |
| R | One of the following: Conversion Value; Royalties and Honoraria; Interest and Dividends; Rental/Lease Income; |
| S | <p>One of the following:</p> <ul style="list-style-type: none"> - Assistance Payments (Emergency Assistance Payments (not IBON or ABON), Certain Foster Care Payments, Certain Adoption Assistance, Assistance involving Community Service Block Grants, and Certain Austrian Social Insurance Payments (Not based on wage credits)); - Conversion Value; - Death Related Incomes (Cash Inheritance, In-Kind Inheritance, Unspent Death Benefits, and Insurance Proceeds); - Monetary Awards (Gifts, Grants, Scholarships, and Fellowships not used for Educational Benefits, Prizes, Gambling Winnings, and Awards); - Multiple Entries; - Payments to Native American Indians (Alaska Native Claims Distribution (Those over \$2000/month), Payments derived from Individual interests in Indian Trust or Restricted Lands (In excess of \$2000/month), and Indian Tribal Funds distributed to Individuals); - Other; - Court Ordered or Voluntary Support Payments (Alimony/Spousal support and Child support not subject to the one-third reduction); - COLA Coordination Computation (One-time Title II payment to be excluded from COLA coordination computation (January and February only); - Unemployment Benefits; - Work Related Unearned Income <ol style="list-style-type: none"> 1. Jury Duty 2. Stipends 3. Tips 4. Indian fishing rights income 5. In-Kind Remuneration for Work 6. Money paid to Residents of a Public Institution where no ER/EE relationship exists <p>(JTPA Payments, Job Corps Dependents Allowance, Sick Pay that is Unearned Income, Trade Readjustment ACT Payments, Uniformed Services Special Pay and Allowances, State Disability Insurance Benefits, and VA Educational Benefits);</p> <ul style="list-style-type: none"> - Unstated Income |
| 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 |
| V | Net deemed income (see Deemed Income Amount and Deemed Income amount (Retrospective)) |
| W | Title II income used in windfall offset computations |
| X | Mandatory income level amount (conversion cases only) |
| Y | Special needs reduction (applies to a Federal countable minimum income level) |
| Z | State countable income (State of Vermont only) |
| ""(blank) | Initialized value |

MEDS SDX Screens Date Element Reference Guide

| | | |
|----------------------------------|---|---|
| UNEARNED- INCOME-CLAIM- ID | Claim number attached to unearned income. Typically made of the SSN plus a prefix or suffix alphanumeric to indicate source of income | |
| | Type A | For Social Security (type A), the format is a nine digit SSN of the insured individual, a two position left justified Beneficiary Identification Code (BIC) and a space in position twelve of the data element. |
| | Type C | For VA Compensation and Pension not based on need (type C), the format is a nine digit VA number, two alpha characters and a space in position twelve of the data element. |
| | Type D | For RRB (type D), the format is a nine digit RRB number, two alpha characters (the RRB beneficiary identification), and a space in position twelve of the data element. |
| | Type E | For VA Compensation and Pension based on need (type E), the format is a nine digit VA number, two alpha characters, and a space in position twelve of the data element. |
| | Type F | For VA Fixed Payment (type F), same format as (type C) nine digit VA number, two alpha characters, and a space in position twelve of the data element. |
| | Type G | For Social Security (type G), the format is a nine digit SSN of the insured individual, a two position left justified Beneficiary Identification Code (BIC) and a space in PCOC position twelve of the data element. |
| | Type L | For military retired pay (type L), the format is a nine digit military identification number, a one position alpha character, a one digit alphanumeric character, and a space in position twelve of the data element. |
| | Type M | For Federal Civil Service pension (type M), the format is a nine digit civil service number, a one position alpha character, a one digit character or space in position eleven, and a space in position twelve of the data element. |
| | Type W | For Social Security (type W), the format is a nine digit SSN of the insured individual, a two position left justified Beneficiary Identification Code (BIC) and a space in PCOC position twelve of the data element. |

MEDS SDX Screens Date Element Reference Guide

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|---------------|--|
| NET-COUNTABLE | Net Countable earned and unearned income after deductions. |
| EARNED | This is the current month's amount of earned income, after all exclusions are applied, used in determining eligibility. |
| UNEARNED | This reflects the current month's amount of unearned income after all exclusions are applied. Used in determining eligibility, includes income deemed to the eligible individual, if applicable. |

MEDS SDX Screens Date Element Reference Guide

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|----------------------------------|---|--|
| ELIG DETERMINATION DATA - STATUS | This is made up of two elements; the first (the first position) of which reflects the status of the SSI/State Supplement payment, the second (the Second and third positions) of which reflects the reason for the status. The following descriptions, "C" through "T" apply to the first position of the code. | |
| First Position: | Code | Value |
| | C | Indicates the recipient is eligible for SSI and/or State Supplement payments and payment is due. |
| | E | Indicates eligibility for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation. |
| | H | Indicates a case in "hold" status, final disposition is pending. |
| | M | Indicates a case is under manual control. Case is known as "forced payment" although payment may not be involved. |
| | N | Indicates the claimant/recipient is not eligible for SSI/State Supplement payments or that a previously eligible recipient is not currently eligible. |
| | P | Indicates suspension with the probability of reinstatement. "P" is obsolete June 1987. |
| | S | Administrative suspense. Indicates recipient may still be eligible for SSI and/or State Supplement payments, but payment is being withheld. |
| | T | Indicates SSI and/or State Supplement eligibility is terminated. A record may be terminated and a new record established, in certain situations. |
| Full Code | Code | Value: |
| | C01 | Current Pay |
| | E01 | Eligible for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation. |
| | E02 | Eligible for benefits but not payable in that month due to the new application date. |
| | H10 | Living Arrangement change is in progress. |
| | H20 | Marital Status change is in progress. |
| | H30 | Resource change is in progress. |
| | H40 | Student status change is in progress. |
| | H50 | Head of Household change is in progress. |
| | H60 | Hold pending receipt of date of death. |
| | H70 | Hold pending posting of payment made outside the U.S. |
| | H80 | Early input |
| | H90 | Systems Limitation involved. DO must manually compute and input payment amount. (No longer applicable) |
| | M01 | Force Payment - recipient may be in payment or non-payment status. See SSI Gross Payable Amount or State Supplement Gross Payable Amount for eligibility amount. These two will equal zeros if the recipient is in non-payment status. |
| | M02 | Force due |
| | N01 | Non-pay - Recipient's countable income exceeds Title XVI payment amount and his/her State's payment standard. Also used for 1619(b) participants. |
| | N02 | Non-pay - Inmate of public institution |
| | N03 | Non-pay - Outside of the U.S. |
| | N04 | Non-pay - Non-excludable resources exceed Title XVI limitations |
| | N05 | Non-pay - Recipient's gross income from self-employment exceeds T16 limitations |
| | N06 | Non-pay - Failed to file for other benefits |
| N07 | Non-pay - Recipient's disability ceased. Not disabled | |
| N08 | Non-pay - Recipient's blindness ceased. Not blind. | |
| N09 | Non-pay - Refused vocational rehabilitation without good cause | |

MEDS SDX Screens Date Element Reference Guide

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|------|--|
| N10 | Non-pay - Refused treatment for drug addiction |
| N11 | Non-pay - Recipient refused treatment for alcoholism |
| N12 | Non-pay - Recipient voluntarily withdrew from program |
| N13 | Non-pay - Not a citizen or an eligible alien |
| N14 | Non-pay - Aged claim denied for age |
| N15 | Non-pay - Blind claim denied. Applicant not blind. (No longer applicable) |
| N16 | Non-pay - Disability claim denied. Applicant not disabled. (No longer applicable) |
| N17 | Non-pay - Failure to pursue claim by the claimant |
| N18 | Non-pay - Failure to cooperate |
| N19 | Non-pay - Recipient has voluntarily terminated participation in the SSI program |
| N20 | Non-pay - Recipient fails to furnish a required report or information |
| N22 | Non-pay - Inmate of a correctional institution |
| N23 | Non-pay - Not a legal resident in the U.S. |
| N24 | Non-pay B Convicted of felony of fraudulently misrepresenting residence in two or more States. (Effective through 11/99) Non-pay - Administrative Sanctions penalty imposed because claimant has provided false or misleading statements to obtain benefits. (Effective 12/99 to present) |
| N25 | Non-pay - Claimant is 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 he/she flees, or is violating a condition of probation or parole imposed under Federal or State law. |
| N27 | Non-pay - Disability terminated due to SGA |
| N30 | Non-pay - Slight impairment - medical consideration alone, no visual impairment |
| N31 | Non-pay - Capacity for SGA - customary past work, no visual impairment |
| N32 | Non-pay - Capacity for SGA - other work, no visual impairment |
| N33 | Non-pay - Engaging in SGA despite impairment, no visual impairment |
| N34 | Non-pay - Impairment is no longer severe at time of adjudication and did not last twelve months, no visual impairment |
| N35 | Non-pay - Impairment is severe at time of adjudication but not expected to last twelve months, no visual impairment |
| N36 | Non-pay - Insufficient, or no. medical data furnished, no visual impairment |
| N37 | Non-pay - Failure, or refusal, to submit to consultative examination, no visual impairment |
| N38 | Non-pay - Applicant does not want to continue development of the claim, no visual impairment |
| N39 | Non-pay - Applicant willfully fails to follow prescribed treatment, no visual impairment |
| N40 | Non-pay - Impairment(s) does not meet or equal listing (disabled child under age eighteen only), no visual impairment |
| N41 | Non-pay - Slight impairment - medical condition alone, visual impairment |
| N42 | Non-pay - Capacity for SGA - customary work, visual impairment |
| N43 | Non-pay - Capacity for SGA - other work, visual impairment. (for age 18 and over) Or Non-pay - impairment(s) disabling for a period of less than 12 months (child under 18) |
| N44 | Non-pay - Engaging in SGA despite impairment, visual impairment |
| N45 | Non-pay - Impairment no longer severe at time of adjudication and did not last twelve months, visual impairment |
| N46 | Non-pay - Impairment is severe at the time of adjudication but not expected to last twelve months, visual impairment |
| *N47 | Non-pay - Insufficient, or no, medical evidence furnished, visual impairment |
| *N48 | Non-pay - Failure, or refusal, to submit to consultative examination, visual impairment |
| *N49 | Non-pay - Applicant does not want to continue development of the claim, visual impairment |
| *N50 | Non-pay - Applicant willfully fails to follow prescribed treatment, visual impairment |

MEDS SDX Screens Date Element Reference Guide

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|------|---|
| *N51 | Non-pay - Impairment(s) does not meet or equal listing (disabled child under age eighteen only), visual impairment |
| N52 | Non-pay - Deleted from the State rolls before January 1973 payment |
| N53 | Non-pay - Deleted from the State rolls |
| N54 | Non-pay - DO unable to locate applicant |
| P01 | Suspended - Suspension of disability payments due to SGA, probability of reinstatement. This is an obsolete code as of July 1987. |
| S01 | Suspended - Suspension of payments due to report of death by Treasury, potential automated death case |
| S04 | Suspended - System is awaiting disability determination (system generated) |
| S05 | Suspended - System unable to determine prerequisite month for 1619(A) eligibility. |
| S06 | Suspended - Recipient address unknown |
| S07 | Suspended - Returned check for other than death, address payee changes, or death of representative payee |
| S08 | Suspended - Representative payee development pending |
| S09 | Suspended – Recipient refuses to cooperate |
| S10 | Suspended – adjudicative suspense (systems generated) |
| S20 | Suspended - Potential rollback cases or disability made prior to July 1973 (inactive). (rollback code 1 or 3) |
| S21 | Suspended - The recipient in presumptively disabled or blind and has received three months payments. |
| T01 | Terminated - Death of the recipient |
| T20 | Terminated - Received payment under two different account numbers |
| T22 | Terminated - Received payment under two different accounts, termination resulted from electronic screening |
| T30 | Terminated - Terminated. Received payments, but must be re-established to correct SSR. |
| T31 | Terminated - System generated termination (payment previously made). Recipient met denial or non-pay terminated criteria. Payment received. |
| T32 | Terminated - Systems generated termination of large records |
| T33 | Terminated - manual termination(previous payment made) WILL EVENTUALLY REPLACE T30 |
| T50 | Terminated - Manual termination (no previous payment made) |
| T51 | Terminated - System generated termination (no previous payment made). Recipient met denial or non-pay terminated criteria. |

MEDS SDX Screens Date Element Reference Guide

| | | |
|---|---|---|
| <p>ELIG DETERMINATION DATA - LAC - First Character</p> <p>Note: With this information, and the RECIPIENT-TYPE from the SDX3 Screen, you can determine Client Disability and Living Arrangement to match the SSI/SSP Category Drop-down in the Collect Individual SSI/SSP Detail Child Window.</p> | <p>Client's living arrangement as determined by the Social Security Administration This indicates the type of Federal living arrangement of the recipient for Title XVI purposes.</p> | |
| | Code | Value |
| | A | Own household |
| | B | Another's household |
| | C | Parent's household (for child cases only) |
| | D | Title XIX institution |
| | ""(blank) | Individual is in a non-Title XIX institution, living arrangement change in progress or outside the U.S. |
| * | Initial claims surface edit | |
| <p>ELIG DETERMINATION DATA - LAC - Second Character</p> | <p>Client's living arrangement as determined by the State of California, used for State Supplementary Payment determination</p> | |
| | Code | Value |
| | A | Independent living with cooking facilities |
| | B | Out of home care. |
| | C | Living in household of another. |
| | E | Eligible Disabled Child to age 18 living in home of parent, guardian, or relative by marriage. |
| | Z | Recipient not eligible or waives optional supplementation. |

SDX5 - SDX INQUIRY – HOUSEHOLD INFORMATION

```

SDX5          ** SDX INQUIRY - HOUSEHOLD INFORMATION **          XXX - mm/dd/yy
                                                    hh:mm:ss

MEDS-ID xxx-xx-xxxx  NAME xxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxx
ELIGIBLE-SPOUSE-SSN xxx-xx-xxxx  ESSENTIAL-PERSON-SSN xxx-xx-xxxx  EP-REL x

INELIGIBLE SPOUSE/PARENT DATA:
NAME xxxxxxxxxxx x xxxxxxxxxxxxxxxxxxxxxxxxxxx REL x  SSN xxx-xx-xxxx  CAN xxxxxxxxxxx
NAME xxxxxxxxxxx x xxxxxxxxxxxxxxxxxxxxxxxxxxx REL x  SSN xxx-xx-xxxx  CAN xxxxxxxxxxx

                EARNED INCOME                UNEARNED INCOME
                WAGES    NET-SE                AMOUNT    TYPE    FREQ
SPOUSE/PARENT1  xxxxxx.xx  xxxxxx.xx                xxxxxx.xx    x      x
                xxxxxx.xx    xxxxxx.xx                xxxxxx.xx    x      x
                xxxxxx.xx    xxxxxx.xx                xxxxxx.xx    x      x

SPOUSE/PARENT2  xxxxxx.xx  xxxxxx.xx                xxxxxx.xx    x      x
                xxxxxx.xx    xxxxxx.xx                xxxxxx.xx    x      x
                xxxxxx.xx    xxxxxx.xx                xxxxxx.xx    x      x

HOUSEHOLD-COMPOSITION-INFORMATION x-xx-xx-x

OPTION ___  F7=BACK; ENTER=ISDX
    
```

The SDX5 screen indicates information about other household members, their relationship, and their unearned and earned income. Please see chart beginning on next page for more information.

MEDS SDX Screens Date Element Reference Guide

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| EP-REL | This shows whether an essential person exists in the case and the relationship of the essential person to the eligible individual. | |
| | Code | Value |
| | 0 | Initialized value |
| | 1 | Essential person is an ineligible spouse |
| | 2 | Essential person is a living-with father |
| | 3 | Essential person is a living-with mother |
| | 4 | A non-relative is in the SSN of Eligible Spouse or Parent |
| | 5 | A non-relative is in the SSN of Other Parent |
| | A | An ineligible spouse and at least one other person are both essential persons |
| | B | A living-with father and at least one other person are both essential persons |
| | C | A living-with mother and at least one other person are both essential persons |
| | D | There are at least two essential persons, one of whom is in SSN of Eligible Spouse or Parent |
| | E | There are at least two essential persons, one of whom is in SSN of Other Parent |
| F | A living-with parent is the essential person (applicable in pipeline cases only) | |

| | | |
|-----|---------------------------------------|---|
| REL | Ineligible Spouse or Parent Indicator | |
| | Code | Value |
| | E | Eligible spouse or eligible individual in the spouse's record |
| | I | Ineligible spouse |
| | P | Parent |

MEDS SDX Screens Date Element Reference Guide

| | |
|---------------|---|
| EARNED-INCOME | |
| WAGES | This is the gross amount of wages which the ineligible spouse or parent expects to earn in the month reflected in the Earned Income Period. |
| NET-SE | This reflects the estimated net amount of self-employment income for the ineligible spouse or parent for the period shown in Earned Income Period |

| | | |
|------------------------|---|---|
| UNEARNED-INCOME - TYPE | This indicates the particular kind of unearned income the ineligible spouse or parent is, or was, receiving as well as other amounts that are not income; i.e., codes I, K, X, Y and Z. The last three occurrences of type "A" (Social Security) income will appear. The most recent payment will be displayed first, followed by the earlier payments in reverse chronological order. All other types of unearned income reflect the most recent occurrence. | |
| | Code | Value |
| | A | Social Security (T2) |
| | B | Black Lung |
| | C | VA (not based on need) Veterans Administration Compensation |
| | D | RRB (Rail Road Board) |
| | E | VA (based on need) Veterans Administration Pension |
| | F | Assistance based on need and not excluded from unearned income |
| | G | Title XVI offset |
| | H | Income in-kind (support and maintenance) |
| | I | Ineligible child allocation (spouse-to-spouse or parent-to-child deemed income) |
| | J | Value of one-third reduction |
| | K | Blind countable income |
| | L | Military unearned pension |
| | M | Federal Civil Service pension |
| | N | Support payments received from absent parent |
| | O | Income based on need from private sources |
| P | Employment-related pension (State or local government retirement, private pension) | |
| Q | Worker's Compensation | |
| R | Conversion Value; Royalties and Honoraria; Interest and Dividends; Rental/Lease Income; | |

MEDS SDX Screens Date Element Reference Guide

| | |
|-----------|---|
| S | <ul style="list-style-type: none"> - Assistance Payments (Emergency Assistance Payments (not IBON or ABON), Certain Foster Care Payments, Certain Adoption Assistance, Assistance involving Community Service Block Grants, and Certain Austrian Social Insurance Payments (Not based on wage credits)); - Conversion Value; - Death Related Incomes (Cash Inheritance, In-Kind Inheritance, Unspent Death Benefits, and Insurance Proceeds); - Monetary Awards (Gifts, Grants, Scholarships, and Fellowships not used for Educational Benefits, Prizes, Gambling Winnings, and Awards); - Multiple Entries; - Payments to Native American Indians (Alaska Native Claims Distribution (Those over \$2000/month), Payments derived from Individual interests in Indian Trust or Restricted Lands (In excess of \$2000/month), and Indian Tribal Funds distributed to Individuals); - Other; - Court Ordered or Voluntary Support Payments (Alimony/Spousal support and Child support not subject to the one-third reduction); - COLA Coordination Computation (One-time Title II payment to be excluded from COLA coordination computation (January and February only); - Unemployment Benefits; - Work Related Unearned Income <ul style="list-style-type: none"> 7. Jury Duty 8. Stipends 9. Tips 10. Indian fishing rights income 11. In-Kind Remuneration for Work 12. Money paid to Residents of a Public Institution where no ER/EE relationship exists (JTPA Payments, Job Corps Dependents Allowance, Sick Pay that is Unearned Income, Trade Readjustment ACT Payments, Uniformed Services Special Pay and Allowances, State Disability Insurance Benefits, and VA Educational Benefits); - Unstated Income |
| T | Alaska longevity bonus |
| V | Net deemed income |
| W | Title II offset |
| X | Mandatory income level amount(for bases converted to SSI in Dec. 1973) |
| Y | Special needs reduction (applies to a Federal countable minimum income level) |
| Z | State countable income (State of Vermont only) |
| ""(blank) | Initialized value |

MEDS SDX Screens Date Element Reference Guide

| | | |
|-----------------------------|---|--|
| UNEARNED INCOME - FREQUENCY | This indicates whether or not unearned income is being received, or was received. | |
| | Code | Value |
| | 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 |
| | R | Used in conjunction with a type "A" income to indicate recent Retirement, Survivors, and Disability Insurance filing, or with type "D" income to indicate potential eligibility to a RRB benefit |
| | T | Termination of continuous monthly payment |
| | U | Used only in conjunction with a type "D" entry to indicate RRB has jurisdiction of the title II (type A) payment and that recipient's entitlement to a RRB annuity has not been determined. |
| | ""(blank) | Initialized value |

MEDS SDX Screens Date Element Reference Guide

| | | |
|--------------------------------------|--|---|
| HOUSEHOLD-COMPOSTION- INFORMATION | The Household Composition field consist of the make-up of the people residing in the household, it is set in a 6 character field, broken down into a 1 character - 2 character - 2 character - 1 character layout. | |
| First 1 Character Field | This indicates the type of the household. | |
| | CODE | VALUE |
| | C | Couple (eligible individual with eligible spouse) |
| | F | Child claim with father |
| | I | Individual with or without ineligible spouse |
| | M | Child claim with mother |
| | P | Child claim with parents |
| | X | State-to-SSA record exception |
| Second 2 Character Field | This indicates the type of recipient in the household. | |
| | CODE | VALUE |
| | AI | Aged individual |
| | AS | Aged spouse |
| | BI | Blind individual |
| | BC | Blind child |
| | BS | Blind spouse |
| | DC | Disabled child |
| | DI | Disabled individual |
| | DS | Disabled spouse |
| | XP | Essential person |
| | XS | Ineligible Spouse |
| | XF | Ineligible Father |
| | XM | Ineligible Mother |

MEDS SDX Screens Date Element Reference Guide

| | | |
|-------------------------|---|--|
| Third 2 Character Field | This indicates the status of the spouse/parent/essential person in the household. | |
| | Code | Value |
| | AI | Aged individual |
| | AX | Aged individual with an ineligible spouse |
| | AE | Aged individual with eligible spouse |
| | BI | Blind Individual |
| | BX | Blind individual with ineligible Spouse |
| | BE | Blind individual with eligible spouse |
| | DE | Disabled individual with Eligible spouse |
| | DI | Disabled individual |
| | DX | Disabled individual with ineligible spouse |
| | BC | Blind child |
| | BM | Blind Child living with mother |
| | BF | Blind child living with father |
| | BB | Blind child living with both parents |
| | DC | Disabled child |
| | DM | Disabled child living with mother |
| | DF | Disabled child living with father |
| DB | Disabled child living with both parents | |
| ES | Eligible individual awaiting spouse | |

| | | |
|--------------------------|---|---|
| Fourth 1 Character Field | This indicates whether or not the recipient is the head of household. | |
| | Code | Value |
| | Y | Head of Household |
| | N | Not head of Household |
| | R | Member of a couple for which disability determination is, or was, pending |
| | S | Member of a couple that is (or was) paid as an individual while disability was being determined for the other member of the couple |
| | U | Identifies the months included in the computation of and offset of underpayment to one member of an eligible couple against an overpayment of the other member of the couple. |

MEDS SDX Screens Date Element Reference Guide

The screenshot displays the 'Collect Individual SSI/SSP Detail' window for 'Pickle, Ina' with ID '66' and phone number '701-41-2517'. The window is divided into several sections:

- Effective Dates:** Effective Begin Date and Effective End Date (00/00/0000).
- SSI/SSP Details:**
 - Receiving [Y/N]: N
 - Status: Applied; Status Date: []
 - Result: Denied; Result Date: []
 - Verification: Received; Status Reason: NONPAY-Inc
 - Source: MEDS; Follow Up [Y/N]: []
 - Follow Up Date: []
 - Doctor's Recommendation: []
- Craig Details:**
 - Listed on Exception Eligibles List [Y/N]: []
 - Aid Code: []
- History:**
 - Last Received Date: []
 - Last Discontinued Date: [] Reason: []
 - Had Section 1619(b) Status when Discontinued [Y/N]: []
 - Last Denied Date: [] Reason: []
- Other Fields:** SSI/SSP Category, SSI Advocacy Participation [Y/N], Receiving In Home Support Services [Y/N], Previous Condition Worsened or New Medical Condition [Y/N], and Does Individual have Grandfather Pickle Status [Y/N].

A dropdown menu is open for 'Follow Up [Y/N]:', listing the following reasons for denial:

- NONPAY-Income exceeds payment amount
- NONPAY-Inmate of a Public Institution
- NONPAY-Insuf medical data, visual impair
- NONPAY-Insuf. medical data no visual imp
- NONPAY-not a legal resi US resident
- NONPAY-Refused drug treatment
- NONPAY-Refused treatment for alcoholism
- NONPAY-Refused voc rehab w/o good cause
- NONPAY-resources exceed limitations
- NONPAY-SGA other work capable, visual impair

The status bar at the bottom shows 'San Diego', 'jlinback', and '07/24/2009 04:20 PM'.

MEDS SDX Screens Date Element Reference Guide

CalWIN Collect Individual SSI/SSP Detail Entries

| | |
|-------------------|--|
| Receiving [Y/N]: | N |
| Status: | Applied |
| Status Date | SSI-APPLICATION-DATE from the SDX3 Screen |
| Result: | Denied |
| Result Date: | DENIAL-DATE from the SDX3 Screen |
| Status Reason: | NONPAY-Income exceeds payment amount |
| Verification: | Received |
| Source: | MEDS |
| SSI/SSP Category: | RECIPIENT-TYPE from SDX3 Screen, and ELIG DETERMINATION DATA - LAC from the SDX4 Screen |