

Department of Social and Health Services

Olympia, Washington

EAZ Manual

Revision # 769

Category: **REASON CODES**

http://www.dshs.wa.gov/manuals/eaz/sections/letters/500_series.shtml#501

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Summary: Updated the Letters 500 Series to include Chemical Dependency Non-Cooperation and Under Prior Penalty codes.

Letters 500 Series

Revised September 3, 2010

Purpose: 500 Series Reason Code Protocols

Go to the [Reason Code Link](#) chart to link directly to a specific reason code or scroll through the list below.

For ACES Procedures go to [ACES Letters](#) in the ACES User Manual.

| Code | Reason Code Title / Text Requirement | WACReferences | Free Form Text |
|------|--------------------------------------|------------------------------|-------------------|
| 501 | Non-Cooperation With GA Treatment. | 388-448-0130 | We told you to on |

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| | <p>1st Offense You have failed without good cause to follow through with the medical treatment required by your social services assessment. You cannot get benefits until you reapply, agree to cooperate and a 1-week penalty has passed. See WAC rule (Washington Administrative Code):</p> | <p>388-448-0140 388-448-0150</p> | <p>00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00. (The Social Worker should provide the FSS with some free-form text (via the 14-118).</p> |
| 502 | <p>Non-Cooperation With GA Treatment, 2nd Offense You have failed without good cause to follow through with the medical treatment required by your social services assessment. This is the second time in 6 months you have not cooperated. You cannot get benefits until you reapply, agree to cooperate, and a 1-month penalty has passed. See WAC rule (Washington Administrative Code):</p> | <p>388-448-0130 388-448-0140 388-448-0150</p> | <p>We told you to _____ on 00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00. (The Social Worker should provide the FSS with some free-form text (via the 14-118).</p> |
| 503 | <p>Non-Cooperation With GA Treatment, 3rd Offense You have failed without good cause to follow through with the medical treatment required by your social service assessment. This is your third time in 1 year you have not cooperated. You cannot get benefits until you reapply, agree to cooperate and a 2-month penalty has passed. See WAC rule (Washington Administrative Code):</p> | <p>388-448-0130 388-448-0140 388-448-0150</p> | <p>We told you to _____ on 00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00. (The Social Worker should provide the FSS with some free-form text (via the 14-118).</p> |
| 504 | <p>Non-Cooperation With GA Referral, 1st Offense You have failed without good cause to follow through with the referral required by your social services assessment. You cannot get benefits until you reapply, agree to cooperate and a 1-week penalty has passed. See WAC rule (Washington Administrative Code):</p> | <p>388-448-0130 388-448-0140 388-448-0150</p> | <p>We told you to _____ on 00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00. (The Social Worker should provide the FSS with some free-form text (via the 14-118).</p> |
| 505 | <p>Non-Cooperation With GA Referral, 2nd Offense You have failed without good cause to</p> | <p>388-448-0130 388-448-0140 388-448-0150</p> | <p>We told you to _____ on 00/00/00. You did not. We decided that you do not have</p> |

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| | follow through with the referral required by your social services assessment. This is the second time in 6 months you have not cooperated. You cannot get benefits until you apply, agree to cooperate and a 1-month penalty has passed. See WAC rule (Washington Administrative Code): | | good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00. (The Social Worker should provide the FSS with some free-form text (via the 14-118). |
| 506 | Non-Cooperation With GA Referral, 3rd Offense You have failed without good cause to follow through with the referral required by your social services assessment. This is the third time in 1 year you have not cooperated. You cannot get benefits until you reapply, agree to cooperate and a 2-month penalty has passed. See WAC rule (Washington Administrative Code): | 388-448-0130 388-448-0140 388-448-0150 | We told you to _____ on 00/00/00. You did not. We decided that you do not have good cause for not cooperating. You cannot get benefits until you reapply after 00/00/00. (The Social Worker should provide the FSS with some free-form text (via the 14-118). |
| 507 | Child Support More Than Grant Your regular monthly child support payment is more than the grant payment. See WAC rule (Washington Administrative Code): | 388-422-0030 | None Required |
| 509 | Under Prior Penalty - GA Other Agency Referral, 1st Offense You cannot get assistance because you did not cooperate when we referred you to another agency. We found you did not have good cause not to cooperate. This is the second time you have not cooperated in the last 6 months. You cannot get assistance again until you reapply, agree to cooperate, and a 1-week penalty has passed. See WAC rule (Washington Administrative Code): | 388-448-0130 388-448-0140 388-448-0150 | You have a penalty because _____(specify referral). (The social Worker should provide the FSS with some free-form text (via the 14-118). |
| 510 | Under Prior Penalty - GA Other Agency Referral, 2nd Offense You cannot get assistance because you did not cooperate when we referred you to another agency. We found you did not have good cause not to cooperate. This is the second time you have not cooperated in the last 6 months. You cannot get assistance again until you reapply, agree to cooperate. and a 1-month penalty has | 388-448-0130 388-448-0140 388-448-0150 | You have a penalty because _____(specify referral). You cannot get benefits until after 00/00/00. (The social Worker should provide the FSS with some free-form text (via the 14-118) |

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| | passed. See WAC rule (Washington Administrative Code): | | |
| 511 | <p>Under Prior Penalty - GA Other Agency Referral, 3rd Offense</p> <p>You cannot get assistance because you did not cooperate when we referred you to another agency. We found you did not have good cause not to cooperate. This is the third time you have not cooperated in the last year. You cannot get assistance again until you reapply, agree to cooperate and a 2-month penalty has passed. See WAC rule (Washington Administrative Code):</p> | <p>388-448-0130 388-448-0140 388-448-0150</p> | <p>You have a penalty because _____ (specify referral). You cannot get benefits until after 00/00/00. (The social Worker should provide the FSS with some free-form text (via the 14-118).</p> |
| 512 | <p>Under Prior Penalty - GA Treatment, 1st Offense</p> <p>You cannot get assistance because you did not cooperate when we referred you to treatment. We found you did not have good cause not to cooperate. This is your first non-cooperation within the last 6 months. You cannot get assistance again until you reapply, agree to cooperate and a 1-week penalty has passed. See WAC rule (Washington Administrative Code):</p> | <p>388-448-0130 388-448-0140 388-448-0150</p> | <p>You have a penalty because _____ (specify treatment requirement that was not met).. You cannot get benefits until after 00/00/00. (The social Worker should provide the FSS with some free-form text (via the 14-118).</p> |
| 513 | <p>Under Prior Penalty - GA Treatment, 2nd Offense</p> <p>You cannot get assistance because you did not cooperate when we referred you to treatment. We found you did not have good cause not to cooperate. This is the second time you have not cooperated in the last 6 months. You cannot get assistance again until you reapply, agree to cooperate, and a 1-month penalty has passed. See WAC rule (Washington Administrative Code):</p> | <p>388-448-0130 388-448-0140 388-448-0150</p> | <p>You have a penalty because _____ (specify treatment requirement that was not met).. You cannot get benefits until after 00/00/00. (The social Worker should provide the FSS with some free-form text (via the 14-118).</p> |
| 514 | <p>Under Prior Penalty - GA Treatment, 3rd Offense</p> <p>You cannot get assistance because you did not cooperate when we referred you to treatment. We found you did not have good cause not to cooperate. This is the third time you have not cooperated in the</p> | <p>388-448-0130 388-448-0140 388-448-0150</p> | <p>You have a penalty because _____ (specify treatment requirement that was not met). You cannot get benefits until after 00/00/00. (The social Worker should provide the FSS with some free-form</p> |

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| | last year. You cannot get assistance again until you reapply, agree to cooperate, and a 2-month penalty has passed. See WAC rule (Washington Administrative Code): | | text (via the 14-118). |
| 517 | Termination - No Current Medical Information | 388-448-0030 388-448-0040 388-448-0160 | <p>This reason code generates letter 0006-05. On that letter, you must enter the following information:</p> <p>On 00/00/00, I asked you to provide some information by 00/00/00. I still need:</p> <p>List of items:</p> <p>(The social Worker should provide the FSS with some free-form text (via the 14-118).</p> |
| 518 | GA Termination - Medical Evidence Inconclusive | 388-448-0030 388-448-0040 388-448-0160 | <p>This reason code generates letter 0006-06. On that letter, you must enter the following information:</p> <p>On 00/00/00, I asked you to provide some information by 00/00/00. I still need</p> <p>List of items:</p> <p>(The social Worker should provide the FSS with some free-form text (via the 14-118).</p> |
| 519 | GA Termination - Medical Information Shows Clear Improvement / Decreased Severity | 388-448-0030 388-448-0040 388-448-0160 | <p>This reason code generates letter 0006-04. On that letter, you must enter the following information:</p> <p>On 00/00/00, I got a report form from Dr. (Name of doctor) that said your (specify condition) has improved so much that you can work now. (The social Worker should</p> |

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| | | | provide the FSS with some free-form text (via the 14-118). |
| 520 | Change In Federal Law There has been a change in the Federal law that regulates this program. | None | None Required |
| 521 | GA Termination - Medical Information Shows Clear Improvement - Medication / Therapy / Rehabilitation | 388-448-0030 388-448-0040 388-448-0160 | This reason code generates letter 0006-04. On that letter, you must enter the following information: On 00/00/00, I got a report form from Dr. (Name of doctor) that said your (specify condition) has improved so much that you can work now. (The social Worker should provide the FSS with some free-form text (via the 14-118). |
| 522 | GA Termination - Currently Employed | 388-448-0010 | You work # hours per week for (employer) as a (position). (The social Worker should provide the FSS with some free-form text (via the 14-118) |
| 523 | GA Termination - Error In Previous Determination Of Incapacity | 388-448-0170 | This reason code generates letter 0006-07. On that letter, you must enter the following information: We made a mistake when we put you on GAU on (date). You did not meet our requirements because _____ (enter case specific information regarding the medical information received and why it doesn't meet severity and/or duration requirements - e.g. "The information we got from Dr. Sun showed your back injury was not severe enough to |

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| | | | <p>keep you from doing light work that you have done in the past.”).</p> <p>(The social Worker should provide the FSS with some free-form text (via the 14-118).</p> |
| 525 | <p>No Eligibility Review Form We did not get your review form. If we get it before the end of the month, we will reconsider our decision. If you have already sent it, let me know. See WAC rule (Washington Administrative Code):</p> | <p>388-434-0005 388-434-0010 388-492-0090 388-492-0110 388-492-0100</p> | None Required |
| 528 | <p>Eligibility Review Form Incomplete The eligibility review form that you sent to us was not complete. We need for you to complete the form before we can continue your benefits. See WAC rule (Washington Administrative Code):</p> | <p>388-492-0110 388-492-0100</p> | You must return the completed form to us by 00/00/00 in order for your benefits to continue. |
| 531 | <p>Voluntary Withdrawal for Excess Resources You withdrew your request for assistance because you have too many resources to get assistance right now.</p> | <p>388-513-1350; 388-406-0050</p> | None required |
| 534 | <p>Family Medical To 12-Month Medical Extension Your cash benefits will stop because of earnings. Medical benefits for your family will continue under the Medical Extension Benefit program. You will get a separate letter to tell you about this program. See WAC rule (Washington Administrative Code):</p> | <p>388-478-0065 388-478-0020 388-523-0100</p> | (Name) works at _____ and now makes \$_____. |
| 535 | <p>Error in Initial Eligibility - Removed Continuous Tracking for Child - For Administrative Use Only</p> | None | Specify the reason for termination and a WAC related to that reason. |
| 540 | <p>CEAP Financial Worker Closure- For Administrative Use Only</p> | None | None Required |
| 542 | <p>We got your change report form. Some information is still missing. We sent you a letter telling you what you need to give to us. We did not get it.</p> | <p>388-418-0011</p> | Specify what is missing. |

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| 543 | DETOX Financial Worker Closure - For Administrative Use Only | None | None Required |
| 544 | Your bank didn't honor your premium payment. | 381-541-0200 | None Required |
| 549 | You asked us to stop your Transitional Food benefits; or We approved your request for Basic Food. See WAC rule (Washington Administrative Code): | 388-489-0020 | None Required |
| 550 | Voluntary Withdrawal You withdrew your request for assistance. See WAC rule (Washington Administrative Code): | 388-406-0050 , 388-492-0020 | None Required |
| 551 | Whereabouts Unknown We don't know where you are. See WAC rule (Washington Administrative Code): | 388-458-0030 , 388-492-0020 | None Required |
| 552 | Failed To Provide Verification You did not give us the information we needed. See WAC rule (Washington Administrative Code): | 388-472-0005 388-490-0005 388-458-0020 , 388-492-0020 | On 00/00/00, I asked you to provide some information by 00/00/00. I still need: <i>List of items</i> |
| 555 | Application Opened In Error - For Administrative Use Only | None | None Required |
| 556 | Non-Cooperation With Quality Control - Food Assistance You did not cooperate with the Food Stamp Quality Control reviewer. See WAC rule (Washington Administrative Code): | 388-464-0001 , 388-492-0020 | You cannot get benefits for # months because __. You can regain your eligibility by __. If you have any questions about this, call the Quality Assurance worker at 000-000-0000. |
| 557 | AU Requests Closure You asked us to stop your assistance. | None | None Required |
| 558 | Failed To Cooperate In Securing Other Income And Resources You have income or resources that you could use but you haven't made a reasonable effort to get them. If there is a good reason why you have not done this, please tell us. See WAC rule (Washington Administrative Code): | 388-450-0005 388-470-0005 388-470-0015 | You told us that you have (type of income/resource). To become eligible, you must try to make it available by _____(specify what they must do to make income or resource available). |
| 559 | Client Already Received Assistance In Another AU For This Benefit Month Although you can belong to more than one | 388-400-0005 388-400-0010 388-400-0025 | You are already getting cash assistance. <i>Or</i> |

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| | assistance unit, you can only get benefits from one at a time. See WAC rule (Washington Administrative Code): | 388-400-0030 388-400-0040 388-400-0045 | You are already getting food assistance. Or You are already getting medical assistance. |
| 561 | AU Screened In Error - System Generated Only | None | None Required |
| 562 | Due to your child(ren)'s immigration status they do not qualify for Medicaid. The Children's Health Program is now full and your child(ren) are on a waiting list. When an opening occurs, you will be contacted to review family circumstances. See WAC rule (Washington Administrative Code): | 388-505-0210 | Specify which children. |
| 564 | Non-Cooperation With TPL Process You did not cooperate in obtaining another source of coverage for your medical care. See WAC rule (Washington Administrative Code): | 388-505-0540 | You told us that you could get help with medical from (specify TPL source). |
| 566 | Refused to Cooperate With Application Process You refused to cooperate in the application process. Based on the information we have, we are unable to determine your eligibility. See WAC rule (Washington Administrative Code): | 388-406-0025 388-406-0035 388-406-0050 388-406-0060 388-452-0005 , 388-492-0020 , 388-406-0050 | You did not ____. If you need help, let me know and I will try to assist you. |
| 567 | Drug / Alcohol Center Loses Certification You cannot receive food assistance. The drug or alcohol center where you live is not a certified public or private nonprofit organization. See WAC rule (Washington Administrative Code): | 388-408-0040 | None Required |
| 569 | Child Accepted To Foster Care Our rules say that a child who is in foster care for 90 days or more must be taken off cash assistance. See WAC rule (Washington Administrative Code): | 388-408-0015 388-454-0015 | None Required |
| 572 | User Voided Application - For Administrative Use Only | None | None Required |
| 575 | Not Receiving Cash Assistance - For Administrative Use Only | None | None Required |
| 576 | Client Already Received Annual 3 | 388-438-0100 | You received Medicallv |

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| | <p>Month M99 Maximum You can only get Medically Indigent benefits for 3 months out of every 12. You have already used your 3 months. See WAC rule (Washington Administrative Code):</p> | | <p>Indigent benefits for 00/00 through 00/00.</p> |
| 577 | <p>Missed Application Deadline - For Administrative Use Only</p> | <p>None</p> | <p>None Required</p> |
| 578 | <p><u>Non-Cooperation with Chemical Dependency Assessment or Treatment, 1st Offense</u></p> <p><u>You aren't eligible for assistance because you didn't cooperate with a chemical dependency assessment or treatment. This is your first non-cooperation in 6 months. You aren't eligible for assistance again until 7 days after you reapply and cooperate with assessment or treatment.</u></p> | <p><u>388-448-0130</u> <u>388-448-0150</u> <u>388-448-0220</u></p> | <p><u>We told you to complete a chemical dependency assessment or treatment. You didn't cooperate with this requirement. We decided that you don't have good cause for not cooperating. You can't receive benefits until after you have reapplied, cooperated with your mandatory treatment plan, and served your penalty period. (The Social Worker should provide the FSS with some free-form text via the 14-118).</u></p> |
| 579 | <p><u>Non-Cooperation with Chemical Dependency Assessment or Treatment, 2nd Offense</u></p> <p><u>You aren't eligible for assistance because you didn't cooperate with a chemical dependency assessment or treatment. This is the second time you haven't cooperated in the last 6 months. You aren't eligible for assistance again until 30 days after you reapply and cooperate with assessment and treatment.</u></p> | <p><u>388-448-0130</u> <u>388-448-0150</u> <u>388-448-0220</u></p> | <p><u>We told you to complete a chemical dependency assessment or treatment. You didn't cooperate with this requirement. We decided that you don't have good cause for not cooperating. You can't receive benefits until after you have reapplied, cooperated with your mandatory treatment plan, and served your penalty period. (The Social Worker should provide the FSS with some free-form text via the 14-118).</u></p> |
| 580 | <p><u>Non-Cooperation with Chemical Dependency Assessment or Treatment, 3rd Offense</u></p> | <p><u>388-448-0130</u> <u>388-448-0150</u> <u>388-448-0220</u></p> | <p><u>We told you to complete a chemical dependency assessment or treatment. You didn't cooperate with this</u></p> |

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| | <p><u>You aren't eligible for assistance because you didn't cooperate with a chemical dependency assessment or treatment. This is the third time you haven't cooperated in the last 12 months. You aren't eligible for assistance again until 60 days after you reapply and cooperate with assessment and treatment.</u></p> | | <p><u>requirement. We decided that you don't have good cause for not cooperating. You can't receive benefits until after you have reapplied, cooperated with your mandatory treatment plan, and served your penalty period. (The Social Worker should provide the FSS with some free-form text via the 14-118).</u></p> |
| <u>581</u> | <p><u>Under Prior Penalty – Chemical Dependency Treatment, 1st Offense</u></p> <p><u>You didn't cooperate with a chemical dependency assessment or treatment. You aren't eligible for assistance until 7 days after you reapply and cooperate with assessment and treatment.</u></p> | <p><u>388-448-0130</u> <u>388-448-0150</u> <u>388-448-0220</u></p> | <p><u>You have a penalty because you didn't cooperate with a chemical dependency assessment or treatment. You can't get benefits until after 00/00/00. (The social Worker should provide the FSS with some free-form text (via the 14-118)</u></p> |
| <u>582</u> | <p><u>Under Prior Penalty – Chemical Dependency Treatment, 2nd Offense</u></p> <p><u>You didn't cooperate with a chemical dependency assessment or treatment. You aren't eligible for assistance until 30 days after you reapply and cooperate with assessment and treatment.</u></p> | <p><u>388-448-0130</u> <u>388-448-0150</u> <u>388-448-0220</u></p> | <p><u>You have a penalty because you didn't cooperate with a chemical dependency assessment or treatment. You can't get benefits until after 00/00/00. (The social Worker should provide the FSS with some free-form text (via the 14-118)</u></p> |
| <u>583</u> | <p><u>Under Prior Penalty – Chemical Dependency Treatment, 3rd Offense</u></p> <p><u>You didn't cooperate with a chemical dependency assessment or treatment. You aren't eligible for assistance until 60 days after you reapply and cooperate with assessment and treatment.</u></p> | <p><u>388-448-0130</u> <u>388-448-0150</u> <u>388-448-0220</u></p> | <p><u>You have a penalty because you didn't cooperate with a chemical dependency assessment or treatment. You can't get benefits until after 00/00/00. (The social Worker should provide the FSS with some free-form text (via the 14-118)</u></p> |

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| 585 | DCA Adult Eligible For TANF, Established Loan Repayment - For Administrative Use Only | None | None Required |
| 586 | DCA Ineligible To get Diversion Cash Assistance everyone in your family must be able to get TANF/SFA (Temporary Assistance for Needy Families/State Family Assistance). See WAC rule (Washington Administrative Code): | None | Specify which DCA requirement was not met. |
| 587 | Already Eligible For Program In Different AU - For Administrative Use Only | None | None Required |
| 588 | Ineligible ESLMB Already Receiving MA You are not eligible for the ESLMB program because you are receiving Medicaid benefits. See WAC rule (Washington Administrative Code): You are not eligible for the Qualified Individual (QI-1) Program because you are receiving Medicaid Benefits. You are eligible for the State-funded Buy-In Program. We will pay for your Medicare Part A premiums, if you have any, as well as your Part B premiums, coinsurance, and deductibles. | 388-517-0300 | None Required |
| 589 | Based on your current medical information, you are no longer disabled under Social Security rules. See WAC rule (Washington Administrative Code): | 388-511-1105 | None Required |
| 590 | You have a penalty period because you gave away a non exempt asset or sold it for less than fair market value. You, your representative or guardian, or with your consent, the facility where you live, may request an undue hardship waiver if you can show that without LTC services you will be deprived of housing, food, clothing or medical care and that your health or life will be endangered. | 388-513-1363 ; 388-513-1364 ; 388-513-1365 ; 388-513-1367 | Explain the amount of the transfer used to determine the penalty or penalties periods. Indicate the dates the penalty period starts and ends. |

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| | <p>The request must be:</p> <ul style="list-style-type: none">• In writing• State the basis for requesting the undue hardship waiver• Be signed by the requestor and include the requestor's name, address and telephone number and• Be made within 90 days of the date of denial or termination of LTC services. | | |
| 599 | Other - For User Generation Only | None | None Required |

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