

Department of Social and Health Services
Olympia, Washington
EAZ Manual

Revision # 1295
Category Letters/500 Series Reason Code Protocols
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Summary

Updated [500 Series Reason Code Protocols](#) under WAC 388-437-0001 to address the denial codes for the Disaster Supplemental Nutrition Assistance (D-SNAP) program. Also updated the [Reason Codes](#) link chart (added codes 591, 592, 593, 594, and 595).

Updated August 27, 2024

See below for edited text:

500 Series Reason Code Protocols

Revised on: ~~June 4, 2020~~[August 27, 2024](#)

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.
- Staff must add explanatory text to the notice unless the "Recommended Free Form Text" column specifies "None Required."
- The "Recommended Free Form Text" is the suggested wording for a reason code requiring **mandatory explanation** to the client.

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
501	SSA Denial You aren't eligible for ABD cash assistance because the Social Security Administration denied your application for Supplemental Security Income (SSI).	388-449-0001		<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
502	Gainful Employment You aren't eligible for ABD cash assistance. We have determined you aren't disabled because you are currently working.	388-449-0005		<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
503	Acceptable Medical Source (and no medical)	388-449-0060		<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
	You aren't eligible for ABD cash assistance because you didn't provide medical evidence from an acceptable medical source.			
504	Insufficient Information You aren't eligible for ABD cash assistance because the medical evidence we received doesn't contain enough information to determine if you are disabled.	388-449-0060		<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
505	Chemical Dependency You aren't eligible for ABD cash assistance. We can't determine if you are disabled because the medical evidence we received shows drug or alcohol use is material to your impairment .	388-449-0060		<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
506	Duration You aren't eligible for ABD cash assistance because your impairment does not meet the minimum duration requirement.	388-449-0060		<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
509	Severity You aren't eligible for ABD cash assistance because your impairment is mild	388-449-0060		<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
	and not expected to keep you from working.			
510	Past Work You aren't eligible for ABD cash assistance because your impairment doesn't keep you from returning to your past work.		388-449-0080	<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
511	Other Work You aren't eligible for ABD cash assistance because you have the residual functional capacity to be employed.		388-449-0080 388-449-0100	<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
517	Termination - No Current Medical See INCAP denial form for text		182-508-0005	<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
518	Medical Evidence Inconclusive The medical evidence we have doesn't give us enough information to decide whether you are able to work. As of this date, we can't confirm your eligibility.		182-508-0005	<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
519	Medical Information Shows Improvement / Decreased Severity The current medical evidence we have leads us to believe that you shouldn't have		182-508-0005	<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
	received benefits because you were able to work.			
520	Change In Federal Law There has been a change in the Federal law that regulates this program.	None		None Required
521	Medical Evidence Shows Clear Improvement – Due to Treatment Medical evidence shows clear improvement due to treatment. 20 CFR 416.920		182-508-0005 388-449-0060	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	Currently Employed Currently employed.		182-508-0005	<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
523	Error In Previous Determination Of Incapacity Error in previous determination.		182-508-0005	<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
525	No Eligibility Review Form We haven't received your eligibility review or renewal form.		182-504-0035 388-434-0005 388-434-0010 388-492-0090 388-492-0110	None Required

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
		388-492-0100 388-400-0070	
528	Eligibility Review Form Incomplete The eligibility review or renewal form we received wasn't complete.	388-492-0110 388-492-0100 182-504-0035 388-400-0070 388-434-0005 388-434-0010 388-492-0090	You must return the completed form to us by 00/00/00 in order for your benefits to continue.
530	Termination/Cancer Treatment Ends Prior to Cert Period The Department of Health has determined that your treatment has ended or you no longer meet the requirements of the program.	182-504-0015 182-505-0120	<i>Text should be supplied by unit that works these.</i>
531	Voluntary Withdrawal for Excess Resources You withdrew your request for assistance because you have too many resources to get assistance right now.	182-513-1350 388-406-0050	None required
532	State-Funded LTC - Program Full	182-507-0125	NA

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
	The state-funded long term care services program is subject to caseload limits. The program is currently full. We aren't enrolling new members at this time.			
533	Employment requirement not met - HWD You don't meet the employment requirements for the HWD program.	182-511-1200		NA
535	Error in Initial Eligibility - Removed Continuous Tracking for Child - For Administrative Use Only	None		Specify the reason for termination and a WAC related to that reason.
536	Error Initial Eligibility - Removed Locked-in Premium Tier. - For Administrative Use Only	182-505-0210		NA
537	TANF/SFA Background Check Failure You can't receive TANF or SFA benefits for the unrelated child living with you because you didn't pass the background check.	388-454-0005 388-454-0006		None Required
538	TSOA Closure You can't receive services under this program when you are eligible for certain Medicaid programs.	182-513-1615		No Mandatory Freeform Text

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
540	CEAP Financial Worker Closure- For Administrative Use Only	None		None Required
541	CEAP Program Funds Exhausted - For Administrative Use Only	None		NA
542	Incomplete six-month report We received 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.		182-504-0105 182-504-0120 182-504-0125 388-418-0011	Specify what is missing.
545	Invalid Working Family Support Composition You can't be in a separate assistance unit from your spouse or co-parent. If you are eligible for WFS you may be added to your spouse or co-parent's assistance unit.		388-493-0010	None Required
546	Non-Cooperation with Asset Verification You, or those financially responsible for you, didn't give the agency permission to contact financial institutions to verify resources through the Asset Verification System. We are unable to determine your eligibility.		182-503-0080 182-503-0050 182-503-0055	N/A

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
	<p>The agency must verify resources to determine eligibility for Aged, Blind or Disabled related medical coverage.</p> <p>If you, or those financially responsible for you, decide to provide authorization for Asset Verification, please contact us.</p> <p>See WAC rule (Washington Administrative Code):</p>			
549	<p>You asked us to stop TFA; or you are now receiving Basic Food.</p> <p>You asked us to stop your Transitional Food benefits; or We approved your request for Basic Food. See WAC rule (Washington Administrative Code):</p>	388-489-0020		None Required
550	<p>Voluntary Withdrawal</p> <p>You withdrew your request for assistance. See WAC rule (Washington Administrative Code):</p>	<p>182-503-0080</p> <p>388-406-0050</p> <p>388-492-0020</p>		None Required
551	<p>Whereabouts Unknown</p> <p>We don't know where you are. See WAC rule (Washington Administrative Code):</p>	<p>388-458-0030</p> <p>388-492-0020</p> <p>182-503-0520</p> <p>182-503-0525</p> <p>182-504-0105</p>		None Required

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
552	Failed To Provide Verification You did not give us the information we needed.		182-503-0050 388-400-0070 388-472-0005 388-490-0005 388-458-0020 388-492-0020	<p>On MM/DD/YYYY we asked you to provide the following items by MM/DD/YYYY. We haven't received them. The items we asked for are:</p> <p><i>List of items</i></p>
554	RCL Error in Initial Eligibility Not Medicaid Eligible on Day of Discharge		182-513-1235	Describe the reason the client was not initially eligible for Medicaid.
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 assistance Quality Control reviewer. See WAC rule (Washington Administrative Code):		388-464-0001 388-492-0020 388-492-0120	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 cash, food, or health care coverage.		388-458-0030 388-492-0020 182-503-0080	None Required
558	Failed To Cooperate In Securing Other Income And Resources		182-503-0050	You told us that you have (type of income/resource). To become eligible,

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
	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):	388-400-0070 388-458-0020 388-472-0005 388-490-0005	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 assistance unit, you can only get benefits from one at a time.	388-400-0005 388-400-0010 388-400-0030 388-400-0040 388-400-0060 388-400-0070	You are already getting cash assistance. <i>Or</i> You are already getting food assistance. <i>Or</i> You are already getting medical assistance.
561	AU Screened In Error - System Generated Only	None	None Required
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):	182-503-0540	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	182-503-0080 388-400-0070 388-406-0035	You did not ____ . If you need help, let me know and I will try to assist you.

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
	eligibility. See WAC rule (Washington Administrative Code):	388-406-0060 388-452-0005 388-492-0020 388-406-0050	
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 388-492-0020	None Required
569	Child Accepted To Foster Care Our rules say that a child who is in foster care for 180 days or more must be taken off cash assistance. See WAC rule (Washington Administrative Code):	388-408-0015 388-454-0015	None Required
570	Child's Temporary Placement Has Ended Your child's absence is no longer temporary.	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

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
577	Missed Application Deadline - For Administrative Use Only	None		None Required
578	Non-Cooperation with Chemical Dependency Assessment or Treatment You aren't eligible for assistance because you didn't cooperate with a chemical dependency assessment or treatment. You aren't eligible for assistance again until you reapply and cooperate with assessment or treatment.		182-508-0005 388-449-0220 388-400-0055 388-447-0120	<i>(Social Service Specialist provides mandatory free form text via 14-118)</i>
585	DCA Adult Eligible For TANF, Established Loan Repayment - For Administrative Use Only	None		None Required
586	DCA Ineligible To get Diversion Cash Assistance (DCA) everyone in your family must be able to receive Temporary Assistance for Needy Families/State Family Assistance (TANF/SFA). See WAC rule (Washington Administrative Code):		388-432-0005	Specify which DCA requirement was not met.
587	Already Eligible For Program In Different AU - For Administrative Use Only			The following persons aren't eligible for [cash/food] assistance for [MM/YYYY] because they already received [cash/food] assistance in another household:

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
			<p>[list name of ineligible persons]</p> <p>NOTE: You may need to manually create a denial or termination letter or add text to the ACES system-generated letter and WAC references.</p>
588	<p>Ineligible QI-1 Already Receiving MA You aren't eligible for the Qualified Individual (QI-1) program because you are receiving Washington Apple Health coverage. See WAC rule (Washington Administrative Code):</p> <p>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.</p>	182-517-0300	None Required
589	<p>Failed MA Incapacity Requirements</p> <p>Based on your current medical information, you are no longer disabled under Social Security rules. See WAC rule (Washington Administrative Code):</p>	182-511-1150	None Required
590	<p>Transfer of Resources - Long Term Care</p> <p>You transferred, gave away, or sold resources for less than fair market value. This is called uncompensated value.</p>	<p>182-513-1363</p> <p>182-513-1367</p>	<p>Explain the amount of the transfer used to determine the penalty or penalties periods. Indicate the dates the penalty period starts and ends.</p>

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
<u>591</u>	<p><u>Approved disaster area requirement not met.</u></p> <p><u>You don't live or work in the area approved for disaster food assistance.</u></p>	<u>388-437-0001</u>	<u>None Required</u>
<u>592</u>	<p><u>No disaster related loss</u></p> <p><u>You didn't have a loss that meets the eligibility requirements for the disaster food assistance program.</u></p>	<u>388-437-0001</u>	<u>None Required</u>
<u>593</u>	<p><u>Living in the shelter for the entire disaster period</u></p> <p><u>You live in a shelter and plan to remain in the shelter through the end of the disaster period.</u></p>	<u>388-437-0001</u>	<u>None Required</u>
<u>594</u>	<p><u>Maximum food allotment received and no food loss reported</u></p> <p><u>You received the maximum food assistance benefit for the month of [MM/YYYY and you told us you didn't lose food bought with food benefits as a result of the disaster.</u></p>	<u>388-437-0001</u>	<u>None Required</u>

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
595	<p><u>Exceeds Disaster Gross Income Limit</u></p> <p><u>You aren't financially eligible because the amount considered available for your household is over the income and resource limit for this program.</u></p>	388-437-0001		<p><u>NOTE:</u> Please manually transfer the dollar amounts from Barcode D-SNAP Computation Tool into the corresponding fields on the second page of the letter. See <u>D-SNAP Policy and Procedures for Staff/Denials for more details.</u></p> <p><u>Disaster SNAP Eligibility Standards can be found on FNS website: D-SNAP Resources for State Agencies and Partners Food and Nutrition Service (usda.gov)</u></p>
596	<p>Failure to Pursue Medicaid</p> <p>You aren't eligible for ABD cash or Housing and Essential Needs (HEN) Referral because you failed to pursue Medicaid.</p>	388-400-0060 388-400-0070		<p><i>(Social Service Specialist provides mandatory free form text via 14-118)</i></p>
597	<p>Manual WASHCAP Earned Income Termination</p> <p>You can't receive Washington State Combined Application Project</p>	388-492-0030 388-492-0070		None Required

Code	Reason Code Title / Text Requirement	WAC	References	Recommended Free Form Text
	(WASHCAP) food assistance because you've been working more than 3 months.			
598	WASHCAP Invalid Living Arrangement You can't receive Washington Combined Application Project food benefits because your living arrangement changed.		388-492-0030	State what the invalid living arrangement is.
599	Other - For User Generation Only	None		<i>(If used for ABD or HEN Referral denial or termination, Social Service Specialist provides mandatory free form text via 14-118)</i>

Reason Codes

Revised July 31, 2015

Series Reason Code Protocols

1. Click on the Reason Code Series number to go to the list of codes in that series in the chart below
 2. In the chart, click on a specific reason code to go directly to the Reason Code Series page and the code you have selected.
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100's	200's	300's	400's	500's	600's
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The Reason Codes Series pages will show the following elements for each reason code:

- Code Number
- Reason Code Title / Required Text
- WAC Reference
- Free Form Text

For ACES Procedures go to ACES Letters in the ACES User Manual.

101	102	103	104	105	106	107	109
110	111	112	120				
130	131	132	134				
141	142	160	161	162	163	164	
187	188	195					

200	201	202	203	204	205	206	207
208	209						
210	212	213	214	215	218	219	
220	221	222	223	224	225	226	227
228	229						
230	232	233	235	237	238	239	
240	241	242	243	244	245	246	247
248	249						
250	251	252	254	255	256	257	258
259							
260	261	262	263	264	265	266	268
269							
271	272	275	276	279			

280	281	282	283	284	285	286	287
288	289						
290	292	293	294	295	296	297	298
299							
300	301	302	304	305	306	307	
320	321	323	324	327	328	329	
330	331	332	334	335	336	338	
339							
340	341	342	343	345	346	347	348
349	350	351					
386	388						
401	410	417					

411	416	460					
501	502	503	504	505	506	509	
510	511	517	518	519			
520	521	522	523	525	528	530	
531	532	533	535	536	537		
540	541	542	546	549			
550	551	552	555	556	557	558	559
561		564	566	567	569		
570	572			575	577	578	
585	586	587	588	589			
590	<u>591</u>	<u>-592</u>	<u>-593</u>	<u>596594</u>	<u>597595</u>	<u>598596</u>	<u>599597</u>
<u>598</u>	<u>599</u>						

600	601	602	603	604	605	606	607
608	609						