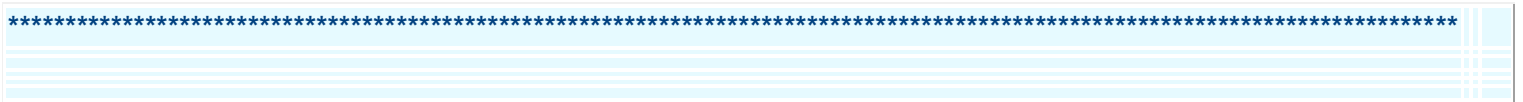


Department of Social and Health Services  
Community Services Division  
**EA-Z Manual**

Revision: # 1100  
Category: **500 Series Reason Code Protocols**  
Issued: June 4, 2020  
Revision Author: Lorraine Peterson  
Division: CSD  
Mail Stop: 45440  
Phone: 509-225-6185  
Email: [peterlj@dshs.wa.gov](mailto:peterlj@dshs.wa.gov)

**Summary**

Updated 500 Series Reason Code chart to include new reason code 546 - Non Cooperation with Asset Verification.



Revised ~~on: January 21~~ June 4, 2020

**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	<p>SSA Denial</p> <p>You aren't eligible for ABD cash assistance because the Social Security Administration denied your application for Supplemental Security Income (SSI).</p>	388-449-0001	(Social Service Specialist provides mandatory free form text via 14-118)
502	<p>Gainful Employment</p> <p>You aren't eligible for ABD cash assistance. We have determined you aren't disabled because you are currently working.</p>	388-449-0005	(Social Service Specialist provides mandatory free form text via 14-118)
503	<p>Acceptable Medical Source (and no medical)</p> <p>You aren't eligible for ABD cash assistance because you didn't provide medical evidence from an acceptable medical source.</p>	388-449-0060	(Social Service Specialist provides mandatory free form text via 14-118)
504	<p>Insufficient Information</p> <p>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.</p>	388-449-0060	(Social Service Specialist provides mandatory free form text via 14-118)
505	<p>Chemical Dependency</p> <p>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.</p>	388-449-0060	(Social Service Specialist provides mandatory free form text via 14-118)

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
506	<p>Duration</p> <p>You aren't eligible for ABD cash assistance because your impairment does not meet the minimum duration requirement.</p>	388-449-0060	(Social Service Specialist provides mandatory free form text via 14-118)
509	<p>Severity</p> <p>You aren't eligible for ABD cash assistance because your impairment is mild and not expected to keep you from working.</p>	388-449-0060	(Social Service Specialist provides mandatory free form text via 14-118)
510	<p>Past Work</p> <p>You aren't eligible for ABD cash assistance because your impairment doesn't keep you from returning to your past work.</p>	388-449-0080	(Social Service Specialist provides mandatory free form text via 14-118)
511	<p>Other Work</p> <p>You aren't eligible for ABD cash assistance because you have the residual functional capacity to be employed.</p>	388-449-0080 388-449-0100	(Social Service Specialist provides mandatory free form text via 14-118)
517	<p>Termination - No Current Medical</p> <p>See INCAP denial form for text</p>	182-508-0005	(Social Service Specialist provides mandatory free form text via 14-118)
518	<p>Medical Evidence Inconclusive</p> <p>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.</p>	182-508-0005	(Social Service Specialist provides mandatory free form text via 14-118)

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
519	<p>Medical Information Shows Improvement / Decreased Severity</p> <p>The current medical evidence we have leads us to believe that you shouldn't have received benefits because you were able to work.</p>	182-508-0005	(Social Service Specialist provides mandatory free form text via 14-118)
520	<p>Change In Federal Law</p> <p>There has been a change in the Federal law that regulates this program.</p>	None	None Required
521	<p>Medical Evidence Shows Clear Improvement – Due to Treatment</p> <p>Medical evidence shows clear improvement due to treatment. 20 CFR 416.920</p>	<p>182-508-0005</p> <p>388-449-0060</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.</p> <p>(The Social Worker should provide the FSS with some free-form text via the 14-118).</p>
522	<p>Currently Employed</p> <p>Currently employed.</p>	182-508-0005	(Social Service Specialist provides mandatory free form text via 14-118)
523	<p>Error In Previous Determination Of Incapacity</p> <p>Error in previous determination.</p>	182-508-0005	(Social Service Specialist provides mandatory free form text via 14-118)
525	<p>No Eligibility Review Form</p> <p>We haven't received your eligibility review or renewal form.</p>	<p>182-504-0035</p> <p>388-434-0005</p> <p>388-434-0010</p> <p>388-492-0090</p> <p>388-492-0110</p>	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	Text should be supplied by unit that works these.
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  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.	182-507-0125	NA
533	Employment requirement not met - HWD	182-511-1200	NA

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
	You don't meet the employment requirements for the HWD program.		
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
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.

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
545	<p>Invalid Working Family Support Composition</p> <p>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.</p>	388-493-0010	None Required
<b>546</b>	<p><b><u>Non-Cooperation with Asset Verification</u></b></p> <p><u>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.</u></p> <p><u>The agency must verify resources to determine eligibility for Aged, Blind or Disabled related medical coverage.</u></p> <p><u>If you, or those financially responsible for you, decide to provide authorization for Asset Verification, please contact us.</u></p> <p><u>See WAC rule (Washington Administrative Code):</u></p>	<p><u>182-503-0080</u></p> <p><u>182-503-0050</u></p> <p><u>182-503-0055</u></p>	<u>NA</u>
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</p>	388-489-0020	None Required

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
	Basic Food. See WAC rule (Washington Administrative Code):		
550	Voluntary Withdrawal You withdrew your request for assistance. See WAC rule (Washington Administrative Code):	182-503-0080 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 182-503-0520 182-503-0525 182-504-0105	None Required
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	On 00/00/00, I asked you to provide some information by 00/00/00. I still need:  List of items
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	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



Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
	(Washington Administrative Code):		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 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):	182-503-0050 388-400-0070 388-458-0020 388-472-0005 388-490-0005	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 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. Or You are already getting food assistance. Or 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).

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
566	<p>Refused to Cooperate With Application Process</p> <p>You refused to cooperate in the application process. Based on the information we have, we are unable to determine your eligibility. See WACrule (Washington Administrative Code):</p>	<p>182-503-0080</p> <p>388-400-0070</p> <p>388-406-0035</p> <p>388-406-0060</p> <p>388-452-0005</p> <p>388-492-0020</p> <p>388-406-0050</p>	<p>You did not ____ . If you need help, let me know and I will try to assist you.</p>
567	<p>Drug / Alcohol Center Loses Certification</p> <p>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):</p>	<p>388-408-0040</p> <p>388-492-0020</p>	<p>None Required</p>
569	<p>Child Accepted To Foster Care</p> <p>Our rules say that a child who is in foster care for 180 days or more must be taken off cash assistance. See WACrule (Washington Administrative Code):</p>	<p>388-408-0015</p> <p>388-454-0015</p>	<p>None Required</p>
570	<p>Child's Temporary Placement Has Ended</p> <p>Your child's absence is no longer temporary.</p>	<p>388-454-0015</p>	<p>None Required</p>
572	<p>User Voided Application - For Administrative Use Only</p>	<p>None</p>	<p>None Required</p>
575	<p>Not Receiving Cash Assistance - For Administrative Use Only</p>	<p>None</p>	<p>None Required</p>

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
577	Missed Application Deadline - For Administrative Use Only	None	None Required
578	<p>Non-Cooperation with Chemical Dependency Assessment or Treatment</p> <p>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.</p>	<p>182-508-0005</p> <p>388-449-0220</p> <p>388-400-0055</p> <p>388-447-0120</p>	(Social Service Specialist provides mandatory free form text via 14-118)
585	DCA Adult Eligible For TANF, Established Loan Repayment - For Administrative Use Only	None	None Required
586	<p>DCA Ineligible</p> <p>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):</p>	388-432-0005	Specify which DCA requirement was not met.
587	Already Eligible For Program In Different AU - For Administrative Use Only		<p>The following persons aren't eligible for [cash/food] assistance for [MM/YYYY] because they already received [cash/food] assistance in another household:</p> <p>[list name of ineligible persons]</p> <p>NOTE: You may need to manually create a denial or termination letter or add text</p>

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
			to the ACES system-generated letter and WAC references.
588	<p>Ineligible QI-1 Already Receiving MA</p> <p>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>	Explain the amount of the transfer used to determine the penalty or penalties periods. Indicate the dates the penalty period starts and ends.
596	<p>Failure to Pursue Medicaid</p> <p>You aren't eligible for ABD cash or Housing and Essential Needs</p>	<p>388-400-0060</p> <p>388-400-0070</p>	(Social Service Specialist provides mandatory free form text via 14-118)

Code	Reason Code Title / Text Requirement	WAC References	Recommended Free Form Text
	(HEN) Referral because you failed to pursue Medicaid.		
597	<p>Manual WASHCAP Earned Income Termination</p> <p>You can't receive Washington State Combined Application Project (WASHCAP) food assistance because you've been working more than 3 months.</p>	<p>388-492-0030</p> <p>388-492-0070</p>	None Required
598	<p>WASHCAP Invalid Living Arrangement</p> <p>You can't receive Washington Combined Application Project food benefits because your living arrangement changed.</p>	388-492-0030	State what the invalid living arrangement is.
599	Other - For User Generation Only	None	(If used for ABD or HEN Referral denial or termination, Social Service Specialist provides mandatory free form text via 14-118)