DEPARTMENT OF BENEFIT PAYMENTS

October 18, 1974

ALL-COUNTY LETTER NO. 74-206

TO: All County Welfare Directors
All County Data Processing Managers

SUBJECT: State Data Exchange (SDX) Information

REFERENCE:

This is to inform you that there are major errors in the SDX print-outs and tapes for the month of October 1974. The tapes disbursed by the state included 37,000 duplicate records as well as an equal number of omissions.

The most important aspect of this situation is that many SSI/SSP eligibles will not appear on the SDX. The state will transmit correct tapes and print-outs as expeditiously as possible. Until the revised information arrives, the county should check with the SSA District Office when questions of eligibility arise and the individual is not on the county record.

Attached to this letter is an updated version of the SDX tape format and definitions. This should enable maximum usage by the county of the SDX information.

Questions concerning this letter should be directed to either Gomez Delgado, Computer Services Bureau, (916) 445-0250, or Denis O'Sullivan, Adult Systems Bureau, (916) 445-0813.

Sincerely,

for DENNIS O. FLATT
Deputy Director

Attachments

cc: CWDA

CHANGES TO THE COUNTY SDX RECORD DESCRIPTION

DATA ELEMENT	POSITION	NEW DATA ELEMENT	DESCRIPTION CHANGE
Master File Type Code	23-24		x
Denial Code	251-253	x	
State Code At Conversion	254-255	x	
Payment Status Code	262-264		x
Disability Payment Code	265		x
Drug/Alcohol Code	272		x
Third Party Insurance	408		x
Retroactive Medicaid Indicator	409		x
Medicaid Eligibility Code	416		x
MIL Indicator	444		x
Spouse/Parent #1 SSN	449-457		x
Representative Payee	495-497		x
Rep Payee Guardian Status	498		x
Type of Payee Code	499-501		x
Net Chargeable Unearned Inc.	508-513		x
Date of Last Transaction	550-555		x
Unearned Income Type Code	578-838		x
Optional State Supp LA Code	885		x
Rollback Code	886	x	
State Supplement Amount	887-892	x	
Note: This data element was transferred from position 251-255 to 887-892 Expanded from five to six positions.			
Date of Denial	893-898	x	

Data Element	Mnemonic	Position	Field Size	Type	Description
9 Filler	NINE	1	1	N	Field Coded with the Digit "9"
Social Security Number	SSN	2-10	9	N	The social security number of the SSI recipient
Title II Claim Acct. Number	CAN	11-22	12	AN	The SSI recipient's Title II claim number on which he is currently entitled and/or insured.
Master File Type Code (Assistance Recipient Code)	AID	23-24	2	AN	Indicates the type of recipient and other individuals involved in the record. Codes: AI Aged Individual AS Aged Spouse BI Blind Individual BS Blind Spouse BC Blind Child DI Disabled Individual DS Disabled Spouse DC Disabled Child EP Essential Person. EP is not a valid code for use in Calif. An individual with this code is not eligible for aid.
Record Identification Code	RIC	25	1	AN	Identifies the type of current record. Codes I Individual C Couple M Mother F Father P Parent(s) X Exception
County of Responsibility	CØ	26-27	2	AN	Recipient's county of residence
Recipient Last Name	LNM	28-46	19	AN	SSI recipient last name
Recipient First Name	FNM	47-56	10	AN	SSI recipient first name
Recipient Middle Initial	MI	57	1	AN	SSI recipient middle initial

Data Element	Mnemonic	Position	Field Size	Type	Description
Recipient's Sex	SEX	58	1	AN	Indicates the sex of the SSI recipient. Codes: M F U Unknown
Recipient's Race	RACE	59	1	AN	Indicates the race of the individual and eligible spouse if applicable. Codes: W White N Negro O Other
Date of Birth	DØB	60-65	6	N	The date of birth of the SSI recipient.
First Line of Payee Address Code	PDFLØA	66	1	N	This number indicates on which line, within the payee name and address data, the address begins.
Number of Lines in the Payee's Name and Address	PDNUM	67	1	N	The number of lines for the payee name(s) and mailing address. This number of lines cannot exceed six. (Each line is 22 characters long.)
Payee Name and Mailing Address	PDNAMADR	68-199	132	AN	The name or legend and mailing address which will appear on the check and all other SSI system generated correspondence.
Payee Zip Code	PDZIP	200-204	5	N	The five-digit code for the payee's address which is required for postal service handling.
Payee State and County Code	PDSCC	205-209	5	N	Indicates the geographical subdivision where correspondence is mailed for the recipient. 05 = Calif. 0XX = county code.

Data Element	Mnemonic	Position	Field Size	Type	Description
Indicator for First Line of Recipient's Name	FLØN	210	1	AN	A code indicating the line on which the recipient's name begins, within the address data. If coded other than 1, a representative payee is involved. Codes: 1 No representative payee 2 Representative Payee 3 Representative Payee 4 Representative Payee T Both Representative Payee and recipient names are present on payment X Representative Payee name is present on payment but recipient name is only present in positions 28-57 (recipient name).
Current Eligibility Date	ELGDTE	211-216	6	N	The date the individual or spouse is eligible for current SSI payment.
SSI Monthly Assistance Amount	TØTAMT	217-222	6	N	The amount the SSI recipient was actually paid under Title XVI.
Conditional Payment Indicator	CØNPAYIN	223	1	AN	A code indicating whether or not the payments in the quarter were conditional or not. Codes: C Conditional BLANK Not conditional
Advance Payment Amount	ADVPAY	224-228	5	N	The amount of the emergency payment paid to the recipient by SSI.
Title II Monthly Benefit Amount	MBA	229-234	6	N	Current amount of the recipient's Title II benefit.

Data Element	Mnemonic	Position	Field Size	Type	Description
Title II Master Beneficiary Record Ledger Account Field Code	LAF	235-236	2	AN	Identifies the payment status of SSI recipients who are also Title II beneficiaries. Codes: C Current Pay Termination Definition T0 Benefits payable by some other agency T1 Death of beneficiary T2 Death of primary T3 Divorce, marriage, remarriage T4 Child age 18 (22 if student), not disabled or attending school T5 Beneficiary entitled to equal or greater benefits on another account T6 Child no longer student, disabled, or (for E, B2, B5) death or marriage of last entitled child T7 Child adopted before 10/72 T8 Recovery of disabled primary or recovery of last disabled child T9 Miscellaneous reasons not provided with specific code T& Withdrawal of claim TA Termination prior to entitlement in advance f cases TB Entitled to widow's benefits on disability TC Attained age 62 (disabled widow) TJ Termination prior to entitlement in advance file cases, too late to stop debit TP Changes of beneficiary (e.g., B to D) T- Attainment of 65 by disabled primary (transfer to RIB) Suspension Definition S0 Continuing disability investigation S1 Beneficiary engaged in foreign work S2 Working beneficiary subject to the ual retirement test

Data Element	Mnemonic	Position	Field Size	Type	Description
					Suspension Definition (Continued)
					S3 Auxiliary's benefits withheld because of S2 for primary
					S4 Young mother with no child in her care
					S5 Auxiliary's benefits withheld because of S1 for primary
					S6 Check returned for a better address
					S7 Vocational rehabilitation refusal
					S8 Payee not determined
					S9 Miscellaneous reasons not provided with specific code
					SJ Alien suspension
					SK Deportation
					SL Forbidden country
					SM Refused RIB
					SW Workman's Compensation precludes payment
					SP Prouty beneficiary suspended because of public assistance
					SH Prouty beneficiary suspended because of government pension
					SF Prouty beneficiary suspended because of failure to meet residence requirement
					Deferred Definition
					D1 Payment deferred because of foreign work
					D2 To recover overpayment because of work or for future reinstatement of benefits based on an estimate or a future stop-work event
					D3 Auxiliary benefits deferred because of D2 for primary
					D4 Young mother with no child in her care
					D5 Auxiliary benefits deferred because of D1 for primary
					D6 To recover overpayments not attributable to earnings
					D9 Miscellaneous deferrment with no specific code
					DP Deferred because of public assistance
					DW Deferred because of Workman's Compensation

Data Element	Mnemonic	Position	Field Size	Type	Description
					Adjustment Definition
					A0 Age 65 reduction factor adjustment
					A1 Withdrawal for recomputation to include noncontributory service credits after 1967
					A2 Withdrawal for 1965 or 1967 recomputation
					A3 Withdrawal to include noncontributory military service credits before 1957 and after 1967
					A4 Withdrawal to rework Workman's Compensation offset due to increase in national earnings levels
					A5 Withdrawal for recomputation not provided with specific code or for PIA recalculation
					A6 Withdrawal for disability freeze recalculation
					A7 Withdrawal to include noncontributory military service credits before 1957
					A8 Change from a foreign to a domestic address
					A9 Miscellaneous adjustment not provided with a specific code
					AC Withdrawal to correct PIA
					AD Withdrawal to combine auxiliary or survivor benefit with own RIB
					AE Adjusted for Japanese internment recomputation
					AF Transfer of account to another P/C or DIO
					AJ Withdrawal to cancel Workman's Compensation offset
					AM Withdrawal for HIB only status of insured individual (and dependents) now being awarded monthly RSI benefits
					AP Withdrawal to recover overpayments by partial recoupment
					AW Withdrawal to impose Workman's Compensation offset
					A& Withdrawal to change payment status from nonpayment to payment status
					A- Withdrawal to change from payment status to deferred or suspense status

Data Element	Mnemonic	Position	Field Size	Type	Description
					Status Definition (Uninsured Beneficiary) U Active uninsured account X0 Claim transferred to RRB X1 Death of uninsured X5 Uninsured becomes insured or entitled to other type of benefit X7 HIB/SMIB terminated X8 Representative payee being developed X9 Miscellaneous adjustment reason not provided wi specific code XD Withdrawal for adjustment XF Jurisdiction transferred to different program center or D10 XJ Alien suspension XK Deportation X& Withdrawal of SMIB coverage in a SMIB only case
State Benefit Amount	STGRT	237-242	6	N	The amount of the State benefit including special needs if applicable. This applies to State conversion cases only.
Special Needs Code	SPECND	243	1	AN	Indicates whether the State benefit amount includes an allowance for special needs. Codes: Y Special needs included in the State benefit amour N Special needs not included in the State benefit amount Blank not applicable

Data Element	Mnemonic	Position	Field Size	Type	Description
State Supplemental Living Arrangement Code	STLIVCDE	244	1	AN	Indicates the type of living arrangement of the recipient as carried in the Conversion Master Record. Codes: A Head of household living in own or joint household B Living in household of another (received support and maintenance in kind from householder) C Child as defined by Law 18-21 living in household of parent D Domiciliary Care - Living in nonmedical room-and-board care facility E Individual in private institutions, Title XIX Requirements Met F Individual in public institution, Title XIX Requirements Met
State Supplement Effective Date	SUPDTE	245-250	6	N	The date State supplemental payment begins to the SSI recipient.
Denial Code	DNCDE	251-253	3	AN	The reason the applicant was found ineligible for SSI benefits. Codes: N01 Recipient's chargeable income exceeds title XVI quarterly payment amount N02 Recipient is the inmate of a public institution N03 Recipient is outside the U.S. N04 Resources above the limit N05 Gross income from self-employment exceeds the limit N06 Applicant refused to file for other benefits N07 Cessation of recipient's disability N08 Cessation of recipient's blindness

Data Element	Mnemonic	Position	Field Size	Type	Description
					N39 Applicant willfully fails to follow prescribed treatment, no visual impairment.
					N40 Impairment(s) does not meet or equal listing (Disabled child under age 18 only), no visual impairment
					N41 Slight impairment – medical condition alone, visual impairment.
					N42 Capacity for SGA – customary past work, visual impairment
					N43 Capacity for SGA – other work, visual impairment
					N44 Engaging in SGA despite impairment, visual impairment
					N45 Impairment no longer severe at time of adjudication and did not last 12 months, visual impairment
					N46 Impairment is severe at time of adjudication but not expected to last 12 months, visual impairment.
					N47 Insufficient or no medical evidence furnished, visual impairment
					N48 Failure or refusal to submit to consultative examination visual impairment
					N49 Applicant does not want to continue development of claim, visual impairment
					N50 Applicant willfully fails to follow prescribed treatment, visual impairment
					N51 Impairment(s) does not meet or equal listing (disabled child under age 18 only), visual impairment
					N52 Deleted from State rolls before 12/73 payment
					N53 Deleted from State rolls after 12/73 payment

Data Element	Mnemonic	Position	Field Size	Type	Description
					N09 Applicant refused vocational rehabilitation
					N10 Applicant refused treatment for drug addiction
					N11 Applicant refused treatment for alcoholism
					N12 Applicant voluntarily withdrew from program
					N13 Not a citizen or lawfully admitted alien
					N14 Aged applicant under 65
					N17 Failure to pursue claim
					N30 Slight impairment - medical consideration alone, no visual impairment.
					N31 Capacity for Substantial Gainful Activity (SGA) - customary past work, no visual impairment.
					N32 Capacity for SGA - other work, no visual impairment.
					N33 Engaging in SGA despite impairment, no visual impairment.
					N34 Impairment no longer severe at time of adjudication and did not last 12 months, no visual impairment.
					N35 Impairment is severe at time of adjudication but not expected to last 12 months, no visual impairment.
					N36 Insufficient or no medical data furnished, no visual impairment
					N37 Failure or refusal to submit to consultative examination, no visual impairment.
					N38 Applicant does not want to continue development of claim, no visual impairment

Data Element	Mnemonic	Position	Field Size	Type	Description
ate Code at Conversion	SCDCNV	254-255	2	N	State in which conversion took place. Codes: 01 Alabama 02 Alaska 03 Arizona 04 Arkansas 05 California 06 Colorado 07 Connecticut 08 Delaware 09 District of Columbia 10 Florida 11 Georgia 12 Hawaii 13 Idaho 14 Illinois 15 Indiana 16 Iowa 17 Kansas 18 Kentucky 19 Louisiana 20 Maine 21 Maryland 22 Massachusetts 23 Michigan 24 Minnesota 25 Mississippi 26 Missouri 27 Montana 28 Nebraska 29 Nevada 30 New Hampshire 31 New Jersey 32 New Mexico 33 New York 34 North Carolina 35 North Dakota 36 Ohio 37 Oklahoma 38 Oregon 39 Pennsylvania 41 Rhode Island 42 South Carolina 43 South Dakota 44 Tennessee 45 Texas 46 Utah 47 Vermont 49 Virginia 50 Washington 51 West Virginia 52 Wisconsin 53 Wyoming

Data Element	Mnemonic	Position	Field Size	Type	Description
Medicaid Determination Date	MEDEFFDT	256-261	6	N	The date that the most recent Medicaid eligibility determination was made by SSA.
Payment Status Code	PAY STAT	262-264	3	AN	Indicates the current payment status of the eligible individual and eligible spouse and the reason for the status. This code is analogous to the LAF code in the MBR system. Codes: C01 CURRENT PAY M01 CURRENT PAY Force payment case. Because of Systems limitations this record is under manual control by the SSA District office. Information on this record, other than the name, SSN, address, and grant amts. may be incorrect. N01 NONPAY Recipient's chargeable income exceeds Title XVI quarterly payment amount N02 NONPAY Recipient is inmate of public institution N03 NONPAY Recipient is outside U.S. N04 NONPAY Recipient's nonexcludable resources exceed Title XVI limitations N05 NONPAY Recipient's gross income from self-employment exceeds Title XVI limitations N06 NONPAY Recipient failed to file for other benefits N07 NONPAY Cessation of recipient's disability N08 NONPAY Cessation of recipient's blindness N09 NONPAY Recipient refused vocational rehabilitati without good cause N10 NONPAY Recipient refused treatment for drug addiction. N11 NONPAY Recipient refused treatment for alcoholism N12 NONPAY Recipient voluntarily withdrew from program N13 NONPAY Not a citizen or eligible alien N14 NONPAY Aged claim denied for age N17 NONPAY Failure to pursue claim by applicant N20 NONPAY Not a resident of one of the 50 states or District of Columbia

Data Element	Mnemonic	Position	Field Size	Type	Description
					Codes: (Continued)
					N30 NONPAY Slight impairment - medical consider-tion alone, no visual impairment
					N31 NONPAY Capacity for Substantial Gainful Activity (SGA) - customary past work no visual impairment
					N32 NONPAY Capacity for SGA - other work, no visual impairment
					N33 NONPAY Engaging in SGA despite impairment no visual impairment
					N34 NONPAY Impairment no longer severe at time of adjudication and did not last 12 months, no visual impairment
					N35 NONPAY Impairment is severe at time of adjudication but not expected to last 12 months, no visual impairment.
					N36 NONPAY Insufficient or no medical data furnished, no visual impairment
					N37 NONPAY Failure or refusal to submit to consultative examination, no visual impairment
					N38 NONPAY Applicant does not want to continue development of claim, no visual impairment
					N39 NONPAY Applicant willfully fails to follow prescribed treatment, no visual impairment
					N40 NONPAY Impairment(s) does not meet or equal listing (Disabled child under age 18 only), no visual impairment
					N41 NONPAY Slight impairment - medical condition alone, visual impairment
					N42 NONPAY Capacity for SGA - customary past work, visual impairment
					N43 NONPAY Capacity for SGA - other work, visual impairment
					N44 NONPAY Engaging in SGA despite impairment, visual impairment

Data Element	Mnemonic	Position	Field Size	Type	Description
					Codes: (Continued)
					N45 NONPAY Impairment no longer severe at time of adjudication and did not last 12 months, visual impairment
					N46 NONPAY Impairment is severe at time of adjudication but not expected to last 12 months, visual impairment
					N47 NONPAY Insufficient or no medical evidence furnished, visual impairment
					N48 NONPAY Failure or refusla to submit to consultative examination, visual impairment
					N49 NONPAY Applicant does not want to continue development of claim, visual impairment
					N50 NONPAY Applicant willfully fails to follow prescribed treatment, visual impairment
					N51 NONPAY Impairment(s) does not meet or equal listing (Disabled child under age 18 only) visual impairment
					N52 NONPAY Deleted from State rolls before 12/73 payment
					N53 NONPAY Deleted from State rolls after 12/73
					N54 NONPAY DO unable to locate recipient
					S06 SUSPENDED Recipient's address unknown
					S07 SUSPENDED Returned checks for other than Address, Payee Change or Death of Payee
					S08 SUSPENDED Representative payee development pending
					S09 SUSPENDED Recipient refuses to cooperate
					$20 SUSPENDED Potential rollback case or no disability payment prior to 7/73
					S21 SUSPENDED The recipient is presumptively disabled and has received three months payment
					T01 TERMINATED Death of recipient
					T20 TERMINATED Received a duplicate payment. Input by DO. (Technical termination of one record to correct payment).

Data Element	Mnemonic	Position	Field Size	Type	Description
					Codes: (Continued) T22 TERMINATED Received a duplicate payment. Input by central office (Technical termination of one record to correct payment). T30 TERMINATED Eligible individual now married.
Disability Payment Code	DISPAYCD	265	1	AN	Indicates the status of SSI disability and blind cases Codes: P Presumtpve finding F Final determination S State determination (conversion cases only) R Referred to State agency (no determination made) T Presumptive finding, State conversion record

Data Element	Mnemonic	Position	Field Size	Type	Description
Disability Onset Date	DISPTEØN	266-271	6	N	The date of either the alleged date of onset if disability or blindness is denied or the established date of onset if disability or blindness is allowed.
Drug/Alcohol Code	DRUG	272	1	AN	Identifies the determination of drug and/or alcoholic addiction. Codes: N Disabled individual is neither drug addict nor alcoholic (system generated) D Disabled individual is drug addict A Disabled individual is alcoholic B Disabled individual is drug addict and alcoholic Blank Not applicable
Date of Application	APLDTE	273-278	6	N	The date the claimant files an application for SSI benefits.
SSI Living Arrangement Code	LIVCDE	279	1	AN	Indicates the type of living arrangements of the recipient for Title XVI purposes. This intelligence is retained in the system by month. Codes: A Own household B Another's household C Parent's household D Institution Title XIX
Date of Death	DØD	280-285	6	N	It is always the first day of the month following the month in which the death occured.
Marital Status	MS	286	1	N	Indicates the marital status of the recipient. Codes: 1 Married and living with, ceremonial marriage, common-law marriage, or de facto marriage 2 Married and living with, holding-out marriage 3 Single, widowed, or divorced 4 Married and separated

Data Element	Mnemonic	Position	Field Size	Type	Description
No. of Lines in Recipient Residence Address	AALNG	287	1	N	Indicates the number of lines used for the recipient's address. This number of lines cannot exceed five. (Each line is 22 characters long.)
Recipient's Residence Address	AAADDR	288-397	110	AM	The address where the recipient lives if the address is different from the recipient's mailing address.
Recipient's Residence ZIP Code	AAZIP	398-402	5	AN	The ZIP Code of the recipient's address if the residence address is different from the mailing address.
Recipient's Residence State & County Code	AASCC	403-407	5	N	Identifies the specific geographic location in which the recipient resides. (NOTE: This is only present if the residence address is different from the mailing address.) 05 = Calif. 0XX = county code.
Third Party Insurance Coverage	THRDPART	408	1	AN	Indicates whether there is third party liability for health care expenses. Codes: Y Third party liability does exist N Third party liability does not exist Blank Information not obtained
Retroactive Medicaid Indicator	RETMEDX	409	1	AN	Indicates whether the claimant incurred any medical expenses during the 3-month retroactive period which remains unpaid. Codes: Y Unpaid bills do exist N Unpaid bills do not exist Blank Information not obtained
Next Scheduled Redetermination Date	DIAITEM	410-415	6	N	Indicates the date of the next scheduled redetermination.

Data Element	Mnemonic	Position	Field Size	Type	Description
Medicaid Eligibility Code	MEDICAID	416	1	AN	Indicates whether or not the recipient is eligible for Medicaid. Codes: Y Eligible for Medicaid (SSA) R Referred to State for determination S State Determination, not SSA responsibility E Eligible per State determinations I Ineligible per State determinations Blank Not applicable under codes
Appeals Flag	APLFLG	417	1	AN	This flag indicates if a particular SSR record is in an appeals process. Codes: Y The case is in the appellate process N The case is not in the appellate process
Record Source Code	CØNV	418	1	AN	A code indicating whether or not this is a maintenance record for a previously merged State conversion case. Codes: P District Office pipeline record N District Office NEW claim C Initial State conversion case
State Welfare ID Number	STCØID	419-432	14	AN	The unique identifier used by the State for each welfare recipient. Nonconversion cases will have zeros in this field.
Record Established Date	RED	433-438	6	N	The date the recipient's record was established on the SSR.

Data Element	Mnemonic	Position	Field Size	Type	Description
Minimum Income Level (MIL)	MIL	439-443	5	N	The gross or conversion MIL is the 12/73 total of the State and grant amount (including any special needs) plus any gross earned and/or unearned income. The adjusted or countable MIL is the total of the State cash grant amount (including any special needs) plus any gross and/or unearned income reduced by the amount of income disregards specified in the 6/73 State plan.
MIL Indicator	MILIND	444	1	AN	Codes: 6 Special Federal Chargeable MIL (To exclude one time title II payments). 7 Federal Chargeable MIL 8 State Countable MIL 9 System Adjusted, either State countable MIL or Federal countable MIL.
Blanks		445-448	4	AN	
Spouse/Parent #1 SSN or eligible individual	SPØNESSN	449-457	9	N	The social security number of the spouse or parent No. or eligible individual.
*Eligible Spouse State ID #	SPSTCØID	458-479	22	AN	The unique identifier used by the State for the eligible spouse.
Parent #2 SSN	PTWØSSN	480-488	9	N	The social security number of the parent No. 2.
Representative Payee Selection Date	REDDØS	489-494	6	N	The date the current payee was selected for the individual and/or spouse.
Representative Payee	REPCUS	495-497	3	AN	Indicates who has physical custody of the recipient. Codes: BLANK Not applicable SEL Beneficiary is his own payee SPO Spouse FTH Natural or adoptive father MTH Natural or adoptive mother SFT Stepfather SMT Stepmother

Data Element	Mnemonic	Position	Field Size	Type	Description
					Codes: (Continued) GPR Grandparent CHD Natural, adoptive, or stepchild REL Other relative FDO Federal nonmedical institution FDM Federal mental institution SLO State/local nonmedical institution SLM State/local mental institution PRO Proprietary nonmental institution PRM Proprietary mental institution NPO Nonprofit nonmental institution NPM Nonprofit mental institution FIN Financial organization AGY Social Agency OFF Public official OTH Other RPD Payee being developed PYE Payee has custody
Representative Payee Guardian Status	REPGUD	498	1	AN	Indicates the existence of and/or identifies a legal guardian. Codes: BLANK Not applicable Y The payee is the legal guardian N There is no legal guardian O Someone other than the payee is the legal guardian L Payee is a financial institution with whom the beneficiary has entered into a living trust agreement
Type of Payee Code	REPAYTYP	499-501	3	AN	This code indicates the specific type of representative payee involved.

Data Element	Mnemonic	Position	Field Size	Type	Description
					Codes: BLANK Not applicable SEL Beneficiary is his own payee SPO Spouse FTH Natural or adoptive father MTH Natural or adoptive mother SFT Stepfather SMT Stepmother GPR Grandparent CHD Natural or adoptive child or stepchild REL Other relative FDO Federal nonmental institution FDM Federal mental institution SLO State/local nonmental institution SLM State/local mental institution PRO Proprietary nonmental institution PRM Proprietary mental institution NPO Nonprofit nonmental institution NPM Nonprofit mental institution FIN Financial organization AGY Social agency OFF Public official OTH Other RPD Payee being developed PYE Payee has custody INP Legally incompetent, but no representative payee (State conversion cases only)
Net Chargeable Earned Income Amount	EINC	502-507	6	N	The amount of earned income, after all exclusions are applied, used in computing the benefit.
Net Chargeable Unearned Income Amount	UINC	508-513	6	N	The amount of unearned income, after all exclusions are applied, used in computing the benefit; includes unearned income deemed to the eligible individual, if applicable.

Data Element	Mnemonic	Position	Field Size	Type	Description
PSEUDO SSN Indicator	PSSNI	514	1	AN	Indicates the status of the arbitrary SSN (900 series) assigned to the recipient until a valid SSN can be issued. Applies to conversion cases only. Codes: BLANK No PSEUPO SSN A A Pseudo SSN appears in the SSN field (Positions 2-10) and a valid SSN in the fifth multiple SSN (Positions 521-529) is being initially transmitted to the county. B The valid SSN appears in the SSN field (Position 2-10). C A pseudo SSN is involved, but a valid SSN has not yet been assigned.
Deemed Unearned Income Amount	DEEMUI	515-520	6	N	The total amount of unearned income deemed to the eligible individual.
Fifth multiple SSN	FMSSN	521-529	9	N	Identifies additional social security numbers assigned to the individual.
Date Residence Began	RESBGN	530-535	6	N	The date the recipient actually began living in the geographical subdivision in which he currently resides
Head of Household Indicator	HØH	536	1	AN	This code indicates whether or not the recipient the head of the household. Y = Head of household N = Not head of household
State and County Code for Supplementation	STCØSUPP	537-541	5	N	Indicates the geographical subdivision currently making supplemental payments to the recipient. 05 = Calif. XXX = Federal County code
Separation Date	SEPDTE	542-547	6	N	This is the date married recipients began living apart

Data Element	Mnemonic	Position	Field Size	Type	Description
Type of Last Transaction	TYPLTRAN	548-549	2	AN	Transaction types (currently being developed) by BDP will include accretions, deletions, changes of addres (Intra- and Inter-State) and "change of address and other".

(Type of Last Transaction)

1. PY - Penalty	This code will be used to indicate that the last transaction to the record was a suspension or reduction in the payment amount due to the failure of the recipient to make a timely report to the Administration.
2. RZ - Redetermination	This code will not be utilized until some time after April 1974.
3. SO - Systems Override	This code will be used to indicate that the data that has been updated to the record is correct even though it fails to pass established edits.
4. DH - Death	This will indicate the death of an ineligible spouse, a living with parent, an essential person or a representative payee. It will also be used to terminate benefits to an eligible individual.
5. SP - Separation	This code indicates that the members of a couple have separated.
6. RH - Resumed Cohabitation	This code indicates that separated members of a couple have resumed cohabitation.
7. ML - Marriage	This code indicates that an eligible individual has married.
8. DV - Divorce	This indicates that an eligible individual is now divorced.
9. AL - Annulment	This indicates that an eligible individual's marriage has been annulled.
10. BG - Student Status	This code indicates that the eligible individual has student status.
11. ED - Student Status Indicator	This code indicates that the student status of an eligible individual has been terminated.
12. YS - Head of Household Indicator	The eligible individual is now considered to be the head of his own household. In this case he can no longer be considered a "child" or have student status.

13.	HO - Head of Household Indicator	The eligible individual is no longer the head of his own household.
14.	DA - Diary	The system has been annotated with a diary date, at which time appropriate action must be taken to clear the diary alert.
15.	AD - Mailing Address	Indicates a change in the eligible individual's mailing address.
16.	ZP - Zip Code	A change in zip code of the mailing address has occurred.
17.	ZC - Zip Code	A change in the zip code of the residence address has occurred.
18.	ST - State and County Code	Indicates a change in the State and County code of residence.
19.	SZ - Special Action Code	This code will be used for a variety of reasons some of which are: (a) reinstating a beneficiary previously terminated erroneously for death (b) reporting that financial accounting of representative payee funds has been performed (c) reinstating a beneficiary who previously had withdrawn from the SSI program.
20.	RA - Residence Address	Indicates that the residence address has changed and is different from the mailing address.
21.	DR - Residence	Indicates that a starting date of residency has been updated to the record in a state where there is a residency requirement for payment of the optional State supplement.
22.	LA - Federal Living Arrangement	Indicates a change in the Federal living arrangement of the recipient(s).
23.	OS - Optional Supplement Category	Indicates a change in the optional supplement category.
24.	PS - Payment Status	Indicates that a district office has resumed payments to a recipient, placed this recipient in non-pay status or suspended benefits while they are developing additional evidence.

39.	CS - Decision	This code will be used to report that the appeal has been resolved.
40.	DO - Establishment of DIB	This code will be used to identify the establishment of a disability.
41.	DT - Termination of DIB	Self- explanatory.
42.	MB - MBR Change	Transaction which was an MBR change record for reason other than death.

Data Element	Mnemonic	Position	Field Size	Type	Description
Date of Last Transaction	DATLTRAN	550-555	6	N	The effective date of the transaction. Date change was applied to the SSR.
Adjusted Payment Level	APL	556-561	6	N	The amount of the money payment which an individual with no other income would have received in January 1972 under an approved plan for aid to the aged, blind, or disabled, plus any payment level modification and/or bonus value of food stamps.
SSI Eligibility Amount	SSIEA	562-566	5	N	The amount the SSI recipient is eligible for under Title XVI.
Filler		567	1	AN	Blank filler
Originating Office Code	CUF	568-571	4	AN	Identifies the local welfare office from which the claim originated. Applies to conversion cases only.
Resource Code - House	RESHØU	572	1	AN	Indicates whether the recipient owns a house. If so indicates whether recipient must dispose of house. Codes: A Recipient not required to dispose of house J Recipient required to dispose of house Z None BLANK Not determined

Data Element	Mnemonic	Position	Field Size	Type	Description
Resource Code - Vehicle	RESCAR	573	1	AN	Indicates whether the recipient owns a vehicle. If so, indicates whether recipient must dispose of vehicle. Codes: B Recipient not required to dispose of motor vehicle K Recipient required to dispose of motor vehicle Z None BLANK Not determined
Resource Code - Life Insurance	RESINS	574	1	AN	Indicates whether the recipient has life insurance. If so, indicates whether recipient must dispose of life insurance. Codes: C Recipient not required to dispose of life insuran L Recipient required to dispose of life insurance Z None BLANK Not determined
Resource Code - Income Producing Property	RESINC	575	1	AN	Indicates whether the recipient owns income producing property. If so, indicates whether recipient must dispose of property. Codes: D Recipient not required to dispose of income producing property M Recipient required to dispose of income producing property Z None BLANK Not determined
Resource Code - Other	RESØTH	576	1	AN	Indicates whether the recipient owns other resources. If so, indicates whether recipient must dispose of other resources.

Data Element	Mnemonic	Position	Field Size	Type	Description
					Codes: E Recipient required to dispose of other resources Z None BLANK Not determined
Number of Entries for	IUENØ	577	1	N	This is the number of entries for the unearned income Codes: 0 - 9, BLANK = 0
*Unearned Income Type Code	IUETYP	578-838	1	AN	Indicates the particular kind of unearned income that the recipient receives from each source. Codes: A Social Security B Black Lung C Veterans Administration Compensation D Railroad Retirement E VA Pension F Assistance based on need and not excluded from Unearned income K Blind countable Income N Support payments received from absent parent P Employment related pension (Federal Civil Service, State or local government retirement, private pension) Q Workman's Compensation R Rents, interest, dividends, royalties S Other W Additional income disregards X MIL Z State countable income Indicates exclusion E and F not subject to 240 per year exclusions.

Data Element	Mnemonic	Position	Field Size	Type	Description
*Unearned Income Period	IUEPER		4	N	Indicates when the unearned income started if the payment is monthly or when received if a one-time payment. (YYMM)
*Unearned Income Stop Date	IUSTDTE		4	N	This date will show the effective date of termination of unearned income. In a situation where the unearned income amount changes, this will be the last date the previous rate or one-time payment was received. (YYMM)
*Unearned Income Amount	IUEAMT		6	N	The amount of unearned income this SSI recipient receives.
*Unearned Income Frequency	IUEFRQ		1	AN	Indicates whether or not unearned income is being received and the frequency it is being received or was received. Codes: C Continuous monthly payment N One-time payment T Termination of continuous monthly payment
*Claim Identification Number for Unearned Income	IUEIDNØ		12	AN	The claim or identification number under which each type of unearned income is being received.
*Unearned Income Validation Code	IUEVAR		1	AN	A code indicating whether or not the unearned inco allegations of the recipient have been verified. Codes: 0 Number and income amount not verified 1 Number verified, amount not verified 2 Number and income amount verified 6 Special Federal Chargeable MIL (To exclude one-time title II payments.) 7 Federal Chargeable MIL 8 State Countable MIL 9 Systems Adjusted, either State countable MIL or Federal countable MIL.

Group 1 = 578 - 606
Group 2 = 606 - 634
etc....

*These 5 fields make up unearned income data groups, appea g once for each type of unearned income reported

Data Element	Mnemonic	Position	Field Size	Type	Description
Earned Income Period	IEWQTR	839-840	2	AN	This date indicates the period to which the earnings are to be charged. Earned income is shown on a quarterly basis. Codes: Y Last digit of year 1 First quarter of year 2 Second quarter of year 3 Third quarter of year 4 Fourth quarter of year A January B. February C March D April E May F June G July H August I September J October K November L December
Earned Income Wage Estimate	IEWAMT	841-846	6	N	The amount of wages the recipient expects to earn for the period shown in the earned income period field.
Net Self-Employment Income Estimate	IESAMT	847-852	6	N	The estimated net amount of self-employment income for the period shown in the earned income field.
Work Expense - Blind Only	IEWKEXP	853-858	6	N	The amount of work expenses of a blind recipient which may be excluded from earned income.
Earned Income Exclusion (Under an Approved Plan)	IEAPPLAN	859-864	6	N	The amount of earned income for blind or disabled recipients which may be excluded under an approved plan of self-support.
Current Overpayment Balance	ØUTSTAND	865-870	6	N	The total amount of overpayments remaining to be collected from the recipient.
Blanks		871	1	AN	BLANK FIELD

Data Element	Mnemonic	Position	Field Size	Type	Description
Overpayment Rate of Recovery	RATEREC	872-876	5	N	The amount of overpayment withheld from the recipient's monthly payment.
Underpayment Amount	UNDERPMT	877-882	6	N	The entries represent the amount of underpayment to the recipient. It should be noted that underpayments are paid by separate check at the time an underpayment is detected.
Penalty Counter	PENALTY	883	1	N	The number of times the recipient has been penalized for failure to report changes on a timely basis. Codes: 0 No pendalties imposed 1 First penalty ($25 reduction) 2 Second penalty ($50 reduction) 3-9 Subsequent penalties ($100 each)
Student Indicator	STUD	884	1	AN	Indicates whether a recipient under age 22 is a student. Codes: Y Student N Not a student
Optional State supplement living arrangement code	NSTLIVCD	885	1	AN	Indicates the type of living arrangement of the recipient. A. Independent living arrangement B. Nonmedical board and care C. Independent living arrangement without cooking fac iti D. Residing in the household of another and receiving room and board in kind E. Disabled minor (under 18) residing in home of relative Y. Refused State supp. Z. No State supplement payable

Data Element	Mnemonic	Position	Field Size	Type	Description
Rollback Code	ROLLBACK	886	1	N	Describes status of disability "rollback" cases. Payment for records with codes 1 and 3 are suspended and payment for records with codes 2 and 4 are reinstated. Codes: Blank Not applicable 1 Potential rollback 2 pre 7/73 disability payment 3 no disability payment prior to 7/73 (State DDU determination needed) 4 meets Title XVI criteria 5 not disabled (reviewed and denied by State DDU)
State Supplement Amount	SUPAMT	887-892	6	N	The amount of State supplementation currently being paid to the recipient.
Date of Denial	DTDNL	893-898	6	N	The date the applicant was denied SSI benefits.
Blank	--	899-900	2	AN	Remainder of record.

RECORD LAYOUT Job Name TITLE XVI Record Name SDX RECORD (COUNTY) Record Size 900 Blocking Factor 5 Programmer Date 10-1-74

	Des.	Mod.	Pos.	Field
0.	9	N	1	SOCIAL SECURITY NUMBER
		X	10	TITLE II CLAIM ACCOUNT NUMBER
		AN	15	
		AN	20	
		AN	25	TYPE RECIPIENT CODE
		AN	26	RECORD ID CODE
		AN	27	RESPONSIBLE COUNTY
		AN	28	
		AN	30	LAST NAME
		AN	35	
		AN	40	
		AN	45	
		AN	50	FIRST NAME
		AN	55	
		AN	60	MI
		AN	61	SEX
		AN	62	RACE
		N	63	DATE OF BIRTH
		N	65	1ST LINE PAYEE AD
		N	66	NO. OF ADDR LINES
		AN	70	PAYEE NAME AND MAILING
		AN	75	(132 POSITIONS)
		AN	80	
		AN	85	
		AN	90	
		AN	95	
		AN	100	
1.				PAYEE NAME AND MAILING (CONTINUED)
2.		N	1	PAYEE ZIP CODE
		N	5	PAYEE STATE COUNTY CODE
		AN	10	FIRST NAME LINE
		N	15	CURRENT ELIGIBILITY DATE
		N	20	SSI MONTHLY ASSISTANCE AMOUNT
		AN	25	CORD PYMNT CODE
		N	26	ADVANCE PAYMENT AMOUNT
		N	30	TITLE II MONTHLY BENEFIT AMOUNT
		N	35	LEDGER ACCOUNT FILE (LAF)
		N	40	STATE BENEFIT AMOUNT
		AN	45	SPECIAL NEEDS CD
		AN	46	SSRS LIVING ARRNG
		N	50	STATE SUPPLEMENT EFFECTIVE DATE
		AN	55	DENTAL CODE
		N	56	STATE CODE AT CONVERSION
		N	60	MEDICAID DETERMIN. DATE
		AN	65	PAYMENT STATUS CODE
		AN	66	DISAB PAY CODE
		N	70	DISABILITY ONSET DATE
		AN	75	DRUG/ALCOHOL CD
		N	76	DATE OF APPLICATION
		AN	80	SSI LIV ARR CODE
		N	85	DATE OF DEATH
		N	86	MARITAL STATUS
		N	87	NO. ADDRESS LINES
3.				RECIPIENT'S RESIDENCE ADDRESS (110 POSITIONS)
4.		AN	1	CODE
		N	2	STATE COUNTY CODE
		AN	3	3RD PARTY INDEX
		AN	4	MEDIC MEDICAID CD
		N	10	NEXT SCHEDULED REDETERMINATION DATE
		AN	15	MEDIC ELIG CODE
		AN	16	APPEALS FLAG
		AN	20	RECORD SOURCE CD
		AN	25	STATE WELFARE ID NUMBER
		N	30	DATE RECORD WAS ESTABLISHED ON THE SSR
		N	35	MINIMUM INCOME LEVEL (MIL)
		AN	40	MIL INDICATOR
		N	50	SPOUSE OR PARENT SOCIAL SECURITY NUMBER #1
		AN	60	ELIGIBLE SPOUSE STATE ID NUMBER
		N	70	PARENT #2 SOCIAL SECURITY NUMBER
		N	80	REPRESENTATIVE PAYEE SELECTION DATE
		AN	85	REPRESENTATIVE PAYEE
			90	[illegible]

State of California - Health and Welfare Agency

Department of Social Welfa

RECORD LAYOUT Job Name TITLE XVI Record Name SDX RECORD Record Size 900 Blocking Factor 5 Programmer Date 10-1-74

	0.	NET CHARGEABLE EARNED INCOME AMT $	NET CHARGEABLE UNEARNED INCOME AMT $	PSEUDO SSN CODE	DEEMED UNEARNED INCOME AMT	FIFTH MULTIPLE SSN	DATE RESIDENCE BEGAN	HEAD HSEHLD CODE	STATE COUNTY CODE FOR SUPPLEMENTATION	SEPARATION DATE	TYPE OF LAST TRANSACTION	DATE OF LAST TRANSACTION	ADJUSTED PAYMENT LEVEL $	SSI ELIGIBILITY AMOUNT $		ORIG. OFFICE CODE	RESOURCE CODES: HOUSE	VEHICLE	LIFE INSUR	INCOME	OTHER	NO. EXTRA UNEARN	UNEARNED: UN-EARN CD	UNEARNED INCOME PERIOD	STOP DATE	UNEARNED INCOME AMOUNT $	FREQUENCY	CLAIM ID NO. FOR UNEARNED INCOME
Des.																												
Mod.		N	N	AN	N	N	N	AN	N	N	AN	N	N	N	B	AN	AN					N	AN	N	N	N	4N	AN
Pos.		1 5 10 15 20 25 30 35							40 45			50 55 60		65		70	75							80	85	90		95
No.																												

	1.	INCOME INFORMATION MAY CONTAIN NINE				
Des.		CLAIM ID NO. FOR UNEARN INCOME (CONTD)	VALIDATION	2	3	4
Mod.						
Pos.		1 5 10 15 20 25 30 35			40 45 50 55 60	65 70 75 80 85 90 95
No.						

	2.	UNEARNED INCOME ENTRIES			
Des.		5	6	7	8
Mod.					
Pos.		1 5 10 15 20 25 30 35	40 45 50	55 60 65 70 75 80	85 90 95
No.					

	3.			EARNED INCOME PERIOD	EARNED INCOME WAGE ESTIMATE $	NET SELF-EMPLOYMENT INCOME ESTIMATE $	WORK EXPENSES OF A BLIND RECIPIENT $	EARNED INCOME EXCLUSION FOR BLIND OR DISABLED (APP) $	CURRENT OVER-PAYMENT BALANCE $	OVER-PAYMENT RATE OF RECOVERY $	UNDER-PAYMENT AMOUNT $	PENALTY COUNTER	STUDENT INDICATOR	OPT LIV ARR CD	ROLLBACK CODE	CURRENT STATE SUPPLEMENT AMOUNT $	DATE OF DENIAL
Des.			9														
Mod.				AN	N	N	N	N	N	N	N	N	AN	AN	N	N	N
Pos.		1 5 10 15 20 25 30 35		40	45	50	55	60	65	70	75	80	85			90	95
No.																	

	4.
Des.	
Mod.	
Pos.	1 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85
No.	

IPS 44 (10/73)