

**MSSICS SCREEN VERSION OF  
SSA-8203-BK**

# PolicyNet - MSOM

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02/07/97 (TN #202)

## MSSICS 006.001Redeterminations - Overview

### A. OVERVIEW

There are two ways to collect the information necessary for redeterminations - without recap screens and with recap screens. Also PERC's can be completed with or without recap screens.

### B. REDETERMINATION WITHOUT RECAP SCREENS

If you choose to complete the redetermination without using the recap screens, you will use the same detail screens as in the initial claim process and walk through the entire claim. This process will mostly be used when there is no pending file and the claim must be seeded or when there have been multiple changes and the interviewer determines that it is best to use this method.

There are no differences in the completion of the detail screens for redetermination and initial claims. If you need any additional information regarding completing the screens, you should refer to the section for that screen processing.

### C. REDETERMINATION WITH RECAP SCREENS

Using the recap screens is the quickest path through the data. This process will be used most of the time after the claim has been seeded or when the claim was processed initially through MSSICS (after Release 4.4). There must be an active (unlocked) pending file in MSSICS before you can process a redetermination using the recap screens.

The recap screens are a summary of the information obtained on the detail screens. All recap screens are display only except a field is provided for you to indicate if the information has changed.

If no information changed, then you press ENTER and the next recap screen will be displayed.

If any information has changed, you enter "Y" in the change field and the detail screen will be displayed for you to enter the changed data.

The information displayed on the recap screens is not saved for future review. Since the information is just a summary of the detail screen and the detail screen is always available, therefore it is not necessary to save the summary data. Therefore, when the screen is entered, the information cannot be retrieved.

### D. PATHFLOW

The recap path is divided the same as for initial claims:

- General Identification Data
- Living Arrangement Data

- Resources
- Income

After you have completed the recap screens for an area, you will receive the detail screens for that area before you are presented recap screens for the next area.

**Example:** If you receive the General Identification Recap (ACAP) screens and indicate that there has been a change in the mailing address, you will receive the Mailing Payment Address (ADDR) screen to record the changed data before you receive the Living Arrangement Recap (LCAP) screen to review the Living Arrangement data.

Resources and Income sections are a little different from the first two sections. You will receive a recap screen that displays the resources/income that are present on the detail screens. You are given an entry field to indicate if there is a change in the detail information.

If there have been no changes, then you press ENTER and the menu will be displayed with the fields that contain detail screens prefilled with a "Y" and protected. Then you collect the information regarding the other items on the menu and press ENTER. If there are other resources/income, you will receive the detail screen to collect this data.

If there has been a change in the resources/income shown on the recap screen, you enter "Y" that there is a change and after the menu has been presented for the other items, you will receive the detail screen to record the changed information as well as any additional information necessary.

There is no recap screen for leads. Potential Eligibility for Other Benefits Menu (BMEN) will always be presented in the path.

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Renumbering MSOM

**MSOM Conversion Chart**

### **Redeterminations**

**MSSICS 006.001 Redeterminations**

**MSSICS 006.002 General Identification Recap (ACAP)**

**MSSICS 006.003 Living Arrangement Recap (LCAP)**

**MSSICS 006.004 Resource Recap (RCAP)**

**MSSICS 006.005 Income Recap (ICAP)**

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05/10/02 (TN #419)

## MSSICS 006.002 General Identification Recap (ACAP)

### A. INTRODUCTION

The General Identification Recap (ACAP) screen is displayed for each of the following individuals:

Claimant	Father
Claimant Spouse	Mother
Eligible Child	Sponsor
Ineligible Spouse	Sponsor Spouse
Ineligible Child	Co-Sponsor Spouse

Responses on individual ACAP screens will set the appropriate pathflow for each person in the redetermination and/or PERC process.

Facsimile 1 is the ACAP screen for the Claimant and Claimant Spouse. Facsimile 2 is the ACAP screen for Ineligible Spouse, Eligible Child, Ineligible Child, Father, Mother, and Sponsor Spouse. Facsimile 3 is the ACAP screen for Sponsor and Co-Sponsor Spouse.

### B. FACSIMILE 1: ACAP - GENERAL IDENTIFICATION RECAP

```

MSSICS                GENERAL IDENTIFICATION RECAP                ACAP
SSS-SS-SSSS  SSSSS SSSSSSSSSSS
[1-D]                [2-D]
(Y) INDICATE A CHANGE IN DATA SINCE SS/SS/SSSS:
[3-D]
_ NAME SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSS SSSS
[4-D]
_ ADDR SSSSSSSSSSSSSSSSSSSSSSS                SSSSSSSSSSSSSSSSSSSSSSS
      SSSSSSSSSSSSSSSSSSSSSSS                SSSSSSSSSSSSSSSSSSSSSSS
      SSSSSSSSSSSSSSSSSSSSSSS                SSSSSSSSSSSSSSSSSSSSSSS
[5-D]
  PHONE SSSSSSSSSSSSSSS
[6-D]
  DIRECT DEPOSIT SSSSSSSSS S SSSSSSSSSSSSSSSSS
[7-D]
  MAIL OPTION SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
[8-D]
_ SPOKEN/WRITTEN LANGUAGE TYPES SSSSSSS
[9-D]
_ MARITAL STATUS:  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
[10-D]
_ PARENTS:  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
[11-D]
_ CITIZENSHIP STATUS:  SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
[12-D]                [13-D]
_ SPONSOR:  SSSS                SPONSOR SPOUSE:  SSSS

```

[15-D] BIRTHDATE: SS/SS/SSSS [16-D] DATE OF DEATH: SS/SS/SSSS

C. FACSIMILE 2: ACAP - GENERAL IDENTIFICATION RECAP

MSSICS GENERAL IDENTIFICATION RECAP ACAP
SSS-SS-SSSS SSSSS SSSSSSSSSSS
[1-O] [2-D]
(Y) INDICATE A CHANGE IN DATA SINCE SS/SS/SSSS:
[3-D]
NAME SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSS SSSS
[17-D]
SSI STATUS: SSSSSS
[15-D] [16-D]
BIRTHDATE: SS/SS/SSSS DATE OF DEATH: SS/SS/SSSS

D. FACSIMILE 3: ACAP - GENERAL IDENTIFICATION RECAP

MSSICS GENERAL IDENTIFICATION RECAP ACAP
SSS-SS-SSSS SSSSS SSSSSSSSSSS
[1-O] [2-D]
(Y) INDICATE A CHANGE IN DATA SINCE SS/SS/SSSS:
[3-D]
NAME SSSSSSSSSSSSSSS SSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSS SSSS
[4-D]
ADDR SSSSSSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSSSSSSSS
SSSSSSSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSSSSSSSS
SSSSSSSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSSSSSSSS
[5-D]
PHONE SSSSSSSSSSSSSSS
[14-D]
SPONSOR DEPENDENTS: SSSS
[15-D] [16-D]
BIRTHDATE: SS/SS/SSSS DATE OF DEATH: SS/SS/SSSS

E. HOW YOU GOT HERE

You selected REDETERMINATIONS WITH RECAPS on Post Eligibility Menu (PMEN) or 2 (PERC WITH RECAPS) on Preeffectuation Review Contact (PERC).

F. FIELD DESCRIPTIONS

[1-O] (Y) INDICATE A CHANGE IN DATA SINCE SS/SS/SSSS:

This field is used to indicate a change in data that is currently on the MSSICS pending file. A "Y" entered next to a specific data field will reset that particular screen status to "U" and insert that screen into the redetermination/PERC path.

[2-D] SS/SS/SSSS

This date is prefilled with the REDETERMINATION BEGIN DATE from the PE Menu (PMEN) for redeterminations. For PERCs, it is prefilled with the PERC REFERENCE DATE from PERC screen.

[3-D] NAME: SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSS SSSSSSSSSSSSSSSSSSSSSSSSS SSSS

The person name is prefilled from the NAME on the Client Identification (ACID) screen.

**[4-D] ADDR: SS[UP TO 6 LINES, MAXIMUM OF 22 CHARACTERS EACH]SS**

This field is prefilled with the MAILING ADDRESS from the Mailing/Payment Address (ADDR) screen. The first four lines are for the mailing address data (street, apartment, etc.), line 5 is for the city (either domestic or foreign), and line 6 is for the state/zip code or foreign country.

The address information is only displayed for the Claimant, Claimant Spouse, Sponsor and Co-Sponsor Spouse.

**[5-D] PHONE: SSSSSSSSSSSSSSSSS**

This field is prefilled with the DOMESTIC or FOREIGN PHONE NUMBER from the Mailing/Payment Address (ADDR) screen. This field only appears for the Claimant, Claimant Spouse, Sponsor, and Co-Sponsor Spouse.

**[6-D] DIRECT DEPOSIT: SSSSSSSSS S SSSSSSSSSSSSSSSSSSS**

The direct deposit information (BANK NUMBER, ACCOUNT TYPE, AND ACCOUNT NUMBER) from the ADDR screen is prefilled in this field. It is only available for the Claimant and Claimant Spouse.

**[7-D] MAIL OPTION: SS[MAXIMUM OF 36 CHARACTERS]SS**

If blindness is alleged, this field will be prefilled with either "Regular", "Certified", "Regular with follow-up phone contact", or "BRAILLE" as shown on the ADDR screen. This field only appears for Claimant and Claimant Spouse.

**[8-D] SPOKEN/WRITTEN LANGUAGE TYPES: SS[MAXIMUM OF 22 CHARACTERS]SS**

This field will display the spoken/written language type on the CLLG screen for the individual. This field only appears for the Claimant and Claimant Spouse.

**[9-D] MARITAL STATUS: SS[MAXIMUM OF 30 CHARACTERS]SS**

If the Marriage Data (AMAR) screen reflects a current marriage, this field will be prefilled with "Married as of MMDDCCYY".

If the Holding Out Data (AHOD) screen reflects a current holding out relationship, this field will be prefilled with "Holding out as of MMDDCCYY".

If there is no current marriage or holding out relationship, then this field will be prefilled with "Unmarried".

**[10-D] PARENTS: SS[MAXIMUM OF 48 CHARACTERS]SS**

This field will be prefilled with "Mother as of MMDDCCYY" and/or "Father as of MMDDCCYY" if the Child Data (ACHD) screen is present on the pending file. If the screen is not present, this field will show "Neither".

This field will only be displayed for Claimants under the age of 18.

**[11-D] CITIZENSHIP STATUS: SS[MAXIMUM OF 20 CHARACTERS]SS**

This field will reflect the current status of the Claimant and Claimant Spouse. The information will be prefilled from the data contained on the Citizenship Data (ACIT) screen. It will reflect either "U.S. Citizen", "Naturalized Citizen", or "Alien".

**[12-D] SPONSOR: SSSS**

If the Sponsor Data (ASPN) screen appears in the Claimant or Claimant Spouse path, this field will be prefilled with "Yes", otherwise, it will show "None".

**[13-D] SPONSOR SPOUSE: SSSS**

If the Sponsor Data (ASPN) screen appears in the Claimant or Claimant Spouse path, and the LIVING WITH SPONSOR SPOUSE NAME contains data, then this field will be prefilled with "Yes", otherwise, it will show "None". This field will only be displayed for the Claimant or Claimant Spouse.

**[14-D] SPONSOR DEPENDENTS: SSSS**

If the Sponsor Dependent Data (ADEP) screen appears in the Sponsor or Co-sponsor Spouse path, then this field will be prefilled with "Yes", otherwise, it will show "None". This field will only be displayed for Sponsor or Co-sponsor Spouse.

**[15-D] BIRTHDATE: SS/SS/SSSS**

This field will be prefilled from BIRTHDATE on the Client Identification (ACID) screen.

**[16-D] DATE OF DEATH: SS/SS/SSSS**

If a DATE OF DEATH is present on Client Identification (ACID), that date will be prefilled to this field.

**[17-D] SSI STATUS: SSSSSS**

If the Supplemental Security Income Payments (AXVI) screen contains eligibility data for the Ineligible Spouse, Ineligible Child, Father or Mother, then this field will be prefilled with "Active".

If there is no SSI eligibility displayed for the individuals listed above, then this field will show "None".

## **G. RELATED REFERENCES**

Additional Client Data (ACLD), [MSSICS 008.014](#)

Child Data (ACHD), [MSSICS 008.011](#)

Citizenship (ACIT), [MSSICS 008.012](#)

Client Identification (ACID), [MSSICS 008.002](#)

Holding Out Data (AHOD), [MSSICS 008.009](#)

Mailing/Payment Address (ADDR), [MSSICS 008.005](#)



Marriage Data (AMAR), [MSSICS 008.008](#)

Sponsor Data (ASPN), [MSSICS 008.018](#)

Sponsor Dependent Data (ADEP), [MSSICS 008.019](#)

SSI Claims Application (ACLM), [MSSICS 008.003](#)

Supplemental Security Income (ISSI), [MSSICS 015.002](#)

Supplemental Security Income Payments (AXVI), [MSSICS 008.020](#)

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**[3-D] (NONE)**

This is the residence address prefilled from Residence Address (LRES) which includes:

- ADDRESS
- CITY
- STATE or COUNTRY
- ZIP CODE

**[4-D] RESIDENCE TYPE: SS[MAXIMUM OF 37 CHARACTERS]SS**

This is the type of residence prefilled from LRES. The types are:

- HOUSE/APARTMENT/MOBILE HOME/HOUSEBOAT
- ROOM (PRIVATE HOME)/FLAT FEE
- ROOM (COMMERCIAL ESTABLISHMENT)
- NONINSTITUTIONAL CARE
- TRANSIENT
- INSTITUTION

**[5-D] START DATE: SS/SS/SSSS**

This is the date the claimant began living at the current residence.

**[6-O] CHANGE IN JURISDICTION RESIDENCE DATA: Y**

Enter "Y" if the claimant's jurisdictional address has changed.

Example: Claimant owns her own home in Texas and the state of Texas is responsible for any Medicaid and/or supplemental payments due. Claimant requires immediate nursing home care and is placed in a nursing home in Arkansas by the state of Texas. Texas is still the claimant's jurisdictional address although claimant is physically in Arkansas (shown on LRES). If Arkansas agrees to assume the responsibility for these payments, then a change has occurred and this would be indicated in this field.

**[7-D] (NONE)**

This is the jurisdictional address prefilled from Jurisdictional Residence Address (LJRA) which includes:

- ADDRESS
- CITY
- STATE or COUNTRY
- ZIP CODE

**[8-O] (Y) CHANGE IN INSTITUTION DATA**

Enter "Y" if any of the institution data has changed.

**[9-D] (BLANK): SS[MAXIMUM OF 40 CHARACTERS]SS**

This is the name of the institution where the claimant is physically residing.

**[10-D] ADMISSION DATE: SS/SS/SSSS**

This is the date the claimant entered this institution.

**[11-D] OVER 50% MEDICAID PAYMENTS: SSS**

This will display the information from Institution Data (LINS) regarding whether or not Medicaid is paying over 50% of the cost as follows:

YES - Medicaid is paying over 50% of cost

NO - Medicaid is not paying over 50% of cost.

**[12-D] CONFINEMENT REASON: SSSSSSSSSSSSSS**

The reason for the confinement will be shown as follows from LINS:

- Medical/Psych
- Education/Voc
- Emerg Shelter
- Pub Comm Res
- Other

**[13-D] (BLANK): SS[MAXIMUM OF 29 CHARACTERS]SS**

If special payment provisions apply they will be displayed as follows:

- 1619/1611E Requirements Met
- 9115 Continued Payments Apply
- Levings Requirements Met

If none of the eligibility factors apply, then this field will be blank.

**[14-O] CHANGE IN NONINSTITUTION DATA (Y)**

Enter "Y" if any of the following information has changed:

- Agency

- Claimant Pays CMV
- Amount Claimant Pays

**[15-D] (BLANK): SS[MAXIMUM OF 40 CHARACTERS]SS**

The name of the placement care agency will be displayed. This is prefilled from PLACEMENT AGENCY NAME on Noninstitutional Care (LNON).

**[16-D] (BLANK): SS[MAXIMUM OF 17 CHARACTERS]SS**

If the claimant pays the current market value (CMV) for the food and shelter, then "CLAIMANT PAYS CMV" will be displayed. This is prefilled from CLAIMANT PAYS CMV FROM OWN FUNDS on Noninstitutional Care (LNON).

**[17-D] (BLANK): SSSSSSSSSSSSSSSSSSSSSSS**

If AMOUNT PAID BY CLAIMANT on Noninstitutional Care (LNON) has a value, then this amount will be displayed here.

**[18-O] (Y) CHANGE IN HOUSEHOLD COMPOSITION**

Enter "Y" if there are any of the displayed data has changed

**[19-D] MEMBER NAME SSSSS SSSSSSSSSSS**

The first 5 letters of the first name and the first 10 letters of the last name of the household members from Household Composition (LHHC) will be displayed here.

**[20-D] RELATIONSHIP SSSSSSSSSSSSSSSSSSSSS**

The relationship of the household member to the claimant will be displayed here. This information is prefilled from Household Composition (LHHC).

**[21-D] BLIND SSS**

This is prefilled from Household Composition (LHHC) as follows:

- If BLIND = "Y", then "YES" is prefilled here.
- If BLIND = "N", then "NO" is prefilled here.

**[22-D] DIS SSS**

This is prefilled from Household Composition (LHHC) as follows:

- If DISABLED = "Y", then "YES" is prefilled here.
- If DISABLED = "N", then "NO" is prefilled here.

**[23-D] STU SSS**

This is prefilled from Household Composition (LHHC) as follows:

- If STUDENT = "Y", then "YES" is prefilled here.
- If STUDENT = "N", then "NO" is prefilled here.

#### **[24-D] MAR SSS**

This is prefilled from Household Composition (LHHC) as follows:

- If MARRIED = "Y", then "YES" is prefilled here.
- If MARRIED = "N", then "NO" is prefilled here.

#### **[25-D] AGE SSS**

This is prefilled from Household Composition (LHHC) as follows:

- If BIRTHDATE is present and the birthdate month is earlier than the current month, then the system will subtract the birthdate year from the current year and display this as the household member's age.
- If BIRTHDATE is present and the birthdate month is later than the current month, then the system will subtract the birthdate year from the current year and subtract one year and then display this as the household member's age.
- If only AGE is present, then the system will subtract the current year from the PERIOD BEGAN DATE [1-D] year and add this number to the AGE from LHHC.

#### **[26-O] (Y) CHANGE IN OWNERSHIP/RENTAL**

Enter "Y" if any of the following information has changed:

- the person shown with ownership\rental liability
- mortgage/rental amount
- relationship to the landlord (parent/child)
- rental current market value

#### **[27-D] (BLANK): SS[**MAXIMUM OF 28 CHARACTERS**]SS**

The ownership/rental information for the claimant and any deemors will be shown as follows:

**If SELECT For**

<b>(LORD) =</b>	<b>Person</b>	<b>Displays</b>
1	Claimant	CLAIMANT OWNS RESIDENCE
2	Claimant	CLAIMANT RENTS RESIDENCE
3	Claimant	NO ONE IN HH OWNS/RENTS



4	Claimant	DEEMOR NOT L/W OWNS OR RENTS
1	Spouse	SPOUSE OWNS RESIDENCE
2	Spouse	SPOUSE RENTS RESIDENCE
1	Mother*	DEEMOR OWNS RESIDENCE
	Father*	
	Sponsor	
	Sponsor Spouse	
2	Mother*	DEEMOR RENTS RESIDENCE
	Father*	
	Sponsor	
	Sponsor Spouse	

\*Mother and Father only apply if claim is for child with parent(s).

Note: If ownership/rental liability if other than the above relationships, it will not be displayed.

**[28-D] MORTGAGE/RENT AMOUNT: SSSSSSS**

This is the amount of the mortgage or rent (whichever applies).

**[29-D] (NONE)**

If RELATIONSHIP on Rental Data (LRNT) = 1, then "RELATED TO LANDLORD AS PARENT" will be displayed.

If RELATIONSHIP on Rental Data (LRNT) = 2, then "RELATED TO LANDLORD AS CHILD" will be displayed.

**[30-D] CURRENT MARKET VALUE: SSSSSSS**

This field will be displayed if there is a value present on Rental Data (LRNT).

**[31-O] CHANGE IN PA/PAYMENT CAP HOUSEHOLD**

Enter "Y" if there has been a change in the information displayed for ALL PUBLIC ASSISTANCE HOUSEHOLD [32-D] or PAYMENT CAP HOUSEHOLD [33-D].

**[32-D] ALL PUBLIC ASSISTANCE HOUSEHOLD: SSS**

If PUBLIC ASSISTANCE HOUSEHOLD = Y on Household Income Data (LHID), then "YES" will be displayed in this field.

If PUBLIC ASSISTANCE HOUSEHOLD = N on Household Income Data (LHID), then "No" will be displayed in this field.

**[33-D] PAYMENT CAP HOUSEHOLD: SSS**

If PUBLIC ASSISTANCE WITH PAYMENT CAP HOUSEHOLD = Y on Household Income Data (LHID), then "Yes" will be displayed in this field.

If PUBLIC ASSISTANCE WITH PAYMENT CAP HOUSEHOLD = N on Household Income Data (LHID), then "No" will be displayed in this field.

**[34-O] CHANGE IN OUTSIDE ISM (Y)**

Enter "Y" if there has been a change in the information displayed.

**[35-D] (BLANK): SSSSSSSSSSSSSSSSSSSSSSSSS**

If "N" is entered for both questions on ISM Information Data (LIID), then "NO OUTSIDE ISM RECEIVED" will be displayed.

**[36-D] OUTSIDE ISM TYPE SS[MAXIMUM OF 19 CHARACTERS]SS**

The display will reflect the entries on ISM Data Group (LISM) as follows:

If TYPE OF ISM = 1, then the system will display "Food".

If TYPE OF ISM = 2, then the system will display "Shelter".

If TYPE OF ISM = 3, then the system will display "Clothing/ISM to One".

If TYPE OF ISM = 4, then the system will display "Food and Shelter".

**[37-D] AMOUNT SSSSSSS**

This field will display the amount in TOTAL EXPENSES or MONTHLY VALUE from ISM Data Group.

**[38-O] (Y) CHANGE IN OS CODE**

Enter "Y" if the OS CODE FOR [39-D] has changed.

**[39-D] OS CODE FOR SSSSS SSSSSSSSSSS S**

This field will display the first five letters of the first name and first ten letters of the last name for the claimant (s) with the OS CODE from the appropriate screen in the path based on the state of residence.

**[40-O] (Y) CHANGE IN CONTRIBUTIONS/HOUSEHOLD EXPENSES:**

Enter "Y" if any of the displayed information [41-D] through [60-D] has changed.

**[41-D] (BLANK): SSSSSSSSSSSSSSSSSSSSSSSSS**



**[51-D] ELECTRICITY: SSSSSSS**

This field will display the amount for ELECTRICITY from either the Household of Another (LOHH) or Household ISM Cash Data (LXHP) (whichever applies).

**[52-D] GAS: SSSSSSS**

This field will display the amount for GAS from either the Household of Another (LOHH) or Household ISM Cash Data (LXHP) (whichever applies).

**[53-D] GARBAGE REMOVAL: SSSSSSS**

This field will display the amount for GARBAGE REMOVAL from either the Household of Another (LOHH) or Household ISM Cash Data (LXHP) (whichever applies).

**[54-D] WATER: SSSSSSS**

This field will display the amount for WATER from either the Household of Another (LOHH) or Household ISM Cash Data (LXHP) (whichever applies).

**[55-D] SEWER: SSSSSSS**

This field will display the amount for SEWER from either the Household of Another (LOHH) or Household ISM Cash Data (LXHP) (whichever applies).

**[56-D] TOTAL HOUSEHOLD EXPENSES: SSSSSSS**

This field will display the amount for TOTAL EXPENSES from either the Household of Another (LOHH) or Household ISM Cash Data (LXHP) (whichever applies).

**[57-D] (BLANK): EARMARKED FOR FOOD**

This field will be displayed with the amount earmarked for food when CLAIMANT'S CONTRIBUTION EARMARKED FOR = 2 or 4 on Household of Another (LOHH).

**[58-D] (BLANK): EARMARKED FOR SHELTER**

This field will be displayed with the amount earmarked for shelter when CLAIMANT'S CONTRIBUTION EARMARKED FOR = 3 or 4 on Household of Another (LOHH).

**[59-D] (BLANK): ISM FROM HOUSEHOLD**

This field will display the amount of ISM the system has derived for the claimant from TOTAL ISM FROM HOUSEHOLD on the Household of Another (LOHH) or INSIDE ISM TO CLAIMANT on Household ISM Cash Data (LXHP) (whichever applies).

**[60-D] (BLANK): CASH FROM HOUSEHOLD**

This field will display the amount shown in CASH FROM WITHIN THE HOUSEHOLD from Household ISM

Cash Data (LXHP).

## K. RELATED REFERENCES

Name, Amount and Date Field Formats, MSSICS 001.007

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X  SS/SS  SS/SS  SSSSSS.SS
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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[7-D]  
MORE: S

### D. FIELD DESCRIPTIONS

**[1-D] SS/01/SSSS**

This displays the month and year of the REDETERMINATION BEGIN DATE from the Post Eligibility Menu (PMEN) or the PERC REFERENCE DATE (PERC). The day will always be 01.

**[2-O] CHANGE DATA (Y): X**

A response in this field indicates that a change is needed for the corresponding resource. When "Y" is entered, the system will propagate the response to the appropriate resource question on the Resource Menu (RMEN). This is an optional field.

**[3-D] FROM: SS/SS**

This displays the FROM date from the resource detail screens.

**[4-D] TO: SS/SS**

This displays the TO date from the resource detail screens. An entry of "0000" means the ownership of the resource is continuing.

**[5-D] AMOUNT: SSSSSSS.SS**

This displays the COUNTABLE AMOUNT from the resource detail screens.

**[6-D] (BLANK): SS[MAXIMUM OF 60 CHARACTERS]SS**

This displays the RESOURCE ID from the resource detail screens.

If the RESOURCE ID contains information for a selection of "other" on a detail screen, the corresponding screen acronym will be added to the beginning of the RESOURCE ID field.

**[7-D] MORE: S**

This field is displayed and pre-filled with a "Y" only when there are more Resource Recap screens available.

### E. RELATED REFERENCES

Post Eligibility Menu (PMEN), MSSICS 004.008

Resources Menu (RMEN), MSSICS 013.002

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**Make Note**

Link to this section:

<http://policynet.ba.ssa.gov/msom.nsf/links/MSSICS006004>

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[10-O] DELETE THIS SOURCE (Y): X

[11-O] REMARKS (Y): X

Reference: Common Fields, MSOM MSSICS 019.001

## D. FIELD DESCRIPTIONS

### **[3-M] PERSON WITH SOCIAL SECURITY COVERAGE: PPPPPPPPPPPPPPPP PPPPPPPPPPPPPPP PPPPPPPPPPPPPPPPPPP PPPP**

This field will be prefilled with the claimant's name on the first occurrence only. It can be overkeyed.

### **[4-M] POTENTIAL ENTITLEMENT TO SOCIAL SECURITY (Y/N): X**

This field is entered to document possible social security eligibility.

### **[5-C] IF YES, SSN: XXXXXXXXXX**

This field is entered with the SSN of the person with Social Security coverage.

### **[6-C] IF YES, CLAIM NO: XXXXXXXXXXXXX**

Enter the claim number of the number holder and the appropriate BIC for the claimant. The claim number consists of 9 numerics, followed by one alpha or one alpha and one numeric.

### **[7-C] IF NO, REASON: XX[UP TO 4 LINES MAXIMUM 50 CHARACTERS EACH]XX**

This field should provide a reason why the claimant is not eligible to receive social security benefits.

### **[8-M] LEAD STATUS: 9**

Enter "1" if you will give a referral notice (SSA-L8050) to the claimant at the interview.

Enter "2" if you will mail the SSA-L8050 to the claimant.

Enter "3" for office referral and no SSA-L8050 required.

The system prints the SSA-L8050 (if you entered a "1" or "2" in this field) when the SSI application prints for the first time. You may request additional copies from Print Options Screen (DPRN). If you enter "1" or "2" in this field and the initial application was already printed, you must print the SSA-L8050 from DPRN.

The system sets a development issue on the DW01 for each lead, regardless of the number of sources. The system prefills a follow-up date of 15 days after the current date if you answer "1" to LEAD STATUS and a date of 20 days after the current date if you answer "2". A subsequent change of either answer to "3" (SSA Office Referral) automatically deletes the tickle date. You make any other change to the tickle date on the DW01.

You are not required to follow-up on leads when the APPLICATION TYPE is "1" (deferred) on ACLM.

Overkey the automated tickle date with a future date, such as the date you expect the medical decision. Reset the development issue when a full application is taken.

## **E. RELATED REFERENCES**

Development Worksheet (DW01), [MSSICS 022.004](#)

MSSICS Printed Outputs, [MSSICS 024.002](#)

Name, Amount and Date Field Formats, [MSSICS 001.007](#)

SSI Claims Application (ACLM), [MSSICS 008.003](#)

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Link to this section:

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PolicyNet/ MSOM/ MSSICS //Chapter 019

02/07/97 (TN #202)

## MSSICS 019.014 Third Party Liability (BTPL)

### A. INTRODUCTION

The Third Party Liability screen gives section 1634 States information that was formerly provided by manual completion of the Third Party Liability Information Statement (SSA-8019-U2). Information is electronically transmitted to the States.

On this screen, you record

- information for up to 2 health insurance policies owned by the claimant, eligible spouse and/or ineligible parents,
- information about any claim or legal action that he/she may file or have pending.

### B. FACSIMILE 1: BTPL - THIRD PARTY LIABILITY

```

MSSICS                THIRD PARTY LIABILITY                PAGE 1 OF BTPL
                    [1-0]
                    TRANSFER TO: XXXX

SSS-SS-SSSS    SSSSS SSSSSSSSSSS
[2-0]
SERVICES COVERED (Y)
    HOSPITAL: X                DENTAL: X
    PHYSICIAN: X              EMERGENCY: X
    OUTPATIENT: X            PRESCRIPTION: X
    LABORATORY SERVICES: X    OTHER: X
[3-0]
IF OTHER, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
[4-0]
NAME OF POLICY HOLDER: P    1=CLAIMANT    2=OTHER
[5-0]
IF OTHER, NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXX
[6-0]
RELATIONSHIP TO CLAIMANT: 9 1=SPOUSE    2=PARENT    3=OTHER
[7-0]
IF OTHER, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
[8-0]
POLICY HOLDER SSN: 999-99-9999
[9-0]
POLICY HOLDER BIRTHDATE (MMDDCCYY): 99999999
[10-0]
COMPANY: PFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF
[11-0]
ADDR: PFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF PFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF
    PFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF PFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF
[12-M] [13-C] [14-C] [15-C]
CITY: XXXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 CONSULAR CODE: 999
[16-C] [17-C]
FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE: XXXXXXXXXXXXXXXX
[18-0]
POLICY NUMBER: XXXXXXXXXXXXXXXXXXXXXXXX
[19-0]
POLICY EFFECTIVE DATE (MMDDYY): 999999

```

[20-O] POLICY ENDING DATE (MMDDYY): 999999  
 [21-O] GROUP NO. OR NAME OF EMPLOYER: XX  
 [22-O] ANOTHER POLICY (Y): X [23-O] REMARKS (Y): X

### C. FACSIMILE 2: BTPL - THIRD PARTY LIABILITY

MSSICS THIRD PARTY LIABILITY PAGE 2 OF BTPL  
 SSS-SS-SSSS SSSSS SSSSSSSSSSS [1-O] TRANSFER TO: XXXX

[24-O] CLAIM/LEGAL ACTION PENDING/PLANNED DUE TO ILLNESS/INJURY (Y/N): X

[25-O] IF YES, NATURE OF CLAIM: 9 1=WORKER'S COMPENSATION  
 2=AUTOMOBILE ACCIDENT  
 3=OTHER (EXPLAIN)

[26-O] IF OTHER, EXPLAIN: XX

[27-O] INJURY/ILLNESS BEGIN DATE (MMDDYY): 999999  
 CLAIM PENDING AGAINST:

[28-O] NAME: XX

[29-O] ADDR: XX XX  
 XX XX

[30-M] [31-C] [32-C] [33-C]  
 CITY: XXXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 CONSULAR CODE: 999

[34-C] [35-C]  
 FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE: XXXXXXXXXXXXXXXX  
 ATTORNEY INFORMATION:

[36-O] NAME: XX

[37-O] ADDR: XX XX  
 XX XX

[38-M] [39-C] [40-C] [41-C]  
 CITY: XXXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 CONSULAR CODE: 999

[42-C] [43-C]  
 FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE: XXXXXXXXXXXXXXXX

[23-O] REMARKS (Y): X

### D. HOW YOU GOT HERE

You entered "Y" in INSURANCE OTHER THAN MEDICARE/MEDICAID on the Health Expenses (BHLT) screen.

### E. COMMON FIELDS

[1-O] TRANSFER TO: XXXX

[6-O] RELATIONSHIP TO CLAIMANT: 9

[23-O] REMARKS (Y): X

Reference: Common Fields, MSOM MSSICS 019.001

### F. FIELD DESCRIPTIONS

**[2-O] SERVICES COVERED (Y): X**

Enter a "Y" after each type of service that the Health Insurance policy covers.

**[3-O] IF OTHER, EXPLAIN: XX[MAXIMUM OF 30 CHARACTERS]XX**

Enter the type of service, if not one of those listed. It is required if SERVICES COVERED

[2-O] = OTHER.

**[4-O] NAME OF POLICY HOLDER: P**

On the first occurrence of this screen the system prefills this field with a "1". It can be over keyed.

**[5-O] IF OTHER, NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX**

Enter the name of the policy holder only if NAME OF POLICY HOLDER [4-O] = 2 (other).

**[7-O] IF OTHER, EXPLAIN: XX[MAXIMUM OF 30 CHARACTERS]XX**

Enter the relationship the policy holder has to the claimant only if RELATIONSHIP TO CLAIMANT [6-O] = 3 (other).

**[8-O] POLICY HOLDER SSN: 999-99-9999****[9-O] POLICY HOLDER BIRTHDATE (MMDDCCYY): 99999999****[10-O] COMPANY: PP[MAXIMUM OF 40 CHARACTERS]PP**

On the second BTPL collected, the system prefills COMPANY from the preceding occurrence. It can be over keyed.

**[11-O] ADDR: PP[UP TO 4 LINES MAXIMUM 35 CHARACTERS EACH]PP**

On the second BTPL collected, the system prefills ADDRESS from the preceding occurrence. It can be over keyed.

**[12-M] CITY: XX[MAXIMUM OF 22 CHARACTERS]XX**

Enter the city in the insurance company's mailing address. Acceptable characters are: alphabetic characters, hyphen, and space. If unknown, enter "Unknown". The total characters for CITY and POSTAL ZONE [17-C] cannot exceed 22 characters.

Exception: Canadian addresses. The CITY may have 22 characters. See POSTAL ZONE [17-C].

**[13-C] STATE: XX**

Enter the state in the insurance company's mailing address. Any valid state abbreviation is allowed including



MP for the Northern Mariana Islands. This field is required when there is no entry in FOREIGN COUNTRY [16-C].

**[14-C] ZIP: 99999**

Enter the first 5 positions of the zip code in the insurance company's mailing address. This field is required when there is an entry in STATE [13-C].

**[15-C] CONSULAR CODE: 999**

If the insurance company's address is in a foreign country, enter the corresponding consular code.

**[16-C] FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXXX**

Enter the foreign country in the insurance company's mailing address if STATE [13-C] is not completed.

**[17-C] POSTAL ZONE: XXXXXXXXXXXXXXXXXX**

If the insurance company has a foreign mailing address, the following characters may be used: alphabetic, numeric, space and hyphen. The last eight positions are for future use and cannot contain data. The total characters for CITY [12-M] and POSTAL ZONE cannot exceed 22 characters.

For Canadian addresses, the POSTAL ZONE sequence must be followed exactly. The sequence must be: alpha, numeric, alpha, space, numeric, alpha, numeric.

**[18-O] POLICY NUMBER: XXXXXXXXXXXXXXXXXXXXXXXXXX**

**[19-O] POLICY EFFECTIVE DATE (MMDDYY): 999999**

**[20-O] POLICY ENDING DATE (MMDDYY): 999999**

**[21-O] GROUP NO. OR NAME OF EMPLOYER: XX[MAXIMUM OF 40 CHARACTERS]XX**

**[22-O] ANOTHER POLICY (Y): X**

Enter "Y" if there is a second Health Insurance policy. ANOTHER POLICY only occurs on the first occurrence of BTPL. Only data for two Health Insurance policies can be collected.

**[24-O] CLAIM/LEGAL ACTION PENDING/PLANNED DUE TO ILLNESS/INJURY (Y/N): X**

**[25-O] IF YES, NATURE OF CLAIM: 9**

**[26-O] IF OTHER, EXPLAIN: XX**

Enter the nature of the claim/legal action only if IF YES, NATURE OF CLAIM [25-O] = 3 (other).

**[27-O] INJURY/ILLNESS BEGIN DATE (MMDDYY): 999999**

**[28-O] CLAIM PENDING AGAINST: NAME: XX[MAXIMUM OF 40 CHARACTERS]XX**

**[29-O] CLAIM PENDING AGAINST: ADDR: XX[UP TO 4 LINES MAXIMUM 35 CHARACTERS EACH]XX**

**[30-M] CITY: XX[MAXIMUM OF 22 CHARACTERS]XX**

Enter the city in the mailing address of the person, corporation or insurance company that the claimant has filed or will file a claim or legal action against. Acceptable characters are: alphabetic characters, hyphen, and space. If unknown, enter "Unknown". The total characters for CITY and POSTAL ZONE [35-C] cannot exceed 22 characters.

Exception: Canadian addresses. The CITY may have 22 characters. See POSTAL ZONE [35-C].

**[31-C] STATE: XX**

Enter the state in the mailing address of the person, corporation or insurance company that the claimant has filed or will file a claim or legal action against. Any valid state abbreviation is allowed including MP for the Northern Mariana Islands. This field is required when there is no entry in FOREIGN COUNTRY [34-C].

**[32-C] ZIP: 99999**

Enter the first 5 positions of the zip code in the mailing address of the person, corporation or insurance company that the claimant has filed or will file a claim or legal action against. This field is required when there is an entry in

STATE [31-C].

**[33-C] CONSULAR CODE: 999**

If the address of the person, corporation or insurance company that the claimant has filed or will file a claim or legal action against is in a foreign country, enter the corresponding consular code.

**[34-C] FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXXX**

Enter the foreign country in the mailing address of the person, corporation or insurance company that the claimant has filed or will file a claim or legal action against if STATE [31-C] is not completed.

**[35-C] POSTAL ZONE: XXXXXXXXXXXXXXXXXX**

If the person, corporation or insurance company that the claimant has filed or will file a claim or legal action against has a foreign mailing address, the following characters may be used: alphabetic, numeric, space and hyphen. The last eight positions are for future use and cannot contain data. The total characters for CITY [30-M] and POSTAL ZONE cannot exceed 22 characters.

For Canadian addresses, the POSTAL ZONE sequence must be followed exactly. The sequence must be: alpha, numeric, alpha, space, numeric, alpha, numeric.

**[36-O] ATTORNEY INFORMATION: NAME: XX[MAXIMUM OF 40 CHARACTERS]XX**

**[37-O] ATTORNEY INFORMATION: ADDR: XX[UP TO 4 LINES MAXIMUM 35 CHARACTERS EACH]XX**

**[38-M] CITY: XX[MAXIMUM OF 22 CHARACTERS]XX**

Enter the city in the attorney's mailing address. Acceptable characters are: alphabetic characters, hyphen, and space. If unknown, enter "Unknown". The total characters for CITY and POSTAL ZONE [43-C] cannot exceed 22 characters.

Exception: Canadian addresses. The CITY may have 22 characters. See POSTAL ZONE [43-C].

**[39-C] STATE: XX**

Enter the state in the attorney's mailing address. Any valid state abbreviation is allowed including MP for the Northern Mariana Islands. This field is required when there is no entry in FOREIGN COUNTRY [42-C].

**[40-C] ZIP: 99999**

Enter the first 5 positions of the zip code in the attorney's mailing address. This field is required when there is an entry in STATE [39-C].

**[41-C] CONSULAR CODE: 999**

If the attorney's address is in a foreign country, enter the corresponding consular code.

**[42-C] FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXXX**

Enter the foreign country in the attorney's mailing address if STATE [39-C] is not completed.

**[43-C] POSTAL ZONE: XXXXXXXXXXXXXXXXXX**

If the attorney has a foreign mailing address, the following characters may be used: alphabetic, numeric, space and hyphen. The last eight positions are for future use and cannot contain data. The total characters for CITY [38-M] and POSTAL ZONE cannot exceed 22 characters.

For Canadian addresses, the POSTAL ZONE sequence must be followed exactly. The sequence must be: alpha, numeric, alpha, space, numeric, alpha, numeric.

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**D. HOW YOU GOT HERE**

You entered "Y" for SCHOOL INPUT NEEDED on IMEN to directly input student information.

**E. COMMON FIELDS**

[1-O] TRANSFER TO: XXXX

[15-O] ANOTHER SOURCE (Y): X

[16-O] DELETE THIS SOURCE (Y): X

[17-O] EMARKS (Y): X

Reference: MSOM MSSICS 001.005, Screen Facsimile Formats

**F. FIELD DESCRIPTIONS****[2-M] IF EMPLOYED, ATTENDED SCHOOL REGULARLY SINCE SS/SS OR EXPECT TO ATTEND IN NEXT 4 MONTHS (Y/N): X**

This will be prefilled with the month and year of the EFFECTIVE FILING DATE on ACLM. Enter a "Y" or "N" to determine whether or not the individual is attending or planning to attend school regularly. This data is used in determining the type of claim and the applicability of the student earned income exclusion.

**[3-M] SCHOOL: PP[MAXIMUM OF 40 CHARACTERS]PP**

If a prior iteration of ISCH has been collected, this field will be prefilled from the last iteration.

**[4-M] ADDRESS: PP[UP TO 4 LINES MAXIMUM 22 CHARACTERS EACH]PP**

If a prior iteration of ISCH has been collected, this field will be prefilled from the last iteration.

**[5-O] CONTACT: PP[MAXIMUM OF 40 CHARACTERS]PP**

If a prior iteration of ISCH has been collected, this field will be prefilled from the last iteration.

**[6-O] PHONE NO: PPP PPP PPPP**

If a prior iteration of ISCH has been collected, this field will be prefilled from the last iteration.

**[7-M] DATES OF ATTENDANCE: FROM (MMYY): 9999**

Enter the month and year a period of school attendance began or will begin. Up to three different periods of attendance are allowed. The first occurrence is mandatory.

Note: This date cannot be more than 4 months in the future.

**[8-M] DATES OF ATTENDANCE: TO (MMYY): 9999**

Enter the month and year the period of school attendance ceased or will cease. An entry of 0000 indicates that school attendance is continuing. The field is mandatory anytime there is a corresponding date from field [7-M] DATES OF ATTENDANCE: FROM (MMYY).

**[9-M] COURSE OF STUDY: XX[MAXIMUM OF 40 CHARACTERS]XX**

**[10-M] HRS PER WK: 99**

Enter the number of hours per week the individual is attending or planning to attend school. 00 is not an acceptable entry in this field.

**[11-M] CHILD IS STUDENT (Y/N): X**

This field records the CR's decision as to whether the individual meets the definition of a student for SSI purposes.

**Note:** If you are collecting school information for the claimant, you cannot enter both "Y" and "N" in this field. This is a batch system limitation. You may continue to collect data for this claim but you cannot depend on MSSICS to create the correct claim path or to edit information correctly. You must adjudicate the claim using a non-MSSICS method.

**Reference:** MSOM MSSICS 001.003, MSSICS Exclusions and Limitations

**[12-C] FROM (MMYY): 9999**

Enter month and year that the student status in field [11-M] CHILD IS STUDENT is effective. This field is required when CHILD IS STUDENT [11-M] equals "Y".

**Note:** This date cannot be more than 4 months in the future.

**[13-C] TO (MMYY): 9999**

Enter the month and year that the student ceased meeting the student status. An entry of "0000" means that student status is continuing. This field is required anytime there is a corresponding FROM [12-C] date.

**[14-M] VERIFIED (Y/N): X**

If you answer this field with an "N" and you are collecting school data for an eligible individual, an issue (STUDENT STATUS) is generated on the Development Worksheet (DWO1) screen.

**Reference:** MSOM MSSICS 022.004, Development Worksheet (DWO1)

## **G. RELATED REFERENCES**

Child Data (ACHD), MSSICS 008.011

Income and Resources Computations, MSSICSCOMPS 001.001

Propagated Claim Selection (PCLM), MSSICS 004.014

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PolicyNet/ MSOM/ MSSICS //Chapter 019

08/13/03 (TN #474)

## MSSICS 019.011 Food Stamps (BFDS)

### A. INTRODUCTION

This section explains Food Stamps (BFDS).

### B. HOW BFDS WORKS

On page 1 of this screen, you record the claimant's current food stamp status.

On page 2 of this screen, you record whether or not

- a claimant wants to file for food stamps (referral information),
- you can take the application (pure SSI household information), and
- a claimant in a pure SSI household wants to apply at the SSA office.

On page 2 of this screen, you also record the last food stamp application or recertification date and whether the claimant's shelter cost is at or above the state standard if the claimant resides in a state participating in the Combined Application Project (CAP).

Your response to FOOD STAMPS STATUS on Facsimile 1 determines which Page 2 of BFDS the system generates. If you select:

"1 = CURRENTLY RECEIVING FOOD STAMPS" - Facsimile 2.

"2 = FILED WITHIN PAST 60 DAYS" - Facsimile 3.

"3 = NEVER FILED OR FILE DATE MORE THAN 60 DAYS IN PAST" - Facsimile 4.

Field Offices (for both, in-office interviews and teleclaims) must annotate the date they complete food stamp applications in RECEIVED field of DW01 in order to receive DOWR credit. This RECEIVED date is the application completion date and not the signed date (sometimes they are not the same).

Reference: Prerelease, POMS SI 00520.000

### C. FACSIMILE 1: BFDS - FOOD STAMPS

```

[MSSICS.BFDS]
MSSICS                                FOOD STAMPS                                PAGE 1 OF BFDS
[1-0]
SSS-SS-SSSS  SSSSS SSSSSSSSSSS      TRANSFER TO:  XXXX
[2-M]
FOOD STAMPS STATUS:  9
(CHOOSE ONE):
1 = CURRENTLY RECEIVING FOOD STAMPS

```



2 = FILED WITHIN THE PAST 60 DAYS  
3 = NEVER FILED OR FILE DATE MORE THAN 60 DAYS IN PAST

### D. FACSIMILE 2: BFDS - FOOD STAMPS

MSSICS FOOD STAMPS PAGE 2 OF BFDS  
[1-0]  
SSS-SS-SSSS SSSSS SSSSSSSSSS TRANSFER TO: XXXX

[3-M]  
RECERTIFICATION NOTICE RECEIVED WITHIN PAST 30 DAYS (Y/N): X

[4-C]  
IF YES, ALL HOUSEHOLD MEMBERS APPLYING FOR OR RECEIVING SSI (Y/N/P): X

[5-C]  
IF YES OR PRERELEASE, MAY I TAKE YOUR FOOD STAMP APPLICATION TODAY? (Y/N): X

[6-C]  
IF NO, EXPLAIN: XXX

[7-C]  
LAST FOOD STAMP APPLICATION OR RECERTIFICATION DATE (MMDDYY): YYYYYY

COMBINED APPLICATION PROJECT DATA

[8-C]  
SHELTER COST AT OR ABOVE STATE STANDARD (Y/N): X

[9-C]  
SUBSIDIZED HOUSING WITH HEAT INCLUDED IN RENT (Y/N): X

[10-0]  
REMARKS (Y): X

### E. FACSIMILE 3: BFDS - FOOD STAMPS

MSSICS FOOD STAMPS PAGE 2 OF BFDS  
[1-0]  
SSS-SS-SSSS SSSSS SSSSSSSSSS TRANSFER TO: XXXX

[11-M]  
FOOD STAMP DECISION RECEIVED (Y/N): X

[4-C]  
IF YES, ALL HOUSEHOLD MEMBERS APPLYING FOR OR RECEIVING SSI (Y/N/P): X

[5-C]  
IF YES OR PRERELEASE, MAY I TAKE YOUR FOOD STAMP APPLICATION TODAY? (Y/N): X

[6-C]  
IF NO, EXPLAIN: XXX

[7-C]  
LAST FOOD STAMP APPLICATION OR RECERTIFICATION DATE (MMDDYY): YYYYYY

COMBINED APPLICATION PROJECT DATA

[8-C]  
SHELTER COST AT OR ABOVE STATE STANDARD (Y/N): X

[9-C]  
SUBSIDIZED HOUSING WITH HEAT INCLUDED IN RENT (Y/N): X

[10-0]  
REMARKS (Y): X

### F. FACSIMILE 4: BFDS - FOOD STAMPS

MSSICS FOOD STAMPS PAGE 2 OF BFDS  
[1-0]  
SSS-SS-SSSS SSSSS SSSSSSSSSS TRANSFER TO: XXXX

[4-C]  
ALL HOUSEHOLD MEMBERS APPLYING FOR OR RECEIVING SSI (Y/N/P): X

[5-C]  
IF YES OR PRERELEASE, MAY I TAKE YOUR FOOD STAMP APPLICATION TODAY? (Y/N): X

[6-C]  
IF NO, EXPLAIN: XXX

[7-C]  
LAST FOOD STAMP APPLICATION OR RECERTIFICATION DATE (MMDDYY): YYYYYY

COMBINED APPLICATION PROJECT DATA

[8-0]

SHELTER COST AT OR ABOVE STATE STANDARD (Y/N): X

[9-0]

SUBSIDIZED HOUSING WITH HEAT INCLUDED IN RENT (Y/N): X

[10-0]

REMARKS (Y): X

## G. COMMON FIELDS

[1-0] TRANSFER TO: XXXX

[10-0] REMARKS (Y): X

Reference: Common Fields, MSOM MSSICS 019.001

## H. FIELD DESCRIPTIONS

### [2-M] FOOD STAMP STATUS: 9

Enter the current food stamp status for the claimant's household.

Note: Treat as if they are receiving food stamp benefits.

### [3-M] RECERTIFICATION NOTICE RECEIVED WITHIN PAST 30 DAYS (Y/N): X

Enter whether or not the claimant has received a recertification notice within the past 30 days.

### [4-C] IF YES, ALL HOUSEHOLD MEMBERS APPLYING FOR OR RECEIVING SSI (Y/N/P): X

- Enter "Y" if claimant is a member of a pure SSI household.
- Enter "P" if claimant is a resident of a public institution and meets the prerelease criteria.
- Enter "N" if claimant is neither a member of a pure SSI household nor meets the prerelease criteria.

If RECERTIFICATION NOTICE RECEIVED WITHIN PAST 30 DAYS [3-C] = Y, then this field is required.

### [5-C] IF YES OR PRERELEASE, MAY I TAKE YOUR FOOD STAMP APPLICATION TODAY? (Y/N): X

Enter whether or not claimant wishes to apply for food stamps at your office.

If ALL HOUSEHOLD MEMBERS APPLYING FOR OR RECEIVING SSI [4-C] = Y or P then this field is required.

### [6-C] IF NO, EXPLAIN: XX [MAXIMUM OF 50 CHARACTERS] XX

Enter the reason the claimant does not want to apply for food stamps at SSA office.

If MAY I TAKE YOUR FOOD STAMP APPLICATION TODAY? [5-C] = N, then this field is required.

### [7-C] LAST FOOD STAMP APPLICATION OR RECERTIFICATION DATE (MMDDYY): YYYYYY

Enter the most recent date a food stamps application was taken by SSA.

If MAY I TAKE YOUR FOOD STAMP APPLICATION TODAY? [5-C] = Y, then this field is required.

**[8-O] SHELTER COST AT OR ABOVE STATE STANDARD (Y/N): X**

Enter whether the claimant's shelter cost is at or above the designated state standard if the claimant is eligible for CAP.

Note: This field is only completed when the claimant resides in a state that participates in the Food Stamps Combined Application Program.

**[9-O] SUBSIDIZED HOUSING WITH HEAT INCLUDED IN RENT (Y/N): X**

Enter whether the claimant is living in subsidized housing with heat included in the rent if the claimant is eligible for CAP.

Note: This field is only completed when the claimant resides in New York.

**[11-M] FOOD STAMP DECISION RECEIVED (Y/N): X**

Enter whether or not the claimant has received a decision on his application to the food stamp agency.

## I. RESULTS

If [5-C] MAY I TAKE YOUR FOOD STAMP APPLICATION TODAY? = Y and [7-O] SHELTER COST AT OR ABOVE STATE STANDARD is blank then the Development Worksheet (DW01) screen is annotated with DEVELOPMENT ISSUE = FOOD STAMPS and DEVELOPMENT REMARKS = COMPLETE APP.

If [4-C] ALL HOUSEHOLD MEMBERS APPLYING FOR OR RECEIVING SSI = N or [5-C] MAY I TAKE YOUR FOOD STAMP APPLICATION TODAY? = N then the DW01 is annotated with DEVELOPMENT ISSUE = FOOD STAMPS and DEVELOPMENT REMARKS = REF TO AGENCY.

If [8-O] SHELTER COST AT OR ABOVE STATE STANDARD = Y or N then the DW01 is annotated with DEVELOPMENT ISSUE = FOOD STAMPS AND DEVELOPMENT REMARKS = COMPLETE CAP.

## J. RELATED REFERENCES

Development Worksheet (DW01), [MSSICS 022.004](#)

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[10-O] DELETE THIS SOURCE (Y): X

[11-O] REMARKS (Y): X

Reference: Common Fields, MSOM MSSICS 019.001

## D. FIELD DESCRIPTIONS

### [3-M] PERSON WITH SOCIAL SECURITY COVERAGE:

PP

This field will be prefilled with the claimant's name on the first occurrence only. It can be overkeyed.

### [4-M] POTENTIAL ENTITLEMENT TO SOCIAL SECURITY (Y/N): X

This field is entered to document possible social security eligibility.

### [5-C] IF YES, SSN: XXXXXXXXXX

This field is entered with the SSN of the person with Social Security coverage.

### [6-C] IF YES, CLAIM NO: XXXXXXXXXXXXX

Enter the claim number of the number holder and the appropriate BIC for the claimant. The claim number consists of 9 numerics, followed by one alpha or one alpha and one numeric.

### [7-C] IF NO, REASON: XX[UP TO 4 LINES MAXIMUM 50 CHARACTERS EACH]XX

This field should provide a reason why the claimant is not eligible to receive social security benefits.

### [8-M] LEAD STATUS: 9

Enter "1" if you will give a referral notice (SSA-L8050) to the claimant at the interview.

Enter "2" if you will mail the SSA-L8050 to the claimant.

Enter "3" for office referral and no SSA-L8050 required.

The system prints the SSA-L8050 (if you entered a "1" or "2" in this field) when the SSI application prints for the first time. You may request additional copies from Print Options Screen (DPRN). If you enter "1" or "2" in this field and the initial application was already printed, you must print the SSA-L8050 from DPRN.

The system sets a development issue on the DW01 for each lead, regardless of the number of sources. The system prefills a follow-up date of 15 days after the current date if you answer "1" to LEAD STATUS and a date of 20 days after the current date if you answer "2". A subsequent change of either answer to "3" (SSA Office Referral) automatically deletes the tickle date. You make any other change to the tickle date on the DW01.

You are not required to follow-up on leads when the APPLICATION TYPE is "1" (deferred) on ACLM.

Overkey the automated tickle date with a future date, such as the date you expect the medical decision. Reset the development issue when a full application is taken.

## E. RELATED REFERENCES

Development Worksheet (DW01), [MSSICS 022.004](#)

MSSICS Printed Outputs, [MSSICS 024.002](#)

Name, Amount and Date Field Formats, [MSSICS 001.007](#)

SSI Claims Application (ACLM), [MSSICS 008.003](#)

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03/13/06 (TN #617)

**MSSICS 008.022 Law Enforcement (ALEF)**

**A. INTRODUCTION**

This section describes the Law Enforcement (ALEF) screen. ALEF lets you record the claimant's status as a fugitive felon or parole or probation violator. This screen appears in the Initial Claims and Redeterminations claims path. This screen is optional for a limited issue, a stand alone PE event, or seeding event.

For these situations, the screen is displayed on PERS with "O", and for access, you must select it from PERS.

Reference: POMS SI 00530.000 explains the fugitive felon provisions.

**B. FACSIMILE: ALEF - LAW ENFORCEMENT**

MSSICS	LAW ENFORCEMENT	ALEF
		[1-O]
SSS-SS-SSSS		TRANSFER TO: XXXX
[2-M]		
ACCUSED OR CONVICTED OF A FELONY OR AN ATTEMPT TO COMMIT A FELONY (Y/N): X		
[3-C]	[4-C]	
IF YES, IN WHICH STATE: XX	OR COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX	
[5-D]	[6-C]	
SINCE SS/SS/SSSS, FELONY OR ARREST WARRANT (Y/N): X		
[7-M]		
ON PAROLE OR PROBATION UNDER FEDERAL OR STATE LAW (Y/N): X		
[8-C]		
IF STATE LAW, WHICH STATE: XX		
[9-D]	[10-C]	
SINCE SS/SS/SSSS, FEDERAL OR STATE ARREST WARRANT FOR PAROLE OR PROBATION VIOLATION(Y/N): X		
		[11-C]
		REMARKS (Y): X

**C. HOW YOU GOT HERE**

- In an initial claim, you entered the claims path for an eligible person
- In a post eligibility event, you selected REDETERMINATION WITH or WITHOUT RECAPS from the Post Eligibility (PMEN) screen
- For a limited issue, stand alone PE or seeding event, you selected this screen from the Person Screen Status (PERS)

**D. COMMON FIELDS**

[1-O] TRANSFER TO: XXXX

[11-O] REMARKS (Y): X

Reference: MSOM MSSICS 008.001

**E. FIELD DESCRIPTIONS**

**[2-M] ACCUSED OR CONVICTED OF A FELONY OR AN ATTEMPT TO COMMIT A FELONY (Y/N): X**

This field documents whether or not the claimant was accused or convicted of a felony or an attempt to commit a felony.

Reference: POMS SI 00530.000 explains the fugitive felon provision.

**[3-C] IF YES, IN WHICH STATE: XX**

Enter the State of jurisdiction for the felony accusation or conviction.

**[4-C] OR COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXXX**

Enter the Country of jurisdiction for the felony accusation or conviction.

**[5-D] SINCE SS/SS/SSSS**

This date is derived by the system. For initial claims, this is the last day of the month before the month of the effective filing date. For posteligibility actions, it is the last day of the month before the pending file begin date.

**[6-C] FELONY OR ARREST WARRANT (Y/N): X**

This field documents the claimant's fugitive felon status.

**[7-M] ON PAROLE OR PROBATION UNDER FEDERAL OR STATE LAW (Y/N): X**

This field documents the claimant's parole or probation status.

**[8-C] IF STATE LAW, WHICH STATE: XX**

Enter the state that has jurisdiction for the parole or probation.

**[9-D] SINCE SS/SS/SSSS**

This date is derived by the system. For initial claims, this is the last day of the month before the month of the effective filing date. For posteligibility actions, it is the last day of the month before the pending file begin date.

**[10-C] FEDERAL OR STATE ARREST WARRANT FOR PAROLE OR PROBATION VIOLATION (Y/N): X**

This field documents the claimant's status as a parole or probation violator.



## F. RELATED REFERENCES

Felony Warrant (AWRF), [MSSICS 008.023](#)

Parole Violation Warrant (AWRP), [MSSICS 008.024](#)

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03/13/06 (TN #617)

## MSSICS 008.023 Felony Warrant (AWRF)

### A. INTRODUCTION

This section describes the Felony Warrant (AWRF) screen. This screen documents the information obtained from the felony warrant issued for the claimant. MSSICS uses the information entered on this screen to derive payment status N25 (claimant is a Fugitive Felon or Parole/Probation Violator).

Reference: POMS SI 00530.000 explains the fugitive felon provision.

### B. FACSIMILE: AWRF - FELONY WARRANT

MSSICS	FELONY WARRANT	AWRF
SSS-SS-SSSS		[1-O] TRANSFER TO: XXXX
[2-N] DATE WARRANT ISSUED (MMDDYY): 999999		
[3-O] DATE FLED (MMDDYY): 999999		
[4-M] WARRANT SELECTED/ISSUED IN ERROR (Y/N): X		
[5-C] WARRANT SATISFIED (Y/N): X		
[6-C] IF YES, DATE WARRANT SATISFIED (MMDDYY): 999999		
[7-C] GOOD CAUSE: 9 1=ESTABLISHED 2=NOT ESTABLISHED		
[8-O] ANOTHER WARRANT (Y): X	[9-O] DELETE THIS SOURCE (Y): X	[10-O] REMARKS (Y): X

### C. HOW YOU GOT HERE

You entered "Y" in SINCE SS/SS/SSSS, FELONY OR ARREST WARRANT on the Law Enforcement (ALEF) screen.

### D. COMMON FIELDS

[1-O] TRANSFER TO: XXXX

[10-O] REMARKS (Y): X

Reference: MSOM MSSICS 008.001

### E. FIELD DESCRIPTIONS

**[2-M] DATE WARRANT ISSUED (MMDDYY): 999999**

Enter the date that the fugitive felon warrant, court order or decision was issued. If this date must be limited by administrative finality, enter the earliest date permitted under the rules of administrative finality. MSSICS posts payment status N25, effective with the earliest of DATE WARRANT ISSUED or DATE FLED.

Reference: POMS [SI 00530.000](#) explains the fugitive felon provision.

POMS [SI 04070.000](#) explains the administrative finality policy.

**[3-O] DATE FLED (MMDDYY): 999999**

Enter the date that the claimant fled to avoid prosecution, custody or conviction if that date is included on the court order or warrant. MSSICS will post payment status code N25, effective with the earlier of DATE FLED or DATE WARRANT ISSUED. If this date must be limited by administrative finality, enter the earliest date permitted.

**[4-M] WARRANT SELECTED/ISSUED IN ERROR (Y/N): X**

This field documents whether the warrant was selected or issued in error. If a 'Y' is entered in this field, MSSICS will not post payment status N25. If a warrant was selected/issued in error, PSY N25 should be removed for all months including PSY N25 months prior to 01/2005.

**[5-C] WARRANT SATISFIED (Y/N): X**

This field documents whether the warrant was satisfied.

**[6-C] IF YES, DATE WARRANT SATISFIED (MMDDYY): 999999**

Enter the date the warrant was satisfied. Payment status N25 is removed the month after the date entered in this field.

**7-C GOOD CAUSE: 9**

Enter Good Cause status if applicable. MSSICS will not post PSY N25 for months where Good Cause was established and the Warrant Date Issued is 01/05 or later.

If Good Cause is Not Established, MSSICS will leave the SSR in payment status N25 or establish a payment status of N25 subject to the overlay criteria table.

Reference: POMS [SM 01305.001](#), criteria table

Reference: POMS [SI 00530.015](#) explains the Good Cause provision.

**[8-O] ANOTHER WARRANT (Y): X**

Enter "Y" if the same screen must be completed because information from more than one warrant exists. This is an optional field.

**Note:** In Update Mode a "+" will be displayed in this field if more than one source was previously entered. To view or correct the second or subsequent source enter a "Y" in place of the "+". For multi-page screens, remarks are not displayed until after the last page of the screen has been entered.

**[9-O] DELETE THIS SOURCE (Y): X**

Enter "Y" if this screen needs to be deleted because previously collected data is no longer needed. When this field is entered, you must confirm the decision to delete the source by entering PF9.

## F. RESULTS

MSSICS posts payment status code N25 for months beginning with the earliest of DATE WARRANT ISSUE, DATE FLED, OR DATE VIOLATED PAROLE OR PROBATION. When Good Cause is established, MSSICS leaves the record in N25 payment status if applicable or removes the payment status code N25 beginning with the month after DATE WARRANT SATISFIED.

If you select GOOD CAUSE = 2 (NOT ESTABLISHED), MSSICS will either leave the record in the existing nonpayment status or post payment status code N25 for months beginning with the earliest of DATE WARRANT ISSUED or DATE FLED. If WARRANT SELECTED/ISSUED IN ERROR = Y, MSSICS will not post payment status code N25.

**Caution:** MSSICS will not post N25

- for months prior to 08/96
- for any month after the warrant was satisfied (unless there was a subsequent warrant issued in the same or prior month)
- if the warrant was issued in error (unless subsequent warrant data is entered)
- if good cause is established for a warrant issued 01/05 or later

There are a maximum of 10 occurrences of warrant data.

## G. RELATED REFERENCES

Law Enforcement (ALEF), [MSSICS 008.022](#)

Parole Violation Warrant (AWRP), [MSSICS 008.024](#)

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03/13/06 (TN #617)

## MSSICS 008.024 Parole Or Probation Violation Warrant (AWRP)

### A. INTRODUCTION

This section describes the Parole or Probation Violation Warrant (AWRP) screen. This screen documents the information obtained from the parole or probation violation warrant issued for the claimant. MSSICS uses the information entered on this screen to post payment status N25.

Reference: POMS SI 00530.000 explains the fugitive felon provision.

### B. FACSIMILE: AWRP - PAROLE OR PROBATION VIOLATION WARRANT

```

MSSICS                PAROLE OR PROBATION VIOLATION WARRANT                AWRP
                                [1-O]
SSS-SS-SSSS                TRANSFER TO: XXXX
[2-M]
DATE WARRANT ISSUED (MMDDYY): 999999
[3-Q]
DATE VIOLATED PAROLE OR PROBATION (MMDDYY): 999999
[4-M]
WARRANT SELECTED/ISSUED IN ERROR (Y/N): X
[5-C]
WARRANT SATISFIED (Y/N): X
[6-Q]
IF YES, DATE WARRANT SATISFIED (MMDDYY): 999999
[7-C]
GOOD CAUSE: 9 1=ESTABLISHED
                2=NOT ESTABLISHED
[8-O]                [9-O]                [10-O]
ANOTHER WARRANT (Y): X        DELETE THIS SOURCE (Y): X        REMARKS (Y): X

```

### C. HOW YOU GOT HERE

You entered "Y" in SINCE SS/SS/SSSS, FEDERAL OR STATE ARREST WARRANT FOR PAROLE OR PROBATION VIOLATION on the Law Enforcement (ALEF) screen.

### D. COMMON FIELDS

```

[1-O]                TRANSFER TO: XXXX
[10-O]                REMARKS (Y): X

```

Reference: MSOM MSSICS 008.001

### E. FIELD DESCRIPTIONS

**[2-M] DATE WARRANT ISSUED (MMDDYY): 999999**

Enter the date that the fugitive felon warrant, court order or decision was issued. If this date must be limited by administrative finality, enter the earliest date permitted. MSSICS will post payment status code N25, effective with the earlier of DATE WARRANT ISSUED or DATE VIOLATED PAROLE OR PROBATION.

Reference: POMS [SI 00530.000](#) explains the fugitive felon provision.

POMS [SI 04070.000](#) explains administrative finality policy.

**[3-O] DATE VIOLATED PAROLE OR PROBATION (MMDDYY): 999999**

Enter the date that the claimant violated a condition of their parole or probation if shown on the warrant. If this date must be limited by administrative finality, enter the earliest date permitted. MSSICS posts payment status code N25, effective with the earlier of DATE VIOLATED PAROLE OR PROBATION or DATE WARRANT ISSUED.

**[4-M] WARRANT SELECTED/ISSUED IN ERROR (Y/N): X**

This field documents whether the warrant was selected or issued in error. If a 'Y' is entered in this field, MSSICS will not post payment status N25.

**[5-C] WARRANT SATISFIED (Y/N): X**

This field documents whether the warrant was satisfied.

**[6-C] IF YES, DATE WARRANT SATISFIED (MMDDYY): 999999**

Enter the date the warrant was satisfied. Payment status N25 is removed the month after the date entered in this field.

**[7-C] GOOD CAUSE: 9**

Enter Good Cause status if applicable. MSSICS will not post PSY N25 for months where Good Cause was established and the Warrant Date Issued is 01/05 or later.

If Good Cause Not Established, MSSICS leaves the SSR in payment status N25 or establishes a payment status of N25 subject to the overlay criteria table.

Reference: POMS [SM 01305.001](#) criteria table

Reference: POMS [SI 00530.015](#) explains the Good Cause provision.

**[8-O] ANOTHER WARRANT (Y): X**

Enter "Y" if the same screen must be completed because information from more than one warrant exists. This is an optional field.

Note: In Update Mode a "+" will be displayed in this field if more than one source was previously entered.

To view or correct the second or subsequent source enter a "Y" in place of the "+". For multi-page screens, remarks are not displayed until after the last page of the screen has been entered.

**[9-O] DELETE THIS SOURCE (Y): X**

Enter "Y" if this screen needs to be deleted because previously collected date is no longer needed. When this field is entered, you must confirm the decision to delete the source by entering PF9.

**F. RESULTS**

When Good Cause is established, MSSICS leaves the record in non-N25 payment status if applicable or removes payment status code N25 beginning with month after DATE WARRANT SATISFIED. The result of entering 2 (GOOD CAUSE NOT ESTABLISHED), MSSICS either leaves the record in the existing nonpayment status or posts payment status code N25 for months beginning with the earliest of DATE WARRANT ISSUED, or DATE VIOLATED PAROLE PROBATION. If WARRANT SELECTED/ISSUED IN ERROR = Y, MSSICS will not post payment status code N25.

Caution: MSSICS will not post N25

- for months prior to 08/96
- for any month after the warrant was satisfied (unless there was a subsequent warrant issued in the same or prior month)
- if the warrant was issued in error (unless subsequent warrant data is entered)
- if good cause is established for a warrant issued 01/05 or later

There are a maximum of 10 occurrences of warrant data.

**G. RELATED REFERENCES**

Felony Warrant (AWRF), [MSSICS 008.023](#)

Law Enforcement (ALEF), [MSSICS 008.022](#)

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