
STATE DATA EXCHANGE (SDX)

EIS 1105 - STATE DATA EXCHANGE (SDX)
REVISED 05/01/11 - CHANGE NO. 04-11

I. GENERAL INFORMATION

The State Data Exchange (SDX) provides detailed information about benefits received by Supplemental Security Income (SSI) applicants/recipients. It is used to verify SSI benefits in determining eligibility for various public assistance programs. SDX information is available by on-line inquiry, SDX Information Sheets, and **OnLine Verification (OLV) System**.

II. HOW SDX IS UPDATED

- A. Workers in the Social Security Administration (SSA) District Offices enter information into a computer system, the Supplemental Security Record (SSR), where the data is collected in a file.
- B. SSA produces file updates four to five times a week to provide information on newly approved individuals and changes to ongoing SSI recipients.
- C. The State updates the on-line SDX from each file received from SSA. SDX sheets are created and **mailed to the county** for newly approved SSI recipients, and when certain information changes for an individual.

III. ON-LINE INQUIRY AND ONLINE VERIFICATION SYSTEM

The on-line SDX contains the records of all SSI recipients in North Carolina. The on-line SDX is updated from the files submitted by SSA.

A. ACCESSING SDX

- 1. To access the **OnLine Verification (OLV) User Manual**, click on the link below:

http://www.ncdhhs.gov/ncfast/olv/OLV%20Education_final_v1.1.pdf

While current SDX updates are available in OLV, historical SDX record transactions are only available through the mainframe. Use the following instructions to access the mainframe when SDX history is needed.

- 2. To access on-line SDX, the terminal screen must display the Banner Screen. Refer to **EIS 4900 Appendix A** for an example of the Banner Screen.
- 3. On the Banner Screen, key "SCC4CICS". Press ENTER. The message "WELCOME TO SCC4CICS 'EIS'" appears at the top of the next screen. This is the RACF screen.
- 4. From the RACF screen, key your USER ID, BILLING CODE, and your PASSWORD. Press ENTER. A blank screen appears.
- 5. Key "EIS3". Press ENTER. The Primary Menu Screen appears.
- 6. From the Primary Menu Screen, key Selection "05". Press ENTER.
- 7. The Interface Inquiry Menu appears.

STATE DATA EXCHANGE (SDX)

8. From the Interface Inquiry Menu, you may key Selection "02" and the individual's social security number (SSN) to access the SDX inquiry only.

STATE DATA EXCHANGE (SDX)

REVISED 05/01/11 - CHANGE NO. 04-11

III. A. (CONT'D)

OR

9. You may key Selection "04" and the SSN to access SDX, TPQY, and ESC by a single entry of the SSN. Refer to EIS 1107, III.
10. Press PF1 to page forward within the inquiry. Press PF2 to page backward within the inquiry. Key in the screen number in the "PAGE" field to go directly to that screen. Press PF3 to return to the menu.
11. Press PF9 to view SDX History. Use this function to view past SSI records. Refer to VII for details.
12. To inquire on another individual's SDX information, key the individual's SSN in "KEY".

B. INFORMATION ON THE ON-LINE SDX

Each field that appears on the On-Line SDX is listed below with the corresponding codes and definitions.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

SCREEN ONE

VSD901-1	N. C. DEPT OF HEALTH AND HUMAN SERVICES	TODAY'S DATE: 09/04/2004
	SDX INFORMATION	PROCESS DATE: 08/18/2004
RECIPIENT: MCNEAL	BILL H	SSN: 987-65-4321
CUR REC IND: 1		
OTHER NAME:	RSDI CLAIM NO: 000000000	
SSN CORR IND:	COUNTY: 92 - WAKE	
RACE: U	RESIDENCY: 02/01/1993	
SEX: M	TELEPHONE: 919-857-4019	
BIRTH DATE: 07/25/1988	RECIPIENT: BILL H MCNEAL	
DEATH DATE:	MAIL ADDR: 2501 MAIL SERVICE CENTER	
DEATH SRC CD: 0	RALEIGH NC	
RECIPIENT TYP: DC	27699-2501	
MARITAL STAT: 3		
HEAD OF HOUSE: N		
STUDENT IND: N		
PAYEE CODE: MTH	RESIDENCE: 801 RUGGLES DR	
CUSTODY CODE: PYE	RALEIGH NC	
COMPETENCY CD: B	27603	
DRUG ADDICTON:		
PF1/13=NEXT	PF2/14=PREV	PF3/15=MENU
PAGE: 1	NEXT SELECTION:	DCN:
		KEYS:
		PF8/20=BENDEX
		PF9/21=SDX HISTORY

1. **TODAY'S DATE:** The date on which you are performing the inquiry.
2. **PROCESS DATE:** The date the current transaction was processed by SSA.
3. **RECIPIENT:** The last name, first name and middle initial of the individual for whom the SDX record applies.
4. **SSN:** The social security number of the recipient.
5. **CUR REC IND:** This shows which record is the most current on file for a given day.
6. **OTHER NAME:** Another last name used by the recipient.
7. **SSN CORR IND:** (SSN Correction Indicator): A code indicating the status of a pseudo SSN or invalid SSN assigned to a recipient.
 - A A pseudo or invalid SSN appears in the SSN field and a valid SSN in the last field of the Multiple SSNs is being initially transmitted to the State.
 - B A valid SSN appears in the SSN field and the pseudo or invalid SSN is shown in the Multiple SSNs field.

STATE DATA EXCHANGE (SDX)

REVISED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

8. **RACE:** The race of the recipient.
- A Asian, Asian-American, or Pacific Islander
 - B Black
 - H Hispanic
 - I Northern American Indian or Alaskan Native
 - O Other
 - U Not determined
 - W White
9. **SEX:** The sex of the recipient.
- M Male
 - F Female
 - U Unknown
 - * Data transmitted in error
10. **BIRTH DATE:** The date of birth of the recipient in month, day, century and year format.
11. **DEATH DATE:** The date of death of the recipient in month, day, century and year format. The actual death date will be shown when it is available. However, if the date of death is posted from a returned check, the day will be shown as "01" or the date the returned check was processed.
12. **DEATH SRC CD:** This shows the source of the death notice.
- 1 The SSA District Office notification or manual adjustment
 - 2 Hospital Insurance notification
 - 3 MBR (Master Beneficiary Record)
 - 4 Treasury returned check notification
 - 5 Treasury returned check with no death date shown (Death date will show the date of the transaction.)
 - 6 State notification
 - 0 Initialized value

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

13. **RECIPIENT TYPE:** The type of recipient, or other individual, involved in the record. If a recipient initially became eligible due to disability, this code will not change at age sixty-five.

AI	Aged individual
AS	Aged Spouse
BI	Blind individual
BC	Blind child
BS	Blind spouse
DC	Disabled child
DI	Disabled individual
DS	Disabled spouse
XP	Essential person (see SI 02601.527 for SDX information applicable to the essential person)
XS	Ineligible Spouse
XF	Ineligible Father
XM	Ineligible Mother

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

15. **HEAD OF HOUSEHOLD:** Indicates if the recipient was the head of household for Title XVI purposes at the time the SSR was established. In addition, it is also used to indicate that one spouse was determined eligible for SSI while a disability determination was pending for the other spouse.

Y Head of Household

N Not head of household

R Member of a couple for which disability determination is/was pending

S Member of a couple that is/was being paid as an individual while disability was being determined for the other member of the couple

U Identifies the months included in the computation of and offset of underpayment to one member of an eligible couple against an overpayment of the other member of the couple

16. **STUDENT INDICATOR:** Indicates if the recipient is a student.

Y Student

N Not a student

***** Erroneous data

17. **PAYEE CODE:** Identifies who receives the check.

AGY Social Agency

CHD Natural, adoptive or stepchild(a payee for parent)

ESP Essential person is representative payee

FDM Federal non-mental institution

FDO Federal non-mental institution

FIN Financial organization

FTH Natural or adoptive father

GPR Grandparent

INP Legally incompetent, but no representative has been selected

MTH Natural or adoptive mother

NPM Non-profit mental institution

NPO Non-profit non-mental institution

STATE DATA EXCHANGE (SDX)

OFF Public official

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 17. (CONT'D)

OTH	Other
PRM	Proprietary mental institution
PRO	Proprietary non-mental institution
PYE	Payee has custody
REL	Other relative (includes in-laws)
RPD	Payee is being developed
SEL	Beneficiary is own payee
SFT	Stepfather
SLM	State/local mental institution
SLO	State/local non-mental institution
SMT	Stepmother
SPO	Spouse is payee

18. **CUSTODY CODE:** Indicates who has physical custody of the recipient.

AGY	Under the custody of a social agency
CHD	Under the custody of a child (as payee for the parent) essential person
ESP	Under the custody of an essential person
FDM	Under the custody of a Federal mental institution
FDO	Under the custody of a Federal non-mental institution
FIN	Under the custody of a financial institution
FTH	Under the custody of a natural or adoptive father
GPR	Under the custody of a Grandparent
INP	Legally incompetent, but no representative has been selected
MTH	Under the custody of the natural or adoptive mother
NPM	Under the custody of a non-profit mental institution
NPO	Under the custody of a non-profit, non-mental institution
OFF	Under the custody of a public official
OTH	Under the custody of some other individual,

STATE DATA EXCHANGE (SDX)

institution, or agency.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 18. (CONT'D)

- | | |
|------------|---|
| PRO | Under the custody of a private, for profit, mental institution |
| PYE | Under the custody of a private, for profit representative payee |
| REL | Under the custody of another relative (includes in-laws) |
| RPD | The representative payee is being developed |
| SEL | The recipient is living by himself/herself |
| SFT | Under the custody of a stepfather |
| SLM | Under the custody of a State/local mental institution |
| SLO | Under the custody of a State/local non-mental institution |
| SMT | Under the custody of a stepmother |
| SPO | Under the custody of the spouse |
19. **COMPETENCY CODE:** The representative payee's status as to legal guardianship and/or competency of the recipient.
- | | |
|----------|---|
| A | Recipient is competent and the representative payee is the legal guardian |
| B | Recipient is competent and there is no legal guardian |
| C | Recipient is competent and the legal guardian is someone other than the representative payee |
| D | Recipient is incompetent and the representative payee is the legal guardian |
| E | Recipient is incompetent and there is no legal guardian |
| F | Recipient is incompetent and the legal guardian is someone other than the representative payee |
| L | Representative payee is a financial institution with whom the recipient has entered into a living trust agreement |
| N | There is no legal guardian |
| O | Someone other than the representative payee is the legal guardian |
| Y | The representative payee is the legal guardian |
20. **DRUG ADDICTION:** This information is no longer available from Social Security.

STATE DATA EXCHANGE (SDX)

21. **RSDI CLAIM NUMBER:** This is the Title II (RSDI) Claim Number on which the recipient is potentially entitled or insured.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

22. **COUNTY:** This is the individual's county of residence and county number. If the individual's state jurisdiction is something other than '34' (North Carolina) and the transaction code on the record is **not** '05' (indicating individual moved to another state), the following message will display in the 'county' field: OUT OF STATE. Contact the SSA to determine if the recipient should receive Medicaid from the state of North Carolina.
23. **RESIDENCY:** The date the recipient began living in the current state and county.
24. **TELEPHONE:** The recipient's area code and telephone number.
25. **RECIPIENT:** This reflects the recipient's name.
26. **MAILING ADDRESS:** The mailing address that appears on system generated correspondence. The SSI check and Medicaid card are mailed to this address unless a payee exists.
27. **RESIDENCE:** The address where the recipient lives if the address is different from the recipient's mailing address. Otherwise, it will be blank.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

SCREEN TWO

VSD901-2	N.C. DEPT OF HEALTH AND HUMAN SERVICES	TODAY'S DATE: 09/04/2004
	SDX INFORMATION	PROCESS DATE: 08/18/2004
RECIPIENT: MCNEAL	BILL H	SSN: 987-65-4321
SSI APPLIC DATE: 09/14/1983	DENIAL CODE-DATE :	-
SSI APP FILE DTE: 09/15/1983	APPEAL REASON :	
SSI ELIGIBLE DTE: 08/01/1989	APPEAL CODE-DATE-FLAG: -	-
DISABILITY ONSET: 09/14/1983	APPEAL DECISION CD/DT:	
DISABILITY PAY: F	RECORD ID CODE :	P
MEDICAID EFF DTE: 01/01/1995	TRANSACTION CODE :	06
UNPAID MED EXP:	LAST TRANS TYPE-DATE :	EN - 08/18/2003
REDETERMINE DATE: 06/1993	3RD PARTY INSUR IND :	
REDETERMINE DATE: 06/1993	3RD PARTY INSUR DATE :	
	FED ELIGIBILITY CODE :	E
CHANGE MONTH:	01/95 08/93 08/89 07/89 04/89	
JURIS STATE-CNTY:	34-92 34-92 30-06 30-06 30-06	
PAYMENT STATUS:	C01 C01 C01 N01 C01	
FED LIVING ARGMT:	C C C C C	
MEDICAID ELIG CD:	Y S S S S	
PF1/13=NEXT	PF2/14=PREV	PF3/15=MENU
PF8/20=BEDEX	PF9/21=SDX HISTORY	
PAGE: 2	NEXT SELECTION:	DCN: KEYS:

- 28. **SSI APPLIC DATE:** The date the claimant filed an application for SSI benefits or the date the individual is deemed to have filed the application.
- 29. **SSI APP FILE DATE:** The actual filing date of the application if it differs from the application date. The actual filing date usually would be later than the application date if the individual filed an application after making written or oral inquiry to the SSA office which indicated the intent to file an SSI application.
- 30. **SSI ELIGIBLE DATE:** The date the recipient was first determined eligible or most recently redetermined eligible after a period of ineligibility. This is the effective date of the first SSI payment. SSA also calls this the Application Effective Date.
- 31. **DISABILITY ONSET:** The date of disability onset as alleged by the claimant during the period in which the case is awaiting a medical determination, or if the case has been medically denied. After a final disability/blindness determination has been made, the date of onset will be either:

The date of disability onset established for Title II (RSDI) purposes in a concurrent Title II/Title XVI allowance.

OR

The date of onset established for Title XVI only medical allowances. This date will be no earlier than the effective month of the SSI application unless information in the medical file supports an earlier onset.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

32. **DISABILITY PAY:** An indicator of the status of SSI disability and blind cases.

- F** Final determination-allowance
- P** Presumptive finding
- R** Referred to State agency. Code indicates pending determination or final denial determination
- S** State determination (conversion cases only) - allowance
- T** Presumptive finding - state conversion record
- X** No disability determination made (claim denied on basis of non-disability issues)
- '**'** Data transmittted in error
- Blank** Not applicable

NOTE 'F' or 'S' only exists for disability allowance cases. The data element is left as 'R', 'P', or 'T' for initial disability denials.

33. **MEDICAID EFF DATE:** The most current period of eligibility or referral for Medicaid.

WHEN	Then Medicaid Effective Date Shows
Initial denial ('Nxx' in the Denial Code data element)	Month, day, century and year of application
Initial determination of eligibility (Payment Status Code data element is equal to 'C01' or 'M01' with payment)	Month, day, century and year of eligibility
Eligibility changes	Exact month, day, century and year the change is effective
Payment suspended	First day of the month, century and year of suspension
Move between 1634 non-1634 States	First day of the month, century and year for which residence in the current State is established
Move between two 1634 States	Date of the last change in Medicaid Eligibility Code. It is necessary in these cases to compare to date residency began to establish a date of Medicaid responsibility in the current State
Goldberg-kelly is involved	First month, century and year for which Goldberg-Kelly payments are being

STATE DATA EXCHANGE (SDX)

	continued
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STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

34. **UNPAID MED EXP:** This reflects whether the claimant was incurred any medical expenses during the three months before the application filing date.
- Y Unpaid medical bills exist (1634 States only)
- N Unpaid medical bills do not exist (1634 States only)
- "" Not applicable (initialized value)
Blank
35. **REDETERMINE DATE:** The completion date of the last redetermination.
36. **DENIAL CODE-DATE:** The reason and date a claimant was initially denied for SSI. The date may precede the Record Processing Date, the Last Transaction Date, and the Record Establishment Date because SSA's system applies it as soon as it is transmitted.
- BLANK** Applicant was not initially denied.
- N01** Non-pay - Recipient's Countable income exceeds Title XVI payment amount.
- N02** Non-pay - Recipient is inmate of public institution.
- N03** Non-pay - Recipient outside of the U.S.
- N04** Non-pay - Recipient's non-excludable resources exceed Title XVI limitations.
- N05** Non-pay - Recipient's gross income from self-employment exceeds Title XVI limitations.
- N06** Non-pay - Recipient failed to file for other benefits.
- N07** Non-pay - Cessation of the recipient's disability.
- N08** Non-pay - Cessation of the recipient's blindness.
- N09** Non-pay - Recipient refused vocational rehabilitation without good causes.
- N10** Non-pay - Recipient refused, without good cause, treatment for drug addiction.
- N11** Non-pay - Recipient refused treatment for alcoholism.
- N12** Non-pay - Recipient voluntarily withdrew from SSI program.
- N13** Non-pay - Not a citizen or an eligible alien.
- N14** Non-pay - Aged claim denied for age
- N15** Non-pay - Blind claim denied. Applicant not blind. (No longer applicable).

STATE DATA EXCHANGE (SDX)

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 36. (CONT'D)

- N16 Non-pay Recipient has voluntarily terminated participation in the SSI program.
- N17 Non-pay - Failure to pursue claim by the applicant.
- N19 Non-pay - Recipient has voluntarily terminated participation in the SSI program.
- N20 Non-pay - Recipient failed to furnish required evidence.
- N22 Non-pay - Inmate of a penal institution.
- N23 Non-pay - Not a U.S. resident.
- N24 Non-pay - Claimant has provided false or misleading statements affecting benefit eligibility or amount and administrative sanction is imposed.
- N25 Non-pay - Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for a crime which is a felony (or in New Jersey, a high misdemeanor) under the laws of the place from which he/she flees, or is violating a condition of probation or parole imposed under Federal or State law.
- N27 Non-pay - Disability terminated due to Substantial Gainful Activity (SGA).
- N30 Non-pay - Slight impairment - medical consideration alone, no visual impairment.
- N31 Non-pay - Capacity for SGA - customary past work, no visual impairment.
- N32 Non-pay - Capacity for SGA - other work, no visual impairment.
- N33 Non-pay - Engaging in SGA despite impairment, no visual impairment.
- N34 Non-pay - Impairment is no longer severe at time of adjudication and did not last twelve months, no visual impairment.
- N35 Non-pay - Impairment is severe at time of adjudication but not expected to last twelve months, no visual impairment.
- N36 Non-pay - Insufficient, or no, medical data furnished, no visual impairment.
- N37 Non-pay - Failure, or refusal, to submit to consultative examination, no visual impairment.
- N38 Non-pay - Applicant does not want to continue development of the claim, no visual impairment.
- N39 Non-pay - Applicant willfully fails to follow prescribed treatment, no visual impairment.
- N40 Non-pay - Impairment(s) does not meet or equal listing (disabled child under age eighteen only), no visual impairment.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 36. (CONT'D)

- N41 Non-pay - Slight impairment - medical condition alone, visual impairment.
- N42 Non-pay - Capacity for SGA - customary work, visual impairment.
- N43 Non-pay - Capacity for SGA - other work, visual impairment.
- N44 Non-pay - Engaging in SGA despite impairment, visual impairment.
- N45 Non-pay - Impairment no longer severe at time of adjudication and did not last twelve months, visual impairment.
- N46 Non-pay - Impairment is severe at the time of adjudication, but not expected to last twelve months, visual impairment.
- N47 Non-pay - Insufficient or no medical evidence furnished, visual impairment.
- N48 Non-pay - Failure, or refusal, to submit to consultative examination, visual impairment.
- N49 Non-pay - Applicant does not want to continue development of the claim, visual impairment.
- N50 Non-pay - Applicant willfully fails to follow prescribed treatment, visual impairment.
- N51 Non-pay - Impairment(s) does not meet or equal listing (disabled child under age eighteen only), visual impairment.
- N52 Non-pay - Deleted from the State rolls before December 1973 payment.
- N53 Non-pay - Deleted from the State rolls after December 1973 payment.
- N54 Non-pay - SSA District Office unable to locate client.
- N55 Impairment due to DAA (no visual impairment)
- N56 Impairment due to DAA (visual impairment)
- '*' Data transmitted in error.

37. **APPEAL REASON:** This is the type of agency decision, in general, to which this particular occurrence of appeal data relates.

- AG Age
- CZ Citizenship
- DI Initial Disability
- DR Age 18 Disability Determination

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 37. (CONT'D)

IN	Income
LA	Living Arrangement
MA	Marital Relationship
MC	Medical Disability
OP	Overpayment
PA	PASS
RE	Resources
SG	SGA
WA	Denied Waiver
OT	Other

38. **APPEAL CODE - DATE - FLAG:** The status of an appeal, the month and year of the most recent appeal action, and the indicator of an appeal.

APPEAL CODE

A	Appeals Council Review
C	Court Activity
H	Hearing
R	Reconsideration
O	Class Action

APPEAL FLAG

NOTE: Goldberg/Kelly appeal rights require that an individual be given advance notice prior to any reduction, suspension or termination of payments. After receipt of the notice, the individual may appeal this action within 60 days. If the appeal is filed within 10 days, the individual generally will receive payment at the prior rate until this appeal is resolved. Also, if the notice is not sent timely, the SSI system continues payment for the month following the month of the notice.

BLANK No actual or potential Goldberg/Kelly involvement or Notice or Planned Action has been sent but no appeal has been filed or the potential appeals period has expired

I In payment maintenance, but independent intervening event is

STATE DATA EXCHANGE (SDX)

applicable, Goldberg/Kelly applies

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 38. (CONT'D)

- S In payment maintenance, but eligibility exceeds PPL (Protecteed Payment Level), Goldberg/Kelly applies.
- P Notice of Planned Action has been sent and appeal has been filed.
- T Notice of Planned Action has been sent, but could not be sent timely; thereafter, the higher payment has been maintained.
39. **APPEAL DECISION CD/DT:** This field includes a 2 character code that indicates the actual appeal decision and the date the decision was rendered.
- AD Dismissed/Abandoned
- FA Favorable/SSA Appealed (court case only)
- FC Fully/Partially Favorable (Converted Records only)
- FF Fully Favorable
- FN Favorable/SSA did not appeal (Court Case only)
- OT Closed: Other
- PF Partially Favorable
- T1 Dismissed: Claimant Deceased
- UA Unfavorable/Appealed by Recipient (Court Case only)
- UF Unfavorable
- UN Unfavorable/Not Appealed by Recipient (Court Case only)
- WC Dismissed: Withdrawn (Converted Records only)
- WD Dismissed: Withdrawn
- 1D Dismissed: Cannot be Appealed
- 2D Dismissed: Filed by Improper Requestor
- 3D Dismissed: Filed prematurely
- 4D Dismissed: Filed late without good cause
40. **RECORD IDENTIFICATION CODE:** Identifies the type of SSI master record.
- C Couple (eligible individual with eligible spouse)
- F Child claim with father
- I Individual with or without ineligible spouse
- M Child claim with mother

STATE DATA EXCHANGE (SDX)

P Child claim with parents

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 40. (CONT'D)

X State-to-SSA record exception

41. **TRANSACTION CODE:** The action and/or source of the SDX record.

00 No action has been taken since the last SDX record (appears on treasury files only), refers to no payment actions

OP Identifies a pending record

OW Identifies a T30 termination action

OX Identifies a T30 recreation, potentially ineligible (appears only on SDX update files)

OY Identifies a T30 reaccretion, potentially eligible (appears only on SDX update files)

OZ Identifies a T30 new/replacement record (see How SDX SHOWS SNN CHANGES)

NOTE: Currently, the SSI system cannot automatically compute the payment in certain instances. The District Office may initiate a "Force Payment" in this situation, which places the record into manual control. The T30 process allows SSA to terminate an existing record and establish a replacement record to "re-automated" the record.

01 New claim - currently eligible. If Payment Status Code is "E01", no SSI payment will be made.

02 New claim - currently ineligible

03 New to State - eligible for SSI and/or supplementation in new State

04 New to State - Ineligible in new State

05 Individual moved to another State

06 Change, other than a change of address, has occurred

07 Nonpayment or termination transaction to a record in pay status "C01", "E01", "M01", "P01" or "SXX" or a change to an ineligible record that does not affect eligibility status

08 Intrastate change of address and/or payee name change

09 Intrastate change of address and change in amount paid

10 State identification number accreted

16 Combination of codes "06" and "10"

17 Combination of codes "07" and "10"

20 State identification number not accreted due to mismatch

STATE DATA EXCHANGE (SDX)

30 State identification number changed

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 41. (CONT'D)

36 Combination of codes "06" and "30"
37 Combination of codes "07" and "30"
40 State identification number not changed due to mismatch
50 State identification number deleted
56 Combination of codes "06" and "50"
60 State identification number not deleted due to mismatch
70 Requested SDX record provided in response to State query
80 No requested SDX data provided due to mismatch
90 No requested SDX data provided due to mismatch, the State
 requested a pending record and no record is in file
A0 State cross-reference WIN updated
A6 Combination of codes "A0" and "06"
A7 Combination of codes "A0" and "07"
BJ Identifies a "503 Leads" file record
BO IAR transaction processed
CO IAR transaction rejected
RF Identifies a reconciliation file record

42. **LAST TRANS TYPE-DATE:**

The most recent event and the date it was applied to the SSA'S records. Although more than one reportable event may have occurred simultaneously, the event reflected is based on an established priority.

A1 Eligible individual name change
AD Address change or correction
BA Dedicated Account Balance
BC Direct deposit
CC Folder involvement (8028 receipt by DO)
CF Conserved funds
CG Case characteristics
CH Returned check
CM Multicategories
CO Overpayment decision

STATE DATA EXCHANGE (SDX)

CP Refund amount

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 42. (CONT'D)

D1	Death notice from DO
D3	Death notice from MBR interface
D4	Death notice from Treasury Notification Process
DA	Diary code and date
DD	Direct deposit change
DM	Deemed Income or, if date is 08/31/74, a special diary selection
DO	Date of disability onset
DT	Drug/Alcohol
DW	Debt wipe out
DY	Selected for diary action
EM	Earned Income
EN	Earned Income
EP	Advance payment
FL	December 1973 Federal living arrangement
FS	Food Stamp
FV	Foreign language notice
GA	Grant amount
GC	Goldberg-Kelly notice date
GF	Adverse action
GJ	Protected payment level
GM	Minimum benefit level
IC	Initial Claims accretion
IF	MBR or Master Earning File interface reply
IR	IRS interface select
JA	Legal guardian agency
JB	Legal guardian consular code
JC	Legal guardian foreign country
JD	Legal guardian foreign postal zone
JM	Legal guardian mailing address

STATE DATA EXCHANGE (SDX)

JN Legal guardian name

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 42. (CONT'D)

JP	Legal guardian telephone number
JW	Legal guardian foreign telephone number
JZ	Legal guardian Zip Code
KE	Authorized representaitve Out-of-Pocket expenses
KM	Authorized representative mailing address
KN	Authorized representative payee name
KP	Authorized representative telephone number
KQ	Authorized representative fee agreement involved claims
KR	Authorized representative fee approving office site
KS	Authorized representative fee status
KT	Authorized representative payee type
KX	Authorized representative telephone extension
KZ	Authorized representative Zip Code
LA	Federal living arrangement
LT	Last transaction
ML/3	Cross-reference number
MA	Title II payment
MB	MBR change, other than death activity
MC	IRS data
MD	Medical data
MG	Medical recovery
MI	Title II Critical Payment System
MM	Misused money
MP	Manual payment
NC	Non-receipt of check (Treasury)
ND	Date of overpayment notice
NM	Accounting done
NP	Notices

STATE DATA EXCHANGE (SDX)

NU	NUMIDENT reply
OL	Online transaction (MMICS 4.4 process)

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 42. (CONT'D)

ON	Automated One-Time Payment
PC	SF-1184 of deletion of a returned check
PL	Appeals request
PN	Payee's name
PR	Prior error input
PS	Payment status
RA	Residence address
RB	Rollback
RC	Returned check for other than death (Treasury)
RD	Resource disposal
RE	Resources
RF	1619(b) redetermination selection
RG	Redetermination diary update
RI	Limited issue redetermination selection
RK	Zebley redetermination needs development
RP	Representative payee
RQ	Non-selectable UC case
RR	Remittance register refund
RS	Data Operation Center redetermination second request
RT	Selected for redetermination
RV	Redetermination pending indicator deleted
RW	Redetermination established on start date record
RX	Redetermination transfer (high response record)
RY	Redetermination transfer
RZ	Redetermination
R1-R5	Remarks
SB	Suspend billing
SC	State/County of conversion
SE	Summary earnings record enforcement

STATE DATA EXCHANGE (SDX)

SI Title XIX status

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 42. (CONT'D)

SO	Systems override
SZ	Special action code
TL	Telephone number
TP	Type of claim
TR	Transmission router
TY	Type of record change
UC	Un-negotiated check (credit)
UD	Un-negotiated check (debit)
UF	Limited Payability
UG	Limited Payability
UH	Limited Payability
UL	Limited Payability
UM	Unearned income
VA	VA interface
VB	RRB interface
VC	Federal civil service interface
W	Welfare number
WA	Waiver
WI	Windfall offset data
XD	Representative payee system direct deposit
XI	Mass address or EIN rep-payee change
ZC	ZIP code (residence address)
ZP	ZIP code (mailing address)
Z4	IRS interface reply

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

43. **3RD PARTY INSUR IND - DATE:** An indicator of third party liability for health care expenses, and the effective date of the recipient's third party liability enrollment.
- A** Applicant refuses to assign rights for third party insurance.
 - F** Disabled/Blind child living overseas, ineligible for Medicaid, and living with a parent who is a member of the military.
 - N** Third Party liability does not exist.
 - R** Applicant refuses to cooperate in providing third party liability data. Ineligible for Medicaid.
 - Y** Third Party liability does exist and applicant agrees to assign rights.
 - BLANK** Not applicable.
44. **FEDERAL ELIGIBILITY CODE:** Identifies eligibility for SSI payment in the current month.
- E** Eligible
 - N** Not eligible
 - BLANK** Not applicable
45. **CHANGE MONTH:** The month in which one of the following items changed: Medicaid Eligibility Code, Payment Status Code, Federal Living Arrangement Code, State and County of Jurisdiction.
46. **JURIS STATE/COUNTY:** The State and County of residence for the recipient unless another state and county have jurisdiction.
47. **PAYMENT STATUS:** This consists of two data elements; the first position reflects the status of the SSI payment. The second and third positions reflect the reason for the status.
- First
Position
Code Value**
- C** Indicates the recipient is eligible for SSI/State Supplemental payments and payment is due.
 - E** Indicates eligibility for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation.
 - H** Indicates a case in "hold" status, final disposition is pending.
 - M** Indicates a case is under manual control. Case is known as "forced payment" although payment may not be

STATE DATA EXCHANGE (SDX)

involved.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/01 - CHANGE NO. 04-11

III. B. 47. (CONT'D)

N	Indicates the claimant/recipient is not eligible for SSI/State Supplement payments or that a previously eligible recipient is not currently eligible.
S	Administrative suspense. Indicates recipient may still be eligible for SSI/State Supplement payments, but payment is being withheld.
T	Indicates SSI/States Supplement eligibility is terminated. A record may be terminated and a new record established, in certain situations.
Full Code	Value
C01	Current Pay
E01	Eligible for Federal and/or State benefits based on the eligibility computation, but no payment is due based on the payment computation.
E02	Eligible for benefits but not payable in that month due to the new application date.
H10	Living Arrangement change is in progress.
H20	Marital Status change is in progress.
H30	Resource change is in progress.
H40	Student Status change is in progress.
H50	Head of Household change is in progress.
H60	Hold pending receipt of date of death.
H70	Hold pending posting of payment made outside the U.S.
H80	Early input.
M01	Force Payment - Recipient may be in payment or non-payment status. See SSI Gross Payable Amount or State Supplement Gross Payable Amount for eligibility amount. These two will equal zeros if the recipient is in non-payment status.
M02	Force Due
N01	Non-pay - Recipient's countable income exceeds Title XVI payment amount and his/her State's payment standard. Also used for 1619(b) participants.
N02	Non-pay - Inmate of public institution
N03	Non-pay - Outside of the U.S.
N04	Non-pay - Non-excludable resources exceed Title XVI limitations.

STATE DATA EXCHANGE (SDX)

N05 Non-pay - Recipient's gross income from self-employment
 exceeds Title XVI limitation.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/01 - CHANGE NO. 04-11

III. B. 47. (CONT'D)

- N06 Non-pay - Failed to file for other benefits.
- N07 Non-pay - Recipient's disability ceased. Not disabled.
- N08 Non-pay - Recipient's blindness ceased. Not blind.
- N09 Non-pay - Refused vocational rehabilitation without good cause.
- N10 Non-pay - Recipient refused treatment for drug addiction.
- N11 Non-pay - Recipient refused treatment for alcoholism.
- N12 Non-pay - Recipient voluntarily withdrew from program.
- N13 Non-pay - Not a citizen or an eligible alien.
- N14 Non-pay - Aged claim denied for age.
- N17 Non-pay - Failure to pursue claim by the claimant.
- N18 Non-pay - Failure to cooperate.
- N19 Non-pay - Recipient has voluntarily terminated participation in the SSI program.
- N20 Non-pay - Recipient failed to furnish a required report or information.
- N22 Non-pay - Inmate of a correctional institution.
- N23 Non-pay - Not a legal resident in the U.S..
- N24 Non-pay - Convicted of felony of fraudulently misrepresenting residence in two or more states. (Effective through 11/99). Administrative Sanctions penalty imposed because claimant has provided false or misleading statements to obtain benefits. (Effective 12/99 to present).
- N25 Non-pay - Claimant is fleeing to avoid prosecution for, or custody or confinement after conviction for, a crime which is a felony (or in Jew Jersey, a high misdemeanor) under the laws of the place from which he/she flees, or is violating a condition of probation or parole imposed under Federal or State laws.
- N27 Non-pay - Disability terminated due to Substantial Gainful Activity (SGA).
- N30 Non-pay - Slight impairment - medical consideration alone, no visual impairment.
- N31 Non-pay - Capacity for SGA - customary past work, no visual impairment.
- N32 Non-pay - Capacity for SGA - other work, no visual

STATE DATA EXCHANGE (SDX)

impairment.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 47. (CONT'D)

- N33 Non-pay - Engaging in SGA despite impairment, no visual impairment.
- N34 Non-pay - Impairment is no longer severe at time of adjudication and did not last twelve months, no visual impairment.
- N35 Non-pay - Impairment is severe at time of adjudication but not expected to last twelve months, no visual impairment.
- N36 Non-pay - Insufficient, or no, medical data furnished, no visual impairment.
- N37 Non-pay - Failure, or refusal, to submit to consultative examination, no visual impairment.
- N38 Non-pay - Applicant does not want to continue development of the claim, no visual impairment.
- N39 Non-pay - Applicant willfully fails to follow prescribed treatment, no visual impairment.
- N40 Non-pay - Impairment(s) does not meet or equal listing (disabled child under age eighteen only), no visual impairment.
- N41 Non-pay - Slight impairment - medical condition alone, visual impairment.
- N42 Non-pay - Capacity for SGA - customary work visual impairment.
- N43 Non-pay - Capacity for SGA - other work, visual impairment. (for age 18 and over)
Or
Non-pay - impairment(s) disabling for a period of less than 12 months (child under 18).
- N44 Non-pay - Engaging in SGA despite impairment, visual impairment.
- N45 Non-pay - Impairment no longer severe at time of adjudication and did not last twelve months, visual impairment.
- N46 Non-pay - Impairment is severe at the time of adjudication but not expected to last twelve months, visual impairment.
- N47 Non-pay - Insufficient, or no, medical evidence furnished, visual impairment.
- N48 Non-pay - Failure, or refusal, to submit to consultative examination, visual impairment.
- N49 Non-pay - Applicant does not want to continue development of the claim, visual impairment.
- N50 Non-pay - Applicant willfully fails to follow

STATE DATA EXCHANGE (SDX)

prescribed treatment, visual impairment.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 47. (CONT'D)

- N51 Non-pay - Impairment(s) does not meet or equal listing (disabled child under age eighteen only), visual impairment.
- N52 Non-pay - Deleted from the State rolls before January 1973 payment.
- N53 Non-pay Deleted from the State rolls.
- N54 Non-pay - District Office unable to locate applicant.
- S01 Suspended - Suspension of payments due to report of death by Treasury, potential automated death case.
- S04 Suspended - System is awaiting disability determination (system generated).
- S05 Suspended - System unable to determine prerequisite month for 1619(A) eligibility.
- S06 Suspended - Recipient address unknown.
- S07 Suspended - Returned check for other than death, address, payee change, or death of representative payee.
- S08 Suspended - Representative payee development pending.
- S09 Suspended - Recipient refuses to cooperate.
- S10 Suspended - Adjudicative suspense (systems generated).
- S20 Suspended - Potential rollback case or disability made prior to July 1973 (inactive). (rollback code 1 or 3)
- S21 Suspended - The recipient is presumptively disabled or blind and has received three months payments.
- T01 Terminated - Death of the recipient.
- T20 Terminated - Received payment under two different account numbers.
- T22 Terminated - Received payment under two different accounts, termination resulted from electronic screening.
- T30 Terminated - Received payments, but must be reestablished to correct SSR.
- T31 Terminated - System generated termination (payment previously made). Recipient met denial or non-pay terminated criteria. Payment received.
- T32 Terminated - Systems generated termination of large records.
- T33 Terminated - manual termination (previous payment made). WILL EVENTUALLY REPLACE T30.

STATE DATA EXCHANGE (SDX)

T50 Terminated - Manual termination (no previous payment made).

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/01 - CHANGE NO. 04-11

III. B. 47. (CONT'D)

- T51** Terminated - System generated termination (no previous payment made). Recipient met denial or non-pay terminated criteria.
48. **FED LIVING ARGMT:** The type of Federal living arrangement (for the current month) of the recipient for Title XVI purposes.
- A** Own household
 - B** Another's household
 - C** Parent's household (for child cases only)
 - D** Title XIX institution
 - ""** Individual is in a non-Title XIX institution, living (blank) arrangement change in progress or outside the U.S.
 - *** Initial claims surface edit
49. **MEDICAID ELIG CD:** An indicator of the recipient's Medicaid eligibility status.
- A** Applicant refused to assign rights to third party insurance
 - B** Deeming waived: child under a State home care plan
 - C** Applicant is covered under provisions of section 1619(b) of Title XVI of the Act (MEDTEST indicator is A, B or F and Payment Status Code is equal to 'E01', or 'N01' - eligible.
 - D** Disabled adult child
 - G** Payment is being continued due to an appeal - eligible
 - P** Drug addiction and/or alcoholism
 - Q** Medicaid qualifying trusts may exist
 - R** Case is referred for State Determination of Medicaid eligibility due to:
 - * Initial denial
 - * Initially eligible for SSI, but there is no money being paid (Payment Status Code is 'E01', 'E02' or 'M01') ineligibility for SSI
 - * Payment is suspended (Payment Status Code is equal to 'Sxx')
 - S** No determination of Medicaid eligibility because: Essential person record, and/or State is not a 1634 State)
 - W** Widow(er) (1634 States)
 - Y** SSI payment is being made - eligible

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

SCREEN THREE

VSD901-3	N.C. DEPT OF HEALTH AND HUMAN SERVICES		TODAY'S DATE: 09/04/2003	
	SDX INFORMATION		PROCESS DATE: 08/18/2003	
RECIPIENT: MCNEAL	BILL	H	SSN: 987-65-4321	
PAYMENTS:	OCTOBER	SEPTEMBER	AUGUST	JULY
COUNTY:	92	92	92	92
SSI GROSS AMOUNT:	446.00	435.20	435.20	435.20
SSI MO. ASSIST AMT:	401.40	390.60	390.60	390.60
COUNTABLE EARNED:				
COUNTABLE UNEARNED:				
CONDITIONAL PYMT:	---- EARNED INCOME ---			
DEEMED INC:	CODE:	PERIOD:		
ADVANCE PAYMENT:		WAGE EST:		
OVER/UNDER PAY IND: O		RETRO AMT:		
OVER PAY BALANCE:	1461.90	SELF EMPLOY:		
OVER PAY WAIVER:		BUDGET MONTH IND: 2		
CUR RECOVERY AMT:	44.60			
BLIND WORK EXPENSE:				
PF1/13=NEXT	PF2/14=PREV	PF3/15=MENU	PF8/20=BENDEX	PF9/21=SDX HISTORY
PAGE: 3	NEXT SELECTION:	DCN:	KEYS:	

50. PAYMENTS FOR CURRENT AND PRIOR THREE MONTHS

- a. COUNTY: The State and County of residence for the recipient unless another state and county have jurisdiction.
- b. SSI GROSS AMOUNT: The amount the recipient is entitled to receive before any adjustments for overpayments.
- c. SSI MO ASSIST AMT: The cumulative SSI payment(s) actually paid to the recipient under Title XVI.

This is the amount of the previous month's check, plus any underpayments which have been issued since the monthly run.

- d. COUNTABLE EARNED: The current month's amount of earned income, after all exclusions are applied; used in determining eligibility and if the Budget Month Flag is equal to zero, compiling the payment. The portion of a work study program that is not allocated for school, book, lab fees, and transportation is included as Earned Income.
- e. COUNTABLE UNEARNED: The current month's amount of unearned income after all exclusions are applied; used in determining eligibility and, if the Budget Month Flag is zero, computing the benefit; including income deemed to the eligible individual if applicable.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

51. **CONDITIONAL PYMT:** An indicator of whether or not a payment is, or was, subject to disposition of excess resources. When a payment is no longer conditional, the code "C" will remain in this data element.
- C Conditional
- N Not conditional
- BLANK Not applicable
52. **DEEMED INC:** The current month's amount of income deemed to the eligible individual used in determining eligibility and, if the Budget Month Indicator is zero, computing the SSI payment.
53. **CODE:** Deemed income source codes:
- Spouse to Spouse deeming after March 1983:
- C Computation based on couple's income
- D Computation based on individual's income
- I Computation based on individual's income
- V Income present for month and override system deeming
- Parent to Child deeming after March 1982:
- I Computation based on eligible child's income only
- P Parental deeming under current (1997) regulations
- V Income present for month and override system deeming
- For sponsor to alien deeming 10/80:
- V Sponsor deeming applicable
54. **ADVANCE PAYMENT:** The amount of emergency payment to the recipient. This amount is subtracted from the first payment. This data is not removed from the record.
55. **OVER/UNDER PAY IND:** Indicates whether or not overpayments and/or underpayments exist, and if the balance is reflected in the SSI Monthly Assistance amount.
- O Overpayment exists
- U Underpayments exists
- B Both overpayment and underpayment exist
56. **OVER PAY BALANCE:** The remainder after subtracting the overpayment amount collected from the overpayment amount outstanding.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

- 57. **OVER PAY WAIVER:** The amount of overpayment which has been waived from recovery efforts.
- 58. **CUR RECOVERY AMT:** The amount of advanced payment or overpayment recovered from the payment month's check.
- 59. **BLIND EXPENSE:** The amount of work expenses of a blind recipient for the month in the Earned Income Period which may be excluded from the earned income amount.
- 60. **EARNED INCOME**
 - a. **PERIOD:** The month and year to which the earnings are to be charged. Earned income is shown on a monthly basis.
 - b. **WAGE EST:** The gross amount of wages which the recipient expects to earn in the month reflected in the Earned Income Period.
 - c. **RETRO AMT:** The amount of earned income used in computing the payment if the Budget Month Flag is not zero or blank. This will always be zeros if the Budget Month Flag is zero or blank.
 - d. **SELF EMPLOY:** The estimated net amount of self-employment income for the period shown in the Earned Income Period.
- 61. **BUDGET MONTH IND:** The budget month used for computation purposes.
 - 0 Payment is based on factors in the computation month.
 - 1 Payment is based on factors one month before the computation month.
 - 2 Payment is based on factors two months before the computation month.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

SCREEN FOUR

VSD901-4	N.C. DEPT OF HEALTH AND HUMAN SERVICES	TODAY'S DATE: 09/04/2004				
	SDX INFORMATION	PROCESS DATE: 08/18/2004				
RECIPIENT: MCNEAL	BILL H	SSN: 987-65-4321				
----- UNEARNED INCOME INFORMATION -----						
TYPE	START	STOP	AMOUNT	FREQUENCY	CLAIM ID	VERIFICATION
V	09/1985	09/1985	464.17	N		0
I	01/1994		669.00	C		0
REP PAYEE/AGENCY: KIM MCNEAL						
2501 MAIL SERVICE CENTER						
RALEIGH			NC 27699-2501			
PF1/13=NEXT	PF2/14=PREV	PF3/15=MENU	PF8/20=BENDEX	PF9/21=SDX HISTORY		
PAGE: 4	NEXT SELECTION:	DCN:	KEYS:			

62. **UNEARNED INCOME INFORMATION**

- a. **TYPE:** Indicates the kind of unearned income the recipient is, or was, receiving. The last three occurrences of RSDI appear. The most recent payments will be displayed first, followed by the earlier payments in reverse chronological order. All other types of unearned income reflect the most recent occurrence.
- A Social Security (T2)
 - B Black Lung
 - C VA (not based on need) Veterans Administration Compensation
 - D RRB
 - E VA (based on need) Veterans Administration Pension
 - F Assistance based on need and not excluded from unearned income
 - G Title II income used to offset SSI
 - H Income in-kind (support and maintenance)
 - I Ineligible child allocation (spouse-to-spouse or parent-to-child deemed income)
 - J Value of one-third reduction

STATE DATA EXCHANGE (SDX)

K Blind countable income

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 62. (CONT'D)

L Military unearned pension

M Federal Civil Service pension

N Support payments received from absent parent

O Income based on need from private sources

P Employment-related pension (State or local government retirement, private pension)

Q Worker's Compensation

RC Category - Conversion Value

RH Category - Royalties and Honoraria

RI Category - Interest and Dividends

RL Category - Rental/Lease Income

SA Category - Assistance Payments (Emergency Assistance Payments (not IBON or ABON), Certain Foster Care Payments, Certain Adoption Assistance, Assistance involving Community Service Block Grants, and Certain Austrian Social Insurance Payments (Not based on wage credits))

SC Category - Conversion Value

SD Category - Death Related Incomes (Cash Inheritance, In-Kind Inheritance, Unspent Death Benefits, and Insurance Proceeds)

SG Category - Monetary Award (Gifts, Grants, Scholarships, and Fellowships not used for Educational Benefits, Prizes, Gambling Winnings, and Awards)

SM Multiple Entries

SN Category - Payments to Native American Indians (Alaska Native Claims Distribution (Those over \$2000/month), Payments derived from Individual interests in Indian Trust or Restricted Lands (In excess of \$2000/month), and Indian Tribal Funds distributed to Individuals)

SO Category - Other

SS Category - Court Ordered or Voluntary Support Payments (Alimony/Spousal support and Child support not subject to the one-third reduction)

ST Category - COLA Coordination Computation (One-time Title II payment to be excluded from COLA coordination computation (January and February only))

STATE DATA EXCHANGE (SDX)

SU Category - Unemployment Benefits

STATE DATA EXCHANGE (SDX)

REVISED 05/01/11 - CHANGE NO. 04-11

III. B. 62. (CONT'D)

SW Category - Work Related Unearned Income

1. Jury Duty
2. Stipends
3. Tips
4. Indian fishing rights income
5. In-Kind Remuneration for Work
6. Money paid to Residents of a Public Institution where no ER/EE relationship exists

(JTPA Payments, Job Corps Dependents Allowance, Sick Pay that is Unearned Income, Sick Pay that is Unearned Income, Trade Readjustment ACT Payments, Uniformed Services Special Pay and Allowances, State Disability Insurance Benefits, and VA Educational Benefit)

SX Category - Unstated Income

T Alaska longevity bonus

V Net deemed income (see Deemed Income Amount and Deemed Income Amount (Retrospective))

W Title II offset

X Mandatory income level amount (conversion cases only)

Y Special needs reduction (applies to a Federal countable minimum income level)

Z State countable income (State of Vermont only)

Blank Not applicable.

- b. **START:** The date when the unearned income started if the payment is monthly or when received if a one-time payment. This is the month in which they receive the check.
- c. **STOP:** The effective date of termination of unearned income. In a situation where the unearned income changes, this will be the last date the previous rate, or one-time payment, was received. If the year is "89", this indicates a payment adjustment is in process.
- d. **AMOUNT:** The monthly amount of unearned income for the recipient.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 62. (CONT'D)

- e. **FREQUENCY:** Indicates whether or not unearned income is being received, or was received.
- C Continuous monthly payment, or uninsured (Title II claim number suffix "T" or "M"), or Title II benefits in non-pay status
 - N One-time payment
 - R Used in conjunction with type "A" income to indicate recent RSDI filing, or with type "D" income to indicate potential eligibility to a Railroad Benefit
 - T Termination of a continuous monthly payment
 - U Uninsured (T2 claim types T&M) If type D, this indicates RRB ID assigned, currently T2 only. (Future RRB entitlement possible)
- BLANK** Initialized value
- f. **CLAIM ID:** The Claim Number or Claim Identification Number under which each type of unearned income is received. For Income-in-Kind, this data element may contain an identifying legend entered by the District Office; e.g., RENTFREE, FREERENT, ETC.
- g. **VERIFICATION:** This indicates whether or not the unearned income allegations of the recipient have been verified.
- 0 Number and income amount have not been verified
 - 1 Number has been verified, amount has not been verified
 - 2 Number and income amount have been verified
 - 3 Number and income amount have not been verified. Title II IMPACC/A payment made
 - 4 Number has been verified, amount has not been verified. Title II IMPACC/A payment made
 - 5 If Unearned Income Type Code is equal to "A", number and income amount have been verified for IMPACC/A payment (Code was previously "2"). If Unearned Income Type Code is equal to "X", the Federal Countable minimum income level has been transmitted to the new record following a "T30"/"T50" action.
 - 6 If Unearned Income Type Code is equal to "A", IMPACC/A payment has been made (no previous code).
If Unearned Income Type Code is equal to "X", systems generated one-time Title II payment was received in the first quarter of 1974.

 STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 62. (CONT'D)

- 8 Dually entitled to Title II benefits.
- I Identification number and amount verified Title II being paid in installments because of DA & A provision
- BLANK Not applicable

63. **REP PAYEE/AGENCY:** This is the full name of the person who has been selected as the representative payee for the individual.

64. **ADDRESS:** Address of the representative payee.

SCREEN FIVE

VSD901-5	N.C. DEPT OF HEALTH AND HUMAN SERVICES	TODAY'S DATE: 09/04/2004
	SDX INFORMATION	PROCESS DATE: 08/18/2004
RECIPIENT: MCNEAL	BILL H	SSN: 987-65-4321
ELIG SPOUSE SSN: 000-00-0000		
ESSENTIAL PERSON: 0		
ESSENTIAL SSN: 000-00-0000		
	---- INELIGIBLE SPOUSE 1 ----	---- INELIGIBLE SPOUSE 2 ----
IND: P		
NAME: MCNEAL	LISA	
SSN: 123-45-6789		
CAN:		
UNEARN INCOME: 11.00		
UNEARN INC TYP: F		
UNEARN INC FREQ: C		
EARNED INC WAGE:		
SELF EMPLOY INC:		
PF1/13=NEXT	PF2/14=PREV	PF3/15=MENU
PAGE: 5	NEXT SELECTION:	DCN:
		KEYS:

- 65. **ELIG SPOUSE SSN:** The SSN of the eligible spouse, parent, or eligible individual.
- 66. **ESSENTIAL PERSON:** Indicates whether an essential person exists in the case and the relationship of the essential person to the eligible individual.
 - 0 Initialized value
 - 1 Essential person is an ineligible spouse
 - 2 Essential person is a living-with father
 - 3 Essential person is a living-with mother
 - 4 A non-relative is in the SSN of Eligible Spouse or Parent
 - 5 A non-relative is in the SSN of Other Parent

STATE DATA EXCHANGE (SDX)

REVISED 05/01/11 - CHANGE NO. 04-11

III. B. 66. (CONT'D)

- A An ineligible spouse and at least one other person are both essential persons
- B A living-with father and at least one other person are both essential persons
- C A living-with mother and at least one other person are both essential persons
- D There are at least two essential persons, one of whom is in SSN of Eligible Spouse or Parent
- E There are at least two essential persons, one of whom is in SSN of Other Parent
- F A living-with parent is the essential person (applicable in pipeline cases only)

67. **ESSENTIAL SSN:** The SSN of the essential person in the record of an eligible individual, or the SSN of the eligible individual in the record of an essential person.

68. **INELIGIBLE SPOUSE**

- a. **IND:** Indicates whose information is present on the record.
 - E Eligible spouse or eligible individual in the spouse's record
 - I Ineligible spouse
 - P Parent
- b. **NAME:** The name of the ineligible spouse or parent.
- c. **SSN:** The SSN of the ineligible spouse or parent.
- d. **CAN:** This is the claim or identification number of the ineligible spouse or parent.
- e. **UNEARN INCOME:** The monthly amount of unearned income for the ineligible spouse or parent.
- f. **UNEARN INC TYP:** The kind of unearned income the ineligible spouse or parent is, or was receiving. The last three occurrences of RSDI will appear. The most recent payments will be displayed first, followed by the earlier payments in reverse chronological order. All other types of unearned income reflect the most recent occurrence.
 - A Social Security
 - C VA (not based on need) Veterans Administration Compensation

STATE DATA EXCHANGE (SDX)

REVISED 05/01/11 - CHANGE NO. 04-11

III. B. 68. (CONT'D)

- D RRB
 - E VA (based on need)
 - F VA Fixed Payment
 - G Title XVI offset
 - L Military Retired Pay
 - M Federal Civil Service pension
 - W Title II offset
 - ? Unknown Data
- g. **UNEARN INC FREQ:** Indicates whether or not unearned income is being received, or was received.
- C Continuous monthly payment, or uninsured (Title II claim number suffix "T" or "M"), or Title II benefits in non-pay status
 - N One-time payment

 STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 68. (CONT'D)

- R Used in conjunction with type "A" income to indicate recent RSDI filing, or with type "D" income to indicate potential eligibility to a Railroad Benefit
- T Termination of a continuous monthly payment
- U Used only in conjunction with a type "D" entry to indicate Railroad Benefit has jurisdiction of the Title II payment and that recipient's entitlement to a Railroad Benefit has not been determined.
- BLANK Not applicable

- h. **EARN INC WAGE:** The gross amount of wages for the month which the ineligible spouse or parent expects to earn in the month reflected in the Earned Income Period.
- i. **SELF EMPLOY INC:** The estimated net amount of self-employment income for the ineligible spouse or parent for the period shown in the Earned Income Period.

SCREEN SIX

VSD901-6	N.C. DEPT OF HEALTH AND HUMAN SERVICES	TODAY'S DATE: 09/04/2004
	SDX INFORMATION	PROCESS DATE: 08/18/2004
RECIPIENT: MCNEAL	BILL H	SSN: 987-65-4321
-- RESOURCES --		
HOUSE: Z	MEDICARE ENTITLEMNT CD: N	
VEHICLE: Z	QUAL MEDICARE BENEFICRY:	
INSURANCE: Z	CONVERTED RAILROAD #:	
PROPERTY: Z	FOOD STAMPS APP-DATE-STAT: N - 06/1993 - N	
OTHER: Z	ALIEN IND-RESIDENCY DATE: A -	
MN DIARY:	COUNTRY OF ORIGIN:	
MN DATE:	ALIEN SPONSOR STATUS CODE:	
	ALIEN ELIGIBILITY CODE:	
	FOREIGN LANGUAGE CODE:	
PASS:	ZEBLEY IND:	
1619A:	ROLLBACK:	
1619B:	DIR DEPOSIT: C	
SSN VERIFY CD:		
MULTIPLE SSN:		
PF1/13=NEXT	PF2/14=PREV	PF3/15=MENU
PF8/20=BENDEX	PF9/21=SDX HISTORY	
PAGE: 6	NEXT SELECTION:	DCN: KEYS:

69. **RESOURCES**

- a. **HOUSE:** Indicates whether or not the recipient owns a house.
 - * Initial claims exception
 - A Possession of a home - principal place of

STATE DATA EXCHANGE (SDX)

residence

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 69. (CONT'D)

J Recipient owns house to be disposed of
S Equity in a non-excludable property is expected to increase in value
T Home and equity in non-excludable property
Z None
BLANK Not determined

b. **VEHICLE:** Indicates whether or not recipient owns a vehicle. If so, the code indicates whether or not the individual must dispose of the vehicle.

B Owns a vehicle - either over or under the limit
G Unverified resource
K Individual is required to dispose of the vehicle
Z None
BLANK Not determined

c. **INSURANCE:** Indicates whether or not the recipient has life insurance. If so, the code indicates whether or not the individual must dispose of the life insurance.

C Life insurance - face value is over \$1,500.00
L Individual is required to dispose of the life insurance
H Unverified resource
Z None
BLANK Not determined

d. **PROPERTY:** Indicates whether or not the recipient owns income producing property. If so, the code indicates whether or not the individual must dispose of the property.

D Income producing property to be disposed of.
M Recipient owns income producing property to be disposed of.
Z None
BLANK Not determined

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B.69. (CONT'D)

e. **OTHER:** Indicates whether or not the recipient owns other resources. If so, the code indicates whether or not the individual must dispose of the other resources.

E Owns other resources over the limits. Must be accompanied by a denial code or a disposition code is accompanied by a disposition code, the entry appears as an 'N' on the SSR.

N Individual is required to dispose of the other resources.

Z None

BLANK Not determined

70. **MN DIARY:** This indicates a transfer of assets has taken place.

MN Transfer of resources at less than fair value

71. **MN DATE:** This indicates the date the MN Diary action should be taken.

72. **PASS** (Plan for Achieving Self-Support): This is the monthly amount of earned income for blind and disabled recipients which may be excluded under an approved plan for achieving self-support.

73. **1619A:** Indicates if recipient is eligible for special payments under 1619(a) provisions.

D The presence of one of these codes indicates monthly

E Gross earned income to be the Substantial Gainful

F Activity level with SSI payment continuation under

G 1619(a).

74. **1619B:** Indicates if recipient is considered an SSI recipient for Medicaid purposed under 1619(b) provisions.

A Individual meets the SSI income test; however, no date has been entered by SSA for Medicaid use and insufficiency of earning test. (This individual may be eligible for 1619(b) status but a determination by SSA has not been made.)

B Individual meets the SSI income test and also meets the Medicaid use and insufficiency of earnings test. (This individual has been determined eligible for 1619(b) status by SSA.)

F Individual meets the SSI income test. The Medicaid use and insufficiency of earnings tests decision pending with SSI. (This individual may be eligible for 1619(b) status but a determination by SSA has not been completed.)

BLANK Not eligible

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

75. **SSN VERIFY CD:** Indicates the possibilities in the List of Multiple SSNs.
- A Affirmed by SSA District Office
 - I Incorrect SSN, change has been processed
 - N SSN has not been verified
 - P "Pseudo" SSN
 - T Cross-reference number terminated and will not be re-accreted
 - X Cross-reference SSN
 - Y SSN has been verified
76. **MULTIPLE SSN:** The additional SSNs used by the recipient. Up to five SSNs may be listed.
77. **MEDICARE ENTITLEMENT CD:** Reflects the individual's current Medicare entitlement status, as follows:
- A The individual is covered for Hospital Insurance (Medicare A), but not for Supplementary Medical Insurance (Medicare B)
 - B The individual is covered for (Supplementary Medical Insurance) Medicare B, but not (Hospital Insurance) Medicare A
 - C The individual is covered for both Medicare A (Hospital Insurance) and (Supplementary Medical Insurance) Medicare B
 - D To be added 10/05 at earliest
 - N The individual is not covered for either Medicare A or B
 - "" Space-initialized default (Blank)
- NOTE: SSA is not currently sending reliable data in this field.**
78. **QUAL MEDICARE BENEFICIARY:** Not currently in use.
79. **CONVERTED RALIROAD #:** This is the Railroad Retirement Board (RRB) number converted from the SSA version.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

80. **FOOD STAMPS APP - DATE - STAT:** Indicates whether or not SSA personnel took an application for Food Stamps; the month and year of the initial Food Stamp data input; and whether or not the recipient receives Food Stamps or has filed an application for Food Stamps in the past sixty days on which no decision has been made.

APP

- A** SSA taking food stamp application in a waiver state and shelter cost is at or above state standard.
- B** SSA taking food stamp application in a waiver state and shelter cost is below state standard.
- N** SSA did not take a Food Stamp application.
- Y** SSA took Food Stamp application.
- Z** Invalid character(s) transmitted.
- ""** No input
- BLANK**

STAT

- Y** Yes, either is receiving or applied.
- N** No, is not receiving and has not applied.
- Z** Invalid character(s) transmitted
- BLANK** No input

81. **ALIEN IND - RESIDENCY DATE:** Indicates if the eligible/ineligible individual is in a special alien status and the month and year of residence in the U.S. An entry of "01/74" means the residency began in January 1974 or earlier. For all other dates, it is the actual year and month that residency began.

- 1** No status alleged
- 2** Valid status alleged, but not proven - N13 being processed
- 3** American Immigrant
- 4** North American Indian
- A** Proven born in U.S., U.S. citizen
- B** Alleged born in U.S., U.S. citizen
- C** U.S. citizen born outside of the U.S.; this includes naturalized citizens

STATE DATA EXCHANGE (SDX)

D Alleged U.S. citizen - Pre-January 01, 1972

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 81. (CONT'D)

- E** No citizenship or alien status development undertaken; case denied for reason(s) other than citizenship/alien status
- F** Refugee status - Section 207 or 203(A)(7) of the I.N.A.
- G** Parole status - Section 212(d) of the I.N.A.
- J** Deferred action status alien
- K** Alien lawfully admitted to the U.S. for permanent residence
- L** Asylum status - Section 208 of the I.N.A.
- N** Identity and citizenship of the individual verified by the Numident interface (code was previously A or B)
- P** Pre-January 01, 1972 alien (presumed lawfully admitted for permanent residence)
- Q** Alleged born in the U.S. - allegation corroborated by a U.S. place of birth shown on the on-line Numident
- R** Lawful temporary resident - status granted as a result of the Immigration Reform and Control Act of 1986
- S** Lawful permanent residence - status granted as a result of the Immigration Reform and Control Act of 1986.
- T** Alien granted voluntary departure
- U** Unknown
- W** Alien granted stay of deportation
- X** Cuban/Haitian entrant
- Y** Legalized agricultural worker pursuant to the Immigration Reform and Control Act of 1986
- Z** Alien on whose behalf an immediate relative petition has been approved

82. **COUNTRY OF ORIGIN:** The country of origin for recipient.

83. **ALIEN SPONSOR STATUS CODE:** The status of the alien's sponsorship. Codes A, C, D, E, F, G, H, J, and L apply to aliens for whom the sponsor(s) signed the old affidavit of support. Regular deeming rules (spouse-to-spouse or parent-to-child) supersede sponsor-to-alien deeming if the sponsor is also a regular deemer on the alien's record.

Alien Sponsor Status Codes M, N, O, P, Q, R, S, and V apply to aliens for whom the sponsor(s) signed the new affidavit of support. Sponsor-to-alien deeming rules apply regardless of the sponsor's status as a regular deemer on the alien's record.

STATE DATA EXCHANGE (SDX)

Alien Sponsor Status Codes B, T, and U can apply to both groups of aliens listed above.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 83. (CONT'D)

- A No sponsor or the three year deeming period has ended.
- B Sponsor legally exempt from deeming (institution, church, etc.)
- C Sponsor liable for support. Sponsor has no other status, so deeming from sponsor only.
- D Sponsor liable for support. Sponsor also has status as a regular deemer, so regular deeming (spouse-to-spouse or parent-to-child) applies.
- E Sponsor liable for support. SSA'S record has a regular deemer plus the sponsor, so deeming occurs from both the regular deemer (spouse/parent) and the sponsor.
- F Sponsor liable for support. Sponsor has a spouse. Sponsor has no other status, so deeming from sponsor only.
- G Sponsor liable for support. Sponsor also has status as a regular deemer, so regular deeming (spouse-to-spouse or parent-to-child) applies. Sponsors are specifically identified as parents of the alien, and both parents (sponsor and sponsor's spouse) are liable for deeming.
- H Sponsor liable for support. SSA's record has a regular deemer plus the sponsor, so deeming occurs from both the regular deemer (spouse/parent) and the sponsor. Sponsor has a spouse, i.e., deeming has been considered from at least three potential sources: the sponsor, the sponsor's spouse, and the regular deemer on the SSA record (alien's ineligible spouse or parent).
- J Multiple legal sponsors exist. One or more of the sponsors may have status as a regular deemer on SSA'S record, or one or more of the sponsors may also have a spouse whose income is deemable.
- L Sponsor is liable for support; however, recipient's disability onset date is later than his/her date of U.S. entry; therefore, exemption applies. No sponsor-to-alien deeming.
- M Sponsor liable for support. Sponsor does not have other status on the alien's SSA record, so deeming occurs only from the sponsor. A new affidavit of support is in effect.
- N Sponsor liable for support. Sponsor also has status as a regular deemer on the alien's SSA record; however, sponsor-to-alien deeming rules apply since a new affidavit of support is in effect.
- O Sponsor liable for support. SSA'S record contains a regular deemer plus the sponsor (sponsor is not the regular deemer) and deeming occurs from both the sponsor and the regular deemer (spouse/parent). New affidavit of support is in effect.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 83. (CONT'D)

- P Sponsor liable for support. Sponsor does not have other status on the alien's SSA record, so deeming occurs only from the sponsor. A new affidavit of support is in effect. The sponsor has a spouse.
- Q Sponsor liable for support. Sponsor also has status as a regular deemer on the alien's SSA record; however, sponsor-to-alien deeming rules apply since a new affidavit of support is in effect. The sponsor has a spouse, and the sponsors are specifically identified as parents of the alien, and both parents (sponsor and sponsor spouse) are liable for deeming.
- R Sponsor liable for support. SSA'S record contains a regular deemer plus the sponsor (sponsor is not the regular deemer) and deeming occurs from both the sponsor and the regular deemer (spouse/parent). New affidavit of support is in effect. The sponsor has a spouse. Therefore, deeming is considered from three potential sources: the sponsor, the sponsor's spouse, and the regular deemer (alien's ineligible spouse or parents).
- S Multiple legal sponsors exist. One or more may have other status as a regular deemer on SSA'S record or one or more of the sponsors may have a spouse whose income is also deemable. A new affidavit of support is in effect.
- T Sponsor no longer liable; for example, sponsor is deceased.
- U Unknown; system generated prior to the advent of sponsor-to-alien deeming. Cannot be input by Field Office.
- V New affidavit is in effect and deeming terminated because alien has acquired 40 work credits.

84. **ALIEN ELIGIBILITY CODE:** The eligibility codes listed below identify those aliens who remain eligible for SSI based on the new requirements in the Welfare Reform Act of August 1996. All asylees (alien indicator of "L") are eligible for five years from the date they were granted asylee status by the Immigration and Naturalization Service.

- 1 Alien admitted to the U.S. as a refugee under section 207 of the Immigration and Nationality Act (INA); can receive SSI for 7 years beginning with the date of entry into the U.S.
- 2 Alien whose deportation has been withheld under section 243(h) or 241(b)(3) of the INA; can receive SSI for 7 years beginning with the date the deportation was withheld.

STATE DATA EXCHANGE (SDX)

REVISED 05/01/11 - CHANGE NO. 04-11

III. B. 84. (CONT'D)

- 3 Alien lawfully admitted for permanent residence who has been credited with 40 work credits. These credits can be earned from the alien's own work or from work done by a parent or spouse of the alien. For initial claims filed after August 22, 1996, these aliens cannot receive SSI for the first five years they are in the U.S.
- 4 Alien on active duty military/veteran
- 5 Spouse/~~widow(er)~~ of active duty military/veteran
- 6 Child of active duty military/veteran
- 7 ~~Grandfathered alien indicator~~
- 8 Aged alien who is legally residing in the US on 8/22/96 and require a disability determination
- 9 ~~Grandfathered Nonqualified aliens coded H, P, R, T, W or J who were receiving SSI on August 22, 1996~~
- A ~~Pending citizenship continuous eligibility. Alien entitled to benefit extension through 09/30/11.~~
- B ~~Pending citizenship reinstatement of eligibility. Time-limited Alien entitled to benefit extension. Benefits paid 10/01/08 through 09/30/11.~~
- C ~~Good faith continuous eligibility. Additional two years of benefits payable.~~
- D ~~Good faith reinstatement of eligibility. Additional two years of benefits payable beginning 10/01/08.~~
- E ~~Age 18 continuous eligibility. Additional two years of benefits payable beginning 10/01/08.~~
- F ~~Age 18 reinstatement of eligibility. Additional two years of benefits payable beginning 10/01/08.~~
- G ~~Age 70 and birthdate after 09/30/1938 and prior to 10/01/1941 continuous eligibility. Additional two years of benefits payable beginning 10/01/08.~~
- H ~~Age 70 and birthdate after 09/30/1938 and prior to 10/01/1941 reinstatement of eligibility. Additional two years of benefits payable.~~

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. CONT'D

85. **FOREIGN LANGUAGE CODE:** This code identifies the foreign language preferred over English, with which the person is most comfortable.

01	English
02	Spanish
03	American Sign Language
04	Alaska Native
05	Albanian Creole-Haitian
06	American Indian-Apache
07	American Indian-Choctaw
08	American Indian-Crow
09	American Indian-Dakota
10	American Indian-Lakota
11	American Indian-Nakota
12	American Indian-Navajo
13	American Indian-Zuni
14	American Indian-Other
15	Amharic
16	Arabic
17	Armenian
18	Assyrian
19	Bengail
20	Bosnian
21	Bulgarian
22	Burmese
23	Cambodian
24	Chamorro
25	Chinese-Cantonese
26	Chinese-Formosan
27	Chinese-Mandarin
28	Chinese-Mien
29	Chinese-Shanghai
30	Chinese-Taiwanese
31	Chinese-Toishanese
32	Chinese-Other
33	Creole-Criollo
34	Creole-French
35	Creole-Haitian
36	Creole-Other
37	Croatian
38	Czech
39	Dutch
40	Farsi
41	Finnish
42	French
43	German
44	Greek
45	Gujarathi
46	Hebrew
47	Hindi
48	Hmong
49	Hungarian
50	Ilocano
51	Indonesian

STATE DATA EXCHANGE (SDX)

52	Italian
53	Japanese
54	Khmer

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

III. B. 85 CONT'D

55	Korean
56	Kurdish
57	Lao (Laotian)
58	Lithuanian
59	Macedonian
60	Malayalam
61	Mongolian
62	Norwegian
63	Oromo
64	Pashto
65	Pennsylvania Dutch
66	Persian
67	Pidgin-Hawaiian
68	Polish
69	Portuguese
70	Punjabi
71	Romanian
72	Russian
73	Samoan
74	Serbo-Croatian
75	Slovak
76	Somali
77	Swahili
78	Swedish
79	Syriac
80	Tagalog
81	Thai
82	Tongan
83	Turkish
84	Twi (Fanti)
85	Ukrainian
86	Urdu
87	Vietnamese
88	Yiddish
89	Yugoslavian
90	Other

STATE DATA EXCHANGE (SDX)

REVISED 05/01/11 - CHANGE NO. 04-11

III. B. (CONT'D)

86. **ZEBLEY IND:** The status of the Zebley claim.
- Z** The individual has been identified by the SSA Field Office as a potential Zebley case.
 - D** The case has been denied for any Zebley payments.
 - F** The final Zebley payment has been made to the individual.
87. **ROLLBACK:** Indicates if the recipient received State payments prior to July 1, 1973, or is subject to Title XVI disability criteria.
- 1** Potential rollback
 - 2** State payments were made prior to July 1, 1973
 - 3** No disability payments were made prior to July 1, 1973 (State Disability Determination Section determination is needed)
 - 4** The recipient meets Title XVI criteria
 - 5** The recipient is not disabled (Title XVI criteria), reviewed and denied by the State Disability Determination Section
 - 6** Final disability allowance determination has not been input
 - 7** Final disability denial determination has not been input
88. **DIR DEPOSIT:** The type of account to which the SSI check is directly deposited.
- C** Checking
 - E** Electronic benefits transfer
 - S** Savings
 - BLANK** None

IV. LOGOFF PROCEDURES FOR SCC4CICS

- A. Key **"99"** in Next Selection.
- B. Press ENTER. The message "EIS SESSION TERMINATED" appears.
- C. Key **"LOGOFF"** over this message.
- D. Press ENTER. The Banner screen appears.

STATE DATA EXCHANGE (SDX)

REISSUED 05/01/11 - CHANGE NO. 04-11

V. SDX INFORMATION SHEETS

- A. In addition to the on-line inquiry, case specific SDX Information Sheets are produced for individuals in SA, and HSF cases, and for individuals in MAA, MAB, and MAD cases if the individual has a long term care living arrangement code and is SSI. An individual SDX Information Sheet is produced from the daily updates when an active recipient:
1. has been newly approved for SSI
 2. has certain specified changed information on his SSI record.
- B. The SDX Information Sheets have program specific information displayed as indicated on the following pages.
- C. The following changed information will generate an SDX Information Sheet for Medicaid or Special Assistance recipients:
1. Payee Name and Address
 2. Date of Birth
 3. Living Arrangement
 4. Marital Status
 5. Title II Claim Number
 6. SSI Gross Amount
 7. SSI Assistance Amount
 8. Pay Status
 9. Death Date
 10. Denial Code
 11. PASS
 12. Resource Code-House
 13. Resource Code-Income Producing Property
 14. Resource Code-Life Insurance
 15. Resource Code-Vehicle
 16. Resource Code-Other
 17. Countable Earned Income
 18. Countable Unearned Income
 19. Unearned Income Information
 - a. Type
 - b. Start
 - c. Stop
 - d. Amount
 - e. Frequency
 - f. Claim/ID Number
 20. Transaction Record is '05' (Individual Moved Out of State)
- D. The changed data element will be preceded by an asterisk (*).
- E. Refer to III. above for data element definitions and codes.
- F. The SDX Information Sheets are produced from the quarterly recon; however, they are not printed for changes in SSI Assistance Amount.

STATE DATA EXCHANGE (SDX)

REVISED 05/01/11 - CHANGE NO. 04-11

V. (CONT'D)

SDX SHEET FOR MEDICAID AND SPECIAL ASSISTANCE

SDX INFORMATION

TODAY IS 7/23/1998
 SDX DATE 7/22/1998

SSN: 987-65-4321
 RECIPIENTS NAME: MCNEAL BILL N
 DATE OF BIRTH: 07/25/1948
 COUNTY NAME: 92 -WAKE
 PROGRAM: MAF
 DISTRICT NUMBER: 00016
 CASE ID: 055555555
 COUNTY CASE NUMBER: 7777777
 CASE HEAD: LISA MCNEAL
 PAYEE NAME AND ADDRESS: LISA MCNEAL FOR
 BILL MCNEAL
 1985 UMSTEAD DRIVE NC
 RALEIGH
 27626-0529
 HEAD OF HOUSEHOLD IND: N
 DEATH DATE:
 DENIAL CODE:
 DENIAL DATE:
 LIVING ARRANGEMENT: C
 MARITAL STATUS: 3
 TITLE II CLAIM NUMBER:
 PAY STATUS: C01
 OVERPAY/UNDERPAY IND: 0
 1619A STATUS:
 1619B STATUS:
 SSI ELIGIBLE DATE: 08/01/1989
 SSI GROSS AMOUNT: 446.00
 SSI ASSISTANCE AMOUNT: 401.40

APPEAL CODE:
 APPEAL DATE:
 DISABILITY PAY CODE: F
 DIRECT DEPOSIT IND: C
 PASS: 0.00
 RESOURCE-HOUSE: Z
 RESOURCE-PROPERTY: Z
 RESOURCE-INSURANCE: Z
 RESOURCE-VEHICLE: Z
 RESOURCE-OTHER: Z

	AUGUST	JULY	JUNE	MAY
COUNTY:	92	92	92	92
SSI GROSS AMOUNT:	446.00	435.20	435.20	435.20
SSI ASSIST AMT:	401.40	390.60	390.60	390.60
COUNTABLE EARNED:	.00	.00	.00	.00
COUNTABLE UNEARNED:	.00	.00	.00	.00

UNEARNED INCOME INFORMATION

TYPE	START	STOP	AMOUNT	FREQUENCY	CLAIM/ID NO	VALIDATION
V	09/1985	09/1985	464.17	N		0
I	01/1994		669.00	C		0

STATE DATA EXCHANGE (SDX)

REVISED 05/01/11 - CHANGE NO. 04-11

VI. ADDITIONAL INFORMATION

The SDX On-Line Inquiry, SDX Information Sheets, and OLV System must be used as much as possible. However, there may be situations which require additional information.

- A. Use Form DMA-5049 (Referral to Local Social Security Office) for recipients who:
 - 1. Have potential for SSI benefits but have not applied; or
 - 2. Have a change in case status and the Social Security Office needs to be notified.
- B. Use the State On-Line Query or the Third Party Query to verify:
 - 1. Cases not appearing on the SDX; and/or
 - 2. Questionable information on the SDX.
- C. Call Candes Smith, IEVS Coordinator, to assist in resolving discrepancies that cannot be resolved by B. above.

VII. SDX HISTORY

The SDX History screen allows up to 20 past SSI records to be viewed through the online SDX.

A. Accessing SDX History

While viewing an SDX record, press PF9 on any page. The following screen displays.

VSD901-9	NC DEPT OF HEALTH AND HUMAN SERVICES	TODAY'S DATE: 09/10/2004			
SDX HISTORY SELECTION					
RECIPIENT: PLAY	A GAME	SSN: 999-99-9999			
PROCESSED	CUR REC IND	TRANS CODE	PROCESSED	CUR REC IND	TRANS CODE
06/02/2004	1	06			
05/13/2004	1	08			
03/20/2004	1	RF			
03/12/2004	1	08			
03/01/2004	1	08			
12/20/2003	1	RF			
11/23/2003	1	06			
KEY AN "X" NEXT TO AN ENTRY AND PRESS ENTER TO SELECT IT FOR INQUIRY					
ENTER=SELECT THIS RECORD F3/15=RETURN TO MAIN MENU					

B. INFORMATION ON THE SDX HISTORY

Each field that appears on the SDX History is listed below with the corresponding codes and definitions.

- 1. **RECIPIENT:** Recipient Name

STATE DATA EXCHANGE (SDX)

STATE DATA EXCHANGE (SDX)

REVISED 05/01/11 - CHANGE NO. 04-11

VII. B. (CONT'D)

2. **SSN:** Recipient Social Security Number
3. **PROCESSED:** The date the record was processed by the Social Security Administration.
4. **CUR REC IND:** This indicates which record is the most current on file for a given date.
5. **TRANS CODE:** The action and/or source of the SDX record.

C. **VIEWING HISTORICAL RECORDS (Cannot be viewed in OLV System)**

1. Key an "X" to the left of the "Processed" date of the record you wish to view. Press Enter.

The SDX Screen displays the previous SSI record data along with the message ">THIS IS NOT THE CURRENT SDX REC<" in the lower right hand corner.

VSD901-1	NC DEPT OF HEALTH AND HUMAN SERVICES	TODAY'S DATE: 09/10/2004
	SDX INFORMATION	PROCESS DATE: 03/12/2004
RECIPIENT: GAME	PLAY A	SSN: 999-99-9999
CUR REC IND: 1		
OTHER NAME: SONG	RSDI CLAIM NO: 999999999A	
SSN CORR IND:	COUNTY: 38 - GRAHAM	
RACE: W	RESIDENCY: 11/01/2003	
SEX: F	TELEPHONE: 555-444-2222	
BIRTH DATE: 04/09/1949	RECIPIENT: PLAY ANY GAME	
DEATH DATE:	MAIL ADDR: PO BOX 174	
DEATH SRC CD: 0	ROBBINSVILLE NC	
RECIPIENT TYP: DI	28771-0174	
MARITAL STAT: 3		
HEAD OF HOUSE: N		
STUDENT IND: N		
PAYEE CODE:	RESIDENCE: 927 GAME BOARD	
CUSTODY CODE:	ROBBINSVILLE NC	
COMPETENCY CD:	28771	
		>THIS IS NOT THE CURRENT SDX REC<
PF1/13=NEXT	PF2/14=PREV	PF3/15=MENU
PAGE: 1	NEXT SELECTION:	PF8/20=BENDEX
		PF9/21=SDX HISTORY
		KEYS:

2. To view another SDX record for the same person, press PF9 and follow instructions in VII.C.1., above.
3. To view an SDX record for a new person, key the social security number in the "KEYS" field and press Enter.
4. To return to the main menu, press PF3.