Guidelines for Collecting, Analyzing and Displaying Child Health Coverage Eligibility Outcomes Data

Prepared By

Vicki C. Grant, Ph.D., MSW
Deputy Director
Covering Kids National Program Office
620 Sims Avenue
Columbia, SC 29205
803.779.2607
vicki@coveringkids.org
www.coveringkids.org

March 1999

About Covering Kids

Covering Kids is a national health access initiative for low-income, uninsured children. The program was made possible by a $47 million grant from The Robert Wood Johnson Foundation of Princeton, New Jersey, and is designed to help states and local communities increase the number of eligible children who benefit from health insurance coverage programs by: designing and conducting outreach programs that identify and enroll eligible children into Medicaid and other coverage programs; simplifying the enrollment processes; and coordinating existing coverage programs for low-income children. Covering Kids receives direction and technical support from the Southern Institute on Children and Families, located in Columbia, South Carolina.

TABLE OF CONTENTS

GUIDELINES FOR COLLECTING, ANALYZING AND DISPLAYING CHILD HEALTH COVERAGE ELIGIBILITY OUTCOMES DATA

INTRODUCTION

Eligibility simplification of child health coverage programs is a major goal of grantees under The Robert Wood Johnson Foundation Covering Kids initiative.[1] Eligibility system data can play a major role in helping identify simplification issues and solutions.

One of the initial steps to eligibility simplification is a review of Medicaid and Children's Health Insurance Program (CHIP) eligibility data to determine the current outcomes of the eligibility system. Eligibility outcomes data provide states with information on the actual results of the application and redetermination processes, as well as the reasons for denials and closures.

The purpose of this paper is to serve as a brief "how-to" guide on conducting a children's health coverage eligibility outcomes data study. The paper describes who should be involved, the process and the data elements needed to conduct an analysis of Medicaid/CHIP eligibility outcomes.

STUDY TEAM

A prerequisite for an eligibility outcomes study is the commitment and cooperation of state agency directors who have responsibility for Medicaid and CHIP, if separate from Medicaid. In states where the welfare agency is under contract with Medicaid/CHIP to provide eligibility determination services, it is essential that the welfare director is also included. An eligibility outcomes study is a true collaborative venture where the agencies need to commit staff to participate in the study, provide the data for study and be willing to consider actions to remove eligibility barriers identified in the study.

The recommended way to approach a study of eligibility outcomes is through the formation of a technical study team that has collective expertise on all facets of the eligibility process, as well as how the computer system is designed to support the eligibility function and sources of data and regulations. The team will meet several times during the first few weeks of design and then will need to hold regular meetings after data are available for analysis and interpretation.

---

[1] Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children is a $47 million program of The Robert Wood Johnson Foundation, with direction and technical assistance provided by the Southern Institute on Children and Families.

The state agency directors should appoint staff to the study team to include, at a minimum, the following areas:

- Medicaid, CHIP and Temporary Assistance for Needy Families (TANF) eligibility policy experts;

- Computer systems managers and programmers; and

- Local eligibility supervisors and frontline eligibility staff.

Child advocates who have experience in helping families meet eligibility requirements also should be included. While ultimate responsibility for the study and the study report must be assigned to one team member, all team members must be involved and committed to working on the design and implementation of the study, as well as interpretation of the data.

SCOPE OF STUDY

Study Population

The first task of the work group will be to define the population of children for study. Medicaid has many eligibility categories and avenues for entry, including TANF and Supplemental Security Income (SSI). The primary focus of the study should be on the eligibility process, over which the state has significant decision making authority.

The groups of children that should be included in the study are described below.

- Medicaid children, including poverty related children and CHIP children eligible under a Medicaid expansion;

- Children eligible for CHIP coverage in states operating CHIP as a separate and distinct program from Medicaid;

- Medicaid children in families receiving Transitional Medicaid; and

- Children in TANF families who are automatically provided Medicaid without filing a separate Medicaid application. For this group of children, the TANF eligibility data system will need to be incorporated into the study.

Another Medicaid eligibility group is composed of low income, disabled children who receive cash assistance through SSI. In 32 states and the District of Columbia, the Social Security Administration, rather than local eligibility workers, determines eligibility for disabled children under SSI, and children eligible for SSI are automatically eligible for Medicaid. In the 18 states where Medicaid eligibility is not automatic for SSI children, these children must apply for Medicaid coverage and be determined eligible in the same local eligibility system as other children. A decision should be made as

to whether to include SSI children in a study with other Medicaid children or to conduct a separate study of the Medicaid eligibility process for SSI children. (See Appendix A for a table on automatic and nonautomatic states.)

Study Units

The study data should be collected for each county so that county by county comparisons can be made in addition to comparisons with statewide data.[2] Local level data are important to have in order to determine the range of data findings across the state. This level of analysis helps in determining if special attention is needed in specific areas of the state.

Display of Study Findings

Before the data are gathered, the study team should decide how it will display the data. Designing the data tables in advance helps the team clarify exactly how the data should be gathered and what specific data are needed to complete a table.

Appendix B provides examples of data tables used in reports on eligibility outcomes. The tables are designed to communicate effectively with policymakers and to answer questions of interest to them.

STUDY DATA

When an application for children's Medicaid is filed, it is reviewed along with required verification documents, and a determination of eligibility is made. Determinations of initial Medicaid eligibility result in one of three outcomes:

- Approved;

- Denied; and

- Withdrawn at request of the applicant.

Although a withdrawn application results in the applicant not receiving Medicaid, it differs from a denial because it is an applicant decision, not an agency decision. For this reason, withdrawn applications are separated from agency denials for purposes of analysis.

Redeterminations of Medicaid eligibility result in one of three outcomes:

- Approved;

- Closed; and

---

[2] If data are not available on a county by county basis, then another unit of local data should be used.

- Withdrawn at request of the recipient.

Although Medicaid is lost when a child's case is withdrawn, withdrawn cases are separated from closures because withdrawn cases are recipient decisions rather than agency decisions for purposes of analysis.

Denial Reasons

Each state determines the computerized codes eligibility workers use for designating the reason for a denial of an initial application. Because the number of these specific denial codes may be large, it is necessary to group the denial codes. The following five basic categories of denial reasons relate to eligibility policy and are a helpful way to group data for analysis. These are:

- Excess income;

- Age not within eligibility criteria;

- Excess resources (in states with a resource/assets test);

- Failure to comply with procedural requirements, such as missing an appointment for an eligibility interview or failure to return required verification documents within the required time frame; and

- Other basic eligibility criteria, such as, undocumented alien, not deprived of parental support, and the applicant moved or cannot be located.

Closure Reasons

Each state determines the computerized codes eligibility workers use for designating the reason a case is closed. As with denial reasons, there are many specific closure codes, and it is helpful to group them into basic categories. Closures can be grouped into the following categories:

- Excess income;

- Age not within eligibility criteria;

- Excess resources (in states with a resource/assets test);

- Failure to comply with procedural requirements, such as missing an appointment for a redetermination interview or failure to return required verification documents or reports within the time frame; and

- Other basic eligibility criteria, such as, transitional period expired and the recipient cannot be located.

Appendix C shows an example of denial and closure codes as categorized for a recent study on eligibility outcomes for TANF and Medicaid children.

Additional Data

More than likely, the study will indicate some areas in need of additional study. For example, a review of a random sample of case records may be needed to identify policy and procedural barriers to eligibility, especially when attempting to identify verification issues. Case file reviews should be conducted using a review guide to assure the collection of essential information on a consistent basis.

Another method of gaining in-depth information into areas identified by the analysis of eligibility outcomes data is to interview denied applicants or former recipients. Their experience with the eligibility system is an invaluable source of information. As with any data gathering effort, protection of confidentiality is paramount.

ANALYSIS AND INTERPRETATION

Changes in Caseload Size

Changes in caseload size are determined by the net effect of the number of approvals and the number of closures within a time period. Current outreach efforts to enroll uninsured children are typically designed to increase the number of applications.

The number of children covered by Medicaid can decline in the face of increasing applications, if systemic efforts are not directed at retaining eligible children on Medicaid. Declines in Medicaid coverage for children as a result of welfare reform can probably be traced to the lack of systemic efforts to prevent children from losing Medicaid when the family was no longer eligible for cash assistance under the welfare program.

Approval and Denial Rates

An effective eligibility system results in approval for children who qualify under the eligibility criteria and denial for children who do not qualify. A basic data finding is the approval or denial rate of applications. The desired or appropriate denial rate should be determined for use as a benchmark as denial rates are monitored over time. Table B-1 in the appendix shows a model for displaying the rates.

Reasons for Denial

In order to understand why children are denied, the denial reasons should be analyzed. The question to be answered is: "Are children denied because they are not eligible due to excess income or other eligibility criteria, or because they did not comply with a procedure within the eligibility system?"

The denial reason of "failure to comply with procedural requirements" points to system barriers. A truly simplified eligibility process should produce almost no procedural denials.

There are two major reasons for procedural denials. These reasons are:

- Missing an appointment for an eligibility interview, commonly known as no-show; and

- Failing to return requested verification documents.

Denials for procedural reasons do not indicate whether or not a child qualifies under the eligibility criteria. One study documented the likelihood of eligibility after examining a representative sample of 100 case records denied for failing to return verification documents. The case records were reviewed and income and resource eligibility were determined from the information in the record. It was found that 76% of these cases were probably eligible if the requested verification been returned and if it substantiated the information stated by the applicant.[3]

Procedural Denials Due to No Shows

If a relatively high number of procedural denials can be traced to "no shows," then a number of policy options can be examined. Face to face interviews are a state option. Many states are discontinuing the practice, particularly in light of more applicants having full work schedules and being unable to leave work during the typical 8:00-5:00 day. The following list of questions is not intended to be complete but to stimulate thinking about the process of appointments:

- Are applicants given a choice about appointment times, or are they sent a time and date in the mail?

- What is the readability level of the appointment notice?

- Are applicants given a specific and dedicated time for an interview, or are they given a time to check in and then wait for an interview on a first-come, first-serve basis?

- Are interviews scheduled before or after regular office hours and on weekends?

- Are interviews held at locations other than the eligibility office?

- Are local telephone systems adequate and user-friendly?

- If face to face interviews are required, is there an adequate and reliable transportation system for applicants to use to get to the eligibility office?

---

[3] Sarah C. Shuptrine, Vicki C. Grant, and Genny G. McKenzie, Improving Access to Medicaid for Pregnant Women and Children, prepared for The Robert Wood Johnson Foundation and Grady Memorial Hospital (Columbia, SC: Sarah Shuptrine and Associates, February 1993) p. 37.

- Is there a purpose for the face-to-face interview that cannot be met in other ways?

Procedural Denials Due to Failure to Return Verification

If a relatively high number of procedural denials is for failure to return verification documents requested by the eligibility worker, then verification policies and procedures should be examined. Because this is an area where policy and practice are not always congruent, it is important to understand which documents are not being returned. The following list of questions is not intended to be complete but to stimulate thinking about verification and the process:

- Do eligibility workers request more verification than required by policy?

- Are eligibility workers requesting applicants to submit documents that the eligibility worker can obtain from other agency files?

- Are standardized, multi-program checklists given to applicants that list documents to provide the eligibility worker, or are applicants asked to bring only required verification documentation specific to their application and circumstances?

- Is it easy or difficult to actually speak to eligibility workers by calling the eligibility office?

- Do office policies require eligibility workers to offer and provide assistance to applicants in obtaining the required verification?

- What verification documents are most likely not to be returned?

- How much time are applicants given to return verification documents?

Processing Time

Typically, eligibility workers must make a decision on eligibility within 45 days or less from the date the application was filed. In many areas, processing time has been judged as too long and policies have been enacted to shorten the time. The time it takes to make an eligibility decision should be balanced against the potential impact on denial rates. An unintended consequence of placing too much emphasis on reducing processing time is that denials can increase because required verification documents are not returned in shortened time periods.

Table B-2 in the appendix shows a model for displaying denial reasons.

Reasons for Case Closure

At some point after children are approved, their eligibility for continuing coverage must be redetermined. For most children, a redetermination must be made at least every 12 months, but a state can choose to redetermine eligibility more frequently. Except in states that have adopted the continuous eligibility option, recipients are required to report immediately any changes in income or household size so that eligibility can be redetermined.

To better understand the outcomes of the redetermination process, the reasons for closure should be analyzed. Reviewing the reasons for closure is an important step to assure that cases are being closed only when children no longer qualify under eligibility criteria. Similar to denials, system barriers may be present when a high percentage of closures are due to failure to comply with procedural requirements or failure to return required reports. Table B-3 in the appendix shows a model for displaying closure reasons.

Number and Percentage of Children's Cases Closed

An important measure of the eligibility process is the number of children who have their cases closed and the percentage of the children's caseload that is closed. It is administratively inefficient, as well as disruptive to families and providers, when eligible cases are closed and families have to reapply.

A recent study of closures showed that in 12 months, a state closed 61,133 children's Medicaid cases. Of these total case closures, 32,514 were closed only once, and a number were closed more than once, resulting in the churning phenomenon.[4] If the extent of churning is high, the possible causes should be investigated. In this state's case, 57% of Medicaid infants were automatically closed upon reaching their first birthday because of a computer code that automatically generated closure action. As pointed out in the study, "Churning is costly, as well as disruptive to families and providers." Churning can be minimized by adoption of 12-month continuous eligibility and implementation of practices and procedures to assure that children's eligibility is determined under all Medicaid categories before a closure action is taken, as required by federal law.

If the data are reviewed over an extended time frame, such as 12 months, duplications should be removed to determine the extent that children are losing Medicaid and then returning. The unduplicated set of numbers gives a count of cases or children closed without counting a child more than once. The set of numbers that are not unduplicated gives a count of caseworker or system actions to close cases, including cases that are closed, reapply and receive Medicaid coverage again, and later closed again.

---

[4] Sarah C. Shuptrine and Genny G. McKenzie, South Carolina Medicaid Eligibility Study, prepared for the South Carolina Children's Hospital Collaborative (Columbia, SC: Sarah Shuptrine and Associates, December 1998) p. 7-8.

Table B-4 in the appendix shows a model for displaying the percentage and number of children's cases closed.

CONCLUSION

A study of eligibility outcomes data is an excellent way to gain an objective view of the eligibility process at application and redetermination. Eligibility outcomes data provide states with information on the actual results of the application and redetermination processes, as well as the reasons for denials and closures. Such a study creates a baseline for monitoring change over time, especially as simplification reforms are implemented.

APPENDIX A
AUTOMATIC AND NONAUTOMATIC SSI/MEDICAID STATES

Distribution of States on Whether Medicaid Is Automatically Provided to SSI Recipients or Separate Medicaid Application Must Be Filed

Automatic States (33 States)	Nonautomatic Medicaid States	
	Separate Application - Same Eligibility Criteria (7 States)	Separate Application - More Restrictive Eligibility Criteria (11 States)
Alabama	Alaska	Connecticut
Arizona	Idaho	Hawaii
Arkansas	Kansas	Illinois
California	Nebraska	Indiana
Colorado	Nevada	Minnesota
Delaware	Oregon	Missouri
District of Columbia	Utah	North Dakota
Florida		New Hampshire
Georgia		Ohio
Iowa		Oklahoma
Kentucky		Virginia
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Mississippi		
Montana		
New Jersey		
New Mexico		
New York		
North Carolina		
Pennsylvania		
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Vermont		
Washington		
West Virginia		
Wisconsin		
Wyoming		

APPENDIX B
DATA TABLES

TABLE B-1
APPROVAL AND DENIAL RATES OF CHILDREN'S MEDICAID APPLICATIONS
AGE 18 AND UNDER, BY COUNTY AND STATE
TIME PERIOD

Area	Number of Applications Approved and Denied	Percentage of Children's Medicaid Applications Approved	Percentage of Children's Medicaid Applications Denied
State	#	%	%
County 1			
County 2			
County 3			
County 4			
County 5			
County 6			
County 7			
County 8			
County 9			
County 10			
Source:			

TABLE B-2
MEDICAID APPLICATION DENIALS FOR CHILDREN
AGE 18 AND UNDER, BY COUNTY AND STATE
TIME PERIOD

| Area | Percentage of Applications Denied | Number of Applications Denied | Number of Individuals Denied | Percentage of Applications Denied By Reason | | | | |
				Excess Income	Excess Resources	Age	Failure to Comply with Procedures	Other
State	%	#	#	%	%	%	%	%
County 1								
County 2								
County 3								
County 4								
County 5								
County 6								
County 7								
County 8								
County 9								
County 10								

Source:

TABLE B-3
CASE CLOSURES FOR MEDICAID CHILDREN
AGE 18 AND UNDER, BY COUNTY AND STATE
TIME PERIOD

Area	Total Case Closures	Total Number Of Children	Percentage of Case Closures By Reason				
			Excess Income	Excess Resources	Age	Failure To Comply With Procedures	Other Basic Eligibility Criteria
State	#	#	%	%	%	%	%
County 1							
County 2							
County 3							
County 4							
County 5							
County 6							
County 7							
County 8							
County 9							
County 10							

Notes: 1) The data are not unduplicated. 2) The estimate of individuals is based on 1.68 persons per Medicaid case. 3) "Other" includes cases where a determination cannot be made because the family did not respond, cases where the family has moved or can't be located, cases where the postpartum period has ended, cases where the certificate period has ended, cases withdrawn by recipients, cases with no eligible child and non-residents.
Source:

TABLE B-4
PERCENTAGE AND NUMBER OF MEDICAID CHILDREN'S
CASE CLOSURES, AGE 18 AND UNDER
BY COUNTY AND STATE
TIME PERIOD

Area	Percentage of Medicaid Children's Caseload Closed	Total Number of Medicaid Children Case Closures
State	%	#
County 1		
County 2		
County 3		
County 4		
County 5		
County 6		
County 7		
County 8		
County 9		
County 10		

Note: The data are unduplicated cases.
Source:

APPENDIX C
EXAMPLE OF DENIAL AND CLOSURE CODES

CHIP CODE	DESCRIPTION	FI	AFDC	DENIAL - CLOSURE	REASON
CL	Cannot locate	N	Y	C	Can't Locate
CM	Child Support Extended Medicaid	N	Y	C	Exc Income
CX	Child support FI Extended Medicaid	Y	Y	C	Exc Income
DM	Disregard loss - Extended Medicaid	N	Y	C	Exc Income
DX	Disregard loss - FI Extended Medicaid	Y	Y	C	Exc Income
EM	Earned income - Extended Medicaid	N	Y	C	Exc Income
EX	Earned income - FI Extended Medicaid	Y	Y	C	Exc Income
IE	Increase - earned income	N	Y	C	Exc Income
IN	Earned income > limits -no Medicaid	N	Y	C	Exc Income
IU	Increase - income/pensions, etc.	N	Y	C	Exc Income
IU	Unearned income > limits - no Medicaid	N	Y	C	Exc Income
LS	Lump sum ineligibility before 6/30/97	N	Y	C	Exc Income
RT	Removal of 30 + 1/3	N	Y	C	Exc Income
RT	Removal of disregard	N	Y	C	Exc Income
SI	Support - pension inside home	N	Y	C	Exc Income
SO	Support - pension outside home	N	Y	C	Exc Income
WM	Wage supp. - Extended Medicaid	Y	Y	C	' Exc Income
WM	Wage supp. - Extended Medicaid	Y	Y	C	Exc Income
WS	Wage supp./no Extended Medicaid	Y	Y	C	Exc Income
DP	Deemed parent income	N	Y	D	Exc Income
IG	Income (gross) exceeds limits	N	Y	' D	Exc Income
IN	Income (net) meets/exceeds requirements	N	Y	D	Exc Income
ST	Stepparent income	N	Y	D	Exc Income
LS	Lump sum ineligibility after 6/30/97	N	Y	C	Exc Resources
RE	Resources	N	Y	D/C	Exc Resources
TR	Transfer of resources	N	Y	D/C	Exc Resources
AT	Failed to participate in drug/alcohol program	Y	Y	C	FTC
FA	Failed to comply w/agreement (ISSP)	Y	Y	C	FTC
FR	Failed to complete review	N	Y	C	FTC
LD	Loss of disregards - sanctioned	N	Y	C	FTC
MR	Failed to file MR	N	Y	C	FTC
QC	Failed to cooperate with QC	N	Y	C	FTC
SA	AFDC semi annual not complete	N	Y	C	FTC

CHIP CODE	DESCRIPTION	FI	AFDC	DENIAL - CLOSURE	REASON
VQ	Voluntary quit a job	N	Y	C	FTC
WC	Wage supp. - noncooperative with CS	Y	Y	C	FTC
WR	Work reg - refuse/fail to comply	N	Y	C	FTC
FC	Failed to complete interview (Sys-Generated)	N	Y	D	FTC
FP	Failed to provide information (Sys-Generated)	N	Y	D	FTC
JS	Initial job search not completed	Y	Y	D	FTC
JS	Initial job search not completed	Y	Y	D	FTC
PB	Possible benefit - failed to apply	N	Y	D	FTC
SR	Spec. Rel. Not verified	N	Y	D	FTC
FI	Failed to furnish information	N	Y	D/C	FTC
FS	Failure to provide CS info	Y	Y	D/C	FTC
MI	Income > max/net Medicaid eligible	Y	Y	D/C	FTC
RJ	Refused to accept a job	Y	Y	D/C	FTC
SS	SSN - refuse /fail furnish apply	N	Y	D/C	FTC
VR	Verification - failed to provide	N	Y	D/C	FTC
CB	Cap baby only child in home	Y	Y	C	Other
DE	Death	N	Y	C	Other
TC	Tret child removed - 90 day med	Y	Y	C	Other
TL	24 months expired	Y	Y	C	Other
FF	Fleeing felon - probation/parole	N	Y	D	Other
MM	Minor mother not with parents	Y	Y	D	Other
NC	No eligible child	N	Y	D	Other
ND	Not deprived of parental support	N	Y	D	Other
NI	Not incapacitated/disabled	N	Y	D	Other
NR	Nonresident	N	Y	D	Other
UA	Undocumented alien (illegal)	N	Y	D	Other
CD	Drug conviction after 8/22/96	N	Y	D/C	Other
DT	Failed drug test-DAODAS Comp.	Y	Y	D/C	Other
HH	No eligible household members	N	Y	D/C	Other
TC	Child removed - CPS	N	Y	D/C	Other
VW	Voluntary withdrawal of application	N	Y	D	Withdrawal

CIS CODE	DESCRIPTION	DENIAL - CLOSURE	REASON
CC	Budget period expired-closed by computer	C	
CA	Manual closure	C	
ME	Medicare eligible	C	
98	Terminated from community long term care expanded services	C	
TU	Computer closure deemed baby	C	1st Birthday
B1	Infant has reached first birthday	C	1st Birthday
95	Child has reached first birthday (or 19th)	C	1st Birthday
57	Moved and cannot locate	C	Can't locate
D2	Removal of $30+1/3 or $30 earned income disregard	C	Exc Income
70	Remains in foster care, no longer financially eligible for Medicaid	C	Exc Income
77	Support from person outside the home increased	C	Exc Income
78	Support from person inside the home increased	C	Exc Income
DI	Ineligible due to deemed income	D	Exc Income
51	Income exceeds requirements	D	Exc Income
84	Gross income exceeds gross income limits	D	Exc Income
52	Excess Resources	D	Exc Resources
FS	Failure to get social security number	C	FTC
FI	Failure to report income	C	FTC
92	Failure to return completed quarterly report	C	FTC
FP	Failure to get pregnancy statement	D	FTC
CR	Failure to prove citizenship/residency	D	FTC
RI	Failure to provide other resource of income verification	D	FTC
ZZ	Failure to provide two or more of the above	D/C	FTC
CP	Client failed to comply with procedural requirements	D/C	FTC
FW	Failure to get wage information	D/C	FTC
62	Failure to comply with procedural requirements	D/C	FTC
DD	No longer pregnant	C	Other
	Only child has reached 18th birthday	C	Other
PP	Postpartum period ended - closure by computer	C	Other
TE	Voluntary terminated employment	C	Other
18	Foster child has reached age 18	C	Other

CIS CODE	DESCRIPTION	DENIAL - CLOSURE	REASON
53	Death	C	Other
55	No longer eligible child	C	Other
60	No eligible child	C	Other
67	Left foster care, receiving other public assistance	C	Other
68	Left foster care, not receiving other public assistance	C	Other
72	Remains in foster care, receiving other public assistance (e.g., AFDC-FC, SSI)	C	Other
74	Left general hospital - entered another medical facility	C	Other
80	No longer receives a Title IV-E payment	C	Other
87	No longer receives SSI or other public assistance	C	Other
93	Certificate period ended (refugee - 8 months)	C	Other
FA	Failure to enter a facility	D	Other
FD	Failure to meet disability criteria	D	Other
FL	Failure to meet level of care	D	Other
54	Failure to meet other eligibility criteria	D	Other
61	Not deprived of support or care	D	Other
63	Undocumented alien	D	Other
NP	Client not pregnant	D/C	Other
64	Non-resident	D/C	Other
66	Child not residing in approved, licensed foster care home	D/C	Other
CL	Closure to CIS generated by CHIP	C	refer to CHIP
65	Application withdrawn	D	Withdrawal
58	Recipient Initiative	D/C	Withdrawal

CHIP is the AFDC and Food Stamp computer system.
CIS is the Medicaid Client Information System.