# Indiana Eligibility Procedure Manual

## Document Change Procedure

**The Indiana Documentation Coordinator is responsible to maintain and update this document.**

**Change history shall be documented in the table below.**

### Change History

**This table records changes made to this document following the Effective Date.**

Table 0-1: Change History

| Date | Description of Change | Coordinator |
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| 12/15/2006 | Draft to Rich Adams | State |
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# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

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I. Alerts

A. Work and resolve alerts on a daily basis. To maintain control over your workload you should have control over your alerts. Set your priorities, alerts should be at the top of the list.

B. See *Appendix 2 – Alerts Supervisor on page 21* or *Appendix 3 – Alerts Caseworker on page 21*

II. Applications
- A. Application Registration (New or Reapplication)
  - i. Receipt of application in person, by mail, fax or drop box
    1. A valid application contains, at a minimum, a name, an address and signature.
    2. If not all listed above are present; an attempt should be made to obtain the missing information by telephone or by returning the application in the mail. If the missing information cannot be obtained by telephone or mail the invalid application should be destroyed.
  - ii. Date Stamp Application
    1. The received date of the application is the date the valid application is received in the office.
    2. Local office staff should date stamp the valid application with the received date.
    3. Drop box guidelines may be found in IPPM 2215.10.00.
  - iii. Clearance
    1. An Indiana Client Eligibility System (ICES) search should be performed for every individual listed on the application by name, address and social security number to determine if they are known to the system.
       - a) IQIS – last name/first name
       - b) IQAI – county number/street name
         - i) Check every possible variation of the address (i.e.: 4th and Fourth)
       - c) IQIS – social security number
       - d) Procedures for the processing of Master Index (MI) RIDS found on IQIS *(*see *Appendix 22 - Master Index (MI) RIDS and Clearance)*
    2. If an individual is known to ICES, the inactive case number containing the most current/correct information should be noted. Workers should reset the case number on ARCR if a more appropriate prior case number is available.
    3. If the address is known to ICES, the application is forwarded to the eligibility worker responsible for the open/active case. Proceed to *II.F on page 14*
  - iv. Register the application by invoking ARAD and completing subsequent application registration screens.
    1. Enter addresses using US Postal Service format which may be found at www.usps.gov
    2. Match an individual's demographics with information known to ICES
    3. Determine the need for an expedited Food Stamp appointment
       - a) Clarification of the questions on ARAS is permissible. For example, types of income (Social Security/SSI, child support, contributions) and resources (cash and bank accounts).
  - v. Client Scheduling (*see Appendix 7 - Client Scheduling on page 21)*
  - vi. Create case file
    1. Place the application and any related information into a file folder.
    2. Place the applicant's name and application number on the folder.
    3. Forward to assigned worker.
  - vii. Denial of application
    1. For failure to appear for interview (if applicable)
       - a) If not using ICES scheduler a manual "Notice of Missed Appointment" (FI-0042/State Form 50762) should be sent the day of the missed appointment.
       - b) If the applicant does not keep or reschedule their appointment by the 31st day enter reason code 585 on ARAD and deny the application.
       - c) File the denied application in closed files.
    2. For all other denial reasons

a) Enter the appropriate denial code on ARAD.
b) File the denied application in closed files.

B. Application Registration (Department of Corrections Process)

i. The Memorandum of Understanding (MOU) is an agreement between the Indiana Family Social Services Administration, Division of Family Resources (DFR); Office of Medicaid Policy and Planning (OMPP) and Department of Corrections (DOC) to provide services to individuals upon their release from DOC.

ii. The procedure is as follows

1. DOC liaison makes contact with DFR liaison.
2. DFR will do the pre-clearance inquiries necessary to determine if the prisoner is new to ICES, a known individual, or is moving in with an existing ICES case.
3. DFR determines if it will be a new case or if the individual will be added to the existing case.
4. If a new case, DFR will schedule an appointment in ICES using the activity code "05," if adding the individual to an existing case use activity code "14." No notice is generated.
5. DFR notifies DOC liaison of the date and time of the interview at the Local office. The appointment should be scheduled for the day after release from incarceration.
6. The day of the interview the applicant should bring or complete an application. DFR will date stamp the application that day. That date is entered as the application date on ARAD and/or AEFPY.
   a) New applications are entered into ARAD, invoke AECSQ and conduct the interview, or
   b) Add individual to an open case on AEIID and conduct interview.
7. If the applicant fails to appear for their scheduled interview
   a) There will be no application to enter into ICES.
   b) DFR will contact DOC by email at dmains@DOC.in.gov to inform them that the applicant failed to appear.
8. Failure to appear by the applicant means they are treated as any other applicant in the future.

C. Application Registration (Independent Resource Assessment)
   i. Refer to IPPM 1810.00.00 and 2635.10.10.05

D. Application Registration (State Hospitals)
   i. Follow established local office procedures currently in place in applicable locations.

E. Application Processing (New or Reapplication)
   i. For in office interviews
      1. Receptionist logs the individual's arrival on screen CSDA for in office appointments
      2. Worker checks waiting list (CSWL) to see if applicant is present
      3. Escort interviewee to interview area
   ii. For telephone interviews
      1. Worker telephones the applicant at the scheduled time
         a) At least two attempts, ten minutes apart, should be made
      2. Worker documents all attempts to contact the applicant in CLRC; including the time and telephone number
   iii. For all interviews (in office or telephone)
      1. Worker indicates on CSWL seen (Y) or not seen (N)
      2. If applicable, reset the case number on ARCR with the most appropriate case number and place the case number on the file.
      3. Conduct interview
         a) Invoke AECSQ and complete all applicable ICES screens
         b) If Medicaid for the Disabled or Blind is requested, refer to Section *XXI on page 21*
         c) Collect verifications and obtain signatures on collateral forms
         d) Check data exchange for applicable information
         e) Photo copy/date stamp provided verifications pertinent to the application
         f) Identify missing or incomplete information in ICES with question marks (AEWVR) and generate an FI-2032 (if necessary)
            i) For Medicaid if acceptable citizenship documentation is not provided, include form "Notification of Requirement to Provide Documentation of Citizenship" and if necessary "Identity Affidavit for Children Under Age 16." (see *Appendix 6 - Citizenship Forms on page 21*)
            ii) For telephone interviews
               1) The FI-2032 should have "mailed" in the client's signature field
               2) The applicant's address should be recorded on the FI-2032
            iii) For consideration of medical expenses for Medicaid eligibility at initial/re-application only
               1) Workers should assist AG members in verifying medical expenses.
                  a. DO NOT send a 2032 stating "provide proof of your out of-pocket medical expenses" or other similar wording.
                  b. DO send a 2032, with a Spend-down Worksheet attached, stating "Please complete the attached worksheet listing your medical services." (see *Appendix 34 - Spend-Down Worksheet on page 21*)
                  c. Call the AG member. The rules changed 1/1/06 and although AG members were notified, the actual impact is not realized until the rule is put into practice. For expenses that Medicaid has been routinely paying, the worker should contact the provider and request a print-out of Medicaid payments, if AG member is unable to do so. Telephone verification from the provider is acceptable, and should be documented in CLRC.
         g) Print the Combined Application Form (CAF)
         h) Thoroughly review the CAF, Application Part 3, Rights and Responsibilities, and Personal Responsibility Agreement (TANF) forms with the applicant; and obtain signatures, if in office. For telephone interviews, applicable documents should be mailed for signatures and returned

i) Spend down applicants should be given the Medicaid Spend Down pamphlet found at the following web site http://www.in.gov/fssa/disability/medicaid/index.html
j) File all documents in the case file
k) Advise applicant to call 1-800-889-9949 to select a health plan and a primary care physician or see onsite Hoosier Healthwise (HHW) Benefit Advocate.
l) Document in CLRC
   i) Guidelines for entering information into CLRC
      1) Applications:
         a. Interview Date
         b. Who was interviewed
      2) Unusual circumstances such as:
         a. Irregularities in AG Composition, Non-financial Information, etc.
         b. Resource/Income/Expense information the worker had to research
         c. Name of the financial institution(s)
         d. Reason for delay in case processing
         e. Changes from the last redetermination or case action
         f. HCBS waiver pending or approved. Include name of waiver case manager
      3) Miscellaneous:
         a. Documentation of citizenship and identity
         b. Special needs of AG members
         c. Referrals made for AG members
         d. Record telephone conversations in CLRC
m) Answer questions and refer the applicant to other community resources (if applicable)
n) Enter all verifications upon receipt
o) Check all eligibility results to verify accuracy
p) Address and document in CLRC expenses versus income issues (if necessary)
q) Submit to supervisor for targeted SPR (if appropriate)
r) Authorize the benefits (approval or denial)
s) Issue Over The Counter (OTC) Electronic Benefits Transfer (EBT) Card, if applicable (See Section *III.A on page 16*)

iv. File the case appropriately

F. Add A Program
*(Return to IX.C.xii.2.a)ii) on page 21)*

i. Receipt of application in person, by mail, fax or drop box
   1. A valid application contains, at a minimum, a name, an address and signature.
   2. If not all listed above are present; an attempt should be made to obtain the missing information by telephone or by returning the application in the mail. If the missing information cannot be obtained by telephone or mail the invalid application should be destroyed.

ii. Date Stamp Application
   1. The received date of the application is the date the valid application is received in the office.
   2. Local office staff should date stamp the valid application with the received date.
   3. Drop box guidelines may be found in IPPM 2215.10.00.

iii. Clearance
   1. An ICES search should be performed for every individual listed on the application by name, address and social security number to determine if they are known to the system.
      a) IQIS – last name/first name
      b) IQAI – county number/street name
         i) Check every possible variation of the address (i.e.: 4th and Fourth)
      c) IQIS – social security number
      d) Procedures for the processing of Master Index (MI) RIDS found on IQIS *(see Appendix 22 - Master Index (MI) RIDS and Clearance)*

iv. If the address is known to ICES, the application is forwarded to the eligibility worker responsible for the open/active case.

v. An appointment should be scheduled to complete an interview

vi. If ICES scheduler is not used, a manual Notice of Missed Appointment (FI-0042/State Form 50762) should be sent if the interviewee fails to keep their scheduled appointment

vii. Receptionist logs the individual's arrival on screen CSDA for in office appointments

viii. Worker checks waiting list (CSWL) to see if applicant is present

ix. Escort interviewee to interview area

x. Worker indicates on CSWL seen (Y) or not seen (N) for both in office and telephone interviews

xi. Conduct interview
   1. Select program choice on AEICP
   2. Complete all applicable ICES screens
   3. If Medicaid for the Disabled or Blind is requested, refer to Section *XXI on page 21*
   4. Collect verifications and obtain signatures on collateral forms for in office interviews
   5. Check data exchange for applicable information
   6. Photo copy/date stamp provided verifications pertinent to the application for in office interviews
   7. Identify missing or incomplete information in ICES with question marks (AEWVR) and generate an FI-2032 (if necessary)
      a) For Medicaid if acceptable citizenship documentation is not provided, include form "Notification of Requirement to Provide Documentation of Citizenship" and if necessary "Identity Affidavit for Children Under Age 16." (*see Appendix 6 - Citizenship Forms on page 21*)
      b) For telephone interviews
         i) The FI-2032 should have "mailed" in the client signature field
         ii) The applicant address should be recorded on the FI-2032
      c) For consideration of medical expenses for Medicaid eligibility at initial/re-application only

i) Workers should assist AG members in verifying medical expenses.
   1) DO NOT send a 2032 stating "provide proof of your out of-pocket medical expenses" or other similar wording.
   2) DO send a 2032, with a Spend-down Worksheet attached, stating "Please complete the attached worksheet listing your medical services."
   3) Call AG member. The rules changed 1/1/06 and although AG members were notified, the actual impact is not realized until the rule is put into practice. For expenses that Medicaid has been routinely paying, the worker should contact the provider and request a print-out of Medicaid payments, if the AG member is unable to do so. Telephone verification by the provider is acceptable, and should be documented in CLRC.
   4) Refer to *Appendix 34 - Spend-Down Worksheet on page 21*

8. Print the Combined Application Form (CAF)
9. Thoroughly review the CAF, Application Part 3, Rights and Responsibilities, and Personal Responsibility Agreement (TANF) forms with the applicant; and obtain signatures, if in office. For telephone interviews, applicable documents should be mailed for signatures and returned
10. File all documents in the case file
11. Document in CLRC
    a) Guidelines for entering information into CLRC
       i) Applications:
          1) Interview Date
          2) Who was interviewed
          3) Unusual circumstances such as:
             a. Irregularities in AG Composition, Non-financial Information, etc.
             b. Resource/Income/Expense information the worker had to research
             c. Name of the financial institution(s)
             d. Reason for delay in case processing
             e. Changes from the last redetermination or case action
             f. HCBS waiver pending or approved. Include name of waiver case manager
       ii) Miscellaneous:
          1) Documentation of citizenship and identity
          2) Special needs of AG members
          3) Referrals made for AG members
          4) Record telephone conversations in CLRC
12. Answer questions and refer the applicant to other community resources (if applicable)
13. Enter all verifications upon receipt
14. Check <u>all</u> eligibility results to verify accuracy.
15. Address and document in CLRC expenses versus income issues (if necessary)
16. Submit to supervisor for targeted SPR (if appropriate)
17. Authorize the benefits (approval or denial)
18. Issue OTC EBT Card, if applicable (See *III.A on page 16*)

xii. File the case appropriately

III. Benefit Issuance

*(Return to II.E.iii.3.s) on page 13, II.F.xi.18 on page 15 or IX.A.vi.17 on page 21)*

A. EBT Cards for Food Stamps/TANF

i. Issuance in general

1. First time recipients will receive a vendor issued card within three to five days. They should be encouraged to pin the card over the telephone via customer service.
2. If the recipient has an EBT card, it may be re-pinned at the local office or the recipient may call customer service. If the previously issued card is damaged or inoperable, an OTC EBT card should be issued.
3. The recipient may request a new card from the vendor by calling customer service if they no longer have the previously issued card. If there has been an address change since the discontinuance of benefits, an OTC EBT card should be issued.
4. Undocumented aliens will need OTC EBT replacement cards, and pinning should occur in the office.

ii. Expedited Food Stamps

1. Issue an OTC EBT card per current procedure if the vendor card will not be received by the 7th day from the application date.

iii. Refer to Web Admin Users Manual in Public Folders/All Public Folders/FSSA/DFR/EBT

iv. See *Appendix 12 – EBT Policy Guide*

B. Hoosier Health Cards

i. First time recipients will receive a vendor issued card within two to three weeks.

ii. If medical services are needed prior to receipt of the actual card, the worker may print screen AECCR and give to the recipient. Or, providers may access the Eligibility Verification System (EVS) by using the recipient's SSN, should the recipient choose to disclose it.

iii. A re-issuance of a card may be done by accessing screen BIMD by case number or recipient identification number (RID).

C. Entering Non-Claim Expenses for Spend Down

i. Non-Claim Expense Entry Screen (BI01): BI01 is accessed via the RID of the recipient and is used to enter non-claim expenses. The only medical expenses considered are those of the recipient, spouse of the recipient and the parents of a recipient child. It is important that the correct individual's number is entered from the short list. The screen cannot be completed until the AG is authorized. When the screen is completed and enter is pressed, screen BI02 will display. Note: AIM will automatically apply the non-claim expense for the month following the month of entry on BI01, unless otherwise directed via BI03.

ii. Non-Claim Expense History Screen (BI02): This is a display only screen accessed via RID, or when a non-claim expense is entered on BI01, BI02 automatically displays.

iii. Apply a non-claim expense (BI03):

1. This screen is used to apply all or part of non-claim expenses for the current and previous months only. Apply expenses for the following circumstances only;
   a) AG member's request - may not have medical expenses next month
   b) AG member's request - no reason given
   c) Retroactive coverage only, non-eligible ongoing
   d) Spend-down status terminated
   e) Medicaid terminated
   f) Coverage is discontinued due to the death of the recipient
2. BI03 will display twice.
   a) The first time the screen displays, the only field open for entry is the "Month" field

i) This is for entry of the month in which the non-claim expense is being applied, in MMCCYY format
ii) After completion press enter

b) The screen will redisplay to allow entry for the "Amount" and "Reason" fields.
i) Worker will designate the amount of the non-claim expense to be sent to Advanced Information Management (AIM - Indiana's Medicaid claims payment and tracking system) Example: AG member has submitted a $75 expense and the spend-down is $88. When this is entered, BI02 will redisplay with message M99 at the bottom of the screen (Expense applied)
ii) Worker will enter the appropriate reason for applying non-claim expenses.

c) The "Spend-down Balance" field displays the amount of the remaining balance which is determined by, and stored in, the AIM system. The displayed amount will be the last sent from AIM to ICES on an interface. Changes are sent weekly and information displayed on this screen may not be consistent with information provided by the AIM system.

iv. Non-Claim Expense Detail (BI04): This screen displays a single non-claim expense and indicates if any part of the expense was sent to AIM to be counted toward spend-down, and also allows the deletion of a non-claim expense entered in error

1. Screen explanation
   a) "Delete Code" is the only data enterable field
   b) The "Date Incurred" field displays the non-claim expense
   c) The "Date Sent to AIM" area of the screen displays how the expense has been used to meet spend-down
2. When an expense has not been used to meet spend-down for any month, there will be no entries listed
3. An expense can be deleted if it has not been sent to AIM for processing
4. A deleted entry would be the portion of the expense scheduled to go to AIM, which was previously entered on BI03
5. An entry can be deleted <u>only on the same date it is entered</u>. The delete code to be used is "EE" (Entered in Error). Here are the rules
   a) If there are no entries on the bottom part of the screen, an expense can be deleted regardless of when the expense was entered
   b) Any entry on the bottom of the screen with today's date in "Sent To AIM" can be deleted. Once completed the worker presses enter and BI02 will redisplay without the entry

D. Fiat

*(Return to Fiat on page 21)*

i. Manual override of the system determined eligibility, process requires two individuals to complete. The same person cannot approve the FIAT and authorize the AG on AEWAA.

1. A fiat may be appropriate in the following situations;
   a) Adding additional household persons.
   b) Changing eligibility status of a household member.
   c) Changing the amount of a system-generated benefit.
   d) Creating Medicaid coverage for a retroactive month.
   e) Generating a correct benefit when a system problem is identified.
   f) Determining eligibility for more than 12 months.
2. Complete the fiat screens as instructed in *(see Appendix 13 - Fiats)*
3. The fiat should be approved on AEWFT
4. AEABC should not be re-run prior to authorization of the fiat

5. Authorize the assistance group(s) the same day the fiat is completed
6. Document the action fully in CLRC

E. Auxiliary (Aux)
*(Return to Auxiliary (Aux) on page 21)*

i. Augmentation or replacement of the recurring TANF and/or Food Stamp benefit, process requires two individuals to complete. The same individual cannot request an aux on BICS or BIFS and approve or cancel the aux on BIOR.
   1. An auxiliary may be appropriate in the following situations.
      a) Verified changes after cut-off, which will increase benefits for the following month if household composition remains the same.
      b) A refund of claim overpayments should be made.
      c) A timely fair hearing request necessitates an increase in FS or TANF benefits.
      d) There is a change in policy which requires retroactive benefit increases or increases for the next month, and it is after cut-off.
      e) An edit on AEWAA may prompt the worker to consider an Aux.
   2. Determine the amount of aux (*Scratchpad* should be used, refer *G below*)
   3. Enter the amount on BIFS (Food Stamps) or BICS (TANF)
   4. Document the action fully in CLRC

F. Under Issuance Claims
*(Return to Under Issuances on page 21)*

i. Utilized if Food Stamps or TANF benefits have been under issued in a calendar month that has passed.
ii. An under issuance may be appropriate in the following situations.
   1. A fair hearing result requires the issuance of retroactively increased benefits.
   2. All or part of the AG's Food Stamp benefit was denied, delayed, or terminated due to administrative error or an administrative disqualification that was reversed. Household composition remains the same.
   3. There is an under-issued TANF benefit, which should be restored.
   4. There is an offset against a claim that has been entered in the Benefit Recovery subsystem.
iii. Claim processing is accomplished by completing the following screens
   1. BVUI
   2. BVMC
   3. BVUO
iv. Document the action fully in CLRC.

G. Scratchpad

i. Scratchpad can be used to determine if a potential over or under issuance has occurred.
ii. For an MA A/D assistance group check AEFME before running AEABC for budgets prior to January 1, 2006. If there is a "XX" entry it should be either deleted or the budget method and date incurred changed. Failure to do this will cause a fatal error.
iii. How to use scratchpad:
   1. The worker accesses MNSC, select start/copy by entering Function #1, and the case number as the parameter. (Note: The worker will be unable to process current information on the case while it is in Scratchpad.)
   2. When enter is pressed, MNMS will display. The case is now in scratchpad mode.
   3. The worker may access as many AE screens as necessary to enter corrected case file information for each month of the claim period. It will be evident that a case is being processed in Scratchpad because a message at the bottom of the screen will indicate "YOU ARE PROCESSING THIS

CASE IN SCRATCHPAD". This message will alert any worker using Scratchpad that information entered on screens is not impacting the current database. After all changes which reflect the details of the claim have been made for a claim month, the worker reruns eligibility by entering the TRAN of AEABC and a PARMS of case number/MMYY. This should be done for each month of the claim.

4. The worker should check the appropriate summary screens via AECES, to insure that the claim details are correct. At AECES, the first budget displayed will be the budget computed in Scratchpad. The AE budgets on the case will remain stacked beneath the budget computed in Scratchpad. The worker should retain hard copy documentation of the claim by printing appropriate AE screens for each month of the claim.
5. After AECES, the worker can access BVCC (BV CLAIM calculator). If the ISSUED, RECOUP and CORRECT BENEFIT fields are correct, store the Scratchpad information by entering an "X" in the store summary field at the bottom of the screen. When the information has been stored for each claim month the BV budgets can only be accessed via the BV menu.
6. The worker can remove a case from Scratchpad, upon completion of the claim calculations, by selecting #3 from MNSC. The worker can also leave a case temporarily, and retain a case in scratchpad, by making the appropriate menu selection on MNSC, (#4). Selecting RESUME (#2) will continue a case in Scratchpad.
7. When the case has been removed from Scratchpad, the worker can continue to process current case information. (Remember, current data is unaffected by any Scratchpad entries. Also, data from the historical budgets that were the basis for benefit issuance will remain unchanged in AE.)
8. The worker can view the results of the Scratchpad financial calculation on the BV calculator, BVCC.

IV. Budgeting Child Support Income

A. Child support payments are funds paid by a legal, adjudicated, or alleged parent intended for the support or maintenance of a child. Child support can be voluntarily paid by the non-custodial parent, or court-ordered. However, in order for voluntary payments to be considered child support for eligibility purposes, both parents should be in agreement that the payments are for the support or maintenance of a child. Without this agreement, the payments are considered to be contributions rather than child support. For TANF purposes, only court ordered support is considered child support.

B. Child support is unearned income and is considered the child's income.

C. DECB is the data match that captures child support payments. DECB should be checked at the time of application and at the time of recertification.

D. CHTC—never include in the budget. This is informational only and not an income type.

E. CHSD/CHUA/CHAA—if payment is recurring, enter as unearned income on AEFUI. Recurring is defined as having been received more than one time within a 12 month period. The first time CHUA is received enter it on AERLS as a lump sum. The second time CHUA is received determines the frequency of the CHUA and enter the income and frequency code on AEFUI. There is no one way to project the CHUA/CHAA unearned income. The eligibility worker is to document in CLRC the reasoning used for the determination of this income in the budget. (Example: CHUA of $20.00 was paid on 11/04 and again on 2/05. The worker has choices of entry on AEFUI. Divide the total amount of payments received by the number of months and enter that amount as monthly regular: $20 + $20= $40 ÷ 4 = $10.00, or enter each payment on AEFUI as monthly average but also make entries for the months without a payment as $0 monthly average: 11/04 $20.00 MO A; 12/04 $00.00 MO A; 1/05 $00.00 MO A; and 2/05 $20.00 MO.)

F. If support is received for a child who is not in the household, it is included as income only when it is not used for that child's benefit. This income is entered on AEFUI under the parent's name as a contribution. If the support is used for the benefit of the child that does not reside in the household the support is excluded as unearned income. (Example: Mother receives total monthly support of $300.00 for a child who is not in her home. The mother retains $100.00 and distributes $200.00 to the child. The unearned income to be included in the assistance group budget is $100.00.)

G. CHIN—use this code on AEFUI for those AG members who are applying for TANF to ensure that the support gets assigned by the assignment effective date entered on AEIAC. Using the CHDI or CHSD code will allow ICES to continue budgeting support that should be assigned to IV D.

H. If support is paid directly to AG members, not through IV-D, project the income based on the most complete information available. Determine the frequency and convert weekly pays times 4.3; biweekly times 2.15 and so forth.

V. Child Support (IV-D)/Medical Support Referrals

A. Where possible, co-location of public assistance and prosecuting attorneys office staff should be implemented.

B. The local office will communicate with the prosecuting attorneys office to develop a county specific procedure for child support referrals.

C. TANF – Cooperation Is Mandatory (When there is an absent parent(s))

i. The worker will accurately complete, initially, and at redetermination, the absent parent screens in ICES.

ii. The worker will discuss with the applicant and follow 'good cause' regulations as noted in IPPM 2436.10.10.

iii. The Prosecuting Attorneys Office will determine non-cooperation and notify the DFR to sanction the individual.

VI. Complaints

A. Refer to IPPM 1440.00.00 through 1440.25.00

B. Upon receipt of a complaint from an applicant/recipient, the Local Office is to take immediate steps addressing the problem, including any or all of the following:

i. Review the situation to determine whether the action taken was in accord with federal/state law and regulation; (If an error occurred, adjusting action is to be taken immediately.)

ii. Promptly interview, telephone, or write the complainant to interpret appropriate aspects of the program;

iii. Provide the complainant with appropriate program leaflets;

iv. Advise the complainant of other programs and community resources that may be able to meet his needs; and

v. Advise complainants of their appeal rights and help them to understand the fair hearing process.

C. Upon receipt of a complaint or inquiry on behalf of an applicant/recipient from an individual other than the applicant/recipient, the Local Office is to take immediate steps addressing the problem, including any or all of the following:

i. Specific information about the applicant/recipient cannot be released without the applicant/recipient's signed consent.

ii. If such inquiry is received without an authorization for release of information, the Local Office is to provide general information relative to the nature of the complaint. The complainant should be advised of the confidentiality of case records and of the necessity of obtaining the applicant's/recipient's signed consent should the general information not be sufficient.

iii. Review the situation to determine whether the action taken was in accord with federal/state law and regulation; (If an error occurred, adjusting action is to be taken immediately.)

D. When Central Office receives a complaint or inquiry from or on behalf of the applicant/recipient,

i. Central office staff will complete a complaint form with specific details

ii. Complaint details are entered into a tracking database

iii. Complaint is sent via e-mail to the attention of the Regional Manager and County Director with a deadline date of 7 calendar days

iv. Local offices will cooperate in providing any case information requested so that inquiries received may be properly addressed

E. Complaints of Discrimination,

i. Complaints should be filed no later than 180 days from the date of the alleged discrimination or when the complainant became aware of the action. If circumstances warrant, the Civil Rights Director of the Department of Agriculture or the Director of Health and Human Services may extend the filing time.

ii. Refer to IPPM 1440.20.00 through 1440.20.10.

VII. Client Scheduling

A. Appointments should be scheduled by use of the client scheduling sub-system. Workers should schedule time to complete appointments such as, initial/reapplications, expedited Food Stamp, add-a-program, redeterminations and IMPACT. The first step in this process is to set up Standard Days.

B. See (*see Appendix 7 - Client Scheduling below)*

VIII. Content of Case File

A. Case is to be organized at application and redetermination.
B. When the case file is established, the worker is responsible for ensuring that the file remains in order.
C. ICES screens and notices should not be printed and filed as they are available in history.
D. File Structure- Comprised of 5 sections

i. Current Section- Information relevant to the most recent application or redetermination action and any subsequent changes
   1. Most recent Combined Application Form (CAF)
   2. Most recent Right and Responsibilities signed by applicant
   3. Application Part 3 (FI-2403)
   4. Verifications relevant to the most recent application or redetermination
   5. Signed release forms
   6. Changes reported should be filed on top of the current section with verifications of the change attached. The current section should always have the most recent information on top. The changes should always relate to changes reported subsequent to the interview at initial eligibility or redetermination
   7. The current HCBS Form 5, Notice of Action, for an approved Medicaid waiver

ii. Medical Section-Information relative to the medical condition, expenses or health insurance coverage of the assistance group. A separate section can be maintained for Spend Down non-claim purposes.
   1. Third party health insurance information, accident reports
   2. Doctor's statements of disability/incapacitation or limitations
   3. Form 6C- Incapacitation
   4. Form 450B- Nursing home prescreening
   5. Waiver Cost Comparison Budget (CCB) approval
   6. Form 8A- Spend-down
   7. Form 3510- Consent for Release of Medical Information
   8. Medicaid Medical Review Team records
   9. Medical expenses
   10. Form 8 (Log of Incurred Medical Expenses)

iii. Permanent Verifications Section- Documentation of eligibility that will not change or change infrequently.
   1. Birth records
   2. Social Security cards
   3. Marriage records
   4. Divorce decrees
   5. Child support orders
   6. Proof of immigration status
   7. Death records
   8. Adoption records
   9. Power of Attorney forms
   10. Legal guardianship papers
   11. Personal Responsibility agreement
   12. Citizenship/naturalization records
   13. Identity records
   14. Pre-paid burial accounts
   15. Trusts

16. Life insurance agreements

iv. General Accounting section- All records from the current section that have become outdated are to be filed in this section in chronological order with the most recent material on top. Material from the current section should be retired to this section following each redetermination.

v. Benefit Recovery Section- All documents needed to support a claim of over issuance of benefits. This section can be maintained as a separate file if benefit recovery functions are specialized.

1. Form 2234 Claim determination
2. Repayment Agreements
3. Payment records
4. Court records
5. Collection letters
6. Fraud referral correspondence
7. Claim discharge papers
8. Administrative Disqualification hearings decision

IX. Continuing Case Processing

A. Redeterminations

i. Client scheduling (*see Appendix 7 - Client Scheduling below)*

ii. Receptionist logs the individual's arrival on screen CSDA for in office appointments

iii. Worker checks waiting list (CSWL) to see if applicant is present

iv. Escort interviewee to interview area

v. Worker indicates on CSWL seen (Y) or not seen (N) for both in office and telephone interviews

vi. Conduct interview

1. Invoke AEORE and complete all applicable ICES screens
2. If Medicaid for the Disabled or Blind is requested, refer to Section *XXI below*
3. Collect verifications and obtain signatures on collateral forms for in office interviews
4. Check data exchange for applicable information
5. Photo copy/date stamp provided verifications pertinent to the application for in office interviews
6. Identify missing or incomplete information in ICES with question marks (AEWVR) and generate an FI-2032 (if necessary)
   a) For Medicaid if acceptable citizenship documentation is not provided, include form "Notification of Requirement to Provide Documentation of Citizenship" and if necessary "Identity Affidavit for Children Under Age 16." (*see Appendix 6 - Citizenship Forms below*)
   b) For telephone interviews
      i) The FI-2032 should have "mailed" in the client signature field
      ii) The applicant address should be recorded on the FI-2032
7. Print the Combined Application Form (CAF)
8. Thoroughly review the CAF, Application Part 3, Rights and Responsibilities, and Personal Responsibility Agreement (TANF) forms with the applicant; and obtain signatures, if in office. For telephone interviews, applicable documents should be mailed for signatures and returned
9. File all documents in the case file
10. Document in CLRC
    a) Guidelines for entering information into CLRC
       i) Applications:
          1) Interview Date
          2) Who was interviewed
          3) Unusual circumstances such as:
             a. Irregularities in AG Composition, Non-financial Information, etc.
             b. Resource/Income/Expense information the worker had to research
             c. Name of the financial institution(s)
             d. Reason for delay in case processing
             e. Changes from the last redetermination or case action
             f. HCBS waiver pending or approved. Include name of waiver case manager
       ii) Miscellaneous:
          1) Documentation of citizenship and identity
          2) Special needs of AG members
          3) Referrals made for AG members
          4) Record telephone conversations in CLRC
11. Answer questions and refer the applicant to other community resources (if applicable)
12. Enter all verifications upon receipt
13. Check <u>all</u> eligibility results to verify accuracy.

14. Address and document in CLRC expenses versus income issues (if necessary)
15. Submit to supervisor for targeted SPR (if appropriate)
16. Authorize the benefits (approval or denial)
17. Issue OTC EBT Card, if applicable (See Section *III.A on page 16*)

vii. File the case appropriately

B. HHW Redeterminations

Redeterminations can be conducted by phone, by mail, in the AG member's home or at enrollment centers. These guidelines are applicable only to Hoosier Healthwise. Any requirements for face to face interviews for other programs remain in effect. However, if a family does not keep their face to face interview and it is necessary to discontinue their eligibility for other programs, the follow up contact should be made before discontinuing Hoosier Healthwise. Workers are required to either:

i. Provide a pre-appointment reminder to each AG member in addition to the regular appointment notice. Many local office staff have had success with making reminder calls a day or two before appointments. Another option is to send a postcard or letter as a follow up to the appointment notice.

   Or

   Provide follow-up contact when an AG member misses a scheduled appointment or does not return the mail-in-redetermination form by the deadline. The follow up contact can be in the form of a telephone call to AG members or a post-card or letter sent to AG members. It may be necessary to close TANF or Food Stamp benefits, but in no case is Hoosier Healthwise to be closed without the required follow-up. This includes the Low-Income Families category (MA C).

ii. Doing redeterminations by mail or at Enrollment Centers will require a work-around of the ICES client scheduler because these two methods are not current options on ICES. Workers should change the interview type on AEICI to home visit/mail in redetermination. These will appear on a client scheduling exception report and then appointment notices or the mail-in forms can be sent to AG members by the Local Office. Also, if the interview type is currently set to "office visit" on AEICI, the worker will need to change it to "telephone interview" in order for ICES to schedule a telephone redetermination interview. These changes on AEICI should be made prior to the date that scheduler runs.

iii. The two redetermination forms may be found in *Appendix 17 - HHW Redetermination Forms below*. They can be adapted for any of the redetermination options. They will need to be copied locally for use. One is designed to be mailed to AG members to complete and the other to be mailed for signature if completed during a telephone interview. For telephone interviews, it may take less time to use the form as a guide rather than invoking AEORE during the interview.

C. Changes
   i. Received via mail, telephone, fax, office visit, data exchange/alert or other source
   ii. Compare the reported change with information already known to ICES, and enter new or changed information on the appropriate screen(s)
   iii. Identify missing or incomplete information in ICES with question marks (AEWVR) and generate an FI-2032 (if necessary)
   iv. Enter all verifications upon receipt (if applicable)
   v. Photo copy/date stamp provided verifications pertinent to the change
   vi. Document CLRC
      1. Guidelines for entering information into CLRC
         a) Changes:
            i) Date of Report
            ii) Who reported
            iii) Identify the change
            iv) Unusual circumstances such as:
               1) Irregularities in AG Composition, Non-financial Information, etc.
               2) Resource/Income/Expense information the worker had to research
               3) Name of the financial institution(s)
               4) Reason for delay in case processing
               5) Changes from the last redetermination or case action
               6) HCBS waiver pending or approved. Include name of waiver case manager
         b) Miscellaneous:
            i) Documentation of citizenship and identity
            ii) Special needs of AG members
            iii) Referrals made for AG members
   vii. Check <u>all</u> eligibility results to verify accuracy.
   viii. Address and document in CLRC expenses versus income issues (if necessary)
   ix. Submit to supervisor for targeted SPR (if appropriate)
   x. Authorize the benefits (approval or discontinuance)
   xi. File the case appropriately
   xii. Special Circumstances
      1. Change of Address
         a) Check IQAI
            i) If an address match is found
               1) Enter the change of address on AEICI
               2) Enter a “Y” to the question, “has the household moved” and press enter to invoke the address driver flow
               3) Transfer the electronic and hard copy case file to the worker with the established address
               4) Send an email notification to the worker and their supervisor notifying them of the transfer, and document in CLRC
               5) The receiving worker is responsible for combining the cases and processing the reported change
            ii) If an address match is not found
               1) Enter the change of address on AEICI
               2) Enter a “Y” to the question, “has the household moved” and press enter to invoke the address driver flow

3) If AG member reports change in shelter expense, go to AEFSC
   a. If you have verification of shelter expense, enter on AEFSC with date, amount and verification code. Complete driver flow to AEWAA
   b. If verification of shelter expense is not provided, for Food Stamps and Medicaid spousal impoverishment, send a 2032 with a deadline of 10 days to verify
      i. When verification is received, enter on AEFSC and complete driver flow
      ii. If verification is not received by 10th day, delete shelter expense and complete driver flow
4) If AG member reports change in utility expense, go to AEFUC
   a. If verification of utility amount is provided, go to AEFUC and enter new utility information (actual or SUA). Complete driver flow
   b. If verification of new utilities is not provided, for Food Stamps and Medicaid spousal impoverishment, send a 2032 with request for verification
      i. If received in 10 days, enter new amount and complete driver flow
      ii. If not received by 10th day, delete utilities on AEFUC and complete driver flow

2. Change of Household Composition
   a) Addition of an individual(s)
      i) Inquiry
         1) An ICES search should be preformed for every individual by name and social security number to determine if they are known to the system.
            a. IQIS – last name/first name
            b. IQIS – social security number
         2) If the individual is active in ICES, the worker should determine in which case the individual should be included. This <u>may</u> require deleting the individual from case A and adding them to case B.
      ii) Add the person(s) to AEIID
         *1)* If the individual requests assistance or is a mandatory member, refer to the application process stated above in the 'Add A Program.' *(see Section II.F on page 14)*
         2) If the individual is a named absent parent, enter delete code "RC" on AEIAP
   b) Removal of an individual(s)
      i) Left Case
         1) Delete a non-payee on AEIID using the appropriate delete code and occur date. Press enter to complete the driver and authorize the AG.
         2) If the individual is the payee of a multi-person AG
            a. If there is another individual eligible to assume the role of payee, the former payee may be deleted on AEIID, the new payee designated on AEFPY and the AG authorized.
               i. For TANF AG's, a new caretaker relative should be designated on AEICH.
            b. If there is not an individual eligible to assume the role of payee, the AG should be closed.
      ii) Death of AG member
         1) After a confirmation of death is received/obtained, access screen AEIDC, enter code 05 in the living type field and the date of death in the occur date field.
         2) Run AEABC and authorize
            a. Note: if the deceased is the only individual listed on AEIID, the following step is not required

3) The following day enter DT in the delete field of screen AEIID for the deceased individual
4) Run AEABC and authorize

iii) Incarceration
1) For a single person AG, the worker is to enter reason code 580 on AEWAA and close the case.
2) If there is a multiple person AG, delete the individual from AEIID. ED/BC will run. Enter reason code 580 for the affected AG(s) on AEWAA and authorize.
3) Refer to IPPM 3205.05.10, 2406.25.00 and/or 2420.15.00

3. End dating pregnancy
   a) Enter the end date on AEIPI
   b) If applicable, the newborn's name, date of birth, etc., should be entered on AEIID
   c) Run ED/BC and authorize the AGs
   d) Worker will receive alert 320
   e) Worker will enter delete code PT on screen AEIPI
   f) Run ED/BC and authorize the AG
4. TANF Voluntary Withdrawal To Receive Child Support
   a) After adverse but before recur, a AG member may request to withdraw from TANF in order to receive their child support the following month. When they sign the voluntary withdrawal form (FI-39 or 39S) and agree to waive their right to timely notice, the supervisor will use reason code 357 to close the case.
5. Full Family Sanction
   a) A Full Family Sanction may occur when a recipient fails to comply with IMPACT and/or IV-D
   b) The following procedure applies to IV-D only
      i) Once the individual sanction is in effect, the worker should engage the client to become compliant before the Full Family Sanction effective date. The worker should complete two of the following three items within the two payment months before the Full Family Sanction becomes effective. The worker should allow reasonable time between each engagement attempt. Suggested timeframe is 10-13 days between each attempt.
         1) Home Visit/Field Visit – the worker will send a manual notice requesting a home visit or a field visit if it is easier to meet at a restaurant, community center etc., that is within one mile of the client's home. This visit may be held at the Local Office at the client's request. A copy of the appointment letter and documentation of the results should be placed in the case file. Worker may take appropriate forms if they feel they can cure the sanction during this visit.
            a. Visits may be done in teams of two.
            b. The worker should be prepared to:
               i. Identify barriers
               ii. Determine motivation
               iii. Explain the benefits of compliance
            c. If the client has indicated a willingness to comply, an appointment date should be made to allow for compliance prior to the Full Family Sanction case closure effective date.
         *2)* Contact Letters – the worker will send two contact letters. The worker should allow reasonable time in between each engagement attempt. A copy of the contact letter should

be placed in the file as documentation. The contact letters may be found in *(see Appendix 14 - Full Family Sanction Checklist and Contact Letters below)*

3) Three Phone Conversations – this is considered one item, you should chose one of the other items in addition. The worker should log the date, time and result of the call in CLRC. The calls should be made at different times in an attempt to reach the client. Be mindful of confidentiality when speaking with someone other than the client.

X. Desk Aids

A. From the Folder List take the following steps:

i. Click on the "+" beside PUBLIC FOLDER
ii. Click on the "+" beside ALL PUBLIC FOLDERS
iii. Click on the "+" beside FSSA
iv. Click on the "+" beside DFR
v. Click on the "+" beside PUBLIC ASSISTANCE TRAINING
vi. Double click on ELIGIBILITY**

1. Double click to open the individual file
2. This is a list of the materials available. Check this folder often for updates.

1619 Status
2005 COLA
2006 Adverse Calendar
ABAWD Coding
Accessing Public Folders 08-06
Application Processing Time Frames
Calculating the TANF grant
Case file Dividers 06-04
Worker Alerts July 06
Child Support PowerPoint 12-04
Citizenship Questions and Answers August 06
Civil Rights Unit Meeting Material 08-04
Client Scheduling – automated tracking for Thornton requirements
CLRC and CLSC Guidelines
Driver Flow for AE – effective August 2006
Enumeration
Expedited Food Stamps – a presentation
Family Member Transportation
Fiat Procedures 07-03
Food Stamp Voluntary Quit Reference Material
Immigrant Power Point 12-03
Income Resource Chart effective 10-06
Low Income Subsidy
MA 14 Category of Medicaid
Medicaid Appeals Continuation of Benefits
Program Policy Manual – a desk aid
Q-Tips (previous issues)
Simplified Reporting 130% income chart
Simplified Reporting and Food Stamps
SOLQ

Spend-down Information Packet 11-05

Spend-down Slide Show Presentation

Supervisor Alerts July 06

TANF and Time Limited Benefits – a presentation

TANF Voluntary Quit Reference Material

Thornton Questions and Answers

Unit Meeting Review Materials (Index of topics)

Workload Management Tool

vii. There is also an IMPACT Folder in Public Assistance Training.
1. Double click to open the individual file
2. This is a list of the materials available. Check this folder often for updates.

Full Family Sanction

IMPACT Toolbar

TANF Time Limited Benefits Power Point

XI. Eligibility Assistance Companies

A. In the past several years we have had increased contact with companies who are under contract with providers, generally hospitals, to facilitate Medicaid applications for uninsured persons who have incurred expenses with the medical provider. The Eligibility Assistance Companies are in a position to be helpful in the Medicaid application process by acting as an applicant's authorized representative and obtaining most, if not all, of the necessary verifications. However, their role should be made very clear. They are *authorized representatives, acting on behalf of the applicant.* They are **not** acting as agents of DFR, and should not present themselves as such or give any such implication to applicants or entities that they contact for verification.

When a hospital that contracts with an Eligibility Assistance Company is a Hoosier Healthwise enrollment center, the staff of the company can be interviewers, if approved by the Local Office Director. This is consistent with the Memorandum of Agreement (MOA). The Division does not enter into enrollment center MOAs directly with Eligibility Assistance Companies. The company staff person cannot act in both capacities with a given application. He or she cannot be the interviewer for a Hoosier Healthwise application and be the authorized representative if the application should be processed under the Disability category because the person was found ineligible for Hoosier Healthwise.

B. Outlined below are guidelines that companies and Local Offices should follow. Please feel free to share this information with the Eligibility Assistance Companies in your county.

i. The staff person of the company should provide a written authorization from the applicant in which the applicant clearly gives that staff person the ability to act on his or her behalf in the Medicaid application process. If a Form 2400, Application for Assistance, Part 1 is filed and signed by the company staff person without the accompanying written authorization, the appointment notice is to be sent to the applicant only. In order for the staff person to receive an appointment notice, the written authorization should be attached along with the staff person's address.

ii. The authorization may be revoked by the applicant at any time. To do this the applicant should inform the worker in writing. However, workers need not offer advice to applicants one way or another on this matter. It is a personal matter between the applicant and the representative, and worker involvement should be limited to answering questions from the applicant on the subject. We know that applicants sometimes claim they knew nothing about giving authorization to the company to apply for Medicaid. They may claim that the authorization was coerced or obtained under duress. When an applicant makes that kind of allegation, the Local Office should advise the person that he or she should contact the company and address the concern. The applicant will need to decide whether to have the company continue to act as his or her authorized representative. If the applicant wants to revoke the authorization, the worker should accept it, and as a matter of professional courtesy, inform the representative of the revocation.

iii. The Eligibility Assistance staff person can participate in the interview without the applicant only if the applicant has given the written authorization. Without the authorization, the applicant should be interviewed directly. If insufficient or discrepant information is provided by the representative, the worker will need to make a follow-up contact with the applicant.

iv. Any authorized representative, not just those employed by Eligibility Assistance Companies, should be familiar with the applicant's situation and be able to answer all questions thoroughly and correctly. If the representative is not fully knowledgeable of the applicant's situation, then he or she should bring the applicant to the interview. In the latter situation, the representative can act as a facilitator in the application process by helping the applicant to comply with program requirements.

v. In the capacity of authorized representative, the Eligibility Assistance Companies can not use State forms. This includes the disability forms and all other collateral forms for wages, bank accounts, etc. In presenting State forms to a doctor, bank, or employer, they are representing themselves erroneously as an agent of DFR. This is unacceptable. However, if the worker puts together the packet of disability forms with a cover letter, it is acceptable to give the packet to the representative if he or she wishes to deliver it to the physician.

vi. Many of the eligibility companies prefer to obtain the medical information for an application under the Disability category prior to the interview. There is no objection since it can facilitate timely application processing. However, they cannot use the State's disability forms, tell providers or imply that the State will pay for the medical examination or the cost of copying medical records. This authority rests with the Local Office for an initial examination, and with the Medicaid Medical Review Team for additional diagnostic tests.

C. Local Offices are encouraged to establish periodic meetings with the Eligibility Assistance Companies. It is important to maintain communication so when changes occur in management personnel, of the Local Office or the company, procedures do not break down. It may be helpful to establish liaisons.

XII. Fraud

A. When recipient fraud is suspected, the worker will complete an initial desk review and investigation. If unable to resolve the issue, refer the case for further investigation.

i. Use the electronic form FI0013, *Fraud Referral to the Bureau of Investigation*, to make referrals.

ii. Factual Basis for Suspicion - the worker will write a summary describing how the AG member is committing fraud. The summary should include a description of the facts supporting the suspicion. Enter the programs involved and make sure that the SSN is correct.

iii. Send referrals to the local Fraud Referral Coordinator (FRC).

iv. After approval, the FRC will forward the referral to the Compliance Division (CD). The FRC will enter the referral into the Fraud Investigation State Tracking System (FIST) and include the FIST number on the referral. The FRC will email the form to Fraud Referral email address. The FRC will put the CD district - North or South - on the subject line of the email address. All referrals should come from the FRC - referrals sent directly from a worker will be returned.

1. CD Referral Regions:

a) North District Counties: Lake, Porter, Jasper, Newton, Benton, Laporte, St. Joseph, Marshall, Starke, Pulaski, Fulton, Cass, Carroll, White, Miami, Wabash, Kosciusko, Elkhart, Lagrange, Steuben, Noble, Dekalb, Whitley, Allen, Adams, Wells, Huntington, Grant, Blackford, Jay, Madison, Delaware, Randolph, Hancock, Henry, Wayne, Union, Fayette, Rush, Shelby, Decatur and Franklin.

b) South District Counties: Warren, Tippecanoe, Clinton, Howard, Tipton, Hamilton, Boone, Montgomery, Fountain, Vermillion, Parke, Putnam, Hendricks, Marion, Johnson, Morgan, Owen, Clay, Vigo, Sullivan, Greene, Monroe, Brown, Bartholomew, Dearborn, Ripley, Jennings, Jackson, Lawrence, Knox, Daviess, Martin, Orange, Washington, Scott, Jefferson, Ohio, Switzerland, Clark, Floyd, Harrison, Crawford, Perry, Dubois, Pike, Gibson, Posey, Vanderburgh, Warrick and Spencer.

v. When an investigator is assigned, they will contact the worker for pertinent information.

B. FRC will complete the following steps when a CD Investigation Report is received.

i. Review and enter the results into FIST.

ii. Send the original report to the worker and retain a copy if a claim is indicated.

iii. If a claim is necessary, enter the BV referral in ICES and assign it to the worker responsible for completing the claim(s). Enter 'CO' on BVBR in the source field.

iv. If a signed waiver of hearing form (FI -2236/State Form 51934) is received and the FRC determines it is an Intentional Program Violation (IPV) enter IPV on BVBR.

v. If the CD requests, the case may be taken to prosecution by the CD.

vi. The CD may recommend that the local office request an ADH. It is up to the FRC, not the CD, how the claim is determined.

vii. It is sometimes necessary to instruct the worker on what action should be taken. "Close case" (on the investigator's report) refers to the disposition of the investigation and is not an instruction for the worker.

viii. Email the investigator with the dollar amount of any claim and its disposition.

C. FRC will complete the following steps when a fraud hotline referral is received.

i. The referral is entered into FIST.

ii. The referral is sent to worker with a cover letter requesting a desk investigation with a due date and should include one of the following; unsubstantiated, information already known, substantiated, or referred to the CD.

iii. The FRC should track the due date for the result of the desk investigation. The result should be entered into FIST. If no timely response is received, a notice should be sent to the worker and their supervisor.

D. Data Exchange Inquiry Disqualified Recipients Screen (DEDR)

i. Displays individuals reported by other states to the Food & Nutrition Service (FNS) via the Disqualified Recipient System (DRS) guilty of Intentional Program Violation (IPV). DEDR will display individuals with a pending disqualification and/or those that may be serving a disqualification period. An alert will generate for ICES recipients with a match. When entering an applicant's SSN on screen AEIID, if a match is found, the DEDR screen will display in the driver flow. The worker may view the data and press enter to continue in the driver.

ii. The FRC should call the contact phone number listed on the screen and request a copy of the waiver, judgment, or ADH decision in order to enter the disqualification on screen BVPI. The sending state may send the claim materials so that the claim may be entered in ICES and a recoupment initiated. Any payments collected from the sending state should be entered using code "PP" (previous payment). The disqualification should be entered on screen BVFV.

iii. In order to delete incorrect DEDR information, delete screen BVFV. At month end, a deletion record will be sent on the DEDR file to FNS.

E. Procedure for requesting an EBT Transaction History

i. EBT Transactions within the last 90 days may be obtained directly from the BOSS system. All other transactions should be requested by the Fraud Referral Coordinator.

ii. The FRC should complete the Request for Transaction History form and e-mail the request to the State's BV Coordinator.

iii. Request for Transaction History form may be found in *Appendix 4 - Benefit Recovery below*

F. Medicaid Estate Recovery

i. If the local office receives a Notice of Administration or learns of the opening of an estate by any means, this information should be referred to Office of Medicaid Policy and Planning (OMPP), Estate Recovery Manager. If the family, other heirs, or the attorney for the estate contacts the local office about estate matters, please refer them to OMPP.

ii. Lien Referral

1. Medicaid recipients who own real property and are permanently institutionalized, as evidenced by a determination that there is little likelihood the recipient will be discharged from the facility to return home, may be subject to a lien being placed on his or her property.

   Following are guidelines for use by workers to determine whether a recipient's property should be referred to OMPP for possible lien placement. These guidelines should be used by all workers with responsibility for Medicaid nursing home cases. Local offices will not be responsible for the actual placement of liens. This function will be administered from the central office.

2. Guidelines for consideration
   a) Has a determination been made that the recipient is permanently institutionalized and not expected to be able to return home to live?
      i) If yes, continue to answer the questions below.
   b) Do any of the following individuals reside in the home?
      i) The recipient's spouse
      ii) The recipient's child who is:
         1) less than 21 years of age; or
         2) disabled as defined by the federal SSI program

3) The recipient's sibling who has an ownership interest in the home, and who has continuously resided in the home, beginning at least 12 months before the recipient was admitted to a medical institution.
4) The recipient's parent.

iii) If the answer to any of the above questions is "Yes", a lien may not be placed on the recipient's real property.
iv) If the answer above is "No," continue below.

c) Fax the following information to the OMPP Estate Recovery Manager at (317) 232-7382
i) Name of Recipient
ii) Recipient Identification Number
iii) Address of Property
iv) Copy of any documents regarding the property (deed, legal description etc.)
v) Type of Ownership (for example, sole ownership, joint ownership with rights of survivorship
vi) Is the property income producing?
vii) Name and mailing address of the recipient's Power of Attorney or other third party authorized to act on the recipient's behalf.

G. Benefit Recovery policy may be found in IPPM 4600.00.00
H. Refer also to *Scratchpad on page 18*

XIII. Hearings and Appeals

A. Fair Hearings

i. Applicants/recipients are notified of their appeal rights on written notices of action and the Rights and Responsibilities form.

ii. Requests for appeal should be in writing for TANF/Medicaid. Food Stamp appeal requests may be verbal or written.

1. Workers may need to assist appellant with the writing of the appeal request.

iii. Make sure that information on the request is legible and includes the following.

1. Clearly visible 'date of receipt' stamp on written requests from appellant
2. Case name of appellant
3. Case number
4. A copy of the notice, or view text of notice (CNVT), corresponding to the issue under appeal
5. Date and signature of appellant or authorized representative

iv. Enter request on screen HERQ the day it is received.

v. Fax the request and a copy of the notice screen CNVN to Hearings and Appeals at 317-232-4412, the day it is received.

vi. When a hearing request is received, the local office should review the situation and determine if the correct action was taken or if an adjustment is necessary.

vii. Immediately after the appeal request is received the appellant and worker should discuss the issue under appeal. If a resolution is possible, the appellant may request the appeal be withdrawn. Otherwise, it is important to document all issues that are under appeal.

1. If the appellant wishes to withdraw their appeal, the following information should be sent to Hearings and Appeals and documented in CLRC.
   a) The date of communication
   b) The method of communication
   c) With whom the communication took place (the appellant or their authorized representative)
   d) The reason for the withdrawal, if available

viii. If an appeal is timely filed, benefits should be restored to the pre-appeal amount. (refer to IPPM 4205.20.00 & 4205.25.00)

ix. The local office will provide the following for the appeal process.

1. A private, quiet and adequate space for hearings in all counties. Also, notice to all interested parties of facility changes, displacement, etc.
2. Respect for and prioritization of appeals process as a very important part of overall program processing. Example: ensure consistent and correct appeal addresses on every action notice; implement requested changes in policy manuals, etc.
3. Respect for appellant's rights and state regulations. Example, avoid requesting continuances but follow state rules if unavoidable. Also, avoid attempting to influence H&A outside formal appeal process.
4. Adherence and cooperation in all state requirements as detailed in IPPM 4200.00.00 ff.
5. Good faith attempt to settle all appeals promptly upon the receipt of a hearings request by a documented pre-hearing conference.
6. Implement pre-hearing conference agreements immediately.
7. Immediate implementation of hearing decisions, even if an Agency Review is requested.
8. Continuance of benefits in timely appeal situations according to specific program policy.
9. Cooperation with other state entities, e.g. EDS, OMPP, who may need proxy representation.
10. Use of the agency review process to contest decisions and express dissatisfaction.

B. Administrative Disqualification Hearings (ADH)
   i. Refer to IPPM 4215.00.00
   ii. List the evidence in the following order:
      1. Application Part 1, Part 2, Part 3, Personal Responsibility Agreement, and Rights and Responsibilities for each certification period involved in the alleged fraud timeframe. Each certification period would be a separate exhibit.
      2. Running Record Comments, if well documented for the timeframe(s) involved.
      3. Documentation of how the overpayment was discovered. Example: a data exchange screen, a Compliance Division, Office of General Counsel report, a hotline referral, et cetera.
      4. Supporting verifications: wage verifications, postal verifications, bank records, BMV records, landlord forms, school verifications, data exchange records, written statements, out-of-state verifications. A returned change report form may also be used to verify a recipient's acknowledgement of mandatory changes that are required to be reported. This would depend upon the reason for disqualification.
      5. Benefit Recovery Referral Screen (BVBR)
      6. Request for an Administrative Disqualification Hearing
      7. Notice of an Administrative Disqualification Hearing
      8. Written testimony of the local office
      9. Submit the hearing request to: MS04, Hearings and Appeals Section, 402 W. Washington Street, Room E-034, Indianapolis, Indiana 46204; or fax to 317-232-4412.

C. See *Appendix 16 - Hearings and Appeals below*

XIV. Hoosier Healthwise (HHW) Enrollment Centers

A. The Memorandum of Agreement (MOA) is an agreement between Indiana Family Social Services Administration, Division of Family Resources, and Enrollment Centers to complete initial intake processing of Hoosier Healthwise applications for children under the age of 19 and pregnant women.

B. A list of approved enrollment centers may be found in IPPM 1899.01.00 through 1899.92.00

C. DFR will coordinate and arrange training of selected Enrollment Center staff that will perform initial intake processing.

D. DFR will provide all forms necessary for the intake processing function.

E. Upon receipt of the completed application, the worker should determine eligibility within ten days.

   i. If the application packet is incomplete, worker will contact the Enrollment Center and request that additional information be provided.

   ii. Worker may contact the applicant directly to meet federal processing deadlines or to resolve any apparent discrepant information.

   iii. Worker will not require the applicant to appear for an in-office interview. Follow-up contact will be done by home visit, telephone, or mail.

F. DFR agrees to appoint a liaison who will maintain communication with the Enrollment Center liaison to facilitate effective processing of applications.

G. Worker should inform the Enrollment Center of the disposition of application.

XV. IMPACT Services

A. Referral to IMPACT Services

i. AG Members will be exempted from or referred for participation in IMPACT on AEIWP – Refer to IPPM 2438.15.00 for TANF & FS and 2438.17.00 for ABAWDs)

ii. Referral status should be reviewed at each redetermination and during change processing

iii. Upon authorization of the case, ICES will generate an alert of a new referral (839 for TANF and 400 for ABAWD) to the Family Case Coordinators (FCCs) if they do not have the eligibility portion of the case. FCCs should manually assign FS mandatory individuals to their caseloads via WPA1. WPA1 will indicate "R" for Referred.

1. New IMPACT AG Members should be scheduled for an Initial IMPACT Appointment as indicated by an "S" for Scheduled on WPA1
2. Refer to IPPM 2525.05.00 for timeframes

B. Initial IMPACT Appointments

i. All points in IPPM 2520.00.00 should be covered.

ii. Referred AG members should be scheduled for group sessions.

1. Group appointments should be conducted at least once a month.
2. Individual appointments should be done only when group appointments are impractical.

C. IMPACT Assessment – Refer to IPPM 2525.00.00

i. Individual IMPACT Assessments should be completed during the group Initial IMPACT Appointment, if practical. Due to time constraints, some AG members may need to be rescheduled for their assessment.

ii. The IMPACT Assessment replacing the web-based IMPACT Assessment Tool (IAT) can be found in See *Appendix 20 - IMPACT "Client Assessment" below* of this manual.

iii. Once the IMPACT Assessment is completed and the FCC enters a contact name on WPA1 and presses enter, WPA1 will indicate "A" for Assessed.

iv. Ongoing cases should be reassessed as needed depending upon changes in participant's circumstances and progress made toward self sufficiency.

D. Self-Sufficiency Plan (SSP)

i. After review of the IMPACT Assessment, an SSP (SF 47194) should be developed with and signed by each mandatory AG member.

ii. For guidelines in developing SSPs refer to IPPM 2530.00.00

iii. For timeframes refer to IPPM 2530.05.00

iv. Ongoing cases should have SSPs developed as needed depending upon changes in participant's circumstances and progress made toward self-sufficiency, but at least every 90 days.

v. Should the participant refuse to sign the SSP, refer to the Conciliation procedures in IPPM 2560.00.00

E. IMPACT Activities – Refer to IPPM 2540.00.00

i. IMPACT participants will be referred for appropriate services to eliminate barriers to employment and increase strengths for retention of employment

1. The number of hours participants should perform IMPACT activities differ depending on program and household composition – see IPPM 2505.00.00
2. IMPACT sanctioned individuals who are attempting to come into compliance or cure a sanction may be referred to IMPACT activities via hard copy IMPACT referral. WPRF will be unavailable but can be completed once the sanction is lifted.
3. Individuals who have exhausted their 24 months of TANF cash assistance should be referred for services provided by a contracted service provider.
   a) If the TANF AG has not been closed WPRF is available for referral

b) If the TANF AG has been closed WPRF will be available to the supervisor

ii. Refer to contracted service provider via WPRF for appropriate services. FCCs will need copies of their county's contracts.
   1. The following five components are strongly recommended, but not mandatory;
      a) AS (Provider Assessment)
      b) JR or LJR (Job Readiness or Limited Job Readiness)
      c) PD (Personal Development)
      d) CWEP (Community Work Experience Program)
      e) 30 day employment retention-level 1 (PIR4) for TANF or Job Placement (JPL1) for FS
   2. Individual exceptions are allowed
   3. Print three copies of the referral via WPPR
      a) Place one copy in the case file
      b) Send/fax the second copy to the provider, obscuring all but the last 4 digits of the participants SSN
      c) Give/send the third copy to the recipient
   4. Participants will need to be re-referred at the beginning of a new contract

iii. Complete the right side of WPRF upon receipt of participation results from provider which will populate WPAS.

iv. Provider claim payment process
   1. Provider enters claim into the Contract Management System (CMS) IMPACT website which generates an alert to worker
   2. Worker will receive the provider submitted claim packet
   3. Worker will complete the claims packet checklist to assure that the vendor has satisfied the terms and conditions of the contract payment point.
   4. Within 10 days, the two approvers should review and approve or deny the submitted claim packet in CMS queue.
      a) If the claim packet is denied, an explanation for rejection should be entered into CMS and the packet filed in the case file. CMS generates a rejection notice to the provider.
         i) If the reason for rejection is corrected, the provider may resubmit the claim
   5. Claim packet is filed in the case file whether approved or denied

v. IMPACT participants may be referred for non-contract services to help eliminate barriers to employment and increase strengths via hard copy IMPACT Referral (SF 47655) e.g. GED classes
   1. The FCC will enter these referrals on WPAS after the designated Local Office personnel has completed WPEL

vi. The entry of activities on WPAS will be indicated by a "C" for Components on WPA1

vii. Employment (TANF IMPACT activity) entered in ICES on AEIEI, AEINC, and AEISE will be indicated by a "J" on WPA1

viii. Participants needing assistance with child care to participate in IMPACT activities should be referred to the local voucher agent administering the Child Care Development Fund (CCDF) according to procedures developed locally

F. Supportive Services

i. Assess needs and provide supportive services for participation in IMPACT activities as necessary

ii. For supportive service limits and differences between FS & TANF refer to 2550.20.00

iii. Check WPSS for supportive services balance prior to offering supportive services

iv. Vouchers (SF 45636 for FS & SF 45637 for TANF) are sent to established vendors for the provision of supportive services. Refer to IPPM 2550.05.00 for procedure to establish new vendors.

v. Supportive Services are paid via WPPS
vi. Supportive services exceeding $100 require supervisory review and initialed approval on the hard copy voucher
vii. GED test may be paid for, up to $60.00, on WPPS with service code "GE" after successful completion of the GED pre-test or instructor's statement of readiness.
viii. Recipient should be given 10 days advance notice of the discontinuance of supportive services – State Form 48462 / IMP 0027
ix. Supportive services are available to sanctioned individuals who are attempting to come into compliance or cure a sanction and to participants who have exceeded their 24 months of TANF eligibility. Supportive services can usually be paid by a supervisor; if WPPS is protected, email the information to the IMPACT Help Desk.
x. Supportive services used inappropriately by participants are recovered by establishing a claim against either food stamps and/or TANF.

G. IMPACT Caseload Management
i. Monitor progress of recipients and service provider with at least monthly contact. Activities may include;
1. Reassessment
2. Adjustment of self-sufficiency plan
3. Change in activity assignment
4. Provision of additional or discontinuance of supportive services
ii. Update CLSC
1. IMPACT related comments should be recorded on CLSC (follows individual from case to case) and may be accessed by pressing PF2 from screens WPA1 and WPAS
2. Non-compliance details
3. Justification for payment of supportive services
4. Changes in SSP
5. Any unusual circumstances
iii. Check CLIM &/or GWP090RA Caseload Report, at least monthly, to ensure that all IMPACT participants receive appropriate and timely IMPACT services
1. See 14 for instructions for using CLIM and GWP090RA
iv. Changes in IMPACT participant's circumstances
1. Changes (geographical, new household member, etc.) may require a reassessment, a new self-sufficiency plan, activity reassignment, and re-evaluation of supportive services, etc.
2. For inter-county transfers the sending county should exit the participant from their assigned provider by completing the IMPACT Memorandum - State Form 48830 / IMP 0029
3. Pay any pending supportive service claims
4. To change program from TANF to FS or FS to TANF - press PF22 on WPA1
5. Transfer Out Cases – IMPACT supervisor in receiving county, press PF21 if not automatically transferred by ICES
v. Enter missed activity hours on WPSC by the 20th of each month using the IMPACT calendar

H. Non-Compliance – Refer to IPPM 2438.45.00
i. Send a non-compliance notice (SF 25385/ OMMP 2210) if not participating fully
1. Worker should generate alert 402 via WPA1 to ensure follow up on non-compliance notice
2. Initiate the sanction process if non-compliance continues without good cause
a) Refer to IPPM 2438.45.35.05 - Sanction For IMPACT or E & T Non-Compliance (C, I, MED2)

b) Refer to IPPM 2438.45.15 - Work Registration And IMPACT Penalties (F, I)

ii. Should the participant contest an identified failure to comply, refer to the Conciliation procedures in IPPM 2560.00.00

iii. Sanctioned clients should be offered IMPACT services at every contact and may "cure" their sanction to regain benefits. Refer to IPPM 2438.45.20 for FS and 2438.45.25 for TANF.

I. 24 Month extension requests

i. TANF IMPACT mandatory AG members are limited to 24 months of TANF eligibility

ii. TANF AG members who have exhausted their 24 months of TANF eligibility may request an extension – Refer to IPPM 2452.05.00

iii. When an AG member request is received, the FCC will prepare a response packet within 10 days and forward to supervisor.

iv. The supervisor enters the receipt date of the request on screen AETEX. (AETEX is only accessible if the case is open).

v. The response packet is forwarded to the IMPACT Consultant.

vi. IMPACT Consultant and Regional Manager will make a recommendation to the Division Director to either approve or deny the requested extension.

vii. A decision is made and notification is sent by the Division Director in accordance with IPPM 2452.05.00.

viii. If the case is open the supervisor completes screen AETEX with the decision of the Division Director.

ix. If the case is closed, file the decision in the case file and send a copy of the decision to the AG member should the participant reapply for TANF, AETEX can be completed.

x. The FCC runs AEABC to approve or deny the extension, generating a notice to AG member.

xi. During the extension period, the FCC should actively engage the recipient in IMPACT activities.

xii. The FCC should alert self to manually discontinue the extended benefits when the extension expires, using screen AEFEC.

XVI. Mail Distribution

A. Incoming mail should be date stamped upon receipt and distributed throughout the day.

B. Outgoing mail should be sent daily.

XVII. Manual Notices

There is no easy or simple way to deal with the need for manual notices. Sometimes ICES generates an alert that tells you the need for a manual notice. Even with an alert you will need to investigate to determine what type of notice needs to be sent and what the notice should say. There are times when a manual notice is needed but you will not receive an alert. There are two situations that require a manual notice:

- When an alert is generated
- When we have non-mailable notices and no alert is generated.

Other manual notices include

- Pending Verification form (FI-2032)
- All collateral verification forms
- All IMPACT related notices

These situations are created by ICES being unable to generate a notice or creating a notice that is incomplete.

A. When an alert is generated follow the steps listed below
   i. Review AEWAA to establish what reason codes appeared for each category.
   ii. Look at the reason codes on TSRC. If expanded text or legal site is "Y", tables TNRT and/or TNLA need to be reviewed.
   iii. If TSRC indicates expanded text for the reason code for the category changed, access table TNRT and enter this language on the notice.
   iv. If TSRC indicates the need for a legal site, access table TNLA, find the legal site for the appropriate category and enter the appropriate legal cite on the manual notice.
   v. The manual notice forms used are:
      1. FI0619M for Medicaid http://www.in.gov/fssa/transformations/edp/edp/forms/pdf/01110.PDF
      2. FI0041 for Food Stamps http://www.in.gov/icpr/webfile/formsdiv/35955.pdf
      3. FI0619C for TANF http://www.in.gov/icpr/webfile/formsdiv/01859.pdf
      4. Dormant EBT Account Notice (see *Appendix 21 - Manual Notices below*)
      5. Auxiliary Benefit Notice (see *Appendix 21 - Manual Notices below*)
      6. Resource Assessment for Medical Assistance to the Aged, Blind, and Disabled (FI-2061)

B. An alert is not received but a manual notice is needed:
   i. Categorical eligibility is established for Food Stamps IPPM 3445.40.00
      1. When all household members receive TANF or SSI or a combination of the two, their net monthly income is compared to the net income standard seen on budget AEBFN for the appropriate AG size. All one and two person AGs who pass the net test receive $10 in FS. Categorically eligible households of any size receive $10 as long as they pass the net test.

         When a household's income exceeds the net test, they should be suspended. The worker has a reason code 022 on AEWAA, the AG passes, but the allotment is $0. Reason code 022 indicates an expanded text is needed as follows.

         a) You will not receive any benefits at this time. Because everyone in your Assistance Group receives either Cash or Supplemental Security Income, you are automatically eligible for the Food Stamp program. However, your Assistance Group's net income is over the income limits to receive benefits. Therefore, you are not eligible to receive benefits at this time. This situation will remain until your income decreases and/or your expenses increase so that you are eligible to receive benefits. (7 CFR 273.20)

b) You will not receive any benefits for _____. Because everyone in your Assistance Group receives either Cash or Supplemental Security Income, you are automatically eligible for the Food Stamp program. However, your Assistance Group's net income is over the income limits to receive benefits. Therefore, you are not eligible to receive benefits at this time. (7 CFR 273.20)

c) You will not receive any benefits for _____ and for each of the following months. Because everyone in your Assistance Group receives either Cash or Supplemental Security Income, you are automatically eligible for the Food Stamp program. However, your Assistance Group's net income is over the income limits to receive benefits. Therefore, you are not eligible to receive benefits at this time. This situation will remain until your income decreases and/or your expenses increase so that you are eligible to receive benefits. (7 CFR 273.20)

d) You will not receive any benefits for each of the remaining months. Because everyone in your Assistance Group receives either Cash or Supplemental Security Income, you are automatically eligible for the Food Stamp program. However, your Assistance Group's net income is over the income limits to receive benefits. Therefore, you are not eligible to receive benefits at this time. This situation will remain until your income decreases and/or your expenses increase so that you are eligible to receive benefits. (7 CFR 273.20)

e) Because everyone in your Assistance Group receives either Cash or Supplemental Security Income, you are automatically eligible for the Food Stamp program. However, your Assistance Group's net income is over the income limits to receive benefits. Therefore, you are not eligible to receive benefits beginning _____. This situation will remain until your income decreases and/or your expenses increase so that you are eligible to receive benefits. (7 CFR 273.20)

C. The following situations will NOT generate an alert but require a manual notice

i. Disqualification - Notice of Pending Intentional Program Violation (IPV) as a result of a waiver or administrative disqualification hearing (TANF).
ii. Disqualification - Notice of Pending Intentional Program Violation (IPV) as a result of a court decision (TANF).
iii. Disqualification - Notice of disqualification due to failure to cooperate with Quality Control (QC); Assistance Group (AG) disqualified reason codes 501/502.
iv. Over-issuance reminder when the authorization closed AG (TANF closed and a claim is found).
v. Change - Limited Medicaid coverage to full coverage with a spend down; single person (Adverse) MA G, and MA N changes to MA A, MA D, or MA Q.
vi. Change - Limited to full coverage with spend down; Married AG - (Adverse) MA L, MA G, or MA N that changes to MA B, or MA Q.
vii. Medicaid Category Choice - If MA D is applied for and denied while the client is covered under another category of Medicaid.
viii. On-line Resource Assessment - whenever an assessment is done as part of the Medicaid application (FI-2061)
ix. Food Stamp pending notice sent 31 days after application (FI-41/ FI-2032)
x. When the supervisor fiats, a manual notice needs to be sent. The notice may not be complete even if CNHS shows that a notice was generated.

D. Changes involving the Medicare Savings (MED 4) categories.
Select the appropriate reason code on table TSRC for the action you are taking. Make sure that there is a "Y" next to the MA field. This indicates the reason is appropriate for Medicaid. If there is a "Y" next to the expanded text field, then you should access table TNRT to obtain the full text of the reason code that should appear on the notice. If there is no legal cite on TSRC, this means that the legal support for the adverse action differs depending on the category and you should obtain it from table TNLA.

The following are the statements you should enter in the additional information section on the FI-619M.

i. Change from Full Coverage to SLMB (MA-J). Check box "Your Medical Assistance is being continued". In the additional information section enter "Your Medicaid coverage will be reduced from full coverage to limited coverage as a Specified Low-Income beneficiary for the reason explained above. Your coverage will be limited to the payment of your Medicare Part B Premium."

ii. Change from QMB (MA-L) only to SLMB (MA-J) only. Same as #1 above except in the additional information field enter: "Your Medicaid coverage will be reduced from Qualified Medicare Beneficiary to limited coverage as a Specified Low-Income Beneficiary for the reason explained above. Your coverage will be limited to the payment of your Medicare Part B Premium."

iii. Change from limited coverage to full coverage. Same as #1 above except in the additional information field enter: "Your Medicaid coverage is being extended from to limited coverage to full Medicaid benefits for the reason explained above." Enter the reason but the supporting law is not required since this is not an adverse action. If the recipient has a spend-down, enter the amount. In the upper half of the form generally entered used for applications, check the box next to the appropriate spend down explanation paragraph depending on whether the recipient is single or both spouses are recipients.

iv. SLMB (MA-J) only approvals Check the application approval box and enter the effective date. In the additional information field and enter: "Your Medicaid coverage is limited to payment of your Medicare Part B premium. You are not eligible for full coverage because (enter reason and supporting law)."

v. QI-1 (MA-I) approvals. Check the application approval box and enter the effective date. In the additional information field enter: "You are approved as a "qualified individual" which means that your benefits are limited to the payment of your Medicare Part B premium."

vi. QMB (MA L) only to QI 1 (MA I). Same as #1 above except in the additional information field enter: "Because of an increase in your income, your Medicaid coverage will be reduced. Medicaid will continue to pay your Medicare Part B premium, but will no longer pay the Medicare deductible and co-insurance."

vii. If a recipient changes from SLMB-only coverage to QI-1, a manual notice is not necessary.

E. Time Frames of Client Scheduling Notice Generation by ICES

i. ICES sends appointment letters based on the following time frames associated with each activity code. If the appointment time is prior to the specified time frames below a manual notice is required:
1. 5 working days for codes: 18, 25 and 28

2. 7 working days for codes: 01, 15, 26 and 10 (*note: code 10 will not generate a timely notice if applicant should be seen within six calendar days of the application date – document in CLRC why untimely expedited appointment was scheduled)
3. 10 working days for codes: 03, 22, 27, 40, 41, 42, 43, 44, 70, 71, 72, 73 and 74

ii. ICES does not send appointment letters for the following activity codes. A manual notice is required:
   a. 14, 35, 66, 77 and 88

XVIII. Medicaid Category Change (Clevidence v. Sullivan)

A. Eligibility Loss Requirements

When a Medicaid recipient loses eligibility under his/her current category of assistance, eligibility under all other potential categories should be explored. ICES will form a pending category if there is information in the case record indicating the recipient may be eligible under another category.

i. If there is no information in the case indicating possible eligibility under another category, Medicaid is to be discontinued. Discontinuance notices contain a list of all Medicaid categories and advise AG members to contact their worker within 10 days, plus 3 for mailing, if they have additional information about their case. If AG member supplies information timely which indicates possible eligibility under another category, the worker should reopen the assistance group. If the AG member contacts the worker after the 10 (13) day period or provides information which does not dictate categorical eligibility, such as a loss of income, a reapplication is required.

ii. If the recipient is eligible under the new category, Medicaid benefits continue without interruption. If a spend-down is imposed under the new category, timely notice is required.

iii. If the recipient is ineligible under the new category, Medicaid is to be discontinued. As explained in item #1, if the AG member supplies information which indicates possible eligibility under another category, the worker should reopen the assistance group. If the AG member contacts the worker after the 10 (13) day period, a reapplication is necessary.

iv. If ICES forms a new category and pends eligibility because of missing verification (s), the worker should send the Medicaid Category Change form, FI 0017, to the AG member. The worker should complete the form letter giving the recipient 10 days from the date of the letter to contact the Local Office. If the AG member fails to contact the Local Office by the due date specified on the FI-0017, Medicaid is to be discontinued. As explained in item #1, the discontinuance notice will list the Medicaid categories. If the AG member contacts the Local Office any time after receipt of the discontinuance notice and provides the information which the worker had specified on the FI-0017, the AG member is not entitled to have assistance reopened. The time frame to provide the additional information would have already been provided with the issuance of the FI-0017. It will be necessary to file a reapplication and/or an appeal. A timely appeal in this instance will result in continued benefits. An exception to requiring a reapplication would exist if the recipient can demonstrate that a change in circumstances which dictates categorical eligibility occurred in the time frame between the end of the 10-day period specified on the FI-0017 and the AG member's receipt of the discontinuance notice.

v. If the AG member responds to the FI-0017, by providing all required verifications(s) by the specified deadline, the worker will enter the information and verification in ICES, and authorize the assistance groups. If the AG member provides information indicating possible eligibility under another category but does not include sufficient verification, the FI-2032 is to be sent as explained in the following paragraphs. Also, an attempt should be made to reach the AG member by phone.

vi. If the AG member calls the Local Office by the deadline specified on the FI-0017, the worker will discuss the necessary requirements with the AG member. This conversation should be followed by a FI-2032, Pending Verifications for Applicants/Recipients. The deadline for receipt of the required verification is 30 days (plus 3 days if the FI-2032 is mailed) from the date of the FI-2032. Included with the FI-2032 should be any necessary collateral forms, such as the disability OMPP 251 and OMPP 251 A, which the AG member should have completed. If the required verification is not received by the deadline, Medicaid is to be discontinued.

B. Data Entry/Processing Tips

i. Always enter blindness, disability and pregnancy indicators in ICES regardless of the category. This will avoid unnecessary closing and re-opening if the recipient loses categorical eligibility in a category other than one based on medical condition.

ii. Complete AEIDP properly during the interview with the AG member. Even though ICES has not yet formed the category of assistance when the driver gets to AEIDP, you may know enough about the situation to know that it will form an MA Z (for example). However, if the interviewee states that the applicant is disabled, you should enter "Y" in the "(MA) Disabled" field. Remember that a TANF applicant also applying for Medicaid requires a response in both the “(MA) Disabled?” field and the “(AFDC) Incapacitated?" field. During the interview process at AEIDP, distinguish your questions between an incapacity expected to last at least 30 days, and a substantial disability which is expected to remain indefinitely without significant improvement. Pose the questions in this way and enter the individual's answers without any speculation as to whether or not the person will meet the programs' disability or incapacity requirements.

iii. Be aware of all information within ICES that would indicate categorical eligibility such as IMPACT work requirement exemptions.

iv. If you are aware of an expected change likely to occur for a blind or disabled individual receiving MA in a non-medical-related category, initiate the blindness or disability determination prior to the occurrence. An example of this would be when the only child of a disabled MA U recipient is nearing age 18. When the child reaches age 18, the mother will no longer be eligible under MA U and her eligibility should be explored under the disability category.

v. If a recipient reports receipt of SSI and it is verified prior to the Data Exchange update, remember to enter the SSI status on AEIDC. Data Exchange will make this update, but if the worker enters SSI on AEFUI, there should also be an entry made on AEIDC because that is the field read by the system to form an MA U AG.

vi. Workers should utilize a manual process to track the receipt of verifications within the required 30 - day period.

vii. ICES will set reason code 650 on an open AG if all participating members have been placed in a new pending AG (s). Both the open and pending AGs should be authorized at the same time. The 650 AG should be kept open during the time eligibility is being determined under the new category (ies).

viii. Watch your alerts carefully for Alert 801 which directs you to send a manual notice because the ICES notice erred out.

ix. Whenever it is necessary to use fiat as the means of continuing Medicaid benefits while eligibility is being explored in another category, use reason code 162. *(see Appendix 13 - Fiats)*

XIX. Medical Assignment Cooperation Requirements for Medicaid Recipients

A. See *Appendix 23 - Medical Assignment Cooperation Requirements for Medicaid Recipients below*

XX. Medical Forms (Electronic) Mailbox

A. For receipt of 1) letters from MRT requesting additional information, 2) HCBS-5 Notice of Action from Bureau of Developmental Disabilities Services (BDDS) and 3) EDS notification of buy-in errors by designated personnel in each local office.

i. The following steps should be taken to add access for a designated individual

1. The security coordinator should contact IOT and inform them that an individual needs to be granted access
2. After access is configured the mailbox should be added to Outlook using the following
   a) Open OUTLOOK
   b) Go to TOOLS
   c) Select EMAIL ACCOUNTS
   d) Select VIEW or Change existing e-mail accounts (should already be selected.)
   e) Select NEXT
   f) Select CHANGE
   g) Select MORE SETTINGS (in the bottom right corner)
   h) Select ADVANCED (tab along the top)
   i) Select ADD
   j) Enter the name of the mailbox you want to add in the following format,
      i) County NameCtyDFCMedForms (e.g. JohnsonCtyDFCMedForms)
   k) Select OK twice
   l) Select Next
   m) Select Finish

ii. Forwarding Messages

1. Open the message (Note: for messages from BDDS a password is required to view the text; the password assigned to each message will be the final four digits of the recipient's social security number to which the record pertains)
2. Select "FORWARD"
3. When the message appears it will display the name Medical Forms Mailbox in the "FROM" line
4. Delete that name and enter yours (IE: Smith, James C) making sure that the line appears under your name after entry
5. The message should be forwarded to the applicable worker to take the appropriate action (Refer to section XIX "Medical Information for Medicaid Disability Applications" in this manual and regarding waiver processing refer to IPPM http://www.in.gov/fssa/family/pdf/3300.pdf )

XXI. Medical Information for Medicaid Disability Applications

*(Return to II.E.iii.3.b) on page 12, II.F.xi.3 on page 14 or IX.A.vi.2 above)*

A. See *Appendix 28 - Obtaining Medical Information on Medicaid Disability Applications below*

B. MA D/MA DW related comments should be recorded on CLSC (follows individual from case to case) and may be accessed by pressing PF2 from screen AEMDT. The screen should be used to enter explanations, comments and other significant information. Examples include;

i. Summary of AG member/provider contact (e.g.: dates letters sent and received, dates of telephone calls)
ii. AG member's refusal of any available interview appointment
iii. DFR appointment delay
iv. Explanation of a received Thornton tracking alert
v. Add a program application date and first available appointment
vi. Dates of fiats
vii. Date of death of AG member
viii. Non-tracking reasons

C. The worker will gather all necessary medical evidence in accordance with current policy and forward to MRT along with a Determination of Medicaid Disability - Social Summary (OMPP 251B) completed by the worker

i. The worer will question the applicant regarding the diagnoses early in the interview to determine if their diagnoses will fit the accelerated process. The list of Diagnoses to Consider for Accelerated Review may be found in *Appendix 24 – MRT Accelerated Review Diagnoses below*. If the diagnosis is eligible for accelerated review, proceed to *XXI.E below*. If the diagnosis(es) is not eligible for accelerated review, proceed to the next step.

D. Regular Processing

i. When an examination is required, the worker is to follow the steps below:

1. Give/send the applicant/representative Form 2032 with the "Initial Action Notice to Applicant" (FI-2320) attached. Check Item #1 and enter a deadline for response of 30 days from the date of the letter. The AG member's responsibility at this point is to arrange for the appointment and notify the worker of the date.
2. The medical packet can be given directly to the applicant/representative ONLY if he or she agrees to take the form and give it to the medical provider. The applicant/representative has no obligation to obtain medical records. In most cases, the worker will send the medical packet to the provider. Refer to IPPM 2412.30.05 for further information on required examinations. The medical packet should include:
   a) "Determination of Disability-Medical Information" (OMPP 251A)
   b) "Authorization for Examination to Determine Disability for Medical Assistance" (OMPP 251)
   c) "Authorization for Release of Medical Information", (OMPP 3512) signed by the applicant
   d) "Initial Request to Provider for Records" (FI-2322)
3. If the applicant does not respond by the 30-day deadline, the worker is to send the "Follow-up Action Notice" (FI-2321) to the applicant/representative. Check Item #1 and give a deadline of 10 days from the date of the letter. A response by the applicant is required by the deadline.
   a) At this point in the process, the worker should review the applicant's circumstances if there has been no contact since the interview. There may be a reason such as hospitalization or illness that is the cause for lack of response. A telephone contact should be attempted in addition to sending the 10-day letter.
4. If the worker is notified of the appointment date by the deadline, the OMPP 251 A medical packet is to be sent to the provider. If the applicant/representative contacts the worker by the deadline but

has not yet made an appointment, the caseworker should extend the deadline for another 10 days if the AG member assures the worker that he or she does intend to follow through in complying with the program requirements. The "Follow-up Action Notice" (FI-2321) should be sent to the applicant with the new deadline.

5. If the applicant/representative does not respond by the deadline, the application is to be denied. Reason code 595 is to be used.

ii. If the applicant has received care within past 12 months for his/her disabling condition, the worker should obtain the medical records from the provider(s).

1. When medical records (the OMPP 251 A or existing records) should be obtained, the worker is to follow the steps below for each provider listed by the applicant as giving care for the disabling condition(s):
   a) Send the "Initial Request to Provider for Records" (FI-2322) with a 20-day deadline.
   b) If the records are not received by the deadline, send the "Follow-up Request to Provider for Records" (FI-2323) giving another 20-day deadline. Send a copy to the applicant or representative. *(Return to XXI.E.i.2 below)*
   c) If the records are not received by the deadline, call the provider and ask if s/he intends to complete the request. If the provider says yes, ask when. Extend the deadline, but not more than 20 days. To confirm the conversation, send a 2nd "Follow-up Request to Provider for Records" (FI-2323) giving another 20-day deadline, document the phone call in CLSC. Send a copy of the letter to the applicant or representative.

      If the conversation is with a nurse or receptionist who cannot confirm a deadline but responds as if they do intend to comply with the request, send the 2nd Follow-up Request letter with a copy to the applicant or representative.
   d) If provider says no in Step c) above, they cannot comply with the request, or records have not been received after 2nd "Follow-up Request" (FI 2323) letter, workers are to follow the steps below for receipt of partial records, or receipt of no records.

iii. MRT packet for MA D should include the following:

1. Regional color cover sheet (NE = Green, NW = Orange, EC = Yellow, WC = Blue, SE = Pink, SW = Tan, Marion Co. = Lavender). See *Appendix 25 - MRT Accelerated Review Fax Sheet Example below* for an example.
2. ICES Request for Action routing form printed from screen AEWPR
3. OMPP 251B completed by the worker
4. OMPP 251A and/or pertinent medical records

iv. Partial records have been obtained:

1. Send the medical records to MRT with an explanation on the colored cover sheet that lists the name(s) of providers who did not comply and the number of contacts made to the provider(s).
   a) It is very important that workers inform MRT of the providers who were contacted but did not respond. Otherwise MRT will notice the listing of the provider on the OMPP 251 B and may request the records as an Additional Information (AI) request, thus needlessly delaying the application processing.
2. Await response from MRT who will either issue a decision or request a consultative examination.
   a) If records are later received by DFR, the worker should send a courtesy e-mail to the county office's regional MRT contact person informing him/her that records are being sent. Worker will indicate on the colored cover sheet that attachments are late records.

v. No medical records were obtained after 3 attempts:

1. Send the "Request to Applicant to Obtain Records" (FI-2324) letter to the applicant or representative. This letter explains that providers have not responded and requests the applicant to contact the provider(s) and obtain the medical records. Give a 10 day deadline to contact the worker.
2. If applicant/representative does not contact the worker, deny the application with reason code 595.
   a) Important: This step in the process is not a condition of eligibility being imposed on the applicant to obtain medical records. It is an attempt to engage the applicant's help before telling him or her that it is necessary to undergo an examination. The eligibility condition at this point is the applicant's/representative's cooperation in contacting the worker.
3. If the applicant/representative responds by the deadline and says that the medical provider will provide the records, establish a 20 day deadline for the applicant to obtain and forward the records to the worker. If the applicant does not supply the records by the deadline, the worker should implement Section *XXI.D* of the process again. Indicate on the Form 2032 that the applicant should undergo an examination with a new provider because the first provider did not submit the necessary medical records. The application is not to be denied because the applicant has cooperated.
4. If the applicant responds by the deadline and is unable to obtain the records, the worker should advise applicant to find another provider. The worker should implement Section *XXI.D* of the process again. Indicate on the Form 2032 that the applicant should undergo an examination with a new provider because the first provider did not submit the necessary medical records. The application is not to be denied because the applicant has cooperated.

vi. When MRT requests Additional Information (AI) in the form of a consultative exam or diagnostic testing, worker is to follow the steps below:
1. Upon receipt of the notification from MRT that that AI is needed, send the applicant/representative a FI-2032 with the "Initial Action Notice to Applicant" (FI-2320) attached. Check Item #2 and enter a deadline for response of 60 days from the date of the letter. The AG member's responsibility at this point is to arrange for the appointment and notify the worker of the date.
2. If the applicant does not respond by the 60-day deadline, the worker is to send the "Follow-up Action Notice" (FI-2321) to the applicant/representative. Check Item #2 and give a deadline of 30 days from the date of the letter. A response by the applicant is required by the deadline.
3. If the worker is notified of the appointment date by the deadline, the OMPP 251A medical packet is to be sent to the provider and the steps explained in Section *XXI.D* for the worker to obtain medical records should be followed.
4. If the applicant/representative does not respond by the deadline, the application is to be denied using reason code 595. The supervisor of the case is to send an e-mail to the "Medical Review Team" mailbox stating that the application has been denied. This allows MRT to close their pending case.

vii. If MRT requests AI that can be obtained in the form of existing medical records, the worker is to follow Section *XXI.D.ii* above.

E. Accelerated Processing is a mechanism to identify and process cases which have a diagnosis indicating eligibility for an accelerated review. The accelerated diagnosis(es) should be documented in one of the two formats listed below:

i. The diagnosis (es) should be listed on a medical record or a report issued and signed by a physician or board certified psychologist.
1. If the applicant does not have signed documentation of the diagnosis(es) with them,

a) A Diagnosis Certification Form should be faxed or mailed to the applicant's physician/board certified psychologist.
   i) If the applicant is able, and agrees to do so, they may take the following forms packet to their physician/board certified psychologist. The worker should call the physician/board certified psychologist's office, to verify receipt of the form.

b) Forms to be included in packet to the provider,
   i) "Authorization for Examination to Determine Disability for Medical Assistance," OMPP 251
   ii) Authorization for Release of Medical Information, OMPP 3512 signed by the applicant
   iii) Diagnosis Certification Form may be found in *Appendix 24 – MRT Accelerated Review Diagnoses below*
   iv) Initial Request to Provider for Records letter, FI-2322

2. If the requested medical records are not received by the 20th day after being sent, refer to Section *XXI.D.ii.1.b) above*.
3. When the medical records are received, the following information should be faxed to MRT
   a) The appropriate fax cover sheet. (for an example refer to 17)
   b) The request for action printed from AEWPR.
   c) The Diagnosis Certification Form, and/or other medical records that include the diagnosis, and the physician/board certified psychologist's signature.

ii. MRT will review and make a decision within two business days.
iii. Worker will receive an alert when a decision is rendered.
iv. See *Appendix 24 – MRT Accelerated Review Diagnoses below*

F. An optional tool to assist the worker is the WizPacket. A copy may be obtained from your public assistance field consultant.
G. Guidelines for contacting MRT refer to *Appendix 26 - MRT Guidelines for Contact below*
H. AEMDT Completion
   i. AEMDT will display for Medicaid disability applications, except where the applicant currently has full Medicaid coverage under another program.
   ii. Workers should accurately complete AEMDT for internal management reports and court required Thornton v. Hamilton reporting.
   iii. See *Appendix 1 - AEMDT Completion below*

XXII. Quality Control (QC) Reviews

A. Cases Selected for Review

i. Food Stamp cases selected for review are listed on QCIR. The case sample selection is available on ICES the first working day of the month. Cases should be available for the Quality Control reviewer by noon on the third working day of the month.

1. To view the sample pull for a given month, enter QCIR as the TRAN. The PARM is the review month (mmyy)//county number. For the full sample listing, view QCIR for the current month and the previous month.
2. For the current review month, pull all cases listed on QCIR. Those cases are denials.
3. For the previous month's QCIR, pull all cases that start with "5." Those are positive (open and active) cases. Pull all cases that start with "4" with an "S" in the "A" field. The "A" field is just after the review number on the QCIR screen. Those cases are terminations authorized in the previous month. The cases on the previous month's list that start with "4" but have an "R" after them are the denials pulled in the previous month's sample and do not need to be pulled again.
4. Check the case to make sure everything is in order.
5. Include filing from "tickler files" or "change folders" when you give the hard copy case record to QC.
6. Include the IMPACT file if the case members have had IMPACT sanctions.
7. Document unusual budgeting or household situations in CLRC. QC can only review benefits authorized as of the review date (first day of the review month), but a few words in CLRC can help explain why the worker handled the situation a certain way.

ii. A list of Medicaid cases selected for review will be sent to the local office via email on the first working day of the month. Cases should be available for the Quality Control reviewer by the fifth working day of the month.

1. Check the case to make sure everything is in order.
2. Include filing from "tickler files" or "change folders" when you give the hard copy case record to QC.
3. Document unusual budgeting or household situations in CLRC. QC can only review benefits authorized as of the review date (first day of the review month), but a few words in CLRC can help explain why the worker handled the situation a certain way.
4. If a case is found to be correct or listed in error/dropped, the local office will be notified via email.

B. Responding to Error Referrals – Admn letter re: client contact

i. If the case is a "No Error" case, no response is required from the local office. The referral may contain "Additional Information" regarding changes or unreported information that might require action by the worker.

ii. If the case is an error, the error referral is faxed to the Local Office director or designee. The Local Office has five days to review the error and concur or non-concur with QC's findings.

iii. If the Local Office non-concurs with the QC findings, a detailed description and supporting documentation or verification to dispute the error should be sent with the non-concurrence.

1. Local offices can *not* re-contact clients or collateral sources utilized by QC during the review process. Rather, local offices can *only* use items found in the case record, or collateral maintained in a separate local office file (e.g., an accordion file for pending 2032's). For example, if there is a separate maintenance issue and QC has talked to household members or potential household members regarding the issue, local offices can *not re*-contact these same people on a non-concurrence. If, for example, QC obtains an employer's statement, and the local office disagrees, the local office can *not* re-contact the employer during a non-concurrence. Local offices can notify

QC via the non-concurrence that they disagree (e.g., a math calculation) with the finding, but they can not re-contact the source used by QC. Again, only information in the case record, or collateral maintained in a separate local office file can be utilized on a non-concurrence.

iv. If QC determines that benefit recovery is necessary, the worker will receive an alert and should compute the claim. The Local Office claim may include other months besides the QC sample month depending upon the error and the timeframes.

C. Food Stamp Management Reviews

i. The local office will be notified in writing of their participation in the Management Review.

ii. Local offices will receive detailed instructions as to the review process, staff interviews and case file reviews.

iii. If a case is deficient, the local office will take immediate action to correct the case.

iv. If non-case specific elements are discovered to be deficient the local office will take immediate steps to correct the issue.

XIII. Random Moment Sample (RMS)

A. Procedure

i. Randomly each quarter, individuals in the sample will receive an email notifying them they have been selected for sampling.

ii. You will receive the email at the specified sample time; unless you are working in an office that is one hour behind Indianapolis' time zone.

1. If you are, you will not access the observation form until the sample time specified in the text of the e-mail. The sample time will be approximately one hour after you received the e-mail.
2. Your response to the observation should reflect what you were working on at the sample time specified in the text of the e-mail; not what you were working on when you received the e-mail.

iii. You will have two (2) business days from the time you receive the e-mail notification of sampling to access and complete the Intranet form.

1. Participants, who have not completed their observation form within one business day, will receive a reminder telephone call from Sequoia Consulting Group RMS staff.
2. RMS Coordinators will receive an e-mail listing staff, who have not completed their observation, on the second business day and should facilitate completing the missed RMS moment.
3. If you are unable to access the Intranet at the time of a sample to complete the observation form, please contact the RMS contractor at 1-800-429-4218, extension 226 to complete the observation.
   a) The office hours of Sequoia Consulting Group are Monday – Friday, 8:00am to 5:00pm. Official State of Indiana holidays are also observed by Sequoia Consulting Group personnel. You may call before/after Sequoia's office hours and leave your RMS response on Sequoia's automated voice mail. When doing so, please speak slowly and clearly when giving your response, making sure to include the six pieces of information shown in Step 5 below, and your phone number
4. If you try to access the form after two (2) business days, the Intranet form will prompt you to contact the RMS contractor, Sequoia Consulting Group, by phone or e-mail (1-800-429-4218, extension 226, or RMS@SequoiaCG.com) to complete the sample.
5. When contacting the RMS contractor, or when replying to a voice mail message from Sequoia Consulting Group regarding a RMS sample, please provide the following information:
   a) sample group (IM/DFR or SS/DCS)
   b) the reference number indicated in the e-mail (sequence number from 1 to 2,750)
   c) your name
   d) the case number or identifier (if working on a case)
   e) the program or service area; and
   f) the activity

iv. Your response to the sample needs to reflect what you were doing at the randomly selected moment in time specified in the text of the email message and the Intranet observation form.

v. Respond to the sample according to the IMRMS observation form on the Intranet and the appropriate observation form instructions.

1. A copy of the instructions may be obtained from your office's RMS coordinator or they may be found in the Public Folders.

vi. When completing the Intranet observation form, the service (program) and activity sections need to be completed. If working on a case at the selected time, complete the case ID or number section also.

1. If you are unsure of the appropriate response, discuss the question with the RMS contractor, the RMS coordinator in your county, or your supervisor.

2. If you were on sick, vacation or other approved leave, you will need to follow-up with the RMS contractor directly to complete the RMS sample when you return.
   a) Please note the correct Program code to reflect leave time is '495' – Not Program Related.
3. If the program/activity code you select is not a valid combination, you will be contacted by the Sequoia Consulting Group RMS staff to help correct the sample. Any corrections made, are required to be confirmed by sending you an e-mail noting the changes. If the changes made are correct, you do not need to respond to that e-mail.

vii. You will be unable to correct an erroneous response on an Intranet observation form after it has been saved. To correct an erroneous response, you should contact the RMS contractor, Sequoia Consulting Group.

viii. An optional field for comments is included on the Intranet observation form and should be utilized when further explanation may be required to accurately describe your activity.

B. Questions or concerns may be addressed to Sequoia Consulting Group RMS Administrator via phone at 1-800-429-4218, extension 226 or via e-mail at RMS@SequoiaCG.com.

C. See *Appendix 29 - Random Moment Sample below*

XIV. Record Retention

A. If the item (an original, a copy, printout, etc) was used to determine an AG member's eligibility, it should be retained. Examples include:
   i. An original letter from SSA that verifies the AG member's SS benefit is used to help determine the FS benefit, it should be retained.
   ii. A handwritten note that was made by the worker to help determine the eligibility of benefits.
   iii. If there are several copies of the same item, one should be retained. i.e. Birth certificates for the same person.
   iv. If a piece of mail is received by the local office for a AG member's case, especially if it has been date stamped, it should be retained.
   v. If an envelope has a yellow change-of-address label, it should be retained in the file.

B. A printout of an ICES screen can be destroyed.

C. A case file cannot be destroyed. The "Life of the Case" is forever and should be retained in hard copy form.

D. Refer to *Appendix 32 - Records Retention* for retention schedule

E. Forms are located online at the links below, or may be ordered from the Forms Distribution Warehouse
   i. State Form 16, Records Destruction Notification; *www.in.gov/icpr/webfile/formsdiv/00016.pdf*
   ii. State Form 23628, Records Center Record Transmittal and Receipt; *www.in.gov/icpr/webfile/formsdiv/23628.pdf*
   iii. State Form 48883, State Archives Record Transmittal and Receipt; *www.in.gov/icpr/webfile/formsdiv/48883.pdf*

XXV. Referrals to Agencies

A. Each office will appropriately refer all applicants/recipients to all community resources
B. Document referral in CLRC

XVI. State Forms

A. Assure that all forms are available and accessible to staff

B. (see *Appendix 35 - State Forms below* for all forms)

XVII. State Programs

A. HCI (Hospital Care for the Indigent)

i. Applications should be registered in the HCI On-Line system immediately upon receipt. *http://fss00it29/HCI/HCILogin.asp*

ii. Documentation submitted with an application should be reviewed to determine if an interview is needed.

iii. When interview is waived and all required documentation is included with the application, the Local Office should determine financial eligibility no later than the 45th day after the date of application, and issue the Certificate of Action (COA). If information is missing or the worker wants to contact the applicant to confirm or clarify, the steps for requesting information below should be followed.

1. A phone or office interview is scheduled, if needed.
2. The worker will determine the missing documentation and give, or send the first letter requesting the information. Forms may be found in the HCI manual.
3. If information is received within deadline, DFR will determine eligibility no later than the 45th day and issue a COA. If the information is not received, DFR will send the Final letter no later than the 45th day stating a 10-day deadline. If information is not received by the 55th day, the application will be denied. If the information is received timely, DFR should determine eligibility and issue a COA within 10 days.

iv. HCI Manual: *http://www.in.gov/fssa/programs/healthcare/hcimanual.html*

v. HCI Application: *http://www.in.gov/icpr/webfile/formsdiv/27097.pdf*

B. Burial Assistance

i. See IPPM 4800.00

ii. Receipt of FM0033 Application and Claim for Funds to Defray Burial Costs Medicaid Aged, Blind, and Disabled Recipients. *Note, at present funding for TANF burial assistance has been suspended.

iii. Verify the deceased was Medicaid Aged, Blind, or Disabled eligible at the time of death.

iv. Local offices will not be required to determine whether the deceased person had sufficient resources to cover the cost of funeral/cemetery expenses before approving a claim to be sent to the Central Office, except for consideration of a pre-paid funeral trust. The claim to the State is payable based on what was paid or will be paid to the claimant. Amounts expended by the state for burial assistance will be a preferred claim against the person's estate.

v. Enter information into CMS and generate Internal Requisition form, obtain required signatures, and send recommendations for payment of funeral and cemetery expenses of deceased recipients of Medicaid for the Aged, Blind, and Disabled are to be submitted for payment to FSSA Financial Management, PO Box 7128, County Reimbursement, Indianapolis, Indiana 46207-7128.

C. RCAP (Residential Care Assistance Program-ARCH/RBA)

i. See *Appendix 30 - RCAP (Residential Care Assistance Program-ARCH/RBA) below*

D. CSHCS (Children's Special Health Care Services)

i. DFR initiatates and/or receives Combined Enrollment Form (State Form 49006)

ii. DFR should determine the eligibility for any Medicaid program concurrently with the CSHCS application.

iii. A telephone or office interview is conducted.

iv. DFR collects all eligibility verifications.

v. The application and all verifications are forwarded to Children's Special Health Care Services, Indiana State Department of Health, 2 North Meridian Street, Section 7-B, Indianapolis, Indiana 46204., attn: Eligibility Division, who will determine eligibility and notify applicant.

vi. See *Appendix 5 - Children's Special Health Care Services below*

XVIII. Supervisory Functions

A. Second Party Reviews (SPR)
   i. Recommended on all earned income Food Stamps cases and all cases completed by novice workers.
   ii. Supervisors will review the applicable elements using ICES review driver AEREV
   iii. Return the case with any discrepancies noted, screen SPLOG may be used
   iv. Follow-up with worker to ensure that the corrections were made
   v. Update SPR screens and terminate the review driver by completing the driver or using TRAN: AETRV. *Note, AEREV may be terminated by anyone with update capability on the case.

B. Fiat
   i. Refer to Section *III.D on page 17*.
   ii. Verify the necessity of the fiat
   iii. Assure documentation appears in CLRC supporting the need for the fiat
   iv. Complete the fiat screens (see *Appendix 13 - Fiats*)

C. Auxiliary (Aux)
   i. Refer to Section *III.E on page 18*.
   ii. Verify the necessity of the aux
   iii. Assure documentation appears in CLRC supporting the need for the aux
   iv. Approve or cancel the aux on BIOR

D. Under Issuances
   i. Refer to Section *III.F on page 18*.
   ii. Verify the necessity of the under issuance
   iii. Assure documentation appears in CLRC supporting the need for the under issuance
   iv. Approve or cancel the aux on BIOR

E. Duplicate RIDS
   i. Access limited to designated personnel *(see Appendix 11 - Duplicate RIDS)*

F. Demographic Corrections
   i. Access limited to designated personnel *(see Appendix 10 - Demographic Corrections (AEOFX))*

G. Troubleshooting
   i. Supervisor will use all available resources to resolve policy issues before calling the Help Desk
   ii. PAL and Help Desk access limited to designated personnel
   iii. Call the Help Desk if unable to resolve the issue (1-800-847-5563) or email the Policy Answer Line (PAL) at PAL@fssa.in.gov
   iv. All issues regarding computer hardware, software or network system user problems call 1-800-382-1095
   v. Act as MRT liaison *(see Appendix 26 - MRT Guidelines for Contact below)*

H. Caseload Management
   i. Monitor and resolve alerts (CLWA) of staff and self daily. To have control over your workload you should have control over your alerts. Set your priorities, alerts should be at the top of the list. See *Appendix 2 – Alerts Supervisor below* or *Appendix 3 – Alerts Caseworker below*.
   ii. Equalize caseloads periodically, the following tools may be used
      1. IQRE
      2. CLCA
   iii. Monitor COGNOS reports
      1. Access limited to designated personnel
      2. Access

a) Direct link: *http://fss00cg1/cognos/cgi-bin/upfISAPI.dll* (may also be accessed through the "Indiana Family and Social Services Administration Intranet" home page.)
b) Click on ICES Reports, Your Region, Your County's Name, and then Monthly Reports

3. Recommended "Policy Management" Reports
   a) GRP505RA Application Pending Detail: identifies the number of days an application (FS, TANF or Medicaid) has been pending. It is most useful in keeping track of applications which have been pending in excess of 60 days, 120 days, or more to assure application timeliness is met. {Refer to IPPM 2020.00.00 through 2020.20.10}
   b) GRP102RA Detail Application Report: identifies applications in application registration. {Refer to IPPM 2020.00.00 through 2020.20.10}
   c) GRP518RA Redetermination Overdue Summary: a quick snapshot detailing the number of overdue redeterminations broken down by unit and worker. GRP517RA will list the specific cases and their redetermination month. {Refer to IPPM 2205.00.00 through 2210.05.10}
   d) GRP592RA SSN Applications Aged 90+ Days and Active: identifies active recipients who do not have an SSN entered on AEIID, and have received benefits in excess of ninety days. {Refer to IPPM 2404.00.00 through 2404.30.05}
   e) GRP506RB Disability Application Disposition Detail: identifies the MA D/DW applications which have been authorized and which should, with a few exceptions, be accounted for on your monthly Thornton vs. Hamilton Tracking Report. {Refer to IPPM 2020.15.00, 2020.20.00 and 2020.20.10}
   f) GRP594RA Enumeration Listing SSN Entries With Non-DE Verified Codes: identifies individuals entered on AEIID and who do not have a data exchange verified SSN. {Refer to IPPM 2404.30.05}
   g) GPR535RA Unearned Income Types – Annual Worker Review Report: identifies the annual pension increases for recipients receiving Veterans, Railroad Retirement and/or Black Lung benefits.
   h) GRP685RA Medicaid Report—Spend down/Liability: this report is broken down by case load and identifies the spend down and liability amounts of recipients. It would be necessary should ICES be down and a provider would need to know a recipient's spend down or liability amount.
   i) GRP598RA Individuals Beginning Sanctions for IMPACT, IV-D, Voluntary Quit: identifies recipients who are sanctioned for either IMPACT or IV-D non-cooperation, or voluntary quit. This report would be useful as an additional safeguard in identifying individuals who may be full family sanctioned from TANF, and who would need IMPACT intervention to keep this from happening.
4. Recommended "Data Exchange" Reports
   a) GDE020RA Overdue Compliance Tracking: it identifies DECT alerts which are overdue and have as yet had no action taken upon them. Critical alerts such as New Hire, UI, SDX, UUIDX, BEERS, etc.
   b) GDE946RA Buy-In Error Report: identifies individuals whose Buy-In was terminated.
   c) GDE846RA SSA BRICOLA Report: identifies recipients listed in ICES as receiving benefits from SSA and for whom we do not receive the annual data match in December from SSA.
5. Recommended "Work Program (IMPACT)" Report
   a) GWP090RA IMPACT Caseload Report: identifies individuals on the IMPACT workers "IMPACT Case Maintenance" (CLIM) list. It is useful as a double check of a recipient's current status (referred, scheduled, assessment, component, job), and a prompt to assure

referred individuals are scheduled, scheduled individuals do not remain scheduled for an extended period of time, etc..

iv. Arrange coverage for vacancies or absences. Vacant caseloads should be redistributed when possible.
v. Intra-county and inter-county cases should be assigned daily using CLCA
vi. Monitor redetermination timeliness monthly
   1. Use IQRE
   2. COGNOS Report GRP518RA - Redetermination Overdue Summary: a quick snapshot detailing the number of overdue redeterminations broken down by unit and worker. GRP517RA will list the specific cases and their redetermination month. {Refer to IPPM 2205.00.00 through 2210.05.10}
vii. Monitor client scheduling
   1. Assure that a sufficient number of appointment times are available to meet processing guidelines
      a) Expedited appointments should be scheduled within six days of the application date
      b) Initial/Re-applications/Add a Program appointments should be scheduled within two weeks, when possible
      c) Redetermination appointments should be scheduled within the month due
      d) IMPACT
         i) ABAWD recipients should be assessed and assigned to an activity(ies) within thirteen (13) calendar days of authorization
         ii) TANF recipients should be assessed and assigned to an activity(ies) within thirty (30) calendar days of authorization
viii. Monitor application timeliness
   1. COGNOS Report GRP102RA - Detail Application Report: identifies applications pending in application registration. {Refer to IPPM 2020.00.00 through 2020.20.10}
   2. COGNOS Report GRP505RA - Application Pending Detail: identifies the number of days an application (FS, TANF or Medicaid) has been pending. It is most useful in keeping track of applications which have been pending in excess of 60 days, 120 days, or more to assure application timeliness is met. {Refer to IPPM 2020.00.00 through 2020.20.10}

I. Personnel Issues
   i. Supervisory training is available through FSSA http://intranet.fssa.state.in.us/mgmttrain.htm
   ii. Participate in the hiring of new staff
   iii. Assure adequate coverage of all functions of the office
   iv. Approve time off assuring adequate coverage, paying particular attention to holidays
   v. Process time sheets
   vi. Fact Files
      1. Performance appraisals should be completed annually, or more often as needed
      2. Progressive discipline, when appropriate
      3. Positive staff recognition
   vii. Participate in the termination of staff
   viii. Mentoring of staff
   ix. Training of staff
   x. Training on random moment sampling. May be found in Public Folders/All Public Folders/FSSA/DFR/Random Moment Surveys).
   xi. Annual civil rights training. May be found in Public Folders/All Public Folders/FSSA/DFR/Public Assistance Training/Eligibility/Civil Rights).
   xii. Annual IRS Safeguard Training (refer to IPPM 4425.00.00 – 4425.10.00 and Public Folders/All Public Folders/FSSA/DFR/Public Assistance Training/Eligibility/IRS Safeguards)

J. Meetings
   i. Attend policy consultant's meeting
   ii. Disseminate policy/procedures to staff no less than monthly
   iii. Disseminate administrative letters/bulletins/transmittals
K. Security Coordinators Handbook
   i. See *Appendix 33 - Security Coordinator's Handbook)*
L. Special Assignments

XIX. Transferring of Intra-County and Inter-County Applications and Cases

A. Transfer Preparation Work
   i. After notification (telephone call from applicant/recipient, email from another county, etc.) that the applicant/recipient has relocated, determine if specific individuals, or the whole household is affected.
   ii. For separation of assistance groups (AG) (refer to IPPM 2240.00.00)

B. Inter-County Transfer – Open AG
   (Inter-county transfers would be a result of an address change)
   i. Sending
      1. Change the address on AEICI
      2. Check to see if the case is pending
      3. Document in CLRC the source of the address change and any pending information
      4. Access AEOTR and transfer the case to the receiving county
      5. Mail the hard copy case to the receiving county
   ii. Receiving
      1. Case will be received by inter-county transfer coordinator
      2. Coordinator will assign case to the appropriate individual after checking IQAI
      3. CLRC should be read by receiving individual
      4. Proceed to change processing, if applicable

C. Inter-County Transfer – Application
   (Inter-county transfers would be a result of an address change)
   i. Sending
      1. Change the address on ARAD
      2. Invoke AECSQ
      3. Complete AEICI
      4. Document in CLRC the source of the address change and that you have invoked the AE driver solely for the purpose of transferring the application
      5. Access AEOTR and transfer the case to the receiving county
      6. Mail the application to the receiving county
   ii. Receiving
      1. Application will be received by inter-county transfer coordinator
      2. Coordinator will assign application to the appropriate individual after checking IQAI
      3. CLRC should be read by receiving individual
      4. Resume application processing

D. Intra-County Transfer – Open AG
   (Intra-county transfers may be necessary to equalize caseloads, to combine cases residing at the same address, etc.)
   i. Check to see if the case is pending
   ii. Document in CLRC the source of the address change, any pending information and, if applicable, the reason for the transfer
   iii. Access CLCA and transfer the case to the worker
   iv. Transfer the IMPACT case, if applicable, via CLIM
   v. Send the hard copy case to the worker
   vi. Receiving worker will combine the received case with their existing case
   vii. A courtesy email will be sent to the receiving worker and their supervisor

E. Intra-County Transfer – Application
   i. Document in CLRC the reason for the transfer

ii. Access CLCA and transfer the application to the worker
iii. Send the hard copy application to the worker
iv. A courtesy email will be sent to the receiving worker and their supervisor

# Appendices

1. Appendix 1 - AEMDT Completion

*(Return to XXI.H above)*

Below is an example of AEMDT. For explanation purposes the screen will be broken into sections.

```
AEMDT       INDIVIDUAL MEDICAID DISABILITY TRACKING         09/25/06 08:14
  LAST ACTIVITY DATE: 07/21/06                                MSS019 J TEST/CARTW
  NBR FIRST     MI LAST NAME  SUF   SSN         DOB       SEX RACE     RID
  01  WASHINGTO   IRVING                        02/12/50   M   W   300069784199
                                              NON-TRACKING REASON: __
          APPLICATION DATE: 07/21/06     FIRST APPOINTMENT OFFERED: 07/21/06
      FINAL INTERVIEW DATE: 07/21/06 CLIENT DELAY DAYS:   0 DFR DELAY DAYS:   0
  ------------------------------------------------------------------------------
    1ST CLIENT LETTER SENT: 07/21/06      1ST PROVIDER LETTER SENT: ________
  TOTAL DAYS TO REQUEST MED INFO:   0                        DFR DELAY DAYS:   0
  ------------------------------------------------------------------------------
  FINAL PROVIDER INFO RCVD: 07/21/06
  TOTAL DAYS TO COLLECT MED INFO:   0 DFR PROCESSING DAYS:   0   C/P DELAY:   0
  ------------------------------------------------------------------------------
    MED PACKET SENT TO MRT: 07/21/06    MED PACKET RECEIVED BY MRT: 07/21/06
  AI REQUEST BY MRT: 09/22/06 AI SENT TO MRT: ________ AI RCVD BY MRT:
  TOTAL DAYS TO COLLECT AI INFO:   3  DFR PROCESSING DAYS: ___   C/P DELAY:
   MRT FINAL DECISION DATE:
       MRT PROCESSING DAYS:   0   MRT DELAY DAYS:   0
        AUTHORIZATION DATE:            CASE/CAT/SEQ: 3000314330  MA D 01  PEND
    TOTAL DAYS:    0  DFR DELAY:    0  MRT DELAY:    0  CLIENT/PROV DELAY:    0
   AGENCY DELAY:    0
  NEXT TRAN: ________ PARMS: ____________________________________________
```

**Section One**

```
AEMDT       INDIVIDUAL MEDICAID DISABILITY TRACKING         09/25/06 08:14
  LAST ACTIVITY DATE: 07/21/06                                MSS019 J TEST/CARTW
  NBR FIRST     MI LAST NAME  SUF   SSN         DOB       SEX RACE     RID
  01  WASHINGTO   IRVING                        02/12/50   M   W   300069784199
                                              NON-TRACKING REASON: __
          APPLICATION DATE: 07/01/06     FIRST APPOINTMENT OFFERED: 07/01/06
      FINAL INTERVIEW DATE: 07/21/06 CLIENT DELAY DAYS:   3 DFR DELAY DAYS:   7
  ------------------------------------------------------------------------------
```

Non-Tracking Code

Some cases are not required to be tracked, those cases are essentially ones where the application is not really "new" and thus there should be no delay in authorizing the assistance group. The worker is taking the action to correct a previous action. The non-tracking reasons are listed on TNTR. An explanation follows.

MH MOVED FROM ONE HOUSEHOLD TO ANOTHER

*This is used when the worker makes an error and closes the previous Medicaid category in a case prior to the opening of the Medicaid disability category. It is only to be used when there is no gap in full category Medicaid coverage. If the individual remains in the same case (or another one) and the worker leaves the old Medicaid category open while MA D pends the screen will not come up. It can never be used for an application where the individual has not had Medicaid eligibility.*

R1 RESCINDING DENIED APPLICATION

*This is used when the worker determines an error was made at the time of denial and he is opening the Medicaid Disability assistance group to correct that error.*

R2 RESCINDING DISCONTINUANCE

*This is used when the worker determines an error was made at the time of closure and he is opening the Medicaid Disability assistance group to correct that error.*

R3 RESCINDING DENIAL DUE TO FAIR HEARING DECISION

*This is to be used when the client has appealed a denial decision and the hearing officer has instructed the county to open the assistance group.*

R4 RESCINDING DISCONTINUANCE DUE TO FAIR HEARING DECISION

*This is to be used when the client has appealed a closure decision and the hearing officer has instructed the county to reopen the assistance group.*

R5 RESCINDING DISCONTINUANCE DUE TO TIMELY APPEAL

*This is to be used when the client has appealed a closure decision within the time frame and continuing benefits are necessary pending the hearing.*

The primary purpose of section one is to collect the information regarding the timeliness of scheduling initial appointments. DFR management has set a goal of scheduling appointments within ten days of the application date when there are no client caused delays. The application date is entered on AEMDT based on the worker entry of the application date on AEFPY. It is imperative that this date be correct as it is the basis for the calculations for the court and many of the individual steps.

If the worker uses client scheduling as instructed and marks client and DFR delay the system will calculate this section for the worker.

If the worker does not use client scheduling,they should calculate the number of days between the final appointment date and the application date. If that number is greater than 10, they should enter the number of days the client caused delay in that process. After entering the days of client delay on the screen the worker should off-line subtract the number of days of client caused delay. If that number is greater than 10, should attribute the days greater than 10 as DFR delay days and enter that number on the screen.

In the example, the client applied on 7-1, and was offered an appointment on 7-1. There are 20 days between the application date and the final appointment date. The client caused three days of delay. This makes the number of days after subtracting client delay days from 20, 17. If you subtract 10 from 17, you get 7 so this becomes the number of DFR delay days.

**Section Two**

```
  1ST CLIENT LETTER SENT: 07/21/06      1ST PROVIDER LETTER SENT: ________
TOTAL DAYS TO REQUEST MED INFO:  20                        DFR DELAY DAYS:   0
-------------------------------------------------------------------------------
```

The primary purpose of section two is to collect data to determine how long it took the DFR to send the first request for Medical information. The system looks at the application date and compares it to the date entered in the `1ST CLIENT LETTER SENT` or `1ST PROVIDER LETTER SENT` field. If that number is greater than 20 days after subtracting any client delays that were listed in section one, the difference between 20 days and that number is attributed to the DFR delay days.

In the example above the request for Medical information was sent within 20 days even though there was both client and DFR delay in scheduling the appointment.

This 20 day standard was set by the court and is part of the court report.

**Section Three**

```
FINAL PROVIDER INFO RCVD: 09/21/06
TOTAL DAYS TO COLLECT MED INFO:  62 DFR PROCESSING DAYS:   0   C/P DELAY:   0
-------------------------------------------------------------------------------
```

This section is for the calculation of how long it took to get Medical information from the requested date to the final date for receiving the Medical information. In the above example it took 62 days to get the Medical information. That is 42 days over the standard so those 42 days should be attributed to DFR PROCESSING DAYS or C/P DELAY. DFR processing days are days that the DFR delayed doing the required action-in this case timely sending notices.

First example:
The worker sent the first request to the client and got the needed information on the 30th day. They sent the request to the doctor on that date. When the Medical information was received on the 12th day from that date there were no DFR processing days and all the days greater than 20 would be C/P delay or 42 days in this case.

Second example:
The worker sent the first request to the client and got the needed information on the 30th day. They sent the request for Medical information to the doctor 10 days later. There are 10 DFR processing days. When the medical information is received two days later, and the calculation is done, it took 62 days to collect the Medical information-20 days are allowed, and there were 10 days of DFR processing time so 32 days of client/provider delay.

Please note that every time the DFR does not do something when they are supposed to do so, the DFR processing days are increased by that time frame until the Medical information is received.

**Section Four**

```
      MED PACKET SENT TO MRT: 07/21/06    MED PACKET RECEIVED BY MRT: 07/21/06
AI REQUEST BY MRT: 09/22/06 AI SENT TO MRT: ________ AI RCVD BY MRT:
TOTAL DAYS TO COLLECT AI INFO:   3  DFR PROCESSING DAYS: ___   C/P DELAY:
 MRT FINAL DECISION DATE:
     MRT PROCESSING DAYS:   0   MRT DELAY DAYS:   0
```

The DFR is expected to send the Medical packet to MRT on the date when the final Medical information is received. Failure to do this adds to DFR processing time.

The date the Medical packet is received in MRT is entered on AEOMD by the MRT. Once MRT has received the packet, their time frame begins. The first action they take may be to request additional information (AI). If they do this a date is entered on AEOMD. The worker gets an alert and an e-mail from MRT.

The process for determining DFR processing days for AI is much the same as for Medical information. As long as the worker sends the request for AI when they are supposed to do so and follows up when they are supposed to do so there are no DFR processing days, but if they fail to do the initial requests and follow-ups when they are supposed to do they should count those delay days on their part and enter them into the DFR processing days. Days for the collection of AI are attributed to client/provider delay as long as the DFR does what it is supposed to do and there are no DFR processing days. If there are processing days, that number is subtracted from the days to collect AI and the rest are attributed to C/P delay.

The second action that MRT may take before or after receiving any AI is to make a decision regarding the Medical eligibility of the applicant.

MRT has 43 days to make a decision from the receipt of the Medical packet to decision, minus any time from the AI request to the sending of AI, as it is all either C/P delay or DFR processing time. The system counts the number of days it takes MRT to process the application and displays it as MRT processing days. If that number is greater than 43 the system will display MRT delay days.

**Section Five**

```
      AUTHORIZATION DATE:            CASE/CAT/SEQ: 3000314330  MA D 01  PEND
   TOTAL DAYS:    0  DFR DELAY:    0  MRT DELAY:    0  CLIENT/PROV DELAY:    0
  AGENCY DELAY:    0
 NEXT TRAN: ________ PARMS: ____________________________________________
```

Section Five determines final calculations and makes a determination of whether or not FSSA has processed an application within 90 days. The system will display the authorization date when an assistance group is authorized on AEWAA. The expectation is that the assistance group will be authorized when MRT has made a decision-either approval or denial.

The system calculates the total days from application date to authorization. DFR delay is calculated by taking the number of days to process the application, subtracting MRT processing days and client/provider delays and then comparing that number to 47. Any days in excess of 47 are DFR delays.

MRT delays are the number of days MRT exceeds 43.

Client/Provider delay is totaled.

Agency delay takes the total days from application to authorization and subtracts client/provider delay. The remainder is compared to 90. The difference is agency delay.
Any assistance groups that have agency delay are reported to the court as such.

2. Appendix 2 – Alerts Supervisor
*(Return to Alerts on page 7 or Caseload Management above)*

# Supervisor Survival Facts

**S**upervisor's work is never done.

**U**nderstand the steps necessary for workers to process alerts.

**R**eview alerts daily. Take steps to process alerts for absent workers.

**V**ariety is the spice of life but less is better when it comes to alerts.

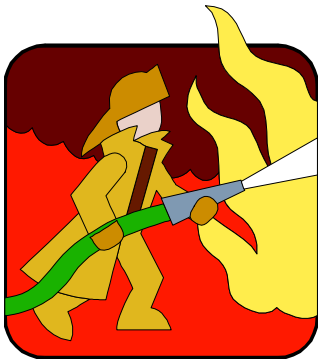
**I**nitiate a plan for those workers struggling with alerts.

**V**enture with alerts is not good – Plan, don't risk disaster.

**A**lerts relate to something a worker has done, should do, or will need to do.

**L**essen your work by overseeing time management skills of your workers.

**To use this document, click on the binocular icon. Type in the alert number and use the "enter" key or click on the word "find."**



# Supervisor Alerts

## 005 RUN AEABC – EXPLORE FS IMMG ELIG

Generated at the end of the month for a qualified legal immigrant in a Food Stamp AG who has been in the US for five years.

Run AEABC and authorize the assistance group.

Auto deletion.

Priority 0 alert to the worker and supervisor.

## 201 REDETERMINATION PAST DUE

Generated when a redetermination was not completed by invoking AEORE.

Schedule an appointment and complete redetermination or take appropriate action.

This alert may be generated for ICES cases composed solely of one or any combination of the following Medicaid AGS: MA X, MA M, MA N, MA F. If so, TRAN: AEORE, and change, if necessary, redetermination month / year on AEWAA to correspond to the last month of eligibility for the Medicaid AG (Example: MA X child was born 3/7/02. On 10/1/02 the worker gets an alert that redetermination is overdue for 9/02. The only AG on AEWAA is the MA X. Make sure the date at the top of AEWAA screen is 032003.)

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 205 APPL MOVED TO CLOSED FILES

Generated at the end of the month by closed file processing and received on the 1st of the month.

Indicates that an application (AR) was denied in the previous month on ARAD and has been transferred to the closed file caseload.

Review for 30 day processing rules if reason code 585 was used.

Transfer paper case to the closed file storage area.

Manual deletion.

Priority 3 alert to supervisor.

**210** AGE 18 IN TANF - RUN AEABC

Generated when the individual is turning 18 years of age between 2nd of the effective month and 1st of the following month (ADCR, ADCU, ADCI).

If AEABC has not been run (AEWAA will appear protected) do so and authorize.

**Auto deletion.**

**Priority 0 alert to the worker and supervisor.**

## 212 WARD OVER 18 – ACTION REQUIRED

**Generated when the individual turned 18 the previous month and the MA 4 or MA 8 remains open.**

Check with the worker.

Manual deletion.

Priority 0 to the supervisor.

**298** BENEFIT NOT USED FOR 90 DAYS

**Generated when the EBT benefit has not been used for 90 days.**

Send an Inactive Account letter to the AG. The letter can be located in the EBT Policy Guide that is in the Public Folders. Appendix E has a letter that can be used.

If the AG reports a change, take appropriate action. If the AG does not respond, no action is necessary.

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 308 IV-D GOOD CAUSE OVERDUE

**Generated 45 days after a TANF caretaker relative has requested exemption from cooperation with child support enforcement (screen AEIAC) and no resolution has occurred.**

The evidence to support / substantiate the client's claim for good cause is sent to Family Independence Section, TANF Policy for a decision to approve or deny the request.

Review the case record for the date documentation was sent to TANF Policy.

If there is no response from TANF policy in 45 days, the local office should contact TANF Policy.

If TANF Policy denies good cause request, contact client via 2032. Client should decide to cooperate or not cooperate. Update the "Co-op?" field on AEIAC as appropriate.

Non-cooperation will result in a IV-D sanction (loss of individual's portion of TANF benefit and Medicaid in the MA C AG).

**Manual deletion.**

**Priority 1 alert to the worker and supervisor.**

**311** HEARING DECISION COMPLETE

**Generated when hearing decision entered by state hearing staff on HEDE.**

Hard copy of decision will be mailed from state hearing staff to both client and worker.

Action on receipt of appeal decision will depend on status of case at time of appeal:

1. Application denied - county action upheld - no action needed.
2. Application denied - client won appeal - rescind denial pursuant to hearing decision.
3. Adverse action taken - appeal by client after 13 days from date of notice – county action upheld - no action needed.
4. Adverse action taken - appeal by client after 13 days from date of notice - client won appeal - restore benefits pursuant to hearing decision.
5. Adverse action taken - appeal by client within 13 days from date of notice – county decision upheld - re-enter information that was removed due to timely appeal and initiate benefit recovery.
6. Adverse action taken - appeal by client within 13 days from date of notice – client won appeal - no action needed.

**Manual deletion.**

Priority 1 alert to the worker, supervisor, and county hearings coordinator.

## 313 CHILD TURNED 1-NO ACTION TAKEN

Generated when a child turned age 1 in an MA Y or MA X category in the previous month and action has not been taken.

Check with the worker to see why the action has not been taken.

Manual deletion.

Priority 0 alert to supervisor.

## 326 RE EXAM / PROGRESS REPORT OVERDUE

Generated if the re-exam / progress report has not been received or a decision entered on AEOMD by the MMRT by the due date on AEOMD.

1. Has client been to doctor with medical packet? If yes, need to contact doctor to expedite return of medical report; or
2. Medical report and social summary have been sent to MMRT. How long has it been since they were mailed? Should your supervisor contact MMRT?

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 329 IMPACT ACTIVITY IS DEFERRED

Generated when the client is deferred with reason code of other on WPAS.

Review use of the Other reason code with the FCC worker.

Manual deletion.

Priority 2 alert to supervisor.

## 330 TANF SUPP SERVICES NEED REVIEW

Generated when TANF IMPACT Supportive Services Exceed $200.

Review the Supportive Services authorized by FCC worker.

Manual deletion

Priority 1 alert to supervisor.

## 344 NEW HIRE MATCH NOT COMP - DECT

Generated 10 days from the match date if the new hire has not been documented on DECT.

Document in CLRC the reason why DECT has not been completed.

Auto deletion.

Priority 0 alert to the worker and supervisor.

## 354 PRISONER MATCH NOT COMP- DECT

Generated 15 days from the match date if the Prisoner Match has not been documented on DECT.

1. TRAN: DEPM, using the RID number form the alert as the PARM.
2. Review screen for correct name and SS# of client.
3. If a correct match, is the information already known? If not, is further verification needed? Send Discrepancy notice and 2032 if needed.
4. Complete DECT.

**NOTE**: When failing a one person AG, the worker is to enter reason code 580 on AEWAA and close the case. If there is more than one person in the AG, the worker is to enter LC on AEIID showing that the individual has left the AG, Enter the date of incarceration as the occur date, and enter reason code 580 on AEWAA to remove

the individual.

If no contact by client to verify household composition the entire household is ineligible.

Auto deletion.

Priority 0 alert to worker and supervisor.

## 358 AGE 18 IN MED CTGY - RUN AEABC

Generated on the 1st of the month for any individual who reaches 18 years of age on the 2nd of the month through the 1st of the following month.

The TANF eligibility will cease for the child who is now 18 as well as any child in an MA C, MAF, MA U, or MA 3 (wards) AG.

MA T will form, if child is not on SSI.

Run AEABC and follow Clevidence procedures if appropriate.

Auto deletion.

Priority 0 alert to the worker and supervisor.

## 364 DENB- SSA REPORTS INDIVIDUAL DECEASED

Generated when SSA reports that an individual is deceased, and ICES has that person in an open or pending case.

1. TRAN: DENB, using the RID number form the alert as the PARM.
2. DENB will display date of death.
3. If this is a single person Assistance Group, change Living Type code on AEIDC to 05, run AEABC, and authorize closure on AEWAA.
   If case has more than one individual in the Assistance Group, use code DT on AEIID to remove deceased individual, run AEABC, and authorize change on AEWAA.
4. Complete DECT.

Auto deletion.

Priority 1 alert to worker and supervisor.

## 365 DEATH MATCH NOT COMPLET / DECT

Generated 15 days from the match date if the death date has not been documented on DECT.

1. TRAN: DENB, using the RID number form the alert as the PARM.

2. DENB will display date of death.
3. If this is a single person Assistance Group, change Living Type code on AEIDC to 05, run AEABC, and authorize closure on AEWAA.
4. If case has more than one individual in the Assistance Group, use code DT on AEIID to remove deceased individual, run AEABC, and authorize change on AEWAA.
5. Complete DECT.

Auto deletion.

Priority 1 alert to worker and supervisor.

## 378 NO SAPN-IQSSA/AEIII DISCREPANT

Generated when SSI shows the A/R in an institution and AEIII is not completed.

Supplemental Assistance for Personal Needs could not be generated.

Verify the recipients living arrangement and complete AEIII if appropriate.

If the recipient is not in a facility, notify SSA.

Manual deletion.

Priority 0 alert to the worker and supervisor.

## 380 REV MA CERT & PRE ADM ON AEIII

Generated when the information on AEIII is incomplete or discrepant with data from SSI.

Supplemental Assistance for Personal Needs could not be generated.

Review the Medicaid certified and the preadmission screening fields.

Complete or correct these fields.

Manual deletion.

Priority 0 alert to the worker and supervisor.

## 381 FS AG AUTO ASSIGNED TO SPINQ

Generated to the supervisor when a Food Stamp Assistance Group has been auto-assigned to SPINQ for targeted review.

The case will be automatically assigned if it has earned income and is New, Reapplication or a Redetermination and the results are “passing” after AEBFN message displays.

Caseworker should have submitted case for review.

Review case and complete appropriate information on SPINQ/SPLOG, if applicable.

Auto deletion

Priority 1 alert to the supervisor.

## 386 CHILDCARE MATCH NOT COMP-DECT

Generated when 10 days after alert 385 is sent to the worker and worker did not complete DECT.

Check with worker regarding self-employment income as a childcare provider.

Auto deletion

Priority 1 alert to the supervisor.

## 389 COMPLIANCE TRACKING OVRDU-DECT

Generated when DEUI data match has not been completed within 45 days from the match date.

TRAN DEUI using the RID number.

Compare the information from DEUI with AEFUI.

If necessary, update ICES.

Complete DECT. Fill in the field, "DELQ RES" with a "Y" (yes) or "N" (no). This response is to the question, "was the delay caused by the worker waiting for pending verification of data match information or not?"

Auto deletion.

Priority 0 alert to the worker and supervisor.

## 401 SUPR ACTION REQUIRED FOR AUX

Generated by a request for an auxiliary benefit for FS or TANF.

Verify the appropriateness of the request and the amount. If the benefit is due to an underissuance for a previous time period the screen BVUI and BVUO should be used to generate the aux. If BIFS and/or BICS were used to request an inappropriate benefit, deny the aux.

Screen BIOR can be accessed to approve/deny the aux. Each auxiliary request generates a separate alert on the supervisor's CLWA. BIOR can be accessed two ways:

1. TRAN: BIOR – BIOR will appear with individual lines for each outstanding auxiliary benefit request, identified by Case/Cat/Seq. Each line represents a separate alert.
2. TRAN: BIOR, PARM: Case/Cat/Seq. – BIOR will display only that particular auxiliary benefit request.

Manual deletion.

Priority 0 alert to supervisor.

## 410 TANF AUX OR REG BEN APPR TODAY

Generated when BICS is completed and the Supervisor has already approved a TANF auxiliary for the AG today.

Approved benefit will not display on IQCH until next day.

Review case.

If the auxiliary was completed in error, cancel on BICS.

Priority 1 alert to the worker and supervisor.

## 418 WP CONTRACTOR CLAIM FROM CMS

Generated to the individual(s) listed as Approver on WPED or WPPD when a provider submits a claim to CMS. It is displayed by Employer ID.

If there are no designated approvers, this alert goes to the IMPACT Coordinator who is listed on TCRD.

The person designated by the county should insure all elements of the contract referral have been met for the component service code for which the contractor has submitted a claim.

Enter "W" on CLWA to go to screen WPCR.

Use the contract check sheet and verify the requirements are satisfied.

Enter ICES worker ID on WPCR.

WPCC will automatically be completed when the worker presses enter on WPCR after entering the ICES ID.

After pressing enter, the Approver ID field will be protected on WPCR and WPCC.

Manual deletion.

Priority 1 alert to the Designated Approver or the IMPACT coordinator.

## 430 AEMDT – 1ST LETTER NOT SENT

Generated 20 days after FINAL INTERVIEW DATE if no entry has been made in 1ST CLIENT LETTER SENT or 1ST PROVIDER LETTER SENT on AEMDT.

Check with caseworker for status.

Auto deletion.

Priority 1 alert to the supervisor.

## 431 AEMDT – CLIENT COOP? PROV LETTER

Generated 80 days after 1st client letter if there is no entry in 1ST PROVIDER LETTER SENT or FINAL PROVIDER INFO RECVD fields on AEMDT.

Check with caseworker for status of medical information.

Auto deletion.

Priority 1 alert to the supervisor.

## 432 PROV FOLLOW-UP / REC DATE?

Generated 80 days after 1st provider letter if there is no date in Final Provider info received field.

Review case and send follow up letter.

Auto deletion.

Priority 1 alert to the worker and supervisor.

## 506 CASEFILE NOT IN PROPER LOCATN

Generated when a case has been in an invalid location for 30 days or more. This alert will not be produced if the case status is open or pending (location is intake (IN), ongoing (ON), or active files (AF).

TRAN AEICI and change the location of the casefile.

Manual deletion.

Priority 2 alert to the worker and the supervisor.

## 512 PREGNANCY ONE MONTH PAST DUE

Generated when the pregnancy end date has not been entered on AEIPI in the month indicated as month due.

If no information has been received regarding the birth of the child the worker should contact the client to see if the child is overdue, born (but not yet reported), or miscarried.

If child overdue, change the month due to the current month.

Manual deletion.

Priority 2 alert to the worker and supervisor.

## 520 MAX ALERTS EXCEEDED

Generated when a worker in the unit has more than 200 alerts on CLWA.

Review the alerts. Are there any extenuating circumstances?

Discuss the alerts with the worker.

Help establish a plan with the worker for reducing the alerts.

Example:

Refer worker to the alerts processing file.

Start with “0” priority alerts.

Pull up all alerts for one case by TRAN: CLWA; PARM: ///Case Number.

Set aside daily the first half-hour of the day and the first half-hour after lunch to work only on alerts.

Manual deletion.

Priority 1 alert to supervisor.

## 567 BENEFIT AMT > $1500 CASH MAX

Generated when the authorized cash benefit exceeds $1500 and no benefit was generated.

Review the action and if correct, issue AUXs under $1500 in separate daily pull-downs.

Manual deletion.

Priority 0 alert to supervisor

## 569 BENEFIT AMT > $1500 FS MAX

Generated when the authorized FS benefit exceeds $1500 and no benefit was generated.

Review the action and if correct, issue AUXs under $1500 in separate daily pull-downs.

Manual deletion.

Priority 0 alert to supervisor.

## 583 PR FORM HAS NOT BEEN REVIEWED

Generated when receipt of the Periodic Report for the MA F category has been registered on screen PRRG and/or PRES and eligibility has not been determined.

Contact the worker to complete PRES, run AEABC and authorize MAF.

Manual deletion.

Priority 0 alert to supervisor.

## 585 INACT/TEMP WORKER HAS ALERTS

Generated when an inactive or temporary worker has alerts.

Review the alerts. Evaluate why the alerts are received, is there a caseload that should be assigned or distributed to permanent workers?

Manual deletion.

Priority 1 alert to supervisor.

## 606 UNDERISSUANCE INITIATED-BVUI

Generated when an underissuance is initiated on BVUI.

Quality control may initiate BVUI in case of an error in the case. QC will only enter time period of the review month on BVUI. The actual period may be different. A complete analysis of the circumstances with the supervisor is necessary to compute the actual underissuance.

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 607 UNDERISSUANCE OPEN > 30 DAYS

Generated when an underissuance claim has been in open status over 30 days.

Use BVUI to cancel or BVUO to generate Auxiliary.

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 611 RUN AEABC - RESOURCE TRANSFER

Generated 7 days after the resource transfer penalty period has expired.

Resource transfer policy only effects eligibility for MED 1 categories of assistance.

Contact worker to determine what action is necessary and why it hasn't been taken.

Contact PAL to get the nursing home per diem payment restarted.

Auto delete.

Priority 0 alert to the worker and supervisor.

## 614 DELETE DECEASED FROM AEIID

Generated when an assistance group member is deceased.

On AEIID, enter DT as the delete code for deceased individual.

Run AEABC and authorize the assistance group.

Auto deletion

Priority 0 alert to the worker and supervisor.

## 615 DELETE DECEASED AND AUTH AG

Generated when an assistance group member is deceased.

On AEIID, enter DT as the delete code for deceased individual.

Run AEABC and authorize the assistance group.

Auto deletion.

Priority 0 alert to the worker and supervisor.

## 634 IMPACT SANCTION REQUESTED

Generated when an individual failed to appear for an IMPACT assessment appointment, without good cause.

The IMPACT worker has entered a failure date on WPA1.

Run AEABC and expect the individual to fail the Non-financial eligibility for TANF and TANF related Medicaid.

Authorize the AG(s).

Auto deletion.

Priority 0 alert to the worker and supervisor.

## 651 HEARING FIND/DEC DUE-14 DAYS

Generated when a hearing decision is due within 14 days.

Contact the hearing division if no decision is received by the end of the 14-day period.

Manual deletion.

Priority 2 alert to supervisor.

## 653 FAIR / ADH HEARING RESCHEDULED

Generated when a hearing date has been changed.

TRAN: HESC, using as PARM the CASE/CAT/SEQ/A000000001.

Manual deletion.

Priority 1 alert to worker, supervisor and county hearing coordinator.

## 708 SSA NUMIDENT MATCH DISCR - DENB

Generated at application for clients whose SSN's could not be matched with SSA due to a mismatch of NAME, DOB, SEX, or SSN. This alert recurs every 60 days until the discrepancy is resolved.

1. TRAN: AECCR, using case number PARM.
2. Match RID from alert with client on AECCR.
3. TRAN: AEIID and locate client's SSN. Write down SSN.
4. TRAN: DENB, using SSN as parameter.
5. If it is "name discrepancy" (there is no requirement for client to use the same name in ICES as is used in SSA records) and the ICES individual is the same person as reported by SSA, Tran AEIID and enter "OV" in the verification field for SSN.
6. If 'SSN MISMATCH' locate the client's hard copy SS card. Check the SSN on AEIID for errors. If it is discrepant contact the client and refer to the SSA.
7. If DOB or SEX mismatch is discrepant, check AEIID for possible coding errors. If found, correct them. If none found, enter "OV" in SSN verification field. Should be resolved within 30 days.

Manual deletion.

Priority 2 alert to worker and supervisor.

## 717 RESOURCE ASSESSMENT 30 DAY NOTICE

Generated 29 days after the resource assessment date on ARRA, if the assessment has not been completed due to pending verifications.

Alert # 647 (resource assessment 20-day notice) was received and acted on by the worker, 20 days after the date on ARRA.

Send a 2nd letter to each spouse stating that the assessment cannot be completed until all requested verifications are submitted.

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 726 APPLICATION ACTION OVERDUE

Generated 35 days after application date that an application in AR has not been denied on ARAD or has not been sequenced into AE.

Contact the worker and inquire as to the status of the application and follow up the worker's action.

Manual deletion.

Priority 1 alert to supervisor.

## 739 IEVS COMPLIANCE TRACKING OVRDU

Generated when data exchange information was available 45 days ago, and DECT has not been completed.

1. TRAN: DECT, using the case number from alert as parameter.
2. Identify data exchange type and date from DECT, along with RID of individual(s).
3. Follow the steps under the alert related to that data exchange by analyzing data from ICES screens with DEWX, DEBN, DESX. Update the ICES case if necessary.
4. When this occurs (after 45 days), it is necessary to fill in the field, "DELQ RES" with a "Y" (yes) or "N" (no). This response is to the question, "was the delay caused by the worker waiting for pending verification of data match information or not?"

Auto deletion.

Priority 0 alert to the worker, supervisor, and administrator.

## 747 CASE MOVED TO CLOSED FILES

Generated on the 1st of the month when a case has been transferred to closed files.

Transfer paper case to the closed file storage area.

Manual deletion.

Priority 3 alert to supervisor.

## 748 OPEN EXPEDITED FS APP NOW

Generated 4 days after the application date on AEFPY, if the Food Stamp AG has met the criteria for expedited processing and has not been authorized on AEWAA.

Code 041 will appear on AEWAA for the FOOD STAMP AG to indicate expedited status with no pending verifications outstanding.

Code 043 will appear on AEWAA for the FOOD STAMP AG to indicate expedited status with pending verifications still needed.

If the Food Stamp AG is expedited, worker should authorize on AEWAA.

Auto deletion.

Priority 0 alert to the worker, supervisor, and administrator.

## 768 PROVIDER HAS NO W-9 ON FILE

Generated when dependent care has been authorized but ICES finds no match in the auditor's provider file.

Check to see that provider has completed W-9. If not have provider complete and turn in to the State Auditor.

If the provider has completed a W-9 be sure it has been sent in. Cannot authorize Dependent Care expense until it appears in the auditor's file.

Manual deletion.

Priority 1 alert to IMPACT worker and supervisor.

## 794 RUN AEABC - MA F 12-MO ENDING

Generated 12 months of MA F (TMA) eligibility is ending.

Run AEABC and close the MA F.

Auto deletion.

Priority 0 alert to worker and supervisor.

## 802 DEP CARE PROVIDER – INVALID SSN

Generated when a dependent care benefit that was authorized is rejected for payment by the auditor's office.

From screen WPDC, PF 19 to access BITI. An "N" will appear in the "DISP" field on screen BITI. This verifies the rejected payment.

1. Check and verify the valid SSN with the provider.
2. When verified, check the Auditor's file to see if the provider's ID is on file.

   If the valid SSN is on file, correct screen WPDC to show the valid SSN.

If the SSN is not on file, put an "N" on screen WPDC under field "W-9 on file?" Have provider complete W-9. Submit W-9 to State Auditor's Office.

3. After correcting WPDC, PF18 and re-enter the information on WPDP. Payment will be made once the new W-9 has been submitted to the Auditor's office.

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 807 APPLICATION PENDING 35 DAYS

Generated for all categories that an application has been pending with no action for 35 days.

Supervisor should determine what is causing the delay.

If this is a TANF or FS category, review the reason for the delay. This should be documented in CLRC.

Manual deletion.

Priority 1 alert to supervisor.

## 808 APPLICATION PENDING 95 DAYS

Generated for any application that has been pending for 95 days. The most common would be MA D.

Check AEWVR for pending verifications. Is this a reapplication? Did worker forget to update the date on AEFPY? Etc.

Manual deletion.

Priority 1 alert to supervisor

## 809 APPLICATION PENDING 50 DAYS

Generated when the AG (except FS) has been pending for 50 days.

Check AEWVR for pending verifications. Did the app date get updated on AEFPY? Etc.

Manual deletion.

Priority 1 alert to supervisor.

## 827 NO SSN ON AEIID > 120 DAYS

Generated when an individual listed on AEIID has no SSN.

An ICES notice was generated on the 75th day/

The caseworker received an alert on the 90th day. DECT has not been completed.

Check with caseworker to determine why AEIID has not been updated.

Auto deletion.

Priority 0 alert to the supervisor.

## 829 PRA AGREEMENT IS NOT DONE

Generated on the 20th day after authorization of a TANF AG when a responsible member of the AG has not completed a PRA.

The PRA field on AEWRT has not been filled with a "Y.

AG should not be authorized before the PRA is signed.

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 834 ASSESSMENT/SSP NOT DONE

Generated when the client has not been changed to assessed 40 days after the referral to IMPACT.

Check with the worker to see why client has not been assessed.

Manual deletion.

Priority 1 alert to supervisor.

## 884 MAX LIMIT LIMIT OF M'S ON AEABA

Generated when an ABAWD individual has received 3 M (Mandatory and Not Complying with ABAWD Requirements) codes on AEABA.

This is an informational alert. The individual is not in compliance. An additional 3 months (Z code) of eligibility will be given.

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 892 ABAWD FAILED – RERUN AEABC

Generated when ICES enters an F (Failed to meet ABAWD Work Requirements) code on AEABA.

Individual is ineligible.

Run AEABC and authorize the assistance group.

Auto deletion.

Priority 0 alert to the worker and supervisor.

## 899 IEVS COMPLIANCE DUE IN 10 DAYS

Generated 35 days from the DE match date, if the match results and complete date remain pending on the DECT screen.

1. TRAN: DECT/PARM: Case number from alert.
2. Examine DECT for uncompleted fields.
3. Tran to the Data Exchange screen related to the uncompleted alert on DECT.
4. Tran to related AE screen (AEFUI, AEIEI), and compare data exchange info with case information. Authorize as necessary.
5. Return to DECT and complete Results, Min Spent, and Date Completed columns. An alert is not worked until DECT is completed.

Manual deletion.

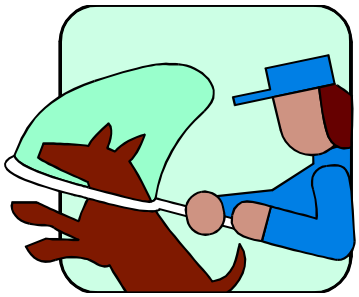
Priority 2 alert to the worker and supervisor.

3. Appendix 3 – Alerts Caseworker
*(Return to Alerts on page 7 or Caseload Management above)*

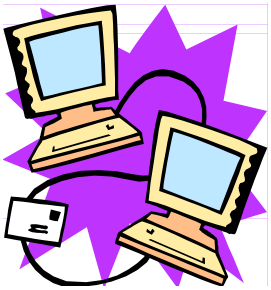
| | |
|---|---|
| A | Alerts are a "way of life." They are an important management tool for all workers. Get to know them as you would a new friend. |
| L | Look at alerts on a daily basis. To have control over your workload you should learn to control your alerts. |
| E | Evaluate alerts. They are prioritized to help you determine which actions are most critical. However you know your caseload, your clients and your deadlines. No alert can be ignored. |
| R | Responsibility is yours for accurately processing cases and monitoring changes provided by ICES and by the data matches ICES conducts with other databases. |
| T | TRAN: CLWA to view your alerts routinely throughout the day. TRAN: CLWA and case number to view alerts for a specific case. |
| S | Set your priorities. Alerts should be at the top of the list. |

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

CAPTURING DATA



ICES continuously receives information from other databases. Whenever ICES gains additional knowledge on a recipient, an "alert" is generated and displayed on screen CLWA. Alerts are also generated by the information captured on the ICES screens. When certain periods of time have passed in the processing of benefits for an assistance group, ICES generates "alerts" as a reminder that an eligibility decision should be made. Maintaining control and direction of the workload is aided by referring to the ICES tool of CLWA during the workday.



SHARING DATA

The Social Security Administration, Child Support Bureau, Indiana's Department of Workforce Development, and IRS "share" information with ICES. Ideally the data contributed from these sources will confirm the information which the assistance group members have provided regarding their resources and income. However, when the information from these sources conflicts with the casefile data, the discrepancy should be investigated. The results of these data exchanges on the eligibility of our assistance groups are recorded on screen DECT.

USING DATA

ICES arranges alerts in order of priority, beginning with alerts demanding immediate action (priority **0**), followed by informational alerts (priorities **1** and **2**), and ending with application tracking alerts (priority **3**). To access all alerts for a case, enter **CLWA** into NEXT TRAN and use the formula: ///**CASENUMBER** in PARAMETERS. This procedure provides a current snapshot of a case to reveal all pertinent information that may affect eligibility.

It is important to evaluate the information displayed to determine which AE screens are affected or should be updated. When requesting a discrepancy notice be sent from the DE screen, "best practice" is to also send the AG a pending notice 2032 requesting pertinent verification.

Many alerts will automatically delete themselves from screen CLWA when the case has been authorized and/ or screen DECT has been updated. When the alert remains on screen CLWA after the processing is completed, the worker can manually remove the alert by entering an asterisk (*****) in the space to the left of the alert.

**To use this document, click on the binocular icon. Type in the alert number and use the "enter" key or click on the word "search."**

## 005 RUN AEABC – EXPLORE FS IMMG ELIG

Generated at the end of the month for a qualified legal immigrant in a Food Stamp AG who has been in the US for five years.

Review eligibility for the immigrant.

Run AEABC and authorize the assistance group.

Auto deletion.

Priority 0 alert to the worker and supervisor.

## 201 REDETERMINATION PAST DUE

Generated for all categories when a redetermination was not completed by invoking AEORE.

Schedule an appointment and complete redetermination or take appropriate action.

This alert may be generated for ICES cases composed solely of one or any combination of the following Medicaid AGS: MA X, MA M, MA N, MA F. If so, TRAN: AEORE, and change, if necessary, redetermination month / year on AEWAA to correspond to the last month of eligibility for the Medicaid AG (Example: MA X child was born 3/7/06. On 10/1/06 the worker gets an alert that redetermination is overdue for 9/02. The only AG on AEWAA is the MA X. Make sure the date at the top of AEWAA screen is 032007.)

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 206 MA10 or MADW/MADI SYSTEM DENY

Generated when the MA 10 or MADW or MADI AG was system denied due to non-payment of the premium.

Information only. No action required.

Manual deletion.

Priority 3 alert to the worker.

## 207 MA10 or MADW/MADI SYSTEM CLOSE

Generated when the MA 10 or MADW or MADI AG was system closed due to non-payment of premium.

Information only. No action required.

Manual deletion.

Priority 3 alert to the worker.

**208** MA10 OR MADW/MADI AG SYSTEM OPENED

Generated when the MA 10 or MADW or MADI Conditional AG was system opened due to first payment of premium.

Information only. No action required.
**Manual deletion.**
**Priority 1 alert to the worker.**

**209** RUN AEABC-TPL FOR MA10 UPDATED
**Generated when TPL information from AIM updates AEFMC for MA 10 AG.**

Verify information on AEFMC with Third Party Insurance (3510) in case file. Request additional information if necessary. Comprehensive insurance coverage will result in ineligibility for MA 10.

If AEABC has not been run (AEWAA will appear protected) do so and authorize, if appropriate.
**Manual deletion.**
**Priority 0 alert to the worker.**

**210** AGE 18 IN TANF - RUN AEABC

Generated when the individual is turning 18 years of age between 2P$^{ndP}$ of the effective month and 1P$^{stP}$ of the following month (ADCR, ADCU, ADCI).

If AEABC has not been run (AEWAA will appear protected) do so and authorize.
**Auto deletion.**
**Priority 0 alert to the worker and supervisor.**

**211** WARD TURNS 18 – CHECK OTHER MA
**Generated when a child in the MA 4 or MA 8 categories turns 18.**

Run AEABC

If Clevidence rules apply, follow appropriate procedure.
**Manual deletion.**
**Priority 0 alert to the worker.**

**213** RUN AEABC – FULL FAMILY SANCTION
**Generated when the Full Family Sanction should be imposed.**

Complete the Full Family Sanction checklist and turn in to supervisor.

Do not close the TANF assistance group until the supervisor has approved the checklist.

When the checklist is approved, run AEABC and close the TANF assistance group.

**Auto deletion.**
**Priority 0 alert to the worker.**

**214** MRT UPDATE REC'D-REVIEW CASE
**Generated when a decision is received from the Medical Review Team and the Individual is not in a MED 1 assistance group.**
**Review the case for a possible change in Medicaid category.**
**If appropriate, run AEABC and take appropriate action on the Medicaid assistance groups.**
**Manual deletion**
**Priority 0 alert to the worker**

**219** RUN AEABC – MEDICARE TPL UPDATED
**Generated when a begin or end date is added to Medicare Part A or Part B on AEFMC for a MA A, MA B, or MA D assistance group.**

MA L eligibility may be affected.

Run AEABC and take appropriate action.
**Manual deletion.**
**Priority 0 alert to the worker.**

**251, 252, 253, 254, 255, 256, 257. 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 271, 272, 273, 276**
RUN AEABC - AE SCREEN UPDATED

Generated when data has been changed on any AE screen, and AEABC has not been completed.

Actual alert will indicate the TRAN code for the screen that was updated (example: 265 - run AEABC AEIUP screen updated).

If AEABC has not been run (AEWAA will appear protected), do so and authorize, if appropriate.
**Auto deletion.**
**Priority 0 alert to the worker.**

**298** BENEFIT NOT USED FOR 90 DAYS
**Generated when the EBT benefit has not been used for 90 days.**

Send an Inactive Account letter to the AG. The letter can be located in the EBT Policy Guide that is in the Public Folders. Appendix E has a letter that can be used.

If the AG reports a change, take appropriate action. If the AG does not respond, no action is necessary.

Manual deletion.

Priority 1 alert to the worker and supervisor.

**299 RUN AEABC - TMA REPORT RECEIVED**

Generated after information has been entered in the Periodic Report screens PRES and PRCC, and

the Report is complete.

This is the 2nd alert in a sequence after the PR is logged in on ICES screen PRRG. The 1st alert in the sequence is #369 - PR FORM REQUIRES WORKER REVIEW.

Run AEABC. Select and review the financial budget for MA F on AECES.

**NOTE**: This is an updated report of earnings. If there is a FS AG or other type(s) of assistance, enter data from the Periodic Report on the appropriate ICES screens. ICES uses the data from PRES / PRCC to compute eligibility for MA F. This information is not transferred to AE.

**Auto deletion.**

Priority 0 alert to the worker.

**301 RUN AEABC – AE UPDATE ENTERED**

**Generated when an AE screen has been updated and AEABC was not run.**

Enter AEABC in the NEXT TRAN and the case number found on screen CLWA as the PARMS.

The alert will delete upon hitting ENTER, but if the system shows PASS or FAIL on screen AEWAA, authorization should take place to avoid receiving another alert on the case the next day.

**Auto deletion.**
**Priority 0 alert to the worker.**

**302 AG NEEDS AUTHORIZATION**

Generated when AE driver reaches AEWAA, AG status is PEND, and eligibility status is PASS or FAIL.

**ICES is asking, "why haven't you authorized this AG?"**

Always use "?" (Question marks) in verification fields for unverified non-financial (AEIED), resource (AERED), and all financial information. In almost all cases, this will prevent this alert from being generated.

**Exceptions when AG should not be authorized include:**
**There is a concurrent application for FS and pregnancy Medicaid. Income is high enough to fail the MA M, but is less than the income standard for MAN. Worker has question mark on resource screen which pends the FS and MA M on AERED; however, MA M will fail on AEWAA. The question mark won't allow failure logic to loop back and form the MA N, until the resource is verified. If the applicant does not want to provide resource verification because she wants only pregnancy related services, code "RV" may be used. ICES will then fail the MA M and form the MA N.**
**There is a pending MA D application: AEIED is pending (waiting on medical / MRT decision) question mark in "MA disabled?" field on AEIDP. Financial eligibility is failing due to apparent excess of surplus income over medical expenses. The worker is waiting for client to bring in medical expenses to enter on AEFME. The AG will fail on AEWAA; alert will appear.**

Auto deletion.
**Priority 0 alert to the worker.**

**303 RUN AEABC – UPDATE WR STATUS**

**Generated when an individual fails to sign and return a Food Stamp Work Registration.**

At the end of every month, the system will identify each active FS recipient who should re-register for work during the following month. The verification code on AEIWP for each person will be changed to "PD".

If the next calendar month is not the redetermination month, the system will space the work registration date out and send notice CM 12. This notice informs the AG Payee of the individuals who should register for work.

When the form is returned or the CAF is signed during the redetermination process and the AG member(s) is work registered, space out the "PD" verification code on AEIWP and enter the correct work registration code.

The 10th night after the date the notices were sent, or the last day of the redetermination month for timely filed redetermination applications, or the 30th day after the date of application for untimely filed redetermination applications, the system will identify all individuals who have not yet re-registered for work (the verification code of "PD" is still present). The work registration code will be changed to 40 (refused to register for work) and the next day, this alert will again display. The individual will then fail eligibility when AEABC is run due to refusal to work register.

If the individual re-registers, authorization will determine the work registration date as it does at initial registration. The date will then be displayed on AEIWP the next time that screen is accessed.

**Auto deletion.**
**Priority 0 alert to the worker.**

**308 IV-D GOOD CAUSE OVERDUE**

**Generated 45 days after a TANF caretaker relative has requested exemption from cooperation with child support enforcement (screen AEIAC) and no resolution has occurred.**

The evidence to support / substantiate the client's claim for good cause is sent to Family Independence Section, TANF Policy for a decision to approve or deny the request.

Review the case record for the date documentation was sent to TANF Policy.

If there is no response from TANF policy in 45 days, the local office should contact TANF Policy.

If TANF Policy denies good cause request, contact client via 2032. Client should decide to cooperate or not cooperate. Update the "Co-op?" field on AEIAC as appropriate.

Non-cooperation will result in a IV-D sanction (loss of individual's portion of TANF benefit and Medicaid in the MA C AG).

**Manual deletion.**

**Priority 1 alert to the worker and supervisor.**

**309/310 REQUEST FOR FAIR / ADH HEARING**

**Generated when an appeal request is entered on HERQ.**

Hearings and Appeals will not schedule the hearing until a written request is received from the client. This procedure applies to appeal requests for TANF and Medicaid Assistance Groups. All Food Stamp requests may be scheduled without a written request. The worker, supervisor, hearing coordinator, or state hearing staff can enter HERQ.

1. Contact the client to make sure that the action taken on the case was / is clearly understood.
2. TRAN: CNHS, case number for PARMS. Identify notice(s) of proposed action that client appealed, select number, and PF15 to the notice Detail Information (CNHD).
3. On CNHD, use PF24 to generate copy of notice for use in the hearing.
4. If the appeal regarding reduced or discontinued benefits was received in a timely manner, the AG is entitled to continued benefits at the previous benefit amount pending the hearing decision. Remember to screen print all information under appeal so that it may be re-entered if the reduction or discontinuance is upheld.

**Manual deletion.**
**Priority 1 alert to worker and county hearing coordinator.**

**311** HEARING DECISION COMPLETE
**Generated when hearing decision entered by state hearing staff on HEDE.**

Hard copy of decision will be mailed from state hearing staff to both client and worker.

Action on receipt of appeal decision will depend on status of case at time of appeal:

7. Application denied - county action upheld - no action needed.
8. Application denied - client won appeal - rescind denial pursuant to hearing decision.
9. Adverse action taken - appeal by client after 13 days from date of notice – county action upheld - no action needed.
10. Adverse action taken - appeal by client after 13 days from date of notice - client won appeal - restore benefits pursuant to hearing decision.
11. Adverse action taken - appeal by client within 13 days from date of notice – county decision upheld - re-enter information that was removed due to timely appeal and initiate benefit recovery.
12. Adverse action taken - appeal by client within 13 days from date of notice – client won appeal - no action needed.

**Manual deletion.**

Priority 1 alert to the worker, supervisor, and county hearings coordinator.

**312** REV DESX/DECT – SSI = TERM BY WKR

Generated when SSI is terminated using the budget method "T" on AEFUI and DESX attempts to update for the same month and year.

Review screen DESX to confirm the ending of the SSI amount.

Complete DECT.

**Auto deletion.**
**Priority 2 alert to the worker.**

**314** AGE 1 - RUN AEABC

Generated for any child who reaches age one on the second of that month through the first of the following month.

Run AEABC.

If child is MA X, MA Z will form; MA X will 650 close. Contact client for updated verifications appropriate to the new category.

If child is pulled (SFU) into an existing MA category, add code 012 to that category on AEWAA. MA X will again 650 close.

If Clevidence rules apply, follow appropriate procedure.

Auto deletion.

Priority 0 alert to the worker.

**315 AGE 16 CK WORK PRG EXEMPTION**

Generated for child that reaches age 16 and is in a FS and/or TANF AG.

Evaluate information entered on AEIIM, AEISA, AEISS to evaluate student status, dependent information, etc.

If child not in school, is child working?

If the TANF and/or Food Stamp dependent child is in school (EC on AEACC), use Code 07 for the TANF referral code and Code 08 for the Food Stamp work registration code on AEIWP.

Manual deletion.

Priority 1 alert to the worker.

**316 AGE 21 - RUN AEABC**

Generated for any individual who reaches 21 years of age on the second of that month through the first of following month.

Run AEABC. If no category of assistance found, the MA T AG will 650 close and MA "nothing" will form and fail for reason code 600.

If appropriate, follow Clevidence procedures.

Auto deletion.

Priority 0 alert to the worker.

**317** **REV DEBN/DECT – SS= TERM BY WKR**

Generated when Social Security is terminated using the budget method “T” on AEFUI and DEBN attempts to update ICES for the same month and year.

Review screen DEBN to verify the benefit ending.

Complete DECT.

Auto deletion.

Priority 2 alert to worker.

**318** **AGE 65 RUN AEABC TO CHG MA CAT**

Generated for any individual who reaches 65 years of age during the current month.

Run AEABC: anticipate an MA D / MA B to system close for reason 650.

An MA A will form and pass.

Auto deletion.

Priority 0 alert to the worker.

**319** AGE 19 - RUN AEABC

Generated for any individual who has a birthday on the second of the current month through the first of the following month.

This alert may be confusing due to wording - age 19. This pertains to the MA 2, MA 9, and MA 10 categories of assistance: children are eligible up to age 19.

Run AEABC and follow Clevidence procedures if appropriate.

Auto deletion.

Priority 0 alert to the worker.

## 320 RUN AEABC - PREGNANCY EXT ENDING

Generated the first of month that eligibility for MA E, MA M, MA N ends. (Pregnancy extension ends on the first of the month following 60 days from the end of the pregnancy.)

1. Run AEABC, AG will fail on AEWAA for reason 594.
2. Authorize the closure.
3. TRAN: AEIPI: Use "PT" (pregnancy terminated) delete code; will require re-entry on "VR" field.

**Note**: Do not delete AEIPI first! The worker will not get the internal code of 594 on AEWAA when AEABC is run. The AG will fail for reason 650; thus, ICES will not generate a notice to the client.

Auto deletion.

Priority 0 alert to the worker.

## 321 RE EXAM / PROGRESS REPORT DUE

Generated 45 days before re-exam due date on AEOMD. MMRT approved MA D or MA B, but requested additional documentation regarding the disability to be obtained at a later date.

For type of re-exam requested by MRT: find code on AEOMD (MC, MH, MN, MO, MP, and MR). Then TRAN: RFDI using TRDC for parameter. Match the code with explanation of code for type of exam.

Request a current medical report form the client.

Prepare updated social summary.

On receipt of medical records, send medical records and social summary to MMRT.

Retain copies of information sent to MMRT. Document date sent in CLRC. When MMRT enters a decision, an alert will be received.

Manual deletion.

Priority 1 alert to the worker.

## 323 RUN AEABC - REFUGEE ELIG ENDING

Generated for ADCQ and/ or MA Q categories when the eighth month of the eligibility period has begun.

Run AEABC to end cash or medical assistance under these categories.

If the case eligibility status on AEWAA is either PASS or FAIL, authorize the action.

Auto deletion.

Priority 0 alert to the worker.

**324 CHILD AGE 6 CK WORK PRG EXEMPT**

Generated when child turns 6 years of age.

If youngest child now 6 years of age: if FS AG only, make a note to update the work registration status on AEIWP at the next redetermination.

If youngest child now 6 years of age: if TANF and FS AGS, most often the TANF referral code should already be 01. If the FS registration field is 18, and no other reason for exemption exists, code 20 should be entered at the next redetermination.

Manual deletion.

Priority 1 alert to the worker.

**325 APPLICATION PENDING**

Generated when the AG status is pending on AEIED, AERED, and/or financial budgets.

Leave alert on CLWA until action is taken to open or deny the AG is taken.

Alerts should "mirror" the actual hard copy, pending applications.

Auto deletion.

Priority 2 alert to the worker.

**326 RE EXAM / PROGRESS REPORT OVERDUE**

Generated if the re-exam / progress report has not been received or a decision entered on AEOMD by the MMRT by the due date on AEOMD.

3. Has client been to doctor with medical packet? If yes, need to contact doctor to expedite return of medical report; or
4. Medical report and social summary have been sent to MMRT. How long has it been since they were mailed? Should your supervisor contact MMRT?

Manual deletion.

Priority 1 alert to the worker and supervisor.

**327 SS DISCREPANCY CHK DEBN/AEFUI**

Generated when the information on AEFUI is different from the Social Security information on DEBN.

Review DEBN. Check Medicare Part B (SMIB) data or an overpayment deduction.

If the discrepancy cannot be resolved, send discrepancy notice and 2032 to client.

Complete DECT.

Auto deletion.

Priority 1 alert to worker.

**328 DE DAILY VERIFIED SS ON AEFUI**

Generated when the Social Security information entered on ICES screen AEFUI has been verified by DE on the daily file.

Run AEABC to accept the data exchange verification and authorize the AG if possible on AEWAA.

Auto deletion.

Priority 1 alert to the worker.

**331 DE SSA DAILY FOUND NO MATCH**

Generated when Social Security information has been entered on AEFUI and no information was found on the SSA daily file.

Review casefile documentation for accuracy.

If the information was not verified, contact the AG concerning the discrepancy.

Document investigation and results on CLRC. Help Desk or PAL should be contacted to report "no match."

Manual deletion.

Priority 1 alert to the worker.

**333 SDX DATE OF DEATH DSCPNCY - DESX**

Generated when the recipient's date of death on the SDX Data Exchange screen DESX does not match the date of death entered on AEIDC as the occur date for "LIV TYPE CODE".

1. Determine the correct date of death. Check collateral verification in the casefile; contact 3P$^{rdP}$ party, etc.
2. If the date of death on AEIDC is U<u>not</u>U correct, enter the correct date. Does it now match what appears on DESX?
3. If the date of death is correct on AEIDC, contact the local SSA Office to inform them of the discrepancy so that they may correct their records.

**Note:** If the case is in Closed Files, only the Closed File Coordinator can change the date of death on AEIDC To determine your Closed File Coordinator, Tran: CLCA PARM: two digit county code plus 4 zeros.

Manual deletion.

Priority 2 alert to the worker.

**335 SDX SHOWS OTH UNEARN INC - DESX**

Generated when Social Security is budgeting some type of unearned income in the SSI case.

1. TRAN: DESX using the RID number form the alert as the PARM.
2. At bottom of DESX, find amount and source of unearned income.
3. TRAN: AEFUI and case number to compare data from DESX with date already entered on AEFUI.
4. Is the data comparable? Does the information need further verification? When comparing data with that of Social Security, resolve any discrepancies.
5. Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

**336 SDX EARNED INCOME DISCPNCY - DESX**

Generated when Social Security is budgeting earned income in the SSI case.

1. TRAN: DESX using the RID number form the alert as the PARM.
2. Look at "EI" (earned income) field on right hand side of DESX. Take note of amount.
3. TRAN: AEIEI and case number to see if client employed. If yes, PF19 to AEINC to compare with DESX.
4. If not employed on AEIEI, TRAN: AEISE to see if there are self-employment earnings in case. If yes, compare with DESX amount.
5. Is the data comparable? Does the information need further verification? When comparing data with that of Social Security, resolve any discrepancies.
6. Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

**338 SS DED DISCRP – DE CHANGED AEFUD**

Generated when Data Exchange has updated AEFUI with new SS/SSI.

The previous SS/SSI entry on AEFUI had a "Y" in the "DED?" Field along with an associated AEFUD screen.

DE has expired this "AEFUD and changed the "DED"? Field to "N."

This is an informational alert and requires no action by the worker. It is possible that a separate "Mass Change Exception" alert was received. Make sure that this change is authorized.

Check the budget and if needed, run AEABC and authorize.

Manual deletion.

Priority 2 alert to the worker.

**340 NO 40 QTRs RESPONSE RECVD-DEQE**

Generated when SSA sent no response on the request for earnings history to determine an immigrant's eligibility for Food Stamps. This would indicate that the immigrant is not eligible, unless other evidence is provided.

The match occurs automatically for new individuals who are coded "PR" for Alien Status on AEICZ. The worker can also request a match for a non- –recipient whose SSA record may effect the immigrant's eligibility, e.g. a parent. The result of the match can be expected by the following Friday.

Screen AEIER should be completed for ICES to determine immigrant's eligibility. Data entered on this screen is obtained from DEQE or other evidence.

Manual deletion.

Priority 2 alert to the worker.

**341 IDWD EMPLOYEE NAME DISCRP – DEWX**

Generated when the abbreviated name on DEWX appears to differ from the associated ICES name.

Informational alert only. DECT is auto completed.

DERL should be reviewed at each application, reapplication and recertification.

Manual deletion.

Priority 1 alert to the worker.

**343 REV NEW HIRE EMPLOY – DENH,DECT**

Generated when ICES applicants/recipients match information from the Indiana Department of

Workforce Development (IDWD) for newly hired (within past 20 business days) recipients with jobs Uin state.U

Access DENH, check employment information and compare to AEIEI for any discrepancies.

If information has already been reported, there is no need for further investigation.

If information is unknown, SEND DISCREPANCY NOTICE and 2032 requesting the information.

Phone client and use client statement until verified or call employer to verify so that action is completed by adverse.

Complete DECT.

Manual deletion.

Priority 0 alert to the worker.

**344 NEW HIRE MATCH NOT COMPL - DECT**

Generated 10 days from the match date if the new hire has not been documented on DECT.

Document in CLRC the reason why DECT has not been completed.

Auto deletion.

Priority 0 alert to the worker and supervisor.

**352 PRISONER MATCH – CHECK DEPM, DECT**

Generated when data from Social Security records indicate that an individual has been incarcerated.

1. TRAN: DEPM, using the RID number form the alert as the PARM.
2. Review screen for correct name and SS# of client.
3. If a correct match, is the information already known? If not, is further verification needed? Send Discrepancy notice and 2032 if needed.
4. Complete DECT.

**NOTE**: When failing a one person AG, the worker is to enter reason code 580 on AEWAA and close the case. If there is more than one person in the AG, the worker is to enter LC on AEIID showing that the individual has left the AG, Enter the date of incarceration as the occur date, and enter reason code 580 on AEWAA to remove the individual.

If no contact by client to verify household composition the entire household is ineligible.

Auto deletion.

Priority 2 alert to the worker.

## 354 PRISONER MATCH NOT COMP- DECT

Generated 15 days from the match date if the Prisoner Match has not been documented on DECT.

Follow steps for Alert 352, if not already done. Once this is done, complete DECT.

Auto deletion.

Priority 0 alert to worker and supervisor.

## 355 DEUX - UNEARNED INCOME DISCRPNCY

Generated after UUIDX (Unverified Unearned Income Data Exchange) Match. This alert displays the results of the Data Exchange with the IRS regarding unearned income and asset data for an individual in the previous year. This alert is matched monthly for new individuals and annually for all others.

**As a condition of reviewing Federal Tax Information the DFC should show the ability to protect the confidentiality of the information provided. The IPPM cite for safeguarding instructions are 4425.00.00**

1. TRAN: DEUX using the RID number from the alert as the PARM.
2. **DO NOT PRINT THIS SCREEN**. Review the data on DEUX: Does recipient have the same name? Is the source the same? (SSA?) Is the type the same? (SSI, SSDI?)
3. TRAN: AEFUI and case number and compare ICES data.
4. To return to DEUX, the SSN is displayed on AEFUI.
5. Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

## 356 CALL CHILD WELFARE RE HH COMP

Generated from ICWIS when the child (or children) has either been removed, or placed back in the home.

Contact Child Welfare to obtain details.

Manual deletion.

Priority 1 alert to worker.

## 358 AGE 18 IN MED CTGY - RUN AEABC

Generated on the 1st of the month for any individual who reaches 18 years of age on the 2nd of the month through the 1st of the following month.

The TANF eligibility will cease for the child who is now 18 as well as any child in a MA C, MAF, MA U, or MA 3 (wards) AG.

MA T will form, if child is not on SSI.

Run AEABC and follow Clevidence procedures if appropriate.

Auto deletion.

Priority 0 alert to the worker and supervisor.

## 361 RESTRICTED UTILIZATION DELETED

Generated when an individual receiving Medicaid Benefits has had their "restricted utilization" status removed; thus, the individual can resume normal Medicaid use.

Indiana AIM has stop dated the individual's restricted utilization file.

Information only. No action required.

Manual deletion.

Priority 3 alert to the worker.

## 362 RESTRICTED UTILIZATION CHANGED

Generated when the restricted utilization file has been updated with new restricted Medicaid Provider data.

A different Pharmacy, Doctor, and/or Hospital has been added as the sole source of Medicaid covered services for this recipient. The previous Provider(s) have been deleted. If necessary, contact the EDS Surveillance Unit.

Manual deletion.

Priority 3 alert to the worker.

## 363 RESTRICTED UTILIZATION ADDED

Generated when Health Care Excel has detected overuse of certain Medicaid services, such as prescriptions from different physicians and pharmacies for the same medication in larger than normal quantities.

After investigation by Health Care Excel, the client is informed of impending restricted utilization status. The client has the right to appeal this status. The client is given the opportunity to select one (1) Pharmacy, Hospital, and Doctor through which to receive Medical Services. Health Care Excel should approve these choices.

Manual deletion.

Priority 3 alert to the worker.

## 364 DENB- SSA REPORTS INDIVIDUAL DECEASED

Generated when SSA reports that an individual is deceased, and ICES has that person in an open or pending case.

5. TRAN: DENB, using the RID number form the alert as the PARM.
6. DENB will display date of death.
7. If this is a single person Assistance Group, change Living Type code on AEIDC to 05, run AEABC, and authorize closure on AEWAA.
   If case has more than one individual in the Assistance Group, use code DT on AEIID to remove deceased individual, run AEABC, and authorize change on AEWAA.
8. Complete DECT.

Auto deletion.

Priority 1 alert to worker and supervisor.

## 365 DEATH MATCH NOT COMPLET / DECT

Generated 15 days from the match date if the death date has not been documented on DECT.

Follow steps for Alert 364 if not already done. If this has been done, complete DECT.

Auto deletion.

Priority 1 alert to worker and supervisor.

## 369 PR FORM REQUIRES WORKER REVIEW

Generated by logging receipt of periodic reporting form for MA F on PRRG.

Enter information from Periodic Report regarding income and childcare on PRES and PRCC.

Is PR complete? Enter “I” or “C” at top of PRES.

If worker enters “C” (complete), Alert #299 will be generated.

If worker enters “I” (incomplete), Alert 370 will be generated.

Incomplete PR’s are treated the same as no PR received.

Manual deletion.

Priority 1 alert to the worker.

## 370 REVIEW MA F- NO TIMELY PER REP

Generated when the TMA periodic report has been either not received, received incomplete or received late and no "good cause" reason is indicated on ICES screen "PRES".

A determination needs to be made as to whether:

1. A completed report has been received at the local office but not logged on screen PRES.
2. A logged incomplete report has been received and is now complete, which requires that screen PRES needs to be updated.
3. If the family had good cause for not submitting a report, submitting an incomplete report, or submitting a late report. The worker is to enter the code cause indicator and reason code on the PRES screen.

Manual deletion.

Priority 1 alert to the worker.

## 372 RESOLVE MA ELIG—NO/INC MA F PR

Generated when MA F AG should be closed due to no PR, incomplete PR, or late PR (without "GOOD CAUSE").

**NOTE**: Be sure that the PR has not been overlooked.

Verify current income if Clevidence rules apply.

Manual deletion.

Priority 1 alert to the worker.

## 373 RID CORRECTED FOR IND IN CLAIM

Generated when a liable individual in a claim had a RID corrected through AEOAL.

Add the RID number to BVLI.

Manual deletion.

Priority 1 alert to the BV worker.

## 374 CHILD NOT WITH CP PER PROS

Generated when the prosecutor has updated ISETS indicating the child is no longer living with the custodial parent based upon information they have obtained.

Verify that the child(ren) in question are no longer in the household.

Appropriate action should be taken to remove the child(ren) from the case on screen AEIID if confirmed.

Other screen actions may be necessary relating to the child's resources, income, and expenses

in the case.

Manual deletion.

Priority 1 alert to the worker.

## 375 CHILD WITH CP PER PROS

Generated when the prosecutor has updated ISETS indicating that the child(ren) are now again living with the custodial parent.

Verify that the child(ren) in question have been returned to the custody of the custodial parent.

Appropriate case action should be taken to add the child(ren) to the case beginning on screen AEIID after checking that the child(ren) no longer are recipients in another ICES case.

Manual deletion.

Priority 1 alert to the worker.

## 376 AP NOT RESIDING W/ CP PER PROS

Generated when the prosecutor has updated ISETS indicating a change when the non-custodial parent is reported to no longer be living with the custodial parent.

Verify that the non-custodial parent is no longer living with the custodial parent of the child(ren).

Once verified, action should be taken to remove the non-custodial parent from screen AEIID and to update other related ICES screens that are affected by the person's removal from the case.

Manual deletion.

Priority 1 alert to the worker.

## 377 AP RESIDES WITH CP PER PROS

Generated when the prosecutor has updated ISETS indicating that the absent parent is now living with the custodial parent.

1. Verify the household composition situation.
2. Verify that the absent parent is not active in another open case.
3. If the absent parent has indeed returned, go to screen AEIAP and enter "RC" as the delete code and enter an end date to the absence.
4. Add the returning parent to screen AEIID.

5. Make changes relative to the parent's circumstances on all other screens as appropriate.

Manual deletion.

Priority 1 alert to the worker.

**378 NO SAPN-IQSSA/AEIII DISCREPANT**

Generated when SSI shows the A/R in an institution and AEIII is not completed.

Supplemental Assistance for Personal Needs could not be generated.

Verify the recipients living arrangement and complete AEIII if appropriate.

If the recipient is not in a facility, notify SSA.

Manual deletion.

Priority 0 alert to the worker and supervisor.

**379 IPV ADDED / DELETED RUN AEABC**

Generated when an IPV has been added / deleted on BVFV.

Run AEABC. Depending on whether the IPV was added or deleted, the result could be positive to AG or adverse to AG.

Auto deletion.

Priority 0 alert to worker and county BV coordinator.

**380 REV MA CERT & PRE ADM ON AEIII**

Generated when the information on AEIII is incomplete or discrepant with data from SSI.

Supplemental Assistance for Personal Needs could not be generated.

Review the Medicaid certified and the preadmission screening fields.

Complete or correct these fields.

Manual deletion.

Priority 0 alert to the worker and supervisor.

**382 GARNISHMENT INFO ON DEBN**

Generated when garnishment information from SSA displays on DEBN

Review DEBN and make the necessary updates to AEFUI.

Complete DECT

Auto deletion

Priority 1 alert to the worker.

**384 IND HAS MED.PARTB AND NO AEFMC**

Generated when an individual has Medicare Part B and there is no Part B information on AEFMC.

Check DEBN for information.

Update AEFMC and AEFME with appropriate information.

Manual deletion

Priority 2 alert to the worker

**385 IND RCVD CHILDCARE PYMTS - DECC**

Generated when an individual has received a childcare payment from the Bureau of Child Development and the Daycare field on AEISE is not marked as a Y.

Compare DECC and AEISE.

If information is unknown, send a discrepancy notice or 2032 to client.

Update AEISE.

Complete DECT.

Auto deletion.

Priority 1 alert to worker.

**389 COMPLIANCE TRACKING OVRDU-DECT**

Generated when DEUI data match has not been completed within 45 days from the match date.

TRAN DEUI using the RID number.

Compare the information from DEUI with AEFUI.

If necessary, update ICES.

Complete DECT. Fill in the field, “DELQ RES” with a “Y” (yes) or “N” (no). This response is to the question, “was the delay caused by the worker waiting for pending verification of data match information or not?”

Auto deletion.

Priority 0 alert to the worker and supervisor.

**400 ABAWD INDIVIDUAL ASSIGNED**

Generated after authorization when an ABAWD individual is assigned to an IMPACT worker.

Schedule an appointment with the individual to assist in meeting work requirements.

The client will complete a Self-Sufficiency Plan

Manual deletion

Priority 1 alert to the worker.

**402 IMPACT REQ ALERT – SEE WPA1**

Generated when the alert field on WPA1 has been used to indicate an expected change.

TRAN WPA1 to review the message.

Manual deletion.

Priority 3 alert to the IMPACT worker.

**403 IMPACT VOLUNTEER DEACTIVATED**

Generated when failure is entered on WPA1.

Enter exemption code for the individual on AEIWP and authorize.

Manual deletion.

Priority 2 alert to the worker.

**406 FS SYSTEM CLOSED - MASS CHANGE**

Generated when mass change results in a Food Stamp Assistance Group being automatically closed.

Check AEFUI for Data Exchange information that was auto-entered. Is there anything unusual, for example, 2 entries for same type of SS or SSI?

Review the Food Stamp budget for accuracy.

Manual deletion.

Priority 2 alert to the worker.

## 410 TANF AUX OR REG BEN APPR TODAY

Generated when BICS is completed and the Supervisor has already approved a TANF auxiliary for the AG today.

Approved benefit will not display on IQCH until next day.

Review case.

If the auxiliary was completed in error, cancel on BICS.

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 411 RUN AEABC – AEDWI DECISION MADE

Generated when central office staff has made a decision on an independence and self-sufficiency account.

If all other eligibility factors are complete, run AEABC and authorize.

Auto deletion.

Priority 0 alert to the worker.

## 412 MC EXCEPTION – FIATED AG IN CASE

Generated when mass change identifies an AG that is fiated.

This is an informational alert.

Review the case.

If there are no changes needed, do not run AEABC. Running AEABC will cause the fiat to be done.

Manual deletion.

Priority 1 alert to the worker.

## 413 MC EXCEPTION-AE SCREEN UPDATED

Generated during mass change when an AE screen has been updated but ED/BC has not been invoked.

Review case to determine if AEABC needs to be run.

Manual deletion.

Priority 1 alert to the worker.

## 414 MC EXCEPTION-PREMIUM CHANGE

Generated when a premium amount change cannot be authorized on-line by mass change.

Assistance group should be authorized for the information to pass to the premium vendor.

Run AEABC and authorize.

Manual deletion.

Priority 1 alert to the worker.

## 415 MC EXCEPTION-ALIEN ELIGIBLE

Generated when Alert 005 (Run AEABC – Explore FS immigrant eligibility) has not been worked.

Run AEABC and authorize.

Manual deletion.

Priority 1 alert to the worker.

## 416 IMPACT INDIVIDUAL INACTIVATED

Generated six (6) months after the assistance group has been closed.

Informational alert. No action required.

Manual deletion.

Priority 3 alert to the IMPACT worker.

## 417 WP CONTRACTOR CLAIM SUBMITTED

Generated when CMS submits a claim to ICES. It is displayed by individual RID number.

For workers who do not pre-approve claims, this will be an informational alert.

Enter “W” on CLWA to go to screen WPCC.

For workers who pre-approve claims, use the contract check sheet and verify the requirements are satisfied.

After insuring that the claim should be paid, enter your ICES worker ID on WPCC.

WPCR will automatically be completed when the worker enters the information on WPCC.

After pressing enter, the Approver ID field will be protected on WPCC and WPCR.

Manual deletion.

Priority 1 alert to the IMPACT worker as listed on WPA1.

**418 WP CONTRACTOR CLAIM FROM CMS**

Generated to the individual(s) listed as Approver on WPED or WPPD when a provider submits a claim to CMS. It is displayed by Employer ID.

If there are no designated approvers, this alert goes to the IMPACT Coordinator who is listed on TCRD.

The person designated by the county should insure all elements of the contract referral have been met for the component service code for which the contractor has submitted a claim.

Enter "W" on CLWA to go to screen WPCR.

Use the contract check sheet and verify the requirements are satisfied.

Enter ICES worker ID on WPCR.

WPCC will automatically be completed when the worker presses enter on WPCR after entering the ICES ID.

After pressing enter, the Approver ID field will be protected on WPCR and WPCC.

Manual deletion.

Priority 1 alert to the Designated Approver or the IMPACT coordinator.

**422 RUN AEABC & AUTHORIZE-DEATH**

Generated when the worker enters the 05 (death code) on AEIDC.

Run AEABC and authorize the assistance group on AEWAA.

Auto deletion.

Priority 1 alert to the worker.

**423 AEMDT – 1ST LETTER NOT SENT**

Generated 10 days after FINAL INTERVIEW DATE if no entry has been made in 1ST CLIENT LETTER SENT or 1ST PROVIDER LETTER SENT on AEMDT.

Send the initial letter for provider information.

Enter the date of the letter on AEMDT.

Auto deletion.

Priority 1 alert to the worker.

**424 CLNT COOP?PROV INFO INCOMPLETE**

Generated 50 days after 1st client letter if there is no entry in 1ST PROVIDER LETTER SENT or

FINAL PROVIDER INFO RECVD fields on AEMDT.

Review case file and send appropriate contact letter.

If information is in the case record go to AEMDT and fill in the information.

Auto deletion.

Priority 1 alert to the worker.

**425 REC DATE FROM PROV NOT COMP**

Generated 60 days after the 1st provider letter was sent if no date has been entered in the FINAL PROVIDER INFO RECVD field on AEMDT.

Review case record and send a follow up letter to provider.

Auto deletion.

Priority 1 alert to the worker.

**428 AEMDT – AI PENDING 60 DAYS**

Generated 60 days after the MRT has requested additional information if no date has been entered on AI SENT TO MRT field.

Review the case record and send follow up letter(s).

If the additional information has been sent, enter sent date on AEMDT in AI SENT TO MRT field.

Auto deletion.

Priority 1 alert to the worker.

**429 AEMDT – MRT PACKET PEND 5 DAYS**

Generated 5 days after final provider information is received if no date has been entered in MED PACKET SENT TO MRT field.

Send the medical information to MRT and enter the date sent on AEMDT.

Auto deletion.

Priority 1 alert to the worker.

**432 PROV FOLLOW-UP / REC DATE?**

Generated 80 days after 1st provider letter if there is no date in FINAL PROVIDER INFO RECVD field.

Review case and send follow up letter.

Auto deletion.

Priority 1 alert to the worker and supervisor.

## 501 OVER-PAYMENT AG CLOSED

Generated when an AG with an overpayment is closed.
Go to BVCP and use 'C' for change in the 'ACT CDE' column in order to remove the 'RC' (code for recoupment). Re-access BVCP in order to make any other change, such as adding another method of repayment if the debtor has agreed to one of the options. If there is a verbal or signed repayment agreement, recoupment would be changed to Installment Payment (IA), Lump Sum (LS), or Voluntary Payment (VP) – client's choice. If the debtor has not agreed, no entry is made.

Manual deletion.

Priority 1 alert to the worker on the claim, who may or may not be the eligibility worker.

## 504 NEW CASE ASSIGNED TO CASELOAD

Generated when an open case has been transferred.

Check for "hard copy" casefile.

Check for the redetermination date and for outstanding alerts.

Manual deletion.

Priority 3 alert to the worker.

## 506 CASEFILE NOT IN PROPER LOCATN

Generated when a case has been in an invalid location for 30 days or more. This alert will not be produced if the case status is open or pending (location is intake (IN), ongoing (ON), or active files (AF).

TRAN AEICI and change the location of the casefile.

Manual deletion.

Priority 2 alert to the worker and the supervisor.

## 507 HOUSEHOLD CHANGE EXPECTED

Generated by worker's entry on AEFEC and appears the day following the date on the screen.

1. TRAN AEFEC to review factor that needs follow-up.
2. Take appropriate action.
3. When action is completed, "EX" entry on AEFEC.

Manual deletion.

Priority 1 alert to the worker.

**508 RUN AEABC - MA 4-MO EXT ENDING**

Generated at the end the 4-month extension of MA C.

Run AEABC, MA C will fail.

Upon failure of the MA C, expect other categories of medical assistance to form.

Follow Clevidence procedures if appropriate.

Auto deletion.

Priority 0 alert to the worker.

**512 PREGNANCY ONE MONTH PAST DUE**

Generated when the pregnancy end date has not been entered on AEIPI in the month indicated as month due.

If no information has been received regarding the birth of the child the worker should contact the client to see if the child is overdue, born (but not yet reported), or miscarried.

If child overdue, change the month due to the current month.

Manual deletion.

Priority 2 alert to the worker and supervisor.

**521 CLAIM STATUS = OA (GREATER THAN) 28 DAYS**

Generated 28 days after claim status is changed to OA on BVRC. A notice was sent to the client when the status was changed to OA.
The Benefit Recovery Coordinator gets the same alert at 37 days if no action has been taken.
The client should have responded by day 28 as to preferred method of repayment.
Action will depend on AG's eligibility status (open or closed).
TRAN: BVCP with parameter CASE/CAT/SEQ/CLAIM SEQ.
At the bottom section of the screen, input "C" activity code. If the AG is open, input "RC" for the recovery method.
If recoupment is input, an alert will be received to run AEABC to start the recoupment.
If the client has either verbally promised to repay or has sent in a signed Repayment Agreement, "IA" is the recovery method, enter the monthly payment amount and determine if a delinquency notice should be sent. When there is no response and the AG is not currently receiving benefits, change the status to "OP" on BVRC.
Manual deletion.
Priority 1 alert to the BV worker.

**523 IPV CLAIM STATUS = OA > (greater than) 10 DAYS**

Generated 10 days after the claim status was changed to “OA” on BVRC. A notice was sent to the client when the status was changed to “OA”.
For IPV claims, the notice requires that an AG select a method of repaying the claim within 10 days of the notice of over issuance. Mandatory recoupment should be imposed on AG’s currently certified.
Either no response to the notice will be received or responses will fall into 1 of 3 categories:
Mail is returned as undeliverable. The worker should use all resources including a letter to the Postmaster to verify the client’s correct address.
An agreement to repay or a repayment in full is returned.
A request for a hearing is received. If an appeal is requested, the worker should enter this information on HERQ.
The Benefit Recovery worker should monitor the response or lack of response and enter the appropriate repayment method on BVCP. When there is no response and the AG is not currently receiving benefits, change the status to "OP" on BVRC."
Manual deletion.
Priority 1 alert to the BV worker.

**525 RECOUPMENT ON CLAIM BEGINNING**

Generated when recoupment on an AG is beginning.

Sequence of events leading up to this alert is:

1. Enters “RC” recovery method on BVCP.
2. Alert 765 will go to eligibility worker to run AEABC to start recoupment.

Manual deletion.

Priority 3 alert to the BV worker.

**526 CLAIM PAID IN FULL - RUN AEABC**

Generated when a claim is paid in full and the balance is zero for TANF and Food Stamp claims.

1. Run AEABC.
2. Check the financial budgets (there should no longer be a recoupment).
3. Authorize the AG.

Auto deletion.

Priority 0 alert to the worker.

**527 FS CLAIM STATUS - OA > (greater than) 20 DAYS**

Generated 20 days after the FS claim status was changed to “OA” on BVRC. A notice was sent to the client when the status was changed to “OA”.

Either no response to the notice will be received or responses will fall into 1 of 3 categories:
Mail is returned as undeliverable. The worker should use all resources including a letter to the Postmaster to verify the client's correct address.
An agreement to repay or a repayment in full is returned.
A request for a hearing is received. If an appeal is requested, the worker should enter this information on HERQ.
The notice requires that an AG select a method of repaying the claim within 20 days of the notice of over issuance. Mandatory recoupment should be imposed on AG's currently certified.
Monitor the response or lack of response and enter the appropriate repayment method on BVCP.
When there is no response and the AG is not currently receiving benefits, change the status to "OP" on BVRC.
Manual deletion.
Priority 1 alert to the BV worker.

**530 END AG RECOUP-LIABLE IND LEFT**

Generated when all liable individuals on a claim have left the AG.

IQIS the liable individual(s) to see if the claim follows them to another case.

Remove RC Code on BVCP if the individual is not in an active AG.

Manual deletion.

Priority 1 alert to the worker.

**533 NEW CLAIM ASSIGNMENT**

Generated when a claim is assigned to the Benefit Recovery Worker on BVBR.

If county does not have a separate Benefit Recovery unit with specialized BV workers, the BV worker is probably the same as the eligibility worker who entered the claim and assigned it to him or herself.

Information only. No action required.

Manual deletion.

Priority 3 alert to the worker.

**543 MASS CHANGE EXCEPTION - SEE REPT**

Generated when mass change did not complete authorization of an AG due to:

1. The change caused an TANF or Medicaid AG to fail, or
2. The case contained a pending application for an AG, or
3. Any AG in the case has a currently fiated benefit.

The alert displays the day after mass change. Look at the case and determine which of the reasons listed above caused the mass change exception.

Run AEABC and either:

1. Close the TANF or Medicaid AG that is failing, or
2. Authorize the AG(‘s) in the case that were open (of course, the pending application will remain a pending application), or
3. Determine the need for re-fiating the AG that was fiated and authorize.

Manual deletion.

Priority 1 alert the worker.

**550 EMPLOYMENT ADDED - CHECK WPJA**

Generated because employment data has been entered on WPJA.

To determine if there is a discrepancy:

1. TRAN: WPJA with the RID # from alert as parameter.
2. Compare data on WPJA with the information on screens AEIEI / AEINC / AEISE. Use PF14 from WPJA to get into AE screens.

Manual deletion.

Priority 1 alert to the worker.

**563 NEW CLAIM ASSIGNMENT – 30 DAYS**

Generated after the Benefit Recovery Coordinator assigns a claim with a source code of CO (Central Office Referral), DP (Duplicate Participation Reported on FNS 46), OI (OIG-Investigation), QC (QC Finding), QF (QC Potential Fraud), or TF (Transfer from Another State). These types of claims need to be completed (OA’d) within 30 days.

Information only. No action required.

Manual deletion.

Priority 3 alert to the BV worker.

**579 BUY–IN STOPPED SEE AEFME**

Generated when AIM sends information that Medicare part B is no longer bought-in.

If the Buy-In status is terminated the premium status should be changed back to self-pay on AEFME.

If this information appears discrepant contact 1-800-246-2224 for all Buy-In questions.

1. Check AEFME for the medical expense type and correct if needed.

2. Run AEABC if necessary and authorize to correct the budgets.

Manual deletion.

Priority 1 alert to the worker.

**601 WP REFERRAL STATUS CHANGED**

Generated when a status changes on AEIWP for an active IMPACT individual.

Look at AEIWP to see if the IMPACT status has been changed.

Manual deletion.

Priority 1 alert to the IMPACT worker.

**602 UNDERISSUANCE REFERRAL**

Generated when BVUI (Benefit Recovery Underissuance Referral) is completed and status “RF” (referred).

Usually BVUI, BVMC and BVUO has been completed to generate the BIOR alert to the supervisor to approve payment of the underissuance.

Quality control may initiate the BVUI in case of an error in the case. QC will only enter time period of the review month on BVUI. The actual period may be different. A complete analysis of the circumstances with the supervisor is necessary to compute the actual underissuance.

Manual deletion.

Priority 1 alert to the worker.

**603 UNDERPAYMENT REFERRAL - QC SOURC**

Generated when QC completes BVUI and enters status as "RF" (referred).

Quality Control has completed a review of this AG's eligibility for a particular month and determined that the AG has been underpaid.

Quality control may initiate the BVUI in case of an error in the case. QC will only enter time period of the review month on BVUI. The actual period may be different. A complete analysis of the circumstances with the supervisor is necessary to compute the actual underissuance.

Manual deletion.

Priority 1 alert to the worker.

**606 UNDERISSUANCE INITIATED-BVUI**

Generated when an underissuance is initiated on BVUI.

Quality control may initiate BVUI in case of an error in the case. QC will only enter time period of the review month on BVUI. The actual period may be different. A complete analysis of the circumstances with the supervisor is necessary to compute the actual underissuance.

Manual deletion.

Priority 1 alert to the worker and supervisor.

**607 UNDERISSUANCE OPEN > 30 DAYS**

Generated when an underissuance claim has been in open status over 30 days.

Use BVUI to cancel or BVUO to generate Auxiliary.

Manual deletion.

Priority 1 alert to the worker and supervisor.

**609 LUMP SUM PAYMENT DUE/NOT RECD**

Generated if no payment is made by the due date and the claim repayment method is LS (Lump Sum).

Check to see if a recoupment is possible. If not, contact the client about an installment agreement.

Manual deletion.

Priority 1 alert to the BV worker.

**610 BENEFIT CHANGE FOR WP INDIV**

Generated when the worker authorizes a benefit change for an active IMPACT individual.

Review the case to see why the benefit changed. Is there new earned or unearned income?

Manual deletion.

Priority 1 alert to the IMPACT worker.

**611 RUN AEABC - RESOURCE TRANSFER**

Generated 7 days after the resource transfer penalty period has expired.

Resource transfer policy only effects eligibility for MED 1 categories of assistance.

Run AEABC and authorize.

Contact PAL to get the nursing home per diem payment restarted.

Auto delete.

Priority 0 alert to the worker and supervisor.

**614 DELETE DECEASED FROM AEIID**

Generated when an assistance group member is deceased.

On AEIID, enter DT as the delete code for deceased individual.

Run AEABC and authorize the assistance group.

Auto deletion

Priority 0 alert to the worker and supervisor.

**615 DELETE DECEASED AND AUTH AG**

Generated when an assistance group member is deceased.

On AEIID, enter DT as the delete code for deceased individual.

Run AEABC and authorize the assistance group.

Auto deletion.

Priority 0 alert to the worker and supervisor.

**625 RUN AEABC TANF FRAUD-BVRC CHG**

Generated when a TANF claim's fraud indicator on BVRC is changed.

Run AEABC and authorize.

Manual deletion.

Priority 0 alert to the worker.

**631 ASSIGNMENT REVIEW APPROACHING**

Generated when an IMPACT individual's assignment review date is approaching.

The alert is generated after 90 days and the individual's assignment needs a review.

Manual deletion.

Priority 1 alert to the IMPACT worker.

**634 IMPACT SANCTION REQUESTED**

Generated when an individual failed to appear for an IMPACT assessment appointment, without good cause.

The IMPACT worker has entered a failure date on WPA1.

Run AEABC and expect the individual to fail the Non-financial eligibility for TANF and TANF related Medicaid.

Authorize the AG(s).

Auto deletion.

Priority 0 alert to the worker and supervisor.

**643 RESOURCES TRANSFER DUE - 30 DAYS**

Generated 7 days prior to the MCCA resource transfer period expiration date.

The time period for resource transfer is 90 days from approval of the MA A, MA D, MA B AG.

Verify that the resource transfer occurred. Grant an extension if appropriate.

If an extension is not appropriate, discontinue the AG.

Manual deletion.

Priority 0 alert to the worker.

**645 CLAIM PAYMENT LESS THAN AGREED**

Generated when the payment on a claim was less than what was agreed to as entered on BVCP.

TRAN: BVCP, using CASE/CAT/SEQ/CLAIM SEQ. In the PARMS.

Input “C” in the ACT code field and “Y” in the notice field.

Manual deletion.

Priority 2 alert to the BV worker.

**646 EMPLOYMENT BEGAN/ENDED - AEIEI**

Generated when a mandatory or voluntary IMPACT participant begins or ends employment on AEIEI.

This information is needed for the Job Reports.

This information is also needed to make sure individuals are following up on their Self-Sufficiency Plans.

Update WPJA as necessary and record on IMPACT Monthly Placement Report.

Manual deletion.

Priority 2 alert to the IMPACT worker.

**647 RESOURCE ASSESSMNT 20 DAY NOTIC**

Generated 19 days after the resource assessment date on ARRA.

If all verifications are not received by the 20th day from the date on ARRA, send a letter to both spouses indicating the need to return the previously requested verifications.

At the end of 30 days, a second letter should be sent stating that the assessment cannot be completed until the verification is submitted.

Manual deletion.

Priority 2 alert to the worker.

**650 HOLD FS EXP - CONF W/IN 2 DAYS**

Generated when a denial of Food Stamp Expedited Service is appealed.

HERQ for the Food Stamp AG has been completed. A local agency conference should be held within 2 working days of the appeal request date.

Schedule and conduct a conference with the client.

The "TYPE" of conference should be entered as "E" on HERQ.

Manual deletion.

Priority 3 alert to the worker.

**652 FAIR/ADH HEARING SCHEDULED**

Generated when a hearing is scheduled on HESC.

TRAN: HESC, using as PARM the CASE/CAT/SEQ/A000000001.

Note date in CLRC.

Manual deletion.

Priority 1 alert to worker and county hearing coordinator.

**653 FAIR / ADH HEARING RESCHEDULED**

Generated when a hearing date has been changed.

TRAN: HESC, using as PARM the CASE/CAT/SEQ/A000000001.

Manual deletion.

Priority 1 alert to worker, supervisor and county hearing coordinator.

**656 CHECK AEIAC NON-COOP WITH PROS**

Generated when the prosecutor's office has determined the person is not cooperating.

Run AEABC to impose the sanction.

AEWAA should display reason code 569.

Manual deletion.

Priority 0 alert to the worker.

**657 CHECK AEIAC NON-COOP CEASED**

Generated when the prosecutor's office has determined the person who had not been cooperating is now cooperating.

Run AEABC and authorize to end the sanction.

Manual deletion.

Priority 0 alert to the worker.

**701 INDIVIDUAL ON NEW APPLICATION**

Generated when an individual in an active case is now being included in a new application.

If the client has reported no change, worker should IQIS this individual using the RID from the alert. Two ICES case numbers should appear with the individual status of "EA". Contact a member of the remaining household in the old ICES case to obtain collateral verification of this change. Contact other caseworker if discrepancy is not resolved.

Manual deletion.

Priority 1 alert to the worker.

**702 APPLICATION ACTION OVERDUE**

Generated 30 days after the application date if the case is not denied or has not been sequenced into the application entry subsystem. (AECSQ).

Ensure that an interview was initially scheduled or has not been rescheduled. If no appointment has been rescheduled, deny the application.

Manual deletion.

Priority 1 alert to the worker.

**703 FUTURE APPT NOT SCHED—APPL**

Generated when no appointment has been scheduled for an application.

Schedule an appointment with the client on CSAS to initiate application entry (AE).

Manual deletion.

Priority 1 alert to the worker.

**704 MA APPROVED-UPDATE AEIDP**

Generated when MA D or MA B is authorized.

If the client has Food Stamps, review the FS disabled field on AEIDP and change to "Y" if appropriate.

Add "Y" to (AFDC) INCAPACITATED?

Run AEABC and authorize.

Manual deletion.

Priority 0 alert to the worker.

**705 RUN AEABC TO END IPV DISQUAL**

Generated when an IPV disqualification on BVFV is ending the following month.

Run AEABC to add of this individual to the assistance group and authorize.

Auto deletion.

Priority 0 alert to the worker.

**707 BEER WAGE DISCREPANCY – DEBR (Federal Tax Information)**

Generated when out of-state wages or self-employment income identified on SSA Beer tape is greater than ICES data and is above tolerance level.

DEBR matches earnings from employers nationwide.

**As a condition of reviewing Federal Tax Information the DFC should show the ability to protect the confidentiality of the information provided. The manual cite for safeguarding instructions IPPM 4425.00.00.**

Access reference table TBWT for income types.

1. TRAN: DEBR using the RID number from the alert as the PARM.

2. **DO NOT PRINT THIS SCREEN.** Review the data on DEUX. Does the recipient have the same name? Is the employer the same? Check the amount earned from each source. Were they receiving benefits at the time?
3. TRAN: AEIEI and AEINC and the case number and compare ICES data. Send discrepancy notice and 2032 if appropriate.
4. Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

## 708 SSA NUMIDENT MATCH DISCR - DENB

Generated at application for clients whose SSN's could not be matched with SSA due to a mismatch of NAME, DOB, SEX, or SSN. This alert recurs every 60 days until the discrepancy is resolved.

8. TRAN: AECCR, using case number PARM.
9. Match RID from alert with client on AECCR.
10. TRAN: AEIID and locate client's SSN. Write down SSN.
11. TRAN: DENB, using SSN as parameter
12. If it is "name discrepancy" (there is no requirement for client to use the same name in ICES as is used in SSA records) and the ICES individual is the same person as reported by SSA, Tran AEIID and enter "OV" in the verification field for SSN.
13. If 'SSN MISMATCH' locate the client's hard copy SS card. Check the SSN on AEIID for errors. If it is discrepant contact the client and refer to the SSA.
14. If DOB or SEX mismatch is discrepant, check AEIID for possible coding errors. If found, correct them. If none found, enter "OV" in SSN verification field. Should be resolved within 30 days.

Manual deletion.

Priority 2 alert to worker and supervisor.

## 709 FIRST ISETS HIT ON DECB

Generated when the ISETS IV-D support collection or a zero record is received for the first time on ICES.

1. TRAN DECB using the RID number from the alert as PARM.
2. Review screen. It may be necessary to write down the name, child support amount and

type before going to AEFUI. Be sure to PF 20 for "Next Individual".

3. TRAN: AEFUI, use PF 14, compare data from DECB with data already entered on AEFUI.
4. Update AEFUI with the current amount from DECB.

Manual deletion.

Priority 1 alert to the worker.

## 715 EMPLOYMENT BEGAN/ENDED AEISE

Generated when a mandatory or voluntary IMPACT participant begins or ends employment on AEISE.

Access WPJA in next Tran by RID or SSN.

Review AEISE and update information if necessary on WPJA.

Record information on IMPACT Monthly Placement Report.

Manual deletion.

Priority 2 alert to IMPACT worker.

## 717 RESOURCE ASSESSMENT 30 DAY NOTICE

Generated 29 days after the resource assessment date on ARRA, if the assessment has not been completed due to pending verifications.

Alert # 647 (resource assessment 20-day notice) was received and acted on by the worker, 20 days after the date on ARRA.

Send a 2nd letter to each spouse stating that the assessment cannot be completed until all requested verifications are submitted.

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 719 MA ENROLLMENT INITIATED

Generated when the Medicaid enrollment process is initiated during ARMA application registration for IV-E and Foster Care cases.

Contact Child Welfare for additional information about the case, and check on the specific policy and procedures for handling these types of cases.

Manual deletion.

Priority 1 alert to the worker and supervisor.

## 722 CLAIM STATUS CHANGE TO PR

Generated when repayment method is entered as RC (recoupment) by the benefit recovery worker on screen BVCP causing the claim status to change to pending recoupment (PR).

Run AEABC authorize.

After monthly run claim status will change to open.

Manual deletion.

Priority 2 alert to the worker.

## 730 END DATE IMPACT ACTIVITY

Generated when sanction is initiated but activity is not end dated on WPAS.

Access WPAS by client SSN and enter appropriate reason code and end date.

Manual deletion.
**Priority 1 alert to IMPACT worker.**

## 733 RUN AEABC TO END IMPACT SANCTION

Generated when an Impact sanction is entered on AEOIE is ending.

The client has complied with the requirement for which he/she was sanctioned and has served the minimum sanction period. For FS see 2438.45.15 and TANF see 2438.45.35.20.

Run AEABC, check work programs status on AEIWP and, note that client now passes on AEIED, and authorize the case.

Auto deletion.

Priority 0 alert to worker.

## 735 IDWD/UI INFORMATION CHK DEUI

Generated when unemployment insurance data returned for applicant.

Verify amount listed on DEUI with entry on AEFUI.

Access AEFUI with RID number and check amount listed.

If AEFUI isn't coded for unemployment insurance UI enter the amount for and use RA (records of agency) as the verification code.

Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

**736 IDWD/UI UINC DISCREPANCY - DEUI**

Generated after data match with IDWD. A client in the worker's caseload is receiving unemployment benefits.

1. TRAN: DEUI, using the RID number from the alerts as the PARM.
2. Note data on DEUI such as: weekly amount, unpaid balance, date of last warrant, address to which the warrants are mailed, end of benefit period. These variables are the clues necessary to correctly interpret the timely reflection of the unemployment benefits into the ICES case. Prospectively anticipate the end of these benefits from DEUI.
3. TRAN: AEFUI to compare data in ICES.
4. If worker needs to return to DEUI, the SSN is on AEFUI.
5. Complete DECT.

Auto deletion.

Priority 1 alert to worker.

**737 BEER PENSION INC DISCREPENT-DEBR (Federal Tax Info.)**

Generated when pension income identified on SSA BEER tape is greater than ICES data and is above tolerance amount. Worker should compare information found on DEBR with AEFUI.

View ALERT 707 for instructions.

Auto deletion.

Priority 1 alert to the worker.

**739 IEVS COMPLIANCE TRACKING OVRDU**

Generated when data exchange information was available 45 days ago, and DECT has not been completed.

5. TRAN: DECT, using the case number from alert as parameter.
6. Identify data exchange type and date from DECT, along with RID of individual(s).

7. Follow the steps under the alert related to that data exchange by analyzing data from ICES screens with, DEWX, DEBN, DESX. Update the ICES case if necessary.
8. When this occurs (after 45 days), it is necessary to fill in the field, "DELQ RES" with a "Y" (yes) or "N" (no). This response is to the question, "was the delay caused by the worker waiting for pending verification of data match information or not?"

Auto deletion.

Priority 0 alert to the worker, supervisor, and administrator.

**740 RUN AEABC - MRT DECISION ENTERED**

Generated when the medical review team decision is updated on AEOMD (accessed by PF 18 from AEIDP).

TRAN: AEIDP with case number from the alert for parameter.

If the MMRT wants more information, the field "(MA) " Disabled / Blind will display an "I".

Run AEABC. AG will fail or pass on AEIES unless more information requested by the MRT.

Auto deletion.

Priority 0 alert to the worker.

**742 DELINQUENT CLAIM PAYMENT**

Generated when claim installment repayment method is installment amount and a payment is not entered on BVTH.

Repayment method on BVCP is "IA".

TRAN: BVCP, using as the parameter the CASE/CAT/SEQ/CLAIM SEQ.

Input "C" in act code field and "Y" in the delinquent notice? Field.

Manual deletion.

Priority 2 alert to the BV worker.

**743 APPL PENDING 30 DAYS - RUN AEABC**

Generated when the application has been pending for 30 days (AEFPY application date).

Run AEABC. When driver reaches AEFPY, determine if a delay code is appropriate for the AG. If a delay code is appropriate, document the reason in CLRC.

Food Stamp assistance groups will pend for reason code 100. A pending notice (2032) should be sent. Do not enter a delay code for the FS AG at this time. (However, a delay code will need to be entered prior to case authorization.)

Auto deletion.

Priority 0 alert to the worker.

## 744 APP PENDING 45 DAYS - RUN AEABC

Generated when an application (except Food Stamp) has been pending for 45 days.

Run AEABC, and if appropriate, enter a delay code on AEFPY.

Auto deletion.

Priority 0 alert to the worker.

## 745 APPLICATION PENDING 60 DAYS - RUN AEABC

Generated when the application has been pending for 60 days.

Run AEABC. When the driver reaches AEFPY, determine the appropriate delay code for the AG.

ICES generate notices for MA D and MA B AG'S. Always input the date the medical report is received on AEIDP. If there is no date on AEIDP, a notice is generated to the applicant.

Auto deletion.

Priority 0 alert to worker.

## 746 APPLICATION PENDING 90 DAYS

Generated when an application has been pending for 90 days.

Alert most commonly will appear due an MMRT decision. AEIDP will have a date the medical report was received and the delay code on AEFPY should be "P."

Auto deletion.

Priority 1 alert to worker.

## 748 OPEN EXPEDITED FS APP NOW

Generated 4 days after the application date on AEFPY, if the Food Stamp AG has met the criteria for expedited processing and has not been authorized on AEWAA.

Code 041 will appear on AEWAA for the FOOD STAMP AG to indicate expedited status with no pending verifications outstanding.

Code 043 will appear on AEWAA for the FOOD STAMP AG to indicate expedited status with pending verifications still needed.

If the Food Stamp AG is expedited, worker should authorize on AEWAA.

Auto deletion.

Priority 0 alert to the worker, supervisor, and administrator.

**749 DEBN-BLACK LUNG BENEFIT IS TERM**

Generated when the Bendex match is processed and black lung status has been terminated on DEBN. AEFUI needs to be updated.

Access AEFUI and change budget method to T. Run AEABC and authorize.

Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

**753 SEND AG MANUAL CLIENT NOTICE**

Generated when a client notice should be prepared manually.

Manual notices are: FS41,619C, 619M.

Notices are sent when:

1. Alert is received.
2. When FS AG that is categorically eligible but the allotment is $0 due to not passing the Net income test.
3. When a fiat is done

Manual deletion.

Priority 1 alert to worker.

**754 TRANSFERRED FROM YOUR CASELOAD**

Generated when a case was transferred from the worker's caseload as an inter-county transfer (AEOTR) or a transfer (CLCA) to another caseload in the same county occurs.

Make sure that the hard copy file is sent / given to the new worker. Also, check BVIC for claims that may need transferred.

Manual deletion.

Priority 3 alert to worker.

**756 RUN AEABC - POSTPONED VERIFS**

Generated when an expedited Food Stamp AG was approved without all income, resources and/or expenses verified.

Check work area for any verifications that need entered into ICES. Enter any verifications found; remove "?s" and enter proper verification codes. Unverified expenses will not be budgeted.

Run AEABC and take appropriate action.

Auto deletion.

Priority 0 alert to the worker.

**758 ALL BENEFIT USED FOR RECOUP**

Generated when the entire Food Stamp / TANF benefit to which the client is entitled is being applied to a claim balance.

Information only. No action required.

Manual deletion.

Priority 3 alert to worker.

**761 SANCTION INITIATED FOR IMPACT**

Generated when case has been authorized with a sanction (referral code of 34 on AEIWP).

Information only. No action required.

Manual deletion.

Priority 2 alert to the IMPACT worker.

**762 CHILD AGE - CK WORK PRG EXEMPT**

Generated when the last child of client is approaching the age that requires the client to register with TANF IMPACT.

Check AEIID and AEIDC. Is there an SSI child, not included in the TANF AG?

Change TANF WP REG status to 01 (mandatory).

Run AEABC and authorize.

Manual deletion.

Priority 1 alert to worker.

**763 AGE 6 - RUN AEABC**

Generated when an MA Z child is turning 6 years of age between the 2nd of the current month through the 1st of the next month.

Run AEABC; MA Z will system close on AEWAA; MA 2 will form simultaneously. No interview is necessary for opening of new category of MA.

Auto deletion.

Priority 0 alert to the worker.

**764 AGE 22 – RUN AEABC**

Generated when child in MA O AG will turn 22 between 2P$^{ndP}$ of effective month and first of the following month.

Run AEABC. If there is a possibility of eligibility under another program, that should be pursued.

Manual deletion.

Priority 0 alert to the worker.

**765 RUN AEABC TO START / CHG RECOUP**

Generated when it is necessary to run AEABC to start or change a recoupment.

1. Repayment method on BVCP is entered / changed to RC (recoupment).
2. The amount of the recoupment is changed on BVCP, OR

The last recoupment is less, because the balance declined below the amount of the previous recoupment.

Auto deletion.

Priority 0 alert to worker.

**766 RUN AEABC - POTENTIAL CAT ELIG**

Generated when a TANF case is authorized if FS was previously denied with reason code 604.

Go to AEICP – choose FS for all TANF AG members.

Run EDBC.

Auto deletion.

Priority 0 alert to the worker.

**768 PROVIDER HAS NO W-9 ON AUD FILE**

Generated when dependent care has been authorized but ICES finds no match in the auditor's provider file.

Check to see that provider has completed W-9. If not have provider complete and turn in to the State Auditor.

If the provider has completed a W-9 be sure it has been sent in. Cannot authorize Dependent Care expense until it appears in the auditor's file.

Manual deletion.

Priority 1 alert to IMPACT worker and supervisor.

## 770 CHECK BVIC - OUTSTANDING CLAIM

Generated when another worker has just opened an AG that contains an individual who is liable on a claim.

1. TRAN: BVIC; use the RID from the alert as the parameter.
2. BVIC will display a list of claims in which the client is listed as a liable individual. The status, claim amount and balance will also be listed for each claim.
3. Determine if any category matches those AG's in the other worker's newly opened case (any TANF category can match with any TANF category, I.E., ADCR claim can be recouped from current ADCU grant).
4. Add the CASE/CAT/SEQ of the open AG to the BVCP screen for the claim discovered on BVIC. This is a 2 step process:
   a) On blank line under old case number input "A" (add) in act code field and input the CASE/CAT/SEQ of the new case; TRAN: BVCP and >enter<,
   b) Next, input "C" in act code field next to newly added CASE/CAT/SEQ, and input "RC" (recoupment) in recovery method field.

Manual deletion.

Priority 1 alert to the BV worker and county BV coordinator.

## 771 DEBN - SS OVERPAYMENT DEDUCTION

Generated when SSA is recouping from the Social Security benefit of a client.

1. TRAN: DEBN using the RID number from the alert as the PARM.
2. Note data (Gross Amount, Net Amount, Amount of Deduction, Medicare Premium).

3. TRAN: AEFUI. Compare information data entered on AEFUI with DEBN data. If gross amount is the same, but there is a deduction, input a "Y" in the deduction field at far right of AEFUI. This will bring up the screen AEFUD.
4. On AEFUD, enter the amount of the deduction.
5. Run AEABC and authorize.
6. Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

## 772 DESX – SSI INCR DUE TO UNDERPYMT

Generated when SSI is increased due to a previous underpayment.

1. TRAN: DESX using the RID number from the alert as the PARM.
2. Note data (amount of payment and period of payment).
3. TRAN: AEFUI. Compare information on AEFUI and data from DESX. Update AEFUI.
4. Run AEABC and authorize.
5. Complete DECT

Auto deletion.

Priority 1 alert to the worker.

## 773 DESX - SSI OVERPAYMENT DEDUCTION

Generated when SSA is recouping from the SSI benefit of a client.

1. TRAN: DESX using the RID number from the alert as the PARM.
2. Note data (Gross Amount, Net Amount, Amount of Deduction, Medicare Premium).
3. TRAN: AEFUI. Compare the information already data entered on AEFUI with DESX data. If the gross amount is the same, but there is a deduction, input a "Y" in the deduction field at far right of AEFUI. This will bring up the screen, AEFUD.
4. On AEFUD, enter the amount of the deduction.
5. Run AEABC and authorize.
6. Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

**774 RUN AEABC – CLAIM TERMINATED**

Generated when a recoupment claim for TANF or FS is terminated.

Run AEABC and authorize.

Manual deletion.

Priority 0 alert to the worker.

**776 POSSIBLE SSI CHANGE – CHECK DESX**

Generated when the SDX match passes a status code beginning with a T.

Review DESX to determine payment status. If SSI is terminated, review the case file.

1. TRAN: AEIDC. Change the SSI Status to "N."
2. TRAN: AEFUI. SSI should be terminated.
3. If the AG was an ADCI verify continued incapacity of the individual. Use of the form, DPW 6-C.
4. For a Food Stamp AG, AEIDP regarding "Food Stamp Disabled?" Unless the client is on SSDI, MA D, or MA B, the answer should now be "NO."
5. Evaluate the IMPACT status on AEIWP.

Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

**777 RUN AEABC – RECOUPMENT APPEALED**

Generated when a recoupment is appealed and the repayment type changed to RA.

Run AEABC. Recoupment will be removed from budget.

Auto deletion.

Priority 0 alert to the worker.

**779 RUN AEABC - RECOUP CLAIM CANCELLED**

Generated when recoupment method on claim has been cancelled.

Run AEABC to remove recoupment from budget.

Manual deletion.

Priority 0 alert to worker.

**785 IMPACT PROGRAM AG CHANGE**

Generated when the individual changes from TANF to FS or FS to TANF.

Use PF22 to make any categorical change to WPA1.

Manual deletion.

Priority 1 alert to the IMACT worker.

**786 RUN AEABC - INDIV NOW SSI ELIGIB**

Generated when a client has started receiving SSI.

1. Match the RID from the alert to the RID on AECCR to identify the client.
2. TRAN: AEIDC. Change the SSI status field to “R.”
3. TRAN: AEFUI. An SSI amount should be entered.
4. TRAN AEIIM/AEIDP. The individual is now “Food Stamp disabled.” Also put a “y” beside the (MA) Disabled? Field and in the AFDC Incapacitated? Field.
5. Evaluate the IMPACT status AEIWP. The status should be Reason Code 11.

Run AEABC and authorize.

Auto deletion.

Priority 1 alert to the worker.

**787 PEND AG SS / SSI UPDTE - COMP DECT**

Generated when BENDEX / SDX mass change auto update took place.

After the determination of eligibility is made and the case is authorized, complete DECT.

Auto deletion.

Priority 2 alert to the worker.

**789 AG WITH RC CLM CLOSED - CHG BVCP**

Generated when an AG is closed that has a recoupment.
TRAN: BVIC with the parameter, case number. The CASE/CAT/SEQ/CLAIM SEQ’s will be listed for each individual currently in the case. If necessary, use TRAN: BVIC with the SSN or RID.
Go to BVCP and use 'C' for change in the 'ACT CDE' column in order to remove the 'RC' (code for recoupment). Re-access BVCP in order to make any other change, such as adding another method of repayment if the debtor has agreed to one of the options. If there is a verbal or signed repayment

agreement, recoupment would be changed to Installment Payment (IA), Lump Sum (LS), or Voluntary Payment (VP) – client's choice. If the debtor has not agreed, no entry is made.
Manual deletion.
Priority 1 alert to the BV worker.

**792 IV-D PMT CHG FROM LAST MO - DECB**

Generated when the IV-D support collection for the month differs from the previous month.

Enter the child support type and amount from DECB on AEFUI for the child for whom payment was made.

**NOTE:** Do not enter code CHTC on AEFUI.

Run AEABC and authorize.

Manual deletion.

Priority 1 alert to worker.

**793 CONT'D BENEF - DEL APPEALED DATA**

Generated when a proposed action has been appealed within 13 days of the mailing date of the notice of action (CNHS).

HERQ (Request for fair / ADH hearing) has been entered with the "continue benefits" field flagged as "Y."

1. Print the screens that caused the change in benefit level for use as exhibits in the hearing.
2. Delete the data from those screens (use delete code, "HE") and reenter the previous data, if necessary.
3. Run AEABC. Code106 should appear on AEWAA.

Manual deletion.

Priority 1 alert to the worker.

**794 RUN AEABC - MA F 12-MO ENDING**

Generated 12 months of MA F (TMA) eligibility is ending.

Run AEABC and close the MA F.

Auto deletion.

Priority 0 alert to worker and supervisor.

**795 RUN AEABC-START QC SANCTION**

Generated when QC enters a Food Stamp sanction on QCDR.

The sanction and reason will display on AEOIE.

Run AEABC and authorize.

Auto deletion.

Priority 0 alert to the worker.

**796 RUN AEABC TO END QC SANCTION**

Generated when QC has ended the sanction on AEOIE or cooperation data on QCDR.

Run AEABC and authorize.

Auto deletion.

Priority 0 alert to the worker.

**797 Run AEABC TO END VOL QUIT SANC**

Generated when a “Voluntary Quit” sanction is ending on AEOIE.

Run AEABC and authorize.

Auto deletion.

Priority 0 alert to the worker.

**800-801 SEND AG MANUAL CLIENT NOTICE**

Generated when ICES functionality prohibits a system-generated notice to the client, following authorization on AEWAA.

Prepare a manual notice of action to send to the AG payee. A copy of this notice should be retained in the case file.

Failure to respond will result in a violation of the client's right to receive notice of action(s) and explanation of appeal right.

Manual deletion.

Priority 1 alert to worker.

**802 DEP CARE PROVIDER – INVALID SSN**

Generated when a dependent care benefit that was authorized is rejected for payment by the auditor’s office.

From screen WPDC, PF 19 to access BITI. An "N" will appear in the "DISP" field on screen BITI. This verifies the rejected payment.

4. Check and verify the valid SSN with the provider.
5. When verified, check the Auditor's file to see if the provider's ID is on file.

   If the valid SSN is on file, correct screen WPDC to show the valid SSN.

   If the SSN is not on file put an "N" on screen WPDC under field "W-9 on file?" Have provider complete W-9. Submit W-9 to State Auditor's Office.
6. After correcting WPDC, PF18 and re-enter the information on WPDP. Payment will be made once the new W-9 has been submitted to the Auditor's office.

Manual deletion.

Priority 1 alert to the worker and supervisor.

**803 MANUAL NOTICE NEEDED FOR AG**

Generated when ICES is unable to generate a notice for certain reason codes on AEWAA.

Check table TNNG. TNNG will have a Y in the Manual Notice Needed field if worker should prepare manual notice for AEWAA reason code.

Check AEWAA reason code on TSRC. If Expanded Text has a Y, go to table TNRT to determine the additional text for the manual notice.

Send manual notice to the AG payee. Use form FI-0619M for a Medicaid notice, FI-0619C for a TANF notice, and/or FI 0041 for a Food Stamp notice. A separate notice should be used for each affected program. Retain a copy for the case file.

Manual deletion.

Priority 1 alert to the worker.

**804 NUMIDENT DISCRP - MULT SSNS - DENB**

Generated when the Numident match was processed and SSA has identified this individual as having multiple SSN's in their file history.

1. TRAN: DENB using the RID number from the alert as the PARM. A listing of multiple SSNs will be at the bottom of DENB.
2. Refer the client to the local SSA office to clarify which SSN is to be used.

Manual deletion.

Priority 2 alert to the worker.

**811 DESX - SSI BENEFIT IS SUSP / TERM OR NOPAY**

Generated when the SDX Data Match indicates SSI payment is suspended, terminated, or in non-pay status and that AEFUI has a current SSI amount showing.

1. TRAN: DESX using the RID number from the alert as the PARM.
2. Find the Payment Status field. The reason for the indicated status will be shown as a number. Find the corresponding narrative reason by TRAN: RFDI PARM: TSPS.
3. Contact the local SSA office, if any doubt about status.
4. TRAN: AEFUI and enter the new SSI data.
5. Review other ICES screens for needed updates? (AEIDC, AEIDP, AEIWP, AEWRT, AEISS, etc.)
6. Run AEABC and authorize.
7. Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

## 812 DEBN - SS BENEFIT IS SUSP / TERM

Generated when the Bendex match indicates the Social Security benefit payment has been terminated or suspended for an individual, and a current SS amount displays on AEFUI.

1. TRAN: DEBN using the RID number from the alert as the PARM.
2. Find the Payment Status field. An alphanumeric code will be displayed. Find the narrative reason to correspond with the code by TRAN: RFDI / PARM: TBPC.
3. Contact the local SSA office, if any doubt about the status.
4. TRAN: AEFUI and enter the new benefit data.
5. Review other ICES screens for needed updates? (AEIDC, AEIDP, AEIWP, AEWRT, AEISS, etc.)
6. Run AEABC and authorize.
7. Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

## 814 DEP CARE ADDED TO WPDC – IMPACT

Generated when WPDC is completed.

IMPACT will be paying the dependent care expense for the client.

TRAN: AEFDE to determine if information is current. If there is no AEFDE screen, obtain the information from WPDC. Only out-of-pocket expenses should be entered.

Manual deletion.

Priority 1 alert to the worker.

**817 CHECK DEDR POSSB IPV DISQUAL**

Generated when an ICES Data Match with the Food and Nutrition Service disqualified recipient list has occurred, indicating the RID of a possible disqualification recipient matches the list.

TRAN: DEDR, using the RID from the alert as the PARM.

If the information on DEDR indicates an 'out-of-state' IPV, contact that jurisdiction, ensure that the claim is legitimate, and define the remaining IPV disqualification period. Check with the county Benefit Recovery coordinator also.

To enter an IPV from a time period prior to ICES, enter on BVPI. If the IPV has not served, enter data on BVFV.

Manual deletion.

Priority 1 alert to the worker and BV coordinator.

**821 ADD AG TO BVCP USING OA STATUS**

Generated when no liable individuals were found during BVRC processing.

On BVCP, enter an “A” for add in the ACT CDE field. Under ST, enter OA-open awaiting response. Enter case/cat/seq for responsible AG. ICES will generate a BV01 notice to new AG.

Manual deletion.

Priority 1 alert to the BV worker.

**822 SS/SSI AMT CHG NO DEDUCT. CHG**

Generated when the SS/SSI amount changes and there is an over/underpayment deduction that did not change.

1. TRAN: DESX or DEBN using the RID number from the alert as the PARM.
2. Review payment amounts and overpayment amounts on DE screens.
3. Verify correct information and update AEFUI and AEFUD.
4. Complete DECT.

Auto deletion.

Priority 1 alert to the worker.

**823 NO SSN ON AEIID > 90 DAYS**

Generated when an individual in the AG has not reported their SSN. The SSN field on AEIID is blank.

ICES sent a reminder notice to the client on the 75th day.

Contact the client and obtain the number or a copy of the SS card.

Data enter the SSN on AEIID.

Run AEABC and authorize the assistance group.

Auto deletion.

Priority 1 alert to the worker.

**828 RUN AEABC - PRA NOT COMPLETED**

Generated on the 30th day after authorization of the TANF AG when a responsible member of the AG has not completed a PRA.

The PRA field on AEWRT has not been filled with a "Y" or an "N."

PRA should be signed prior to authorization on AEWAA.

Check to see if the PRA has been signed or received and the data not entered on AEWRT.

Run AEABC and authorize

Auto deletion.

Priority 0 alert to the worker.

**829 PRA AGREEMENT IS NOT DONE**

Generated on the 20th day after authorization of a TANF AG when a responsible member of the AG has not completed a PRA.

The PRA field on AEWRT has not been filled with a "Y".

AG should not be authorized before the PRA is signed.

Manual deletion.

Priority 1 alert to the worker and supervisor.

**833 ASSESSMENT/SSP NOT DONE**

Generated when the client has not been assessed within 31 days from the date the client was referred to IMPACT.

Check WPA1 to see if it has been correctly coded. If the assessment has not been done schedule an appointment to do one.

Manual deletion.

Priority 1 to the IMPACT worker.

**837 RUN AEABC - VOL QUIT ENDING**

Generated when a VOLUNTARY QUIT SANCTION is to end. Alert is received the month prior to the end of the sanction.

Run AEABC and authorize.

Auto deletion.

Priority 0 alert to the worker.

**840 IMPACT INDIV JOB ENDED**

Generated when the IMPACT worker end dates a job on WPJA.

TRAN: WPJA using the RID number from the alert as the PARM.

Investigate the circumstances involved in the termination. Results are entered on AEIEI or AEISE and used to determine if "GOOD CAUSE" exists. If GOOD CAUSE does not exist, fiscal penalties against the TANF and/or the FS AG may result.

Run AEABC and authorize AEWAA.

Manual deletion.

Priority 1 alert to the worker.

**848 EXTENSION HAS BEEN APPROVED**

Generated when the extension of the 24 month clock is approved on the eligibility screen.

After entering the extension on AETEX, TRAN to AEICP and check "Cash" for the parent/caretaker.

Run AEABC and the TANF category will form.

Authorize and document in CLRC.

Manual deletion.

Priority 2 alert to the IMPACT worker.

**853 ELIG AUTH OF END OF SANCTION**

Generated when a sanction is removed with reason code 059.

Run AEABC to end sanction.

Manual deletion.

Priority 3 to the IMPACT worker.

**859 SSA OVER/UNDER PAYMT HAS ENDED**

Generated when SSA, SS or SSI over/under payment has ended.

Check data exchange screens, DESX, DEBN to see when the change occurred.

Expire data on AEFUD if appropriate, run AEABC and authorize. Document in CLRC.

Auto deletion.

Priority 0 alert to the worker.

**862 CLM ST CHG TO RE- CK AGS - BVCP**

Generated when claim status changed from RE (revision of claim) to OA/CV (open awaiting/converted case).

Go to BVCP to re-add additional liable AG to BVCP.

Manual deletion.

Priority 1 alert to BV worker.

**864 DESX - CHG IN EI EXCLU AMT (PASS)**

Generated when SSA has changed the amount of earned income that is being excluded in the recipient's SSI budget.

SSA has approved the individual for PASS (Plan for Achieving Self-Support). See OMMD/PASS for discussion of the principles of PASS. An SSA approved PASS results in the exemption of all or some of the income and resources of a recipient of FS and MA G, MA L, or MA J. The resources and income should be coded as "PS" on AERLA and AEIEI.

Note the amount of earned income disregarded on DESX and compare to the earned income budgeted as "PS" on AEIEI / AEINC. Make necessary data entry. It may be necessary to have two (2) AEIEI / AEINC screens; one would be coded as "PS" and the other as "WS."

Auto deletion if DECT is completed—can also manually delete.

Priority 1 alert to the worker.

**882 CHILD CARE PROVIDER IS RECIPNT**

Generated when a recipient is listed as a child care provider on screen WPDC. Is the income from the childcare job entered on AEISE and counted in the budget of this individual? If not, verify

and budget the income.

Manual deletion.

Priority 1 alert to the worker

**884 MAX LIMIT OF M'S ON AEABA**

Generated when an ABAWD individual has received 3 M (Mandatory and Not Complying with ABAWD Requirements) codes on AEABA.

This is an informational alert. The individual is not in compliance. An additional 3 months (Z code) of eligibility will be given.

Manual deletion.

Priority 1 alert to the worker and supervisor.

**887 60 MONTHS OF TANF REACHED**

Generated when the TANF recipient has used 60 month clock.

Manual deletion.

***Priority 0 to the worker.***

**890 RUN AEABC-VOL PENALTY ENDS**

Generated when a voluntary quit penalty ends.

Run AEABC and authorize case on AEWAA.

Auto deletion.

Priority 0 alert to the worker.

**891 REV SSA QTRS COVG DATA DEQE**

Generated when SSA reports information (DEQE) on work history of permanent resident (PR) immigrants.

1. TRAN: DEQE using applicant's RID or SSN.
2. DEQE displays verification of Quarters of Coverage (Wage QC) for applicant, current spouse, parent, or step-parent from AEIID. SSA info for individuals not on AEIID can be requested from AEIAR.
3. Applicant's total covered quarters will display on left side of DEQE screen. If spouse/parent/step-parent has covered quarters, SSA will display a message. CW should determine off-line if qtrs. from those relatives can be used for client's 40 qtr.

count. See IPPM. Add those qtrs. to TOTAL COVERED QUARTERS if allowable.

4. TRAN: AEIER, PARM: Case Number. Under WRK QTRS--in the DE field, list TOTAL COVERED QUARTERS from DEQE for client. Include spouse/parents' qtrs. if worker determined allowable. ICES never automatically updates AEIER from DEQE. Work should always manually update.
5. Under WRK QTRS--in the OTH field, enter any quarters of work by the client or allowable relatives that are more recent than the DEQE data match is. The OTH field should be reviewed and updated each redt. AEIER does not come up in driver flow and worker will not receive an alert to review each redt.
6. AEIER QTR AFTER 12/1/96 refers to quarters beginning Jan. 1997 where individual both worked and received SSI, TANF, FS, or Medicaid. List number of qtrs. where client both worked and received public assistance. ICES will subtract those qtrs. from WRK QTRS and display results in QTR RESULT field. QTR RESULT field is used to determine 40 qtr. eligibility.
7. Run AEABC. Authorize on AEWAA. Code 889 will appear if worker has indicated on AEIER that client does not have 40 qtrs. work history.
8. DECT does not have to be completed for DEQE alert. Document 40 qtr. findings in CLRC.

Manual deletion.

Priority 1 alert to the worker.

## 892 ABAWD FAILED – RERUN AEABC

Generated when ICES enters an F (Failed to meet ABAWD Work Requirements) code on AEABA.

Individual is ineligible.

Run AEABC and authorize the assistance group.

Auto deletion.

Priority 0 alert to the worker and supervisor.

## 893 RUN AEABC-AEIER SCREEN UPDATED

Generated when information on AEIER has been changed.

Run AEABC and authorize on AEWAA. Code 889 will appear if worker has indicated on AEIER that client does not have 40 quarters' work history. Document 40 quarter findings in CLRC.

Auto deletion.

Priority 0 alert to the worker.

## 896 ADDNTL INFO NEEDED--SEE AEOMD

Generated when MMRT has entered an "I" on screen AEOMD.

1. TRAN: AEIDP / PARM: case number from the alert.
2. PF 8 to locate AEIDP screen with an "I" in the (MA) Disabled? field.
3. PF 18 to view MMRT information request comments on screen AEOMD.

Obtain information and forward to MMRT.

Manual deletion.

Priority 1 alert to the worker.

## 899 IEVS COMPLIANCE DUE IN 10 DAYS

Generated 35 days from the DE match date, if the match results and complete date remain pending on the DECT screen.

6. TRAN: DECT/PARM: Case number from alert.
7. Examine DECT for uncompleted fields.
8. Tran to the Data Exchange screen related to the uncompleted alert on DECT.
9. Tran to related AE screen (AEFUI, AEIEI), and compare data exchange info with case information. Authorize as necessary.
10. Return to DECT and complete Results, Min Spent, and Date Completed columns. An alert is not worked until DECT is completed.

Auto deletion.

Priority 2 alert to the worker and supervisor.

## 900 SEE AEIER—SSA REVIEW REQUEST

Generated when Permanent Resident alien appealed information supplied on DEQE by SSA 6 months ago. During review process, client may receive up to 6 months of benefits.

Check results of SSA review. Update AEIER to show date SSA review completed. Update WRK QTRS—DE field if needed from SSA review.

Run AEABC and authorize as appropriate. Code 889 will appear on AEWAA if worker has indicated on AEIER that client does not have 40 quarters work history. Document 40 quarters findings from SSA in CLRC.

Prepare claim if client was not eligible for benefits during the appeal review period.

Manual deletion.

Priority 1 alert to the worker.

4. Appendix 4 - Benefit Recovery
*(Return to XII.E above)*

**Request for Transaction History**
Please forward all information, in "**soft-copy**" via e-mail to:

Barbara McNamara
Bmcnamara@fssa.state.in.us
Phone: 317-234-0778

1. **Investigator's Name:**
   **Investigator's Telephone:**

   **Client's Name:**
   **RID#:**
   **Food Stamp:** ☐ **TANF:** ☐ **Both:** ☐
   **Months Needed:**

2. **Investigator's Name:**
   **Investigator's Telephone:**

   **Client's Name:**
   **RID#:**
   **Food Stamp:** ☐ **TANF:** ☐ **Both:** ☐
   **Months Needed:**

3. **Investigator's Name:**
   **Investigator's Telephone:**

   **Client's Name:**
   **RID#:**
   **Food Stamp:** ☐ **TANF:** ☐ **Both:** ☐
   **Months Needed:**

4. **Investigator's Name:**
   **Investigator's Telephone:**

   **Client's Name:**
   **RID#:**
   **Food Stamp:** ☐ **TANF:** ☐ **Both:** ☐
   **Months Needed:**

5. Appendix 5 - Children's Special Health Care Services

*(Return to State Programs above)*

CSHCS
_20061211125719.

## 6. Appendix 6 - Citizenship Forms

(Return to *II.E.iii.3.f)i) on page 12*, *II.F.xi.7.a) above* or *IX.A.vi.6.a) above*

**NOTIFICATION OF REQUIREMENT TO**

**PROVIDE DOCUMENTATION OF CITIZENSHIP**

Name: _____

Case Number: _____

Caseworker: _____

Telephone: _____

Today's Date: _____

**Proof of citizenship should be provided for the U.S. citizens listed below who have applied for or are receiving Medicaid/Hoosier Healthwise. This is a requirement of federal law.**

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If any of these people are receiving Supplemental Security Income (SSI) or Medicare, tell your caseworker right away. Proof of citizenship for Medicaid may not be needed.

**You should respond to this request no later than: _____**

If you cannot get the required proof, contact your caseworker for help. If you do not provide the required proof or you do not contact your caseworker by the deadline, health coverage will be denied or discontinued for the listed persons. We understand it may take longer than the deadline above for you to get the documents. We will work with you. However, you need to let your caseworker know of your efforts to get the required proof of citizenship.

Each citizen should provide either:

- One document from LIST 1 OR
- One document from LIST 2 and one document from LIST 3

**LIST 1**

One document from this LIST is proof.

- United States Passport, issued without limitations, *even* if it is expired
- Certificate of Naturalization - N-550 or N-570
- Certificate of citizenship - N-560 or N-561

***OR***

One document from LIST 2 *and* one document from LIST 3 are proof.

**LIST 2**

- U.S. public birth certificate showing birth in one of the 50 States, District of Columbia, Puerto Rico (if born on or after January 1, 1941)Guam, the U.S. Virgin Islands, American Samoa, Swain's Island, or the Northern Mariana Islands
- Certification of Report of Birth (DS-1350)
- Consular Report of Birth Abroad of a Citizen of the United States (FS-240)
- Certification of Birth Abroad (FS-454)
- United States Citizen Identification Card (I-197)
- American Indian Card (I-872) issued by the Department of Homeland Security with the classification code "KIC"
- Northern Mariana Card (I-873)
- Final Adoption Decree that shows the child's name and place of birth in the U.S.
- Evidence of civil service employment by the U.S. government before June 1, 1976.
- Official military record of service that shows a U.S. place of birth (example: DD-214)

**LIST 3**

- Current state driver's license with the individual's picture
- Identification card issued by the State, Federal, or Local government with the individual's picture and identifying information, such as Indiana's State ID Card issued for voting purposes.
- School identification card with the individual's picture.
- Nursery or day care records for children not yet in school.
- U.S. military card or draft card
- Military dependent's identification card.
- Certificate of Indiana Blood, or other U.S. American Indian/Alaska Native tribal document with picture of the individual or other personal identifying information.
- U.S. Coast Guard Merchant Mariner card.

If none of the documents above are available for a child under age 16, contact your caseworker for a special Affidavit to sign.

## IDENTITY AFFIDAVIT FOR CHILDREN UNDER AGE 16

| | |
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| Case Name | ***Instructions to caseworkers:*** This affidavit can be used to establish the identity of child under age 16 ONLY IF an affidavit was not used to establish citizenship of the child, and no other identity documents are available.<br><br>A parent or guardian of the child may complete and sign the affidavit. It will be used for Medicaid/Hoosier Healthwise eligibility purposes along with other documents that establish citizenship of the listed child(ren). |
| Case Number | |
| Caseworker Name / ID | |
| Enrollment Center Interviewer/<br>Enrollment Center Number | |

List the names of the children applying for or receiving Medicaid/Hoosier Healthwise whose identity this affidavit will establish. Fill in all blanks for each child. Please print clearly.

| **Name of Child** (First/Middle/Last) | **Mother's Maiden Name** | **Date of Birth** | **Sex** | **Place of Birth** (City/State/Country) | **Your Relationship to Child** |
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I affirm under penalty of perjury that the information I provided above about the identity of the listed child(ren) is the truth. By signing below, I also affirm that no documents verifying the identity of the listed child(ren) are available.

Signature: _____

Printed name: _____

Today's Date: _____

## DECLARACION JURADA DE IDENTIDAD PARA LOS NIÑOS BAJO DE 16 AÑOS DE EDAD

| | |
|---|---|
| Nombre | ***Instrucciones para los trabajadores de caso***: Este declaración jurada se puede utilizar para establecer la identidad de un niño menor de 16 años de edad solamente si una declaración jurada no fue utilizada para establecer la ciudadanía del niño, y no hay otros documentos de identidad disponibles.<br><br>Un padre o tutor legal del niño puede llenar y firmar la declaración jurada. Esta será utilizada para los propósitos de la elegibilidad de Medicaid/Hoosier Healthwise junto con otros documentos que establezcan la ciudadanía del/los niño/s mencionado. |
| Número de Caso | |
| Nombre de Trabajador de Caso/ID | |
| Entrevistador del Enrollment Center/<br>Numero del Enrollment Center | |

Enumere los nombres del/los niño/s que solicitan o que reciben Medicaid/Hoosier Healthwise y que la identidad de esta declaración jurada establezca. Llene todos los espacios para cada niño. Por favor escriba claramente y con letra de molde.

| **Nombre del/a niño/a** (Primero/Segundo/Apellido) | **Apellido Materno** | **Fecha de Naciemiento** | **Sexo** | **Lugar de Naciemiento** (Cuidad/Estado/Pais) | **Su relacion con el niño** |
|---|---|---|---|---|---|
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Afirmo bajo pena del perjurio que la información proporcionada arriba acerca de la identidad de/los niño/s es la verdad. Al firmar esta declaración, yo afirmo que ninguno otro documento que verifiquen la identidad de/los niño/s mencionados están disponibles.

Firma: _____

Nombre (en letras de molde): _____

Fecha de hoy: _____

7. Appendix 7 - Client Scheduling
**(***Return to II.A.v on page 8, VII.B above, or IX.A above***)**

**SETTING STANDARD DAYS**
A standard day is a blueprint of what you want to do on certain days. You make blueprints for various types of days and ICES fills the days with the types of activities you have told it you want to do. You may set up to nine standard days. These are not nine calendar days but nine different types of days. For example: Day one might contain four redetermination appointments and an expedited appointment. Day two might contain three initial appointments and a meeting. You will set your days based on what your supervisor tells you is needed for your office. Compare it to taking a desk calendar and highlighting all the times you want expedite appointments in blue, redeterminations in green, initial applications in yellow, meetings in pink and so on. Then someone else came in and filled in the actual appointments for you. Many of the days on your calendar would be coded exactly the same way. The days that are coded the same would be a standard day.

Enter a standard day on CSSD. To access CSSD enter CSSD in the NEXT TRAN and a number (1-9) in the PARMS field. Always start with number one.

When the screen comes up you will see there are two sets of appointments for each line. The cursor will move left to right allowing two activities to be entered on each line. There are six entries that can be made for each activity you wish to enter.

• **DEL** is a delete code. Use this field to remove an activity/appointment slot.
• **BEGIN TIME** (military time*) this is the time you wish to start the activity/appointment.
• **END TIME** (military time*) this is the time the activity/ appointment will end – or the allotted time for the activity/appointment.
• **ACTIV CODE** this is code tells you what you are going to do during this time. It can be an appointment, meeting, day off, etc.
• **INTER METH** This is the type of interview and will be O for office, P for phone or H for home visit.
• **NUMBER APTS** How many appointments are you going to do during this time slot. The activity codes for this screen can be found by using shift, #, enter or on table TACV. The most common codes are 01 – new application, 10 – expedited application, 03 – redetermination and 14 – MA B/D. There are a variety of codes that will cover any type of activity you wish to schedule in your workday including scheduled time out of office, training, sick time, vacation time etc. When you enter the activity type try to be as specific as possible.

*Times on this screen are always listed in military time. This means 1pm is 1300, 2pm is 1400, 3pm is 1500, 4pm is 1600. A half-hour like 4:30 is 1630.

**SETTING A MONTHLY CALENDAR**
Standard days are entered on a monthly calendar on screen CSMS. To access this screen, NEXT TRAN CSMS with the PARMS of MMYY for the month you want to enter. To complete this screen, enter the number of the standard day that reflects what you want to do on that day. In the slot next to each date on the monthly calendar, you will enter the number that corresponds to the standard day that you wish to use as a blueprint for that day. If you have 30 redetermination appointments and your standard day with redeterminations has five appointment slots in it, you will need to enter that standard day number on six different days in order to have enough slots for all of your redeterminations to be scheduled. You should also have a standard day with rescheduled appointment times for those who cannot keep the first appointment you make for them.

You need to complete next month's CSMS screen prior to the 13th of the current month. This will allow ICES to schedule the next month's redeterminations for you. If you complete CSMS after the scheduler runs you will need to manually schedule your redetermination appointments on screen CSDS. *Note, once CSMS is completed and you press enter, it is protected for further updates. Any changes will need to be completed on screen CSDS.

**DAILY SCHEDULES**

To access your daily schedule in the NEXT TRAN field enter CSDS and in the PARMS enter the DDMMCCYY for the day you wish to look at. If someone in the office prescreens and sets appointments for new applications, these can be entered. Some offices have staff that can reschedule appointments for clients who call to reschedule their appointment.

Entries on this screen can be changed. To delete an appointment, enter an * in the delete field. This will remove the name of the individual who is listed as having an appointment at that time. If you wish to remove this time slot also, you will have to delete the line a second time. If you have allowed rescheduling slots for appointments you may enter them yourself on this screen. To change a standard day, use CSSD.

All of the fields will remain unprotected until the time of the appointment has passed. This allows you to remove an appointment for someone who has rescheduled, to change the time of the appointment or to enter an appointment in a blank slot. If you have completed your monthly schedule in time to have your redetermination appointments scheduled for you, you can view them here. If you did not allow enough appointment times you will need to manually schedule your appointments.

**CSAS**

CSAS will schedule an individual for the next available appointment in the worker's schedule for the type of appointment that has been entered. You may enter a Round Robin unit number, supervisor number or caseworker ID. If the county has no satellites, enter 000. If you have satellites enter the number of the satellite office where the interview will occur. If the begin date is left blank, ICES will begin the search for an appointment time with today.

Pressing enter will display the first available appointment. The middle section of the screen indicates the date, time, and with whom the appointment has been scheduled. Offer this appointment to the client. Based upon the client's response:

- Enter will find the next available appointment.
- PF17 is used if the offered appointment is refused by the client. Each time the PF17 key is used a client delay history will be established.
    - ✓ CSAH (appointment history screen) will display the value of "C" which means that an appointment time offered was refused by the client.
- PF15 confirms and schedules the appointment
- PF16 confirms the appointment and assigns the client to the waiting list if the appointment is the same day
- PF14 exits the screen without scheduling an appointment

**CSWL**

The applicant/recipient should be logged in on CSDA or CSRS, in order for the name to appear on the worker waiting list, CSWL. The worker should indicate the client has been seen on CSWL in order to track appointment compliance. To access CSWL enter CSWL in the TRAN field and press enter.

**Time Frames of Client Scheduling Notice Generation by ICES**

ICES sends appointment letters based on the following time frames associated with each activity code. If the appointment time is prior to the specified time frames below a manual notice is required:

1. 5 working days for codes: 18, 25 and 28
2. 7 working days for codes: 01, 15, 26 and 10 (*note: code 10 will not generate a timely notice if applicant should be seen within six calendar days of the application date – document in CLRC why untimely expedited appointment was scheduled)
3. 10 working days for codes: 03, 22, 27, 40, 41, 42, 43, 44, 70, 71, 72, 73 and 74

ICES does not send appointment letters for the following activity codes. A manual notice is required:

1. 14, 35, 66, 77 and 88

8. Appendix 8 - Coordinator/Liaison Description

COORDINATOR/LIAISON POSITIONS

| COORDINATOR/LIAISON POSITION | DUTIES |
|---|---|
| | |
| AEOAL Coordinator<br>AEOFX Coordinator | Designated individual will link and un-link duplicate RIDs on ICES screen AEOAL. Coordinator's ICES ID must be added to table TASA to be granted screen access.<br>Individual may also make demographic corrections on screen AEOFX.<br><br>Coordinator changes should be sent by the SEM/Unit Manager via email to Cherise Geary, ICES Project, to update ICES table TASA, and to Teresa Hoagland – OMPP Central Office. |
| Application Coordinator | Coordinator designated on ICES table TCRD for each county. Individual is responsible for monitoring the timeliness of application processing. Coordinator will receive ICES alerts when application processing is overdue.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| Auditor Records Coordinator | Individual is granted access to the State Auditor's file to assure that a W-9 is on file for a vendor.<br><br>Coordinator changes should be sent by the SEM/Unit Manager via email to Financial Management, Central Office to request system access. |
| Benefit Recovery Coordinator | Individual designated on ICES table TCRD. Individual is responsible to assign new BV claim referrals to workers. Coordinator receives ICES alerts for claim assignment and claim processing timeliness.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| BMV Coordinator | Designated individuals are granted access to the State Bureau of Motor Vehicle system to verify vehicle ownership and registration.<br><br>Coordinator changes should be sent by the |

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| | SEM/Unit Manager via email to Kate McHenry, ICES Project. |
| CCDF Coordinator | Individual serves as a liaison to the local child care voucher agent.<br><br>Coordinator changes should be communicated by the SEM/Unit Manager to the local child care voucher agent. |
| Closed File Coordinator | Individual is designated on ICES table TCRD and is assigned as the permanent worker on the ICES Closed Case-file Caseload. If the two ICES ID numbers do not match, closed cases cannot be moved to closed files. The caseload number for this caseload is: county number+0000 (4 zeros). Any reassignment of this caseload must be coordinated with the Reference Table Coordinator, Brenda DeFord, ICES Project. The caseload may be assigned to any eligibility administrative or supervisory unit. Cases cannot be transferred out of this caseload. A case may leave this caseload only when the case is selected as a match during the screening process in application registration. Coordinator is responsible for handling the hard copy case file and updating ICES information on screens AEIID and AEIDC for closed cases.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| DOC (Department of Corrections) Liaison | Individual serves as a liaison with the DOC pre-release coordinator to provide services to individuals upon their release from DOC.<br><br>Coordinator changes should be sent by the SEM/Unit Manager via email to Roger Zimmerman, Central Office. |
| EBT Coordinator | Individual serves as a liaison to the EBT Project Office.<br><br>Coordinator changes should be sent by the SEM/Unit Manager via email to Nicole Gellar, EBT Project Office and Jeff Drummond, Food Stamp Policy-Central Office. |
| EBT Hearing Coordinator | Individual designated on ICES table TCRD. Individual must have access to the EBT Web |

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| | Application to research account adjustment disputes.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| Eligibility Assistance Company Liaison | Individual serves as a liaison with Eligibility Assistance Companies to facilitate application processing.<br><br>Coordinator changes should be communicated by the SEM/Unit Manager to the established Eligibility Assistance Companies. |
| EEOC Coordinator | Individual prepares annual EEOC report.<br><br>Coordinator changes should be communicated by the SEM/Unit Manager to all local office staff. |
| Fiat Coordinator | Individual designated on ICES table TCRD. FIAT alerts are directed to the supervisor and administrator associated with the caseload.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| Financial Management Coordinator | Individual designated on ICES table TCRD. Individual receives alerts when discrepancies occur in warrant reconciliation and should be the individual who has access to the State Auditor's Reconciliation File to determine whether warrants reported as lost or stolen have been cashed. This is usually the bookkeeper or chief accountant in the county office.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| IV-D (Child Support) Coordinator | Individual designated on ICES table TCRD. Individual serves as the liaison with the Prosecuting Attorney and Central Office Child Support Divisions.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| Fraud Referral Coordinator | Individual serves as the liaison with the Compliance Division on all fraud cases. |

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| | Coordinator changes should be sent by the SEM/Unit Manager via email to Barbara McNamara, State's Benefit Recovery Coordinator-Central Office. |
| Hearings Coordinator | Individual designated on ICES table TCRD. Coordinator will receive Fair Hearing alerts and is responsible for entering hearing conference information on ICES screens.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| Help Desk Contact - Policy | Individual designated on ICES table TCRD. Individual calls the Policy Help Desk for issue resolution.<br><br>Coordinator changes should be sent by the SEM/Unit Manager via email to Brenda DeFord, ICES Project, to update ICES table TCRD; and Policy Help Desk Supervisor-Central Office. |
| Hoosier Health Wise Enrollment Center Liaison | Individual serves as a liaison with HHW Enrollment Centers to facilitate application processing.<br><br>Coordinator changes should be communicated by the SEM/Unit Manager to Hoosier Healthwise Enrollment Centers. |
| ICES Coordinator | Individual designated on ICES table TCRD, for contact purposes only.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| ICWIS Coordinator | Individual designated on ICES table TCRD and serves as a liaison with Department of Child Services.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| IMPACT Coordinator | Individual designated on ICES table TCRD. Individual is assigned as the permanent worker on the IMPACT inter-county transfer caseload (county number + W + 999). If the ICES ID on table TCRD does not match the permanent |

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| | worker ID on this caseload, eligibility staff will not be able to authorize cases. The reassignment of this caseload must be coordinated with the Reference Table Coordinator, Brenda DeFord, ICES Project. The table change is an overnight change. The caseload reassignment is immediate.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| IMPACT Claims Authorizer | Individuals designated to approve payments to IMPACT providers in the Claims Management System.<br><br>Coordinator changes and a signed copy of the FSSA Electronic Approval of Claims form should be faxed by the SEM/Unit Manager to Dan Able, IMPACT-Central Office at 317-232-4615. |
| IMPACT Supportive Services Coordinator | Individuals designated to manage and distribute Supportive Service payments such as bus passes, gas vouchers, etc.<br><br>Coordinator changes should be communicated by the SEM/Unit Manager to all local office staff. |
| Inter-county Transfer Coordinator | Individual designated on ICES table TCRD and assigned as the permanent worker on the Inter-County Transfer Caseload. If the two ICES ID numbers do not match, the county will not be able to transfer cases to other county offices, and will not be able to receive cases from other county offices. The caseload number for this caseload is: county number+9999. Any reassignment of this caseload must be coordinated with the Reference Table Coordinator, Brenda DeFord, ICES Project. The caseload may be assigned to any eligibility administrative or supervisory unit.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| Intra-county Transfer Coordinator | Individual designated on ICES table TCRD. An intra-county transfer caseload is not required in any county. If used, the caseload designation should be county number + 8888. The TCRD table must contain a valid ICES ID and usually |

| | |
|---|---|
| | the ID number of the INTER-COUNTY COORDINATOR is repeated here.<br><br>Coordinator changes should be sent by the Security Coordinator via email to Brenda DeFord, ICES Project, to update ICES table TCRD. |
| Med-Forms Mailbox Coordinator | Designated individuals granted access to the Med-Forms Mailbox to retrieve information and distribute to staff.<br><br>Coordinator changes should be called in or e-mailed to the IOT Help Desk by the SEM/Unit Manager. |
| MRT Coordinator | Designated individuals that fax accelerated disability cases to the Medical Review Team.<br><br>Coordinator changes should be sent by the SEM/Unit Manager via email to the MRT Regional Consultant. |
| Policy Answer Line Contact | Designated individual that sends e-mail to the Policy Answer Line for issue resolution/policy clarification.<br><br>Coordinator changes should be sent by the SEM/Unit Manager via email to the Policy Help Desk Supervisor-Central Office. |
| Random Moment Coordinator | Individual serves as:<br>1. A liaison for communications with the RMS Contractor.<br>2. Works with RMS contractor, and supervisors to monitor the prompt and accurate completion of RMS observation forms on the Intranet by individuals in the sample pool (universe).<br>3. Assures a one day follow-up for no responses.<br>4. Assures the employee rosters for the sample pool are accurately updated on a quarterly basis.<br>5. Assures that their office(s) maintains current copies of the IMRMS observation form instructions received from RMS contractor.<br><br>Coordinator changes should be sent by the SEM/Unit Manager via email to:<br>Sequoia Consulting Group<br>Evelyn Campbell, RMS Administrator |

| | |
|---|---|
| | 800-429-4218, ext 239<br>317-569-9075, ext 239<br>rms@sequoiacg.com or<br>evelyncampbell@sequoiacg.com |
| Security Coordinator for ICES | Individual designated on ICES table TCRD. Individual is responsible for maintaining the administrative structure and ICES user information. The primary security coordinator and a backup should be designated, and their ICES ID numbers must appear on ICES table TSCU. Only individuals included on this table will have update authority to ICES screen SMUM.<br><br>Coordinator changes should be sent by the SEM/Unit Manager via email to Kate McHenry, ICES Project, to update ICES tables TCRD and TSCU. |

9. Appendix 9 - Data Exchange Description and Frequency

| Agency | Exchange Description | Purpose of Exchange | Frequency |
|---|---|---|---|
| Bureau of Motor Vehicles (BMV) | Redbook | ICES receives a file of motor vehicle registration numbers which is used to assist caseworkers in verifying an applicant or recipient's resources on the AERVH screen. | Monthly |
| | | | |
| Child Support Bureau (CSB) | ISETS MPI Load | ICES receives an updated file of all Master Participant Index numbers from ISETS in order to ensure the integrity of data in the child support interface. | Daily |
| Child Support Bureau (CSB) | ISETS Daily IV-D Extract | Each day, ICES sends Child Support referrals (including TANF and Medicaid eligibility) to ISETS when there is an assistance group (AG) change from TANF to Medicaid (or vice versa), when there is a custodial parent (CP) change, when a new child is added to an existing absent parent (AP), when the county of residence changes, or when a new AP is added. | Daily |
| Child Support Bureau (CSB) | ISETS Zero Grant | ICES sends a monthly file to ISETS containing all TANF AGs that have $0 grants. | Monthly |
| Child Support Bureau (CSB) | ISETS Zero Grant Report | ICES sends a report to ISETS of all TANF AGs that have a $0 grant. | Monthly |
| Child Support Bureau (CSB) | ISETS Passback Collections | ICES receives a file of child support collection payment types and amounts from the child support system ISETS, which are displayed in ICES on DECB. | Monthly (Monday following the 1st Friday) |
| Child Support Bureau (CSB) | New Hire Data from DWD | ICES receives a file of all individuals who have been newly hired in the State of Indiana within the past twenty business days. This data includes all relevant employment information. Alerts are generated to the workers and the information displays on DENH. | Daily |
| | | | |
| Contract Management System (CMS) | CMS Impact Contracts | ICES receives a file of contract information from the Contract Management System (CMS) for the IMPACT Program. | Daily |
| Contract Management System (CMS) | CMS Referrals | ICES sends a file to CMS containing referral information for IMPACT individuals. | Daily |
| Contract Management System (CMS) | CMS Vendor Claims | ICES receives a file containing claim information for IMPACT individuals. | Daily |
| Contract Management System (CMS) | 1099 and Non 1099 files for the Auditor's Office | ICES sends a file to CMS containing all 1099 and Non-1099 providers who will be receiving payments. | Daily |
| Contract Management System (CMS) | PNA file for Auditor's Office | Medicaid Personal Needs Assistance is currently set at $52 per month and requires FSSA to supplement the $30 that SSI recipients receive from SSA. The assistance payment provision requires ICES to identify the eligible recipients and provide the information to Financial Management/State Auditor who will make the payments. | Monthly |

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|---|---|---|---|
| Contract Management System (CMS) | PNA Warrant file from Auditor's Office | The Auditor's office returns a file to ICES containing warrant information for each recipient that received assistance. This inforamtion is then displayed on IQPNA. | Monthly |
| | | | |
| Department of Education (DOE) | Department of Education Extract | ICES sends a file of all children who receive TANF or Food Stamps to the Indiana Department of Education for use in determining direct certification in the school lunch, breakfast and milk programs. The information is also used in the direct verification process. DOE then passes this data on to a separate agency for use in determining eligibility for the free textbook program. | Monthly (Jun-Dec) (This will be changing to every month.) |
| | | | |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Daily Demographics Send | Each day, ICES sends a file of demographic information for Food Stamp and TANF recipients. | Daily |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Daily Demographics Receive | Each day, ICES receives a file indicating that the send process was received and if any records errored off. | Daily |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Aging File Receive | ICES receives a file of benefits that individuals have not used within specified timeframes. | Daily |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Daily Food Stamp Send | ICES sends a daily file containing new Food Stamp benefit amounts. | Daily |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Daily Cash Send | ICES sends a daily file containing new TANF benefit amounts. | Daily |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Daily Food Stamp Receive | ICES receives a return file indicating if any Food Stamp daily benefits errored out. | Daily |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Daily Cash Receive | ICES receives a return file indicating if any TANF daily benefits errored out. | Daily |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | FNS Automated Adjustments | ICES receives a file of benefit amounts that have been automatically adjusted so a notice can be sent to the recipient. | Daily |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Benefit Activity File Receive | ICES receives a file detailing the use of benefits. | Every Day |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Pending/Unlinked Benefit File | A file is sent of unlinked benefits or expired pending benefits for reconciliation purposes. | Every Day |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Vault Card File Receive | A file of information on issued vault cards is used for inventory control. | Every Day |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Monthly Demographics Send | ICES sends a file of demographic information for new accounts. | Monthly |

| | | | |
|---|---|---|---|
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Monthly Demographics Receive | ICES receives a file indicating that the send process was received and if any records errored out. | Monthly |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Monthly Food Stamp Send | ICES sends a file of Food Stamp monthly benefits for dispersal in the upcoming month. | Monthly |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Monthly Cash Send | ICES send a file of TANF monthly benefits for dispersal in the month. | Monthly |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Monthly Food Stamp Receive | ICES receives a return file indicating if any Food Stamp monthly benefits were errored out. | Monthly |
| Electronic Benefits Transfer (EBT) / Contractor JP Morgan | Monthly Cash Receive | ICES receives a return file indicating if any TANF monthly benefits were errored out. | Monthly |
| | | | |
| Financial Management | Benefit Recovery Claims | ICES provides a file of all claims that have been entered into ICES and the balances of those claims. | Monthly |
| Financial Management | State Tax Intercept | ICES provides a file of TANF claims for possible tax intercept. | Monthly |
| Financial Management | Federal and State Tax Intercept | FSSA Financial Management sends a return file of claims eligible for tax intercept. | Weekly |
| Financial Management | Federal and State Tax Intercept | ICES sends a file of individuals with outstanding TANF and FS claims that meet specified criteria in order to intercept possible federal and state tax refunds due that individual. | Weekly |
| Financial Management | Federal and State Tax Intercept | ICES receives a file from Financial Management with actual tax intercepts which have been made, to be updated on ICES claims screens. | Weekly |
| Financial Management | Webster's Eligibility Extract | ICES sends an extract to Financial Management to assist that section in providing adhoc reports that are requested. | Monthly |
| | | | |
| First Steps | First Steps MA Eligibility Extract | ICES provides a file containing all children who have Medicaid eligibility. | Monthly |
| | | | |
| Food and Nutrition Services (FNS) | Disqualified Recipient System (DRS) Daily Extract | ICES sends a file to FNS on all Disqualified Recipients. | Daily |
| Food and Nutrition Services (FNS) | Disqualified Recipient System (DRS) Update | ICES receives a file from FNS on all Disqualified Recipients throughout the U.S. | Monthly |
| Food and Nutrition Services (FNS) | Disqualified Recipient System (DRS) Extract | ICES sends a file to FNS on all Disqualified Recipients identified by Indiana. | Monthly |
| | | | |
| Indiana Child Welfare Information System (ICWIS) | ICWIS Placement | ICES receives a file from ICWIS of children who have been removed or returned from/to a home. As a result, alerts are generated to workers. | Daily |

| | | | |
|---|---|---|---|
| Indiana Child Welfare Information System (ICWIS) | ICWIS Search Request | ICWIS sends a file of informational child search requests to ICES. ICES searches for the child using SSN, RID, or Soundex and returns any currently active case information that exists to ISETS. | Daily |
| Indiana Child Welfare Information System (ICWIS) | RID Switch | ICES sends a file to ICWIS when an individual's RID is switched so they can update their records with the current information. | Daily |
| | | | |
| Indiana Department of Health (IDOH) | Child Special Health Care Services (CSHCS) Request | Each month, ICES receives a file of individuals receiving assistance from the CSHCS system. ICES matches against the CSHCS file, and sends to CSHCS the same eligibility and TPL data which is sent to AIM. | Weekly |
| Indiana Department of Health (IDOH) | Child Special Health Care Services (CSHCS) MA Eligibility Extract | Each month, ICES receives a file of individuals receiving assistance from the First Steps system (which handles children's developmental disorders). ICES matches against the First Steps file, and sends to First Steps the same eligibility and TPL data which is sent to AIM. | Weekly |
| | | | |
| Indiana Department of Workforce Development (IDWD) | Wage Data Exchange (WDX) and Unemployment Insurance (UI) Request | ICES provides a file to IDWD of all new individuals to obtain the unemployment and wage information for them. | Weekly |
| Indiana Department of Workforce Development (IDWD) | Wage Date Exchange (WDX) Return | ICES receives a file of all in-state wages earned by an individual. This data is used to assist caseworkers in verifying an applicant or recipient's income. | Weekly |
| Indiana Department of Workforce Development (IDWD) | Unemployment Insurance (UI) Return | As a result of the weekly request, ICES receives a file of all individuals who receive Unemployment Insurance. This data is used to assist caseworkers in verifying an applicant or recipient's income. | Weekly |
| Indiana Department of Workforce Development (IDWD) | Unemployment Insurance (UI) Request | ICES provides a file to IDWD of all individuals active in ICES to obtain the unemployment information for them. | Monthly |
| Indiana Department of Workforce Development (IDWD) | Unemployment Insurance (UI) Return | As a result of the monthly request, ICES receives a file of all individuals who receive Unemployment Insurance. This data is used to assist caseworkers in verifying an applicant or recipient's UI income. | Monthly |
| Indiana Department of Workforce Development (IDWD) | Wage Date Exchange (WDX) Request | ICES provides a file to IDWD of all individuals active in ICES to obtain the quarterly wage information. | Quarterly |
| Indiana Department of Workforce Development (IDWD) | Wage Date Exchange (WDX) Return | As a result of the quarterly match, ICES receives a file of all individuals who have wage information. This date is used to assist workers in determining the employment status of individuals. | Quarterly |
| Indiana Department of Workforce Development (IDWD) | TANF Work Registration | ICES sends a file of all TANF recipients to DWD for work registration. | Monthly |

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|---|---|---|---|
| Internal Revenue Service (IRS) | Unearned Unverified Income Data Exchange (UUIDX) Request | ICES sends a file to the IRS of all active individuals to obtain income/resource information. | Annually |
| Internal Revenue Service (IRS) | Unearned Unverified Income Data Exchange (UUIDX) Return | ICES sends a file to the IRS of all new individuals to obtain income/resource information. | Monthly |
| Internal Revenue Service (IRS) | Unearned Unverified Income Data Exchange (UUIDX) Request | ICES receives a file of all unearned, unverified income, by an individual, from the IRS. This data is used to assist caseworkers in verifying an applicant or recipient's resources. | Monthly |
| | | | |
| Medical Review Team (MRT) | Disability Determination Receive | MRT provides information on the disability determinations that were made. ICES updates the AEOMD and AEIDP screens with this information. | Daily |
| Medical Review Team (MRT) | Disability Determination Request | ICES sends MRT a file of all individuals who have had a disability determination requested on AEOMD. This file is to be used to update the MRT system. | Daily |
| Medical Review Team (MRT) | MRT Reconciliation | ICES sends MRT a file of open cases referred to MRT. MRT is to use the file for reconciliation of the MRT SQL Database. | Monthly |
| | | | |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | Premium Vendor Bi-Annual Reconciliation | A file is provided to ICES of all premium vendor information which is to be used to reconcile the information within ICES | Bi-Annual |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | Premium Vendor Daily Output | Each day ICES sends a file of all individuals who qualify for MA10 and MADW. ICES receives confirmation for all records sent and first payment information. | Daily |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | Premium Vendor Daily Input | A file is provided to ICES of all changes in premium vendor information which is to be used to update ICES. | Daily |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | Premium Vendor Monthly Output | ICES sends a file of all individuals on MA10 and MADW that have been closed. | Monthly |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | Premium Vendor Monthly Input | ICES receives a file of all individuals that have paid and all individuals who have not paid within the allocated grace period. This information is used to update screens and close or deny eligibility. | Monthly |
| Office of Medicaid Policy and Planning (OMPP) | Dr. Ingram OMPP Statistical File | Each quarter, ICES sends a file of all individuals with Medicaid eligibility to Dr. Ingram (OMPP) for statistical analysis pertaining to Medicaid categories and percentage of poverty, and potentially, the creation of a new program/category of insurance or assistance. | Monthly |

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|---|---|---|---|
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | AIM Carrier File Load | Each month, ICES receives a file of Medical Carrier data from AIM for caseworker informational update. | Daily |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | AIM Card Issuance Update | Each day, ICES receives a file of all Medicaid recipients to whom a card has been issued by AIM. | Daily |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | AIM 590 Processing | Each month, ICES receives a file of 590 data from AIM for caseworker informational update. | Weekly (Monday) |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | AIM Daily Extract | Each day, ICES sends all new Medicaid eligibility data (either newly authorized applicants or existing recipients with changed eligibility to AIM, which produces Medicaid cards and processes Medicaid claims. | Daily |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | AIM TPL Data | Each day, ICES receives a file of TPL data from AIM for caseworker informational update. | Daily |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | AIM Buy-In Data | ICES receives a file of buy-in information which is updated in ICES. | Monthly |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | ICES - AIM Reconciliation File | ICES sends AIM a detailed file of all indivduals who receive Medicaid benefits. | Monthly (1st Friday) |
| Office of Medicaid Policy and Planning (OMPP) / Contractor EDS | AIM Restricted Data | Each month, ICES receives a file of restricted coverage data from AIM for caseworker informational update. | Weekly (Monday) |
| | | | |
| Social Security Administration (SSA) | State Verification and Exchange System (SVES) - SS Benefit and Number Request | ICES sends a daily file of all new individuals to SSA. | Daily |
| Social Security Administration (SSA) | State Verification and Exchange System (SVES) - SS Benefit and Number Receive | ICES requests and receives a file of all individuals who receive Title II (RSDI) Social Security assistance. This data is used to verify SSN's as well as for caseworkers' informational purposes in verifying an applicant or recipient's income. | Daily |
| Social Security Administration (SSA) | State Verification and Exchange System (SVES) - SS Benefit and Number Request | | Monthly |
| Social Security Administration (SSA) | State Verification and Exchange System (SVES) - SSN Verification Request | ICES senda a file to SSA of all individuals who have a social security number on AEIID but it has not been verified by SSA. Discrepancies will display on DENB. | Monthly |

| | | | |
|---|---|---|---|
| Social Security Administration (SSA) | State Verification and Exchange System (SVES) - Prisoner/Death Request | ICES submits a file of all Food Stamp recipients to SSA and receives a file of all matched individuals who have a date of death. This data is used to assist caseworkers in making claims assessments and determining household composition. ICES submits a file of all recipients to SSA and receives a file of all matched individuals who have been imprisoned. This data is used to assist caseworkers in making claims assessments and determining household composition. | Quarterly |
| Social Security Administration (SSA) | State Verification and Exchange System (SVES) - State Online Query (SOLQ) | ICES requests information from SSA for new individuals and those individuals receiving benefits under an SSN that is different from their own. This information is received real-time and not during the nightly batch process. The information displays on DEBN, DENB, and AEFUI. Alerts are generated to workers when appropriate. | Daily |
| Social Security Administration (SSA) | Prisoner Match | ICES receives a file from SSA of individuals who have prisoner information. The information displays on DEPM and alerts are generated when appropriate. | Daily |
| Social Security Administration (SSA) | State Date Exchange (SDX) - SSI data Input | ICES receives a file of all individuals who receive Title XVI (SSI) Social Security assistance. This data is used to determine eligibility and calculate benefits and displays on IQSSA. | Daily |
| Social Security Administration (SSA) | State Date Exchange (SDX) - SSI data Input | ICES receives a treasury file from SSA which is used to determine if all change in benefits have been received for processing during mass change. | Monthly |
| Social Security Administration (SSA) | State Date Exchange (SDX) - New SSI Individual Extract | ICES identifies all the new SSI recipients for processing. | Monthly |
| Social Security Administration (SSA) | State Date Exchange (SDX) - SSI Individual Extract | ICES processes all SSI recipients. DESX is updated with the information. When possible, AEFUI is updated and the change is automatically updated. Alerts are generated to workers when appropriate. | Monthly |
| Social Security Administration (SSA) | Benefit Data Exchange (BENDEX) Accrete/Decrete | ICES sends a file to SSA which contains all new individuals. | Monthly |
| Social Security Administration (SSA) | BENDEX/BRICOLA - Mass Chg | ICES requests and receives a file of all individuals who receive Title II (RSDI) Social Security assistance. This data is used to automatically determine eligibility and calculate benefits. | Monthly |
| Social Security Administration (SSA) | BENDEX/BRICOLA - Mass Chg | ICES processes the files from SSA which contain the SS bnefit information. The information displays on DEBN. When possible, AEFUI is updated and the changes are automatically authorized. Alerts are generated to the workers when appropriate. | Monthly |
| Social Security Administration (SSA) | Benefit Earnings Exchange Record (BEER) Receive | ICES requests and receives a file of all out-of-state wages earned by an individual. This data is used to assist caseworkers in verifying an applicant or recipient's resources. | Monthly |

| | | | |
|---|---|---|---|
| Social Security Administration (SSA) | Third Party Qualified Medicare Beneficiary (TPQMB) Outreach | ICES receives a file of individuals that HCFA, through the SSA's data exchange system, of newly approved Medicare beneficiaries who may be eligible of Qualified Medicare Beneficiary (or MA L Buy-in coverage). Letters are sent to those individuals who are not receiving any Medicaid benefits. | Monthly |
| Social Security Administration (SSA) | 40 Quarters of Coverage Request | ICES sends a file to SSA of new aliens in ICES to obtain the 40 quarters of coverage information. Workers can also process requests for other individuals associated with the household on the AEICZ screen. | Weekly |
| Social Security Administration (SSA) | 40 Quarters of Coverage | ICES receives a file of all non-US citizens' (aliens) detailed work history in terms of Social Security payments made, 10 years (or 40 quarters) of which are needed for welfare assistance eligibility. | Weekly |
| | | | |
| Data Warehouse (WRIDB) | ICES Eligibility Information | ICES sends two files to WRIDB for use in preparing the federally mandated welfare reform reports. These reports are used by the federal government to determine the amount of federal funding to be allocated to states. | Monthly |
| Data Warehouse (WRIDB) | Child Care Payment Information | ICES receives a file of individuals who are receiving child care payments from the Bureau of Child Development and the payment information is not on ICES. | Monthly |

**Frequency Key**

| | |
|---|---|
| Every Day | Seven Days a Week |
| Daily | Each Business Day |
| Weekly | Once a Week |
| Monthly | Once a Month |
| Quarterly | End of Each Calendar Quarter |
| Annually | Once a Year |
| Bi-Annual | Twice a Year |

## 10. Appendix 10 - Demographic Corrections (AEOFX)

*(Return to Demographic Corrections above)*

AEOFX

This new process does not change the necessity of linking when workers create duplicate RID's. You will need to be cognizant of the entire picture so that you don't inadvertently allow duplicate RID's to be maintained. The most common example of this is that they have two RID's and want the SSN from the old RID. They often have to be reminded that if these are the same individuals; they need to be linked and then the SSN can be removed from the alias rid on AEOAL.

This new screen will allow the AEOAL coordinator to make some demographic corrections without having to call the help desk. This new screen will accommodate changes for dates of birth, social security numbers and dates of death in certain instances. Be aware that resources available to the county currently to correct these problems are still available and you should not put yourself in the position of changing all these errors. Protect your time by doing only what the worker cannot do for themselves. Please see the paragraphs below for exactly what you can change. This process will not take care of problems involving MI rids; these will still need to be called into the help desk.

Workers should be required to make narrative entries in their own cases before changes are made and an e-mail should be sent when data is changed in an open case that belongs to someone other than the requesting worker as a courtesy. You should also make a narrative entry by using pf2 on AEOFX. This pf key will bring up CLSC. You should write a brief entry explaining why you are making this change. This will be particularly helpful when you are removing the SSN from an individual in another county or when you are modifying the date of death. This entry will provide the why you did the change and the verification for doing so.

```
AEOFX                UPDATE INDIVIDUAL DEMOGRAPHICS         02/15/06 12:11
                                                            DNT037 R SYST/KRISH

LAST ACTIVITY DATE: 02/15/06  CASE NUMBER: 3000264808  RID: 300060115799


    FIRST       MI       LAST        SUF         SEX    RACE
DAD              R     FIX            I           M      A


                  UPDATED       DATE OF    UPDATED       DATE OF     UPDATED
   SSN      VR      BY           BIRTH       BY           DEATH        BY
---------   --    -------       -------    -------       -------     -------
613112039   __                 01011960    DNT037        01012006    DNT037


NEXT TRAN: <<<<<<<< PARMS: <<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<< >>>>>>>
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
```

Date of Birth
The most common use of this screen to correct dates of birth should be for individuals who have birthdates in the 1800's. Workers cannot match these individuals in clearance without having the birth date correction done. We do not want them to create duplicate RID's.

Workers can correct dates of birth after clearance is completed for other individuals. The worker should put in the incorrect date of birth that ICES or the MI file has and say that the individuals are the same. After individual sequencing is done (the short list numbers appear on AEIID for all the individuals), the worker may modify AEIID to correct the birth date. Closed file coordinators can correct information displayed on AEIID for closed cases.

After accessing AEOFX by the rid of the individual with the bad date of birth, the AEOAL coordinator should enter the correct date of birth on AEOFX and press enter. The system will put a "?" in the verification field on AEIID. The system will record the individual who made the change. In the instance of a real birth date correction the data will be passed to AIM.

SSN
The most common use of this screen to correct social security numbers will be when your county has verified that the SSN for your client has been assigned to a different individual in ICES and it is unverified for the other county.

Remember that workers can correct SSN's that are on AEIID that have not been DE verified and supervisors can correct ones that have been DE verified for open cases. Closed file coordinators can correct information displayed on AEIID for closed cases.

After accessing AEOFX by the rid of the individual with the bad SSN, the AEOAL coordinator should delete the SSN on AEOFX and press enter. The system will default the verification code on AEIID to ? The system will record the individual who made the change. The SSN deletion information will be passed to AIM. You cannot enter a new number on this screen-the worker should do this on AEIID.

Date of Death
This screen will be used to correct the date of death when the one entered in ICES is found to be in error.

After accessing AEOFX by the rid of the individual with the bad date of death, the AEOAL coordinator should enter the correct date of death on AEOFX and press enter. The system will record the individual who made the change. This entry will result in corrected data being passed to AIM in their next file processing.

11. Appendix 11 - Duplicate RIDS
*(Return to XXVIII.E above)*

# AEOAL Process

**Why do we need AEOAL?**

Duplicate rids are created in ICES making the system see one individual as multiple individuals instead of one. This allows his information to be segmented and since the system does not recognize the individual as the same person, the system cannot act as a guard against multiple eligibility or duplicate issuance.

The key to reducing or eliminating this process is proper clearance. Individuals who do clearance should understand the importance of what they do and take the time to do clearance properly-making everyone new is not the answer. This is the only way that the creation of duplicate rids can be avoided.

Two major reasons exist as to why a client is identified by more than one RID:

1. Clients provide incorrect demographic information and thus are cleared as "new" individuals in error, or much more commonly,

2. Workers have insufficiently investigated whether the client is known to the system and thus have cleared the individual as "new" in error.

When an individual is entered and 'passed' through clearance in Application Registration or Application Entry, he is assigned an individual number **(RID)**. The RID is the system's means of storing all information for the individual such as: Eligibility history, Benefit Issuance, Benefit Recovery, IMPACT participation, etc. Think of the RID as the system's 'case folder'.

When a client comes into the office to apply for assistance all individuals included in the application should be fully investigated for prior contact. The application screener should attempt to locate the applicant(s) on IQIS using as many parameters as possible. Remember that ICES was implemented in November 1992 with two years of MA history loaded in the Master Index. This means the applicant(s) should be questioned regarding:

- Name changes,
- Previous assistance received,
- The county from which the previous assistance was received,
- The time frame of the previous assistance being received, and
- Living with someone who received assistance.

IQIS may be accessed using mandatory and optional parameters. At least one mandatory parameter should be entered to access IQIS. When an SSN or RID is used as the mandatory parameter the system will limit its' selection to the specific parameter entered. When 'Last Name/First Name' is used as the mandatory parameter the system will search for all possible soundex matches as well as all 'alias' (previously known as) names. Optional parameters may be used in any combination, some examples follow:

LAST NAME/FIRST/(S/MI/DOB/R/CO)
LAST NAME/FIRST///DOB
LAST NAME/FIRST/////CO)

LAST NAME/FIRST/(/MI/DOB//CO)

An IQIS search should go beyond inquiring by SSN alone. An SSN may not have been identified for the individual when he was previously on assistance in ICES or the SSN may not have been correctly entered.

Application Registration is forgiving. Individuals may be cleared and recleared in AR without damaging effects on the individual's data. It's a good idea to review the clearance results in AR before invoking the AE driver. It is critical to review clearance results completed by a worker known to struggle with the clearance matching process.

Demographic data for an individual previously known to ICES should not be changed until after the individual is sequenced in AE. The individual is sequenced by AEISQ, a behind the scene program that assigns the line numbers for the individuals listed on AEIID. Changing demographic data prior to AEISQ will reinvoke the clearance process. However, after all individuals are assigned a line number the worker may return to AEIID and update or correct the individual's name, DOB, Sex code, Race code or SSN.

Workers should understand that a decision was made years ago to default many individuals in the Master Index (MI) file to female Hispanic. In order to match one of these individuals you should enter your male white person as female Hispanic matching name and DOB as it is in the MI file and you should leave it this way until after there is a number by everyone's name on AEIID. Only then can you go back and change it and avoid a duplicate rid.

ARCR and ARPC screens offer assistance when reviewing clearance results. ARPC is the listing of all prior contacts by application/case number. ARPC may be accessed by application (appl)/case number. ARPC is not available for a current appl until all individuals have passed clearance. If an individual 'fails' clearance for reason '03' on ARCR, check ARPC using the individual's previous appl/case number as parms. (The previous appl/case numbers may be located by accessing IQIS.) The ARPC screen may identify another pending appl number. An individual will continue to fail clearance for reason '03' until the AE driver is invoked for the other Appl or until the other Appl is denied.

# AEOAL ACTIONS

This screen allows two functions:

1. Linking of duplicate rids, and

2. Deleting SSN's from Alias Rids.

# AEOAL ACCESS

Linking or unlinking RIDS is a very important job and few users will have access to this process. The user should be appointed by County Administrators and then be trained and approved by a field consultant. Once the training has occurred a field consultant will submit a request to the ICES AEOAL coordinator to add the individual to the TASA table. Only individuals on this table may update the AEOAL screen.

Central Office staff who are not on the TASA table have inquiry access to this screen.

Initially the screen is accessed by entering 'AEOAL' in the NEXT TRAN field and the 'Correct' RID in the parms, press <enter>. This is the access before linking.

After linking has been completed the screen may be accessed with the 'Correct' or 'Alias" rid. After the 11/29/05 enhancement, AEOAL will display a history which will be accessible, by entering a date as a second parameter. Note that there will be no history prior to the effective date of the enhancement.

# DEFINING RIDS

- **Correct RID**

The correct RID should have current or past eligibility in ICES. The correct RID may not be pending initial authorization. The 'correct' RID is the current/active RID that is determined to be the RID of choice. Hence, the system will force the user to match to the correct RID and its' demographic data whenever clearance is attempted using demographic data from one of the linked 'Alias' RIDs.

- **Alias RID**

The 'alias' RID refers to the additional, or secondary, RIDs assigned to the individual when a match was not identified during clearance. These are the RIDs to be linked to the 'correct' RID. The 'alias' rid should be inactive in both eligibility and IMPACT to be linked to the correct RID. The 'alias' RID should belong to a member of a closed case (a case in closed files). Or, if the 'alias' RID is associated with an individual in an active case, the individual should be deleted from the case on screen AEIID using delete code 'AL'. If the alias is a member of an AG, the worker should authorize the AG change/closure prior to the linking action on AEOAL. (AEOAL will not allow the link to be completed until the case is authorized.)

# CANDIDATE FOR LINKING?

As in the clearance process, linking rids should not be done without doing proper research to determine if the two rids do belong to the same person

- Are the individual demographics the same or similar?

Check IQIS and AECCR.
Check paper documents in hard case file.
(Birth Certificates and Social Security Cards)

- Is the individual in a case with similar household members?

Check ARIR, AEIID, AEIAP and AEICH and compare the information.

- What is the clearance status of the individual?
  Check ARCR (Pass or New?)

- If you determine that the RIDs do not belong to the same individual, send a mail message to the OMPP contact person indicating that these are two separate individuals if OMPP was the originator of your investigation. An override to the AIM system will be required to enroll the RID. If the request came from a worker or supervisor, report back to them that you do not believe the individuals are the same and tell them why you are questioning their decision.

**CAN THESE RIDS BE LINKED?**

- Are any of the duplicate RIDs found only in AR?

Check status on ARAD, ARMA or ARRA. Check status on ARPC.

If the Application, Medicaid Enrollment or Resource Assessment is pending in AR, clearance may be re-invoked by re-entering demographic date on ARIR and selecting a match on ARIS.

If denied in AR without being in AE, the RID is NOT available for the linking process.

- Are any of the duplicate RIDs found in Master Index (MI) status on IQIS?

If yes, contact the Help Desk and request ICES staff to merge (link) the RIDs. You will need to provide all demographic information for all RIDs involved.

# THE CORRECT RID-SELECTION PROCESS

- Do all RIDs have ‘open” eligibility history, past or present?

Were benefits authorized (approved or denied in AE.) for at least one month?
Check IQES or IQEL.

If only one RID has ‘open eligibility history, select this RID as the correct RID.

- If more than one RID has “open” eligibility history, additional considerations are needed as follows:

Look at IMPACT history-history for only one rid?

Does the individual have IMPACT sanction history? The system will not allow you to select an individual with a sanction history to be the alias. If that is what you really want to do, you will need to contact the help desk to have ICES remove the sanction history from the rid you want to be the alias.

- If one rid is active in a Medicaid Enrollment category and you want that to be the alias you will need to coordinate with the caseworker who has the Medicaid Enrollment case as they will need to close their case and reopen with the 'correct' RID in order to facilitate ongoing eligibility for their client.

# CHOOSING THE INACTIVE RID TO BE THE CORRECT RID

Do not do this if it can be avoided. If after careful consideration you have made this choice, you will need to add the inactive individual to the active case and remove the active individual from the active case. Use the following steps for guidance:

1. Review the AE screens in the active case for the individual who is currently active. You may want to print these screens as all the data for the active individual will have to be reentered under the "inactive individual" after the active individual is deleted.

2. Add the individual's "correct/inactive" demographic data to screen AEIID and invoke clearance.

3. Return to AEIID, delete the alias RID individual using delete code "AL" and use today's date as the occur date.

4. Review the AE screens for the individual, reconcile discrepancies and update AE screens.

5. NO OTHER CASE CHANGES ARE TO BE COMPLETED UNTIL THE RID CHANGE IS AUTHORIZED ON AEWAA.

6. To authorize: utilize reason code 565 to delete the alias RID individual, reason code 011 to add the correct individual to the appropriate AG. NO NOTICE WILL GENERATE.

# READY TO LINK IN ICES

You've done all the investigative work and you are 100% positive the RIDs are the same person and should be linked.

1. Access AEOAL by typing AEOAL in the NEXT TRAN, THE 'correct' RID for the PARMS and press <enter>. AEOAL will display with the correct RID demographic data listed.

2. Type the 'alias' RID in the entry line in the lower section of the screen. Press <enter>. AEOAL will redisplay with the alias RID's demographic information.

3. If the alias data is correct and should be linked, type an "L" in the CMD field and press <enter>. You will receive a message "G45-ALIAS LINKED TO CORRECT RID SUCCESSFULLY" at the bottom of

your screen. This will display on MNAON with AEOAL in the NEXT TRAN and the correct RID in the PARMS.

EXAMPLE:

- Initial access

```
AEOAL                    INDIVIDUAL ALIAS                 10/17/05 10:21
                                                           DNT065 J SYST/ANDRE
 LAST ACTIVITY DATE:

       RID          FIRST      MI     LAST        SUF    SSN       DOB    SEX R
    ----------------------------CORRECT-----------------------------------
    300062572799 BEVERLY            STONE                      09/17/67  M  W


 CMD----------------------------ALIAS--------------------------------------
    ____________


    ____________


    ____________


 PF16: IQEL     PF17: IQES        ENTER L IN CMD TO LINK ALIAS TO CORRECT INDIV
 NEXT TRAN: ________ PARMS: ____________________________________________
```

- Worker will enter the alias rid and the screen will redisplay with the alias information.

```
AEOAL                    INDIVIDUAL ALIAS                 10/17/05 10:21
                                                           DNT065 J SYST/ANDRE
 LAST ACTIVITY DATE:

       RID          FIRST      MI     LAST        SUF    SSN       DOB    SEX R
    ----------------------------CORRECT-----------------------------------
    300062572799 BEVERLY            STONE                      09/17/67  M  W


 CMD----------------------------ALIAS--------------------------------------
    300062571999
```

- Redisplayed information

```
AEOAL                    INDIVIDUAL ALIAS                 10/17/05 10:21
                                                           DNT065 J SYST/ANDRE
 LAST ACTIVITY DATE:

       RID          FIRST      MI     LAST        SUF    SSN       DOB    SEX R
    ----------------------------CORRECT-----------------------------------
    300062572799 BEVERLY            STONE                      09/17/67  M  W


 CMD----------------------------ALIAS--------------------------------------
    300062571999 BEVERLY  M     STONE-DIAL                 09/17/67  M  W

    ____________


 PF16: IQEL     PF17: IQES        ENTER L IN CMD TO LINK ALIAS TO CORRECT INDIV
 NEXT TRAN: ________ PARMS: ____________________________________________
```

- Worker enters ‘L’ to link in the CMD space.

```
AEOAL                    INDIVIDUAL ALIAS                 10/17/05 10:21
                                                           DNT065 J SYST/ANDRE
 LAST ACTIVITY DATE:

       RID          FIRST      MI     LAST        SUF    SSN       DOB    SEX R
    ----------------------------CORRECT-------------------------------------
    300062572799 BEVERLY            STONE                      09/17/67  M  W



 CMD----------------------------ALIAS----------------------------------------
 L  300062571999 BEVERLY  M     STONE-DIAL                 09/17/67  M  W

    ____________



 PF16: IQEL     PF17: IQES        ENTER L IN CMD TO LINK ALIAS TO CORRECT INDIV
 NEXT TRAN: ________ PARMS: ____________________________________________
```

- MNAON will display if link is successful

```
MNAON   GENERAL CASE/ASSISTANCE GROUP MAINTENANCE MENU      10/17/05 10:23
                                                            DNT065 J SYST/ANDRE
  FUNCTION                                 TRANSACTION
  NUMBER       FUNCTION DESCRIPTION          CODE        PARAMETERS

    1 - REDETERMINATION SEQUENCE            (AEORE)  CASE
    2 - CASE TRANSFER                       (AEOTR)  CASE
    3 - INDIVIDUAL ALIAS                    (AEOAL)  RECIPIENT ID
    4 - INDIVIDUAL INELIGIBILITY DATA       (AEOIE)  CASE/(SSN OR RECIPIENT ID)
    5 - MEDICAL DETERMINATION               (AEOMD)  CASE/SSN OR RECIPIENT ID
    6 - SFU FIAT                            (AEOAG)  CASE/(CAT/SEQ)
    7 - MA ENROLLMENT SEQUENCE              (AEOME)  ENROLLMENT NUMBER
    8 - INDIVIDUAL CLEARANCE                (AEISC)  CASE
    9 - STATEWIDE CLEARANCE RESULTS         (AEISL)  CASE
   10 - PRIOR CONTACTS LIST                 (AEIPC)  CASE OR RID
   11 - REVIEW SEQUENCE                     (AEREV)  CASE/(DATE)
   12 - TERMINATE REVIEW SEQUENCE           (AETRV)  CASE
   13 - CHILDRENS HEALTH PREMIUM ADJUSTMENT (AECPA)  CASE/CAT/SEQ
 PLEASE ENTER THE NUMBER OF THE DESIRED FUNCTION: __
 PARAMETERS: ____________________________________________

 NEXT TRAN: AEOAL___ PARMS: 300062572799_________________________________
 G45 - ALIAS LINKED TO CORRECT RID SUCCESSFULLY
```

If do not get the message, you have failed to do one of the preliminary steps correctly. Error messages will display telling you where you have made a mistake.

# UNLINKING RIDs

Unlink an alias RID by entering ‘U’ in the CMD field. This process should be invoked rarely and can be avoided entirely if individuals do proper investigation before linking and during the clearance process. If the worker elects to use an old case number in AR and sequences that number to AE by using AECSQ and the only individual who was left in the old case was the alias individual, he will have to be unlinked in order to proceed with case processing.

Data may be lost during the 'unlink' process so it would be best to avoid it when possible. The AEOAL process is a band-aid for individuals cleared as 'new' in error. The true fix to the problem of multiple RIDs is to complete clearance carefully and accurately.

# CHECKS AND BALANCES

### THE SYSTEM WILL EDIT AGAINST THE USE OF AN ALIAS RID AFTER A LINK IS COMPLETED.

- Screen with alias –reselected on AEIID.

**After linking, IQIS identifies individual 300062900099 as an Alias RID by displaying an 'X' in the 'A' column.**

```
IQIS                    NAME MATCH                        10/25/05 11:34
                                                           DNT065 J SYST/ANDRE
 LAST NAME           FIRST               SSN/RID       DOB         S    R
                                         300062900099

 SEL LAST         FIRST         MI SUF   SSN       DOB    S R ST CO APPL/CASE  A
 _ RIPLEY         ALBERT                          12/01/62 M W EI 72 3000278055 X


 _


 _
```

- The individual is added on AEIID as a new applicant to ongoing Case 3000277974.

```
AEIID                  INDIVIDUAL DEMOGRAPHICS           10/25/05 11:36
COUNTY: 72  CASE: 3000277974   WORKER: DNT565             DNT065 J SYST/ANDRE
LAST ACTIVITY DATE: 10/25/05   STATUS: OPEN
                                                                      PREG
DC NBR     FIRST      MI     LAST       SUF    SSN    VR   DOB    VR S R INFO
__    ALBERT          _ RIPLEY________ ___ _______ __ AP 12011962 CS M W   _
__   1 CORRECTIQSCREEN _ RIDS___________ ___ 405122112 __ 09181923 CS M W   _
__    _______________ _ _______________ ___ _________ __ ________ __ _ _   _
```

- The case processes to AEISL where the worker selects the linked RID.

```
AEISL               INDIVIDUAL STATEWIDE CLEARANCE LIST    10/25/05 11:37
COUNTY: 72   CASE NBR: 3000277974                 WORKER: DNT065 J SYST/ANDRE

   SSN          FIRST     MI      LAST       SUF    DOB     S  R
          ALBERT                 RIPLEY          12011962  M  W
                                                                ICES ALIAS
S   RID/SSN         FIRST      MI     LAST       SUF   DOB    S R ST CO   SCORE
x 300062900099 ALBERT           RIPLEY              12011962 M W I     Y  98
_    401102012 ALBERT           RIPLEY              07121962 M W I     Y  79
_ 300062906799 ALIAS2COGNOS     RIDS                11011961 M W I     Y  77
_ 300062905999 ALIAS3COGNOS     RIDS                10011960 M W I     Y  77
_ 300062672599 ALIASHISTORY     RIDS                09011935 M W I  72    77
```

- The worker attempts to select the Alias RID to pass clearance by entering 'N' in the 'INDV WILL BE REPLACED BY THE ACTIVE INDV, OK ?' field.

```
AEISL               INDIVIDUAL STATEWIDE CLEARANCE LIST    10/25/05 11:37
COUNTY: 72   CASE NBR: 3000277974                 WORKER: DNT065 J SYST/ANDRE
```

```
   SSN          FIRST     MI      LAST       SUF    DOB     S  R
           ALIAS1COGNOS      RIDS                 12011962  M  W
                                                                 ICES ALIAS
S   RID/SSN         FIRST      MI     LAST       SUF   DOB    S R ST CO   SCORE
x 300062900099 ALBERT           RIPLEY              12011962 M W I     Y  98
_    401102012 ALIASEXEMPT      RIDS                07121962 M W I     Y  79
_ 300062906799 ALIAS2COGNOS     RIDS                11011961 M W I     Y  77
_ 300062905999 ALIAS3COGNOS     RIDS                10011960 M W I     Y  77
_ 300062672599 ALIASHISTORY     RIDS                09011935 M W I  72    77
```

**INDV WILL BE REPLACED BY THE ACTIVE INDV, OK ?  n  (Y/N)**

- On AEISC, the clearance status is ‘FAIL’. The individual is not passed through clearance.

```
AEISC                  STATEWIDE CLEARANCE RESULTS        10/25/05 11:39
COUNTY: 72   CASE NBR: 3000277974     WORKER: DNT065 J SYST/ANDRE
                                   SCREENER:
                                                  CURR/LAST          CLEAR RSN
SEL    FIRST     MI      LAST       SUF    SSN     KNOWN CASE ST FH    STAT CDE
  ALBERT             RIPLEY                                   0    N    FAIL 08
```

- The worker returns to AEISL, selects the Alias RID and enters 'Y' in the 'INDV WILL BE REPLACED BY THE ACTIVE INDV, OK ?' field to pass the individual through clearance.

```
AEISL                INDIVIDUAL STATEWIDE CLEARANCE LIST    10/25/05 11:41
COUNTY: 72   CASE NBR: 3000277974   WORKER: DNT565          DNT065 J SYST/ANDRE

   SSN          FIRST     MI      LAST       SUF    DOB     S  R
           ALIAS1COGNOS      RIDS                 12011962  M  W
                                                                ICES ALIAS
S   RID/SSN         FIRST      MI     LAST       SUF   DOB    S R ST CO   SCORE
x 300062900099 ALIAS1COGNOS      RIDS                12011962 M W I     Y  98
_    401102012 ALIASEXEMPT       RIDS                07121962 M W I     Y  79
_ 300062906799 ALIAS2COGNOS      RIDS                11011961 M W I     Y  77
_ 300062905999 ALIAS3COGNOS      RIDS                10011960 M W I     Y  77
_ 300062672599 ALIASHISTORY      RIDS                09011935 M W I  72    77



     INDV WILL BE REPLACED BY THE ACTIVE INDV, OK ?      y  (Y/N)
PF17: AEIID (NO SELECT); PF20: TOP OF LIST; PF22: NEW INDV; PF23: AEIPC
NEXT TRAN: _________ PARMS:
```

- On AEISC, the Clearance Status is now 'PASS'. A linked Alias RID is not allowed to pass through clearance as a new applicant in an ongoing case.

```
AEISC                   STATEWIDE CLEARANCE RESULTS        10/25/05 11:48
COUNTY: 72   CASE NBR: 3000277974     WORKER: DNT565        DNT065 J SYST/ANDRE
                                          SCREENER:
                                                     CURR/LAST          CLEAR RSN
SEL    FIRST     MI      LAST       SUF    SSN      KNOWN CASE ST FH    STAT CDE
  1CORRECTALBERT    CORRECTRIPLEY                    3000278071 A  N    PASS
```

Summary:

If an alias individual is added on ARIR or AEIID and matched to the alias in clearance, the system will display "INDV WILL BE REPLACED BY THE ACTIVE INDV, OK?" The worker will have to enter a yes or no. If he enters 'y', the active information of the correct rid will display on ARCR. If he enters 'n' the individual will fail clearance.

When the alias is not the only sequenced (has a line number) member of the reselected case number he may be deleted when the worker receives error message G41- PLEASE DELETE ALIAS INDIVIDUAL TO CONTINUE. However, if he is the only sequenced individual the worker will have to go to the AEOAL coordinator and the coordinator will have to work with the worker to go through the following steps.

1. Unlink RIDs on AEOAL
2. Return to AEIID and proceed through clearance
3. Return to AEIID and delete "alias" individual
4. Return to AEOAL and re-link RIDs.

# DELETING SSN FROM ALIAS RID

You may delete the SSN from an alias rid after it has been linked by returning to the AEOAL screen and putting a 'y' in the delete SSN field. You cannot link and delete the SSN at the same time. You cannot do multiple actions at the same time-link, unlink and delete SSN should all be done separately.

- The worker returns to AEOAL and enters 'Y' in the 'DELETE SSN?' field.

```
AEOAL                    INDIVIDUAL ALIAS                10/17/05 11:58
                                                         DNT065 J SYST/ANDRE
LAST ACTIVITY DATE: 10/17/05

      RID          FIRST      MI     LAST        SUF    SSN       DOB    SEX R
   ----------------------------CORRECT-------------------------------------
   300062336799 SAM           MYERS          401192011  08/05/65  F  W


CMD----------------------------ALIAS--------------------------------------
 _ 300062332699 SAMUEL            MYERS              401202011  08/05/64  F  W
    USER ID:    DNT565                                          DELETE SSN? y
```

- After pressing Enter, G46 - SSN WAS SUCCESSFULLY DELETED FROM ALIAS displays.

```
MNAON   GENERAL CASE/ASSISTANCE GROUP MAINTENANCE MENU      10/17/05 11:58
                                                            DNT091 P SYST/CRECE
 FUNCTION                                  TRANSACTION
 NUMBER       FUNCTION DESCRIPTION            CODE        PARAMETERS

   1 - REDETERMINATION SEQUENCE            (AEORE)  CASE
   2 - CASE TRANSFER                       (AEOTR)  CASE
   3 - INDIVIDUAL ALIAS                    (AEOAL)  RECIPIENT ID
   4 - INDIVIDUAL INELIGIBILITY DATA       (AEOIE)  CASE/(SSN OR RECIPIENT ID)
   5 - MEDICAL DETERMINATION               (AEOMD)  CASE/SSN OR RECIPIENT ID
   6 - SFU FIAT                            (AEOAG)  CASE/(CAT/SEQ)
   7 - MA ENROLLMENT SEQUENCE              (AEOME)  ENROLLMENT NUMBER
   8 - INDIVIDUAL CLEARANCE                (AEISC)  CASE
   9 - STATEWIDE CLEARANCE RESULTS         (AEISL)  CASE
  10 - PRIOR CONTACTS LIST                 (AEIPC)  CASE OR RID
  11 - REVIEW SEQUENCE                     (AEREV)  CASE/(DATE)
  12 - TERMINATE REVIEW SEQUENCE           (AETRV)  CASE
  13 - CHILDRENS HEALTH PREMIUM ADJUSTMENT (AECPA)  CASE/CAT/SEQ

PLEASE ENTER THE NUMBER OF THE DESIRED FUNCTION: __
PARAMETERS: ____________________________________________

NEXT TRAN: AEOAL___ PARMS: 300062336799_________________________________
G46 - SSN WAS SUCCESSFULLY DELETED FROM ALIAS
```

## INQUIRIES AND DISPLAYS FOR LINKED RIDS

AEOAL HISTORY

History will display for AEOAL changes after the 11/29/05 enhancement. Workers may go to AEOAL using the 'RID/Date' parm. (Date will be mmddyyyy) If there is more history before the entered date, pf24 will display allowing the worker to page through it. PF23 will display so that the worker can reverse to the more recent date if appropriate. A message will display if there is no history.

IQEL

IQEL will display the alias information when either the correct or alias RID is entered as follows:

- After linking, the 'AEOAL' field displays 'ALIAS' for Alias RID 300062886199. The combined history for the linked RIDs also displays.

```
IQEL                INDIVIDUAL ELIGIBILITY HISTORY         10/25/05 08:31
                                                           DNT565 P SYST/CRECE
  FIRST          MI LAST NAME            SSN         DOB        SEX   RACE
  ALIAS         WILLIAMS            405112112   09181922    M      W

 INDIV NBR
 300062886199    AEOAL : ALIAS
                              AG   PART ELIG  --ELIG DATE------ BEGIN DATE
SEL CO   CASE NBR   CAT SEQ STAT  STAT STAT  BEGIN    END      OF ASSIST  FIAT
  1 72  3000277974  MA A 01 CLOS   EA  PASS  10012005 11302005  06012005    N

  2 72  3000277974  MA A 01 OPEN   EA  PASS  09012005 09302005  06012005    N

  3 72  3000277974  MA A 01 OPEN   EA  PASS  08012005 08312005  06012005    N

  4 72  3000277974  MA A 01 OPEN   EA  PASS  07012005 07312005  06012005    N

  5 72  3000277974  MA A 01 OPEN   EA  PASS  06012005 06302005  06012005    N


                     ENTER SELECTION NUMBER: __
PFKEYS:  15=IQCP  16=IQAP  17=IQIG  18=IQIM  19=IQMA  20=IQAM  21=IQES  22=IQAE
NEXT TRAN: ________ PARMS: 300062886199_________________________________
```

- After linking, the 'AEOAL' field displays 'CORRECT' for Correct RID 300062885399. The combined history for the linked RIDs also displays.

```
IQEL                INDIVIDUAL ELIGIBILITY HISTORY         10/25/05 08:32
                                                           DNT565 P SYST/CRECE
  FIRST          MI LAST NAME            SSN         DOB        SEX   RACE
  CORRECT           WILLIAMS             405122112   09181923    M      W

 INDIV NBR
 300062885399    AEOAL : CORRECT
                              AG   PART ELIG  --ELIG DATE------ BEGIN DATE
SEL CO   CASE NBR   CAT SEQ STAT  STAT STAT  BEGIN    END      OF ASSIST  FIAT
  1 72  3000277974  MA A 02 OPEN   EA  PASS  12012005           05012005    N

  2 72  3000277974  MA A 02 OPEN   EA  PASS  10012005 11302005  05012005    N

  3 72  3000277974  MA A 02 OPEN   EA  PASS  09012005 09302005  05012005    N

  4 72  3000277974  MA A 02 OPEN   EA  PASS  08012005 08312005  05012005    N

  5 72  3000277974  MA A 02 OPEN   EA  PASS  07012005 07312005  05012005    N

  6 72  3000277974  MA A 02 OPEN   EA  PASS  06012005 06302005  05012005    N
                     ENTER SELECTION NUMBER: __
PFKEYS:  15=IQCP  16=IQAP  17=IQIG  18=IQIM  19=IQMA  20=IQAM  21=IQES  22=IQAE
NEXT TRAN: ________ PARMS: 300062885399_________________________________ MORE
```

## IQES

IQES will display the alias information when either the correct or alias RID is entered as follows:

- Worker enters the alias rid. The First and Last Names, SSN and 'CORRECT RID' fields have been updated to the Correct RID's information. The Alias RID is also displayed in the 'ALIAS RID' field.

```
IQES           INDIVIDUAL SORTED ELIGIBILITY HISTORY       09/15/05 15:57
                                                           DNT565 P SYST/CRECE
  FIRST          MI LAST NAME            SSN         DOB        SEX   RACE
  CORRECT           BROWN                 405111026   10161935    M      W

 CORRECT RID: 300062879699
```

```
                              AG   PART ELIG  --ELIG DATE------
SEL CO   CASE NBR   CAT SEQ STAT  STAT STAT  BEGIN    END      FIAT  ALIAS RID
  1 72  3000277958  MA A 02 OPEN   EA  PASS  10012005           N

  2 72  3000277958  MA A 02 OPEN   EA  PASS  10012005 09302005  N

  3 72  3000277958  MA A 01 CLOS   EA  PASS  10012005 09302005  N  300062880499

  4 72  3000277958  MA A 02 OPEN   EA  PASS  09012005 09302005  N

  5 72  3000277958  MA A 01 OPEN   EA  PASS  09012005 09302005  N  300062880499


  6 72  3000277958  MA A 02 OPEN   EA  PASS  08012005 08312005  N
                      ENTER SELECTION NUMBER: __
PFKEYS:  15=IQCP     16=IQAP     17=IQIG     18=IQIM     21=AEOAL     22=IQAE
NEXT TRAN: ________ PARMS: ____________________________________________ MORE...
```

- The worker returns to IQES for the Correct RID. The Alias RID has been added to the ‘Alias RID’ field. The Correct RID continues to display in the ‘CORRECT RID’ field. When an Alias RID is linked to a Correct RID, IQES updates the ‘CORRECT RID’ field with the updated RID and the ‘ALIAS’ field displays the former Alias RID.

```
IQES            INDIVIDUAL SORTED ELIGIBILITY HISTORY       09/15/05 15:58
                                                            DNT565 P SYST/CRECE
   FIRST          MI LAST NAME            SSN         DOB        SEX   RACE
   CORRECT           BROWN                 405111026   10161935    M      W

 CORRECT RID: 300062879699

                              AG   PART ELIG  --ELIG DATE------
SEL CO   CASE NBR   CAT SEQ STAT  STAT STAT  BEGIN    END      FIAT  ALIAS RID
  1 72  3000277958  MA A 02 OPEN   EA  PASS  10012005           N

  2 72  3000277958  MA A 02 OPEN   EA  PASS  10012005 09302005  N

  3 72  3000277958  MA A 01 CLOS   EA  PASS  10012005 09302005  N  300062880499

  4 72  3000277958  MA A 02 OPEN   EA  PASS  09012005 09302005  N

  5 72  3000277958  MA A 01 OPEN   EA  PASS  09012005 09302005  N  300062880499

  6 72  3000277958  MA A 02 OPEN   EA  PASS  08012005 08312005  N
                      ENTER SELECTION NUMBER: __
PFKEYS:  15=IQCP     16=IQAP     17=IQIG     18=IQIM     21=AEOAL     22=IQAE
NEXT TRAN: ________ PARMS: ____________________________________________ MORE...
```

IQIG

- After linking, the ‘AEOAL’ field on IQIG displays ‘A’ (Alias RID) for 300062886199. The original RID still displays in the ‘INDIV NBR’ field.

```
IQIG                   INDIVIDUAL GENERAL                 10/25/05 08:32
                        EFF DATE: 10/25/05                DNT565 P SYST/CRECE
FIRST          MI LAST            SUF  SSN       DOB      S R  CO  INDIV NBR
IQSCREENALIAS     RIDS                 405112112 09/18/22 M W  72  300062886199
 IV-D INFO             MPI-NBR:               CNTRY ENTRY     EDUC       MONTH
 AEOAL  FLAGS  OP  UP  INC  RES  MIGRANT  CIT ORIG  DATE      CODE  PREG  DUE
   A                              N      Y
 -AFDC $30 DISREGARD-  APPL NBR   CASE NBR      --- SANCTION INFORMATION ----
                                 3000277974     CAT     RSN   BEGIN     END
 -AFDC 1/3 DISREGARD-                           AFDC
                                                AFDC/MA
 -FS EARN/SUPT DSRG                             MA
```

```
                                                  FS
 -MA $30 DSRG-                          -MA 1/3 DSRG-
 -NBR OF MONTHS TOWARD 60: 00
 -NBR OF MONTHS TOWARD 24: 00    CE BEG DTE             CE END DTE
WORK REG INFO  WR----------------------------------IMPACT INFO---------------
CODE REG DATE  ST TRACK WORKER STATUS REFERRAL ACTVTY REVIEW CO/EMPLOYER   SITE


PF KEYS: 17=IQEL   18=IQIM   19=IQMA                   21=IQES
NEXT TRAN: ________ PARMS: 300062886199_________________________________ MORE..
```

- After linking, the ‘AEOAL’ field on IQIG displays ‘C’ (Correct RID) for 300062885399. The original RID also still displays in the ‘INDIV NBR’ field.

```
IQIG                   INDIVIDUAL GENERAL                 10/25/05 08:32
                        EFF DATE: 10/25/05                DNT565 P SYST/CRECE
FIRST          MI LAST            SUF  SSN       DOB      S R  CO  INDIV NBR
CORRECTIQSCREEN   RIDS                 405122112 09/18/23 M W  72  300062885399
 IV-D INFO             MPI-NBR:               CNTRY ENTRY     EDUC       MONTH
 AEOAL  FLAGS  OP  UP  INC  RES  MIGRANT  CIT ORIG  DATE      CODE  PREG  DUE
   C                                N      Y
 -AFDC $30 DISREGARD-  APPL NBR   CASE NBR      --- SANCTION INFORMATION ----
                                 3000277974     CAT     RSN   BEGIN     END
 -AFDC 1/3 DISREGARD-                           AFDC
                                                AFDC/MA
 -FS EARN/SUPT DSRG                             MA
                                                FS
 -MA $30 DSRG-                          -MA 1/3 DSRG-
 -NBR OF MONTHS TOWARD 60: 00
 -NBR OF MONTHS TOWARD 24: 00    CE BEG DTE             CE END DTE
WORK REG INFO  WR----------------------------------IMPACT INFO---------------
CODE REG DATE  ST TRACK WORKER STATUS REFERRAL ACTVTY REVIEW CO/EMPLOYER   SITE


PF KEYS: 17=IQEL   18=IQIM   19=IQMA                   21=IQES
NEXT TRAN: ________ PARMS: 300062885399_________________________________ MORE..
```

## ARPC/AEIPC

On AEIPC, the prior contacts list includes only the Correct RID’s previous contact information. The Alias RID’s previous contact information does not display when a linked Alias RID applies for benefits in an ongoing case.

- Correct RID

```
AEIPC                        PRIOR CONTACTS LIST           10/25/05 15:11
COUNTY: 72   CASE NBR: 3000047880                          DNT565 P SYST/CRECE

INDIV NUM          FIRST      MI     LAST       SUF   SSN        DOB     S   R
300062906799  2CORRECT          COGNOS                        11031961  M   W

    PROGRAMS              IDENTIFIER   STATUS    BEGIN       END      COUNTY
    APPLCN ENTRY          3000047880    CASE    10/25/05                72

    APPLCN REGISTRATION   3000278071    CASE    10/01/05                72
```

- Alias RID

```
AEIPC                        PRIOR CONTACTS LIST           11/21/05 13:06
COUNTY: 72        NBR: 3000278055                          MSS019 J TEST/CARTW

INDIV NUM          FIRST      MI     LAST       SUF   SSN        DOB     S   R
```

```
300062899499  ALIAS2COGNOS      RIDS                          11011961  M   W

    PROGRAMS              IDENTIFIER   STATUS    BEGIN       END      COUNTY
    ALIAS UNLINKED        9999999999            10/26/05                 99

    ALIAS LINKED          9999999999            10/25/05                 99

    APPLCN REGISTRATION   3000278055    CASE    08/01/05                 72
```

IMPACT

IMPACT will display the alias information when either the correct or alias RID is entered as follows:

Example:

Correct screens will display as usual in the IMPACT subsystem.

Alias screens in the IMPACT subsystem will all display messages **"ACTION NOT ALLOWED FOR ALIAS"**

```
WPPS              PAYMENT FOR SUPPORTIVE SERVICE            10/26/05 12:21
                                                             DNT565 I SYST/CRECE
 CASE:        3000270466  CAT: FS    SEQ: 05       RECIP ID #: 300061261899
 PARTICIPANT: NICKGEN   WPPS                       SOCIAL SECURITY #: 000000000
                                                   REFERRAL DATE:   09/15/05
 SERVICE CODE:  TR      CP? N     SERVICE DESCRIPTION:  TRANSPORTATION

 PROVIDER ID: 333-66-3333
                              SITE ID:  **           PHONE:  __________
        NAME: NAME_________________________
     ADDRESS: ADDRESS__________________________
              ______________________________
              CITY___________ IN  46200____         COUNTY: 72


         --DATES OF SERVICE--       SERVICE     PAYMENT   PAYMENT   VOID/
          BEGIN          END         AMOUNT      MONTH      CODE    REPLACE
         10/01/05    10/02/05         50.00      1005         F        _
                     ACCOUNT NUMBER: __________________________
 DATE: 10/26/05  AUTH: T22491   DATE: ________  AUTH: ______  A/D? _
 PF17: DELETE THIS PAYMENT
 PF15: ADD PAYMENTS FOR SAME PROVIDER      PF16: ADD PAYMENTS FOR NEW PROVIDER
 NEXT TRAN: ________ PARMS: ______________________________________________
 ACTION NOT ALLOWED FOR ALIAS
```

# FINAL STEPS

1. Review all AE screens for accuracy.

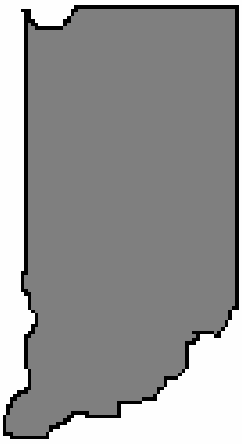
2. Document CLRC regarding selection of RID.

3. Were duplicate benefits issued? Is a claim needed? See IQES or IQEL.

4. Is this a training issue?
   The AEOAL coordinator should look at why a duplicate RID was created. Is training needed? If so, the coordinator should provide or arrange for training.

**Be sure before you act!!**

12. Appendix 12 – EBT Policy Guide
(Return to *EBT Cards for Food Stamps/TANF*)



# Hoosier Works

Electronic Benefit Transfer

**(EBT)**

Policy Guide

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

**Program Overview** **Section One**
About This Guide
What Is EBT?
What Is Hoosier Works?
How Will Clients Learn About EBT?
What Happens When EBT Starts?
EBT Office Setup (Implementation and/or New Satellite Offices)

**EBT Card Policy and Training** **Section Two**
EBT Card Issuance
Hoosier Works “Vault” Card
Over-The-Counter (O-T-C) Issuance of Hoosier Works Card
Guidelines for Emergency O-T-C
Hoosier Works Card and PIN Responsibility Statement
HW Card Linked to Payee's ICES RID #
Hoosier Works Replacement Cards
Replacement Card Fees
Card Activation and Personal Identification Number Selection
Personal Identification Number (PIN)
Card De-activation
Card Suspension After Incorrect PIN Used
Authorized Buyer (AB)/ Protective Payee (PP)
AB for FS (ICES Authorized Representative with EBT Flag)
Protective Payee for TANF
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# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## SECTION ONE

**About This Guide**

The Electronic Benefit Transfer (EBT) Administrative Policy Guide is a supplement to system training and related materials provided by the EBT Vendor. This manual covers the off-line activities and requirements for the provision of cash assistance and Food Stamp benefits using the EBT system.

**What Is EBT?**

Electronic Benefit Transfer (EBT) is the automated access of benefits using a pre-encoded card at Automated Teller Machines (ATMs) or Point-of-Sale (POS) Terminals.

Section 404 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 defines an EBT Service as a means of electronically processing transfers of benefits such as Food Stamps and TANF cash assistance from a central databank which both issues and stores the benefits and allows eligible clients to electronically access their benefits at the point of sale.

In 1996, the Indiana General Assembly authorized the Indiana Family and Social Services Administration (FSSA) to implement a statewide Electronic Benefit Transfer (EBT) system utilizing Automated Teller Machines (ATMs) and point-of-sale (POS) technologies. Federal requirements for the automation of Food Stamp issuance and encouragement of similar action for cash assistance benefits were further strengthened by analyses of EBT demonstration projects that indicated a significant improvement in benefit issuance with EBT as opposed to the current manual distribution method. The following tables list a few of the many benefits attributed to the system.

| **EBT SYSTEM BENEFITS** |
|---|
| (State Agencies) |
| Improves recipient service.<br>Reduces costs associated with the production of paper Food Stamp coupons and issuance documents.<br>Reduces staff time related to manual reconciliation and compliance auditing.<br>Strengthens program management and operation, including benefit issuance and distribution, security and record keeping.<br>Provides enhanced tools for reducing losses from fraud, theft and benefit diversion. |
| |

| **EBT SYSTEM BENEFITS** |
|---|
| (Recipients) |
| Increases convenience while reducing the social stigma associated with receipt of public assistance benefits.<br>Eliminates paper warrants and coupons, which can arrive late, or be lost, stolen or forged.<br>Ensures timely and accurate account and benefit information.<br>Provides timely problem resolution.<br>Reduces travel to local offices.<br>Eliminates check-cashing fees.<br>Allows better money management with capability for partial withdrawal of benefits.<br>Allows additional benefit programs to be added in the future. |
| |

The EBT central computer database must be available for transactions twenty-four (24) hours per day, seven (7) days a week. The only exception to this policy is when down time is scheduled in advance for routine system maintenance. This down time should occur only during non-peak transaction periods. In addition to the benefits previously discussed, an EBT system minimizes the number of separate steps required to complete a transaction for cash benefits and/or Food Stamps. The system can make clear and comprehensive account balance information available with a minimum number of steps or actions and has user prompts on Point-of-Sale (POS) terminals and Automated Teller Machines (ATMs), where appropriate. Retailers have available back-up procedures that may be put into place automatically and immediately; can obtain timely information on daily credits to their banks; and have instructions available on resolving problems with equipment supplied by the vendor and with retailer accounts.

**What is Hoosier Works?**

Hoosier Works (HW) is the name of Indiana's statewide Electronic Benefit Transfer System.

The Hoosier Works card is the tool to be used by clients to access cash benefits and Food Stamps in Indiana. The Hoosier Works card has a light blue background with gold and dark blue lettering and can be used like a credit card to purchase food and receive cash at participating stores and Automated Teller Machines. Clients receive training in local offices of the Division of Family Resources in the use of the Hoosier Works EBT system. Upon completion of training, they are issued the plastic, magnetic-stripe card described above that will be used to access their benefits.

**The Hoosier Works system will:**

- Distribute cash assistance benefits to TANF eligible clients;
- Distribute Food Stamp benefits to eligible clients;
- Provide a plastic, magnetic-strip card to each Assistance Group; and
- Each person who will be issued a Hoosier Works card must attend training to learn how to use the card. Following training, the individual will select a Personal Identification Number (PIN) that is used, along with the Hoosier Works card, to access their assistance benefits.

**How will clients learn About EBT?**

The EBT process will begin as a pilot project in Allen, Steuben and Dekalb counties followed by a six step gradual phase-in.

During EBT rollout, the DFR will send three client notices to each recipient to provide them with an alert about EBT and to schedule them for their initial training. The notices will be sent at 90, 60 and 30-day intervals prior to activation of the EBT process by the client's county of residence. The first notice will provide general information about Hoosier Works with a picture of the card. The notice also discusses procedures for selecting an authorized representative. The content of the second notice will be similar but will more strongly emphasize that failure to receive training and activate the Hoosier Works card will result in an inability to access benefits for which they have been found eligible.

The Vendor will mail a scheduling notice that will provide the time and location of training for which the client has been scheduled. If they are unable to attend the assigned session, clients may be admitted as a walk-in at a later session as space is available. The no-shows will be tracked by the Vendor and a list given to the Local Office to follow–up by telephone or letter. Make-up sessions will be scheduled if necessary

The DFR will distribute a 3rd notice to remind the client to call the caseworker if they missed training or did not receive a "blue" scheduling letter from the vendor

NOTE: During conversion, (the month before EBT goes live in each rollout region) the initial Hoosier Works cards will be distributed at the training site.

**What Happens When EBT starts?**

The EBT vendor will begin training the currently active Client population on the EBT system approximately three to four weeks prior to the first assistance benefits becoming available through use of the Hoosier Works card.

Any client who failed to attend the training provided by the vendor will come to the county Office of Family and Children to get their training and receive their card. Without the Hoosier Works card, the client will not be able to access their benefits once the Hoosier Works EBT system has started.

A "permanent" Hoosier Works card will be issued to the Assistance Group Payee, Authorized Representative for FS and a Protective Payee for TANF benefits if required. Clients must retain the card even if their AG is closed. This will enable them to avoid a replacement fee if they should re-apply for benefits within the two-year period. Replacement fees will only be collected from benefits in the EBT account. Replacement cards requested by clients will not be denied due to lack of benefits if the account is active.

Local offices are only to issue cards for Expedited cases and other emergency situations defined in this manual and the County Service Plan. For new cases, benefits will be available the day after ICES authorization. The Vendor will mail cards; if a card is not issued O-T-C in the Local Office, from a central location with a return address of the local office. All undeliverable cards and all expedited vault cards must be logged and secured by each county.

To access their EBT account, clients must have an active card and the PIN number. The Card will be activated when a PIN is selected. A new card may be issued via the mail after a call to the toll-free 24-hour service line, thereby de-activating the old card. The PIN number can be changed at the Administrative Terminal in the county Office of Family and Children during business hours. A PIN can be selected or changed by calling the Customer Service Number (effective 3-11-2002)

**EBT Office Setup-Implementation and/or New satellite offices)**

An important area to be considered as local offices plan for the implementation of Electronic Benefit Transfer in Indiana is how each individual office will handle the work flow associated with Hoosier Works. How will clients sign in? Where will clients view the training video? Where will they wait to receive their Hoosier Works cards? What room will be used for Hoosier Works card issuance and PIN selection?

The following questions are designed to assist local offices in preparing for implementation.

1. **Do work or client flow problems currently exist in the local office?**

   Under the Hoosier Works system, local offices will have to train new, reinstated and expedited clients on an ongoing basis.

On an ongoing basis, local office staff will have to address work and client flow issues related to:

- New clients – includes newly approved, reinstated and expedited clients. These individuals will need to view the Hoosier Works video, participate in Hoosier Works training, have access to the CAPS machine to select a Personal Identification Number (PIN) and sign all appropriate forms.
- Clients who need to select a new PIN will need to have access to a CAPS machine to do so.

**2. Space for Hoosier Works EBT Equipment**

A television and VCR is needed at each local office for clients to view the Hoosier Works training video. The local office is responsible for ordering the equipment needed for securing and using the TV/VCR. Any tables, desks, stands, etc., needed in conjunction with this equipment will need to be procured by the local office.

The CAPS Machine will also need to be easily accessed by recipients during all local office business hours.

Local offices will have to provide space for a CAPS Machine – approximately the size of a medium paperback book. The CAPS Machine is used to select the PIN and verify that the Hoosier Works card is operational.

To assist you in deciding where to place Hoosier Works equipment and to help identify any related needs such as wiring, telephone connections, etc. Use the checklist below. It is important for the local office to develop a floor plan indicating where the equipment will be placed, where the Issuance Clerk will sit, the desk or table on which the Hoosier Works equipment will be placed, and where the client waiting area for training will be located.

| **Floor Plan Considerations For EBT** |
|---|
| |
| ❑ Client Training Room |
| ❑ Card Storage (locking file cabinet or safe) |
| ❑ Hoosier Works Card Issuance Clerk (location) |
| ❑ Stand/Table For VCR |
| ❑ CAPS Machine (includes terminal and PIN pad) |
| ❑ Training Material Storage (pamphlets and card sleeves) |

| |
|---|
| ❑ Desk/Table for Administrative Work |
| ❑ Chairs for Hoosier Works Training Room/Area |
| |

**3. Will the local office need to order any of the equipment listed above?**

This list would include the equipment needed for securing and using the TV/VCR as well as tables, chairs or desks. The local office should document any problems which result from the need for added space related to the Hoosier Works EBT equipment and discuss those problems with the Regional Manager as soon as possible.

**4. Has the local office planned for a secure space for storing the Hoosier Works cards?**

The Hoosier Works cards must be inventoried when received and inventoried every time they are issued to and returned from the Issuance Clerk. The local office is responsible for accounting for each Hoosier Works card that has been delivered to the local office. Access to that space must be restricted to authorized staff.

The following table contains a list of items that need to be reviewed when planning for the location of Hoosier Works equipment. Any time marked "No", needs to be discussed with Central Office staff.

| **Hoosier Works Automation and Related Space** | | |
|---|---|---|
| The Hoosier Works Card Issuance Clerk will require a telephone. Does the Hoosier Works room or work area have a telephone? | Yes No | Phone Number: |
| Is the Hoosier Works training room set up so that all clients will be able to view/hear the training video? | Yes No | |
| The CAPS Machine will require a Vendor installed phone line. The room where Hoosier Works equipment will be located must have at least two 110 electrical outlets on separate breakers. The area will also need two (2) phone lines, one for the Administrative Terminal, one for the CAPS Machine and one for staff use. | Yes No | |
| Will the local office have and the CAPS Machine in the card issuance room? | Yes No | |
| Are electrical outlets available for: | | |

| | | |
|---|---|---|
| • CAPS Machine<br>• The TV/VCR | Yes<br>Yes<br>Yes | No<br>No<br>No |
| Does the Hoosier Works EBT room or area have adequate desk space to complete the Personal Account Number (PAN) list. | Yes | No |
| Does the Hoosier Works EBT room or area have adequate desk space for the client to sign forms and for the CAPS Machine | Yes | No |

## SECTION TWO

### EBT Card Issuance

Hoosier Works cards will be issued by the vendor via mail within 48 hours after benefits are authorized on ICES. Most cards will be in the client's mailbox within 3-5 days from the date of the request. **Issuance of the initial card by the vendor will occur the day after authorization of benefits on ICES if a card has not been issued over the counter.** Cards issued by the vendor will be embossed with the client's name. If there is an Authorized Buyer or Protective payee, their names will be embossed below the FS and/or TANF payee's name.

The vendor will mail cards to the recipient with a return address of the Local Office. Recipients who receive a Hoosier Works Card in the mail may come to the local office to view the training video and select a Personal Identification Number (PIN). Cards can be activated via telephone by calling the Customer Service number listed on the back of the card. Initial cards must be activated by selecting a PIN#. Replacement cards may be mailed in an "active" status if the clients request the same PIN# when the replacement card is requested.

**Cards returned in the mail due to an incorrect address may be distributed over the counter to the client after verification of the correct address is received. See Section 8 for logging and issuance procedures.**

### Hoosier Works "Vault" Card

Local Offices of the Division of Family Resources will issue Hoosier Works vault cards over the counter (O-T-C) when necessary to meet case processing timeframes and for "emergency" replacement situations as determined by the Local Office Director or Designee.

Vault cards must be issued (activated on the CAPS and linked on the EBT system) the same day benefits are authorized in ICES. When a vault card is issued O-T-C, the client must be provided with training materials, allowed to

select a PIN#; and informed when benefits will be available before they leave the certification office.

Vault cards will not be embossed with the client's name but they will be the client's permanent cards

**Over the Counter (O-T-C) Issuance of Hoosier Works Card**

Each Local office must be prepared to issue vault cards over the counter to meet case processing deadlines (FS Expedited or 30 day processing for FS or TANF if the delay is due to an Agency Error) and for an Emergency or disaster situations. This may be an individual's initial card or a replacement card.

**Guidelines for Emergency O-T-C Replacements***

- A household or natural disaster has destroyed the households food supply and replacement benefits are issued according to IPPM Section 3610.15.35,
- A disaster declared by the USDA-Food and Nutrition Service and the Disaster FS program is approved for Indiana according to IPPM Section 1470.00)
- Death or disappearance of the AG Payee and their card is lost.
- The previous card issued via the mail or O-T-C is defective.
- There are less than 5 work days until benefits are due for a new application (for TANF and FS, 30/60 day or expedited cases) AND the current Payee has had a break in assistance of at least one full calendar month. (If the Assistance group is being recertified or re-applies for assistance during the month following termination with the same Payee, the payee must request a replacement card from the vendor.)
- The card issued via the mail for a new application was not received within the application-processing limit.
- The previous card issued will no longer swipe successfully. This question is posed to a client at every recertification and if questionable, the card may be checked on the CAPS machine. The client does not need to turn in the damaged card to the county since the issuance of a new vault card deactivates the damaged card. The client should be instructed to destroy the damaged card at home. An EBT CARD AUTHORIZATION form is still required with 2 signatures but a designee may sign in place of the worker.

* Additional emergency guidelines for issuance of a vault card over the counter may be developed as new situations are identified. These additional guidelines **must be submitted to the Bureau of Family Resources for approval.**

**Hoosier Works Card and PIN Responsibility Statement**

All Clients must sign the responsibility Statement for Electronic Benefit Transfer Card and Personal Identification Number (form FI 0030) before they receive their first Hoosier Works card. When a new payee is selected, the new Payee must

complete the FI 0030. The FI 0030 must be retained in the file permanently. Another form is not necessary unless the original is lost or destroyed. This statement tells the payee a replacement fee may be charged for lost cards and gives the Customer Service Number to report lost or stolen cards. **It also explains that benefits will not be replaced if the card is lost or stolen because benefits cannot be accessed without the PIN.** The client is liable for all transactions occurring before the report of loss or theft to the Customer Service Representative and de-activation of the card. During Conversion, clients will sign the "Blue "appointment letter that contains this same information. After Conversion, Local DFR staff will have clients sign this statement at the end of the eligibility interview if the card is to be mailed, or when a Vault card is issued.

**Hoosier Works Card linked to the Payee's Recipient Identification (RID) #**

Each Hoosier Works Card is linked to only one client's RID. When the Assistance Group's (AG) demographic information is sent to the EBT system, the payee on ICES screen AEFPY is identified as the primary cardholder and that person's RID is linked to all Hoosier Works Cards issued for that AG until another Payee is named. If the payee is changed on AEFPY, a new card will be issued for that payee as well as the Authorized Buyer and Protective Payee.

**When the payee is changed, benefits on the previous Payee's card will <u>not</u> be available using the new Payee's card! The previous payee's card will continue to work until the benefits are spent or expunged. Eligibility Staff must advise Food Stamp clients of this whenever a change of payee is requested.**

In some cases it may be necessary to issue a replacement card O-T-C to access current benefits, for example upon the death of the payee. If the Card and/or PIN issued to the deceased member is lost an O-T-C replacement can be issued to another FS AG member when verification of death is provided. The replacement will be issued to the surviving member and then the eligibility worker will change the payee in ICES on AEFPY. The <u>next day</u>, the vendor will mail a new card with the survivor's name. Benefits will not be put onto this card until the next recurring run or authorization of benefits in ICES.

**Once a Hoosier Works card is canceled or de-activated, it can never be used again.**

**Hoosier Works Replacement Cards**

**To obtain a replacement card, the cardholder must call CSI Customer Service at 1-877-768-5098. <u>DFR staff will not request replacements from CITI bank</u> but they may issue a vault card if the criteria for an emergency situation is met according to the County Service Plan. The cardholder may be the AG payee, the Authorized Buyer (AB) or the Protective Payee (PP)**

**who needs a replacement. The replacement will be mailed within 48 hours to the address listed in ICES for the cardholder.**

The cardholder may ask for the card to be reissued with the same PIN in an active status, so there is no need to obtain another PIN. This will save going to the Local DFR office or calling the CSR when the card is received in the mail. The cardholder may ask that the replacement card be mailed in an inactive status. Then it will be necessary to activate the card by selecting a PIN when it is received.

**New applicants should be asked if they have ever received a Hoosier Works card before and if they still have the card. If they were previously issued a card but have lost it, a replacement can be requested by a call to the CSR that day. This is especially important for expedited FS clients who were previously issued a Hoosier Works card.**

**Replacement Card Fees**

A $2.00 replacement fee may be deducted from the Payee's benefits in some situations. Replacement fees will only be charged for cards issued by the vendor via the mail and fees will only be collected from FS or TANF account balances

Replacement fees will not be charged if the previous card was never activated by successfully selecting a PIN. This applies to defective cards that are never activated or cards never received in the mail by the client!

Replacement fees will never be charged for O-T-C vault cards issued by the Local DFR. O-T-C cards should not be issued only to bypass the replacement fees. A fee will not be charged by CITI if cardholder has not received a replacement in two years.

The Fee will be deducted from the FS Account first. If the account balance is less than $2.00 it will be deducted from the TANF account.

**A request for a replacement card will never be denied due to a lack of benefits to cover the fee.**

Local office staff should collect information and any evidence about defective Hoosier Works cards. If a replacement fee is charged by the CSR and later, evidence is found that a card was defective, the evidence should be submitted to the Family Independence Section Help Desk. The evidence will be reviewed and the fee may be deposited back into the client's account.

**Card Activation and the Personal Identification Number (PIN)**

A Hoosier Works card is activated when it is swiped on the Card Activation and PIN Selection (CAPS) terminal and a PIN is selected. Cards may also be activated by calling the CSR to obtain a password. This password will then allow the cardholder to call the Automated Response Unit (ARU) and select a PIN. Replacement cards may be mailed in an active status with the same PIN used for the previous card if the cardholder asks the CSR to do this. Vault Cards issued O-T-C must always be activated on the CAPS by selecting a PIN even if the same PIN is chosen!

**Personal Identification Number (PIN) Issuance**

PIN selection is available in all DFR FS Certification Offices. The primary method for choosing a PIN will be through PIN self-selection by the client. The client will be allowed to self-select their PIN once training has been completed. It is not necessary to know the old PIN to select a new one. The same PIN can be used and reused for a replacement card.

The client may select or change a PIN through the CAPS machine in the local agency office. The client may elect to change a PIN at any time. **All persons coming to the office with an EBT card in their possession must prove they are the correct cardholder before they will be allowed to select a PIN.** See the identification requirements on page 2-8 of this Section.

**Card De-Activation**

The Customer Service Desk has the ability to de-activate the EBT card and is available seven (7) days a week, twenty-four (24) hours a day by calling the toll-free Customer Service Representative (CSR) number. When a new card is issued by either O-T-C or mail from Citi, the previous card issued to that payee/cardholder is deactivated. The client is liable for all transactions occurring before the report and de-activation.

**Local DFR staff will cancel (destroy) cards returned to the local office and conversion cards not issued to the client. This will be done by scratching or hole punching the magnetic stripe and listing the cards as "destroyed" on the appropriate log. Clients, who reapply after the conversion cards are destroyed, will have to call CSI to request a replacement card. If the card has never had a PIN selected or had activity transacted on the account, no replacement fee will be charged. Eligibility Staff need to explain how to do this since these clients did not attend a training session. Once a Hoosier works card is "destroyed" it can never be used again.**

Hoosier Works Cards mailed by the EBT vendor and returned to the local DFR office must be **"destroyed"** if not picked up by the client within 14 days after it is

received by the Local Office. Hoosier Works cards left over from Conversion Training will be given to the Local Office by the Contract Training staff. These cards must be held for at least 90 days following the "go-live" date before they are **"destroyed"**. Conversion cards may be held for up to one year after the go-live date before they must be **"destroyed"**. All Hoosier Works cards must be logged and kept in secure storage at all times according to the guidelines in Section 8.

For those counties with multiple offices, undeliverable cards will be forwarded to the main office. Responsibility for notifying satellite offices of returned cards rests with that county's main office

**Card Suspension after Incorrect PIN Used**

Cards will be suspended after five (5) consecutive bad PIN attempts. At midnight each day, the bad PIN attempts will be reset at 0. The client will once again be able to use the card after the reset action, if they remember their PIN. If the client still cannot remember the number, they will need to return to the local office of the Division of Family Resources to choose a new PIN.

**Authorized Buyer/Protective Payee**

All recipients must complete a "Request for Authorized Buyer (AB)/ Protective Payee (PP) (FI0024) if they want a HW card issued to their AR/PP. This form must be completed with the necessary identifying information that will allow the Customer Service Rep. to accept telephone inquiries from the AB/PP about the EBT account or requests for a replacement card. This information will be entered into ICES and transmitted to the EBT system overnight and a Card will be mailed to the AR/PP's home address as listed in ICES. If the form is not completed the AR/PP will not receive a card.

The Hoosier Works Card issued through the mail will be embossed with the client's name and then the Authorized Buyer (AB)/Protective Payee (PP) name. The AB will not be able to pick-up or select a PIN for the Client's HW card. Instead, the AB will select a PIN for their own card and have full access to all of the client's food benefits. If a PP is required for TANF, only the PP will receive a card with access to the TANF benefits. If the client wants the PP to be an AB for FS, the FS benefits can be put on the same card. The local office must approve the completed form before the Authorized Buyer can receive a card and be trained.

**Authorized Buyer for Food Stamps**

The Authorized Buyer applies to the Food Stamp program only. Although FS clients cannot be limited to one Authorized Representative, Clients will only have one Authorized Representative listed with the EBT code on AEFAR who will

receive an EBT card as the Authorized Buyer. Clients have the option of appointing one person who is not a household member to receive a HW card and purchase food. The client may have other Authorized Representatives to interview or file applications, but only one AR will be designated as a "Buyer" and receive a Hoosier Works card.

| **AUTHORIZED BUYER FOR FOOD STAMPS**<br>(Process For Appointment Of) |
|---|
| |
| • The recipient must obtain an Authorized Representative Form FI #0024 from the local office of the Division of Family Resources<br>• The recipient must complete the Hoosier Works Authorized Representative/Buyer Form, the recipient must sign and return it to the local office of the Division of Family Resources<br>• The local office staff must authenticate the client's signature using the application or other means as necessary. Upon successful authentication, local office staff sign the form, and forward one copy to the caseworker for the client's file. Information relating to the Authorized Representative is then entered into ICES.<br>• The Authorized Representative information will be kept and forwarded to the EBT System by the ICES system.<br>• A client can only have one Hoosier Works Authorized Buyer at any given point in time. They can, however, change to another Authorized Buyer at any time. When this happens, the previously recorded Authorized Buyer and their card will become invalid. |

**Protective Payee for TANF**

The role of Protective Payee applies only to Temporary Assistance for Needy Families (TANF) cases/accounts. Client's having an assigned Protective Payee will not receive a Hoosier Works card for purposes of accessing their cash benefits. The Hoosier Works card will be issued to the Protective Payee, instead.

**TANF Client with PP, Food Stamps and an Authorized Buyer**

If the recipient with a TANF PP also has a Food Stamp case, two Hoosier Works cards must be issued. One card will be issued to the Protective Payee for access ONLY to cash benefits and one card will be issued to the client for access ONLY to their Food Stamp benefits.

If this same case has an Authorized Buyer for FS, a card would be issued to the Authorized Buyer as well as the recipient. NOTE: The Protective Payee, Authorized Buyer and the Client must be provided EBT training if they are issued a Card.

| **PROTECTIVE PAYEE FOR TANF**<br>(Process For Appointment Of) |
|---|
| |
| • County Office of Family and Children appoints the Protective Payee<br>• Client completes an FI-0024, indicating that a Protective Payee has been assigned.<br>• The Client and the Protective Payee sign the FI-0024<br>• Caseworker enters the Protective Payee information into ICES and ICES transmits that information to EBT |

**Client Training**

Client training must be provided before the initial Hoosier Works card is issued to an individual and a PIN number is selected. Check ICES screen AEFPY to see if an ID, or the EBT Administrative Terminal to see if this individual has received a card before. Training must be provided for any one who has not previously been issued a card but a refresher may be suggested for persons who have been off the program for a long time.

Training must be offered each day so clients can access benefits within 30 day and expedited time frames. Local offices of the Division of Family Resources must develop a schedule to ensure that training is provided timely. During EBT implementation, cards will be distributed at the training site, which in most cases will be the local DFR office.

Training materials will be available in Spanish and English versions. Clients will view a training video which is also available with open captions for the hearing impaired. Local offices will need to continue their current procedures for serving households where another language is spoken or other special needs exist.

A designated training area should be provided in each local office for the purpose of ongoing recipient training. It is in this area that new recipients will view a 23-minute video explaining the use of their Hoosier Works card. The training session will be followed by a question and answer session and clients must be given the Indiana EBT Customer Training Brochure and The Hoosier Works wallet card. The Official Hoosier Works card policy poster (NN06) must be displayed in the training room as well as the Card Issuance and activation locations.

Each local office will have different needs depending on the number of new recipients they anticipate on a daily, weekly and monthly basis. At least two Training classes must be offered each day of the week unless training sessions are done "on demand" as clients come into the office. The two classes should be scheduled for morning and late afternoon so no one arriving at least 45 minutes prior to the office closing time has to wait until the next day to use their EBT card.

If the Local office is unable to provide the EBT Training sessions as required above, or if the client objects to viewing a video, the training can be waived. The client or the Authorized Representative must read and sign the FI0030 Responsibility Statement for the EBT Card and PIN before the vault card is issued.

**Client Identification for Card Issuance, PIN Select and Training.**

Proper client identification will be required prior to issuance of a card to that individual. The client must provide (at the time of training) one picture ID and one other ID. If no picture ID is available, then the client must present two (2) forms of identification, one of which must have a signature.

For expedited O-T-C card issuance, identification requirements are the same as certification, only one form of ID with a signature or picture is necessary.

When clients come to the office with a card in their possession to attend training or select another PIN, they are subject to the on-going Identification requirements below.

| IDENTIFICATION REQUIREMENTS | | |
|---|---|---|
| Initial Rollout-<br>To Attend Conversion Training | Ongoing-<br>Expedited Benefits | Ongoing –<br>Regular Issuance<br>(Card Mailed to Client) |
| 1 Picture ID<br>And<br>1 Other ID<br>Or<br>2 Forms of ID If No Picture ID and one must | The same ID used for certification purposes must be documented on the EBT Card Issuance Authorization form completed by eligibility staff. | 1 Picture ID<br>Or<br>2 Forms of ID and One must have a Signature. |

| | | |
|---|---|---|
| have a signature. | | |

## SECTION THREE

**Benefit Authorization**

The ICES demographic and benefit files supply basic data to set up clients in the EBT system. Demographic and benefit information will be set up in **the nightly batch run following authorization in ICES** and be available for use the next day after the soft roll out date. The demographic file will include identifying information from **AEIID and AEICI** such as case number, name of client's authorized representative/ protective payee, address, social security number and date of birth, the benefit type, benefit amount and the availability date.

The Vendor will check the file and confirm receipt of this information by restating the data back to ICES after the download. This data must match in each system before the authorized benefits become available to the client. Exception reports are generated and transmitted back to the origination systems if there are problems with the data matches.

ICES will not cancel benefits after they are deposited in the EBT account. A claim must be opened as an over issuance situation, or if the client agrees, ICES screen SFRF can be used to show the Food Stamp benefits returned. (See Section 3-7).

**Benefit Issuance Schedule**

Statewide issuance for Food Stamp benefits is staggered over the first ten days of the month according to the first letter of the payee's last name. Benefits will be available at 8 AM on the availability date of the benefit.

| Day of the Month | All Last Names Beginning With: |
|---|---|
| 1st | A-B |
| 2nd | C,D |
| 3rd | E, F, G |
| 4th | H, I |
| 5th | J, K, L |
| 6th | M, N |
| 7th | O, P, Q, R |
| 8th | S |
| 9th | T, U, V |
| 10th | W, X, Y, Z |

Recurring cash benefits will be available the first calendar day of the month. Cash AUX requests will be processed on a nightly basis and be available the next day.

**ATM and Cash back**

The EBT Vendor is responsible for ensuring, to the greatest extent possible, that access to benefits is convenient and the funds are readily available**. However, because there is no statewide record of where TANF checks are cashed, local offices need to inform the EBT Project Manager when a lack of access for a particular area is identified.**

Please provide details regarding the number of clients in the under served area and any suggestions for a solution that you may have.

The EBT system is designed to ensure the accuracy, security and integrity of recipient accounts and, at the same time, provides on-line access to those accounts both for recipient initiated and administrative activity. The system will provide a complete audit trail of all activity against a recipient account so that any change in an account is documented and can be recreated.

**Recipient Account Maintenance**

The Vendor will retain all recipient account records on-line for a minimum of two years from the first month that the recipient is issued benefits in the EBT system.

The Hoosier Works system is designed to ensure the accuracy, security and integrity of recipient accounts and, at the same time, provides on-line access to those accounts both for recipient initiated and administrative activity. The system will provide a complete audit trail of all activity against a recipient account so that any change in an account is documented and can be recreated.

**Inactive Accounts (Food Stamps and TANF)**

The Vendor sends a daily file to ICES indicating all accounts that have had no debits for a forty-five day period and a ninety-day period. A county "Aging" report by caseworker ID, found on-line in COGNOS, lists accounts inactive for 45 days and 90 days and when benefits are expunged. The caseworker will receive an ICES alert on the 90th day and must follow-up with the AG using the letter in Appendix E, to determine if there is an unreported change or problem with the Hoosier Works card that is causing the AG not to use the benefits. Refer to the policy manual concerning questionable information.

**Expunged Benefits**

When a Food Stamp client’s account contains benefits that have been available for more than 365 days, the entire balance will be removed from the account but

only the benefits that were available for 365 days will be returned to the Federal Government. The remaining benefits will be posted in ICES as expunged but will be made available to clients for up to 365 days after the availability date. This will occur for TANF when the TANF account has been inactive for 180 days. ICES and the local office will be notified of the dollar amount and the date of expungement on the Aging file and IQFS and IQCH will be updated as well.
FS balances of less than $1.00 remaining in an account after benefits are converted will be expunged seven days after the date of conversion.

**Reissuing TANF and Food Stamp Benefits**

EXPUNGED BENEFITS CANNOT BE REISSUED if the availability date on IQFS and IQCH is over the limit for FS and Cash listed below. **Benefits expunged from the EBT account(s) that are less than 365 or 180 days old must be reissued upon the client's request.** Check IQCH and IQFS and compare the availability date to the expungement date to determine which benefits were in the client's account for less than the required time period.

Eligibility staff MUST question the client about their income, place of residence and other benefits received during the 180/365 days when the account was inactive, to determine if a claim is necessary. However, benefits less than 180/365 days old must be re-issued upon the client's request even if an overpayment claim is established or fraud is suspected.

| PROGRAM | **TIMEFRAME** |
|---|---|
| Food Stamps | Expunged after 365 days of inactivity |
| TANF | Expunged after 180 days of inactivity |

Only Expunged Benefits that were available for the time periods above will be used to repay TANF, CASH or FS claims. Use the Aging file report and IQFS or IQCH to determine which benefits expunged from the EBT system actually exceeded the availability limits.

**Transaction fees**

No transaction fee will be assessed by Hoosier Works for clients accessing food stamp benefits. For clients accessing cash benefits more than two times per month, a fee of no more than one dollar ($1) per transaction will be assessed (i.e., the first two transactions each month will not result in a fee for the client). Charges to the client's account for additional ATM transactions will be $1.00 each up to 12. Transaction #13 and beyond will have no transaction fee.

There are no fees for balance inquiries or denied transactions.
Each local DFR office will have available a list of the Hoosier Works terminals.

**ATM Surcharges**

Hoosier Works Point-of-Sale terminals will print a receipt showing the client how much was spent and the remaining account balance. This same information is available at an Automated Teller Machine, free of charge, for cash accounts. Please note, however, that **clients withdrawing cash benefits from an ATM may be charged a surcharge every time they use that ATM.** A surcharge is an extra fee that the owner of the ATM charges. At these ATMs, the client could be required to pay not only a Hoosier Works fee for withdrawing cash (more than two withdrawals during the month) but also be assessed a surcharge for the withdrawal or any separate action related to checking their account balance. Clients must be advised of this possibility as a part of their EBT training.

**Transaction Processing**

This section includes procedures for adjustments, and repayments.

It is the responsibility of the EBT Vendor to determine and record the types of transactions to be posted to the client's account. The Vendor must also determine the fee structure and payee for all transactions based on guidelines provided by the State. If, for example, a transaction involves a cash account, the Vendor's system must determine whether or not a fee applies; and, if so, whether it is to be charged to the State or the client.

The EBT Vendor is responsible for the authorization or denial of transactions. Transactions are to be authorized if:

- The retailer has a valid Food and Nutrition Services (FNS) authorization number (if it is a food stamp transaction)
- The recipient/client PIN is verified
- The card generation number is verified
- There are sufficient funds in the account

If any of these conditions is not met, the Vendor shall deny the transaction. The Vendor must ensure that recipient benefit accounts are not overdrawn and will assume liability if an account overdraw does occur.

**Voided Transactions.**

At an ATM, the last transaction may be voided. At the Point-of-Sale (POS) site, the retailer has the ability to void the last transaction on the POS device. The retailer must also transmit a trace number and the exact dollar amount of the voided transaction**.**

**Adjustments.**

A transaction adjustment corrects an out-of-balance condition identified during the terminal, retailer or related reconciliation process.

EXAMPLES:

- Client dispute about the amount taken from their account for a transaction

The client should take the transaction history and receipts back to the retailer for correction. If the retailer does not make the correction the client should contact the EBT Help Desk and there will be contact through the Help Desk between the Vendor and the retailer. The Vendor makes any adjustments/corrections through the Administrative Terminal. The client may appeal the adjustment. An AUX of benefits should be given pending the appeal.

- Retailer complains that not enough was paid on a transaction.

  If a retailer claims that not enough was paid, the vendor will notify the state and the state will inform the client and give appeal rights. The client will be asked to voluntarily make restitution. The client's personal information will not be given to the vendor and we will not "force the issue".

**Recoupments**

The procedures for handling recoupments for TANF and Food Stamps will not change with the implementation of an electronic benefit transfer system in this State. Recoupments WILL NOT be a part of the EBT system. They will occur in ICES prior to sending benefit information to the EBT system.

**Refunds for FS Purchases**

Food Stamp merchandise refunds are to be handled as a merchandise refund and occur when a client purchases groceries with FS benefits and then returns the food to the merchant. The purchase amount of the returned food must be credited to the client's FS account by the Vendor. The client cannot receive cash for the returned items.

**TANF Refunds and Repayments**

**TANF** refunds and repayments WILL NOT be entered into the EBT system. These transactions will be governed by the retailers usual cash refund policies. Clients who want to repay claims with benefits in the EBT account must withdraw the money from the account and make a repayment to the DFR by the check, cash or money order. The EBT account will not accept credits from retailers nor will DFR staff debit the account to repay a claim.

**Voluntary Repayments**

Repayments of overissued FS benefits can be deducted from the FS accounts in the EBT BOSS System (Account Repayment Screen) after the benefit becomes available. The client must come into the local office and provide a written statement approving the repayment. The EBT Coordinator or designee will enter the repayment amount into the AT and debit the Food Stamp account and give the client a receipt, the FNS-135, **Affidavit of Return or Exchange of Food Coupons**. The vendor will send a file nightly, indicating all the voluntary

repayments (amounts and related RIDs) back to ICES. However, this will not post a repayment to the specific claim in ICES. The repayment must be referred to the appropriate individual for posting of the payment in ICES Benefit Recovery. The payment should then be entered as a payment in ICES on screen BVPC, with "payment type" code 'EB'. EBT Boss System Repayments will show on the Monthly and Daily Administrative Transaction reports.

In addition, the client may give verbal permission for a one time reduction. In this case, the local DFR accounting section must send the household a receipt of the transaction (the FNS-135) within 10 days.

In cases where the over issuance claim has not yet been established (opened), the return transaction can be recorded on ICES screen SFRF by county BV Coordinator. This will then show on IQFS that the FS were returned and a claim will not be necessary. It is important that one of these two screens (SFRF or BVPC) show all "repayments" from the Monthly Administrative Transaction Detail Report (SRADMTM on EBT Cognos Reports).

**Manual Food Stamp Transactions and Off-line Retailers / FS Only**

Although the more common methods of benefit access are Point-of-Sale (POS) terminals and Automated Teller Machines (ATMs), another alternative for accessing benefits is through non-traditional retailers or low food stamp volume retailers whose monthly food stamp volume does not warrant the cost of equipping the store with POS devices. This is accomplished by use of a manual transaction which is subsequently converted to an electronic transaction for submission to the host. The system provides for immediate authorization of purchases via telephone approval from CSI Customer Service prior to making the sale

Retailers who use POS equipment on a regular basis also use manual vouchers in conjunction with telephone authorization when the EBT host computer is inoperative or when communication lines to the EBT host computer are disrupted. The client's signature and retailer representative's signature must be on the voucher. Prior authorization is required. Vouchers are accepted at retailer risk unless prior telephone authorization is obtained.

Manual voucher transactions are to be approved for the purchase of food only and are limited to the amount in the account.

**Out-of-State Card Use.** Effective 7/1/2004, the United States is fully EBT functional nationwide, thus, Indiana recipients will be able to use their Hoosier Works card in any other state.

**QUEST States**. According to QUEST rules, the QUEST card is to be accepted everywhere that the QUEST logo is displayed. The State of Indiana requires the issuer to abide by these rules. In general, the following will apply:

- **Indiana recipient using card in another QUEST state to obtain cash**: The recipient will bear any additional cost of that transaction
- **Indiana recipient using card in another QUEST state for Food Stamp benefits**: The client, based on federal regulations, cannot be charged for the transaction.
- **Non-Indiana recipients using their QUEST card in Indiana**: Indiana will not pay any fee related to a non-Indiana recipient using their card in the State of Indiana.

**Cash-Only Access.** All retailers who have been authorized to provide EBT benefits and have a signed Retailer or Merchant's Agreement with the EBT Vendor will be permitted to provide cash benefits to Indiana EBT clients. Retailers must offer the same cash back service to Hoosier Works clients as they do for all other customers.

Many food stamp retailers will offer cash-back in lane, depending on their individual cash issuance policies. Some retailers may offer full cash benefit service with no purchase required.

**Coupon Conversion & Moving Out of State**

Effective 7/1/2004, there is no longer a need for coupon conversion as the entire country is fully EBT functional.

If the client reports a permanent move out of state, this address must be entered in ICES on AEICI. Remember that the new address will not go into the BOSS system until the next day.

**Group Home Issuance** Group homes are allowed to use a POS (Point of Sale) terminal or a manual voucher to debit the client's FS account and deposit funds directly into the Group Home's bank account. This only applies to Group Homes that are authorized by USDA FNS as retailers.

Group homes may choose to shop or to provide food stamp benefits on behalf of the Primary Recipient by operating as an Authorized Representative for each of the Primary Recipient accounts. The group home will have a card for each recipient for which the group home acts as an Authorized Representative. Upon entrance into a group home, the group home will be issued an active EBT card via the mail with a unique card number providing direct access to the food stamp benefits.

If the recipient leaves a group home prior to the 16th of the month, he/she will keep half of the monthly food stamp benefits. If the recipient leaves after the first of the month, but before the 16th, he/she will leave with half of the original monthly food stamp benefit distribution. If the recipient leaves the group home after the 16th, the remaining monthly benefits will be transferred to the Group Home.

**EBT System Outage / Emergency Floor Limit for FS Benefits Only**

Emergency FS benefits may be issued when the EBT system Host is not functioning temporarily, and this is confirmed by a telephone call from the Grocer to the vendor. Grocers may issue up to $40 (floor limit) in FS benefits to any EBT Client. The vendor will be liable for the $40 benefit authorized when the system is down if there are not enough benefits in the account to cover the floor limit.

**Disaster Recovery, Back-Up and Contingency Operations**

A manual issuance of cash assistance benefits may be approved by the Division of Family Resources if:

- the EBT system is or has been inoperative in all or a substantial part of a county for a minimum of forty-eight (48) continuous hours; **AND**
- unavailability of the system is causing or may result in a significant hardship to eligible clients in that county due to their inability to access their cash assistance benefits.

If authorized, a warrant must be issued through the Office of the Auditor of State within ten (10) calendar days of authorization. A single warrant in an amount equal to the remaining undistributed cash assistance for the current benefit month will be provided.

If the recipient has a legal guardian, the warrant may be issued in the name of the recipient and mailed or delivered to the guardian.

If the recipient has a protective payee, the warrant will be issued in the name of the protective payee and mailed or delivered to the payee**.**

For Food Stamps, Central Office staff will implement the "Disaster FS Program upon approval of the USDA Food and Nutrition Service. Local office staff will be instructed how and where to implement the "Disaster FS Program at that time.

## SECTION FOUR

**General Information**

Sensitivity to the customer and their needs is a critical element in the success of an Electronic Benefit Transfer (EBT) system. To the EBT Vendor, the term

customer encompasses not only the client but retailers and government organizations, as well. With that in mind, Indiana's EBT Vendor has established a relationship with the EBT Advisory Council, the Council on Aging and client representatives/advocates in order to better understand the needs specific to the IFSSA and entities affected by the EBT process.

**Automated Response Unit**

The Automated Response Unit (ARU) will respond to incoming client customer service calls. The ARU will prompt the caller to press a number for either English or Spanish. Then, there are 2 prompts to enter a card number. Finally, the system will ask you to press 1 to report a lost or stolen card. If a client has lost a card, he/she cannot choose this prompt early but must go through the above mentioned procedures to get to the choice to report a lost or stolen card.

The phone number is 1 (877) 768-5098.

Clients calling the ARU with regard to eligibility related issues will be referred to the appropriate State agency.

The ARU provides responses to:

- Current Balance Inquiry;
- Transaction History; and
- Customer Service Representative (CSR)– clients may only reach a CSR by selecting "1" after the 2 prompts for a card number have been given.

**PIN Select on ARU**

Beginning March 11, 2002 recipients can select or change a PIN from any push button telephone using the ARU. Changing the PIN by telephone requires two (2) separate phone calls. First, the client must call the normal Customer Service Number at (1-877-768-5098). Instructions will inform the caller to punch in the card number and hear account balances. Then they will be asked to "press or say 4" for PIN selection. The call will then be transferred to a Customer Service Representative.

The Customer Service Representative will give a 10 digit control number and another toll free telephone number to call. The client will need to write down the numbers. When the second number is called they will need to punch in the 10-digit control number provided by the Customer Service Representative. Then the PIN can be selected.

Clients must continue to be allowed the opportunity to select and change the PIN at the local office at any time during normal hours.

**Customer Service Unit**

The EBT Vendor provides a staffed Customer Service Unit that provides personalized responses to caller questions. All calls are referred to the Customer Service Unit by the Automated Response Unit (ARU), either as an automatic system transfer or upon the caller's selection of "Customer Service Representative" from the ARU menu options.

1 (877) 768-5098

When the client calls, the ARU will prompt a choice of English or Spanish. Then after this is chosen, the ARU will give 2 prompts for the client to provide his/her EBT card number. If the card is lost, then "1" may be selected to report a lost or stolen card: however, the client must wait for the card number prompts before selecting "1" (it cannot be done at the beginning of the call).

**The Vendor is responsible for all calls, except those relating directly to recipient eligibility.** Clients calling with regard to eligibility issues will be referred to the appropriate State agency.

Examples of customer service functions are:

- Report a lost/stolen card
- Current account balance
- Transaction (debit) history
- Transaction credit/deposit history
- Account history
- Card replacement
- PIN change
- Report unauthorized card use
- Benefit availability
- Disputes

**Retailer Customer Service**

The EBT Vendor provides customer service to the EBT retailer community as follows:

**Retailer Customer Service Help Desk**

- Toll-free and without charge or fee to retailers;
- Available 24 hours per day, 7 days per week; and
- Accessible to all retailers participating in EBT

1 (877) 628-9904
24 hours, 7 days a week
Retailer assistance for manual vouchers

1 (800) 557-2978
24 hours, 7 days a week
Retailer technical support for equipment problems or supplies (for State provided EBT –only equipment)

1 (800) 350-8533
8 AM – 5 PM, CST – Monday through Friday
Retailer Contract Questions

**Customer services.**

The EBT Vendor will provide services to retailers with Vendor supplied equipment as follows:

- Manual transaction processing;
- Settlement information and assistance;
- Requests for Point-Of-Sale (POS) terminal repair and replacement;
- Requests for supplies; and
- Reporting
- General problem resolution

**Access to Benefits**

The EBT Vendor is responsible for ensuring, to the greatest extent possible, that access to benefits is convenient and the funds are readily available.

**Off-line Retailers**

In addition to being able to access benefits through the use of Point-of Sale (POS) equipment and Automated Teller Machines (ATMs), clients may also access

benefits through non-traditional retailers (such as route vendors and farmer's markets) or retailers whose monthly food stamp volume is sufficiently low that it does not warrant the expense of equipping the store with a POS device. This is accomplished by using manual vouchers.

**Cash-Only Benefit Access**

All retailers who have been authorized to provide EBT benefits and have a signed Retailer or Merchant's Agreement with the Vendor will be permitted to provide cash benefits to Indiana EBT clients. All Food Stamp retailers authorized by Food and Nutrition Service (FNS) are encouraged to offer cash benefits and cash-back services to EBT customers.

The vendor will track cash-only benefit access retailers and provide a report on retailers who are offering unlimited cash access services to EBT clients. Many food stamp retailers will offer cash-back (TANF only) in lane, depending on their individual cash issuance policies. Some retailers may offer full cash benefit service with no purchase required.

## SECTION FIVE

**EBT Reconciliation**

Reconciliation procedures are divided into three main areas; authorizations, settlement, and the database value, which refers to the outstanding benefit liability. Access to ICES Benefit Issuance reports, the Citibank Electronic Financial Services (JP MORGAN), and the Federal Reserve Bank systems AMA (Account Management Agent) and ASAP (Automated Standard Application for Payments) is required to perform these procedures.

**Reconciliation is preformed by Financial Management and the results are documented in an excel spreadsheet that is maintained for each month.**

**Reconciling Authorizations**

To reconcile authorizations, the benefit authorizations reported by ICES are compared to authorizations posted by JP MORGAN. The reports created from the JP MORGAN Benefit Activity file, specifically the EBT Database Value and/or the EBT Account Activity reports are used along with the JP MORGAN State Issuer Totals Inquiry screen to accomplish this step of the reconciliation process. There are two different types of EBT benefits that can be issued and posted on the JP MORGAN EBT System on a given day. These are broken down in ICES as follows:

1. Daily Benefits – These are the benefits issued for new cases that are outside of the monthly benefit cycle. Both expedited and regular (i.e., non-expedited) benefits will be included in this file. These benefits will always be posted to the client's EBT account the day after they are authorized in ICES (e.g., benefits authorized in ICES on Monday will be posted in the recipient's EBT account on Tuesday morning). When reconciling a given day, include the daily benefits appearing on the ICES report "Total amount for Food Stamps Issued through EBT Daily" (Report ID: GDE584RA) from the previous day, and ensure that the total amount authorized in ICES has been posted to the EBT System as detailed in the JP MORGAN State Issuer Report and the EBT Account Activity Report created from the JP MORGAN Benefit Activity File.

2. Monthly Benefits – Benefits issued to existing cases are transmitted from ICES to JP MORGAN in one file six days prior to the end of the month for the following month. Cash benefits are posted to the client's EBT accounts on the first of each month. Food stamp benefits will be posted on a staggered schedule during the first ten calendar days of the month. The ICES report "Total Amount for Food Stamps Issued through EBT Monthly" (Report ID: GDE586RA) is used for reconciliation purposes to determine which amounts to add as a monthly benefit during the first ten days of each month. Monthly totals must be added to the daily totals to arrive at the net amount that should have been posted to the JP MORGAN EBT System. The net amount posted will be detailed in the JP MORGAN State Issuer Report and the EBT Account Activity Report

In the event of a problem that causes an EBT benefit authorized in ICES to be rejected by the EBT System, the rejected authorizations will appear on the JP MORGAN report titled "IN EBT System Benefit Update Totals." These benefits need to be researched as to the reason for the reject, and a correction needs to be made by the ICES team so that the benefit can be posted to the EBT system. On a normal ongoing basis, there should not be any benefit rejects.

If a benefit sent to JP MORGAN for a client that has not previously had demographic information transmitted, the benefit is termed "unlinked". These benefits cannot be posted to an account until the client demographic information is transmitted. Benefits can remain in "unlinked" status for up to 15 days. After the fifteenth day, if the benefit has not been linked to an account, it will expire and be removed from the JP MORGAN database. Both rejected and unlinked benefits must be deducted from authorizations issued in ICES to arrive at the amount posted by JP MORGAN. When an unlinked benefit becomes "linked", it must be added back for reconciliation purposes on the day it was posted to the client's account. Unlinked benefits will appear on an ICES report, EBT Unlinked Benefit Report, detailing the unlinked benefits and will stay on this report each day until they become linked or expire. After an unlinked benefit has expired, it

would have to be re-transmitted by ICES to JP MORGAN and would then be reconciled on that future transmission date.

Here is a sample of the authorization reconciliation worksheet:

| **FS Authorization Posting Reconciliation** | | **04/24/01** |
|---|---|---|
| Daily Benefits from ICES | | $ 13,345.00 |
| + Monthly Benefits from ICES | | |
| - Rejected Benefits | | |
| - Unlinked Benefits | | $ 753.00 |
| + Cleared Unlinked Benefits | | |
| **ICES Calculated Posted Benefits** | | **$ 12,592.00** |
| Posted Per Deposit on **JP MORGAN Issuer Report** | | **$ 12,592.00** |
| **ICES Benefit Posting exceeds JP MORGAN by:** | | **$ 0.00** |
| | | |

Any differences must be investigated immediately to determine their cause.

**EBT Settlement**

To reconcile settlement, the amount of funds drawn from Indiana's food stamp and cash benefits account as reported from JP MORGAN and the reports created from the benefit activity file are compared. In addition, for food stamps, the totals from ASAP are also used in the comparison. These amounts should always be exactly the same.

The settlement amount from the EBT Database Value report created from the benefit activity file is under the heading "Settled Transactions" on the EBT Settlement Activity Summary report under the heading "Net Totals".

The JP MORGAN Settlement amount for food stamps can be found on the State Issuer Balancing screen under the heading "Star Tl" (Stars Total).

Draw downs in ASAP can be found by going to the Inquiry Menu (2) and selecting option (3) Account Statement Inquiry Prompt. The following information must be entered at this point:

Account ID – 008004189S6008

Agency Location Code/Region – 12350001/09

From date __/__/____ To date __/__/____

(These dates refer to when the entry was posted in ASAP. No posting are made on weekends or Federal holidays.)

The result will appear as follows:

```
SP130A        AUTOMATED STANDARD APPLICATION FOR PAYMENTS          02/25/00
SP130AO              ACCOUNT STATEMENT INQUIRY                  13:54:42
02/25/2000 P
AGENCY LOCATION CODE/REGION:  99999999/ 99 SHORT NAME: FRB-AMA
RECIPIENT ID:  9999999                  SHORT NAME: IN-DSS
ACCOUNT ID:    999999999999             FROM: 02/01/2000  TO  02/02/2000
ACCOUNT DETAIL:
BEGINNING DATE:
            02/01/2000       BEGINNING BALANCE:        $88,249.58
APPL. DATE   EFF. DATE  TYPE          INCREASES            DECREASES
02/01/2000       02/01/2000  PY                                $3,991.90
02/01/2000       01/31/2000  AU                            $3,137.00
02/02/2000       02/02/2000  PY                            $4,088.44
02/02/2000       02/01/2000  AU            $3,502.00

ENDING DATE:  02/02/2000            ENDING BALANCE:        $80,534.24
     F3=PRMT F4=MENU F5=MAIN                              F11=ACCT
```

Draw down amounts in ASAP appear as a "PY" (payment) type transaction and are recorded in the Decreases column. Entries in ASAP are normally posted in the late afternoon of the first business day following the day of settlement or authorization. The APPL. DATE and EFF. DATE for payments refer to the date they were posted in ASAP.

Following is a sample of the settlement reconciliation worksheet for food stamps:

| Food Stamp Settlement Reconciliation | | **04/24/2001** |
|---|---|---|
| Settled Transactions per ICES Settlement Activity Summary Report | | $ 149.67 |
| Calculated "Current Day" JP MORGAN Settlement (Ln 32) | | $ 149.67 |
| Stars total Per JP MORGAN State Issuer | | $ 149.67 |

| | | |
|---|---|---|
| Balancing Rpt<br>ASAP Payment (PY Per ASAP Screen) | | $ 149.67 |
| **ICES Activity exceeds JP MORGAN State Issuer by:** | | **$ -** |
| **ICES Activity exceeds STARS by** | | **$ -** |
| **ICES Activity exceeds ASAP by:** | | **$ -** |
| **STARS exceeds ASAP by:** | | **$ -** |

The cash reconcilement sheet would be similar, but would not include the ASAP total, and the Star Totals would be referred to as the Cash Settlement total ("Tot Pd" amount from the JP MORGAN State Issuer Report).

## Database Value Reconciliation

Reconciliation of the Database Value involves comparing the outstanding benefits liability computed by reports created from the CSI benefit activity files, JP MORGAN EBT System Reports, and ASAP. The result in each of these systems should be the same. It should be noted that reconcilement of cash benefits would not involve the ASAP system.

In the reports created from the benefit activity file, this value can be found on the EBT Database Value Report under the heading "Ending Balance".

To calculate this value for JP MORGAN, several steps are involved. All of the numbers that enter into the formula for this calculation are found on the State Issuer Balancing screen. A sample of this screen is displayed below:

```
RSIBAL  1 of 2          Indiana EBT Prod System                  02/25/00
                              State Issuer Balancing            15:17:32
Settle Date: 02022000         Profile Number: 180000001

Count       Amount                                  Count       Amount
Prior Balance:        2413      78,879.35
Debits:                231       8,852.68                 46       1,614.47
Credits:                 0             .00                  0            .00
Fees:                    0             .00                  0            .00
Surcharges:              0             .00                  0            .00
Deposits:              183      24,906.00
Coupon Cnv:              0             .00
M Auth:(Holds)           1           34.24
M Auth:(Exp)             0             .00
M Auth:(Set AD)          0             .00
Repayments:              0             .00
Expungements:            0             .00          Tot Pd:      214      8,003.81
DB ADJ:                  0             .00      Star Tl:      35       8,003.81
CR ADJ:                  0             .00      Ma Auth:      2           13.83
Pending:                 3            3.48      ND MA:        0             .00
Current Bal:          2419      94,894.95          Close Bal:           94,898.43

Ready for input                F4-Read F6-Next Page
```

The steps involved in this portion of the reconciliation are as follows:

1. Enter the amount from the "Current Bal" field in the first column of the spreadsheet.
2. In the next column, the following computation must be made to determine outstanding manual authorizations:

a. Add the amount in this column from the previous day.
b. Add any amount appearing in the "M Auth: (Holds)" field
c. Subtract any amount appearing in the "M Auth: (Exp)" field
d. Subtract any amount appearing in the "M Auth: (Set AD)" field
e. Subtract any amount appearing in the "Ma Auth" field

3. In the column titled "Next Day Transactions", add any amount appearing in the far right column under debits, subtract any credits.

4. Enter any amounts appearing in the "ND MA" (next day manual authorization) field.

5. Enter any amount appearing in the "Pending" field (may be positive or negative)

6. A formula will calculate the "Calculated Liability". This amount should agree with the amount recorded from the EBT Database Value Report.

The final step in this procedure is to compare the Calculated Liability amount and the reports created from the Benefit Activity File amount to the ending balance in ASAP. All three figures should be the same on days when ASAP entries can be posted. <u>These figures will not agree on weekends or federal holidays when ASAP transactions are not processed</u>. Any other discrepancies should be investigated immediately.

The database value reconciliation worksheet appears as follows:

| **Food Stamp ASAP/Database Value Reconciliation** | | **04/24/2001** |
|---|---|---|
| Current Balance (JP MORGAN) | | $ 11,151.41 |
| Calculated JP MORGAN Benefit Holds | | $ 466.95 |
| Calculated JP MORGAN Next Day Transactions | | $ 335.97 |
| Next Day Man Auth | | $ - |
| Pending | | $ - |

| | | |
|---|---|---|
| Calculated Ending Balance | | $ 11,954.33 |
| ICES Activity Ending Balance | | $ 11,954.33 |
| ASAP Ending Balance | | $ 11,954.33 |
| **Differences:** | | |
| **ICES exceeds Calculated JP MORGAN by:** | | **$ -** |
| **Calculated JP MORGAN exceeds ASAP by:** | | **$ 0.00** |
| **ICES exceeds ASAP by:** | | **$ 0.00** |
| | | |

The cash reconcilement worksheet is similar, but there are some differences. Specifically, because there is no voice authorization for cash benefits, the Benefit Holds and Next Day Manual Authorization columns would not be needed. Also the ASAP Total column is not relevant, as ASAP does not exist for cash.

## SECTION SIX

**Monitoring Reports**

There are daily and monthly reports available that provide information about EBT Card issuance and transactions. These reports are available through the inter-net on the COGNOS system and should be reviewed by designated staff. The address to connect to COGNOS is http://fss00it27/cognos/cgi-bin/upfcgi.exe.

**The EBT Supervisor, County Director or person appointed by the Director must review the following reports according to the directions for each report:**

**Daily reports:**

1. FNS Adjustments*
2. Card Change Audit Report*
3. Daily Administrative Transactions*
4. Aging File Report*
5. Vault Card Inventory Detail Report

**Monthly Reports:**

6. ATM/POS Out-of-State Usage Summary
7. ATM/POS Out-of-State Threshold Report*
8. Monthly Administrative Transactions
9. Card Issuance/ replacement Summary

*Not required to be reviewed on a regular basis but are used as needed for resolving problems or complaints.

**1. FNS (or FCS) Adjustments**

Description: Debit and credit adjustments by FNS certified retailer number. *Not required to be reviewed by local offices.

Review: Review as needed to ensure that a particular correction has been made.

**2. Card Change Audit Report**

Description: A detail report listing card and account status changes done by Citibank on a daily basis.

Review: As needed to find details about the reason a card status has changed.

**3. Daily Administrative Transactions**

Description: A daily summary by county of administrative transactions by user ID. Show cases that had coupon conversion, adjustments, emergency benefits and repayments.
Same as the monthly report

Review: As needed to review a specific action on the EBT Administrative terminal taken that day.

**4. Aging File Report**

Description: A detail report by county which lists Food Stamp and TANF cases that have shown no debits from the EBT account for a 45 day or a 90 day period.

Review: As needed if there is a question about a specific case. ICES will issue an alert when an account is inactive for 90 days or benefits are expunged. Use the notice in Appendix E to contact the client if the Caseworker is unsure why benefits are unused.

**5. Vault Card Inventory Detail Report**

Description: Indicates by county the vault cards distributed on a daily basis. The issuers ID is listed as well as the RID and client name.

Review: At least once a week by the EBT Supervisor or designee to ensure the vault cards issued on the system are consistent with the paper inventory and issuance logs.

**6. ATM/POS Out-of-State Usage Summary**

Description: Monthly report that lists cardholders who perform transactions out-of-state. A Statewide list that is sorted by county.

Review: Monthly to determine if clients have failed to report an out of state move.

**7. ATM/POS Out-of-State Threshold Report**

Description: Sorted by county. Shows the State where cardholders performed out of state transactions.

Review: In development, not on COGNOS

**8. Monthly Administrative Transactions**

Description: A monthly summary by county of administrative transactions by user ID. Shows FS conversions and repayments. A detail version is also on COGNOS.

Review: Review monthly to ensure the type and number of actions taken on the EBT Terminal are reasonable and correct.

**9. Card Issuance / Replacement Summary**

Description: A monthly summary of all original and replacement EBT cards issued in each county. Report is broken out into O-T-C and mailed cards by program.

Review: Monthly to monitor inventory levels and confirm the correct number of vault cards issued per paper log.

## SECTION SEVEN

**Procedures for Secure Card Issuance**

Security of the Hoosier Works EBT equipment, cards and related material is critical. Each local office will receive Hoosier Works cards for issuance by that office. These cards are to be used for OTC issuance only. **A vault card is not a "temporary" card but, in fact, is the client's permanent card.** Each local office will be responsible for maintaining an inventory of Hoosier Works cards to be utilized for OTC issuance only**.**

Each local office must practice secure card issuance procedures. The following are determinations that must be made regarding staff in order to keep the EBT

cards secure. The recommended staff persons to be responsible for these tasks are also listed.

- Designate someone to be responsible for card security. EBT Coordinator, Supervisor – Profile #2
- Designate someone to be responsible for maintaining card inventory. EBT Coordinator, Supervisor – Profile #2
- Designate someone to be responsible for ordering cards. EBT Coordinator, Supervisor – Profile #2
- Designate someone to be responsible for assigning cards to the issuance staff.
  EBT Coordinator, Supervisor – Profile #2
- Designate someone to be responsible for issuing cards and helping clients PIN their cards.
  CAPS Clerk – Profile #1
- Designate someone to be responsible for linking the card to the case on the EBT terminal. Any Clerical or professional staff other than CAPS Clerk –
  Profile #5 or Profile #2

**It is <u>strongly</u> recommended that the same person not be responsible for assigning the PIN number on the CAPS machine and linking the RID to the card.** However, if the same person must be responsible for these two tasks, there must be an established means of monitoring the EBT card inventory to prevent fraud.

The bulk inventory of EBT cards must be kept in a secure container, such as a locked safe, vault or file cabinet. All cards must be returned to this secure container at the end of each day. An accurate inventory of the Primary Account Numbers (PAN) that identify the EBT cards must be kept in a separate and secure location in the local office.

Issuance clerks should only be given a limited number of cards. Upon depletion of this supply, additional cards may be assigned.

Cards that are still in the bulk inventory and not being used for issuance should be kept in a secure container. The container must only be opened when withdrawing cards or closing for the day.

The card issuance area should be physically separated (cage, counter, railing and so forth) from both clients and other employees in the office who do not handle cards directly. Staff members who are not responsible for issuance should not be allowed access to containers, such as file cabinets or safes, where cards are stored. Cards must also be kept out of the sight and reach of clients. Issuance clerks must never leave cards unattended. The working supply of cards must be locked in a container whenever the issuance clerk leaves his/her desk.

Reconciliation of card issuance to the clerks and to clients must occur daily. The Supervisor, Director or other designee must count and check forms, lists and cards. See **"Dispersing EBT Cards To Clerks"** in **EBT Card Issuance and Inventory, Section 8.**

Each issuance clerk should have his/her own card supply for daily issuance that is kept separate from the bulk supply.

Keys and lock combinations must be controlled and restricted to as few individuals as possible. Combinations and locks should be changed whenever an individual who was responsible for them leaves the employment of the office.

**Cards Returned to Local Office**

A Hoosier Works EBT card returned to the local office must be returned to card issuance staff rather than the caseworker. Mail Clerks or Card issuance staff will be responsible for logging the card on the "EBT Card Issuance and Inventory" form (FI 0037). Returned cards should be kept in separate from the bulk inventory cards and stored in a secure location. If the local office has possession of a returned card and that card remains unclaimed by the client for more than 14 days, the card must be destroyed. See **"Procedures for Returned and/or Destroyed Cards"** in **EBT Card Issuance and Inventory, Section 8.**

**EBT User Profiles**

Security is maintained in the EBT Boss system by tracking all DFR staff who have access to this system. Only a limited number of staff will have access to the EBT system. Local staff who are designated to have access to EBT will be required to complete the Indiana Application User ID Request Form and forward it to the EBT Security Coordinator for approval. The EBT Security Coordinator will fax or mail the request to the FIS Help Desk.

The EBT Security Coordinator will assign DFR staff an active profile in the EBT system. The following are user profile names and the recommended staff that would be a part of each group.

1. Inquiry Group – QC Staff, CAPS Clerk, Any other staff answering basic EBT inquiries
2. Update Applications Group – EBT Coordinator, Local Office Supervisory Staff, PAC Field Staff
3. Financial Management Group – Central Office Financial Management Staff
4. Investigative Group – Claims Staff, BI and FSSA General Counsel Investigators, USDA-FNS Staff
5. EBT Card Linking Group – Any clerical or professional staff other than the EBT Card Issuance Clerk with CAPS access.
6. Benefit Management Group - Central Office Policy and Help Desk Staff, ICES Staff
7. Security Group – Central Office Security Coordinator

8. Trafficking Investigations Group – Central Office Selected BI Staff only
9. Trafficking Investigations Group 2 – Central Office Selected Food Stamp Policy only

**Card Activation and PIN Selection (CAPS)**

Another means of maintaining security is limiting the number of staff who are authorized to operate the Card Activation and PIN Selection (CAPS) device(s). All staff who are designated to operate the CAPS device must complete the Indiana CAPS User ID Request Form. Once the request is approved by the Local office ICES Security Coordinator it will be faxed or mailed to the FIS Help Desk.

**Safeguarding Card Inventory**

Each local office must establish security procedures to safeguard cards in a manner similar to those used to protect currency. The three basic forms of theft are burglary, robbery and embezzlement. Burglary includes thefts by forcible entry into the building at night, over the weekend or over holidays. Robberies include both armed holdups and snatching. Embezzlement involves an employee of the local office in the theft of cards. ***(IPPM 3620.25.15)***

The DFR and all persons or organizations acting on its behalf must take the necessary precautions to:

- Safeguard cards from theft, embezzlement, loss, damage or destruction;
- Avoid unauthorized transfer, negotiation or use of cards; and
- Avoid issuance and transfer of altered or counterfeit cards.

The exact nature of security arrangements will depend on the Local Director's/EBT Coordinator's evaluation of local card issuance and storage facilities. These arrangements must permit the timely issuance of cards while affording a reasonable degree of card security***. (IPPM 3620.25.00)***

**Reporting Losses**

If a loss, theft or embezzlement of cards occurs, promptly FAX a report to all of the numbers below.

1. FIS Policy Help Desk (317) 233-0828
   Attention: Jan Ellis
2. FSSA – Financial Management (317) 233-6572
   Attention: Tywanda Coleman
3. DFR – Bureau of Investigation (317) 232-4490
   Attention: Harry Gurnell
4. USDA – FNS Field Office (317) 510-5684
   Attention: Robin Masters

5. USDA – OIG Investigations (317) 290-3004
   Attention: Special Agent-in-Charge

Refer to the November 9, 2001 administrative letter, **"Fraud Investigation Protocols**" for additional reporting requirements.

**Client and Retailer Trafficking**

The EBT Vendor will support federal and State data requirements geared toward ensuring the integrity and proper use of benefits distributed by the EBT system.

The EBT Vendor will provide reports to the State that will be used for the identification of recipient trafficking and for the investigation of fraud. When DFR staff discovers or receives information that a client may be involved in EBT trafficking a preliminary investigation will be conducted by the caseworker. If the caseworker determines that a field investigation is required the case will be referred to the Fraud Referral Coordinator (FRC). The FRC must then decide whether the case should be referred to the Bureau of Investigation. Refer to the November 9 2001 administrative letter, **"Fraud Investigation Protocols"** for information on referrals to the Bureau of Investigations.

**Monitor EBT Reports**

Another security requirement is the regular monitoring of reports that track user and client activity. COGNOS provides reports that will enable the DFR to monitor user access to the EBT system. Reports on user activity including name, status and security profile will be available on-line. EBT Coordinators in each local DFR will have access to these EBT reports.

The COGNOS system will also support DFR's efforts to ensure integrity and proper use of benefits. COGNOS will provide inventory and issuance information on daily user activity reports (See **Section 6, EBT Reports**). The intent of these reports is to assist the local office in the detection and investigation of program abuse. The EBT Supervisor or his designee will be responsible for monitoring the user activity reports, such as Total Amount of Food Stamps Issued Through EBT Daily and the Account Activity Summary. These and other reports are included on COGNOS (http://fss00it27/cognos/cgi-bin/upfcgi.exe).

## SECTION EIGHT

**Over The Counter EBT card Issuance Procedures**

**Each county will maintain an inventory of vault cards for over the counter issuance**

The issuance staff will consist of:

- An inventory control person (supervisor or designee) who will maintain the bulk supply,
- A card issuance/CAPS person (clerical staff only) who will issue the over the counter card and allow the client to select a PIN on the CAPS machine.

- There also needs to be a CardU Processor who will link the RID to the vault card. The inventory control person can also link the cards to the RID if another person is not available. This may be clerical or eligibility staff.

The person who assigns the PIN on the CAPS machine MUST be a different person than the person who links the RID to the card; this will prevent one person from activating the card on the CAPS machine and then linking it to a RID number. If a person has both profiles, he should never perform both functions on the same card.

**Bulk Inventory**

**Receiving EBT Vault Card Bulk Inventory**

The local office will receive a bulk shipment sent initially to their office before their local office goes live for EBT. The vault cards will have no client name on the card as they will be used for over the counter distribution for expedited cases and/or other emergency situations as decided by the local office. Thereafter, vault cards may be ordered only every 3 months, during the last month of each calendar quarter (March, June, September and December, though emergency shipments are available, they are expensive).

The following steps should be taken when receiving a shipment of blank EBT vault cards.

The inventory control person (should be a supervisor) will:

1. Verify the number of cards received against the number ordered and check the condition of the cards.

2. On the BULK EBT VAULT INVENTORY (FI 0038) form in Section 1, (example attached) enter the date the order was received, the 16-digit beginning and ending sequence numbers, the grand total number of cards in the sequence and then date and initial the form.

    - Section 3 is always totaled when cards are received in inventory or cards are issued to the card issuance person.
    - To check to see if you have the correct amount of cards, take the last card number and subtract the first card number, then add 1. That should be the number of cards you received in your shipment.

3. If cards are found damaged in your shipment, they should be marked as damaged in Section 2 and each one is logged on the BULK EBT VAULT CARD INVENTORY (FI 0038) form. If cards are found damaged at issuance, then they are logged on the EBT DAILY LOG for CARD ISSUANCE (FI 0033). If cards are returned and found damaged, they are logged on the RETURNED CARD LOG (FI 0037).

4. Place the box(es) in the safe. At the end of each workday, place the working inventory from each card issuance person back into the safe or secure location.

**EBT Card Replenishment Process Proposed (see Chapter 2)**

Vault cards are to be used only for expedited or emergency situations. The preferred method of distribution of EBT cards, both initial and all replacements, is via US Mail from the EBT vendor. Accordingly, vault card usage is expected to be at a minimum.

The Project Office is responsible for ordering the initial supply of vault cards for each local office for "go-live". This order will be based on each office's total reported estimate of approved expedited cases per month. A minimum of (five) 5 months stock will be ordered for each office. (In reality, the quantity ordered should last much longer than five months, since the initial order quantity is based on the total number of expedited cases).
**Local offices are responsible for replenishing inventory utilizing the attached order request form**. Normal orders are to be placed on a quarterly basis. Inventory should be planned so there will always be at least one-month's supply available based on usage. Orders shall be placed within the last fifteen (15) days of each calendar quarter, and will be shipped within thirty (30) days following the end of the quarter.

Emergency Orders can be filled at any time; however all fees associated with expediting the order and expedited shipping will be **billed back to the county.**

The card ordering process is as follows:

1. The Local Office completes Section I & faxes the request to EBT Project Office. The Local Office maintains a copy of the **Request for and Receipt confirmation of EBT Vault Cards** form.

2. The Project Office completes section II & forwards the request to CSI, with a copy to the local office. The Project Office maintains a follow-up copy.

3. CSI will place the order with Vendor, who will ship directly to the local office.

4. Upon shipment, CSI completes Section III and forwards it to the Project Office, who faxes it to the local office.

5. Upon receipt of the cards, or if the cards are not received within five (5) business days of the reported ship date, the local office completes section IV & faxes Section IV to the Project Office.

6. The Project Office, in conjunction with the local security officer will follow the instructions in Administrative Letter dated November 9, 2001 “Fraud Protocols” for investigation of lost/missing or “short” shipments.

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## VAULT CARD REPLENISHMENT ORDER FORM

**EBT PROJECT OFFICE**
**Fax: 317-234-1399**

**Section 1: To be completed by the requesting office and faxed to the EBT Project Office.**
**(Please Print)**

**_____ Quarterly Replenishment Order** **_____ Emergency Order**

Replenishment Request Order: _____

(Please round to the nearest hundred )

**County Name**:_____ **Number:** _____

**Satellite Name**:_____

**Street Address**:_____
_____

**Phone Number**:_____

**Fax Number**: _____

**Originated By:** _____ **Date:**_____

**Security Officer:** _____ **Date:** _____

Section 2: To be completed by the requesting office upon receipt of cards and faxed to the EBT Project Office. (Please Print)

**Card Order Received On:** _____
**Received By:** _____

**Ending (16 digit) Card Number from Replenishment Order:** _____

**Beginning (16 digit) Card Number from Replenishment Order:** _____

**Security Officer Signature:** _____ **Date:** _____

**Dispersing EBT Cards To Clerks**

The BULK EBT VALUT CARD INVENTORY FORM (FI 0038) is also used to document when the inventory control person distributes cards to clerks who will issue cards over-the-counter.

The card issuer must store the working inventory in a locked desk or cabinet during the day. At the end of the day, the working inventory is then stored with the bulk inventory that is locked up.

1. The inventory control person will log in Section 2 of the BULK EBT VAULT CARD INVENTORY FORM (FI 0038) the amount of cards issued to the card issuance person. This form keeps a running balance for the month or longer depending on how many cards are issued.

**The fields in Section 2 to be filled out are:**

- **Card issuer** – The person who is giving the EBT vault cards for issuance to the clients.
- **Starting card number -** The first number of card that is being given to the card issuance person. Indiana's first 6 digits of the 16-digit card number are always 507704. The next number (7th digit) for a vault card is always a 9. The 16th number is a random check digit and is not to be included when determining the numerical sequence of the cards.
- **Ending card number -** The last number of card that is being given to the card issuance person. Indiana's first 6 digits of the 16-digit card number are always 507704.
- **Total number issued** – Total amount of cards being distributed to the card issuance person.
- **Initials** – Initials of the inventory control person who gave the cards to the card issuance person.
- **Section 3 -** This is the difference that is left when subtracting the total amount issued in Section 2 from the total amount received in Section 1. This column is always updated when cards are received in bulk inventory or are dispersed to card issuance personnel because it is your inventory balance.

2. A DAILY EBT CARD INVENTORY RECONCILIATION FORM (FI 0034) must be used to reconcile the issuance person's working inventory of cards. The form shows cards that have been distributed and/or added. (Example of log attached, Section 8-15).

3. The card issuance person counts physical cards that remain at the end of the day in his working inventory. This amount is compared with the beginning balance on the DAILY EBT CARD INVENTORY RECONCILIATION FORM (FI 0034) and with the EBT DAILY LOG FOR CARD ISSUANCE (FI 0033) sheet to determine if there are any discrepancies. The card issuance person then puts his working inventory into the safe at the end of the day or gives it to the supervisor who has a key to the locked location or the

combination to the safe. The supervisor also should make a copy of the EBT DAILY LOG FOR CARD ISSUANCE (FI 0033) and sign this copy and lock it up in a different location than the original EBT DAILY LOG (FI 0033) that will be given back to the card issuer the next day.

4. The DAILY EBT CARD INVENTORY RECONCILIATION FORM (FI 0034), when used, should be signed and dated by the card issuance person and the inventory supervisor every day. If vault cards aren't issued, the form does not need to be reconciled or signed on that day. At the end of the day, the EBT DAILY LOG FOR CARD ISSUANCE (FI 0033) sheet (s) may be attached to the DAILY EBT CARD INVENTORY RECONCILIATION FORM (FI 0034), when used. A new DAILY EBT CARD INVENTORY RECONCILIATION FORM (FI 0034) may be used for each day but this is not required. This form is always turned in when used along with the EBT DAILY LOG for CARD ISSUANCE (FI 0033) to the supervisor each day.

**Conversion EBT Card Issuance For County Going Live**

Citicorp will be in the local office to conduct training for all TANF and Food Stamp clients. As long as Citicorp is in the local office, they will train all clients (new clients, clients who receive over the counter EBT cards and clients who have conversion cards either in the local office or are mailed to them).

Citicorp training includes activation of the card when the client selects a PIN on the CAPS machine. When Citicorp training ends, they will turn over any remaining embossed cards for clients who did not come to training and the signed receipts (blue appointment letter) for those clients who came to training and picked up their cards. The blue letter (gold is used when blue is missing) must be filed in the case file after conversion cards are issued.

The local office will hold EBT conversion cards that have embossed names for clients who didn't show for conversion training for at least 90 days before the county destroys the cards. (See the procedure on page 11 of this section for card destruction procedures.)

The PIN SELECTION/CHANGE LOG (FI 0035) does not need to be signed by the clients who receive their cards from Citicorp during conversion training or for clients who receive vault cards.

**Post Conversion Policy For Issuing Vault Cards Over The Counter**

After Citicorp leaves the county, the local office will then be responsible for training all clients and activating EBT cards on the CAPS (Card Activation and Pin Selection) machine.

Vault cards (over the counter issuance) should be issued to meet case processing time frames such as expedited cases or 30 day processing (see Chapter 2). Emergency guidelines developed by each local DFR must be approved by the Central Office, Bureau of Family Resources per Chapter 2 of the EBT Policy Manual. **The specific circumstances for over the counter card issuance must be applied to all clients equally and must be included in the Food Stamp Service Plan.** Over the counter issuance may apply to either an initial card or an "emergency" replacement card.

**Procedures For Issuing EBT Cards Over The Counter (OTC)**

When the criteria have been met (County Service Plan and/or see EBT Policy Manual Chapter 2, page 2) for issuing an EBT vault card over the counter (OTC) for a client, the following steps should be followed.

1. The county designated person (eligibility worker or designee) and a supervisor (2 signatures required, **NO EXCEPTIONS**) must approve the EBT CARD AUTHORIZATON (FI 0031) form in order for the client to receive an over the counter EBT vault card. The client must have one form of ID for an expedited case. For all other situations, the client must have one picture ID or 2 other forms of ID with one having a signature. The worker then will present the EBT CARD AUTHORIZATON (FI 0031) form to the card issuance person.

   - The client's name must be entered on the form. If the vault card is for an AR, please indicate this on the EBT CARD AUTHORIZATION (FI 0031) form.
   - **The worker must screen print IQCM with the client's name and RID and attach to the EBT CARD AUTHORIZATION (FI 0031) form to identify the correct person**)
   - The eligibility worker (or designee) should fill in the date and sign the form. The supervisor (or designee) must also sign.
   - The type of ID seen should be indicated on the form and "other" should be written out.
   - When a client is requesting a new vault card because the current card won't swipe, a designee may sign the EBT CARD AUTHORIZATION form. The worker doesn't need to sign it for the client.

2. The Supervisor will give the EBT CARD AUTHORIZATION (FI 0031) form to the card issuance person who will issue an EBT vault card to the client. The card issuance person will fill out the EBT DAILY LOG FOR CARD ISSUANCE (FI 0033) and the client will sign it.

3. The EBT card issuer should do an inquiry/history check to determine if a person needs to view the training video. If a person is receiving an initial

card, he/she should view the training video before a card is issued and a PIN is selected. The training video must be available at least once in the morning and once in the afternoon or on an as needed basis as determined by the local office.

The EBT DAILY LOG FOR CARD ISSUANCE (FI 0033) form includes the following:

- Date, the cardholder's name, the client's signature, reason for over the counter issuance, card number (16-digit number) and the card issuance person's initials.
- The client will immediately sign the card in front of the card issuance person.
- Once the person has an O-T-C EBT vault card, he/she will select the PIN for the card on the CAPS machine and the card issuance person will process this transaction on the CAPS machine. **(The vault card must be Pinned first before linking the ICES RID in the EBT BOSS system.)**
- The CAPS/PIN clerk MUST be a different person than the person who links the RID.
- Since the worker has provided the EBT CARD AUTHORIZATION (FI 0031) form as proof of ID to the CAPS person. No other form of ID is required (unless questionable) for a PIN selection for an OTC EBT vault card. The worker should personally take the authorization form to the card issuance location along with the client.
- The PIN SELECTION/CHANGE LOG (FI 0035) does not need to be signed by the client who receives a vault card.

4. Then, the EBT CARD AUTHORIZATON form (FI 0031) is routed to the CardU Processor who will enter the information into the EBT BOSS system. **Remember, the vault card must be Pinned first before linking the ICES RID.** This is performed in the EBT menu selection "Card Utility Maintenance". The screen name is "Client CARDU / State Unique ID Setup".

**Ongoing Pin Selection/Change Procedures**

When a client comes in to the office with a card in his/her possession to request a PIN selection for the first time or to change a PIN, the following ID must be provided before a PIN can be selected.

**If a person comes into the office with a vault card to re-PIN, the clerk must look up the card number on the EBT BOSS system to verify whom the card was issued to. Since the vault card has no name embossed on it, this procedure must be followed to verify the correct cardholder owner.**

- One picture ID or two other forms of ID, one of which must contain a signature.

The client should sign and the CAPS person should complete the PIN SELECTION/CHANGE LOG (FI 0035).

The CAPS person then can process the PIN transaction and the client can choose a PIN.

**Form Storage**

All completed forms should be stored in a secure location and be kept for 3 years. Also, the supervisor should make a copy of each form that is used that day and store in a separate (from the EBT bulk inventory), secure location. Forms that are going to be used the next day should be locked up with the bulk inventory at the end of the day.

The following forms should have copies made and locked up every day separate from the bulk inventory when that form has a transaction listed on it:

FI 0038 BULK EBT VAULT CARD INVENTORY

FI 0033 EBT DAILY LOG FOR CARD ISSUANCE

FI 0035 PIN SELECTION/CHANGE LOG

FI 0037 RETURNED CARD LOG

The FI0031, EBT CARD AUTHORIZATION and FI0034, DAILY EBT CARD INVENTORY forms do not need to be copied. The originals must be maintained in a secure location
separate from the bulk for 3 years.

FI0031 EBT CARD AUTHORIZATION
FI0034 DAILY EBT CARD INVENTORY RECONCILIATION

**Office Organization for EBT**

**Receptionist Area Setup**

The local office must plan accordingly for accommodating traffic flow and machines for EBT implementation.

1. A receptionist will need to be available to determine clients' needs when they come into the office. If a client is coming in to make a PIN selection for his/her EBT card, the client needs to be asked if this is a first time PIN selection or for a change. This will determine who needs to view the EBT training video.

2. The receptionist should also ask those individuals reapplying if they still have their EBT card. If not, they should be informed that they would need to contact EBT Customer Services to have a replacement issued prior to accessing their new benefits.

3. A window or a secure location will need to be available where over the counter EBT cards may be issued. There must also be a place for the EBT card issuance log to be signed.

4. A safe or other secure location is needed to store bulk inventory of blank vault cards and for card issuance people's working inventory of blank vault cards when they are finished for the day.

A CAPS (Client Activation Pin Selection) machine must be in a secure location for the PIN selection process to occur. There must also be a place for the PIN selection/replacement log to be signed

**Procedures for Returned and/or Destroyed Cards**

Cards that are returned in the mail to the local office should be held for at least 7 but not more than 14 days (hold cards for at least 90 days received from Citicorp after conversion training).

**Cards returned in the mail must not be returned to the eligibility worker.**

The card issuance person, or the mail person must log all returned cards , regardless of how they are returned, on the returned card log and record the appropriate information. The local office should try to locate the client so the client may retrieve the card or mail it to the client if the client has moved to another county. If the client cannot be found and does not pick-up the card, it should be destroyed. The card is destroyed by hole punching (or scratching) the magnetic stripe and then the destroyed cards are kept (**do not throw away**) in a secure location for auditing purposes. The returned cards should also be stored in a secure location and clearly marked as defective/destroyed.

- The card issuer or other person designated responsible for returned EBT cards will log in the card number and date the card returned in the mail on the Returned Card Log (FI 0037).
- If it is discovered the card is damaged, the card is logged and then stored with the other damaged cards. Defective/Destroyed cards may be stored with the bulk inventory cards but they should be kept in a separate container.
- If the client picks up the card, the client signs the log and the card issuer dates the log and initials it. The client must provide ID in order to pick up the card.

Cards that are returned to a local office that were lost or stolen should have an inquiry done in the EBT BOSS system to determine who the cardholder is. The client then should be contacted to see if the client needs the card and/or a new PIN needs to be issued. The client may already have a replacement card or need a replacement card. In these cases, the returned card can then be destroyed.

All destroyed /damaged cards are kept until the Audit Department has completed its audit and all findings are resolved. Then, the county may dispose the damaged/destroyed cards.

***Give this form to the Clerk***

State Form 50156 (7-01) / FI 0031

**EBT CARD AUTHORIZATION**

SAMPLE

*Completed by worker:*

The individual below is approved to receive an over the counter EBT card.

| First Name | MI | Last Name |
|---|---|---|
| Jenny | A | Smith |

RID
100002345699

Reason for OTC card
Circle one

A.) Expedite  B.) 30 day processing deadline  C.) Other

Approved by Sally Supervisor

Worker signature Betty Worker

Date AEWAA authorized 5/1/01

***Completed by worker:***

Type of ID viewed.

- **Expedited**----------one form of ID
- **On-going/Replacement**------one picture ID or two other forms of ID, one of which must contain a signature.

(Checkmark ID seen)

___ Drivers license ___ Voter registration card

___ Indiana ID ___ Rent /utility receipt

___ Social Security Number Card ___ Library card

___ Other (explain) _____

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## BULK EBT VAULT CARD INVENTORY FORM

State Form 50157 (7-01) / FI 0038

**OFFICE LOCATION** _____ SAMPLE

| *Section 1* | *Inventory Received* | | | | | *Section 2* | *Cards Issued/Damaged* | | | | *Section* |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Date** | **Starting Card number** | **Ending Card number** | **Total rec'd** | **Initials** | **Card issuer** | **Starting Card number** | **Ending Card number** | **Total** | **Initials** | **Balance** |
| 1 | 4/15/01 | 5077049555541011 | 5077049555544005 | 300 | JAD | | 3 damaged cards | | | | 297 |
| 2 | | | | | | White | 5077049555541011 | 5077049555542003 | 100 | JAD | 197 |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
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| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## EBT DAILY LOG FOR CARD ISSUANCE

State Form 50158 (7-01) / FI 0033

**OFFICE LOCATION** _____ SAMPLE **DATE** _____

| | Date issued | Cardholder Name (Please print) | Signature | Reason for OTC (1, 2 or 3) | Card number (16-digit) | Issued by (Initials) |
|---|---|---|---|---|---|---|
| 1 | 4/1/01 | John Jones | John Jones | 1 | 5077049555541044 | JAD |
| 2 | 4/1/01 | Mary Rogers | Mary Rogers | 2 | 5077049555541053 | JAD |
| 3 | 4/2/01 | Harry Pond | Harry Pond | 3 | 5077049555541061 | JAD |
| 4 | 4/2/01 | Ruth Pearson | Ruth Pearson | 1 | 5077049555541079 | JAD |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
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| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |

Reason of over the counter (OTC)

1. Expedite
2. 30 day processing deadline
3. Other county designee determination

Card issuer signature _____

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## DAILY EBT CARD INVENTORY RECONCILIATION FORM

State Form 50176 (7-01) / FI 0034

SAMPLE

| | | First Card Number | Last Card Number | Number of EBT cards |
|---|---|---|---|---|
| 1 | Beginning | 5077049555540514 | 5077049555541009 | 50 |
| 2 | Added from Bulk | 5077049555541011 | 5077049555542003 | 100 |
| 3 | Available for Distribution | | | 150 |
| 4 | Distributed | 5077049555540514 | 5077049555540702 | 20 |
| 5 | Ending (Actual Count) (Return cards to bulk/daily) | 5077049555540711 | 5077049555542003 | 130 |

Line 1 should be your beginning balance of cards for the day (Cards stored in safe separate from bulk.)

Line 2 should be any cards that you received from the bulk inventory.

Line 3 is the total of lines 1 and 2.

Line 4 is what you issued.

Line 5 is line 3 minus line 4 and would be your ending balance. (Cards returned to the bulk inventory in the safe but stored separately.)

Card issuer signature Inventory Supervisor signature Date and Office location

_____ _____ _____

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## PIN SELECTION/CHANGE LOG

**State Form 50159 (7-01) / FI 0035**

SAMPLE

OFFICE LOCATION _____

| | DATE | SIGNATURE | CARD NUMBER | ID SEEN (picture) | ID SEEN (signature) | ID SEEN | CAPS PERSON **(initials)** |
|---|---|---|---|---|---|---|---|
| 1 | 4/1/01 | John Jones | 5077049555541056 | Indiana ID | | | JAD |
| 2 | 4/2/01 | Mary Smith | 5077049555541068 | | Kroger check cashing card | Doctor's record | JAD |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
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| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |

If a person comes in with a card that has been mailed for a first time pin selection or a person comes into the office for a pin change, the following ID must be supplied:

- One picture ID or two other forms of ID, one of which must contain a signature.

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## RETURNED CARD LOG

SAMPLE

State Form 50235 (7-01) / FI 0037

| | **Date card returned** | **Card number** | **Card name** (unless blank vault card) | **Date card Deactivated and destroyed** | **Card issuer initials** | **Date card picked up by client** | **Card issuer initials** | **Client signature** |
|---|---|---|---|---|---|---|---|---|
| 1 | 4/25/01 | 5077049555541105 | | 5/2/01 | JAD | | | |
| 2 | 4/25/01 | 5077049555541117 | Sally Waters | | | 4/30/01 | JAD | Sally Waters |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
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If the card is a vault card, do an inquiry to find the client name. Notify the other county if the client's case is not your county and check history to see if the card is already cancelled.

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## BULK EBT VAULT CARD INVENTORY FORM

State Form 50157 (7-01) / FI 0038

**OFFICE LOCATION** _____

| **Section 1** | **Inventory Received** | | | | | **Section 2** | **Cards Issued/Damaged** | | | | **Section 3** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Date Rec'd** | **Starting Card number** | **Ending Card number** | **Total Rec'd** | **Initials** | **Card issuer** | **Starting Card number** | **Ending Card number** | **Total number issued** | **Initials** | **Balance** |
| **1** | | | | | | | | | | | |
| **2** | | | | | | | | | | | |
| **3** | | | | | | | | | | | |
| **4** | | | | | | | | | | | |
| **5** | | | | | | | | | | | |
| **6** | | | | | | | | | | | |
| **7** | | | | | | | | | | | |
| **8** | | | | | | | | | | | |
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| **15** | | | | | | | | | | | |
| **16** | | | | | | | | | | | |
| **17** | | | | | | | | | | | |
| **18** | | | | | | | | | | | |
| **19** | | | | | | | | | | | |
| **20** | | | | | | | | | | | |

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## EBT DAILY LOG FOR CARD ISSUANCE

State Form 50158 (7-01) / FI 0033

**OFFICE LOCATION** _____ **DATE** _____

| | Date | Cardholder Name (Please print) | Signature | Reason for OTC (1, 2 or 3) | Card number (16-digit) | Issued by (Initials) |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
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| 19 | | | | | | |
| 20 | | | | | | |

Reason of over the counter (OTC)

1. Expedited
2. 30 day processing deadline
3. Other county designee determination

Card issuer signature _____

Page _____ Inventory Supervisor's signature _____

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## DAILY EBT CARD INVENTORY RECONCILIATION FORM

State Form 50176 (7-01) / FI 0034

| | | First Card Number | Last Card Number | Number of EBT cards |
|---|---|---|---|---|
| 1 | Beginning | | | |
| 2 | Added from Bulk | | | |
| 3 | Available for Distribution | | | |
| 4 | Distributed | | | |
| 5 | Ending (Actual Count) (Return cards to bulk/daily) | | | |

Line 1 should be your beginning balance of cards for the day. (Cards stored in safe separate from bulk.)

Line 2 should be any cards that you received from the bulk inventory.

Line 3 is the total of lines 1 and 2.

Line 4 is what you issued.

Line 5 is line 3 minus line 4 and would be your ending balance. (Cards returned to the bulk inventory in the safe but stored separately.)

Card issuer signature Inventory Supervisor signature Date and Office location

_____ _____

_____

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## PIN SELECTION/CHANGE LOG

State Form 50159 (7-01) / FI 0035

*OFFICE LOCATION* _____

| | **DATE** | *SIGNATURE* | **CARD NUMBER** | *ID SEEN* (picture) | *ID SEEN* (signature) | **ID SEEN** | **CAPS PERSON** (initials) |
|---|---|---|---|---|---|---|---|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
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If a person comes in with a card that has been mailed for a first time pin selection or comes into the office for a pin change, the following id must be supplied:

- One picture ID or two other forms of ID , one of which must contain a signature.

| | |
|---|---|
| Electronic Benefit Transfer (EBT)Customer Service/Help Desk:<br><br>(877) 768-5098 | The EBT Vendor's customer service unit has responsibility for processing and resolving recipient inquiries and requests 24 hours a day, 7 days a week. Clients can:<br><br>• find out their benefit balance (how much they have left in both their cash and food stamp benefit accounts)<br>• report if their Hoosier Works card is lost or stolen<br>• report problems they may experience with equipment, transactions or retailers<br>• get answers to their questions or ask for a record of their last ten (10) Hoosier Works transactions.<br>• Select or change A PIN #<br><br>The client may be asked to provide their name, Hoosier Works card number, Social Security Number or their date of birth and address when calling this number.<br><br>Authorized Representatives will be asked to provide their date of birth, Social Security Number, or mother's maiden name. |
| Retailer Assistance for Manual Vouchers:<br><br>(877) 628-9904<br>24 hours a day, 7 days a week<br><br>Retailer Technical Support for Equipment Problems or Supplies (for state provided EBT-only equipment):<br><br>1-(800) 557-2978, Option 2<br>24 hours a day, 7 days a week<br><br>Retailer Contract Questions:<br><br>1-(800) 350-8533<br>8:00 A.M.-5:00 P.M. CST M-F | Retailers may call this number to obtain phone authorization for manual transactions. |

| | |
|---|---|
| Program Policy Help Desk:<br><br>( 800 847-5563 ) | The Division of Family Resource's Program Policy Help Desk should be contacted when questions specific to policy or EBT System Access arise. Only EBT staff designated by each local office should call the Help Desk with inquiries. These staff members will serve as the link between the local office and the Central office (EBT Project and Policy Sections). |

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## APPENDIX C

The following abbreviations may be found in the attached EBT Handbook or be discussed in conjunction with the Electronic Benefit Transfer process.

| | |
|---|---|
| ACH | Automated Clearing House |
| ADP | Automated Data Processing |
| ANSI | American National Standards Institute |
| AB | Authorized Buyer |
| AR | Authorized Representative |
| ARU | Automated Response Unit |
| ASAP | Automated Standard Application For Payment |
| AT | Administrative Terminal |
| ATM | Automated Teller Machine |
| BIN | Bank Identification Number |
| CAPS | Card Activation and PIN Selection device |
| JPM | JP Morgan |
| CSR | Customer Service Representative |
| DES | Data Encryption Standard |
| DFR | Division of Family Resources |
| EBT | Electronic Benefits Transfer |
| EDA | Electronic Deposit Account |
| EOD | End of Day |
| EFT | Electronic Funds Transfer |
| FCS | Food and Consumer Services |
| FIN | Financial Institution Number |
| FNS | Food and Nutrition Services |
| FS | Food Stamp |
| FSSA | Family and Social Services Administration |
| ID | Identification |
| ISO | International Standard Organization |
| IVR | Interactive Voice Response |
| NACHA | National Automated Clearing House Association |

| | |
|---|---|
| OIM | Office of Information Management |
| OMB | Office of Management and Budget |
| OTC | Over-The-Counter |
| PAN | Primary Account Number |
| PC | Personal Computer |
| PIN | Personal Identification Number |
| POS | Point of Sale |
| RID | Recipient Identification Number |
| SIVR | Speech Interactive Voice Response |
| QUEST | Trademark for National Automated Clearing House Association Operating Rules |
| TANF | Temporary Assistance for Needy Families |
| USDA | United States Department of Agriculture |

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## APPENDIX D

INSTRUCTIONS FOR COMPLETION OF THE
INDIANA APPLICATION USER ID REQUEST FORM
Indiana EBT System

**PURPOSE:**

The Indiana Application User ID Request Form is required for all individuals wanting access to the Electronic Benefits Transfer (EBT) System. County Security Coordinators will be using this form. All users needing access to the EBT System will need to initial the form in order for access to be granted.

**FORM TO BE COMPLETED BY:**

The Security Coordinator for ICES will complete the EBT form.

**HOW TO PREPARE THE FORM:** DATE: Enter the date the form is completed.

FUNCTION: Check one box.
ADD: Check this box to add a user.
CHANGE: Check this box to change information for a user.
DELETE: Check this box to delete a user.

SECURITY COORDINATOR, CHOOSE ONE OF THE FOLLOWING MENUS: Select one of the profiles listed below depending on the job duties of the individual.

**INDIANA BOSS SYSTEM USER PROFILES**

| Profile # | Profile Name | Screen Access | Recommended Staff |
|---|---|---|---|
| Profile # 1<br>MNPRF1 | Inquiry Menu | Log-on<br>Balance Inquiry<br>Card History Inquiry Screen<br>Benefit Pending Search | QC Staff, CAPS Clerk,<br>Any other Staff answering basic EBT inquiries |
| Profile # 2<br>MNPRF2 | Update Applications Group | Log-on<br>Balance Inquiry<br>Card History Inquiry Screen<br>Coupon Conversion Screen<br>Account Repayment Screen<br>Dormant Account Maintenance<br>Card Status Maintenance<br>Client Card U/State Unique ID Setup<br>Pending Search Menu<br>Retailer Detail Journal Inquiry | EBT Coordinator,<br>Local Office Supervisory Staff,<br>PAC Field Staff |

| | | | |
|---|---|---|---|
| Profile # 3<br>MNPRF3 | Financial Management Group | Log-on<br>Balance Inquiry<br>Account Repayment Screen<br>State Issuer Totals Inquiry<br>Benefit Issuance Totals Inquiry | Central Office Financial Management Staff |
| Profile # 4<br>MNPRF4 | Investigative Group | Log-on<br>Balance Inquiry<br>Retailer Detail Journal Inquiry<br>Card History Inquiry Screen | Claims Staff<br>BI & FSSA General Counsel<br>Investigators<br>USDA-FNS Staff |
| Profile # 5<br>MNPRF5 | EBT Card Linking | Log-on<br>Client Search<br>Balance Inquiry<br>Card History Inquiry Screen<br>Client Card U/State Unique ID Setup<br>Card Status Maintenance<br>Pending Search Menu | Any Clerical or professional staff other than EBT Card Issuance Clerk with CAPS access.<br>DO NOT ASSIGN TO (CAPS) CARD ISSUANCE CLERK |
| Profile # 6<br>MNPRF6 | Benefit Management | Log-on<br>Client Search<br>Balance Inquiry<br>Card History Inquiry Screen<br>Benefit Pending Search<br>Update Inquiry<br>Pending Search Menu<br>State Issuers Total Inquiry<br>Benefit Issuance Totals Inquiry<br>Card Fee Credits<br>Transmission Update Inquiry | Central Office Policy and Help Desk Staff,<br>ICES Staff |
| Profile # 7<br>MNPRF7 | Security | (Domain Manager) | Central Office<br>Security Coordinator |
| Profile # 8<br>MNPRF8 | Trafficking Investigations | Log-on<br>Balance Inquiry<br>Retailer Detail Journal Inquiry<br>Card Holder Inquiry Screen<br>Fraud Account set-up | Central Office Selected Bureau of Investigation Staff Only |
| Profile # 9<br>MNPRF9 | Trafficking Investigations 2 | Log-on<br>Balance Inquiry<br>Card History Inquiry<br>Update Inquiry<br>Pending Search Menu<br>State Issuers Total Inquiry<br>Benefit Issuance Totals Inquiry<br>Card Fee Credits Inquiry<br>Investigative Account Benefit | Central Office Selected Food Stamp<br>Policy Staff Only |

| | | | |
|---|---|---|---|
| | | Add Screen | |

USER NAME: Enter the last name, first name and middle initial of the individual who will be using the EBT System.

INDIANA USER ID: Enter the ICES User ID number of the individual who will be accessing the EBT System. The individual must have an ICES ID assigned to them.

USER TITLE: Enter the title of the individual who will be accessing the EBT System.

PHONE: Enter the phone number (including area code) of the individual who will be accessing the EBT System.

FAX: Enter the fax number (including area code) of the individual who will be accessing the EBT System.

COMPLETE MAILING ADDRESS: Enter the complete street address of the individual who will be accessing the EBT System (no P.O. Box).

COMMENTS: Enter pertinent information regarding the action being taken. The comment should clarify any questionable information.

LOCAL OFFICE SECURITY APPROVAL: The Local Office Security Coordinator must sign and date the form.
EBT PROJECT OFFICE APPROVAL: The Central Office EBT Security Manager or designee must sign and date the form.
USER'S INITIALS: The User must read the information contained on the form and initial on the line. If the User does not initial the form, access will not be granted.

ADDITIONAL INSTRUCTIONS:
Return the completed form to the FIS Help Desk by fax at (317) 233-0828 or Mail to Mary Wagner at MS09. The User's password will be mailed back to him at the address listed in the mailing address section.

Inactive TANF and FS accounts are listed on the EBT Daily Aging Report that shows 45 and 90-day warnings. This report also shows an expungement warning at 365 days for FS and 180 days for TANF. ICES currently issues alerts for all 3 types of warnings.

The 45-day alert for no activity is being deleted so it will no longer be generated. A change is being made to generate the 90-day alert only when there has been no activity in the past 90 days and there is a current balance in excess of $10.

A Inactive Account letter **must** be sent to the AG if the worker receives a 90 day alert indicating that there has been no debit activity on the FS account for 90 days and the account balance is greater than $10. Document in CLRC the date the letter was sent. If the AG reports a change in response to the letter, the worker should take action to implement the change with necessary adverse action. If the AG does not respond to the letter, no negative action should be taken. If it is later determined that the AG failed to report a required change, a copy of the letter may be used as evidence at an Administrative Disqualification Hearing.

A worker may send the Inactive Account letter to the AG if they become aware of the fact that no debit activity has taken place in the account through an EBT inquiry or report. However, there is no requirement to send a letter at this point and no negative action should be taken if the AG does not respond to the letter.

A copy of the Inactive Account letter is found on page 2 of this appendix.

Date _____

Dear _____:

We have received information that you have not used your Hoosier Works Electronic Benefit Transfer (EBT) Card to spend your Food Stamp and/or Temporary Assistance to Needy Families (TANF) benefits in the past 90 days. While you do have the right to allow benefits to accumulate from month to month we are reminding you that any Food Stamp benefits not spent within a year or TANF benefits not spent within 180 days of their deposit into your EBT account will be deducted from your benefit amount.

Are you having problems using your Hoosier Works Card to access your EBT account? If you need assistance or have questions about how to use your card, please contact your caseworker, local Office of Family and Children, or the Hoosier Works Customer Service desk at 1-877-768-5098.

For TANF, please remember you must also report household changes within ten (10) days of when they occur. This is very important so your case records and benefit amounts are accurate. Examples of changes that need to be reported are changes of address, changes in persons living in your home, and changes in income or employers. Please contact your caseworker if you have any questions relating to reporting changes. (See the enclosed Change Report form that lists what must be reported for TANF).

For Food Stamps, you were informed of your reporting requirements at the time of certification. Please report according to the requirements that were explained to you.

If you do not want to spend all of your EBT Food Stamp benefits you do have the option of voluntarily applying those benefits towards any Food Stamp overpayment claim you have. You may do this by providing a written statement to your caseworker including the amount you wish to have deducted from your EBT account and applied to your claim. You also have the option of verbally requesting your caseworker to make a one-time reduction of your Food Stamp benefits to pay towards a claim. If you verbally request this action you will be sent a receipt of the payment on your claim within ten days.

If you have any questions regarding this information please contact your caseworker.

## APPENDIX F

- Fill out all fields on all forms listed below and keep them separate from the Bulk Card Inventory.
- A Supervisor must approve all vault cards by signing the **EBT Card Authorization** form FI 0031 before a card can be issued.
- Attach screen print IQCM to the FI 0031 **EBT Card Authorization** form to verify the ICES RID# of the payee. In cases where an Authorized Representative (AR) or Protective Payee (PP) receives a vault card, indicate this on the FI 0031 that this person is the AR or PP.
- After the vault card is issued, attach the FI 0031 **EBT Card Authorization** form(s) to the FI 0033 **EBT Daily Log for Card Issuance** submitted to the Supervisor at the end of the day.
- Make a copy of the FI 0033 **EBT Daily Log for Card Issuance** and turn both the original and the copy with the un-used cards each day to a supervisor to keep in the safe/locked cabinet. The supervisor should review, then sign the copy (card issuer must also sign the copy) and keep it separate from the Bulk Card Inventory. The next day, the original FI 0033 with the unused cards listed, can be given back to the card issuer. At the end of the month (or when turned in permanently), the card issuer signs the original FI 0033 and the supervisor signs it and keeps it.
- The FI 0035, **Pin Selection/Change Log** and the FI 0037, **Returned Card Log**, should be turned in daily to the supervisor.
- The FI 0034 **Daily EBT Card Inventory Reconciliation** form only needs to be used on days when a card issuer receives from bulk and/or issues more than 20 cards in a day. Turn in to Supervisor each day used.
- List all damaged or defective cards at the point they are discovered, if found in bulk, list the PAN # of each card on the FI 0038 **Bulk EBT Vault Card Inventory** Form. If it is found to be defective at issuance or activation, list it on the FI 0033 **EBT Daily Log of Card Issuance.**
- Hole punch (or scratch) the magnetic stripe on all returned, defective or canceled card so it is obvious that they cannot be used. Label the container as "defective Cards" and keep these cards ***(do not throw away or cut up***) in a secure location so the Auditors can locate each card.
- All conversion or returned cards that are canceled or defective should be listed on the FI 0037 **Returned Card Log** and treated as listed above.
- Keep a copy of all Vault Card order forms you fax to the EBT project office so you have a record of all EBT cards shipped to your office.
- Retain a copy or the original of all EBT Forms for 3 years from the date they were created for Audit purposes. These forms are:

- FI 0031 **EBT Card Authorization**-Attach to FI0033 on day issued
- FI 0038 **Bulk EBT Vault Card Inventory**-Copy each day it is updated
- FI 0033 **EBT Daily Log of Card Issuance-**Original and Copy to Sup. Each Day
- FI 0034 **Daily EBT Card Inventory Reconciliation-** Original to Sup. Each day
- FI 0035 **PIN Selection/Change Log**- Original to Sup. each day
- FI 0037 **Returned Card Log**- Original to Supervisor each day

13. Appendix 13 - Fiats

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.

# FIAT PROCEDURES

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# FIATS

***The New Merriam-Webster Pocket Dictionary*** defines **FIAT** as "an authoritative and often arbitrary order or decree." In the ICES system, the "power" of the **FIAT** is a two person function (usually the worker and supervisor) and is a manual override of the automated system.

Supervisors have the capability of creating or correcting eligibility determined by the ICES system. Because **FIATS** may be the most powerful aspect of the ICES system, the Supervisor is accountable for the accuracy of the benefits created and thus should approve the Fiat. The same person cannot approve the FIAT and authorize the AG on AEWAA.

## A Definition of FIAT:

A **FIAT** is a manual override of the system-generated eligibility. The same person cannot approve the FIAT and approve the AG on AEWAA. The process requires two individuals to complete the process. It may be used when:

- adding additional household persons.
- changing eligibility status of a household member.
- changing the amount of a system-generated benefit.
- creating Medicaid coverage for a retroactive month.
- generating a correct benefit when a system problem is identified.
- determining eligibility for more than 12 months.

There are certain axioms, which should be acknowledged, and they are as follows:

- If ICES configures an AG for the recurring month, it will not look for other AG possibilities for retro r
- ICES cannot calculate eligibility for more than 12 months.
- Occasional lawsuits demand special interruption of ICES logic in lieu of reprogramming, Cu as Hazen Payne and Clevidence.
- ICES cannot perform "individual" failure logic. It will not create a new AG for an individual who was a non-participating member of an open AG.
- Central Office may recommend using a FIAT when a system problem has been discovered and timely benefits should be issued.
- To change a benefit amount or the eligibility status of an individual member, the FIAT done before the AG is authorized.
- Only 15 months of eligibility may be FIATED per day if the months are fiated individually.
- When the ED/BC sequence is invoked, the system will redetermine eligibility and the eligibility factors previously established through FIAT.
- Check AEWAA to be sure ED/BC has been run that day prior to beginning a FIAT.
- A FIAT should be authorized the same day it is initiated.
- A FIATED TANF amount will not appear in the food stamp budget. Therefore, the food stamp benefit will also need to be FIATED to generate the correct food stamp amount.
- Manual notices should be sent on all FIATED actions.
- Only a pending AG may be deleted.
- The Supervisor and Worker should use CLRC to explain why a FIAT was done.
- A FIAT may not be done in MA Enrollment cases. Call the Help Desk for assistance.
- AEABA and AEADC should be manually updated for fiated FS and TANF AG's, call the Help Desk for assistance.

- Edit message J68 will display for MA A, MA B, MA D, MA M, AND MA N AG'S if the category and sequence number has already been used for a different individual. The same category and sequence cannot be assigned to a different individual for different months.

- There are several references to fiating multiple months of eligibility in one segment in this document. This process can only be used for Medicaid AG's.

- Program switch on AEICP should be "Y" to fiat eligibility.

- Fiat should not be used to solve a system problem. Please call the Help Desk to
    - report the problem before fiating.

```
AEOAG                                  SFU FIAT                          07/03/03 11:19
 COUNTY: 79  CASE: 3000130900   WORKER: DNT565          MSS037 K TEST/EARLE

 CATEGORY SEQ   AG DELETE   BEGIN MONTH   END MONTH   END DATE?  SCHEDULE
                                                                 ED/BC?
  MA C          01          __            072003        ______        N          N

                                 (TO DELETE USE "**")

  INDIVIDUALS:        02  01   __  __  __  __  __  __  __  __  __  __
 PARTICIPATION:       EA  EC   __  __  __  __  __  __  __  __  __  __
 (P)ASS/(F)AIL:        P   P    _   _   _   _   _   _   _   _   _   _
 EMERGENCY SER?       _   _   _   _   _   _   _   _   _   _   _   _
 INDIVIDUAL DC:       __  __  __  __  __  __  __  __  __  __  __  __

  INDIVIDUALS:        __  __  __  __  __  __  __  __  __  __  __  __
 PARTICIPATION:       __  __  __  __  __  __  __  __  __  __  __  __
 (P)ASS/(F)AIL:       _   _   _   _   _   _   _   _   _   _   _   _
 EMERGENCY SER?       _   _   _   _   _   _   _   _   _   _   _   _
 INDIVIDUAL DC:       __  __  __  __  __  __  __  __  __  __  __  __

 ------------------------------- INDIVIDUALS -----------------------------------
  1 TAMMY M    2 REBA  M


 NEXT TRAN: _________ PARMS: ____________________________________________
```

## AEOAG: SFU FIAT

Allows the Worker or Supervisor to override the system determined standard filing unit for an AG.

AEOAG is accessed with the case number only when creating a new AG. AEOAG may only be accessed using CASE/CAT/SEQ when there is a pending AG on AEWAA.

**CATEGORY**: Indicates the category of assistance to be added, changed, or deleted. If AEOAG is accessed using only the case number as the parameter, this field will be blank for data entry.

**SEQUENCE**: Indicates the sequence number of the category to be added, changed, or deleted. If AEOAG is accessed using only the case number as the parameter, this field will be blank for data entry. A different sequence number is required when creating retroactive eligibility for an AG that is currently open. If AEOAG is accessed using the CASE/CAT/SEQ, this field will display the sequence number.

**AG DELETE**: Allows for existing AG to be deleted by entering "** " in the field. No history of the AG will be retained if deleted.

**BEGIN MONTH**: Indicates the budget month and year of eligibility, MMCCYY. If AEOAG is accessed using only the case number as the parameter, this field will be blank for data entry. When creating an AG – the earliest month in which benefits are needed should be the month entered first. PF16 will provide additional AEOAG screens to create additional months if needed.

Multiple consecutive months of Medicaid may be fiated in the same segment if the eligibility and the benefit amount are the same for each month in the segment. A separate segment for the recurring month should be completed.

**END MONTH**: Indicates the budget month and year of eligibility for the last month in the fiated segment, MMCCYY.

**END DATE? Y/N**: Entry of "N" is required if the budget month is the recurring month and the AG should continue. A "Y" in the field will create eligibility for the budget month only.

**SCHEDULE ED/BC? Y/N**: Field is pre-filled with "N."
ED/BC will be invoked when "Y" is entered in ED/BC field. All eligibility criteria should be in ICES or the AG may fail. If ED/BC = "Y", budget month should be the current month and ED/BC will create retro months following the same rules as on-line.

**INDIVIDUALS**: Indicates the line number of the individual in the AG. Should be a valid number in the "short" list. If AEOAG is accessed using only the case number, this field will be blank for data entry. All individuals required to be in the AG should be entered. Failure to do so may

lead to future problems. If AEOAG is accessed using the CASE/CAT/SEQ, this field will display number of the individual(s) in the AG. Individuals may be added to the system determined AG.

**PARTICIPATION**: Indicates the participation status of the individual in the AG. If AEOAG is accessed using only the case number, this field will be blank for data entry. Status codes may be found on TABLE: TPTC. If AEOAG is accessed using CASE/CAT/SEQ, this field will display the participation status for the individual in the AG as it displays on AEACC. Participation status may be changed for existing individuals.

**PASS/FAIL**: Indicates the eligibility status of the individual in the AG. If AEOAG is accessed using only the case number, this field will be blank for data entry. Valid codes are "P" (Pass) or "F" ("Fail). If AEOAG is accessed using the CASE/CAT/SEQ, this field will display the eligibility status of the individual in the AG. Eligibility status may be updated for an individual.

**EMERGENCY SER?:** Allows worker or supervisor to indicate correct Medicaid coverage for recipients whose Alien Status is verified to be a non-qualified status. Valid code is "E" to designate Medicaid coverage as Emergency Services Only. If recipient is entitled to full coverage Medicaid, leave this field blank.

**INDIVIDUAL DC**: Allows for existing individual to be deleted from the AG by entering "**" in the field. No history for the individual will be retained if deleted.

PF16 will display a blank AEOAG screen to create additional eligibility.

PF8 will display previous budget months for a currently pending AG.

AEWFT FIAT AUTHORIZATION 12/22/05 09:24
COUNTY: 20 CASE: 3000137103 WORKER: MSS037 MSS037 K EARLES
CAT: MA D SEQ: 03 AG PAYEE: SAM JETT
LAST ACTIVITY DATE: 12/22/05 STATUS: PENDING

| AG ELIG STATUS | | ELIG DATES-- | | GRS SPND/LIAB AMT | | | NET SPEND DOWN | | RSN |
|---|---|---|---|---|---|---|---|---|---|
| SYST | FIAT | BEGIN | END | SYSTEM | FIAT | TYPE | SYSTEM | FIAT | CODE |
| PEND | PEND | 02/01/06 | | 0.00 | _____ | _ | 0.00 | _____ | ___ |
| PEND | PEND | 01/01/06 | 01/31/06 | 0.00 | _____ | _ | 0.00 | _____ | ___ |
| PEND | PEND | 12/01/05 | 12/31/05 | 0.00 | _____ | _ | 0.00 | _____ | ___ |

_____

********** FIAT APPROVAL **********
WORKER: _____ SUPERVISOR: _____

NEXT TRAN: _____ PARMS: _____

## AEWFT: FIAT AUTHORIZATION

Allows the Worker or Supervisor to override the system determined eligibility status and benefit amount for an assistance group. AEWFT can only be accessed if there is a pending AG, using the parameter CASE/CAT/SEQ. The screen will display in the FIAT driver flow.

**AG ELIG STATUS SYSTEM:** Displays the system determined eligibility status for the AG

**AG ELIG FIAT**: Allows Worker or Supervisor to data enter corrected eligibility status for the AG. Valid codes are PASS or FAIL.

**ELIGIBILITY DATES BEGIN/END:** Displays the system determined begin and end dates for each segment of eligibility. For AG's created on AEOAG, begin and end dates entered on AEOAG will display on AEWFT.

**BENEFIT AMOUNT literal that displays will depend on the category created:**
**BENEFIT AMOUNT SYSTEM:** Displays the system determined benefit amount for Food Stamp, TANF and non-spend down/liability/premium Medicaid AG's.

**PREMIUM AMOUNT SYSTEM:** Displays the system determined premium amount for MA DW or MA 10 AG's.

**GROSS SPEND-DOWN/LIABILITY AMOUNT SYSTEM:** Displays the system determined gross spend-down or liability amount for MA A/B/D AG's. If this field displays '0.00', the AG has regular Medicaid for the month.
**GROSS SPEND-DOWN/LIABILITY AMOUNT FIAT:** Allows the worker or Supervisor to data enter the correct gross spend-down/liability amount for MA A/B/D AG's. If the change is to regular Medicaid, an entry of '0.00' is required. An entry is required for each segment.

**Type:** Displays the system determined spend-down/liability indicator for MA A/B/D AG's. Field to the right allows the Worker or Supervisor to enter the correct spend-down/ liability indicator for MA A/B/D AG's. If the change is to regular Medicaid, this field should be blank. Valid codes are 'S', 'L', or blank.

**BENEFIT AMOUNT FIAT: MANDATORY FIELD FOR EVERY SEGMENT.** Allows the Worker or Supervisor to data enter the correct benefit amount for the AG.
**An entry should be made for each segment, even the correct system determined segments, if no entry is made - zero benefit will generate.**

**PREMIUM AMOUNT FIAT: MANDATORY FIELD FOR EVERY SEGMENT.** Allows the Worker or Supervisor to data enter the correct premium amount for the AG.

**An entry should be made for each segment, even the correct system determined segments, if no entry is made - zero benefit will generate.**

**NET SPEND-DOWN/LIABILITY AMOUNT SYSTEM:** This field displays the system determined net spend-down/liability amount for MA A/B/D AG's. If this field displays '0.00' the AG has regular Medicaid for the month.

**NET SPEND-DOWN/LIABILITY AMOUNT FIAT:** Allows the Worker or Supervisor to data enter the correct net spend-down/liability amount for the MA A/B/D AG. The net spend-down amount is the gross spend-down minus medical insurance premiums. If the change is to regular Medicaid, an entry of '0.00' is required.

**An entry should be made for each segment, even the correct system determined segments, if no entry is made - zero benefit will generate.**

**RC:** Allows Worker or Supervisor to data enter appropriate reason code from Table: TFRC.

**FIAT APPROVAL WORKER:** Allows Worker to data enter Worker ID after completing AEWFT. System will display the date the screen was completed. Data entry in this field is not necessary if the Supervisor is completing the screen.

**FIAT APPROVAL SUPERVISOR:** Allows Supervisor to data enter Supervisor ID authorizing the FIAT. Supervisory approval is required for the FIATED benefit to be authorized by the worker on AEWAA. System will display the date the FIAT was approved. After AEWFT is approved by the Supervisor, AEOAG cannot be updated. If correction is needed on AEOAG, re-run ED/BC and re-fiat the AG.

CUMED MEDICAID SPEND-DOWN/LIABILITY CORRECTION 12/22/05 10:02
COUNTY: 80 CASE: 3002485855 WORKER: W80022 MSS037 K EARLES
CAT: MA A SEQ: 01 ELIG MONTH: 12/05
LAST ACTIVITY DATE: 12/14/05 STATUS: OPEN
SPOUSE RID: 1000566199999

| AG ELIG STATUS | CODE TYPE SYSTEM | CODE TYPE CORRECT | GRS SPEND-DOWN/ LIABILITY AMT SYSTEM | GRS SPEND-DOWN/ LIABILITY AMT CORRECT | NET SPEND-DOWN AMT SYSTEM | NET SPEND-DOWN AMT CORRECT | COUPLE RSN SYSTEM | COUPLE RSN CORRECT CODE |
|---|---|---|---|---|---|---|---|---|
| PASS | S | __ | 465 | ___ | 465 | ___ | Y | __ ___ |

PF 7: PREV-ELIG-MONTH PF 8: NEXT-ELIG-MONTH

NEXT TRAN: _____ PARMS: _____

## CUMED: MEDICAID SPEND-DOWN/LIABILITY CORRECTION

Allows the Supervisor to make non-adverse corrections to spend-down or liability amounts for past months. A spend-down amount or a liability amount can be decreased or a spend-down or a liability may be changed to regular Medicaid.

A liability cannot be changed to a spend-down, a spend-down cannot be changed to a liability. A spend-down or liability cannot be imposed or increased retroactively. If the gross and net spend-down amounts should be corrected, the corrected net amount cannot be greater than the corrected gross amount.

CUMED can be completed for a 12 month period. If additional months need to be adjusted, a fileaid request should be made to the Help Desk.

If an authorized spend-down or liability amount is lower than it should be, recovery of Medicaid over-payments should be pursued in accordance with IPPM Section 4600.

When a change is made on CUMED for a given month, the “BNFT/S-L” field on IQAE for the eligibility segment containing that month will be highlighted. AEBMB can be accessed to view the corrected spend-down and/or liability amounts.

CUMED may be accessed using the CASE/CAT/SEQ/MMCCYY.

**AG ELIG STATUS:** Displays the system determined eligibility status for the AG.

**CODE TYPE SYSTEM:** Displays the system determined benefit indicator.

**CODE TYPE CORRECT:** Allows the Supervisor to data enter the corrected benefit indicator for the AG. Valid codes are “S” (Spend-down), “L” (Liability), or blank for regular Medicaid.

**GROSS SPEND-DOWN/LIABILITY AMOUNT SYSTEM:** Displays the system determined gross spend-down or liability amount for the AG. If this field is blank, the individual has regular Medicaid for the month.

**GROSS SPEND-DOWN/LIABILITY AMOUNT CORRECT:** Allows the Supervisor to data enter the correct gross spend-down or liability for the AG. If the change is to regular Medicaid, this field should be blank.

**NET SPEND-DOWN/LIABILITY AMOUNT SYSTEM:** Displays the system determined net spend-down or liability amount for the AG. If this field is blank, the individual has regular Medicaid for the month.

**NET SPEND-DOWN/LIABILITY AMOUNT FIAT:** Allows the Supervisor to data enter the correct net spend-down or liability for the AG. If the change is to regular Medicaid, this field should be blank.

**COUPLE SYSTEM:** Displays the system determined indicator for couple spend-down AG's.

**COUPLE FIAT:** Allows the Supervisor to data enter the correct couple spend-down indicator. **THE NEED TO CHANGE THIS FIELD WILL BE RARE, REVIEW THE POLICY PRIOR TO CHANGING THIS INDICATOR.**

**RSN CODE:** Allows the Supervisor to data enter the appropriate reason code from Table TSLC:

111 Timely appeal filed after cutoff.

222 Beneficial change reported and verified after cutoff

333 Agency error in calculation of spend-down/liability amount

444 Hearing Decision decreased spend-down/liability amount

555 Court order decreased spend-down/liability amount

PF7 will display preceding eligibility months and PF8 will display succeeding eligibility months.

# A. CREATE AN AG

To be used when:

- Ψ a new category should be formed.
- Ψ retroactive months should have categories formed.
- Ψ a person is added to the household and needs retroactive coverage.

**Example**: A child is already on MA 2, and the mother applies for MA. Since the child was covered by Medicaid for the retroactive months, we need to create a MA AG for the mother for the retroactive months if she is eligible.

**Screens**: AEOAG and AEWFT

**Availability**: Worker or Supervisor

1. From AEWAA, NEXT TRAN to AEOAG.

2. On AEOAG:

   - Ψ Enter CAT(EGORY) and SEQ(UENCE) for the AG you wish to create. You will need to use a different sequence number if you wish to create retro months for an AG category that is currently open. You will also need to use a different sequence number when creating an MA A, B, D, M, or N AG for an individual and another individual in the same case has had eligibility in that category.
   - Ψ Enter the first BEGIN MONTH for which the AG needs to be created. (You should begin with the earliest month for which the AG should be created.) It is not necessary to form a new sequence for each month if the months are consecutive. The number of AG's allowed per case is finite, create new sequence numbers only when necessary. Multiple months of Medicaid eligibility may be fiated in one segment if the eligibility and benefit amount are the same for each month. In order to fiat multiple months of Medicaid in a segment, enter the BEGIN MONTH and the END MONTH, a separate segment should be fiated for the recurring month.
   - Ψ Enter the END MONTH for the last month in the fiated segment.

     END DATE? should = "Y" unless the Budget Month is the recurring month**. If the Budget Month is the recurring month and the AG should exist after that month, the END DATE? = "N."**

- Ψ SCHEDULE ED/BC? = Field is pre-filled with "N". If "Y" is entered, ED/BC will be invoked so all eligibility criteria should be entered in the system or the AG may fail. If ED/BC = "Y", BEGIN MONTH should be the current month and ED/BC will create the retro months following the same rules as on-line.
- Ψ In INDIVIDUALS, enter the household member number of each person who is to be a member of the AG.
- Ψ Enter the PARTICIPATION status for **each** member of the AG (EA for eligible adult, NA for non-participating adult, EC for eligible child, DS for deemed spouse, etc.)
- Ψ Enter STATUS of **each** member of the AG (P for pass, F for fail.)
- Ψ Enter "E" in EMERGENCY SERVICES field for each individual that is eligible for EMERGENCY SERVICES ONLY Medicaid.

3. Use PF 16 to obtain a blank AEOAG screen to form the AG for the next Budget month. Repeat Step 2 for each screen. When you have created all the necessary budget months, press ENTER.

4. The driver will take you through the remaining AE screens in the normal manner. Enter the necessary information on each screen and press ENTER to advance to the next screen.

5. On AEWFT:

   - Ψ Enter the AG ELIG STATUS (Pass or Fail) for each budget month or segment.
   - Ψ **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (TANF grant amount, FS allotment, or MA gross and net spend-down/liability/premium if necessary) IF THE BENEFIT AMOUNT IS A SPEND-DOWN OR LIABILITY, BE SURE TO ENTER "S" (SPEND-DOWN) OR "L" (LIABILITY) TO THE RIGHT OF THE BENEFIT MONTH.
   - Ψ Enter the FIAT REASON code. Choose the most appropriate to the situation of the AG with which you are working. If there is not a specific reason code in TABLE TFRC that you feel is appropriate, contact the Help Desk. Positive FIAT codes start with 150, and negative reason codes start with 750.
   - Ψ Enter Supervisor ID to approve the FIAT and press enter.

6. On AEWAA, authorize the AG in the normal manner. Note that the same individual cannot approve the fiat on AEWFT and authorize the AG on AEWAA.

## B. DELETE AG/RE-CREATE AG

To be used when:

- failure logic has not run in retroactive months and correct AG's have not been created for specific retroactive months.

**Example**: A pregnant woman is currently eligible for MA M, but she was eligible for MA N in retro months.

**Screens**: AEOAG and AEWFT

**Availability**: Worker or Supervisor

1. Run AEABC.

2. Review AEWAA to determine for which months the correct AG was not formed.

3. Enter AEOAG in NEXT TRAN and CASE/CAT/SEQ in PARMS.

4. Use PF8 to obtain the latest/most current Budget month that is incorrect and should be deleted.
   - Enter "**" in the AG DELETE field to delete the AG for that Budget month.

5. Use PF8 to obtain each prior budget month for the AG that should be deleted until you have deleted all of the necessary Budget months.

6. Enter AEOAG in NEXT TRAN and press ENTER.

7. On AEOAG:
   - Enter CATEGORY and SEQUENCE for the AG you wish to create.
   - Enter the first BUDGET MONTH for which the AG needs to be created. You <u>should begin with the earliest month</u> for which the AG should be created. It is not necessary to form a new sequence for each month if the months are consecutive. Multiple months of Medicaid eligibility may be fiated in one segment if the eligibility and benefit amount are the same for each month. In order to fiat multiple months of Medicaid in a segment, enter the BEGIN MONTH and the END MONTH.
   - Enter the END MONTH for the last month in the fiated segment.

   END DATE? Should = "Y" unless the Budget month is the recurring month. If the Budget month is the recurring (ongoing) month and the AG should exist after that month, END DATE? = "N."

SCHEDULE ED/BC? = Field is pre-filled with "N". If "Y" is entered, ED/BC will be invoked so all eligibility criteria should be entered in the system or the AG may fail. If ED/BC = "Y", budget month should be the current month and ED/BC will create the retro months following the same rules as on-line.

- Enter **each** individual who is to be a member of the AG (01, 02, 05, etc.)
- Enter the PARTICIPATION status of **each** AG member (EA for eligible adult, EC for eligible child, DS for deemed spouse, etc.)
- Enter the STATUS of each member of the AG (P for pass, F for fail.)
- Enter "E" in EMERGENCY SERVICES field for each individual that is eligible for EMERGENCY SERVICES ONLY Medicaid.

8. Use PF16 to obtain a blank AEOAG screen to form the AG for the next Budget month until you have created all the necessary Budget months. Press ENTER.

9. The driver will take you through the remaining AE screens in the normal manner. Enter the necessary information and press ENTER to advance to the next screen.

10. On AEWFT:

- Enter the AG ELIG STATUS (Pass or Fail) for each budget month.
- **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (TANF grant amount, FS allotment, or MA gross and net spend-down/liability/premium if necessary). **If the BENEFIT AMOUNT is a spend-down or liability, be sure to enter "S" (spend-down) or "L" (liability) to the right of the BENEFIT AMOUNT.**
- Enter the FIAT REASON. Choose the reason appropriate to the specific situation that applies to the AG with which you are working. If there is not a specific reason that you feel is appropriate, contact the Help Desk.
- Enter your Supervisor ID to approve the FIAT and press enter.
- On AEWAA, authorize the AG in the normal manner. Note that the same individual cannot approve a fiat and authorize the AG on AEWAA.

# C. CREATE AN AG > 12 MO. FIAT

To be used when:

- ED/BC cannot calculate for the necessary months due to delays in processing. The application date is more than 11 months prior to the next recurring month.
- Reason code 081 will display on AEWAA for Medicaid AG's indicating a fiat is needed.

**Screen**: AEOAG and AEWFT

**Availability**: Worker or Supervisor

1. Run AEABC.

2. After pressing enter on AEFAG, menu MNAE will display with the error message 791 stating that ED/BC is unable to calculate for more than 12 months for Food Stamp and TANF AG's.
   The reason code "081" is displayed on AEWAA for MA D/MA DW AG's pending more than 9 months.

3. Enter AEABC in the NEXT TRAN and press enter. Screen AEACC will display, enter 'AEOAG' in NEXT TRAN and CASE/CAT/SEQ of the system created AG in the PARMS and press enter.

4. AEOAG will display for the system created AG, enter "**" in the DC field to delete the AG and press enter. Enter "AEOAG" in NEXT TRAN and press enter to obtain a blank AEOAG screen to re-create the AG.

5. On AEOAG:

   - Enter CATEGORY and SEQ (uence) for the AG you wish to create.
   - Enter the first BEGIN MONTH for which the AG needs to be created. You <u>should begin with the earliest month</u> for which the AG should be created. It is not necessary to form a new sequence for each month if the months are consecutive. Multiple months of Medicaid eligibility may be fiated in one segment if the eligibility and benefit amount are the same for each month. In order to fiat multiple months of Medicaid in a segment, enter the BEGIN MONTH and the END MONTH. A separate segment should be fiated for the recurring month.

   - Enter the END MONTH for the last month in the fiated segment.

   END DATE? should = 'Y' unless the Budget Month is the recurring month. If the Budget Month is the recurring month and the AG should exist after that month. END DATE? = "N".

SCHEDULE EDBC? = Field is pre-filled with "N" If "Y" is entered, ED/BC will be invoked so all eligibility criteria should be entered in the system or the AG may fail. If ED/BC = "Y", budget month should be the current month and ED/BC will create the retro months following the same rules as on-line.

- In INDIVIDUALS, enter **each** individual who is to be a member of the AG (01, 02, 05, etc.).
- Enter the PARTICIPATION (status) of each AG member (EA Eligible Adult, EC Eligible Child, DS Deemed Spouse, etc.).
- Enter the STATUS of **each** member of the AG (P for pass, F for fail).
- Enter "E" in EMERGENCY SERVICES field for each individual that is eligible for EMERGENCY SERVICES ONLY Medicaid.

You should create the AG for each of the retro months that ICES cannot calculate.

If you are creating each month individually you will **only create a maximum of 15 months for each day**. On **Day 1, create the earliest 15 months of FIAT - SEQUENCE 01. On Day 2, you will still use the same SEQUENCE and create the next (more recent) 15 months**. If you find you left out a month, you will then need to create a SEQUENCE 02 for the missed month(s).

If you are creating multiple consecutive months of Medicaid eligibility in a segment, eligibility and benefit amounts should be the same for each month in the segment, you will enter the BEGIN MONTH and END MONTH for the segment.

Use PF16 to obtain a blank AEOAG screen to form the AG for the next month or segment until you have created all the necessary months. Press enter.

6. The driver will take you through the remaining AE screens in the normal manner. Enter the necessary information and press enter to advance to the next screen.

7. On AEWFT:

   Enter the AG ELIG STATUS (Pass or Fail) for each month or segment.

   **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (TANF grant amount, FS allotment, or MA gross and net spend-down/liability/premium if necessary). **If the BENEFIT AMOUNT is a spend-down or a liability, be sure to enter 'S' (spend-down) or 'L' (liability) to the right of the BENEFIT AMOUNT.**

Enter the **FIAT** REASON. Choose the reason appropriate to the specific situation that applies to the AG with which you are working. If there is not a specific reason that you feel is appropriate, contact the Help Desk.

Enter the Supervisor ID to approve the FIAT and press enter.

8. On AEWAA, authorize the AG in the normal manner. Note the same person cannot approve the fiat on AEWFT and authorize the AG on AEWAA.

# D. ADD AN AG MEMBER

To be used when:

- System does not include individual(s) in AG for recurring month.

  **If retroactive MA coverage is needed for this individual, go to Section A. to create an AG for the retro months.**

**Screen**: AEOAG and AEWFT

**Availability**: Worker or Supervisor

1. Run AEABC to create a pending AG.

2. From AEWAA, NEXT TRAN to AEOAG, PARMS = CASE/CAT/SEQ for the system created AG.

3. On AEOAG:

   - In INDIVIDUALS, enter the line number of the individual(s) to be added to the AG.

   - Enter the PARTICIPATION status for the added member(s) of the AG (EA for eligible adult, EC for eligible child, DS for deemed spouse, etc.)

   - Enter the STATUS for each added member of the AG (P for pass, F for fail).

   - Enter "E" in EMERGENCY SERVICES field for any added member that is entitled to EMERGENCY SERVICES ONLY Medicaid.

4. The driver will take you through the remaining AE screens in the normal manner. Enter the necessary information on each screen and press ENTER to advance to the next screen.

5. On AEWFT enter the AG ELIG STATUS (Pass or Fail) for each month.

   - **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (TANF grant amount, FS allotment, or MA gross and net spend-down/liability/premium if necessary). If the benefit amount is a spend-down or a liability, be sure to enter 'S' (spend-down) or 'L' (liability) to the right of the BENEFIT AMOUNT.

- Enter the FIAT reason code. Choose the reason appropriate to the specific situation that applies to the AG. If there is not a specific reason that you feel is appropriate, contact the Help Desk.

- Enter the Supervisor ID to approve the FIAT and press enter.

6. On AEWAA, authorize the AG in the normal manner. Note the same person cannot approve the fiat on AEWFT and authorize the AG on AEWAA.

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## E. DELETE A PENDING AG

To be used when:

- cash is being added to an open FS AG that is due for redeterm, and the system will not allow you to authorize past the redeterm month. You need to delete the pending FS AG, authorize the cash, return to AEICP and re-select FS, and run ED/BC to re-form the pending FS AG.

**Screen**: AEOAG

**Availability**: Worker or Supervisor

1. Run AEABC to create pending AG's.
2. From AEWAA TRAN to AEOAG with the appropriate CASE/CAT/SEQ in PARMS.
3. Enter '**' in the AG DELETE field to delete the FS AG for the appropriate month(s).
4. Enter AEWAA in NEXT TRAN and press ENTER.
   - ∃ The AG should no longer display on AEWAA.

****AFTER AUTHORIZING THE TANF AG, RETURN TO AEICP AND RE-SELECT FS****

## F. DELETE AN AG MEMBER

To be used when:

- an individual has been included in the AG in error.

**Screen:** AEOAG and AEWFT

**Availability:** Worker or Supervisor

1. Run AEABC to create a pending AG.

2. From AEWAA NEXT TRAN to AEOAG with the appropriate CASE/CAT/SEQ in PARMS.

3. Use PF8 to obtain the Budget Month(s) for which the individual should be deleted.

4. Enter '**' in the INDIVIDUAL DC field for each individual that should be deleted for that budget month.

5. Use PF8 to obtain each prior Budget Month for which the individual(s) should be deleted until you have deleted the individual for all the necessary months. Press enter.

6. The driver will take you through the remaining AE screens in the normal matter. Enter the necessary information on each screen and press ENTER to advance to the next screen.

7. On AEWFT:

Ψ Enter the AG ELIG STATUS for each budget month or segment.

Ψ **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (TANF grant amount, FS allotment, or MA gross and net spend-down/liability/premium if necessary) IF THE BENEFIT AMOUNT IS A SPEND-DOWN OR LIABILITY, BE SURE TO ENTER "S" (SPEND-DOWN) OR "L" (LIABILITY) TO THE RIGHT OF THE BENEFIT MONTH.

Ψ Enter the FIAT REASON code. Choose the most appropriate to the situation of the AG with which you are working. If there is not a specific reason code in TABLE TFRC, contact the Help Desk.

Ψ Enter the Supervisor ID to approve the FIAT and press enter.

8. On AEWAA, authorize the AG in the normal manner. Note the same person that approves the FIAT on AEWFT cannot authorize the AG on AEWAA.

## G. CHANGE AG'S ELIGIBILITY STATUS

To be used when:

- **AG'S** eligibility status is passing or failing in error.
- **IF AN INDIVIDUAL'S PARTICIPATION STATUS OR ELIGIBILITY STATUS WITHIN THE AG IS INCORRECT, USE SECTION I. TO CORRECT.**

**Screen:** AEWFT

**Availability:** Worker or Supervisor

1. Run AEABC to create a pending AG.
2. TRAN to AEWFT with CASE/CAT/SEQ in the PARMS.
3. Enter the correct AG ELIG STATUS for **each** budget month.
4. **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (TANF grant amount, FS allotment, or MA gross and net spend-down/liability/premium if necessary) IF THE BENEFIT AMOUNT IS A SPEND-DOWN OR LIABILITY, BE SURE TO ENTER "S" (SPEND-DOWN) OR "L" (LIABILITY) TO THE RIGHT OF THE BENEFIT MONTH..
5. Enter the FIAT REASON code.
6. Enter the Supervisor ID to approve the FIAT and press enter.
7. On AEWAA, authorize the AG in the normal manner. Note the same person that approves the FIAT on AEWFT cannot authorize the AG on AEWAA.

## H. CHANGE AG'S BENEFIT AMOUNT

To be used when:

Ψ the AG'S benefit amount is incorrect.

**Screen:** AEWFT

**Availability:** Worker or Supervisor

1. Run AEABC to create a pending AG.
2. NEXT TRAN to AEWFT with the CASE/CAT/SEQ.
3. Enter the correct AG ELIG STATUS for **each** month.
4. **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (TANF grant amount, FS allotment, or MA gross and net spend-down/liability/premium if necessary) IF THE BENEFIT AMOUNT IS A SPEND-DOWN OR LIABILITY, BE SURE TO ENTER "S" (SPEND-DOWN) OR "L" (LIABILITY) TO THE RIGHT OF THE BENEFIT MONTH.
5. Enter the FIAT reason code.
6. Enter the Supervisor ID to approve the FIAT and press enter.
7. On AEWAA, authorize the AG in the normal manner. Note the same person that approved the FIAT on AEWFT cannot authorize the AG on AEWAA.

Ψ **NOTE: WHEN A TANF BENEFIT AMOUNT IS CHANGED VIA FIAT, THE FOODSTAMP BENEFIT WILL NEED TO BE FIATED TO REFLECT THE FIATED TANF AMOUNT IN THE BENEFIT CALCULATION.**

## I. CHANGE INDIVIDUAL'S PARTICIPATION STATUS AND/OR ELIGIBILITY STATUS

To be used when:

- Ψ an individual is passing or failing in an AG in error.

**Screen:** AEOAG

**Availability:** Worker or Supervisor

1. Run AEABC to create a pending AG.
2. Review AEACC to determine which AG has the incorrect participation status for the individual.
3. NEXT TRAN to AEOAG with CASE/CAT/SEQ in the PARMS.
4. Use PF8 to obtain the most current budget month that needs to be corrected.
5. Enter the correct PARTICIPATION STATUS for each individual. (EA for eligible adult, NA for non-participating adult, EC for eligible child, DS for deemed spouse, etc.)
6. Enter the correct STATUS for each individual (P for pass, F for fail).
7. Enter "E" in EMERGENCY SERVICES field for each individual that is eligible for EMERGENCY SERVICES ONLY Medicaid.
8. Use PF8 to obtain each prior budget month that should be corrected until all months are corrected. Press ENTER.
9. The driver will take you through the remaining AE screens in the normal manner. Enter the necessary information on each screen and press ENTER to advance to the next screen.
10. On AEWFT:

- Ψ Enter the AG ELIG STATUS for **each** budget month or segment.

Ψ **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (TANF grant amount, FS allotment, or MA gross and net spend-down/liability/premium if necessary) IF THE BENEFIT AMOUNT IS A SPEND-DOWN OR LIABILITY, BE SURE TO ENTER "S" (SPEND-DOWN) OR "L" (LIABILITY) TO THE RIGHT OF THE BENEFIT MONTH.

- Ψ Enter the FIAT reason code.
- Ψ Enter the Supervisor ID to approve the FIAT and press enter.

11. On AEWAA, authorize the AG in the normal manner. Note the same person that approves the FIAT on AEWFT cannot authorize the AG on AEWAA.

# J. CUMED -- NON-ADVERSE CORRECTIONS TO SPEND-DOWN OR LIABILITY AMOUNTS FOR PAST MONTHS

**Screen**: CUMED - Available to Supervisor only

1. TRAN: CUMED PARMS: CASE/CAT/SEQ/MMCCYY.

2. CUMED

   - If liability or spend-down is to be changed to zero, enter zero in the benefit amount field and delete the "S" or "L" indicator.
   - Enter correct Reason Code. (There are only 5)

     111 Timely appeal filed after cut off

     222 Beneficial change reported and verified after cut off

     333 Agency error in calculation of spend-down/liability amount

     444 Hearing decision decreased spend-down/liability amount

     555 court order decreased spend-down/liability amount

   - You can use PF Keys to look at past months and future months.

3. Non-adverse corrections may be made to spend-down or liability amounts for past months. A spend-down amount or a liability amount can be decreased or a spend-down or a liability may be changed to regular Medicaid.
   A liability cannot be changed to a spend-down, a spend-down cannot be changed to a liability. A spend-down or liability cannot be imposed or increased retroactively. If the gross and net spend-down amounts should be corrected, the corrected net amount cannot be greater than the corrected gross amount.

   If an authorized spend-down or liability amount is lower than it should be, recovery of Medicaid overpayments should be pursued in accordance with Manual Section 4600.00.00.

4. CUMED should be completed prior to completion of BI01.

**NOTE**: CUMED can be completed for a 12 month period. If additional months need to be adjusted, a fileaid request will need to be made to the Help Desk.

## K. HCBS and Managed Care FIATS

**SYSTEM FUNCTIONALITY NOW ALLOWS FOR THE SELECTION OF "B" OR "D" ON PROGRAM CHOICE (AEICP) TO ALLOW AN MA B OR MA D CATEGORY TO FORM. IF THERE IS A SYSTEM PROBLEM, CONTACT THE HELP DESK BEFORE PROCEEDING WITH A FIAT.**

### HCBS FIAT

System forms a category of Medicaid other than MA D or MA B for a child that is eligible for Home/Community Based Services waiver. MA D or MA B category should be created via FIAT.

**Example:** MA 2 forms for HCBS child and child needs to be in MA D category.

### Managed Care FIAT

System forms a Medicaid category for a disabled recipient other than MA D and the participant does not want to participate in Managed Care. An MA D category should be created via FIAT.

**Example:** MA 2 forms for a disabled child and the family requests the child be placed in an MA D category.

1. **If MA 2 is open for the disabled child only,** run AEABC to "pend" the AG.

2. NEXT TRAN to AEOAG with CASE/CAT/SEQ in the PARMS.

   Ψ On AEOAG change the child's PARTICIPATION STATUS from 'EC' to 'NC' and change the child's STATUS from 'P' pass to 'F' fail. This will close the child in the existing MA AG for the next calendar month. Press ENTER.

3. The driver will take you through the remaining AE screens in the normal manner. Enter the necessary information on each screen and press ENTER to advance to the next screen.

4. On AEWFT:

   Ψ Change the AG ELIG STATUS to FAIL.

   Ψ Enter the FIAT REASON code.

   Ψ Enter the Supervisor ID to approve the FIAT and press enter.

5. On AEWAA, close the fiated MA AG. Note the same person that approved the fiat on AEWFT cannot authorize the AG on AEWAA.

6. On AEICP, re-select MA program choice for the disabled child. Entry of 'D' should allow MA D to form when ED/BC is run. If ED/BC runs and MA D does not form on AEWAA, TRAN AEOAG with CASE/CAT/SEQ for the system determined MA AG, enter '**' in the AG DELETE field to delete the system determined MA AG.

7. NEXT TRAN AEOAG to create the MA D AG for the child for the next calendar month. Go to STEP 14 for instructions to create a new AG.

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8. **When the disabled child is a member of a Medicaid AG with other eligible members:**
   - η Run AEABC to create a pending MA AG.
   - η NEXT TRAN AEOAG with CASE/CAT/SEQ in the PARMS.
   - η Change the PARTICIPATION status for the disabled child to "NC".
   - η Change the STATUS of the disabled child to 'F' fail. Press ENTER.
   - η The driver will take you through the remaining AE screens in the normal manner. Enter the necessary information on each screen and press ENTER to advance to the next screen.
   - η On AEWFT:
   - η Enter the AG ELIG STATUS for each budget month for the remaining members.
   - η Enter the FIAT REASON code. (175 Managed Care / 167 HCBS)
   - η Enter Supervisor ID to approve the FIAT and press enter.
   - η On AEWAA, authorize the MA AG for the remaining eligible members.
   - η Go to STEP 14 to create a new AG for the disabled child.

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9. **If at application point** and the MA 2 has formed for the disabled child only:
   - η Review AEWAA to determine for which months the correct AG was not formed.

10. Enter AEOAG in the NEXT TRAN and CASE/CAT/SEQ in PARMS.

11. Use PF8 to obtain the latest/most current Budget Month that is incorrect and should be deleted.
    - η Enter "**" in the AG DELETE field to delete the AG for that Budget Month.

12. Use PF8 to obtain each prior Budget Month for the AG that should be deleted until you have deleted all the necessary Budget Months.

13. Enter AEOAG in NEXT TRAN, and press enter.

14. On AEOAG:

    - η Enter CATEGORY and SEQ(uence) for the AG you wish to create - MA D/01. If MA D/01 is open in the case, use the next available sequence number.
    - η Enter the first BEGIN MONTH for which the AG needs to be created. You should begin with the earliest month for which the AG needs to be created. It is not necessary to form a new sequence for each month if the months are consecutive. Multiple months of Medicaid may be fiated in one segment if the eligibility and benefit amount are the same for each month. In order to fiat multiple months of Medicaid in a segment, enter the BEGIN MONTH and the END MONTH. A separate segment should be fiated for the recurring month.
    - η Enter the END MONTH for the last month in the fiated segment.

      **END DATE?** Should =”Y” unless the Budget Month is the recurring month. If the Budget Month is the recurring month and the AG should exist after that month, END DATE? - “N.”

      **SCHEDULE EDBC?** = Field is pre-filled with “N”. If “Y” is entered, ED/BC will be invoked so all eligibility criteria should be entered in the system or the AG may fail. If ED/BC = “Y”, budget month should be the current month and ED/BC will create retro months following the same rules as on-line.
    - η In INDIVIDUALS, enter the household member number of each INDIVIDUAL who is to be a member of the AG (01, 02, 05, etc.).
    - η Enter the PARTICIPATION status for **each** member of the AG (EA = Eligible Adult, EC = Eligible Child, DS = Deemed Spouse, etc.).
    - η Enter the STATUS of each member of the AG (P = PASS and F = FAIL).
    - η Enter “E” in EMERGENCY SERVICES field for each individual that is eligible for EMERGENCY SERVICES ONLY Medicaid.

15. Use PF16 to obtain a blank AEOAG screen to form the AG for the next Budget

    Month until you have created all the necessary Budget Months. Press enter.

16. The driver will take you through the remaining AE screens in the normal manner. Enter the necessary information on each screen and press enter to advance to the next screen.

17. On AEWFT:

    - η Enter the AG ELIG STATUS for each budget month or segment.

- η **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (MA gross and net spend-down/liability/premium if necessary) IF THE BENEFIT AMOUNT IS A SPEND-DOWN OR LIABILITY, BE SURE TO ENTER "S" (SPEND-DOWN) OR "L" (LIABILITY) TO THE RIGHT OF THE BENEFIT MONTH.
- η ENTER the FIAT REASON (175 Managed Care / 167 HCBS). Choose the reason appropriate to the specific situation that applies to the AG with which you are working. If there is not a specific reason that you feel is appropriate, contact the Help Desk.
- η Enter your Supervisor ID to approve the FIAT and press enter.

18. On AEWAA, authorize the AG in the normal manner. Note the same person that approved the fiat cannot authorize the AG on AEWAA.

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**Running ED/BC**

Each time ED/BC is run on the case, if there isn't a 'D' on AEICP MA program choice, the system will re-form the MA 2 AG and the MA D AG will display on AEWAA with a 650 reason code. **Avoid this fiat by entering "D" on AEICP MA program choice.**

1. Enter AEOAG in NEXT TRAN and CASE/CAT/SEQ in the PARMS for the MA 2 AG.
2. Enter "**" in the AG DELETE field to delete the recurring Budget Month. Enter AEWAA in the NEXT TRAN, and press enter to return to AEWAA.
3. Leave the open MA D AG with the 650 reason code on AEWAA or proceed to the next section for authorization/re-fiat instructions.

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**Redetermination or Change Processing**

Each time a redetermination is completed or a change is reported that affects the Benefit Amount, the system will re-form the MA 2 AG, (**if program choice on AEICP isn't 'D')** and a FIAT will need to be completed to re-form the MA D AG. **Avoid this fiat by entering "D" on AEICP MA program choice, otherwise** the following steps should be followed:

1. Run AEABC to "pend" the AG.

2. At AEWAA, previously FIATED MA D AG will display with a 650 reason code. The system determined MA 2 AG displays in pending status. Enter AEOAG in NEXT TRAN and CASE/CAT/SEQ for the Ma 2 AG in the PARMS and press enter.

3. Enter "**" in the AG DELETE field to delete the recurring Budget Month. Enter AEWAA in the NEXT TRAN, and press enter to return to AEWAA.

4. Close the MA D AG using reason code 627, a notice will not generate.

5. The **next day** NEXT TRAN to AEICP and re-select Medicaid for the individual and run through ED/BC to AEWAA. The system determined MA 2 AG displays in pending status.

6. Enter AEOAG in NEXT TRAN and CASE/CAT/SEQ for the Ma 2 AG in the PARMS.

7. Enter "**" in the AG DELETE field to delete the recurring Budget Month. Enter AEOAG in the NEXT TRAN and case number in the PARMS. Press enter.

8. On AEOAG:

   - η Enter the category and sequence for the AG you wish to create – Ma D/01. If there is an MA D/01 sequence already open in the case, use the next available sequence number.
   - η Enter the Budget Month for which the AG needs to be created, the recurring month.
   - η END MONTH should be blank if the AG is to continue for recurring month forward. Entry of a date will end date the eligibility under this fiated AG.
   - η END DATE? Should = "N" for the AG eligibility to continue after the recurring month.
   - η SCHEDULE ED/BC? = Field is pre-filled with "N". If "Y" is entered, ED/BC will be invoked so all eligibility criteria should be entered in the system or the AG may fail. If ED/BC = "Y", budget month should be the current month and ED/BC will create retro months following the same rules as on-line.
   - η In INDIVIDUALS, enter each individual who is to be a member of the AG.
   - η Enter the PARTICIPATION status of each AG member.
   - η Enter the PASS/FAIL STATUS of each AG member.
   - η Enter "E" in EMERGENCY SERVICES field for each individual that is eligible for EMERGENCY SERVICES ONLY Medicaid.

9. The driver will take you through the remaining AE screens. Enter the appropriate information, and press enter to advance to the next screen.

10. On AEWFT:

    - η Enter the AG ELIG STATUS for each budget month.
    - η **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (MA gross and net spend-down/liability/premium if necessary) IF THE BENEFIT AMOUNT IS A SPEND-DOWN OR LIABILITY, BE SURE TO ENTER "S" (SPEND-DOWN) OR "L" (LIABILITY) TO THE RIGHT OF THE BENEFIT MONTH.
    - η ENTER the FIAT REASON (175 Managed Care / 167 HCBS). Choose the reason appropriate to the specific situation that applies to the AG with which you are working. If there is not a specific reason that you feel is appropriate, contact the Help Desk.
    - η Enter your Supervisor ID to approve the FIAT and press enter.

11. On AEWAA, authorize the AG in the normal manner. Note that the same individual that approved the FIAT on AEWFT cannot authorize the AG on AEWAA.

# L. CLEVIDENCE FIAT

When a Medicaid recipient loses eligibility under the current category of assistance, a FIAT may be necessary to ensure the recipient's Medicaid eligibility continues without interruption while the eligibility determination is pending under a new category. This FIAT is necessary when there is more than one recipient in the category and one or more of the recipients lose eligibility in that category. Clevidence instructions may be found in Administrative Letter dated 2-2-1996.

**Example:** A disabled woman and her child receive Medicaid under the MA U category. The child moves out of the household. The MA U category will fail and an MA D will form for the disabled woman. The disabled woman should continue to receive Medicaid under MA U while an MA D eligibility determination is done. The child is no longer eligible for Medicaid and should be discontinued. The following steps should be taken:

1. Run AEABC to pend the MA U and MA D AGs. MA U will display with a 650 reason code.

2. Enter AEOAG in the TRAN and CASE/CAT/SEQ in the PARMS for the MA D AG.

3. Enter "**" in the AG DELETE field to delete the MA D AG for the recurring month. Enter AEWAA in NEXT TRAN to return to the AEWAA screen.

4. On AEWAA, enter an appropriate reason code to close the MA U AG.

5. Enter AEOAG in the NEXT TRAN and press enter.

6. Enter category and sequence for the AG you wish to create - MA U/02 or the next available sequence number. Sequence number 01 cannot be used, a new sequence number should be used.

   - Enter the Budget Month for the AG recurring month.
   - END MONTH should remain blank.
   - END DATE? Should = "N."
   - SCHEDULE ED/BC? = Field is pre-filled with "N" and should remain 'N'.
   - Enter each INDIVIDUAL who is to be a member of the AG
   - Enter the PARTICIPATION status of each AG member.
   - Enter the PASS/FAIL STATUS of each AG member.
   - Enter 'E' in EMERGENCY SERVICES field for each individual that is eligible for EMERGENCY SERVICES ONLY Medicaid.

7. The driver will take you through the remaining AE screens. Enter the appropriate information, and press enter to advance to the next screen.

8. On AEWFT:

   - σ Enter the AG ELIG STATUS as “PASS”.
   - σ **Mandatory** entry of the BENEFIT AMOUNT for each month or each segment. (MA gross and net spend-down/liability/premium if necessary) IF THE BENEFIT AMOUNT IS A SPEND-DOWN OR LIABILITY, BE SURE TO ENTER “S” (SPEND-DOWN) OR “L” (LIABILITY) TO THE RIGHT OF THE BENEFIT MONTH.
   - σ Enter the FIAT Reason Code 162.
   - σ Enter the Supervisor ID to approve the FIAT and press enter.

9. On AEWAA authorize the MA U AG.

11. Run AEABC; AEWAA will display a pending MA D and the MA U AG with a 650 reason code. The MA U AG should remain open until a disability determination is received.

12. Continue case processing according to Clevidence requirements.

## M. RESOURCE SPEND-DOWN (HAZEN PAYNE) FIAT

When a Medicaid applicant/recipient is eligible for Medicaid with a resource spend-down, a FIAT will be required. Refer to IPPM section 2635.10.20

1. Run ED/BC to create a pending AG.
2. NEXT TRAN to AEOAG and CASE/CAT/SEQ in the PARMS.
3. Correct the PARTICIPATION status for each AG member.
4. Correct the STATUS of each AG member.
5. Enter “E” in EMERGENCY SERVICES field for each individual that is eligible for EMERGENCY SERVICES ONLY Medicaid.
6. Press Enter, the driver will take you through the remaining AE screens in the normal manner. Enter the necessary information and press enter to advance to the next screen.
7. ON AEWFT:

   Enter the AG ELIG STATUS for each budget month.

   Mandatory entry of the BENEFIT AMOUNT for each month or each segment.

   (MA gross and net spend-down/liability/premium if necessary)

   IF THE BENEFIT AMOUNT IS A SPEND-DOWN OR LIABILITY, BE SURE TO ENTER “S” (SPEND-DOWN) OR “L” (LIABILITY) TO THE RIGHT OF THE BENEFIT MONTH.

   Enter fiat reason code 176 for positive action and 776 for negative action.

   Enter supervisor ID to approve the fiat and press enter.
8. On AEWAA, authorize the AG in the normal manner.

## N. MA 10 & MA DW FIAT

The procedure to fiat a premium based category is much the same as procedures outlined earlier in the instruction packet but there is an additional step on AEOAG. Choose the procedure that fits your case scenario and incorporate one of the following 4 procedures on AEOAG:

**1. Fiat of retroactive months of MA 10 or MA DW only**. **No recurring month is fiated.**
. For MA10, this would not include months prior to the application month.

- When AEOAG is completed and you press enter, the screen will re-display with a message 'CONDITIONAL AG (Y/N)? Enter 'N' if fiating retroactive months only.
- Press enter and the driver will take you through the remaining AE screens and AEWFT should be completed.
- On AEWAA, authorize the retroactive months as "OPEN" instead of "COND".

**2. Fiat of recurring month of MA 10 or MA DW with a premium.** Retroactive months may or may not be present for this procedure. For MA 10, this would not include months prior to the application month.

- When AEOAG is completed and you press enter, the screen will re-display with a message 'CONDITIONAL AG (Y/N)? Enter 'Y' if fiating a recurring month.
- Press enter and the driver will take you through the remaining AE screens and AEWFT should be completed.
- On AEWAA, authorize the recurring months and any retroactive months as "COND".

**3. Fiat of recurring month of MA 10 or MA DW without a premium.** Retroactive months may or may not be present for this procedure. For MA 10, this would not include months prior to the application month.

- When AEOAG is completed and you press enter, the screen will re-display with a message 'CONDITIONAL AG (Y/N)? Enter 'N' if fiating a recurring month without a premium amount.
- Press enter and the driver will take you through the remaining AE screens and AEWFT should be completed.
- On AEWAA, authorize the months as "OPEN" instead of "COND".

**4. Fiat to add a premium amount to an open MA DW AG.** Current AG is open without a premium amount and a premium amount is needed for the recurring month.

- When AEOAG is completed and you press enter, the screen will re-display with a message "CONDITIONAL AG (Y/N)? Enter 'N' for the recurring month.
- Press enter and the driver will take you through the remaining AE screens and AEWFT should be completed.
- On AEWAA, authorize the recurring month as "OPEN".

14. Appendix 14 - Full Family Sanction Checklist and Contact Letters
*(Return to IX.C.xii.5.b)i)2) above)*

## Full Family Sanction Checklist

_____ _____
Client Name SSN or RID

Description of non-compliance: _____

_____

| | **Completed by Worker - Record and date the steps for Full Family Sanction.** | **Supervisor Initials** |
|---|---|---|
| _____ Date | Referred to IMPACT (New applicant only) | _____ |
| _____ Date | 2nd appointment no show (New applicant only) | _____ |
| _____ Date | Notice of non-compliance sent | _____ |
| _____ | Effective date of Individual sanction | _____ |

**>.>Complete two of the following within two payment months from effective date of individual sanction<<<**

| | | |
|---|---|---|
| _____ Date | 3 phone contacts completed:<br>1st phone contact attempt _____<br>2nd phone contact attempt _____<br>3rd phone contact attempt _____ | _____ |
| _____ Date | Home/field visit (date scheduled – Record results in Comments) | _____ |
| _____ Date | 2 Contact Letters<br>_____ Date of 1st letter _____ Date of 2nd letter | _____ |

Comments and additional steps taken to engage client: _____

_____

_____

**>>>>>>>>>>Supervisory Use Only<<<<<<<<<<**

| **Documentation and Notices** | Check | Initials |
|---|---|---|
| All efforts documented in CLRC or CLSC | ☐ | _____ |
| Copies of manual notices in file | ☐ | _____ |
| Viewed ICES generated notices on CNHS | ☐ | _____ |

Comments _____

_____

_____ _____
Worker Signature Date Supervisor Signature Date

Date: _____

Client Name: _____

SSN or RID: _____

Dear _____,

☐ Indiana Manpower Placement & Comprehensive Training (IMPACT) is Indiana's work program for cash assistance and Food Stamp recipients. IMPACT offers services to help you increase the amount of money coming into your household. IMPACT's goal is your self-sufficiency.

☐ Cooperating with efforts to obtain child support is a requirement for continuing to receive TANF. Child support may mean the difference between becoming self-sufficient and remaining dependent on public assistance.

You have:

☐ failed to comply with the IMPACT Program

☐ voluntarily quit a job without good cause

☐ failed to cooperate with efforts to obtain child support

☐

Your TANF benefits have been reduced and TANF will close effective _____.

**Please make plans to care for your family without your TANF benefits.**

You can avoid this closure by calling your Caseworker, _____ at

_____ and complying with the IMPACT or IV-D requirements.

_____
Caseworker Signature

Date: _____

Client Name: _____

SSN or RID: _____

Dear _____,

**THIS IS YOUR FINAL NOTICE**

☐ Indiana Manpower Placement & Comprehensive Training (IMPACT) is Indiana's work program for cash assistance and Food Stamp recipients. IMPACT offers services to help you increase the amount of money coming into your household. IMPACT's goal is your self-sufficiency.

☐ Cooperating with efforts to obtain child support is a requirement for continuing to receive TANF. Child support may mean the difference between becoming self-sufficient and remaining dependent on public assistance.

You have:

☐ failed to comply with the IMPACT Program

☐ voluntarily quit a job without good cause

☐ failed to cooperate with efforts to obtain child support

Your TANF benefits have been reduced and TANF will close effective _____.

**Please make plans to care for your family without your TANF benefits.**

You can avoid this closure by calling your Caseworker, _____ at

_____ and complying with the IMPACT or IV-D requirements.

_____
Caseworker Signature

Date: _____

Client Name: _____

SSN or RID: _____

Dear _____,

☐ Indiana Manpower Placement & Comprehensive Training (IMPACT) is Indiana's work program for cash assistance and Food Stamp recipients. IMPACT offers services to help you increase the amount of money coming into your household. IMPACT's goal is your self-sufficiency.

☐ Cooperating with efforts to obtain child support is a requirement for continuing to receive TANF. Child support may mean the difference between becoming self-sufficient and remaining dependent on public assistance.

Your TANF benefits have been reduced because you:

☐ failed to comply with the IMPACT Program

☐ voluntarily quit a job without good cause

☐ failed to cooperate with efforts to obtain child support

You have failed to contact your caseworker to correct this matter.

In an effort to encourage you to comply with program requirements, a home visit is scheduled for

_____ at _____.
date time

If you prefer to meet your Caseworker at a different location (Office of Family and Children or public place within 1 mile of your home), please call

_____ at _____.
Caseworker phone number

_____
Caseworker Signature

15. Appendix 15 - Glossary of DFR Terms

**Able Bodied Adult Without Dependents (ABAWD)**
Any able bodied adult without dependents who is between the ages of 18 and 50 (those age 18 to and including age 49) cannot receive food stamps for more than 3 out of 36 months without complying with work requirements.

**Administrative Disqualification Hearing**
An administrative procedure conducted by an FSSA Administrative Law Judge to determine if an individual has intentionally violated Food Stamp or TANF program regulations and, therefore, should be disqualified from assistance.

**Administrative Law Judge (ALJ)**
An employee of DFR, who is authorized to conduct hearings and renders decisions on appeals.

**Adverse Action**
Actions taken to reduce, suspend, or terminate assistance.

**Alien**
An individual who is not a United States citizen.

**Allotment**
The total value of Food Stamps which an AG is authorized to receive in a month.

**Applicant**
A person applying for assistance, as contrasted with someone who is already receiving assistance.

**Assignment (Child Support)**
The transfer of rights to child support payments to the state as a condition of eligibility for assistance under Title IV-A of the Social Security Act.

**Assignment (Medical)**
The transfer of rights to medical support and payments for medical care to the state as a condition of eligibility for Medicaid.

**Assistance Group (AG)**
All individuals whose needs, resources, income, and/or expenses are considered in determining eligibility and benefit level of assistance.

**Assistance Group Payee**
The head of an assistance group to whom the assistance is payable.

**Authorized Representative**
The Food Stamp AG may designate an authorized representative to receive Food Stamps and/or use the Food Stamps on behalf of the AG.

**BENDEX**
An acronym for Beneficiary and Earnings Data Exchange. It is a data exchange source that provides current data information on Social Security Administration recipients.

**Bi-weekly Income**
Income received regularly every two weeks (26 times a year).

**Boarder**
An individual who resides in the home and pays reasonable compensation to another individual in the home for meals and lodging.

**Buy-In**
The process by which the state pays the Medicare Part A and/or Part B premium for Medicaid recipients.

**CAF**
An acronym for “combined application form.”

**Case**
An AG or a group of related AG's which share a common ICES number. Usually, the AG's all live at the same address; however, a case can include AG's at different addresses (for example, a married couple where one member is in a long term care facility and the other member remains at home would be on one ICES case).

**Cash Surrender Value**
The net amount of cash that a life insurance policy is worth, after deduction of loans and/or liens against it.

**Caseworker**
DFR employee responsible for eligibility determinations and ongoing case maintenance activities for a case.

**Central Office**
Main office of DFR, located in Indianapolis.

**Certification Period** The established period of specific calendar months during which assistance group is eligible to receive Food Stamps.

**CFR** Code of Federal Regulations. A document containing the federal regulations with which assistance programs should comply.

**Collateral Contact** A source of verification other than the individual giving the information. This type of verification may be written or verbal.

**CRF** Community Residential Facility. This facility is a small ICF/MR with slightly different certification requirements.

**CSV (Cash Surrender Value)**
The amount that a Life Insurance policy will pay if it is redeemed at the present time.

**Data Exchange**
Data exchange is a process of sharing information between DFR and other agencies or systems.

**Denial**
The action taken when an application is not approved.

**Deprivation**
A factor of TANF eligibility that includes loss or absence of parental support or care due to death, continued absence from the home, or physical or mental incapacity of a parent, or underemployment/unemployment of a parent.

**Discontinuance**
The action taken to stop assistance to a recipient for an indefinite period of time.

**Disqualification**
A ban from participation based upon an individual's or assistance group's non-compliance with a specific non-financial program requirement.

**EBT Card**
A card which allows the bearer to access Food Stamps and/or TANF benefits.

**Elderly**
For the Food Stamp program, a person who is 60 years of age or older. For Medicaid, age 65 years or over.

**Enumeration**
Assignment of a Social Security number by the Social Security Administration.

**Equity Value**
The fair market value of a resource minus amount owed equals the equity value.

**Essential Person**
A person other than the applicant's/ recipient's spouse or parent who is considered by the applicant/recipient to be essential to his well being because of the services he provides. This term applies to only Medicaid Aged, Blind or Disabled.

**Excluded Members**
Certain individuals who live with the AG but are always excluded from participation in the AG. The income and resources of excluded individuals are never counted in the AG's financial determination

**Face Value of Insurance**
The amount stated on the face of a life insurance policy to be paid in the case of death or policy maturity. It does not include dividends or additional amounts payable under accidental death or other special provisions.

**Fair Hearing** .

A legal procedure (meeting) available to any applicant /recipient of Public Assistance. Request for hearing may be made for denial of application, reduction or termination of benefits, or untimely processing.

**Fair Market Value (FMV)**
The anticipated amount of money one could receive for an item if sold on the open market.

**Family CAP Child**
A child who was born more than 10 calendar months after the initial effective date of TANF.

**FIST**
Fraud Investigation State Tracking System

**FNS**
The Food and Nutrition Service of the United States Department of Agriculture. It is the federal agency involved in administering the Food Stamp Program.

**Garnishment**
A legal action giving a creditor the right to withhold a part or all of the employee's wages to meet a legal obligation.

**Grant**
Cash benefit. (TANF or Refugee Cash Assistance)

**Guardian, Legal**
A person appointed by the probate court to take certain actions on behalf of another person.

**Hearing Request**
Any clear expression, oral or written, by an assistance group or its representative that it wishes to appeal a decision or desires an opportunity to present its case to a higher authority.

**Homeless**
An individual who has no fixed or regular night time residence or whose primary night time residence is a supervised temporary shelter, halfway house, temporary accommodation in the home of someone else, or a place not designed for, or normally used as, a regular sleeping accommodation for human beings.

**Home and Community-Based Services**
A package of non-medical services individually approved for a person who qualifies under a Medicaid waiver designed to allow the individual to remain at home or move to a community setting from an institution.

**Hoosier Healthwise (HHW)**
Medical coverage to certain families, children, and pregnant women funded by Medicaid and the Children's Health Insurance Program..

**Hoosier Health Card**
The ID card issued to all recipients of Medicaid/Hoosier Healthwise.

**Hoosier Works Card**
A debit card used to withdraw benefits from the cash allotment and to purchase food at participating grocers.

**ICES**
Indiana Client Eligibility System. The computer system that provides support for the eligibility determination for assistance

**ICF**
Intermediate Care Facility (nursing home).

**ICF/MR**
Intermediate Care Facility for the Mentally Retarded

**ICP**
Individual Contact Person

**IMPACT**
Indiana Manpower Placement and Comprehensive Training – a work program for Food Stamp and TANF recipients.

**Immigrant**
An individual who is not a citizen of the United States but is residing in the United States legally.

**Ineligible Alien**
An individual who does not meet the eligibility factor for citizenship.

**Intentional Program Violation (IPV)**
A determination by an administrative law judge or court of competent jurisdiction that an individual has intentionally violated TANF and/or Food Stamp Program regulations regarding the acquisition or use of benefits.

**INS**
Refer to **Department of Homeland Security, Bureaus of 1) Immigration & Customs Enforcement and 2) Citizenship and Immigration Services (USCIS)** in this glossary.

**Institution of Higher Education**
Any institution which normally requires a high school diploma or equivalency certificate for enrollment, including but not limited to colleges, universities, and vocational or technical schools at the post high school level.

**IOT**
Indiana Office of Technology. Responsible for all computer production support, development and the design of FSSA's computer systems.

**Jobs Training Partnership Act (JTPA)**
A federal program that provides funds to train low income individuals and help place them in jobs.

**Level of Care**
The level of nursing home care that an individual requires.

**Local Office**
DFR offices located in individual counties

**Mandatory Nonparticipating Member**
Individuals who are not eligible for benefit consideration, but whose income, resources, needs, and/or expenses should be counted.

**Mandatory Participating Member**
Individuals for whom eligibility for a benefit should be considered.

**Mass Change**
A process done in ICES several times a month to update data in a large number of cases.

**Medicaid**
The health care program under which a person is eligible to have certain medical expenses paid.

**Migrant**
An individual who travels away from home on a regular basis, usually with a group of laborers, to seek employment in an agriculturally related activity.

**Minor Parent**
An individual under age 18 who has a child.

**MMRT**
Medicaid Medial Review Team. The group of Office of Medicaid Policy and Planning (OMPP) employees who make decisions regarding the Medicaid disability medical eligibility requirement.

**Non-parent Caretaker**
A specific relative, other than a parent, who has primary responsibility for the care and control of the dependent children.

**Optional Member**
Individuals who have the option of being assistance group members for food stamp or TANF benefits. If included, their income, resources, and needs are included.

**Overpayment**
The amount of benefits received by a recipient that is in excess of what should have been received.

**Parental Control**
A condition used for eligibility to determine the mandatory relationship of a person to a child under 18 years of age.

**Paternity, Establishment of**
A legal process through which paternity of a child is established either by a court trial or by an admission of paternity before a judge of a court of domestic relations.

**Plan for Achieving Self Support (PASS)**
A plan that is developed for an individual who needs to set aside a part of their income or resources for a period of time necessary to achieve a work related goal.

**Point of Sale (POS) Terminal**
The machine used to swipe the EBT card for payment of items.

**Post-Secondary Education**
Any public or private educational institution which normally requires a high school diploma or equivalency certificate for enrollment or admits persons who are beyond the age of compulsory school attendance in the state.

**Power of Attorney**
A legal instrument whereby one person designates another to act on his behalf.

**Prorated (or prorate) Share**
A Proportionate share relative to number of persons in the assistance group.

**Prospective Budgeting**
Computation of a household's food stamp allotment for an issuance month based on an estimate of income and circumstances which will exist in that month.

**Provider**
An entity or single individual with whom the state has contracted to provide services.

**Purchase/Prepare**
The distinction used to determine an individual with an independent food supply. Persons who are not in a mandatory relationship and do not customarily purchase and prepare meals with anyone else are not included in the Food Stamp assistance group.

**Recipient**
A person who is receiving a benefit.

**Recoupment**
Withholding current benefits (in part or in whole) to recover cash or food stamps issued on behalf of a client, for which they were not eligible.

**Redetermination**
The periodic review of an assistance group's (AG's) situation to determine whether the AG's eligibility should continue, terminate, or be adjusted. May also be referred to as recertification for Food Stamps.

**Refugee**

A person who fled a foreign country to escape danger or persecution.

**Resources**
Real or personal property that is owned solely or jointly by an individual.

**Restoration**
Providing benefits to an AG that it was entitled to, but did not receive.

**Retroactive Medicaid**
The provision that allows Medicaid to be effective three months prior to the month of application if all eligibility requirements are met.

**Retroactive Payment**
Payments for a past period of time.

**Roomer**
An individual who resides in the home and pays another individual in the home for lodging, but not meals.

**RSDI**
Retirement, Survivors, and Disability Insurance. A federal benefit also referred to as Social Security.

**SAVE**
Systematic Alien Verification for Entitlement

**Sanction**
Period of time a benefit is suspended due to noncompliance with a requirement.

**Seasonal Farm Worker**
A person who is employed in agricultural employment of a seasonal or temporary nature and is not required to be absent overnight from his permanent place of residence when employed.

**Separate Maintenance**
Individuals living at the same address but do not purchase and prepare food together.

**SDX**
State Data Exchange. Monthly report of SSI recipients indicating the amount of SSI received and other benefit information.

**Semi-monthly Income**
Income received twice a month (example: received on the 15$^{th}$ and 30$^{th}$ of every month).

**Shelter for Battered Women and Children**
A public or private nonprofit residential facility that serves battered women and their children. If such a facility services other individuals, a portion of the facility should be set aside on a long term basis to serve only battered women and children.

**Sheltered Workshop**
Special workshop offering limited employment experience for the mentally or physically handicapped.

**Social Security Claim Number**
The account number used by Social Security Administration to identify the individuals on whose earnings Social Security benefits are being paid. It is a Social Security number followed by a one or two character suffix designating the type of beneficiary. This number may or may not be the same as the individual's own social Security number.

**Spend-down**
The Medicaid applicant's/recipient's surplus income, rounded down to the nearest dollar.

**Spousal Impoverishment**
Provisions of the MCCA (Medicare Catastrophic Coverage Act of 1988) intended to benefit the community spouse of an individual who has been admitted to a long term care facility.

**SSI**
Supplemental Security Income – a public assistance program for the aged, blind and disabled that is administered by the Social Security Administration.

**Staggered Issuance**
The process of issuing benefits to different assistance groups on different payment dates throughout a benefit month based on an alphabetical distribution.

**Stepparent**
The marriage partner of a child's parent, but not the child's biological parent.

**Striker**
Anyone involved in a strike or concerted stoppage of work by employees (Including a stoppage by reason of the expiration of a collective bargaining agreement) and any concerted slow down or other concerted interruption of operations by employees. Any employee affected by a lockout shall not be deemed a striker. Further an individual exempt from work registration, other than those exempt solely on the grounds that they are employed, who may go on strike shall not be considered a striker.

**TANF**
Temporary Assistance to Needy Families

**Tax Dependent**
An individual claimed as a dependent for tax purposes.

**Third Party Liability (TPL)**
The obligation of an individual, company or organization for full or partial payment of a Medicaid recipient's medical expenses.

**Unemployment Compensation Benefits or Unemployment Insurance (UCB or UI)**

Cash benefits and other services made available through Workforce Development to individuals who have recently lost a job or are currently under-employed.

**Department of Homeland Security, Bureaus of 1) Immigration & Customs Enforcement and 2) Citizenship and Immigration Services (USCIS)**
Entities mandated to 1) prevent illegal entry and remove illegal aliens; and 2) process petitions from employers, family members, refugees, asylees and individual applicants as well as certain types of labor certification applications.

**Vendor Payment**
Payments made by a third party directly to a provider of goods or services on behalf of an AG member.

16. Appendix 16 - Hearings and Appeals
**(***Return to* on *XIII.C above )*

## HEARING PRESENTATION OUTLINE

CASE NAME _____ CASE NUMBER _____
WORKER NAME _____
ISSUE _____

EXHIBIT A
PAGE(S) ____ THROUGH ____

EXHIBIT B
PAGE(S) ____ THROUGH ____

EXHIBIT C
PAGE(S) ____ THROUGH ____

EXHIBIT D
PAGE(S) ____ THROUGH ____

EXHIBIT E
PAGE(S) ____ THROUGH ____

EXHIBIT F
PAGE(S) ____ THROUGH ____

EXHIBIT G
PAGE(S) ____ THROUGH ____

## 17. Appendix 17 - HHW Redetermination Forms

**(***Return to HHW Redeterminations above***)**

**~ YOUR FAMILY'S HEALTH IS IMPORTANT TO US! ~**
**It's time for your Hoosier Healthwise Renewal**

Dear Hoosier Healthwise Member:

Please take a few minutes to review the information you provided during our telephone interview on _____. If anything has changed since we talked, please make those corrections or additions. Sign the form and return it to us in the attached postage paid envelope no later than_____ so that we can process your reenrollment without delay.

If you don't have the papers that we ask for, or if you have any questions, please call me,
_____ at _____.
(Name of caseworker)

(Disregard the codes in parenthesis. They are our computer codes.)
1. (AEICI) Address and telephone number(s).
_____ Home phone:_____
_____ Other phone:_____

2. (AEIID) Family members living in your household.
_____
_____

3. (AEIEI) Employer(s) and address(es): _____
_____

4. (AEINC) If your pay is the same amount every payday, please attach your most current paystub, or a copy. If your pay is different each payday, please attach paystubs, or copies, for the last month.

5. (AEISE) If you are self-employed, attach a copy of last year's income tax return, or other proof of income.

6. (AEFUI) List other income such as unemployment, child support, Social Security, sick pay, strike pay etc. Please attach papers that show the amount of the income.
_____

7. (AEFMC) Other health insurance:
_____

8. (AEFDE) Child care cost: _____

I certify under penalty of perjury that the information provided on this form is correct and complete to the best of my knowledge and belief.

_____ _____
(Signature) (Date signed)

**If you want to change your primary care doctor, call the Hoosier Healthwise Helpline at**

**(800) 889-9949.**

**Thank you very much for your cooperation!**
Case Number:
_____
Case Name:
_____

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

**~ YOUR FAMILY'S HEALTH IS IMPORTANT TO US! ~**
**It's time for your Hoosier Healthwise Renewal**

Dear Hoosier Healthwise Member:

Please take a few minutes to fill out this form and return it to us in the attached postage paid envelope. We will use the information you give us to review your eligibility for Hoosier Healthwise. Please return this form to us no later than _____ so that we can process your reenrollment without delay.

If you don't have the papers that we ask for, or if you have any questions, please call me,
_____ at _____.
(Name of caseworker)

(If you need more room to answer the questions, please use the back of the form.)

1. Please give your address and telephone number, including another telephone number if there is one.
_____ Home phone:_____
_____ Other phone:_____

2. List your family members in living your household.
_____
_____

3. If employed, list your employer(s) and address(es).
_____

4. If your pay is the same amount every payday, please attach your most current paystub, or a copy. If your pay is different each payday, please attach paystubs, or copies, for the last month.

5. If you are self-employed, attach a copy of last year's income tax return, or other proof of income.

6. List other income such as unemployment, child support, Social Security, sick pay, strike pay etc. Please attach papers that show the amount of this income.
_____

7. If you have other health insurance, please list the name of the company and ID number.
_____

8. If you pay child care cost, list the monthly amount: _____

I certify under penalty of perjury that the information provided on this form is correct and complete to the best of my knowledge and belief.

_____ _____
(signature) (Date signed)

**If you want to change your primary care doctor, call the Hoosier Healthwise Helpline at**

**(800) 889-9949.**

**Thank you very much for your cooperation!**

Case Number:
_____
Case Name:
_____

18. Appendix 18 - ICES Policy Manual Cross Reference

**Website: http://www.in.gov/fssa/family/manual.html**
**Transmittals: http://www.in.gov/fssa/family/transmittals.html**

**Chapter 1000 Introduction**
**Chapter 1200 General Program Information**
**Chapter 1400 Administrative Policy**
**Chapter 1600 Categories of Assistance**
**Chapter 1800 Application Registration**
**Chapter 2000 Application Processing**
**Chapter 2200 Continuing Case Processing**
**Chapter 2400 Non-financial Eligibility Requirements**
**Chapter 2500 IMPACT**
**Chapter 2600 Resources**
**Chapter 2800 Income**
**Chapter 3000 Eligibility Standards**
**Chapter 3200 Assistance Groups**
**Chapter 3300 Special Medicaid Provisions**
**Chapter 3400 Budgeting and Benefit Calculation**
**Chapter 3600 Benefit Issuance**
**Chapter 3800 Transitional Medical Assistance**
**Chapter 4200 Appeals and Hearings**
**Chapter 4400 Data Exchange**
**Chapter 4600 Benefit Recovery**
**Chapter 4800 Burial Provisions**

| | |
|---|---|
| Abandonment | 4205.50.10 |
| ABAWD EXEMPTIONS (F, I) | 2438.17.00 |
| ABE (F, C, I) | 2540.10.50.10 |
| ACCESS AND USE OF CONFIDENTIAL INFORMATION | 1425.05.00 |
| Access to the Food Stamp Program (F) | 1465.10.10.10 |
| ACCESSING THE ON-LINE MANUAL | 1030.00.00 |
| Action Is Modified | 4210.30.10.10 |
| Action Is Reversed | 4210.30.10.10 |
| Action Is Sustained | 4210.30.10.00 |
| Action Required As A Result Of The Hearing Decision | 4210.30.10 |
| Action Taken When Payor Defaults (C) | 4630.20.05.00 |
| Actual Utility Expenses (F) | 3440.15.00 |
| ADDING A NEWBORN CHILD (MED) | 2225.10.00 |
| ADDING AN INDIVIDUAL TO THE AG (F, C, MED 2, MED 3) | 2225.00.00 |
| Adjusting Action By Local Office | 4205.50.00 |
| ADMINISTRATIVE DISQUALIFICATION HEARINGS (ADH) (F, C) | 4215.00.00 |
| ADMINISTRATIVE DISQUALIFICATION PERIODS (F, C) | 4215.45.00 |
| ADMINISTRATIVE POLICY | 1400.00.00 |
| Adoption Assistance (C, MED 2) | 2835.30.10 |
| ADVANCE NOTICE OF ADH (F, C) | 4215.15.00 |
| AG CHANGES ADDRESS | 2240.00.00 |

| | |
|---|---|
| AG DETERMINATION/CHILDREN (MED 2, MED 3) | 3225.15.00 |
| AG DETERMINATION/INCOME INELIGIBLE PREGNANT WOMEN (MED 3) | 3225.30.00 |
| AG DETERMINATION/LOW INCOME FAMILIES/RCA MEDICAID (MED 2) | 3225.05.00 |
| AG Determination/MA C And MA Q (MED 2) | 3225.05.00 |
| AG DETERMINATION/NEWBORNS | 3225.25.00 |
| AG DETERMINATION/PREGNANT WOMEN (MED 2, MED 3) | 3225.20.00 |
| AG DETERMINATION/SSI RECIPIENTS (MED 2) | 3225.10.00 |
| AG Determination/TMA Recipients | 3225.05.10 |
| AGE | 2410.00.00 |
| AGE OF ELDERLY INDIVIDUALS (F) | 2410.10.00 |
| AGE REQUIREMENT (MED 1) | 2410.15.00 |
| Age Requirements (MED 2) | 2410.05.00 |
| Age Requirements (MED 3) | 2410.05.10 |
| AGED INDIVIDUALS (MED 1) | 1610.05.00 |
| AGENCY AND INADVERTENT ERROR IN SAME MONTH (F, C) | 4620.15.00 |
| Agency Conferences (F) | 4205.45.05.00 |
| Agency Delay (F) | 2020.20.05.10 |
| AGENCY ERROR DEFINITION | 4610.05.00 |
| Agency Errors Not Requiring A Referral (F) | 4610.05.00 |
| Agency Review | 4210.35.00 |
| AGENT ORANGE BENEFITS | 2845.25.00 |
| AGENT ORANGE SETTLEMENT ACT PAYMENTS | 2630.65.00 |
| AGs Living Together (F) | 3205.05.00 |
| AGs WHICH SPLIT UP DURING AN ENTITLEMENT PERIOD (F) | 2220.20.00 |
| Alias | 1825.10.00 |
| ALLOCATION OF PARENTS' INCOME (C, MED 2) | 3450.40.00 |
| Allocation To Dependent Child (MED 1) | 3455.05.10 |
| Allocation To Essential Person (MED 1) | 3455.05.10 |
| Allocation/185% Test (C, MED 2) | 3450.40.00 |
| Allocation/Benefit Calculation (C) | 3450.40.10 |
| ALLOWABLE EXPENSES FROM EDUCATIONAL INCOME | 3430.05.00 |
| Allowable Rental Expenses | 3420.05.00 |
| ALLOWABLE SELF-EMPLOYMENT COSTS | 3410.15.00 |
| Allowable Transfers Of Property (MED) | 2640.10.10 |
| Amerasian Immigrants | 2402.20.30 |
| American Indians Born In Canada | 2402.20.05.00 |
| Americorps Program (F) | 2845.50.00 |
| Amount Deemed From Sponsor To Alien (F, C) | 2635.05.20 |
| Amount To Be Recovered In Benefit Reduction (C) | 4635.10.20 |
| Amount To Be Recovered In Benefit Reduction (F) | 4635.10.10 |
| ANTICIPATING EXPENSES (F) | 3440.60.00 |
| Appeal Filed With The Central Office | 4205.30.10 |
| Appeal Filed With The Local Office | 4205.30.00 |
| APPEAL PROCEDURES | 4205.30.00 |
| APPEAL REQUEST | 4205.00.00 |
| APPEALABLE ACTIONS | 4205.10.00 |
| APPEALS AND FAIR HEARINGS | 4200.00.00 |
| Applicant Interview (MED) | 1835.05.10 |
| APPLICANT SERVICES (F, C, I) | 2510.00.00 |
| APPLICANT/RECIPIENT COMPLAINTS RECEIVED BY LOCAL OFFICE | 1440.10.00 |
| APPLICANT/RECIPIENT IN LONG TERM CARE (MED 1) | 3220.10.00 |
| Applicant/Recipient with Excess Resources (MED 1) | 2635.10.20 |

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| APPLICATION FOR ASSISTANCE PART 2 (CAF) | 2010.00.00 |
| APPLICATION PROCESSING | 2000.00.00 |
| APPLICATION PROCESSING DELAY | 2020.20.00 |
| Application Processing Delay (F) | 2020.20.00 |
| APPLICATION REGISTRATION | 1800.00.00 |
| APPLICATION REGISTRATION PROCESS | 1825.00.00 |
| APPLICATION TIME STANDARDS | 2020.00.00 |
| APPLICATION TIME STANDARDS (C) | 2020.10.00 |
| APPLICATION TIME STANDARDS (F) | 2020.05.00 |
| APPLICATION TIME STANDARDS (MED) | 2020.15.00 |
| APPLICATION TRANSFER | 1835.20.00 |
| ASSESSING STRENGTHS AND BARRIERS TO SELFSUFFICIENCY (F, C, I) | 2525.10.00 |
| ASSESSMENT TIMEFRAMES (F, C, I) | 2525.05.00 |
| ASSIGNING THE REFERRAL TO THE BENEFIT RECOVERY WORKER | 4620.05.00 |
| ASSIGNMENT OF MEDICAL RIGHTS (MED) | 2434.00.00 |
| Assignment Of Rights To Support (C) | 2436.05.00 |
| ASSISTANCE FOR CERTAIN INDIAN TRIBES/ALASKAN NATIVES | 2845.15.00 |
| ASSISTANCE FOR CERTAIN INDIAN TRIBES/ALASKAN NATIVES | 2630.25.00 |
| ASSISTANCE FROM GOVERNMENT PROGRAMS | 2835.00.00 |
| ASSISTANCE GROUP DEFINITION | 3205.00.00 |
| Assistance Group Delay (F) | 2020.20.05.00 |
| ASSISTANCE GROUPS | 3200.00.00 |
| Assistance In Exercising The Right To Appeal | 4205.05.00 |
| Asylees Under Section 208 | 2402.20.20 |
| AUTHORIZATION | 2035.40.00 |
| AUTHORIZATION OF PROVIDER CLAIMS (MED 1, 2) | 3617.35.00 |
| AUTHORIZED REPRESENTATIVE (F) | 3605.05.00 |
| AUTHORIZED REPRESENTATIVE FOR SPEND-DOWN ELIGIBILITY | 3605.20.00 |
| AUTHORIZING COMBINED MONTHS' BENEFITS (F) | 2035.45.00 |
| Automatic Child Support Exemptions (C) | 2436.10.00 |
| AUXILIARY BENEFITS (C, FS) | 3610.10.00 |
| AVAILABILITY OF AGENCY REVIEW | 4210.35.00 |
| AVAILABILITY OF INCOME | 2805.10.00 |
| AVAILABILITY OF RESOURCES | 2605.15.00 |
| Averaging Budget Method | 3405.10.10 |
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| BANK AND OTHER ACCOUNTS | 2615.10.00 |
| Battered Alien Spouse/Child (F) | 2402.20.47 |
| Beginning Collection Upon Determination of Criminal/Civil Fraud (F, C) | 4630.10.10 |
| Beginning/Terminating Budget Method | 3405.10.20 |
| BENEFICIARY DATA EXCHANGE (BENDEX) | 4430.10.00 |
| BENEFICIARY EARNINGS EXCHANGE RECORD (BEER) | 4430.05.00 |
| BENEFIT CALCULATION (F) | 3445.00.00 |
| BENEFIT CALCULATION (MED 1) | 3455.00.00 |
| BENEFIT CALCULATION (MED 2, MED 3) | 3460.00.00 |
| BENEFIT CALCULATION (MED 4) | 3465.00.00 |
| Benefit Calculation For Treatment Individuals (C) | 3450.35.00 |
| BENEFIT CALCULATION WITH INCOME FROM SPONSOR (F) | 3445.55.00 |
| BENEFIT ISSUANCE | 3600.00.00 |
| BENEFIT PROGRAMS | 2840.00.00 |
| BENEFIT RECOVERY | 4600.00.00 |
| Benefit Recovery Worker Responsibilities | 4605.05.10 |

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| Benefit Reduction (C) | 4635.10.10 |
| Benefit Reduction (F) | 4635.10.00 |
| BENEFIT REDUCTION (F, C) | 4635.10.00 |
| BENEFITS DUE TO FEDERAL LAW | 2845.00.00 |
| BENEFITS UNDER FEDERAL NUTRITION PROGRAM | 2630.05.00 |
| BILINGUAL STAFF AND MATERIALS (F) | 1410.25.00 |
| Birth Out-Of-Wedlock (C) | 2418.05.10.10 |
| BLIND INDIVIDUALS (MED 1) | 1610.10.00 |
| BLINDNESS OR DISABILITY (MED 1) | 2412.00.00 |
| Blood Test Results (C) | 2436.15.00 |
| BOARDER COST OF BUSINESS (F) | 3415.05.00 |
| Boarders (F) | 3210.15.00 |
| Born In The U.S. Or A U.S. Territory | 2402.10.00 |
| BREAST AND CERVICAL CANCER TREATMENT SERVICES | 3340.00 |
| BUDGET METHODS | 3405.10.00 |
| BUDGETING ACTUAL EXPENSES (F) | 3440.55.00 |
| BUDGETING AGS WITH DISQUALIFIED MEMBERS | 3445.50.00 |
| BUDGETING AND BENEFIT CALCULATION | 3400.00.00 |
| BUDGETING BOARDER INCOME (F) | 3415.00.00 |
| BUDGETING EDUCATIONAL INCOME | 3430.00.00 |
| BUDGETING EXPENSES (F) | 3440.00.00 |
| Budgeting Improperly Retained Support Payments (C) | 4620.30.00 |
| Budgeting Income Of Applicant/Recipient And Spouse (MED 1) | 3455.05.00 |
| BUDGETING INCOME-IN-KIND (MED 1, MED 4) | 3455.25.00 |
| BUDGETING LESS OFTEN THAN MONTHLY EXPENSES (F) | 3440.70.00 |
| BUDGETING LUMP SUM INCOME (MED 1, MED 4) | 3435.30.00 |
| BUDGETING ONE TIME ONLY EXPENSES (F) | 3440.65.00 |
| BUDGETING ONGOING EXPENSES (F) | 3440.75.00 |
| Budgeting Procedures During A Transfer Penalty Period (MED) | 2640.10.35.10 |
| BUDGETING RENTAL INCOME | 3420.05.00 |
| BUDGETING ROOMER AND BOARDER INCOME (F, MED 1, MED 4) | 3415.10.00 |
| BUDGETING SELF-EMPLOYMENT INCOME | 3410.00.00 |
| BUDGETING STRIKER'S INCOME (F) | 3425.00.00 |
| Budgeting with the Special Income Level | 3301.20.01 |
| Bulk Order Of Gas Coupons/Bus Tickets (F, C, I) | 2550.10.00 |
| Burial Accounts (MED 1, 4) | 2615.20.00 |
| BURIAL ASSISTANCE (C, MED 1) | 4800.00.00 |
| Burial Plots (C, MED 2) | 2615.20.20.00 |
| Burial Plots (F) | 2615.20.20 |
| Burial Plots (MED 1, 4) | 2615.20.20.10 |
| BURIAL RELATED RESOURCES | 2615.20.00 |
| Business Accounts (F, MED 1, 4) | 2615.10.05.00 |
| BUY-IN PROCEDURES AND EFFECTIVE DATES (MED) | 3480.00.00 |
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| CALCULATION OF EFFECTIVE DATE DEDUCTIBLE (MED 1, 2) | 3617.15.00 |
| Calculation Of Under Issued Benefits (F) | 3610.15.20.10 |
| CANCELING A CLAIM | 4627.00.00 |
| Care Of An Incapacitated Individual (F, I) | 2438.15.05.20 |
| CASE MANAGEMENT (F, C, I) | 2515.00.00 |
| CASE RECORD MAINTENANCE | 1450.00.00 |
| CASE TRANSFER PROCEDURES | 2240.05.00 |
| Caseworker Responsibilities | 4605.05.00 |

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| CASEWORKER RESPONSIBILITIES REGARDING CHANGES | 2215.15.00 |
| Caseworker Responsibility Regarding Utilities (F) | 3440.15.20 |
| CASH | 2615.05.00 |
| CASH ASSISTANCE | 1025.05.00 |
| CASH ASSISTANCE (C) | 1605.00.00 |
| CASH ASSISTANCE AND IMPACT (C, I) | 1210.00.00 |
| CASH ASSISTANCE GROUPS (C) | 3215.00.00 |
| CASH ASSISTANCE NEED STANDARD (C) | 3450.05.00 |
| CASH ASSISTANCE RATEABLE REDUCTION (C) | 3450.10.00 |
| CASH PAYMENT WAIVERS (C) | 3450.65.00 |
| Cash Recipients Complying With Work Requirements (F, I) | 2438.15.05.40 |
| Casualty Insurance (C, MED) | 2615.25.10 |
| Categorical Eligibility (F) | 2414.10.00 |
| CATEGORICAL ELIGIBILITY FOR MEDICAID WAIVERS | 2415.00.00 |
| CATEGORICALLY ELIGIBLE AGS (F) | 3445.15.00 |
| CATEGORICALLY ELIGIBLE AGs WITH OVER ISSUANCES (F) | 4620.20.00 |
| CATEGORICALLY ELIGIBLE ASSISTANCE GROUPS (F) | 1630.05.00 |
| CATEGORICALLY INELIGIBLE FOR CASH OR MEDICAL ASSISTANCE | 1650.00.00 |
| CATEGORIES | 1025.00.00 |
| CATEGORIES OF ASSISTANCE | 1600.00.00 |
| CATEGORY SELECTION AND ICES PROCESSING | 3301.05.00 |
| Certain Trusts Receiving Special Consideration (MED) | 2615.75.20.00 |
| CERTIFICATES OF MEDICAID COVERAGE (MED) | 2238.15.00 |
| Certification of Need/Inpatient Psychiatric Care (MED) | 2422.10.10 |
| Certification Of Resident Addicts/Alcoholics (F) | 3210.15.20.00 |
| Certification of Residents in Group Living Arrangements (F) | 3210.15.25.00 |
| Certification Of Shelter Residents (F) | 3210.15.30.00 |
| Change of Protective Payee | 3605.25.40 |
| CHANGES | 2215.00.00 |
| CHANGES IN CATEGORY OF ASSISTANCE (C) | 2234.00.00 |
| CHANGES IN CATEGORY OF ASSISTANCE (MED) | 2235.00.00 |
| Changes In One Time Only Expenses (F) | 3440.65.10 |
| Changes in Service (F) | 1465.05.10 |
| CHANGES REPORTED AND VERIFIED TIMELY | 2220.05.00 |
| CHANGES REPORTED UNTIMELY YET VERIFIED TIMELY | 2220.10.00 |
| Changes Resulting In An Increase Not Verified Timely (F) | 2220.10.00 |
| CHANGES THAT ARE REQUIRED TO BE REPORTED (F) | 2215.05.00 |
| Changes That Should Be Reported (F) | 2015.20.00 |
| CHARITABLE DONATIONS (F) | 2825.05.00 |
| CHILD AND SPOUSAL SUPPORT | 2830.00.00 |
| Child Attains Age Limit (C, MED 2, 3) | 2410.05.20 |
| Child Care For TANF Recipients (C) | 2444.05.00 |
| CHILD CARE FOR TRANSITIONING OFF OF TANF (C) | 2444.05.00 |
| CHILD CARE PAYMENTS (C, MED 2, MED 3) | 2845.40.00 |
| Child In Psychiatric Hospitals (MED 2) | 3460.05.40 |
| Child Nutrition Act (C, MED 1, 2, 4) | 2630.05.10 |
| CHILD SUPPORT (C, MED 2, MED 3) | 2830.10.00 |
| CHILD SUPPORT (F) | 2830.05.00 |
| CHILD SUPPORT (MED 1, MED 4) | 2830.15.00 |
| CHILD SUPPORT COOPERATION EXEMPTIONS (C) | 2436.10.00 |
| Child Support Cooperation Requirements (C) | 2436.05.10.00 |
| CHILD SUPPORT DEDUCTION (F) | 3440.06.00 |

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| CHILD SUPPORT ENFORCEMENT PAYMENT INFORMATION (CSE) | 4430.50.00 |
| CHILD SUPPORT ENFORCEMENT REQUIREMENTS (C) | 2436.05.00 |
| Child Support Good Cause Circumstances (C) | 2436.10.10.00 |
| Child Support Good Cause Considerations (C) | 2436.10.10.10 |
| Child Support Good Cause Corroborative Evidence (C) | 2436.10.10.10 |
| Child Support Good Cause Determination (C) | 2436.10.10.20 |
| Child Support Good Cause Exemptions (C) | 2436.10.10 |
| CHILD SUPPORT MANUAL INFORMATION (C) | 2436.30.00 |
| CHILD SUPPORT NON-COOPERATION (C) | 2436.15.00 |
| CHILD SUPPORT PARTICIPATION (C) | 2436.00.00 |
| CHILDREN AGE 1 - 19 (MED 3) | 1620.86.00 |
| CHILDREN AGE 1 - 6 (MED 3) | 1620.80.00 |
| CHILDREN AGE 18, 19, 20 (MED 2) | 1620.40.00 |
| CHILDREN AGE 6 - 19 (MED 3) | 1620.85.00 |
| CHILDREN APPROVED FOR CERTAIN HCBS WAIVERS (MED 1) | 3220.15.00 |
| Children Born Abroad To U.S. Citizens | 2402.10.10 |
| CHILDREN IN PSYCHIATRIC FACILITIES (MED 2) | 1620.45.00 |
| CHILDREN UNDER AGE 1 (MED 3) | 1620.75.00 |
| Children Under Eighteen Included (F) | 3210.10.20 |
| CHILDREN WHO ARE WARDS (MED 2) | 1620.30.00 |
| CHILDREN WHO REMAIN HOSPITALIZED AFTER BIRTH (C, MED 2) | 2420.20.00 |
| CHILDREN'S HEALTH PLAN (MED 3) | 1620.87.00 |
| Circumstances When Penalties Are Not Applied (MED) | 2434.20.00 |
| Citizenship After Birth | 2402.10.20 |
| CITIZENSHIP/IMMIGRATION STATUS | 2402.00.00 |
| CIVIL ACTION | 4635.25.00 |
| Claim Thresholds (F) | 4620.10.10 |
| CLAIMS AGAINST ESTATE (MED) | 4650.00.00 |
| CLOSED CASE FILES | 2238.10.00 |
| Collateral Contacts | 2025.05.10 |
| Collection of IPV Claim Pending ADH/Waiver (F) | 4630.10.00 |
| Combined Issuance (F) | 3610.05.30 |
| Combined Month Issuance Time Standard (F) | 2020.05.10 |
| Commingled Funds | 2615.10.20 |
| Communal Dining Facilities (F) | 1460.10.00 |
| COMMUNITY SERVICE CREDIT HOURS (F) | 4635.20.00 |
| Compensation By Services (MED) | 2640.10.20.20 |
| Compensation By Support/Maintenance (MED) | 2640.10.20.10 |
| Compensation In Cash (MED) | 2640.10.20.00 |
| Compensation In Real or Personal Property (MED) | 2640.10.20.10 |
| COMPENSATION TO GERMANS, JAPANESE, AND ALEUTS | 2845.20.00 |
| COMPENSATION TO JAPANESE/ALEUTS (F, C, MED 2) | 2630.30.00 |
| Compensation To Japanese/Aleuts (MED 1, 4) | 2630.30.00 |
| COMPLAINTS | 1440.00.00 |
| COMPLAINTS OF DISCRIMINATION | 1440.20.00 |
| COMPLAINTS RECEIVED FROM THIRD PARTIES BY LOCAL OFFICE | 1440.15.00 |
| COMPLETE TMA REPORTS | 3805.25.00 |
| Completing AERLS After Period of Ineligibility Appeal (C) | 4205.25.00 |
| COMPLETING THE BENEFIT RECOVERY REFERRAL | 4620.00.00 |
| Completion of ICES Screens for Restoration (F) | 3610.15.20.20 |
| COMPLETION OF SOCIAL SECURITY NUMBER REFERRAL | 2404.10.00 |
| COMPLETION OF THE APPLICATION | 1825.05.00 |

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| Compliance With ABAWD/IMPACT (F,I) | 2438.17.10 |
| Compromise Of Claims (MED) | 4650.20.00 |
| Computation of Cemetery Payment (C, MED 1) | 4810.10.00 |
| Computation Of Funeral Director's Payment (C, MED 1) | 4810.05.00 |
| Computation Of The Adjusted Overpayment (C) | 4620.30.10.00 |
| Computation Of The Amount Of Recoupable Income (C) | 4635.10.20.00 |
| Computing The Amount To Be Restored (F) | 3610.15.20 |
| CONCILIATION PROCEDURES (F, C, I) | 2560.00.00 |
| Conditional Entrant Refugee | 2402.20.10 |
| CONDUCT OF THE HEARING | 4210.15.00 |
| CONFIDENTIALITY | 1425.00.00 |
| CONSIDERATION OF BURIAL CLAIMS BY LOCAL OFFICE (C, MED 1) | 4820.00.00 |
| CONSIDERATION OF INCURRED MEDICAL EXPENSES (MED 1, 2) | 3617.10.00 |
| CONSOLIDATION OF ADH WITH FAIR HEARING (F, C) | 4215.30.00 |
| Consultation From Medical Review Team (C) | 2418.10.05.20 |
| CONTENT OF CASE FILE | 1450.10.00 |
| Contents Of Notice (F, C) | 4215.15.00 |
| Contents Of Self-Sufficiency Plans (F, C, I) | 2530.05.10 |
| CONTINUANCE OF THE HEARING | 4210.20.00 |
| CONTINUATION AFTER MA C/MA Q CLOSURE | 1620.05.00 |
| CONTINUATION OF BENEFITS | 4205.25.00 |
| Continuation Of The Disqualification Period (F, C) | 4215.45.00 |
| CONTINUED ABSENCE OF PARENT FROM HOME (C) | 2418.05.00 |
| CONTINUING CASE PROCESSING | 2200.00.00 |
| Continuing Charges (F) | 3440.10.00 |
| Continuous Enrollment (F) | 3210.15.35.10 |
| CONTRACT SALE OF REAL PROPERTY | 3437.00.00 |
| CONTRACTUAL INCOME (F) | 3439.00.00 |
| CONTRIBUTIONS | 2870.00.00 |
| CONTRIBUTIONS (F, C, MED 2, MED 3) | 2870.05.00 |
| Contributions/Resources Of $1350 Or More (C, MED 1) | 4810.05.05.00 |
| Contributions/Resources Of $200 Or Less (C, MED 1) | 4810.10.05.10 |
| Contributions/Resources Of $200 To $600 (C, MED 1) | 4810.10.05.10 |
| Contributions/Resources Of $600 Or More (C, MED 1) | 4810.10.05.00 |
| Contributions/Resources Of $750 Or Less (C, MED 1) | 4810.05.05.10 |
| Contributions/Resources Of $750 To $1350 (C, MED 1) | 4810.05.05.10 |
| CONVERSION OF RESOURCES | 2605.30.00 |
| COOPERATE IN TREATMENT PLAN (C, MED) | 2015.15.00 |
| Cooperation In Obtaining Support (C) | 2436.05.10 |
| Cooperation In Treatment Plan (C) | 2418.10.10 |
| COOPERATION WITH QUALITY CONTROL (F) | 2440.00.00 |
| COOPERATION WITH THE ELIGIBILITY INTERVIEW | 2005.05.00 |
| CORRECTION OF SPENDDOWN AND LIABILITY (MED 1) | 2239.00.00 |
| CORRECTION OF SPEND-DOWN EFFECTIVE DATE (MED 1, 2) | 3617.20.00 |
| Counties With 250 or Fewer Units (F) | 1465.10.10.10 |
| Counties With More Than 250 Units (F) | 1465.10.10.00 |
| Counting Nonexempt Real Property (F) | 2620.20.00 |
| COUNTY IN WHICH THE APPLICATION IS FILED | 1825.20.00 |
| COURT DETERMINATION OF FRAUD | 4610.25.00 |
| COURT IMPOSED DISQUALIFICATIONS (F, C) | 4215.50.00 |
| Crime Victim Payments | 2845.50.10 |
| Criteria For Determining Mismanagement To Exist (C) | 3605.25.05.00 |

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| Cross Border Native Americans(F) | 2402.20.44 |
| Cuban and Haitian Entrants | 2402.20.40 |
| Cure For IMPACT Non-Compliance (F, I) | 2438.45.20 |
| Cure For Work Registration Non-Compliance (F, I) | 2438.20.00 |
| Darling v. Bowen Special Income Disregards (MED 1) | 3455.05.05.20 |
| DATA EXCHANGE | 4400.00.00 |
| DATA EXCHANGE DISCREPANCY NOTICES | 4420.00.00 |
| DATA EXCHANGE PROCESS | 4405.05.00 |
| DATA EXCHANGE PURPOSE | 4405.00.00 |
| DATA EXCHANGE SOURCES AND TYPES | 4410.00.00 |
| DATE CHANGE REPORTED | 2215.10.00 |
| DATE OF THE APPLICATION | 1825.15.00 |
| Death of Parent (C) | 2418.05.10.20 |
| Decision Based On Medical And Social Information (C) | 2418.10.05.10 |
| Decision Of Medical Review Team (MED 1) | 2412.15.10 |
| DECISION OF MEDICAL REVIEW TEAM (MED 1) | 2412.45.0 |
| DECLARATION OF CITIZENSHIP/IMMIGRATION STATUS | 2402.05.00 |
| DEDUCTION OF IMPAIRMENT-RELATED WORK EXPENSES (MED 1) | 3455.07.00 |
| Deductions From Income In Post-Eligibility (MED 1) | 3455.15.10 |
| DEEMED INCOME | 2885.00.00 |
| DEEMED INCOME CALCULATION (C) | 3450.45.00 |
| DEFINITION OF A CHILD (C, MED 2, 3) | 2410.05.00 |
| DEFINITION OF BLINDNESS (MED 1) | 2412.05.00 |
| DEFINITION OF DISABILITY (MED 1) | 2412.25.00 |
| Definition Of Elderly Or Disabled (F) | 3210.10.25.00 |
| Definition Of Emergency Services (MED) | 2402.20.50.00 |
| DEFINITION OF INCOME | 2805.00.00 |
| Definition Of Presumed Biological Father (C, MED 2) | 2420.05.05.00 |
| DEFINITION OF RESOURCES | 2605.05.00 |
| DEFINITION OF SELF-EMPLOYMENT | 3410.05.00 |
| DEFINITION OF STRIKER (F) | 3425.05.00 |
| DEFINITION OF U.S. CITIZENSHIP | 2402.10.00 |
| Definition Of Vehicle (F, C, MED 1, 2, 4) | 2615.60.00 |
| Deleting Data | 2215.15.00 |
| DENYING AN APPLICATION | 1835.15.00 |
| DEPENDENT CARE DEDUCTION STANDARDS (C, MED 2, 3) | 3015.10.00 |
| DEPENDENT CARE DEDUCTION STANDARDS (F) | 3015.05.00 |
| DEPENDENT CARE EXPENSE/DEDUCTION (F) | 3440.05.00 |
| Dependent Care Expense/Disregard (C) | 3440.05.10 |
| Dependent Care Expense/Disregard(C, MED 2, MED 3) | 3440.05.00 |
| DEPENDENT CARE STANDARDS (F, C, MED 2, 3) | 3015.00.00 |
| Deportation Withheld Under Section 243(h) | 2402.20.30 |
| DEPRIVATION (C) | 2418.00.00 |
| DESIGNATION OF THE PACKAGE C PREMIUM PAYER | 2035.31.00 |
| DESTRUCTION OF CASE MATERIAL | 1455.00.00 |
| Determination Of Boarder Status (F) | 3210.15.05.00 |
| DETERMINATION OF CASH ASSISTANCE CATEGORY (C) | 2035.25.00 |
| Determination Of IMPACT Participation Status (F, C, I) | 2438.10.10 |
| Determination Of Incapacity (C) | 2418.10.00 |
| DETERMINATION OF INELIGIBILITY | 2035.35.00 |
| DETERMINATION OF INITIAL ELIGIBILITY | 2035.00.00 |

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| DETERMINING RESOURCE VALUE | 2605.25.00 |
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| Determining the Amount of Over Issuance on Trafficking-Related Claims (F) | 4620.10.10 |
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| DISASTER ASSISTANCE PAYMENTS | 2630.55.00 |
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| DISCONTINUANCE AS A RESULT OF PERIODIC REPORT | 3805.40.00 |
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| Domestic Volunteer Service Act Compensation (C, MED) | 2845.05.10 |
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| EARNED INCOME DEDUCTION (F) | 3445.10.00 |
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| FOOTNOTES FOR CHAPTER 3200 | 3299.00.00 |
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| GENERAL FOOD STAMP BENEFITS USE (F) | 1460.05.00 |
| GENERAL INCOME DISREGARD (MED 1, MED 4) | 3040.00.00 |
| GENERAL PROGRAM INFORMATION | 1200.00.00 |
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| Group Living Arrangements (F) | 1460.10.20 |
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| HOME AND COMMUNITY-BASED WAIVER SERVICES | 3301.00.00 |
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| Homeless Shelters (F) | 3210.15.30.20 |
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| HOOSIER HEALTHWISE (MED 2, MED 3) | 1620.00.00 |
| HOSPITAL ENUMERATION | 2404.15.00 |
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| IDENTIFYING OVER ISSUANCES | 4605.00.00 |
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| IMPACT PARTICIPATION STATUS RE-EVALUATION (C, I) | 2438.35.00 |
| IMPACT PROCESSING (F, C, I) | 2500.00.00 |
| IMPACT REQUIREMENTS FOR THE TWO-PARENT ADCU AG (C, I) | 2505.10.00 |
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| Inability To Obtain Physician's Report (MED 1) | 2412.30.10 |
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| INCOME BUDGETING PRINCIPLES | 3405.00.00 |
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| Income Deemed From A Parent Of A Parent Minor (MED 2, MED 3) | 3460.10.00 |
| Income Deemed From A Sanctioned Individual (C) | 3450.45.10 |
| Income Deemed From A Stepparent/Non-Recipient Spouse (C) | 3450.45.00 |
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| Income Deemed From One Parent With Spouse (MED 2, MED 3) | 3460.10.10 |
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| INCOME STANDARDS (MED 1) | 3010.20.00 |
| INCOME STANDARDS (MED 2) | 3010.25.00 |
| INCOME STANDARDS (MED 3) | 3010.30.00 |
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| Income Standards/Child Age 6 - 19 (MED 3) | 3010.30.00 |
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| INCOME/NEED STANDARDS | 3010.00.00 |
| INCOME/RESOURCES/CONTRIBUTIONS OF SSI RECIPIENT (C, MED 2) | 2630.90.00 |
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| INDIVIDUAL DEVELOPMENT ACCOUNTS | 2630.95.00 |
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| Individual Sponsor Liability (C) | 2635.05.10 |
| Individual Under Sixteen Years Of Age (F, I) | 2438.15.05.00 |
| INDIVIDUALS RECEIVING SSI (MED 2) | 1620.35.00 |
| Individuals Receiving Unemployment Compensation (F, I) | 2438.15.05.50 |
| INDIVIDUALS REQUIRED TO PARTICIPATE IN DATA EXCHANGE | 4405.15.00 |
| Individuals Who Cannot Be Classified As Boarders (F) | 3210.15.05.10 |
| Individuals Working Minimum Of Thirty Hours Weekly (F, I) | 2438.15.05.60 |
| INELIGIBILITY DUE TO STRIKE PARTICIPATION (C) | 2446.05.00 |

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| Ineligibility Due To Striking (C) | 2840.35.00 |
| Informal Separation Or Desertion (C) | 2418.05.10.10 |
| INFORMED CHOICE | 1815.00.00 |
| INFREQUENT OR IRREGULAR INCOME (C, MED 2, MED 3) | 2825.10.00 |
| INFREQUENT OR IRREGULAR INCOME (F) | 2825.00.00 |
| INFREQUENT OR IRREGULAR INCOME (MED 1, MED 4) | 2825.15.00 |
| INITIAL CONTACT PERSON | 1820.00.00 |
| INITIAL EVALUATION AND REFERRAL | 1826.00.00 |
| INITIAL IMPACT APPOINTMENT (F, C, I) | 2520.00.00 |
| INITIATING COLLECTION ACTION | 4630.00.00 |
| IN-KIND CONTRIBUTIONS (F, C, MED 2, MED 3) | 2815.10.00 |
| IN-KIND EARNINGS | 2815.05.00 |
| IN-KIND INCOME | 2815.00.00 |
| IN-KIND SUPPORT AND MAINTENANCE (MED 1, MED 4) | 2815.15.00 |
| INQUIRIES FOR INFORMATION | 1420.00.00 |
| Insignificant Resources (F) | 2605.15.00 |
| INSTITUTIONAL STATUS | 2422.00.00 |
| Institutionalized Children (MED 2, MED 3) | 3225.15.00 |
| INSURANCE | 2615.25.00 |
| INSURANCE SETTLEMENTS (C, MED 1) | 4835.00.00 |
| INTENTIONAL PROGRAM VIOLATION (F) | 2442.00.00 |
| Intentional Program Violation Definition (F, C) | 4610.15.00 |
| Inter County Claims Transfers | 4645.20.00 |
| Inter State Claims Transfers (F) | 4645.20.10 |
| INTEREST ON INDIVIDUAL DEVELOPMENT ACCOUNTS | 2850.05.00 |
| Internal Revenue Code Penalties | 4425.05.00 |
| INTERSTATE TRANSFER CASES (C, I) | 2240.30.00 |
| INTERVIEW NOTICE | 1835.10.00 |
| INTRODUCTION TO THE ICES PROGRAM POLICY MANUAL | 1000.00.00 |
| Investigation Of Possible Fraud | 4610.15.20 |
| INVOLUNTARY WITHHOLDING OF TAXES (C, MED) | 2805.25.00 |
| IPV DISQUALIFICATION (F, C) | 4610.40.00 |
| IRS AND BEER DATA SECURITY REQUIREMENTS | 4425.10.00 |
| Issuance Of Medicaid Cards (MED) | 3615.10.00 |
| Issuance Of Medicaid Cards To Homeless Individuals (MED) | 3615.10.05.00 |
| Issuance of Subpoena | 1425.10.10.20 |
| ISSUANCE TYPES (F) | 3610.05.00 |
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| Job Readiness Activities (F, C, I) | 2540.10.20 |
| Job Search (F, C, I) | 2540.10.10 |
| Job Search Training (F, I) | 2540.10.20 |
| Job Skill Training (F, C, I) | 2540.10.30 |
| Joint Ownership Of Resources | 2605.10.00 |
| Joint Ownership Of Vehicles | 2605.10.10 |
| Joint SSI/FS Application (F) | 1825.05.10 |
| JTPA Income (MED 1, MED 4) | 2810.35.10 |
| JTPA Income For Children (C, MED 2, MED 3) | 2810.35.10 |
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| LAND SALES CONTRACT | 2615.55.00 |
| Land Sales Contract (C, MED 2) | 2615.55.10 |
| Land Sales Contract (F) | 2615.55.00 |
| Land Sales Contract (MED 1, 4) | 2615.55.10 |

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| Lawfully Admitted For Permanent Residence | 2402.20.00 |
| LAWSUITS | 4210.40.00 |
| LEGAL BASIS (C, I) | 1210.05.00 |
| LEGAL BASIS (F) | 1205.05.00 |
| LEGAL BASIS (MED) | 1215.05.00 |
| LEGAL GUARDIANSHIP REPRESENTATIVE PAYEE | 2615.80.00 |
| Length Of Employment And Training Sanction Periods (C) | 2438.45.35.10 |
| LEVEL OF CARE/PREADMISSION SCREENING (MED) | 2424.00.00 |
| Liabilities And Penalties Of Facilities (F) | 3605.15.05.10 |
| Liability Exceeds Facility Private Rate (MED 1) | 3455.15.10 |
| Liability Exceeds Medicaid Rate (MED 1) | 3455.15.15.00 |
| LIENS | 3320.00 |
| LIFE CARE CONTRACT (MED 1, 4) | 2615.70.00 |
| Life Estate Remainder Tables | 2605.25.10.10 |
| Life Estate/Remainder Value | 2605.25.10.00 |
| Life Insurance | 2615.25.00 |
| Life Insurance (C, MED 1, 2, 4) | 2615.25.05.10 |
| Life Insurance (F) | 2615.25.05.00 |
| Life Insurance Exemption (MED 1) | 2615.25.05.10 |
| Life Insurance Exemption (MED 4) | 2615.25.05.20 |
| Life Threatening Circumstances (C) | 3435.10.10 |
| Live-in Attendants (F) | 3210.15.10 |
| LOANS | 2865.00.00 |
| Local Office Review of Good Cause Determination (MED) | 2434.15.10 |
| Local Office's Responsibility At Hearing | 4210.15.00 |
| Local Responsibility For TOP (F) | 4635.40.00 |
| LOCATION AND HOURS OF CERTIFICATION SERVICES (F) | 1465.10.00 |
| Long Term Care Program-Resource Disregard (MED 1, 4) | 2615.25.10 |
| LOSS OF EXEMPTION WHILE CERTIFIED (F, I) | 2438.30.00 |
| Lost Benefits - IPV (F) | 3610.15.20 |
| Lost Benefits - IPV (F, C) | 4215.55.00 |
| Lost, Stolen, Destroyed Warrants | 3610.10.00 |
| LOW INCOME FAMILIES | 1620.05.00 |
| Low Income Families (MA C) Support Extension (MED 2) | 3460.05.00 |
| LUMP SUM AND INSTALLMENT PAYMENTS | 4635.05.00 |
| LUMP SUM INCOME (MED 1, MED 2, MED 3, MED 4) | 2880.15.00 |
| Lump Sum Income (MED 2, MED 3) | 3435.30.00 |
| LUMP SUM INCOME BECOMES UNAVAILABLE (C) | 3435.20.00 |
| LUMP SUM PAYMENTS | 2880.00.00 |
| Lump Sum Payments (F) | 2615.65.00 |
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| M.E.D. WORKS CONTINUATION WHEN EMPLOYMENT IS LOST | 3455.09.00 |
| M.E.D. WORKS PREMIUM PAYER AND ENROLLMENT PROCESS | 2035.33.00 |
| MA 10 Income Standards/Premium (MED 3) | 3010.30.20 |
| MA C Closure Due To Support Collection | 1620.05.10 |
| MA EARNED INCOME DISREGARD (MED 2, MED 3) | 3035.00.00 |
| MA Q Closure Due To Earnings | 1620.05.20 |
| MANDATORY REPORTING OF CHILD ABUSE OR NEGLECT | 1445.00.00 |
| MANUAL DISTRIBUTION | 1035.00.00 |
| MANUAL NUMBERING SCHEME | 1015.00.00 |
| MANUAL ORGANIZATION AND FORMAT | 1010.00.00 |
| MANUAL TERMINOLOGY | 1020.00.00 |

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| MANUALS AND PROGRAM DIRECTIVES | 1420.10.00 |
| MAXIMUM BENEFITS (C) | 3050.10.00 |
| MAXIMUM BENEFITS (F) | 3050.05.00 |
| MAXIMUM BENEFITS (F, C) | 3050.00.00 |
| MAXIMUM PAYMENTS FOR BURIAL EXPENSES (C, MED 1) | 4810.00.00 |
| Maximum Time Between Issuances (F) | 3610.05.40 |
| Meal Delivery Services (F) | 1460.10.10 |
| MED 1 | 1025.10.00 |
| MED 2 | 1025.15.00 |
| MED 3 | 1025.20.00 |
| MED 4 | 1025.25.00 |
| MED EXPENSES DURING INELIGIBILITY PERIOD (C) | 3435.25.00 |
| MEDICAID ASSISTANCE GROUPS (MED 1) | 3220.00.00 |
| MEDICAID ASSISTANCE GROUPS (MED 2, MED 3) | 3225.00.00 |
| MEDICAID EXCLUDED MEMBERS (MED 2, MED 3) | 3225.35.00 |
| MEDICAID IDENTIFICATION CARDS (MED) | 3615.10.00 |
| Medicaid Penalties Relative To IV-D Sanction (MED 2) | 2436.20.05.00 |
| Medical Assignment Good Cause Determination (MED) | 2434.15.00 |
| MEDICAL ASSIGNMENT REQUIREMENTS (MED) | 2434.05.00 |
| MEDICAL ASSISTANCE (MED 3) | 3460.15.00 |
| MEDICAL ASSISTANCE (MED) | 1215.00.00 |
| MEDICAL ASSISTANCE BUDGETING (MED 2) | 3460.05.00 |
| MEDICAL ASSISTANCE FOR THE AGED, BLIND & DISABLED (MED 1, MED 4) | 1610.00.00 |
| Medical Evidence (MED 1) | 2412.30.00 |
| MEDICAL EXPENSES (F, MED 1, MED 2) | 3440.45.00 |
| Medical Expenses In The Food Stamp Budget (F) | 3440.45.00 |
| Medical Expenses In The Medicaid Budget (MED 1, 2) | 3440.45.06 |
| MEDICAL SUPPORT COOPERATION REQUIREMENTS (MED) | 2434.10.00 |
| Medicare Involved In Nursing Facility Payment (MED 1) | 3455.15.20 |
| MEDICARE STATUS (MED 4) | 2416.00.00 |
| MERIT PERSONNEL FOR ELIGIBILITY CASE PROCESSING | 1410.10.00 |
| Method Of Providing TANF And Food Stamp IMPACT Supportive Services (F, C, I) | 2550.25.10.00 |
| Method Of Restoration (F) | 3610.15.30 |
| Methods to Fulfill Certification Needs (F) | 1465.10.00 |
| MIGRANT NEW SOURCE INCOME (F) | 2845.45.00 |
| Migrant Or Seasonal Farm Worker (F) | 1825.25.10 |
| MILITARY ALLOTMENTS | 2840.40.00 |
| MILITARY SUBSISTENCE ALLOWANCES | 2845.70.00 |
| Mineral Rights Value | 2605.25.10.10 |
| Minimum Hour Requirements (F) | 1465.15.10 |
| Minimum Requirements (F) | 1465.10.10 |
| MINIUM EARNINGS FOR M.E.D. WORKS IMPROVED CATEGORY (MED 1) | 3047.00.00 |
| Minor Parent Consideration (C) | 3215.05.20 |
| Minor Parent In An Existing TANF AG (C) | 3215.05.25.10 |
| Minor Parents (C) | 3215.05.25.00 |
| Money Mismanagement (C) | 3605.25.00 |
| MONITORING OF RESOURCES | 2605.40.00 |
| MONITORING RESPONSES TO NOTICES (F) | 4630.15.00 |
| MORTGAGES, LOANS, AND PROMISSORY NOTES | 2615.50.00 |
| Multiple Transfers of Property (MED) | 2640.10.35.00 |
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| National School Lunch Act (C, MED 1, 2, 4) | 2630.05.20 |

NATIVE AMERICANS/ALASKAN INDIANS (MA 10) 2403.00.00
Naturalized Citizens 2402.10.10
NEED STANDARDS (C) 3010.10.00
Net Boarder Income (F) 3415.05.00
NET INCOME CALCULATION FOR ELDERLY/DISABLED AGS (F) 3445.25.00
Net Income Calculation/AG Below Gross Income Limit (F) 3445.20.00
NEWBORN STATUS (MED) 2428.00.00
NEWBORNS 1620.90.00
NO FOOD STAMP INCREASE WHEN TANF DECREASED DUE TO NON-COOPERATION (F) 3445.60.00
NON-CATEGORICALLY ELIGIBLE ASSISTANCE GROUPS (F) 1630.10.00
Non-Compliance Definition (C, I) 2438.45.30
NON-COMPLIANCE WITH IMPACT/E & T (F, C, I) 2438.45.00
NON-COMPLIANCE WITH WORK REGISTRATION (F, C, I) 2438.20.00
NON-DISCRIMINATION 1435.00.00
NON-DISCRIMINATION INFORMATION 1435.05.00
NON-ENFORCEMENT OF CLAIM (MED) 4650.05.00
NON-EXEMPT EDUCATIONAL INCOME 2860.10.00
Non-Exempt Vehicles (F) 2615.60.10.00
NON-FINANCIAL ELIGIBILITY REQUIREMENTS 3301.10.00
NON-FINANCIAL REQUIREMENTS 2400.00.00
NON-INSTITUTIONALIZED APPLICANT/RECIPIENT (MED 1) 3220.05.00
Non-Priority Child Care Referrals 2444.05.10
NON-RECURRING LUMP SUM PAYMENT CALCULATIONS (C, MED 2, MED 3) 3435.00.00
NON-RECURRING LUMP SUM PAYMENT EXEMPTIONS AND DISREGARDS (C) 3435.05.00
NON-RECURRING LUMP SUM PAYMENTS 2615.65.00
NON-RECURRING LUMP SUM PAYMENTS (C) 2880.10.00
Notice of Missed Interview (F) 2020.05.20
Notification Of ADH Decision (F, C) 4215.35.00
NOTIFICATION OF MEDICAID OVERPAYMENT (MED) 4630.25.00
NUMIDENT 4430.25.00

Obtaining 40 Qualifying Quarter Verification (F,C) 2402.20.05.10
OBTAINING PHYSICAL CUSTODY TO ESTABLISH TANF ELIGIBILITY (C) 2420.30.00
Offering Property For Sale Or Rent (MED 1) 2620.20.10
Offering Property For Sale Or Rent (MED 4) 2620.20.10.00
OFFICIAL DETERMINATION OF FRAUD (F, C) 4610.30.00
OFFICIAL DETERMINATION OF IPV CATEGORY (F, C) 4630.10.00
OFFSET OF OVER ISSUANCE (F, C) 4635.15.00
OLDER AMERICANS ACT 2845.10.00
Older Americans Act (C, MED 1, 2, 4) 2630.05.10
One Time Only - Non-Medical Expenses (F) 3440.65.10
One Time Only Medical Expenses (F) 3440.65.00
On-The Job Training, OJT (C, I) 2540.10.50
OPENING AN ESTATE (MED) 4650.15.00
OTHER FOOD STAMP COMPLAINTS (F) 1440.25.00
Other Household Members (F) 3210.25.10
Other Immigrants, Visitors, and Non-Immigrants 2402.20.50
Other Returned Food Stamp Benefits (F) 3620.15.10
OTHER SUPPORTIVE SERVICES FOR TANF CLIENTS (C, I) 2550.40.00
Other Trusts Not Governed By OBRA-93 (MED) 2615.75.20.10
Out Of State Placement In An Institution (MED) 2406.20.10.00
OUTLINE OF INDIVIDUAL DATA EXCHANGE MATCHES 4430.00.00

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| Out-Of-Office Certification (F) | 1465.10.30 |
| OUTREACH | 1415.00.00 |
| Outstanding Warrants (C) | 3610.20.40 |
| Over Issuance Calculation (F, C) | 4620.05.00 |
| OVER ISSUANCES AGAINST CWEP PARTICIPANTS (F) | 4625.25.00 |
| OVER ISSUANCES AGAINST DRUG/ALCOHOLIC TREATMENT CENTERS (F) | 4625.30.00 |
| OVER ISSUANCES AGAINST GROUP LIVING ARRANGEMENT PERSONS (F) | 4625.35.00 |
| Overpayment Calculation After Property Sale (C) | 2620.20.15.10 |
| OWNERSHIP OF INCOME | 2805.15.00 |
| OWNERSHIP OF RESOURCES | 2605.10.00 |
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| Parental Deemed Income (MED 1) | 3455.05.20 |
| Parental Deeming of Resources | 3301.15.02 |
| Parents And Children Included (F) | 3210.10.00 |
| Parolees Under Section 212(d)(5) | 2402.20.20 |
| Participants In Drug Addiction/Alcoholic Treatment (F, I) | 2438.15.05.40 |
| PARTICIPATION OF ASSISTANCE GROUP AWAITING HEARING (F, C) | 4215.25.00 |
| PARTICIPATION RATES (C, I) | 2505.00.00 |
| Part-Time Student/Full-Time Employee (C, MED 2, MED 3) | 2810.25.05.10 |
| Part-Time Student/Part-Time Employee (C, MED 2, MED 3) | 2810.25.05.10 |
| Paternity Acknowledgment (C, MED 2) | 2420.05.05.10 |
| PAYMENT FOR BURIAL EXPENSES (C, MED 1) | 4830.00.00 |
| PAYMENT FOR CEMETERY EXPENSES (C, MED 1) | 4810.10.00 |
| Payment For Disability Examinations (MED 1) | 2412.30.10 |
| PAYMENT FOR EYE EXAMINATION (MED 1) | 2412.15.00 |
| PAYMENT FOR FUNERAL DIRECTOR'S EXPENSES (C, MED 1) | 4810.05.00 |
| Payment For Incapacity Examinations (C) | 2418.10.05.10 |
| Payments Of Benefits Wrongly Withheld (F) | 3610.15.00 |
| Payments To Japanese And Aleuts (F, C, MED 2, MED 3) | 2845.20.00 |
| Payments To Japanese And Aleuts (MED 1, MED 4) | 2845.20.05.00 |
| PAYMENTS TO STUDENTS | 2630.45.00 |
| PENALTIES FOR CHILD SUPPORT NON-COOPERATION (C) | 2436.20.00 |
| PENALTIES FOR DISCLOSURE OF INFORMATION | 4425.05.00 |
| PENALTIES FOR NON-COMPLIANCE WITH MEDICAL RIGHTS (MED) | 2434.20.00 |
| Penalties For Social Security Number Non-Compliance (F) | 2404.25.00 |
| Penalties For SSN Non-Compliance (C, MED) | 2404.25.10 |
| PENDING CLAIM REFERRAL TIME PRIORITIES (F) | 4615.15.00 |
| PENDING IPV DETERMINATION (F) | 4620.25.00 |
| PENSIONS | 2840.20.00 |
| Periodic Reinvestigation (C) | 2418.10.10 |
| Periodic Report Not Received | 3805.40.00 |
| PERMANENT ABSENCE FROM INDIANA | 2406.30.00 |
| PERSON WHO SIGNS THE APPLICATION | 1825.10.00 |
| PERSONAL PROPERTY USED TO PRODUCE FOOD (C, MED) | 2615.40.00 |
| PERSONAL RESPONSIBILITY AGREEMENT (C) | 2450.00.00 |
| PERSONNEL STANDARDS | 1410.00.00 |
| Persons Age 60 And Older/Inpatient Psychiatric Care (MED) | 2422.10.10 |
| PERSONS RESPONSIBLE FOR REPAYMENT | 4625.00.00 |
| PERSONS RESPONSIBLE FOR REPAYMENT (C) | 4625.10.00 |
| PERSONS RESPONSIBLE FOR REPAYMENT (F) | 4625.05.00 |
| PHYSICAL OR MENTAL INCAPACITY OF PARENT (C) | 2418.10.00 |
| Plan For Achieving Self Support (MED 1,MED 4) | 3455.05.05.10 |

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| PLAN FOR ACHIEVING SELF-SUPPORT | 2625.00.00 |
| PLAN FOR ACHIEVING SELF-SUPPORT (F) | 2845.52.00 |
| PLAN FOR ACHIEVING SELF-SUPPORT (F) | 2625.05.00 |
| PLAN FOR ACHIEVING SELF-SUPPORT (MED 1, 4) | 2625.10.0 |
| Post Eligibility Protected Period (MED 1) | 2635.10.10.10 |
| Post-Eligibility Budgeting | 3301.20.04 |
| POST-ELIGIBILITY BUDGETING (MED 1) | 3455.15.00 |
| Post-Eligibility Standards (MED 1) | 3010.20.10 |
| Posting of the Schedule (F) | 1465.25.10 |
| Postponed Determination Of Work Registration (F, I) | 2438.10.05.00 |
| PR FORM NOT RECEIVED OR INCOMPLETE | 3805.35.00 |
| PREADMISSION SCREENING IS PENDING (MED 1) | 2035.15.00 |
| PREGNANCY (MED 2, MED 3) | 2426.00.00 |
| PREGNANT WOMEN - FULL COVERAGE (MED 2) | 1620.55.00 |
| PREGNANT WOMEN - PREGNANCY-RELATED COVERAGE (MED 3) | 1620.60.00 |
| PREGNANT WOMEN WHOSE INCOME INCREASES (MED 1, 4) | 1610.50.00 |
| PREGNANT WOMEN WHOSE INCOME INCREASES (MED 2, 3) | 1620.65.00 |
| PREMIUM AND CATEGORY CHANGES FOR M.E.D. WORKS (MED 1) | 3455.08.00 |
| Prepaid Funeral Agreements (C, MED 2) | 2615.20.10.00 |
| PREPARATION FOR HEARING BY APPELLANT | 4210.05.00 |
| PREPARATION FOR HEARING BY LOCAL OFFICE | 4210.10.00 |
| PREPARATION OF COUNTY SERVICE PLANS (F) | 1465.05.00 |
| Presumption Of Intent In Transferring Property (MED) | 2640.10.30 |
| PRIMARY RESIDENCE DETERMINATION (C, FS, MED 2, MED 3) | 3205.05.00 |
| Principal Wage Earner (C) | 2418.15.00 |
| PRINCIPLES OF RESOURCES | 2605.00.00 |
| PRINTED MATERIAL | 1420.05.00 |
| PRIORITY CHILD CARE REFERRALS (C) | 2444.00.00 |
| PRIORITY OF THE CLAIM (MED) | 4650.20.00 |
| PROCEDURES WHEN MEDICAID FACILITY LOSES CERTIFICATION | 2220.25.00 |
| Processing Appeal Cases Remanded Under IDPW v. Payne | 2635.10.20.20 |
| PROCESSING CHANGES | 2220.00.00 |
| PROCESSING REDETERMINATIONS | 2210.00.00 |
| PROCESSING SUPPORTIVE SERVICES (F, C, I) | 2550.10.00 |
| Processing The Periodic Report Form (PR Form) | 3805.20.00 |
| PROGRAM OVERVIEW (C, I) | 1210.10.00 |
| PROGRAM OVERVIEW (F) | 1205.10.00 |
| PROGRAM OVERVIEW (MED) | 1215.10.00 |
| PROGRESS REPORTS (MED 1) | 2412.50.00 |
| PROPERTY NECESSARY TO VEHICLE MAINTENANCE | 2630.80.00 |
| Property Not Marketed Within 30 Days | 2620.20.15.00 |
| PROPERTY SUBJECT TO LIEN (F) | 2630.75.00 |
| Property Taxes, Assessments, Insurance (F) | 3440.10.10 |
| PROPERTY TRANSFERS AFFECTING ELIGIBILITY (F) | 2640.05.00 |
| Property Unsold After Six Months (C) | 2620.20.15.10 |
| Prorated Budget Method | 3405.10.20 |
| PRORATED INCOME (F, C, MED) | 2615.90.00 |
| Prorating Actual Expenses (F) | 3440.15.10 |
| PRORATING BENEFITS (C) | 3450.55.00 |
| Prorating Benefits (F) | 3445.40.00 |
| Prorating SUA Within The AG | 3440.15.15.00 |
| PROTECTED CASES | 1430.00.00 |

Protective Payee Authorization Procedures (C) 3605.25.30
Protective Payment Review Period (C) 3605.25.20
Protective Payment Time Limitation (C) 3605.25.30
PROTECTIVE PAYMENTS (C) 3605.25.00
PROVIDE PROOF OF INFORMATION 2015.05.00
PROVIDING INFORMATION TO APPLICANTS AND FAMILY MEMBERS (MED) 2030.10.00
PROVIDING INFORMATION TO THE ASSISTANCE GROUP 2030.00.00
PROVIDING INFORMATION TO THE ASSISTANCE GROUP (F) 2030.05.00
PROVIDING TANF AND FOOD STAMP IMPACT SUPPORTIVE SERVICES (F, C, I) 2550.30.00
Public Comment (F) 1465.05.20
PUBLICATION OF COMPLAINT PROCEDURE (F) 1440.05.00
Publicizing the System (F) 1465.25.20
PURPOSE AND SCOPE OF THE MANUAL 1005.00.00

QDW Income Standards (MED 4) 3010.35.10
QI Income Standards (MED 4) 3010.35.20
QMB Income Standards (MED 4) 3010.35.00
QMB, QDW, SLMB, and QI Resource Determinations (MED 4) 2635.10.00
QMB/QDW/SLMB/QI ASSISTANCE GROUPS (MED 4) 3230.00.00
QMB/QDW/SLMB/QI BUDGETING PROCEDURE (MED 4) 3465.05.00
QUALIFIED DISABLED AND WORKING INDIVIDUALS (MED 4) 2416.10.00
QUALIFIED DISABLED WORKER (MED 4) 1610.40.00
QUALIFIED INDIVIDUALS (MED 4) 1610.45.00
QUALIFIED INDIVIDUALS (MED 4) 2416.20.00
QUALIFIED MEDICARE BENEFICIARY (MED 4) 1610.30.00
QUALIFIED MEDICARE BENEFICIARY (MED 4) 2416.05.00
QUESTIONABLE ADDRESS (F) 2407.00.00

RADIATION EXPOSURE ACT BENEFITS 2845.50.00
RADIATION EXPOSURE ACT BENEFITS 2630.60.00
RAILROAD RETIREMENT BENEFITS 2840.15.00
RBA ELIGIBLE INDIVIDUALS (MED 1) 1610.25.00
RBA MEDICAID AG MEMBERS (MED 1) 3220.20.00
REAL ESTATE INCOME 2875.00.00
Real Property Owned by a Community Spouse (MED 1) 2620.15.30
REAL PROPERTY OWNERSHIP 2620.05.00
Real Property Value 2605.25.10
REAPPLICATIONS 2040.00.00
Reasonable Compensation (F) 3210.15.05.10
Reasons for Parental Absence (C) 2418.05.10
Receipt Of A Mailed, Faxed Or Hand-Delivered Application 1825.05.00
Receiving County Responsibilities (I) 2240.15.00
RECIPIENT NOTIFICATION OF OVER ISSUANCE (C) 4630.20.00
RECIPIENT NOTIFICATION OF OVER ISSUANCE (F) 4630.05.00
Reconciling 40 Qualifying Quarter Verification (F,C) 2402.20.05.20
Recovery From Special Needs Trusts (MED) 4650.10.00
RECOVERY METHODS 4635.00.00
Recreational Vehicles And Equipment 2615.60.20
RECURRING LUMP SUM PAYMENTS (F) 2880.05.00
REDETERMINATIONS (F, C, MED) 2205.00.00
Reducing An Overpayment With Child Support Collections (C) 4620.30.10
REDUCTION IN SCOPE OF MEDICAID COVERAGE (MED) 2236.00.00

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| Referral For Administrative Disqualification Hearing (F, C) | 4610.15.40 |
| Referral To County Prosecutor | 4610.15.30 |
| Referral To IMPACT (F, C, I) | 2438.05.00 |
| REFUGEE ASSISTANCE GROUPS (C) | 3215.10.00 |
| REFUGEE CASH ASSISTANCE (C) | 1605.20.00 |
| Refugee Excluded Members (C) | 3215.10.20 |
| Refugee Mandatory Nonparticipating AG Members (C) | 3215.10.10 |
| Refugee Mandatory Participating AG Members (C) | 3215.10.00 |
| REFUGEE MEDICAL ASSISTANCE (MED 2) | 1620.50.00 |
| Refugee Optional AG Participants (C) | 3215.10.10 |
| Refugee Voluntary Quit And Employment Refusal (C) | 2438.50.30.10 |
| Refugees Under Section 207 | 2402.20.10 |
| Refugees/Spend-Down Provisions (MED 2) | 3460.05.30 |
| REFUSAL TO COMPLY WITH SOCIAL SECURITY NUMBER REQUIREMENT | 2404.25.00 |
| REGISTRATION WITH WORKFORCE DEVELOPMENT (C) | 2438.60.00 |
| Regular Budget Method | 3405.10.00 |
| Regular Disability vs. MED Works | 3301.20.03 |
| Regular Medicaid Budgeting | 3301.20.02 |
| REGULAR TANF(C) | 1605.05.00 |
| REIMBURSEMENTS | 2855.00.00 |
| RELATIONSHIP OF RELATIVE TO CHILD (C, MED 2) | 2420.05.00 |
| RELEASE OF CONFIDENTIAL INFORMATION | 1425.10.00 |
| Release of Confidential Information to the Individual | 1425.10.00 |
| Release Of Confidential Information Without Consent | 1425.10.10.00 |
| Release of Confidential Information Without Consent (C) | 1425.10.10.10 |
| Release of Confidential Information Without Consent (F, C) | 1425.10.10.10 |
| Release of Information to Third Parties | 1425.10.10 |
| Release of Medicaid Numbers to Providers (MED) | 1425.10.10 |
| RELOCATION ASSISTANCE ACT PAYMENTS | 2835.20.00 |
| RELOCATION ASSISTANCE ACT PAYMENTS | 2630.15.00 |
| REMOVAL OF EXTRANEOUS MATERIAL FROM CASE RECORDS (C, I, MED) | 1455.05.00 |
| RENTAL INCOME | 2875.05.00 |
| RENTAL INCOME | 3420.00.00 |
| Rental Income (C, MED 2, MED 3) | 2875.05.10 |
| Rental Income (F) | 2875.05.00 |
| Rental Income (MED 1, MED 4) | 2875.05.10 |
| REOPENING SUSPENDED CLAIMS | 4645.15.00 |
| REPAIR COST EXPENSES (F) | 3440.30.00 |
| Repayment Negotiation (C) | 4630.20.00 |
| Replacement Of Food Destroyed In A Disaster (F) | 3610.15.30 |
| Replacement Of ID Cards (MED) | 3615.10.10 |
| Replacement Of Lost Or Stolen Warrants (C) | 3610.20.30 |
| REPORT CHANGES IN CIRCUMSTANCES | 2015.20.00 |
| Report Of Fraud Investigations and Adjudications | 4610.15.20 |
| REPORT OF NEW JOB THAT REDUCES FS ALLOTMENT (F) | 2220.22.00 |
| REPORTING IMPACT HOURS (C, I) | 2540.05.00 |
| REPRESENTATIVES AND PROTECTIVE PAYEES | 3605.00.00 |
| REQUEST FOR AN APPLICATION | 1805.00.00 |
| REQUEST FOR AN INDEPENDENT RESOURCE ASSESSMENT (MED 1) | 1810.00.00 |
| REQUEST FOR CONTINUANCE FROM THE APPELLANT | 4205.40.00 |
| Request For Continuance From The Appellant (C, MED) | 4205.40.00 |
| Request For Continuance From The Local Office | 4205.40.10 |

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| Request For TOP Review (F) | 4635.40.10 |
| REQUESTING AN ADH (F, C) | 4215.05.00 |
| REQUESTS FOR INFORMATION | 2025.15.00 |
| REQUESTS FROM OTHER STATES REGARDING DISQUALIFICATIONS (F) | 4655.10.00 |
| Required Re-examination of Eyesight (MED 1) | 2412.15.20 |
| REQUIREMENT TO FILE FOR OTHER BENEFITS (MED 1, MED 4) | 2432.00.00 |
| REQUIREMENT TO PROVIDE SOCIAL SECURITY NUMBER | 2404.00.00 |
| Requirement to Publicize (F) | 1465.10.30 |
| Requirement to Publicize (F) | 1465.25.10 |
| REQUIREMENTS FOR REFUGEES (C, MED 2) | 2432.05.00 |
| Requirements For Voluntary Quit Disqualification (F) | 2438.50.10 |
| Rescheduling The Interview | 2005.05.10 |
| RESERVED (F) | 3440.35.00 |
| RESIDENCE IN THE HOME OF A SPECIFIED RELATIVE (C, MED 2) | 2420.00.00 |
| RESIDENCY | 2406.00.00 |
| RESIDENCY OF HOMELESS INDIVIDUALS | 2406.05.00 |
| Residency Of Institutionalized Individuals (MED) | 2406.20.10 |
| Residency Of Non-Institutionalized Individuals (MED) | 2406.20.00 |
| RESIDENCY REQUIREMENTS (C) | 2406.15.00 |
| RESIDENCY REQUIREMENTS (F) | 2406.10.00 |
| RESIDENCY REQUIREMENTS (MED) | 2406.20.00 |
| RESIDENCY VERIFICATION | 2406.35.00 |
| Resident Addicts And Alcoholics (F) | 3210.15.20 |
| RESIDENTIAL LIVING ALLOWANCES | 2835.50.00 |
| Residents' Certification Based On Current Circumstances (F) | 3210.15.30.10 |
| Residents Of Group Living Arrangements (F) | 3210.15.20 |
| RESIDENTS OF INSTITUTIONS (F) | 2422.05.00 |
| Residents Of Institutions (F) | 3210.15.10 |
| RESIDENTS OF INSTITUTIONS (MED) | 2422.10.00 |
| Residents Of Psychiatric Facilities (MED) | 2422.10.00 |
| Residents Of Shelters For Battered Women And Children (F) | 3210.15.30 |
| Residents Who Leave AGs To Enter Shelter (F) | 3210.15.30.10 |
| Resource Assessment And Spousal Share (MED 1) | 2635.10.10.00 |
| Resource Deemed From Alien's Sponsor/Spouse (F, C) | 2635.05.10 |
| Resource Eligibility Date (C, MED 1, 2, 4) | 2605.20.10 |
| Resource Eligibility Date (F) | 2605.20.00 |
| Resource Eligibility Date (MED 3) | 2605.20.10 |
| RESOURCE ELIGIBILITY DATES | 2605.20.00 |
| RESOURCE ELIGIBILITY DETERMINATION | 2635.00.00 |
| RESOURCE ELIGIBILITY DETERMINATION (MED 1) | 2635.10.00 |
| RESOURCE ELIGIBILITY DETERMINATION (MED 3) | 2635.15.00 |
| Resource Eligibility Determination For Aliens (F, C) | 2635.05.00 |
| RESOURCE ELIGIBILITY FOR WAIVERS | 3301.15.00 |
| Resource Eligibility/Cherry & Newkirk vs. Magnant (MED 1) | 2635.10.10 |
| Resource Eligibility/Institutionalized Spouse (MED 1) | 2635.10.10.10 |
| RESOURCE LIMITS | 2610.00.00 |
| RESOURCE LIMITS | 3005.00.00 |
| RESOURCE LIMITS (C, MED 2) | 3005.10.00 |
| RESOURCE LIMITS (F) | 3005.05.00 |
| RESOURCE LIMITS (MED 1) | 3005.15.00 |
| RESOURCE LIMITS (MED 3) | 3005.20.00 |
| RESOURCE LIMITS (MED 4) | 3005.25.00 |

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| Resource Limits and Methodologies | 3301.15.01 |
| Resource Spend-Down Determination | 2635.10.20.10 |
| RESOURCES | 2600.00.00 |
| RESOURCES EXEMPTED BY TANF/SSI (F) | 2630.70.00 |
| RESOURCES EXEMPTED UNDER FEDERAL LAW | 2630.00.00 |
| RESOURCES OF AG MEMBERS (F) | 2635.05.00 |
| RESOURCES OF THE DECEASED (C, MED 1) | 4805.05.00 |
| Resources/Institutionalized/Community Spouse (MED 1) | 2635.10.10 |
| RESPONSIBILITIES OF THE APPLICANT/RECIPIENT | 2015.00.00 |
| Responsibilities Of The Protective Payee (C) | 3605.25.20 |
| RESPONSIBILITY FOR OBTAINING VERIFICATION | 2025.10.00 |
| RESPONSIBILITY FOR REPAYMENT IN ALIEN/SPONSOR CASES (F, C) | 4625.15.00 |
| RESPONSIBILITY OF INITIATING COUNTY | 2240.10.00 |
| RESPONSIBILITY OF RECEIVING COUNTY | 2240.15.00 |
| RESTORING BENEFITS (F) | 3610.15.00 |
| Restrictions On Representatives (F) | 3605.05.10 |
| RETENTION OF CASE RECORDS IN LOCAL OFFICE | 1450.15.00 |
| RETENTION OF DOCUMENTS WITHIN THE CASE FILE | 1450.20.00 |
| Retention Of Documents Within The Case File (MED) | 1450.20.00 |
| Retention of Form 2248 (F) | 1465.05.10 |
| Retention Of Issuance Materials (F) | 3620.10.00 |
| RETIREMENT ACCOUNTS | 2615.15.00 |
| Retirement Accounts (C, MED) | 2615.15.10 |
| Retirement Accounts (F) | 2615.15.00 |
| Retroactive Or Emergency Services (MED) | 1425.10.15.00 |
| RETROACTIVE PAYMENTS (F) | 2615.85.00 |
| Retroactive/Corrective TANF/RCA Payments (C, F, MED) | 2835.40.00 |
| Returned Benefits | 3610.20.20 |
| REVERSE MORTGAGES | 2866.00.00 |
| REVERSED DISQUALIFICATION (F, C) | 4215.55.00 |
| REVERSED DISQUALIFICATION (F, C) | 4645.25.00 |
| Review By Central Office (MED) | 4205.45.10 |
| Review By Local Office | 4205.45.00 |
| REVIEW OF ACTION BY CENTRAL OR LOCAL OFFICE | 4205.45.00 |
| Review Of Child Support Good Cause Determination (C) | 2436.10.10.30 |
| Review of Group Living Arrangements (F) | 3210.15.25.10 |
| Review Of Resident Addicts/Alcoholics (F) | 3210.15.20.10 |
| REVIEW REQUIREMENTS | 4415.00.00 |
| RIGHT TO A COMBINED TANF AND FOOD STAMP INTERVIEW | 1805.05.00 |
| RIGHT TO APPEAL | 4205.05.00 |
| Roomers (F) | 3210.25.00 |
| ROUNDING (F) | 3445.35.00 |
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| Safety Deposit Box | 2615.10.10 |
| SALE OF BLOOD OR PLASMA | 2810.10.00 |
| Sanction For IMPACT Or E & T Non-Compliance (C, I, MED 2) | 2438.45.35.00 |
| Sanction Situations (C) | 3605.25.10 |
| Savings And Checking Accounts | 2615.10.00 |
| SCHEDULING REDETERMINATION INTERVIEWS | 2205.10.00 |
| SCHEDULING THE INTERVIEW | 1835.00.00 |
| School Employees Under Contract (F, I) | 2438.15.05.50 |
| SCREENING FOR FS EXPEDITED SERVICE (F) | 1825.25.00 |

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| SDX DATA SECURITY REQUIREMENTS | 4425.15.00 |
| Seasonal Influx of Non-English Speaking Units (F) | 1410.25.10 |
| SECURITY | 4425.00.00 |
| SELF-EMPLOYMENT | 2810.30.00 |
| Self-Initiated Vocational Educational Training (C, I) | 2540.10.40 |
| SELF-SUFFICIENCY PLAN (C, I) | 2454.00.00 |
| Self-Sufficiency Plan Development (F, C, I) | 2530.05.00 |
| SELF-SUFFICIENCY PLAN TIMEFRAMES (F, C, I) | 2530.05.00 |
| SELF-SUFFICIENCY PLANS (F, C, I) | 2530.00.00 |
| SETTLEMENT PAYMENTS UNDER WALKER V. BAYER CORPORATION,ET.AL. (MED) | 2845.65.00 |
| SHARING EXPENSES (F) | 3440.90.00 |
| SHELTER EXPENSE OF UNOCCUPIED HOMES (F) | 3440.25.00 |
| SHELTER EXPENSES/DEDUCTIONS (F) | 3440.10.00 |
| SHELTERED WORKSHOP EARNINGS | 2810.20.00 |
| Sheltered Workshop Earnings/Post-Eligibility (MED 1) | 3455.15.10.00 |
| Shelters for Battered Women and Children (F) | 1460.10.20 |
| Shelters for Homeless Persons (F) | 1460.10.30 |
| Shortening Ineligibility Period (C) | 3435.10.00 |
| Siblings Included (F) | 3210.10.10 |
| SIGNING THE APPLICATION | 2010.05.00 |
| Signing The Self-Sufficiency Plan (F, C, I) | 2530.05.10 |
| Situations Not Considered Voluntary Quit (F) | 2438.50.00 |
| SLMB Income Standards (MED 4) | 3010.35.10 |
| SOCIAL INFORMATION (MED 1) | 2412.35.00 |
| SOCIAL SECURITY INCOME | 2840.05.00 |
| SOCIAL SECURITY NUMBER EXCHANGE | 4405.10.00 |
| Social Security Number Good Cause Determination (F) | 2404.20.00 |
| Social Security Number Referral Follow-Up (C, MED) | 2404.10.00 |
| Social Security Numbers Not Verified Through Data Exchange | 2404.30.00 |
| SPECIAL FOOD STAMP BENEFITS USE (F) | 1460.10.00 |
| Special Income Level Used For Waiver Services (MED 1) | 3010.20.10 |
| SPECIAL REPRESENTATIVE CIRCUMSTANCES (F) | 3605.15.00 |
| SPECIFIED LOW INCOME MEDICARE BENEFICIARY (MED 4) | 1610.35.00 |
| SPECIFIED LOW INCOME MEDICARE BENEFICIARY (MED 4) | 2416.15.00 |
| SPEND-DOWN NOTICE REQUIREMENTS (MED 1, 2) | 3617.25.00 |
| SPEND-DOWN PROCEDURES IN ICES (MED 1, 2) | 3617.30.00 |
| Spina Bifida Allowance for Veteran's Children (F, C, MED 1, MED 4) | 2840.10.00 |
| Spousal Allocation Deduction (MED 1) | 3455.15.10.10 |
| Spousal Impoverishment Protection | 3301.15.03 |
| Spousal Impoverishment Specified Appealable Issues (MED 1) | 4205.10.00 |
| Spouses Included (F) | 3210.10.10 |
| SSI 1619 STATUS | 2414.10.00 |
| SSI Recipients | 3460.05.30 |
| SSI RELATED INELIGIBILITY FOR CASH ASSISTANCE (C) | 2414.05.00 |
| SSI STATUS (F, C, MED 1, MED 2, MED 3) | 2414.00.00 |
| STAFF RECOVERY RESPONSIBILITIES | 4605.05.00 |
| Staggered Issuance (F) | 3610.05.20 |
| STAGGERED ISSUANCE OF FOOD STAMP BENEFITS (F) | 1465.25.00 |
| STANDARD DEDUCTION (F) | 3025.10.00 |
| STANDARD DISREGARD (F) | 3445.05.00 |
| Standard Utility Options Available (F) | 3440.15.10 |
| Standards For Selection Of The Protective Payee (C) | 3605.25.10 |

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| STATE DATA EXCHANGE (SDX) | 4430.15.00 |
| STOCKS, BONDS, AND MUTUAL FUND SHARES | 2615.45.00 |
| STRIKE BENEFITS | 2840.35.00 |
| STRIKE PARTICIPATION (C) | 2446.00.00 |
| STRIKER INCOME (F) | 2810.05.00 |
| Student Eligibility (F) | 3210.15.30 |
| Student Eligibility Test (F) | 3210.15.35.00 |
| Students (F, I) | 2438.15.05.30 |
| SUBMISSION OF BURIAL CLAIMS TO LOCAL OFFICE (C, MED 1) | 4815.00.00 |
| SUBMISSION OF CEMETERY CLAIM BY FUNERAL DIRECTOR (C, MED 1) | 4815.05.00 |
| Submission of the Form 2248 (F) | 1465.05.00 |
| SUBSTANTIAL GAINFUL ACTIVITY AMOUNT (MED 1) | 3046.00.00 |
| SUFFICIENT STAFF | 1410.20.00 |
| Suitable Employment (F, I) | 2438.45.10.10 |
| SUPPLEMENTAL ASSISTANCE FOR PERSONAL NEEDS | 3310.00 |
| SUPPLEMENTAL SECURITY INCOME | 2835.35.00 |
| Supplemental Security Income (C, MED 2, MED 3) | 2835.35.10 |
| Supplemental Security Income (F) | 2835.35.00 |
| Supplemental Security Income (MED 1, MED 4) | 2835.35.10 |
| Support Excess Payments (C) | 2830.10.10 |
| Support Payments (C) | 2830.10.00 |
| Support Refund Payments (C) | 2830.10.10 |
| SUPPORTIVE SERVICES FOR INELIGIBLE PARTICIPANTS (F, C, I) | 2550.15.00 |
| SUSPECTED FRAUD DEFINITION | 4610.15.00 |
| SUSPENSION OF MEDICAID BENEFITS (MED 1, MED 4) | 2237.00.00 |
| Switching a Utility Option (F) | 3440.15.10.00 |
| Systematic Alien Verification for Entitlement (SAVE) | 2402.20.50 |
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| TANF And Cash Assistance (MED 2) | 3460.05.20 |
| TANF AND FOOD STAMP IMPACT SUPPORTIVE SERVICES LIMITS (F, C, I) | 2550.20.00 |
| TANF AND FS IMPACT ACTIVITIES (F, C, I) | 2540.10.00 |
| TANF ASSISTANCE GROUPS (C) | 3215.05.00 |
| TANF CONCILIATION (C, I) | 2560.20.00 |
| TANF Excluded Members (C) | 3215.05.20 |
| TANF IMPACT TRANSITIONAL SUPPORTIVE SERVICES (C, I) | 2550.25.00 |
| TANF IPV AND BUDGETING PROCEDURES (C) | 4630.30.00 |
| TANF IPV Disqualification Periods (C) | 4610.40.10 |
| TANF Mandatory Nonparticipating AG Members (C) | 3215.05.10 |
| TANF Mandatory Participating AG Members (C) | 3215.05.00 |
| TANF Optional AG Participants (C) | 3215.05.10 |
| TANF Penalties for Child Support Non-Cooperation (C) | 2436.20.00 |
| TANF WORK PARTICIPATION RATES FOR ALL FAMILIES (C, I) | 2505.05.00 |
| TANF/RCA PAYMENTS (C, F, MED) | 2835.40.00 |
| TELEPHONE EXPENSE (F) | 3440.20.00 |
| Temporarily Unoccupied Home (F, C, MED 2) | 2620.15.05.00 |
| Temporary Absence (F, C) | 3205.05.10 |
| TEMPORARY ABSENCE FROM INDIANA | 2406.25.00 |
| TEMPORARY ABSENCE FROM THE HOME (C, MED 2) | 2420.15.00 |
| TERMINATING COLLECTION (F, C) | 4645.10.00 |
| THE "LIVING WITH" DEFINITION (C, MED 2) | 2420.10.00 |
| THE ADH DECISION (F, C) | 4215.35.00 |
| The Bureau of Family Resources and Discrimination Complaints | 1440.20.10 |

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| THE FAIR HEARING | 4210.00.00 |
| THE FAIR HEARING DECISION | 4210.30.00 |
| THE HEARING NOTICE | 4205.35.00 |
| THE HEARING RECORD | 4210.25.00 |
| The Home (F, C, MED 2) | 2620.15.00 |
| The Home (MED 1, 4) | 2620.15.10 |
| THE IMMUNIZATION REQUIREMENT (C) | 2450.10.00 |
| THE INTERVIEW | 2005.00.00 |
| The Local Office and Discrimination Complaints | 1440.20.00 |
| THE PERIODIC REPORTING SUBSYSTEM | 3805.20.00 |
| THE REQUIREMENT TO ABSTAIN FROM DRUG OR SUBSTANCE ABUSE (C) | 2450.20.00 |
| THE REQUIREMENT TO COMPLY WITH SCHOOL ATTENDANCE POLICY (C) | 2450.05.00 |
| THE REQUIREMENT TO RAISE CHILDREN IN A SAFE, SECURE HOME (C) | 2450.15.00 |
| THE RIGHT TO CLAIM GOOD CAUSE – MEDICAL ASSIGNMENT (MED) | 2434.15.00 |
| THE TANF FAMILY BENEFIT CAP (C) | 2225.15.00 |
| Thirty Mile Requirement (F) | 1465.10.20 |
| THREE WAYS TO ACCESS ON-LINE | 1030.05.00 |
| Time Deposits | 2615.10.10 |
| TIME LIMIT FOR ADH (F, C) | 4215.10.00 |
| TIME LIMITS FOR APPEALS | 4205.20.00 |
| TIME LIMITS FOR OVER ISSUANCE REFERRALS (F) | 4615.00.00 |
| Time Limits For Requesting Appeals (C, MED, T) | 4205.20.10 |
| Time Limits For Requesting Appeals (F) | 4205.20.00 |
| Time Standards For Expedited Service (F) | 2020.05.00 |
| TIME STANDARDS FOR INITIATING RECOVERY (C) | 4615.05.00 |
| TIME STANDARDS FOR INITIATING RECOVERY (F) | 4615.10.00 |
| TIME STANDARDS FOR PROVIDING VERIFICATION | 2025.20.00 |
| Time Standards For Residents Of Institutions (F) | 2020.05.10 |
| TIME STANDARDS FOR REVIEW OF MATCHES | 4415.10.00 |
| TIMELY NOTICE OF ADVERSE ACTION | 2232.00.00 |
| TIMELY SUBMISSION OF THE APPLICATION (F) | 2210.05.00 |
| TIPS | 2810.15.00 |
| TMA EFFECTIVE DATE | 3805.05.00 |
| TMA ELIGIBILITY | 3805.00.00 |
| TMA ELIGIBILITY PERIODS | 3805.10.00 |
| TMA REPORTING REQUIREMENTS | 3805.15.00 |
| Total Ineligibility | 4620.05.10 |
| TOWNSHIP TRUSTEE ASSISTANCE | 2835.10.00 |
| TRACKING IPV DISQUALIFICATIONS (F, C) | 4655.00.00 |
| TRACKING THE APPLICATION | 1825.30.00 |
| TRANSFER OF CLAIMS (F, C) | 4645.20.00 |
| TRANSFER OF PROPERTY (F, MED) | 2640.00.00 |
| TRANSFER OF PROPERTY LAW (MED) | 2640.10.00 |
| Transferred Property Is Returned To The Original Owner (MED) | 2640.10.35.10 |
| Transferring County Responsibilities (I) | 2240.10.00 |
| Transfers Involving Annuities (MED) | 2640.10.25.10 |
| Transfers Involving Life Estates (MED | 2640.10.25.00 |
| Transfers Not Affecting Eligibility (F) | 2640.05.10 |
| Transfers Of Homes And Income-Producing Real Property (MED) | 2640.10.15.00 |
| Transfers Of Income | 2640.10.25.20 |
| Transfers Of Personal Effects And Household Goods (MED) | 2640.10.16 |
| TRANSITIONAL HOUSING PAYMENTS (F) | 2845.60.00 |

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| TRANSITIONAL MA STANDARDS (MA F) | 3010.26.00 |
| Transitional Medical Assistance | 1620.05.10 |
| TRANSITIONAL MEDICAL ASSISTANCE (TMA) | 3800.00.00 |
| TRANSMITTAL OF HARD COPY CASE RECORD | 2240.20.00 |
| TRANSMITTAL OF REPAYMENT | 4640.00.00 |
| TREASURY OFFSET PROGRAM (TOP) (F) | 4635.40.00 |
| TREATMENT FOR RESTORATION OF EYESIGHT (MED 1) | 2412.20.00 |
| TREATMENT FOR RESTORATION OF PHYSICAL/MENTAL HEALTH (MED 1) | 2412.55.0 |
| TREATMENT OF MEDICARE DRUG DISCOUNT CARDS (MED 1, 2) | 3617.12.00 |
| TREATMENT OF MULTIPLE RECIPIENT SITUATIONS (MED 1, 2) | 3617.05.00 |
| TREATMENT OF NON-EXEMPT REAL PROPERTY | 2620.20.00 |
| Treatment of Vehicles (C, MED 2) | 2615.60.10 |
| Treatment of Vehicles (MED 1, 4) | 2615.60.20 |
| TRUST FUNDS | 2615.75.00 |
| Trust Funds (C) | 2615.75.10 |
| Trust Funds (F) | 2615.75.00 |
| Trust Funds Established On And After August 11, 1993 (MED) | 2615.75.20 |
| Trust Funds Established Prior to August 11, 1993 (MED) | 2615.75.10 |
| TYPES AND VALUE OF PERSONAL PROPERTY RESOURCES | 2615.00.00 |
| TYPES AND VALUE OF REAL PROPERTY RESOURCES | 2620.00.00 |
| TYPES OF OVER ISSUANCES | 4610.00.00 |
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| UNDERGO MEDICAL EXAMINATION (C, MED) | 2015.10.00 |
| Unemployed Or Underemployed Parent (C) | 2418.15.10 |
| Unemployed Parent Refusals Of Employment Or Training (C) | 2438.50.30.00 |
| UNEMPLOYED PARENT TANF (C) | 1605.15.00 |
| UNEMPLOYMENT COMPENSATION BENEFITS | 2840.25.00 |
| UNEMPLOYMENT INSURANCE (UI) | 4430.30.00 |
| UNEMPLOYMENT OR UNDEREMPLOYMENT OF PARENT (C) | 2418.15.00 |
| Units with Elderly and Disabled Members (F) | 1465.15.20 |
| Unlicensed Vehicles (F) | 2615.60.10.10 |
| Unrestricted Money Payment (C) | 3610.20.10 |
| Unsubsidized Employment (C, I) | 2540.10.00 |
| Unsubsidized Part-Time Employment (F, I) | 2540.10.10 |
| UNSUITABLE HOME (C, MED 2) | 2420.25.00 |
| Untimely Submission Of The Application (F) | 2210.05.00 |
| UNVERIFIED UNEARNED INCOME DATA EXCHANGE (UUIDX) | 4430.40.00 |
| USE OF OTHER STAFF | 1410.15.00 |
| USES FOR FOOD STAMP BENEFITS (F) | 1460.00.00 |
| Using the Help Indiana Self-Sufficiency Assessment Tool (F, C, I) | 2525.10.00 |
| UTILITY DEDUCTION OPTIONS (F) | 3440.15.00 |
| UTILITY EXPENSE PAYMENTS | 2845.55.00 |
| UTILITY STANDARDS (F) | 3020.00.00 |
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| Validation Of Correct Medicaid Number (MED) | 1425.10.15.10 |
| Validity Periods (F) | 3610.05.30 |
| VARIABLE BILLING OPTIONS (F) | 3440.80.00 |
| Vehicle Valuations | 2605.25.00 |
| VEHICLES | 2615.60.00 |
| VENDOR PAYMENTS (F, C, MED 2, MED 3) | 2820.00.00 |
| VERIFICATION | 2025.00.00 |
| VERIFICATION BY LOCAL OFFICE OF BURIAL CONTRIBUTIONS (C, MED 1) | 4825.00.00 |

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| VERIFICATION OF AG SIZE AND COMPOSITION (F) | 3210.05.00 |
| Verification Of Age (C, MED 2, 3) | 2410.05.20 |
| Verification Of Age For The Elderly (F) | 2410.10.00 |
| Verification Of Black Lung Benefits | 2890.10.30 |
| Verification Of Continued Absence (C) | 2418.05.00 |
| VERIFICATION OF EARNED INCOME | 2890.05.00 |
| Verification Of Educational Income | 2890.10.50 |
| Verification of Fleeing Felon Status (F, C) | 3210.25.15.00 |
| VERIFICATION OF IDENTITY (F) | 2408.05.00 |
| VERIFICATION OF INCOME | 2890.00.00 |
| Verification Of Living With (C, MED 2) | 2420.10.00 |
| Verification Of Medical Expenses (F, MED 1, MED 2) | 3440.45.10 |
| Verification Of Pensions | 2890.10.30 |
| VERIFICATION OF PREGNANCY (MED 2, MED 3) | 2426.05.00 |
| Verification Of Questionable Information (F, C, MED 2, MED 3) | 2025.05.00 |
| Verification Of Railroad Retirement | 2890.10.20 |
| VERIFICATION OF REAL PROPERTY OWNERSHIP | 2620.10.00 |
| Verification Of Relationship (C, MED 2) | 2420.05.00 |
| VERIFICATION OF RESOURCES | 2605.35.00 |
| Verification Of Self-Employment Income/Expenses | 2890.05.00 |
| VERIFICATION OF SHELTER EXPENSES (F) | 3440.40.00 |
| Verification Of Social Security Income | 2890.10.10 |
| VERIFICATION OF SOCIAL SECURITY NUMBER | 2404.30.00 |
| Verification Of Supplemental Security Income (SSI) | 2890.10.10 |
| Verification Of Support Payments | 2890.10.00 |
| VERIFICATION OF THE DISABILITY REQUIREMENT (MED 1) | 2412.30.00 |
| VERIFICATION OF THE VISUAL REQUIREMENT (MED 1) | 2412.10.00 |
| VERIFICATION OF UNEARNED INCOME | 2890.10.00 |
| Verification of Unemployment Compensation Benefits (UCB) | 2890.10.40 |
| Verification Of Veterans' Benefits | 2890.10.20 |
| Verification Of Worker's Compensation | 2890.10.40 |
| VERIFICATION REQUIREMENTS | 2025.05.00 |
| VERIFICATION REQUIREMENTS FOR U.S. CITIZENS | 2402.15.00 |
| Verification Sources For U.S. Citizens | 2402.15.00 |
| Veteran or Active Duty Member of the Armed Forces | 2402.20.40 |
| VETERANS' BENEFITS | 2840.10.00 |
| Vocational Education Training (F, C, I) | 2540.10.40 |
| VOLUNTARY IMPACT PARTICIPATION (F, C, I) | 2438.25.00 |
| VOLUNTARY QUIT (F, C) | 2438.50.00 |
| Voluntary Quit And Refusal Of Employment(C) | 2438.50.30 |
| Voluntary Quit Or Reduction Of Hours (C) | 2438.50.30.20 |
| VOLUNTARY REPAYMENT/CIVIL RECOVERY (MED) | 4635.30.00 |
| | |
| WAGE DATA EXCHANGE (WDX) | 4430.35.00 |
| Waived Hearings (F, C) | 4215.35.10 |
| Waiving Estate Claims For Undue Hardship (MED) | 4650.20.10 |
| WARDS (MED 2) | 2430.00.00 |
| Wards (MED 2) | 3460.05.20 |
| WARRANT ISSUANCE (C) | 3610.20.00 |
| Warrant Registers (C) | 3610.20.30 |
| When Absence Does Not Constitute Deprivation (C) | 2418.05.10 |
| When The AG Leaves The Facility (F) | 3605.15.05.00 |

| | |
|---|---|
| Who Can Be Interviewed | 2005.05.10 |
| Who To Include In One ICES Case | 2005.05.00 |
| WIC Benefits | 2630.05.00 |
| Withdrawal Of Appeal By Appellant | 4205.50.10 |
| Withdrawal Of Authorization (F) | 3605.05.00 |
| WORK EXPENSE DISREGARD (C) | 3030.00.00 |
| WORK EXPENSE DISREGARD (C, MED 2, MED 3) | 3450.20.00 |
| Work Experience Training, WET (F, C, I) | 2540.10.60 |
| Work History (C) | 2418.15.10 |
| Work History Verifications (C) | 2418.15.20 |
| Work Registrant Responsibilities (F, I) | 2438.05.10 |
| WORK REGISTRATION (F) | 2438.00.00 |
| Work Registration And IMPACT Penalties (F, I) | 2438.45.10 |
| Work Registration Good Cause Determination (F, I) | 2438.45.10 |
| WORK STUDY (F, C, MED 2, MED 3) | 2860.15.00 |
| WORKER'S COMPENSATION | 2840.30.00 |
| Workforce Investment Act (WIA) (F) | 2810.35.00 |
| | |
| XRPIEN | 4430.20.00 |
| | |
| YOUTH PROJECT PAYMENTS (F) | 2845.35.00 |
| YOUTH PROJECT PAYMENTS (F) | 2630.50.00 |
| | |
| $30 AND 1/3 DISREGARD (C, MED 2) | 3450.25.00 |
| $30 And 1/3 Disregard At Initial Eligibility (C, MED 2) | 3450.25.00 |
| $30 And 1/3 Disregard At Reapplication (C, MED 2) | 3450.25.10 |
| $30 And 1/3 Disregard For Ongoing Cases (C, MED 2) | 3450.25.10 |
| $30 Disregard (C, MED 2) | 3450.25.20 |
| 100% Income Standards (C) | 3010.15.00 |
| 1619 MEDICAID BUDGETING (MED 1) | 3475.00.00 |
| 1619 Status Of Cash Assistance Recipients (C) | 2414.10.10 |
| 1619 Status Of Medicaid Recipients (MED) | 2414.10.10 |
| 165% INCOME LIMIT BENEFIT CALCULATION (F) | 3445.30.00 |
| 18, 19, 20 Year Olds (MED 2) | 3460.05.40 |
| 185% Gross Income Test(C) | 3450.05.00 |
| 185% INCOME STANDARDS (C) | 3010.15.00 |
| 24 MONTH BENEFIT LIMIT (C) | 2452.05.00 |
| 60 MONTH BENEFIT LIMIT (C) | 2452.00.00 |
| 60-DAY CONTINUED COVERAGE AFTER PREGNANCY | 1620.70.00 |

19. Appendix 19 - IMPACT Caseload Cleanup

**Supervisors:**

- View your SMUM page in ICES and obtain your "super unit", WP___ and jot this number down.
- Access most recent IMPACT Report GWP090RA
  - On your desk top, double click on "Internet Explorer" (the blue "e" with the ring around it).
  - On the FSSA Home Page, click on "Cognos" on the left (4th one down).
  - On the Cognos page, click on "Click here to enter into Cognos Web Reporting" in blue.
  - On "Cognos Upfront", click on the folder marked "ICES Reports".
  - Click on "Your Region", then "Your County", then "Monthly Reports".
    Click on "Work Program (IMPACT) Report", then GWP090RA,.
  - Congratulations! You have now accessed the IMPACT report on COGNOS!
- Print your unit's portion of the GWP090RA.
  - Put the cursor somewhere in the middle of the report and right-click.
  - Click on "find", enter your "WP___" number in the box to the right of "Find what" and click on "Find".
  - The portion of the report for your unit will appear. You may need to use the scroll down arrow in order to view the numbers.
  - Note the page number in the lower left hand corner and jot it down.
  - Scroll down to the end of your portion of the report. You will need to use the little arrows to the right and left of the page numbers to scroll through your report.
  - Note the last page of your unit's portion of the report and jot it down.
  - Click on the little printer icon on the left of the toolbar (NOT on the big one on the right of the toolbar above). You may need to click on the up scroll arrow to bring up the additional tool bar with the little printer on it.
  - You can also access the report individually by caseworker number (WXXXXX).
  - In the "Print Range" box click on the dot marked "Pages from" and enter the pages that you want to print (the first & last pages that you jotted down).
  - Hit enter or click on "OK" and your portion of the report should print.
  - Don't be surprised if 50 pages print! Now you are ready to get to work!

How to work the GWP090RA:

- The report is sorted by worker and divided by TANF and FS.
  - Look at the "M/V" column. There can be more than one entry for a client. If the column is blank or filled with an "E", the case needs to be deactivated or inactivated, whichever term you choose to use.
  - Access "WPA1" and deactivate.
  - If you can't deactivate due to activities not end-dated on WPAS, print WPA1 and give it to your FCC to end-date the activity and try to deactivate again.
  - If edit message, "Client still active" appears, click PF22 to change case.
  - If the case is not open or pending and you still cannot deactivate, contact the PA Help Desk.
  - Draw a line through cases on GWP090RA that you have deactivated.
  - Access each worker's CLIM in ICES. Review the CLIM page for any satellite numbers that do not match your office. (The closed caseload those should have been weeded out by the time you reach this point.)

- If the satellite numbers do not match your office, transfer the IMPACT case to the appropriate office on CLIM.
- Now, you are ready to distribute the reports to your workers.
- You SHOULD check your own and any vacant caseload's COGNOS report & CLIM in the same manner, including the instructions for FCC's.
- Identify cases that need to be transferred and transfer them on CLIM to the Round Robin IMPACT coordinator in each office: If cases belong to PAC or SPAC, have them transferred to an FCC along with the IMPACT case.

It is really important that these steps be taken ahead of time, so that FCC's have the entire day to do their part!

If an FCC has too many clients who need appointments to see them all by the end of the next month and keep up with regular work, supervisors may extend the deadline if needed by one month.

Once FCC's work the report and turn them in, review the report for completeness and appropriateness of actions and turn it in to your Division Manager, if applicable.

**FCC's:**

- GWP090RA is divided into two parts: TANF & FS.
- Participants in each program are listed as "Referred", "Scheduled", "Assessed", "Component", "Job", or "Sanction" in a column marked "IMPACT STATUS".
- Pull the cases as you review them on the report. There should be an IMPACT folder for each one. If not, start one.
- Begin with "Referred". Check CSAH on each to see if a future appointment is already set. If not, schedule an appointment in ICES now for no later than end of the next month, change WPA1 to "scheduled", and note the appointment date on the GWP090RA next to the participant's name.
- Next, look at "Scheduled". Check CSAH for a <u>future</u> appointment and note the appointment date on the GWP090RA next to the participant's name. If there is no future appointment, make one in ICES now for no later than end of the next month and note the appointment date next to the participant's name. If client has already been seen, update WPAS &/or WPJA as needed.
  - If an appointment was scheduled in the last 30 days and the client did not show, send a non-compliance letter unless you have heard from them and you rescheduled the appointment. To ensure follow-up on non-compliance letter, send yourself an alert via WPA1.
  - If an appointment was scheduled for a date earlier then the last 30 days and the client did not show, reschedule them now for no later than the end of the next month.
- Now look at "Assessed".
  - Look for an assessment and SSP in each case. If there was no assessment &/or SSP done, schedule the client for an appointment now for no later than end of the next month.
  - If the client has been assessed and is in an activity, check WPAS to be sure the activity is entered. WPA1 should have changed to "active". You may need to enter a "C" on WPA1 to change. If this does not work end date the activity and reenter it if it will still not change, note this on the report and your supervisor will consult with the PA Help Desk at 800-847-5563.
  - If the client is not in an appropriate activity, schedule them now for an appointment no later than end of the next month and note the appointment date on the report next to their name.

  - Clients should not stay in "Assessed" for a long period of time. Once they are assessed, they need to be assigned to an activity as soon as possible.
- Now look at "Component", "Component or Job" & "begin date" on the report.
  - Check WPAS, AEIEI & AEINC, SSP, Referral for current contract year, and Attendance Sheets to be sure that everything matches.
  - Update screens as needed.
  - If clients are no longer in the activity on WPAS, end-date it.
  - If clients are in Job Search or CWEP, check to be sure it is current.
  - If client is in PendPl or Deferred, end-date, schedule an appointment now for no later than end of the next month, change WPAS to "Scheduled", and note the appointment date on the report.
  - If the end-date field is protected, PF 15 to open it up for entry.
- Now look at "Job".
  - Check to be sure that AEIEI & AEINC, or AEISE are correct.
  - Some clients will have multiple jobs &/or activities. Check to be sure they are all entered correctly.
  - If client is not working or in an activity, schedule an appointment now for no later than end of the next month, change to "Assessed" by entering an "A" on WPA1 or "Scheduled" by entering an "S" on WPA1 and PF22, and note on printout.
  - AEIEI history may need to be accessed in some cases.
- Lastly, look at "Sanction".
  - If client is sanctioned, check to be sure that all activities have been end-dated.
  - Check to be sure that Full Family Sanction procedures are on track.
- If you get an alert saying that a case has been transferred to you during this process, please add it to your list and follow this clean-up procedure.

Congratulations! You have completed Phase 1 of the IMPACT caseload cleanup process! Once all participants have been checked and notations made, turn in your report to your supervisor.

Part 2 will include checking on Job Search to be sure it does not exceed 8 weeks per year for Food Stamp participants and 6 weeks per year for TANF participants; and that CWEP hours meet requirements (benefits divided by the minimum wage). If time permits, today, you may want to begin this process.

**Please note:** *This is a process that should take place monthly to be sure your IMPACT caseload stays clean!*

Revised 12/1/2006
Developed by:
Lake County Core Supervisors
Northwest Region Impact Consultants

20. Appendix 20 - IMPACT "Client Assessment"
*(Return to XV.C above)*

| CLIENT ASSESSMENT | | |
|---|---|---|
| RID | Worker Name | Date |
| Name (first, MI, last) | | |
| Social Security number | Birth date (month, day, year) | Telephone number |
| Address (number and street, city, state, ZIP code) | | |
| Name of contact person | | Telephone number |

| HOME AND FAMILY SITUATION | | | |
|---|---|---|---|
| List all members of your household including yourself | | | |
| Name | Relationship to you | Age | Current School or Employment |
| | Self | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Are there any children currently not living with you?
☐ Yes ☐ No If yes, please explain.

- Is child support ordered for any minor children in the home? ☐ Yes ☐ No
- If no, will you go to court to get support? ☐ Yes ☐ No If no, please explain.
- Are you currently receiving child support? ☐ Yes ☐ No
- Are you required to pay child support? ☐ Yes ☐ No

CHILDCARE

- Do you have reliable childcare? ☐ Yes ☐ No
- Do you need help in finding childcare? ☐ Yes ☐ No
- Do you have any children with special needs? ☐ Yes ☐ No

If yes, please explain.

TRANSPORTATION

- Do you have a valid driver's license? ☐ Yes ☐ No

If no, please explain.

- Do you have reliable transportation? ☐ Yes ☐ No
- Do you own a vehicle? ☐ Yes ☐ No
- Is your vehicle licensed? ☐ Yes ☐ No
- Is your vehicle insured? ☐ Yes ☐ No
- Do you have access to this vehicle on a daily basis? ☐ Yes ☐ No
- Do you expect to have transportation within the next 6 months? ☐ Yes ☐ No
- Does your vehicle need any repairs? ☐ Yes ☐ No

LIVING SITUATION

- What is your current living situation? ☐ House ☐ Apartment ☐ Mobile Home ☐ Motel ☐ Shelter ☐ Transitional Housing
  ☐ Other:
- Do you like your living accommodations? ☐ Yes ☐ No
- Is the building clean? ☐ Yes ☐ No
- Is there adequate heating and cooling? ☐ Yes ☐ No

- Is the plumbing adequate? ☐ Yes ☐ No
- Are the utilities turned on? ☐ Yes ☐ No
- Do you have the necessary appliances (stove, refrigerator, washing machine, and dryer)? ☐ Yes ☐ No
- Are there enough rooms, bedrooms, and bathrooms for your family? ☐ Yes ☐ No
- Do you feel safe in your home and neighborhood? ☐ Yes ☐ No
- Are there people or places in your neighborhood that could be dangerous to you or your family? ☐ Yes ☐ No
- How many times have you moved in the last month?
- How many times have you moved in the last year?

## FAMILY/FRIEND SUPPORT

- Will your family be supportive in your efforts to become financially self-sufficient? ☐ Yes ☐ No

If no, please explain.

- Who in your family will be the most supportive?
- Who in your family will be the least supportive?
- Will your friends be supportive in your efforts to become financially self-sufficient? ☐ Yes ☐ No

If no, please explain.

## LEGAL CONCERNS

- Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain.

- Are you presently on probation or parole? ☐ Yes ☐ No

If yes, please explain.

- Do you have a pending court hearing? ☐ Yes ☐ No

If yes, please explain.

- Are you currently awaiting a court sentence? ☐ Yes ☐ No

If yes, please explain.

- Are you currently working with child welfare? ☐ Yes ☐ No

If yes, please explain.

## HEALTH AND FAMILY CONCERNS

- Do you have any health problems, which require medical attention? ☐ Yes ☐ No

If yes, please explain.

- Do you have any emotional problems, which require medical attention? ☐ Yes ☐ No

If yes, please explain.

- Do you have any drug and alcohol problems? ☐ Yes ☐ No

If yes, please explain.

- Have you been diagnosed as being disabled for any reason? ☐ Yes ☐ No

If yes, please explain.

- Are you under the care of a doctor, counselor, or therapist? ☐ Yes ☐ No

If yes, please explain.

- Do you have any medical needs that you need help with? ☐ Yes ☐ No

If yes, please explain.

- Do any members of your family or household have any health problems that would make it hard for you to find and keep a job? ☐ Yes ☐ No

If yes, please explain.

The following are problems that may occur in a family. Please check the problems that may have occurred to a member of your household.

| | | | |
|---|---|---|---|
| Alcohol Abuse | Drug Abuse | Health Problems | Emotional Problems |
| Legal Problems | Physical Disabilities | Divorce | Learning Disabilities |
| Mental Retardation | Behavioral Problems | Dropping out of School | Adult Physical Abuse |
| Sexual Abuse | Involvement in Crime | Incarceration | Institutionalization |
| Unexpected Death | Teen Pregnancy | Child Neglect | Child Abuse |
| Personal Relationship Problems | Mental Illness | Fearful of Family Members | Financial Problems |

- Would any of these problems make it more difficult for you to find and keep a job? ☐ Yes ☐ No

If yes, please explain.

- Have you received assistance from other community or social services agencies to help you with any family or personal problems?

☐ Yes ☐ No If yes, please explain.

| WORK HISTORY<br>*(Please list your most recent position first)* | | | |
|---|---|---|---|
| Name and address of present or last employer | | | |
| Date started (month, year) | Date ended (month, year) | Final salary<br>$ per | Hours worked per week |
| List your job title and responsibilities. | | | |
| What did you like about your job? | | | |
| What did you dislike about your job? | | | |
| Reason for leaving | | | |
| Name and address of previous employer | | | |
| Date started (month, year) | Date ended (month, year) | Final salary<br>$ per | Hours worked per week |
| List your job title and responsibilities. | | | |
| What did you like about you job? | | | |
| What did you dislike about your job? | | | |
| Reason for leaving | | | |
| Name and address of previous employer | | | |
| Date started (month, year) | Date ended (month, year) | Final salary<br>$ per | Hours worked per week |
| List your job title and responsibilities. | | | |
| What did you like about your job? | | | |
| What did you dislike about your job? | | | |

| Reason for leaving | | |
|---|---|---|
| MILITARY SERVICE | | |
| Branch of service | Period of active duty (month, year)<br><br>From To | Rank of discharge |
| Describe your duties: | | |

| WORK HISTORY *(continued)* |
|---|
| List any activities/hobbies that you have done that may be related to work skills. |
| List specific office machines, tools, machinery, or other equipment that you are trained on and can operate. |
| • How often did you miss work due to illness, personal reasons, etc.?<br>• What were your reasons for being absent or late to work?<br>• What do you feel have been your biggest problem(s) in finding and/or keeping a job? |
| CAREER/OCCUPATIONAL INTERESTS |
| What type(s) of jobs are you interested in obtaining? |
| What are the most important things you look for in a job? |
| Are you looking for full-time or part-time work? |
| What is the lowest wage you would accept on a new job?<br>$ per ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year |
| What shifts could you work? ☐ First ☐ Second ☐ Third ☐ Split ☐ Rotating |

How far would you travel one way to go to work?
Miles

Would you be able to relocate to get a job? ☐ Yes ☐ No

What type(s) of work are you not able to do due to medical reasons?

Do you think that you have enough education, training, skills, and work experience to get the type of job you want?
☐ Yes ☐ No If no, please explain.

Are you interested in receiving any additional education or training?
☐ Yes ☐ No If yes, please explain.

What would prevent you from seeking additional education or training?

## EDUCATION AND TRAINING HISTORY

| Name and location of high school(s) attended | Dates Attended | Last Grade Completed | Year Graduated |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

- What did you like about high school?
- What did you dislike about high school?
- Was any part of your schooling in Special Education classes? ☐ Yes ☐ No
- If you did not complete high school, explain the reason(s) why.

| Name and location of G.E.D. program(s) attended | Dates Attended | Year Graduated |
|---|---|---|
| 1. | | |
| 2. | | |

| | | | |
|---|---|---|---|
| 3. | | | |
| If you started your G.E.D. tests, when will you complete them? | | | |
| Name and location of college(s) attended | Dates Attended | Degree Received | Field of Study |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Name and location of training program(s) attended | Dates Attended | License or Certificate Received | |
| 1. | | | |
| 2. | | | |
| 3. | | | |

Have you had any post-high school training that you did not complete? ☐ Yes ☐ No
If yes, please explain.

Have you received any other vocational or job-related training from an employer, in the military, or while incarcerated?
☐ Yes ☐ No If yes, please explain.

Do you have any additional trade licenses, certificates, or union affiliations?
☐ Yes ☐ No If yes, please explain.

21. Appendix 21 - Manual Notices
(Return to *XVII.A.v.4* or *XVII.A.v.5*

## Dormant EBT Account Notice

Date _____

Dear _____

We have received information that you have not used your Hoosier Works Electronic Benefit Transfer (EBT) Card to spend your Food Stamp and/or Temporary Assistance to Needy Families (TANF) benefits in the past 90 days. While you do have the right to allow benefits to accumulate from month to month we are reminding you that any Food Stamp benefits not spent within a year or TANF benefits not spent within 180 days of their deposit into your EBT account will be deducted from your benefit amount.

Are you having problems using your Hoosier Works Card to access your EBT account? If you need assistance or have questions about how to use your card, please contact your caseworker, local Office of Family and Children, or the Hoosier Works Customer Service desk at 1-877-768-5098.

For TANF, please remember you should also report household changes within ten (10) days of when they occur. This is very important so your case records and benefit amounts are accurate. Examples of changes that need to be reported are changes of address, changes in persons living in your home, and changes in income or employers. Please contact your caseworker if you have any questions relating to reporting changes. (See the enclosed Change Report form that lists what should be reported for TANF).

For Food Stamps, you were informed of your reporting requirements at the time of certification. Please report according to the requirements that were explained to you.

If you do not want to spend all of your EBT Food Stamp benefits you do have the option of voluntarily applying those benefits towards any Food Stamp overpayment claim you have. You may do this by providing a written statement to your caseworker including the amount you wish to have deducted from your EBT account and applied to your claim. You also have the option of verbally requesting your caseworker to make a one-time reduction of your Food Stamp benefits to pay towards a claim. If you verbally request this action you will be sent a receipt of the payment on your claim within ten days.

If you have any questions regarding this information please contact your caseworker.

## Auxiliary Benefit Notice

Date: _____

To: _____

_____

_____

Case # _____ Caseworker: _____
Telephone: _____

Dear _____

Additional Food Stamp/Temporary Assistance for Needy Families (TANF) benefits were approved for your case in the amount of $_____ for the month(s) of _____ due to

_____.

These benefits will be deposited into your Hoosier Works Card account. This amount completes the action on your case for that month. If you do not agree with this action you have 90 days from the date of this notice to request a fair hearing for Food Stamps**.** For actions taken on TANF applications, you have 30 days from the date of this notice to request a hearing. For TANF recipients, the 30 days is measured from the effective date of the action. The time limits are extended by three days if this notice is received by mail. To request a hearing, send a letter to your local Office of Family and Children or the Division of Family and Children, Office of Hearings and Appeals, 402 W. Washington Street, Indianapolis, Indiana 46204. For Food Stamps, you may also make your request for a hearing by contacting your local office of Family and Children in person or by telephone (see number above).

If you have any trouble using your Hoosier Works card to access these benefits, you may call our office during regular office hours (8:00AM to 4:30PM) or you may call the EBT Help Desk at 877-768-5098. Food Stamp benefits not spent this month will still be available next month and will continue to be available to you up to one year after they are deposited into your account**.** TANF benefits not spent this month will still be available next month and will continue to be available to you up to six months after they are deposited into your account.

Please call your caseworker with any questions regarding your benefits.

_____ (Caseworker signature)

22. Appendix 22 - Master Index (MI) RIDS and Clearance

*(Return to Clearance on page 8 on page 8 or Clearance on page 14 on page 14)*

History

Prior to the ICES system coming into being, the state issued benefits via many other processes. Due to the fact that many of these systems were manual, an automated conversion was not possible. One of the problems experienced by other states was the issuance of duplicate benefits as states converted the cases. As part of our conversion process a master index file was created which included all of the individuals receiving ADC, Food Stamps, IV-D or Medicaid from one of these pre-ICES systems. These systems were not integrated with each other and did not even collect all the same data. As part of the conversion to ICES workers were to match up data for all the systems and terminate eligibility from the conversion file when ICES benefits were initiated. Workers will not see these MI rids as often today as they did in the past but the correct processing is still essential to insure clients get the benefits to which they are entitled and duplicate RID's are not created.

One of the decisions that were made early on was that when sex or racial identity was unknown the master index file would default to female Hispanic.

Since ICES began we have created other types of MI rids that display on IQIS as non-ICES for other programs which need an ICES rid in order to interface with AIM. The data for these RID's is often unverified so it is not always correct. The same process should be followed for these RID's to insure that the client will get correct benefits and that no duplicate RID's are created.

What To Do

The critical piece that workers today need to understand is that failure to correctly identify current applicants with their MI rid may keep that client from being able to access his benefits. The MI RID will come up as a potential match in clearance and the worker should change the demographics to what is in the master index in order to clear the individual and use the MI rid instead of creating a new RID. See the example below-if a worker enters Robert as a white male and says he is the same individual as the Robert listed below as 'F O', there will be a demographic miss match and he will not pass clearance. Robert should be entered on ARIR or AEIID as 'F O' and then he can pass clearance and not receive a duplicate RID. After he has been sequenced—he has an individual number by his name on AEIID, the worker may change him to a white male. This same process is true for the other demographics as well—middle initial should be the same as the MI file, name should be spelled the same, etc.

Pre-ICES MI RID

```
IQIS                    NAME MATCH                          05/18/06 07:20
                                                            MSS019 J CARTWRIGHT
LAST NAME           FIRST               SSN/RID       DOB         S    R
                                        000963019

SEL LAST         FIRST         MI SUF   SSN       DOB    S R ST CO APPL/CASE  A
_ DUNZ          ROBERT          M     000963019 12/1870  F O MI 49 49C0967760 M
```

Example: Whole Process

*RID that was initiated post ICES for another program.*

```
IQIS                    NAME MATCH                          11/03/06 12:33
                                                            MSS019 J TEST/CARTW
LAST NAME           FIRST               SSN/RID       DOB         S    R
                                        300055856399

SEL LAST         FIRST         MI SUF   SSN       DOB    S R ST CO APPL/CASE  A
_ IMWALLE        MATT                            05/31/70 M W MI 99 NON-ICES   M
```

*MI individual added to application just like any other individual, except Matt is black and the MI file indicates he is white. He should be entered as white on ARIR(or AEIID).*

```
ARIR                     INDIVIDUAL REGISTRATION            11/03/06 12:36
                                                             MSS019 J TEST/CARTW
 COUNTY: 79   APPL NUMBER: 3000318117   APPL DATE: 11/03/06   STATUS: PEND

  DEL     FIRST      MI     LAST       SUF      SSN       DOB     S  R   NOTICE
     TAMARA_________ _ WILSON_________ ___   __________ 07121970  f  w     Y
  __ matt____________   imwalle________ ___   __________ 05311970  m  w     _
  __ _______________ _ _______________ ___   __________ _________  _  _     _
```

*The Matt in the MI file will come up as a potential match on ARIS.*

```
ARIS                 INDIVIDUAL STATEWIDE CLEARANCE LIST    11/03/06 12:37
 COUNTY: 79   APPL NBR: 3000318117   WORKER: DNT565          MSS019 J TEST/CARTW

    SSN          FIRST     MI      LAST       SUF    DOB     S  R
            MATT              IMWALLE              05311970  M  W
                                                                ICES ALIAS
 S   RID/SSN         FIRST      MI     LAST       SUF   DOB    S R ST CO   SCORE
 _ 300055856399 MATT              IMWALLE             05311970 M W    00    98
```

*The worker should select him as a match.*

```
ARIS                 INDIVIDUAL STATEWIDE CLEARANCE LIST    11/03/06 12:37
 COUNTY: 79   APPL NBR: 3000318117   WORKER: DNT565          MSS019 J TEST/CARTW

    SSN          FIRST     MI      LAST       SUF    DOB     S  R
            MATT              IMWALLE              05311970  M  W
                                                                ICES ALIAS
 S   RID/SSN         FIRST      MI     LAST       SUF   DOB    S R ST CO   SCORE
 x 300055856399 MATT              IMWALLE             05311970 M W    00    98
```

*ARCR will display him with a status of MIS because he came from the MI file.*

```
ARCR                    STATEWIDE CLEARANCE RESULTS         11/03/06 12:38
 COUNTY: 79   APPL NBR: 3000318117     WORKER: DNT565        MSS019 J TEST/CARTW
              CASE NBR:               SCREENER: MSS019
                                                   CURR/LAST          CLEAR RSN
 SEL    FIRST     MI      LAST       SUF    SSN     KNOWN CASE ST FH    STAT CDE
   MATT              IMWALLE                                   0    N    MIS
   TAMARA            WILSON                                    0    N    NEW
```

*After completing AR and sequencing the case to AE and completing AEICI, Matt will come up on AEIID with no number and he is white.*

```
AEIID                  INDIVIDUAL DEMOGRAPHICS            11/03/06 12:39
 COUNTY: 79  CASE: 3000318117   WORKER: DNT565             MSS019 J TEST/CARTW
  LAST ACTIVITY DATE: 11/03/06   STATUS: PENDING
                                                                        PREG
 DC NBR     FIRST      MI     LAST       SUF    SSN    VR   DOB    VR S R INFO
 __    MATT___________ _ IMWALLE________ ___ _________ __ 05311970 __ M W   _
 __    TAMARA_________ _ WILSON_________ ___ _________ __ 07121970 __ F W   _
 __    _______________ _ _______________ ___ _________ __ ________ __ _ _   _
```

*The worker should complete AEIID leaving Matt as white and press enter.*

```
AEIID                  INDIVIDUAL DEMOGRAPHICS            11/03/06 12:40
COUNTY: 79  CASE: 3000318117   WORKER: DNT565             MSS019 J TEST/CARTW
LAST ACTIVITY DATE: 11/03/06   STATUS: PENDING
                                                                        PREG
DC NBR     FIRST      MI     LAST       SUF    SSN    VR   DOB    VR S R INFO
__    TAMARA_________ _ WILSON_________ ___ _________ AP 07121970 BC F W   N
__    MATT___________ _ IMWALLE________ ___ _________ AP 05311970 BC M W   _
__    _______________ _ _______________ ___ _________ __ ________ __ _ _   _
```

*After the worker continues on in the driver, he may go back to AEIID and change Matt to black if and only if there is a number in front of Matt's name.*

```
AEIID                  INDIVIDUAL DEMOGRAPHICS            11/03/06 12:40
COUNTY: 79  CASE: 3000318117   WORKER: DNT565             MSS019 J TEST/CARTW
LAST ACTIVITY DATE: 11/03/06   STATUS: PENDING
                                                                        PREG
DC NBR     FIRST      MI     LAST       SUF    SSN    VR   DOB    VR S R INFO
__  2 TAMARA_________ _ WILSON_________ ___ _________ AP 07121970 BC F W   N
__  1 MATT___________ _ IMWALLE________ ___ _________ AP 05311970 BC M b   _
__    _______________ _ _______________ ___ _________ __ ________ __ _ _   _
```

Make a mistake-how to correct

When a worker fails to do this and it is found later (usually because AIM will reject the Medicaid eligibility) the only way it can be corrected is by calling the HELP Desk. The HELP Desk should forward the problem to ICES for correction.

23. Appendix 23 - Medical Assignment Cooperation Requirements for Medicaid Recipients
*(Return to XIX.A above)*

July 12, 2005

To: IV-D Prosecutors
Directors, Local Offices of Family Resources

From: Daphne L. Risch, Assistant Director
Department of Child Services, Child Support Bureau

Rich Adams, Deputy Director
Family and Social Services, Division of Family Resources

RE: Child Support cooperation requirements for Medicaid recipients

Over the last several months, there has been a great deal of confusion over the cooperation requirements for Medicaid recipients regarding child support and under what circumstances a custodial parent can be sanctioned for failing to cooperate with the IV-D office. The purpose of this letter is to clarify what the cooperation requirements are for Medicaid recipients and to illustrate the types of situations for which a custodial parent's Medicaid can and can not be sanctioned.

When a custodial parent (CP) receives Medicaid for herself and her children, a medical assignment (similar to the child support assignment for TANF) goes into effect. This creates the requirement that the custodial parent cooperate in obtaining and enforcing health insurance orders and medical support obligations. Although child support enforcement services are available to the custodial parent at no charge, participation is strictly optional. Failing to cooperate with the IV-D office in the establishment or enforcement of health insurance/medical support orders will result in the custodial parent being discontinued from Medicaid unless she can show good cause for not cooperating. It is important to keep in mind that the determination as to whether or not the CP is cooperating with the IV-D office is made by the IV-D office and the good cause determination is made by the Division of Family Resources.

What is meant by cooperation in these cases:

1. Paternity needs to be established – Since an order for health insurance/medical support can only be entered once a determination of paternity has been made, cooperation is required and a sanction can be imposed for non-cooperation if the CP refuses to cooperate in the steps necessary for paternity adjudication. The establishment of paternity also requires that the issue of child support be addressed. Once paternity established, support obligation addressed, and order for health insurance established, cooperation **only** required for ongoing enforcement of health insurance order.

2. Paternity established or parents are separated and no existing support order - An order for health insurance needs to be established and cooperation is required to establish a support order and order to provide health insurance. A

sanction could be done for non-cooperation. After establishment of support order/health insurance order, cooperation **only** needed to enforce order for health insurance.

3. Existing order in effect but no order for health insurance- need cooperation to establish/enforce an order to provide health insurance and a sanction could be imposed for non-cooperation regarding the establishment of the health insurance order.

4. Both existing periodic support order and order for health insurance - need cooperation **only** for ongoing enforcement of health insurance order and a sanction could be imposed for non-cooperating regarding **only** the ongoing enforcement of the health insurance order.

Because of the differing requirements for cooperation by the CP on Medicaid, it is extremely important that the IV-D office make clear to the custodial parent what they are being required to do and the purpose for which it is required. For example, if their presence is necessary at a court hearing for the establishment or enforcement of a health insurance order, the notification to the CP of the court hearing should include language that makes it clear that the issue of health insurance will be addressed and their presence is required. Likewise, if the CP then fails to appear for the hearing, any request to sanction the CP should clearly indicate that the CP failed to cooperate in the establishment or enforcement of health insurance. A general statement that the CP has failed to cooperate is not sufficient and the local Office of Family Resources will not discontinue Medicaid with such a general statement. In addition, the automated non-cooperation interface between ISETS and ICES does not apply to a Medicaid only case.

For CP's on Medicaid who do not want enforcement of their child support order, if the only purpose for requesting an action by the CP is to enforce child support, then the CP can not be sanctioned for failing to comply (as long as she has complied with the enforcement of health insurance). In these instances, it would be appropriate to code the case as "ENFF" (leaving the case type MANG) which will stop any enforcement actions on monies owed to the custodial parent. It will also prevent any current support on that case from being included in the total amount of support due for purposes of determining performance on current support collections. The IV-D office should be sure to include proper documentation of the reason for making the case "ENFF" in ISETS and their paper file.

For CP's who are receiving transitional Medicaid (category of MA F), or Pregnancy related Medicaid (category of MA N or MA E) the health insurance cooperation requirements do not apply and therefore, they can not be sanctioned. Once it has been documented that the CP has failed to cooperate with the IV-D office, the case should be coded "ENFF" as well.

If you have any questions regarding this matter, please contact the regional consultant for your program area.

IV-D Prosecutors: After sharing with staff, please file in the Medicaid section of the AT Policy Manual.

## 24. Appendix 24 – MRT Accelerated Review Diagnoses

*(Return to XXI.C.i above or XXI.E.i.1.b)iii) above)*

### Medicaid Medical Review Team Accelerated Review

DIAGNOSES TO CONSIDER FOR ACCELERATED REVIEW

| DIAGNOSIS |
|---|
| 1. Alzheimer's Disease |
| 2. Amyotrophic Lateral Sclerosis (ALS) |
| 3. Biliary Atresia |
| 4. Biliary Cirrhosis |
| 5. Brain Tumor, Malignant |
| 6. Cancer with Mestastases |
| 7. Cerebellar Degeneration |
| 8. Cerebellar Lipidoses; Tay-Sachs |
| 9. Congenital Malformation Syndrome; Multi System Inv |
| 10. Cri-du-Chat (Chromosomal Anomaly) |
| 11. Death/Dead |
| 12. Dementia |
| 13. Downs Syndrome |
| 14. Ehlers-Danlos Syndrome |
| 15. End State Renal Disease, on Dialysis |
| 16. Esophageal Varices |
| 17. Hamman-Rich Syndrome/Diffuse Pulmonary Fibrosis |
| 18. Hemophilia |
| 19. Hepatic Encephalopathy/Coma |
| 20. Huntington's Disease |
| 21. Hurlers Disease |
| 22. Jacob-Creuzfeld's Disease |
| 23. Kaposi's Sarcoma |
| 24. Mental Retardation (59 or less) |
| 25. Microcephaly |
| 26. Mycosis Fungoides |
| 27. Organic Brain Syndrome |
| 28. Osteogenesis Imperfecta |
| 29. Pneumocystis Carinii |
| 30. Prader Willi Syndrome |
| 31. Progressive Multifocal Leukoencephalitis |
| 32. Quadraplegia |
| 33. Retinitis Pigmentosa |
| 34. Scleroderma (Crest Syndrome) |
| 35. Sclerosing/Ascending Cholangitis |
| 36. Subacute Sclerosing Leukoencephalitis |
| 37. Subdural Hemorrhage |
| 38. Transplant-Heart (in last 6 months) |
| 39. Transplant-Liver (in last 6 months) |
| 40. Transplant-Lung (in last 6 months) |
| 41. Tuberous Sclerosis |
| 42. Ventilator Dependent |
| 43. Wegener's Granulomatosis |
| 44. Werdnig-Hoffman Disease |

UPDATED 03/06 ALL PREVIOUS VERSIONS ARE TO BE DISCARDED

**Medicaid Medical Review Team**
**Accelerated Review Diagnoses with Definition**

1. **Alzheimer's Disease**
   Progressive dementia and loss of memory

2. **Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)**
   Degenerative neurological disease, see progressive weakness and wasting of muscles.

3. **Biliary Atresia**
   Becomes apparent several days after birth. Problem of the major bile ducts Leads to cirrhosis

4. **Biliary Cirrhosis**
   Liver Disease

5. **Brain Tumor, Malignant**
   Cancer of the brain

6. **Cancer With Mestastases**
   Cancer that has spread

7. **Cerebellar Degeneration**
   A deterioration of a part of the brain

8. **Cerebellar Lipidoses; Tay-Sachs**
   A genetic disease found primarily in Jewish populations. Fatal within a few years of birth

9. **Congenital Malformation Syndrome; Multi System Inv**
   Many genetic defects

10. **Cri-du-Chat (Chromosomal Anomaly)**
    Cry of the cat. Child has a high-pitched catlike whine. See multiple problems, including microcephaly and mental retardation. See multiple physical problems

11. **Death/Dead**
    Need Official Death certificate

12. **Dementia**
    Loss of Memory, loss of ability to learn and retain

13. **Down Syndrome**
    Multiple problems, including, mental retardation and retarded growth

14. **Ehlers-Danlos Syndrome**
    A group of connective tissue diseases. See hyperelasticity and fragility of skin, fragile blood vessels, due to problems with collagen

15. **End Stage Renal disease**
    **Should** be on dialysis

16. **Esophageal Varices**
    Bleeding of the veins in the esophagus

17. **Hamman-Rich Syndrome/Diffuse Pulmonary Fibrosis**
    Idiopathic pulmonary fibrosis. Inflammatory process of the lung

18. **Hemophilia**
    Abnormal bleeding

19. **Hepatic Encephalopathy/Coma**
    A disorder of the brain due to liver problems

20. **Huntington's Disease**
    A degenerative neurological disease. Genetically transmitted. See it in the 30's or 40's. See dementia and irregular body movements

21. **Hurlers Disease**
    A genetic disease. See abnormal skeleton, dwarfism, mental-retardation and gargoyle-like faces

22. **Jacob-Creuzfeld's Disease**
    A progressive neurological disease. See dementia, abnormal movements

23. **Kaposi's Sarcoma**
    A form of cancer, occurs in the skin. May see in patients with AIDS

24. **Mental Retardation (59 or less**)
    Please provide IQ report

25. **Microcephaly**
    Abnormal smallness of the head, usually associated with mental retardation

26. **Mycosis Fungoides**
    A chronic progressive lymphoma arising in the skin

27. **Organic Brain syndrome**
    Characterized by dementia

28. **Osteogenesis Imperfecta**
    A group of connective tissue disorders. See skeletal deformity, bone fragility and fractures on trivial trauma

29. **Pneumocystis Carinii**
    See interstitial pneumonia in immunocompromised patients

30. **Prader Willi Syndrome**
    A congenital disorder characterized by short stature mental retardation, marked obesity

31. **Progressive Multifocal Leukoencephalitis**
    Caused by a virus. Usually in patients with an impaired immune system

32. **Quadriplegia**
    Paralyzed in all four limbs

33. **Retinitis Pigmentosa**
    Progressive retinal degeneration. Loss of visual fields. Need visual field Report

34. **Scleroderma (Crest Syndrome**)
    Thickening and induration of the skin caused by new collagen formation

35. **Sclerosing/Ascending Cholangitis**
    Bacterial infection of the biliary tract. Sometimes a cause of fever of unknown origin

36. **Subacute Sclerosing Leukoencephalitis**
    Brain infection usually found in AIDS patients

37. **Subdural Hemorrhage**
    A type of bleeding in the head

38. **Transplant-Heart (in last 6 months**)

39. **Transplant-Liver (in last 6 months**)

40. **Transplant-Lung (in last 6 months**)

41. **Tuberous Sclerosis**
    Will see seizures and mental retardation

42. **Ventilator Dependent**
    Requires a machine to breathe
43. **Wegeners Granulomatosis**
    A disease of the respiratory tract, occurring mainly in persons in the ages from 40's to 50's

44. **Werdnig-Hoffman disease**
    Muscle weakness and wasting with onset at or shortly after birth. Death usually occurs usually before 2 years of age.

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

Medicaid Medical Review Team
Accelerated Review

**DIAGNOSIS CERTIFICATION FORM**

_____/_____/_____-____-_____
Patient Name Case number Date of birth

***Please complete section A of this form , noting patient's disabling diagnosis and prognosis. IF the diagnosis appears in section B, please include the requested medical information so that the severity may be assessed by MMRT. This form should be completed and signed by a physician in lieu of medical record documentation.***

**SECTION A**

| DIAGNOSIS | DATE BEGAN | DATE CONDITION BEGAN AFFECTING ABILITY TO PERFORM LABOR/SERVICES | PROGNOSIS AFTER TREATMENT |
|---|---|---|---|
| | | | |

I certify that I examined this patient on: _____
(date)

_____/_____ _____/_____/_____
Physician Signature Printed Name of Physician Date

*A stamp or the signature of a person other than the examining physician or psychologist (HSPP) is not acceptable.

Please indicate physician specialty: _____Form mailed/faxed to MD_____/_____/_____
Date

**SECTION B**

| Ö | DIAGNOSIS | ADDITIONAL DIAGNOSTIC INFORMATION | RESULTS/COMMENTS |
|---|---|---|---|
| | AIDS | CD4 count<br>Opportunistic infections | |
| | Anoxic Brain Damage | Level of functioning-<br>Cognitive<br>Physical | |
| | Autism<br>Asperger's Disorder | Level of cognitive function<br>IQ | |
| | Cardiomyopathy, severe | Level of physical functioning<br>Ejection Fraction | |

| | | | |
|---|---|---|---|
| | Cerebral Palsy | Level of functioning-<br>Cognitive<br>Physical | |
| | Class IV Heart Disease | Level of physical functioning<br>Ejection fraction | |
| | Congestive Heart Failure | Level of functioning<br>Ejection Fraction | |
| | COPD | Pulmonary Function Tests (post brochodilator)<br>FEV<br>FEV1<br>Oxygen requirements | |
| | Down's Syndrome | IQ<br>Level of functioning | |
| | Leukemia | Type<br>Onset<br>Blood counts | |
| | Mental Retardation | IQ only, if < 60<br>IQ & Level of functioning (if IQ 60-65) | |
| | Multiple Sclerosis | Number of recent exacerbations<br>Level of physical functioning<br>Current treatments | |
| | Muscular Dystrophy | Level of functioning | |
| | Schizophrenia | Number of hospitalizations<br>Current medications<br>Level of functioning | |
| | Schizoaffective Disorder | Number of hospitalizations<br>Current medications<br>Level of functioning | |

I certify that I examined this patient on: _____
(date)

_____/_____ _____/_____/_____
Physician's Signature Printed Physician Name Date
*A stamp or the signature of a person other than the examining physician or psychologist (HSPP) is not acceptable.

Please indicate physician specialty: _____Form mailed/faxed to MD_____/_____/_____
Date

25. Appendix 25 - MRT Accelerated Review Fax Sheet Example
*(Return to XXI.D.iii.1 above)*

# Medical Review Team – Accelerated Review Fax Cover Sheet –Marion County

| | |
|---|---|
| TO: **Marx Clark- Medical Review Team** | FROM: |
| FAX: **(317) 234-3387** | PAGES: _____ including cover sheet |
| PHONE: | DATE: |
| RE: **Accelerated Review Case Number-** | |
| | |

Message:
Please consider this case for accelerated review. I can be reached at this number if you have any questions-_____.

DFR Staff Signature-_____

**This facsimile transmission (and attachments) may contain protected health information from the Indiana Health Coverage Programs (IHCP), which is intended only for the use of the individual or entity named in this transmission sheet. Any unintended recipient is hereby notified that the information is privileged and confidential, and any use, disclosure, or reproduction of this information is prohibited. Any unintended recipient should contact Jenifer Nelson by telephone at (317) 233-0446.**

## 26. Appendix 26 - MRT Guidelines for Contact

*(Return to XXI.G above or XXVIII.G.v above)*

**Guidelines for Contacting the Medicaid Medical Review Team**
Revised: May 31, 2006

* All contact by DFR local offices to the MRT for non-Accelerated cases is to be by e-mail to the *Medicaid Review Team* address (Outlook Global Directory)

* Inquiries are to be made by DFR supervisors only.

* Policy and procedure questions should be placed to the Help Desk or Policy Answer Line, not to the MRT.

* Send one inquiry per applicant/recipient. Do not list more than one within the text of the message asking for status.

* Use one of the following subjects in the *Subject* line of the e-mail along with the case number.

  - PAST LOG-IN DATE: If AEOMD does not reflect that an initial or additional information medical packet was received within 10 business days of being sent. (Refer to flash bulletin of 10/11/05)

  - STATUS CHECK: If an initial or additional information medical packet is indicated as being received in ICES and there have been no requests for additional information nor a decision entered on AEOMD, the local office should contact MRT 30 calendar days after the indicated MRT *received* date.

  - EXPEDITED – URGENT: MRT Routing Form was marked with an appropriate expedite reason and there is no decision on AEOMD within three weeks.

  - HEARING DECISION – NO AEOMD: Five business days have passed since the receipt of a hearing decision and it is not reflected on AEOMD.

  - MRT DECISION – NO AEOMD: The MRT denial letter was received or the local office has other notification of an approval. Wait 3 business days before inquiring for this reason.

  - PROBLEM CASE: Some examples - SSN mix-up; application marked on Routing Form incorrectly as a Progress Report.

  - MEDICAL EMERGENCY: Subsequent to the initial submission of medical information, the applicant's medical situation changed. The initial submission may or may not have been an expedite. This inquiry reason is limited to dire emergencies in which medical providers are refusing to perform critical health care procedures without knowing Medicaid status.

* In the text of the e-mail inquiry, give the name and SSN of the applicant/recipient. Succinctly state the reason for the inquiry.

* Do not send a duplicate inquiry while response to the initial inquiry is still pending unless the original situation has changed and there is new information that the MRT needs. Use the Recall feature of Outlook to recall messages when there is no longer a need for an MRT response.
* Don't include attachments or screen prints.

| Adherence to these guidelines will help MRT staff in researching cases |
|---|

27. Appendix 27 – MRT Regional Color Cover Sheet (Example)

# *MARION COUNTY*

***____Lavender Cover Sheet***

***____ICES Routing Sheet (AEWPR)***

***____251B***

***____251A or Medical Information***

***____Partial packet submitted***
***Medical Records have not been received***
***after 3 requests from the following:***
***Provider:_____***
***Provider:_____***

***____Other***

_____

_____

_____

Form Revised 11-23-05

28. Appendix 28 - Obtaining Medical Information on Medicaid Disability Applications
*(Return to XXI.A above)*

**MA D PROCESSING DESK AIDE**

**Unless directed otherwise at the end of a line, proceed to the next numbered step within each given section.**

1. ☐ Yes ☐ No Has the applicant received care within the past 3 months for his/her disabling condition? *(If yes, go to step 10)*

***AN EXAMINATION IS REQUIRED***

2. Give or send an FI-2032/Initial Action Notice letter (30 day deadline on both) to the applicant or representative with #1 checked. Date given/sent: _____
3. ☐ Yes ☐ No Did the applicant or representative respond with the doctor's name/address and date of their appointment? *(If yes, go to step 10)*
4. Send a Follow-up Action Notice letter (10 day deadline) to the applicant or representative with #1 checked; and Date sent: _____
   ☐ Yes ☐ No *a telephone contact was attempted in addition to sending this 10 day letter?* Date of contact/attempt: _____
5. ☐ Yes ☐ No Did the applicant or representative respond with the doctor's name/address and date of their appointment? *(If yes, go to step 10)*
6. ☐ Yes ☐ No Did the applicant or representative respond indicating they intend to make an appointment? *(If no, go to step 9)*
7. Send a 2nd Follow-up Action Notice letter (10 day deadline) to the applicant or representative with #1 checked. Date sent: _____
8. ☐ Yes ☐ No Did the applicant or representative respond with the doctor's name/address and date of their appointment? *(If yes, go to step 10)*
9. If no to step 5 and step 6, or if applicable step 8, the application is to be denied using reason code 595.

***INITIAL OR ADDITIONAL INFORMATION REQUESTS FOR MEDICAL RECORDS THAT SHOULD BE OBTAINED***

****Note: if the applicant fails to keep their scheduled appointment and fails to contact us about rescheduling, the application should be denied for reason code 595.**

10. Send the Initial Request to Provider for Records letter (20 day deadline) so as to be received near/on the scheduled examination date. Date sent: _____
11. ☐ Yes ☐ No Did the provider respond with the requested 251A or existing medical records? *(If yes, submit medical evidence to MRT)*
12. Send a Follow-up Request to Provider for Records letter (20 day deadline); and Date sent: _____
    ☐ Yes ☐ No *a copy of the Follow-up Request to Provider for Records letter was sent to the applicant/ representative?* Date sent: _____
13. ☐ Yes ☐ No Did the provider respond with the requested 251A or existing medical records? *(If yes, submit medical evidence to MRT)*
14. ☐ Yes ☐ No After calling them, will the provider send the requested 251A or existing medical records; and *(If yes, go to step 15) (If no, go to step 17)*
    ☐ Yes ☐ No *documentation of the telephone call was entered into CLRC?* Date: _____

15. Send a 2nd Follow-up Request to Provider for Records letter (giving NO MORE than a 20 day deadline); and Date sent: _____
    ☐ Yes ☐ No *a copy of the 2nd request was sent to the applicant recipient?* Date sent: _____
16. ☐ Yes ☐ No Did the provider respond with the requested 251A or existing medical records? *(If yes, submit medical evidence to MRT)*
17. If no to step 14, or if applicable step 16, then go to step 18 (if partial records were received) or step 19 (if no medical records were received)

***PARTIAL RECORDS HAVE BEEN RECEIVED***

18. ☐ Yes ☐ No Medical records sent to MRT with an explanation on the colored cover sheet that lists the name(s) of providers who did not comply after three attempts were made to obtain information. Date sent: _____

***NO RECORDS HAVE BEEN RECEIVED***

19. Send a Request to Applicant to Obtain Records letter (10 day deadline) to the applicant or representative. Date sent: _____
20. ☐ Yes ☐ No Did the applicant or representative respond? *(If no, go to step 24)*
21. If yes, and the applicant or representative says that the medical provider will submit the records send an FI-2032 (20 day deadline) to the applicant or representative to obtain and forward the records to the caseworker.
22. ☐ Yes ☐ No Were the 251A or existing medical records received? *(If yes, submit medical evidence to MRT)*
23. If no to step 22, the caseworker ***should*** begin (again?) at step 2 of this process. The applicant **can not** be penalized for the failure to cooperate of the medical provider. Indicate on an FI-2032 that the applicant should undergo an examination with a new provider because the previous provider did not submit the necessary medical information.
24. If no to step 20, the application is to be denied using reason code 595.

***ADDITIONAL INFORMATION REQUESTS FOR CONSULTATION***

25. Send an FI-2032/Initial Action Notice letter (60 day deadline on both) to applicant or representative with #2 checked. Date sent: _____
26. ☐ Yes ☐ No Did the applicant or representative respond with the doctor's name/address and date of their appointment? *(If yes, go to step 10)*
27. Send a Follow-up Action Notice letter (30 day deadline) to applicant or representative with #2 checked. Date sent: _____
28. ☐ Yes ☐ No Did the applicant or representative respond with the doctor's name/address and date of their appointment? *(If yes, go to step 10)*
29. If no to step 28, the application is to be denied using reason code 595 and the supervisor is to send an e-mail to MRT via the 'Medicaid Review Team' address in Outlook stating that the application has been denied for failing to submit medical information needed to determine eligibility.

29. Appendix 29 - Random Moment Sample
*(Return to XXIII.C above)*

# Example RMS Notification E-mail

**Amy Royce**

**From:** Amy Royce
**Sent:** Thursday, August 10, 2006 4:05 PM
**To:** Amy Royce
**Subject:** IMMEDIATE RESPONSE NEEDED - Random Moment Survey

Hello Amy Royce:

You have been selected for random moment sampling at 08/08/2006 10:02:00 AM.

1.) Click on the RMS web address below to access your internet sample observation form.
2.) After your form opens, select 1 program and 1 activity using the drop down menus.
NOTE: activity definitions are now available.
3.) Include case number and any additional or relevant comments in the boxes provided.
NOTE: Case ID required based on activity selected.
4.) Click submit to complete your sample response.

You will have only 2 business days from the time you receive this email to access the observation form on the internet. To record your observation after 2 business days, or if you have difficulty or questions in completing your sample observation form, please contact Sequoia Consulting Group immediately by telephone or e-mail. No Responses will be followed up by phone contact.

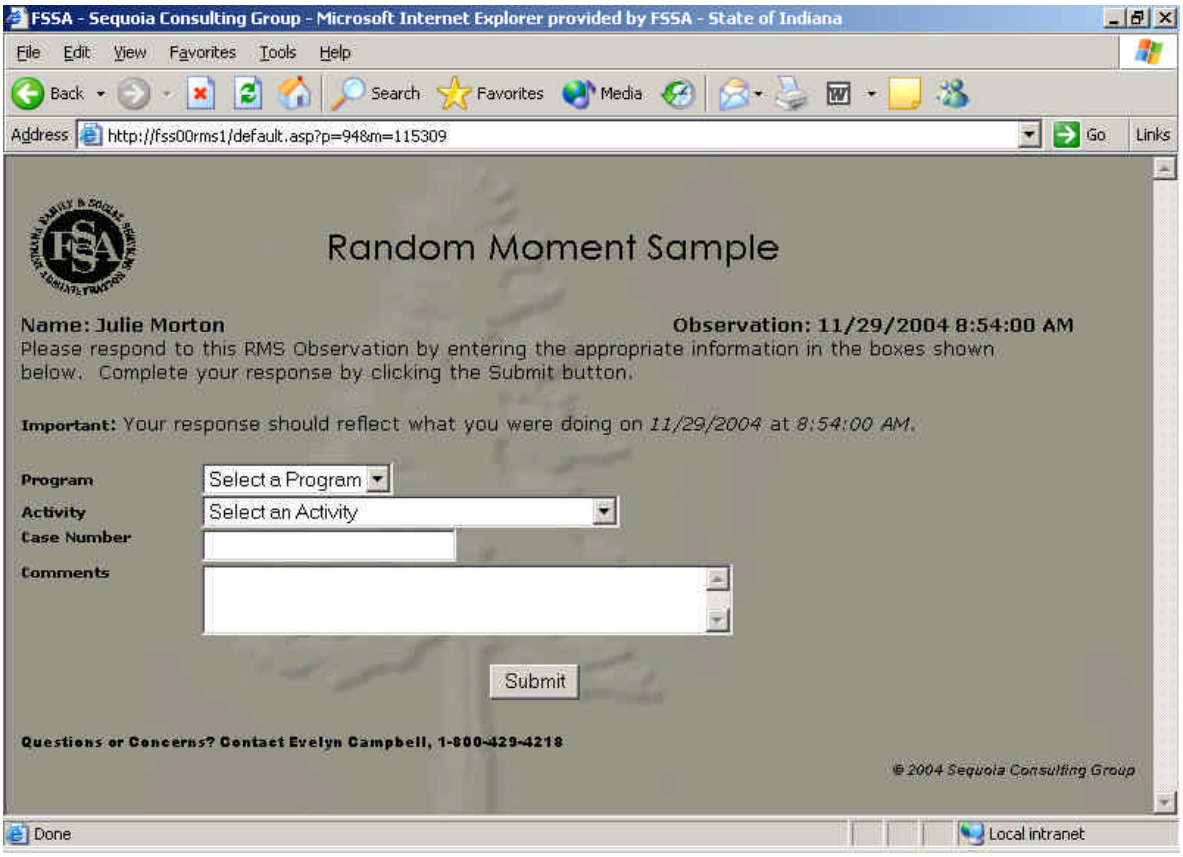
http://fss00rms1/rms.asp

RMS Group: SS
Sample Sequence Number: 382

Thank you,
RMS Administrator, Sequoia Consulting Group
1-800-429-4218
rms@sequoiacg.com

Please Note:
The information contained in this E-mail and/or attachments may contain protected health, legally privileged, or otherwise confidential information intended only for the use of the individual(s) named above. If you, the reader of this message, are not the intended recipient, you are hereby notified that you may not further disseminate, distribute, disclose, copy or forward this message or any of the content herein. If you have received this E-mail in error, please notify the sender immediately and delete the original.

# Example Intranet Sample Observation Form



# Program and Activity Codes

***PROGRAM CODES***

Report the program in which you are working at the selected moment by reporting only one program. If you need help in determining which program to select, please refer to the following descriptions.

105 TANF IMPACT: provides employment services, support services, training and education to persons on TANF grant.

106 Food Stamps IMPACT - ABAWDS: provides employment services, support services, training and education to persons on Food Stamps who are classified as Able-Bodied Adults Without Dependents (ABAWDS).

107 Food Stamps IMPACT – non-ABAWD: provides employment services, support services, training and education to persons on Food Stamps who are not classified as an ABAWD.

110 Title IV-E Foster Care (FC): involves staff verifying/documenting the following: child's age (DOB), child's residence, marital status, date child last lived with their specified relative, deprivation of parental care or support (initial/continuing), court order language (contrary to the welfare/reasonable efforts), petition filing date and language content, child received AFDC or would have been eligible to receive AFDC under the State Plan in effect on 7/16/96, plus the child's income/assets.

112 Adoption Assistance: involves staff verifying/documenting the following: the child's SSI eligibility status, the child received AFDC or would have been eligible to receive AFDC under the Indiana State Plan in effect as of 7/16/96, the child was Title IV-E eligible in foster care or previously IV-E under Adoption Assistance.

114 Title IV-D Child Support (TANF): use this code for any activity in support of child support enforcement, such as establishing paternity, locating absent parents, IV-D sanctions and other efforts.

120 Food Stamps: includes food stamps to households with low income and minimal resources (including those who are also eligible for TANF) in order to increase their food purchasing power.

122 Food Stamps/Medicaid Eligibility: use this code for clients who are on the Food Stamp program and the Medicaid program when the activity is not specific to just one of the programs.

124 Food Stamps/Medicaid/TANF Eligibility: use this code for clients who are on TANF, Food Stamps and Medicaid when the activity is not specific to just one of the programs.

126 Food Stamps/TANF Eligibility: use this code for clients who are on Food Stamps and TANF when the activity is not specific to just one of the programs.

130 Medicaid: provides medical assistance for persons who meet certain categorical and financial criteria. Categories include, but are not limited to, Medicaid for the Aged, Blind and Disabled, IVE-FC and IVE-APP Medicaid, TANF Medicaid Only, Transitional Medicaid Assistance, Medicaid for Pregnant Women and Young Children and Wardship Medicaid. This program code also includes services related to any

aspect of the Medicaid Waiver programs. Use Program Code 132 Children's Health Insurance Program (CHIP) for MA-9 or MA-10 category.

132 Children's Health Insurance Program (CHIP): provides Medicaid eligibility expansion for children. Use this code when working on any case processing activity specific to the MA 9 or MA10 category.

134 Medicaid/TANF Eligibility: use this code for clients who are on Medicaid and TANF when the activity is not specific to just one of the programs.

140 TANF (Benefits/Eligibility): use this code for any activity in support of Temporary Assistance for Needy Families (TANF) including financial assistance in grant form for needy families who meet TANF program guidelines. This program replaced ADC-R, ADC-UP, ADC-I and ADC-Q.

142 TANF-UP: use this code for any activity in support of children whose parents are unemployed or underemployed (under 100 hours) and whose caretakers meet certain income and resource standards

144 TANF Burials: provides limited funding for funeral and cemetery expenses to individuals who meet certain program and financial criteria.

146 Non-TANF Burials: provides limited funding for funeral and cemetery expenses to individuals who meet certain program and financial criteria.

150 HCI: provides emergency hospital care for the indigent.

152 ARCH: provides assistance to residents in county homes.

154 RBA: provides room and board assistance to qualified individuals.

156 Children With Special Health Care Needs (CWSHCN): provides funding for children with chronic health problems whose health can improve with specialized treatment.

158 Refugee Assistance/Resettlement : provides financial and medical assistance to qualified aliens eligible for the Refugee Assistance Program.

495 Not Program Related: use when working on administrative activities which are not specific to a program (e.g., general administrative activities). This code may be used for "960 - All Other Activities" and should be selected when choosing activity code "950 - Lunch, Breaks", "997 - Employee on Leave", "998 - Employee Not Available" or "999 - Invalid Response".

***ACTIVITY CODES***

Report the activity you are performing by selecting the one activity that best describes what you are doing at the selected moment. If you are working on an e-mail about a client or program, an alert about a client or program or filing a case, select a program or multi-program combination. If providing service outside the office, select the appropriate activity to describe what you are doing (i.e., eligibility redetermination, IMPACT Case Management). If you need help in determining which activity to select, please refer to the following descriptions.

290 Applicant Job Search: includes initial effort to obtain a job through applicant job search.

291 IMPACT Assessment: performing initial on-line IMPACT Assessment or adjustment Assessment for on-going case management to discover IMPACT participant's strengths and barriers in the areas of child care, transportation, health, housing, substance abuse, parenting, children and youth, domestic violence, child support, family support, etc.

292 Self Sufficiency Plan Development: developing Self-Sufficiency Plan or Amendment to Self-Sufficiency Plan to guide an IMPACT participant in the steps necessary to overcome barriers to become self-sufficient.

293 IMPACT Case Management: performing services for IMPACT families to encourage and assist them in becoming self-sufficient. Use this activity for case conferences/staffings to discuss employment strategies.

294 IMPACT Supportive Services: arranging, approving and processing IMPACT Supportive Services needed in order for IMPACT participants to work or participate in activities. Includes referral of client to social services, employment agencies, housing agencies or other governmental or private agencies.

295 Transportation Vouchers/Tokens: includes activities associated with arranging payments for transportation services.

296 Job Development: includes all activities associated with contacting employers to find jobs for workers and placing clients.

297 Sanctions: includes preparing and sending a notice of decision and updating the file.

300 Initial Screening/Interview/Intake: conducting interviews, facilitation of group interviews and video presentations, and providing applicants or recipients with appropriate forms, in the office, field, by mail or telephone. Also includes preliminary review of application forms and verification documents, data entry, in the office, field, by mail or telephone and determining Medicaid spenddown eligibility. Client is present, on telephone, or you are mailing interview/intake materials to client.

301 Application Processing/Certification: includes reviewing verification documents, preparation of calculation entries or computations, data entry and completing necessary forms. Client is not present while working on the case. This activity could also include verification of the Independent resource assessment for nursing home placement when there is a community spouse.

302 Eligibility Redetermination: includes client interview, reviewing case records verification documents, preparation of calculation entries or computations, data entry for eligibility purposes, and completing necessary forms and any policy research specific to a case.

303 Process Changes to Ongoing Case: includes all changes or case reviews which may affect the level of assistance, including monthly report activities and Medicaid spenddown calculations, which do not result from regularly scheduled review. Also includes changes of address as well as all related data entry.

304 Discontinuance or Termination of Case: includes all activities related to canceling a case and appropriate data entry.

305 Case Documentation: includes preparing narratives on household situation and case activity.

306 Corrective Action: includes reviewing and responding to quality control (QC) and program accuracy findings, management evaluation (ME) review findings, supervisory case reviews, peer reviews and other case related activities.

307 Recipient Complaints: includes dealing with recipient complaints on any subject.

308 Fair Hearings and Appeals: includes file review, preparation of testimony, written or oral, appearance at hearing, completion of appropriate forms.

309 Fraud Investigation & Prosecution: includes all activities including fraud referral directly related to investigation and prosecution of suspected TANF benefits which replaced AFDC, Medicaid, and/or Food Stamp fraud and abuse.

310 Benefit Recovery ( Under or Over Payment): includes review of files, calculation of overpayment or underpayment, completion of appropriate forms, recipient notification, case updating, vendor adjustments, court appearances, and preparation of claim determinations. Also includes all related data entry. Use Code 309 for fraud referral activities.

312 EBT Card Issuance: includes all activities and contacts related to the preparation of manual issuance, replacement or voiding of EBT card issuances.

316 Disability Exams: includes activities associated with the payment to providers for disability exams.

318 Medicaid Outreach: includes activities to provide outreach and additional information to TANF clients about Medical Assistance.

***GENERAL ACTIVITY CODES***

The codes in this section are not case-specific. However, they can be used with any program code. Do not use a code in this series if there is a case specific activity code that better describes the activity being performed.

402 Professional Reading / Review Manual: includes professional reading as required to maintain current job knowledge or to track relevant legal issues. Also includes reviewing program/policy manuals and program/policy updates as related to your area of responsibility.

404 Administrative Functions - Not Case-related: includes all other non-case related activity such as organizing desk, attending to general clerical matters, etc.

405 Travel (job related - not for training): includes all job-related travel other than for training. This does not include routine travel to or from the office and one's home.

406 Resource Development: includes activities related to expanding the base of prospective service providers and other community-based resources. This includes speaking to community groups to explain IMPACT program.

407 Program Specific Staff Development and Training: includes attending training, conferences or seminars for the purpose of enhancing skills and program knowledge. Examples of staff development and training efforts include sessions on increasing interviewing skills, new techniques in form completion/documentation or specific training on rules and regulations for a new program. Use this activity code for time spent traveling to and from training.

408 General Administrative - Training, Meeting, Conference: includes conducting or participating in training sessions, meetings and supervisory conferences on office administrative policies, time keeping systems, or other topics which are not program specific or related to a specific case.

950 Lunch, Breaks: includes lunch time, and scheduled break time.

960 All Other Activities: no other code in Section III describes the activity being done. Please specify the nature of this activity in the space provided on the observation form.

997 Employee on Leave: use for approved leave (e.g., annual leave, sick leave, etc.).

998 Employee not Available: employee not scheduled to be at work at time of sample due to flex-time or part-time status.

999 Invalid Response: position vacancy, incorrect label.

30. Appendix 30 - RCAP (Residential Care Assistance Program-ARCH/RBA)
*(Return to RCAP (Residential Care Assistance Program-ARCH/RBA) above)*

RCAP Policy
Procedures Manual..

CASE PROCESSING
(a) Case processing is completed by the DFR caseworker in the counties where RBA and/or ARCH facilities are located or in the county where the applicant resides.
(b) Applications should be processed and the State Form 5B *Assistance to Residents in County Homes/Room and Board Assistance Budget and Recommendation* should be completed and submitted to FSSA claims processing within twenty working days from the date of receipt of all requested documentation.
(c) Acceptance and processing of RCAP applications includes the following steps:

(1) The DFR caseworker shall gather documentation verifying the applicant meets the eligibility criteria;
(2) If found eligible, the client will be placed on the RCAP, if state funding is available.
(3) If found eligible and funding for additional slots is not available, the applicant shall be advised to check again after the beginning of the next State Fiscal Year. RCAP does not keep a waiting or inquiry list.

(d) All applications should be complete and should be signed and dated by the applicant or someone acting on their behalf. If the application is signed in the presence of a DFR caseworker, the application is valid of that date. If the application is not signed in the presence of the caseworker, the signature should be notarized. In such cases, the valid date is the date the application was notarized.
(e) During the application process, the following shall be completed:

(1) an applicant should inform the DFR caseworker of their choice of facility and the facility's willingness to accept the applicant as a resident. If the applicant does not have a facility that will accept the applicant, no application will be taken.
(2) potential applicants are to complete an Application for the Residential Care Assistance Program at their local DFR.
(3) the DFR caseworker will determine eligibility of applicants for RCAP and Medicaid program or State Medical Assistance, if applicant will be entering a County Home.
(4) when an applicant has been determined eligible for RCAP, the DFR caseworker will send the recommendation form and budget recommendation (see appendix) to FSSA Claims Management. The DFR caseworker will enroll the applicant in the Medicaid program pending RCAP or State Medical Assistance, if the applicant will be entering a county home.
(5) FSSA Claims Management will send a Certificate of Action indicating the eligibility date of the applicant based on the date of application, to the respective DFR, the FSSA Division of Aging (FSSA DA) and two copies to the facility, one of which is to be given to the resident.

(f) Denials/Terminations

(1) When an applicant is denied or terminated from the RCAP by the DFR, a Budget Recommendation Form will be sent to the FSSA Claims Management. After appropriate action, FSSA Claims Management will send a Certificate of Action indicating the change to the respective DFR and two copies to the respective facility, one of which is to be given to the resident.

(g) Continuing Program Eligibility

(1) The DFR caseworker is responsible for determining that each resident continues to meet all eligibility requirements. There should be a redetermination completed annually. The DFR caseworker

will send an annual Recommendation Form to FSSA Claims Management. FSSA Claims Management will send a certificate of action indicating any changes to the respective DFR, the FSSA DA and two copies to the respective facility, one of which is to be given to the resident.

(h) Ceasing the Acceptance of New Applications

(1) The FSSA DA will monitor the RCAP budget to determine if funds are available to support new applicants.

(2) If such a level of encumbrance is reached that warrants suspension of accepting new RCAP applications, the FSSA DA will send a notice to all DFR to discontinue taking new applications. The DFR will post this notice in a public place in their offices.

(3) The FSSA DA will send a copy of the notice to discontinue taking applications to all RCAP providers.

(4) All residents currently enrolled will continue to receive RCAP funding.

(5) Any applications that are pending at DFR or FSSA Claims Management, prior to the effective date of the notice to discontinue, will be processed (Prior to the effective date means by the close of business on the day before the date indicated on the Termination Notice)

(i) Resumption of Accepting and Processing RCAP Applications

(1) If FSSA DA determines that funds are available to re-open the application process, a notice will be sent to all DFR informing them that they are to resume accepting and processing new applications for RCAP. The DFR will post this notice in a public place in their office.

(2) The FSSA DA will send a copy of the notice to all RCAP Providers.

(j) Case Numbering

(1) The RBA or ARCH case number is separate and distinct from the Medicaid number. Each client will have an RBA or Arch number in addition to his/her Medicaid number.

(2) Each Case Number should consist of ten symbols;

(A) A 2 letter prefix that identifies the category of service;
MA = RBA Aged MD = RBA Disabled MB = RBA Blind
RA = ARCH RD = ARCH Disabled RB = ARCH Blind

(B) a two digit county number; and

(C) a six digit case number

(3) Case number examples:
RA49001234 = ARCH aged client, Marion County, case number 1234
MB01000312 = RBA blind client, Adams County, case number 312

(4) Case numbers should be unique to the individual case. The DFR should assure that case numbers within each of the two categories of service (ARCH and RBA) remain separate and in numerical order, i.e.: ARCH Cases 123, 124, 125
RBA Cases 123, 124, 125.

31. Appendix 31 - Reason Code Table Explanation (TSRC/TWRC)

| CODE DESCRIPTION | | | PRIORITY |
|---|---|---|---|
| 1 DECREASE IN OR LOSS OF EARNED OR SELF-EMPLOYMENT INCOME | | | 4 |
| AFDC Y CITE | TCC N CITE | | |
| FS Y CITE | MA Y CITE | | ACTION |
| INDIVIDUAL CODE N | EXPANDED TEXT N | CN BUDGET N POS/NEG P | I |

Priority codes (1-9) are used to identify the ranking of all codes on the TSRC table. "0" is the highest priority and "9" is the lowest priority. A system displayed code, action type "I", may only be overridden by a worker enterable code of a higher priority. A worker cannot key over a system displayed reason code on AEWAA,
additional reason codes should be entered to the right of the system displayed code.
Fiat reason codes are priority "0" in order to override system determined actions.

Timely advance notice is tracked by the system using the priority codes.

Priority 0 reason codes are FIAT codes and will not generate a notice unless the notice field on TFRC = 'Y'. If notice field on TFRC = "N", a manual notice is required.
Priority 1 reason codes do not receive advance notice.
Priority 2 reason codes receive 4 days advance notice.
Priority 3 – 8 reason codes receive 13 days advance notice.
Priority 9 reason code language does not appear on the notice.

If you use a Priority 1 reason code (no advance notice) and a Priority 3 reason code (13 days advance notice) on the same action, Priority 1 reason code takes priority and no advance notice would be allowed.

The programs are listed for each reason code with a "Y", "N", identifier and the legal cite. If the reason code is appropriate for a program, a "Y" will display next to the program identifier. If the reason code is not appropriate for the program, a "N" will display. For the MA program, if a "Y" identifier displays but there is not a legal cite, access reference table TNLA to determine the correct legal cite for the MA category.

Expanded Text will display "Y" if there is additional text that will display on the notice. Refer to reference table TNRT to view the expanded text for the reason code.

CN Budget will display "Y" if a copy of the budget will display on the client notice.
When a "Y" displays for a fiat reason code, the worker should provide a manual budget to the AG with a manual notice.

32. Appendix 32 - Records Retention

*(Return to XXIV above)*

Rosemary.pdf (94 KB)

33. Appendix 33 - Security Coordinator's Handbook
*(Return to XXVIII.K above)*

**Procedures to send RACF Requests to IOT may be found at the end of the Coordinator's Manual section.
**Network access is granted through IOT via designated personnel.

# ICES

# SECURITY COORDINATOR'S

# HANDBOOK

**Revised 03/2003**

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

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X Logging Into the Mainframe Computer
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- E. Identifying Coordinators in ICES

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APPENDIX

SECURITY SCREENS (brief description)

ICES SECURITY QUESTIONS AND ANSWERS

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

## PART 1 - INTRODUCTION

## INDIANA OFFICE of TECHNOLOGY (IOT)
## RACF

In order to access ICES, an individual should pass through two security systems: Indiana Office of Technology's (IOT) RACF (Resource Access Control Facility) and the Security Maintenance subsystem in ICES.

Once the logon-ID has been identified to RACF, the individual will have access to the mainframe computer. However, the logon-ID will not have access to any ICES application until the security for each individual application has been set up in ICES.

### I OWNER RESPONSIBILITIES

FSSA, as owner of the data in ICES, is responsible for informing IOT through a Security Agreement and written request, how access to its data is to be granted and protected by IOT.

### II IOT RESPONSIBILITIES

IOT, custodian of the data, shall carry out the instructions of FSSA with regard to access of the data, ensure the integrity of the data, and protect the data from improper disclosure.

### III USER AUTHENTICITY

All FSSA employees accessing ICES should have a unique logon-ID and associated password. **Logon-ID numbers are not to be shared; logon-ID numbers are not to be used by more than one individual.**

For county DFR employees, each employee will be will be assigned an employee number. These numbers are used as part of the logon-ID assigned if ICES access is needed. Each logon-ID is a combination of the following:

W = Welfare
CN = County Number
NNN = Unique 3-digit number

### IV COUNTY NUMBERING

Table TCNS in ICES reflects the county numbering that is used.

### V PASSWORDS

Each logon-ID is used along with a restricted PASSWORD known only to the user. PASSWORDS are **not** to be divulged to anyone. The Computer Access and Use Agreement includes a provision that the user will

keep his/her password confidential and a provision that the user will not use anyone else's logon-ID. These provisions are important in that they protect the security of the system and its users. Individuals are responsible for actions taken by anyone using their assigned logon-ID.

The password should be a minimum of six (6) and a maximum of eight (8) characters in length with an alpha character are positions 1, 6, 7, and 8. Positions 2, 3, 4, and 5 are alphanumeric, but at least one of these should be numeric (example: SM3ITHY). The password can be changed anytime the user determines necessary. However, the password should be changed at least every 30 days. The system saves previous passwords (1 to 13) and compares it to the intended new password. If a match with one of the previous passwords or with the current password occurs, the system will reject the intended new password.

ICES users should be informed that, if they cannot successfully log in, they would not be allowed to change the password. If a user has forgotten the password, he/she should contact the local security coordinator to request that the logon-ID be reset. Please inform all users that, once an id is revoked, they should stop attempting to log onto the mainframe. Once revoked, there is nothing that can be done locally. An authorized person should call Network Control (IOT) to request that the ID be reset.

## VI SYSTEM SECURITY

### A. IOT SECURITY REQUIREMENTS

IOT's security software (RACF) requires:

1. PASSWORDS expire every thirty (30) days. The system will prompt the user when a change is required. Also, the password can be changed whenever the user deems it necessary.
2. A logon-ID will be disabled (revoked) when three (3) invalid attempts have been made logging into the mainframe computer. Once a logon-ID has been revoked, IOT, Network Control, should reset the ID. All users should be informed that once the logon-ID has been revoked, he/she should stop attempting to log in. One of the local, authorized, staff members should call Network Control to request that the ID be reset.
3. A logon-ID will be disabled (revoked) after sixty (60) days of inactivity.

IOT periodically conducts audits of log in activity. A logon-ID that has not been logged into the computer for 180 days (6 months) is scheduled for deletion. Any logon-ID, assigned to an ICES user, appearing on this list will be deleted. If the ID is deleted as a result of this audit, and the user later requests ICES access, the individual should be processed as a new user (i.e., new Computer Access and Use Agreement). The county may assign the same logon-ID. The local security coordinators will be notified of the pending deletions; however, the delete action will occur even if the security coordinator takes action to correct RACF records after notification.

### A. ICES SECURITY MAINTENANCE REQUIREMENTS

In order for any individual to have access to ICES, the local Security Coordinator should set up the user ID on screen SMUM. The status should be "A" (active) and there should be at least one active profile. Proper completion of this screen is covered in Part 2 of this handbook.

## VII SETTING UP A NEW USER WITH IOT

Requirements differ slightly depending on whether the new employee is an existing ICES user transferring in from another County DFR or a new/current employee who is not an active ICES user.

### A. NEW/CURRENT EMPLOYEE, NOT A CURRENT ICES USER

Two forms are required by IOT: (1) Computer Access and Use Agreement and (2) Authority Request User Form. The IOT forms can be accessed on-line at the following site:

http://intranet.isd.state.in.us/IOTIntranet/base/mainframe_server_index.stm

The COMPUTER ACCESS AND USE AGREEMENT is a two-sided form. The user should read the entire document, and sign the reverse side of form. The County Director or Security Coordinator should sign as the user's MIS director. The completed form is to be kept in the individual's personnel file. It is recommended that a copy of the agreement be provided to the employee. Please note that the State Board of Accounts, as well as other agencies, will check for the agreement when they complete their audits.

The AUTHORITY REQUEST USER FORM is required for all IOT RACF security transactions. County Security Coordinators will be using this form for a variety of situations that are explained below. A separate form should be used for each transaction. For example, if you are changing an individual's assigned logon-ID within a county DFR, you should complete two transaction forms – one to create the new logon-ID and the second to delete or rename the previous logon-ID. Both transactions need to be submitted at the same time.

Record keeping concerning the logon-ID is very important. The local Security Coordinator should keep all paperwork regarding the IDs. Also, SMUH can assist you in keeping an accurate history; therefore, it is very important for SMUM to be completed correctly. When changes are done on SMUM, the previous information then displays on SMUH.

The form should indicate what action is to be taken by IOT.

ACTION: (Choose only one.)

ADD – choose this option if you are creating a new ID number or you are renaming a previously deleted ID.

CHANGE – choose this option if information about the current user is being changed.

DELETE – choose this option if the ID is to be removed from RACF.

RENAME – Choose this option if adding a new user who will be using an ID that has not been deleted from RACF.

Other fields to be completed include the following.

USER-ID: Assigned logon-ID.

USER NAME: User Name (printed, typed, or legibly written)

TYPE OF USER: IMS Production

AGENCY NAME: (County) DFR

STATE EMPLOYEE: Y/N

ACTION: ADD; WELCEP

COMMENTS: Always add comments to explain what you are doing. Comments such as: Sally Jones is replacing Susan Smith; or name change due to change in marital status; etc. can save questions and delays in setting up logon-ID numbers.

SIGNATURE: The new user should sign and date the form.

EFFECTIVE DATE: Specify the date the ID will be needed. If mailed, the date should equal the mailing date + 3 days; if faxed, it can be the same day. If you need to have the ID effective on the day it is faxed; you will need to specify that on the fax cover sheet.

NOT BEFORE: If the ID is not to be ready before a certain date, that date is to be specified in this field.

AGENCY SECURITY CONTACT PERSON: one of the designated Security Coordinators should sign and date the form.

A IOT Data Security Administrator will sign the form when the transaction has been completed and forward a copy of it to the ICES Central Office Security Coordinator who will update records and forward the signed copy back to the County DFR.

The paperwork should be legible for it to be processed. Be sure to use the comment section if anything should be explained.

### A. CURRENT ICES USER TRANSFERRING IN

If the new employee is transferring in from another County DFR and is a current ICES user, only the Authority Request User Form is required to set up an ID. In the comment section of the form, you should include a statement that identifies this individual as a current ICES user, currently assigned to ID number W_____. You should include the current logon-ID number. It is recommended that the provisions of the Computer Access & Use Agreement be discussed with the new employee to be certain that the employee understands and follows the provisions. It is recommended that a copy of the Computer Access and Use Agreement be provided to the employee.

## VIII DISPOSITION OF FORMS, IOT ACTIONS

### A. SEND COMPLETED FORMS TO:

Shannon McCorkle

Indiana Office of Technology (IOT)

IGC-N, Room N551

100 N. Senate Avenue

Indianapolis, IN 46204

(317)-232-4595 or *SMCCORKLE@IOT.IN.GOV*

Note: please remember that logon-ID numbers are set up in a revoked status. These are not activated until the local Security Coordinator calls Network Control and requests that the ID be reset. The user should be present and ready to log in when the call is made.

## B. FAX TO IOT:

In some rare instances you may need to fax the form directly to IOT to expedite the process. If you fax the document to IOT, you should keep the original signed RACF form on file in the local DFR personnel files with the signed Computer Access & Use Agreement. Fax to: Shannon McCorkle, IOT, fax number is (317) 234-0919.

## C. IMPORTANT TELEPHONE NUMBERS:

1. RESETTING IDS:

   1-317-232-3251 (IOT HELP DESK OR NETWORK CONTROL)

   1-800-382-1095

   The IOT Help Desk is staffed 7 days a week from 6:30 a.m. to 11:00 p.m.

   Only designated local DFR staff is authorized to call Network Control to request a reset of a logon-ID. The ICES Central Office Security Coordinator provides that list. If all of the authorized personnel are out of the office at the same time, the individual may contact the ICES office. Please call ICES, at 317-234-0489 between the hours of 9:00 a.m. and 4:30 p.m.

2. QUESTIONS ABOUT PAPERWORK

   IOT handles the paperwork to set up users on the mainframe computer. <u>You do not need to wait for the paperwork to be mailed back to your office.</u> If you mailed the paperwork, wait 3 days, and call Network Control to request that the ID be reset. If the logon-ID is not ready, you may call one of the Data Security Staff to check on the status of the paperwork:

   Shannon McCorkle 317-232-4595

   Don Hubbard 317-232-4624

Ron Baker 317-232-7235

Once IOT has completed the paperwork, the forms will be mailed to ICES. These forms will be returned to the local security coordinators after the ICES user records have been updated.

3. SUPERSESSION QUESTIONS

The default menu for new ICES users in the WELCEP group is long and ICES production is found on the second screen. When a new user is logging in for the first time, please instruct the user to place a 'd' in the space preceding the selection that is not needed, and press ENTER. For most ICES users, ICES production is the only selection needed on the Supersession menu. If there are problems or questions about supersession, you may contact Kim Duncan at IOT. Her telephone number is 317-232-3194.

### D. GENERAL COMMENTS

The ICES Central Office Security Coordinator is responsible for providing the contact list for the IOT Help Desk. If someone from your office contacts IOT to request a reset of an ID, and Network Control refuses because the caller's name is 'not on the list', please contact the ICES office for assistance in getting the ID reset. The telephone number for ICES is: 317-234-0489.

IOT usually completes the necessary tasks to set up an ID on the day the paperwork is received, or the following day. Since ICES is only one of many groups that IOT should deal with daily, please remember that although these requests receive top priority, IOT may have received a tray full of forms to review and set up. Counting training and test ID numbers, ICES has about 6000 user ID numbers to be maintained and audited.

## XI EMPLOYEES TERMINATED OR TRANSFERRED OUT

### A. INFORMATION TO IOT

When an employee is terminated or transfers to another State agency, the local Security Coordinator is responsible for taking steps to inactivate the logon-ID. The first step is to send an AUTHORITY REQUEST USER FORM to IOT requesting either a RENAME to 'vacant' (if a replacement is expected within 60 days), or a DELETE if it is not known when or if a replacement will be hired.

This paperwork should be forwarded to IOT on the employee's last day of employment. Please remember that actions taken by IOT will not affect information contained within the ICES application.

### B. ACTIONS WITHIN ICES

There are some options, depending on whether or not the vacancy is expected to be filled. At a minimum on the employee's last day of employment, the status on SMUM should be changed to "T" to temporarily inactivate the ID. More detailed instructions will be included in Part 2 of this handbook.

## XII LOGGING INTO THE MAINFRAME COMPUTER

These instructions apply to new ICES users logging in for the first time, and to ICES users who are logging in after a revoked ID has been reset.

### A. COUNTY SECURITY COORDINATOR

After enough time has elapsed for IOT to have received and acted upon the paperwork, the local Security Coordinator may call Network Control to request that the ID be reset. The new or reset user should be present and ready to log into ICES. Routinely the ID is reset while you are on the phone. On some occasions, you may be asked to wait 5 minutes before attempting to log into ICES. The user should be informed to return to the State Map to begin the log in procedure.

### B. STATE MAP

At the State Map, the cursor will be in the lower left corner of the screen. Type GATEWAY1 (no spaces) and press ENTER. Please note that the user, whether the ID is new or reset, should be at the State Map before attempting to log into ICES. Also, please note that when logging in on a PC with Attachmate, the individual will be taken past the State Map automatically and will not need to type GATEWAY1.

```
X      XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX +--------------------+ XXX
XXX |  STATE OF INDIANA  | XXX
XXX |       ACF/VTAM     | XXX
XXX |        SYSTEM      | XXX
XXX |                    | XXX
XXX |   PRESS ENTER KEY  | XXX
XXX |    FOR LOGON HELP  | XXX
XXX +--------------------+ XXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXX XXX
XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXX  XX   XXX
XX    XXX    XXX    X
```

C. ENTRY VALIDATION SCREEN

At the Entry Validation Screen (Appendix D), the cursor will default to the Userid field. The new/reset user should type in the assigned user ID, press TAB, and type in the user ID in the Password field, and press ENTER. The “Change Password” window will appear and the user will be required to establish a password that should be kept confidential.

```
KLGLGON1                        Entry Validation
 Date: 03/13/03                                                 System: IPO1
 Time: 08:51:27                                                 Device: TCP03581

            Identification:
               Userid.......
               Password.....             Change Password ?  N (Y or N)

            Additional Information:
                  Group.....
                  Acct......
                  Proc......




 Bulletins:
                                 State of Indiana
                          Department of Administration
                          Information Services Division




ENTER USERID
Enter  F1=Help  F3=Exit
```

Below are two possible error messages that may appear:

1. USER NOT DEFINED – this message appears during a log in attempt when IOT has not yet processed the paperwork.
2. USER ID REVOKED –this message appears when the paperwork has been processed and the ID is ready to log in as soon as the local Security Coordinator calls Network Control to request that the ID be reset for use.

## D. 'CHANGE PASSWORD' SCREEN

The user is required to set up a unique password to use in association with the logon-ID. Section V contains detailed information on allowable passwords. The password should be kept confidential. The user will type in the chosen password, press TAB, and type it in a second time and press ENTER. If the user has made two unsuccessful attempts, please provide assistance. On the third failed attempt the ID will be returned to a REVOKED status.

```
KLGNPWD1          Change Password

    Type in your new password twice, and press ENTER.

        Enter new password.......

        Verify new password......

Command ===>

Enter  F1=Help  F3=Exit  F12=Cancel
```

Please note that an active ICES user should be able to log in successfully in order to change a password. Instruct users, that if they cannot remember their password, Network Control should be called to request a reset. You do not need to have the ID revoked prior to the call. Inform Network Control that the password has been forgotten and request a reset.

## E. SUPERSESSION MAIN MENU

As stated earlier, the default menu for ICES users is lengthy. The user should be instructed to delete the unnecessary selections from the menu. This is done by placing a 'd' on the space immediately preceding the selections and pressing ENTER. ICES Production is usually on the second screen. Once the unnecessary selections have been deleted, ICES production will appear on the first screen. To select ICES production, place the cursor in the space immediately preceding the selection and press enter. Providing that the SMUM screen has been properly completed, the user should arrive in the ICES Production region. Either the main menu or a flash bulletin will appear when first entering the Production Region.

```
      Actions  Options  Commands  Features  Help

KLSVSEL1                 CL/SUPERSESSION Main Menu               More:

Select sessions with a "/" or an action code.

   Session ID  Description                       Type     Status
   ----------  --------------------------------  -------- ------------
   ICES        IMS ICES Prod Region              Multi
   IMSREFM     IMS ICES - Reform Region          Multi
   IMSSYST     IMS ICES System Test              Multi
   IMSTRNG     IMS ICES Training Region          Multi
   TSO         Time Sharing Option               Multi









Command ===>                                                IPO1/TCP03581
Enter  F1=Help  F3=Exit  F5=Refresh  F9=Retrieve  F10=Action
```

If the message “YOU ARE NOT AUTHORIZED TO ACCESS ICES” appears, the Security Coordinator should check the information on the SMUM screen. The ID should be active (status = A); there should be at least one active profile (begin date should not be in the future).

To add selections back to the Supersession Menu, type an “L” on the space preceding the first selection and press enter. This will display a list of other sessions that may have been deleted earlier. Type an “A” next to any of the selections that are needed and press enter. If a needed selection does not appear on this listing, the local Security Coordinator will need to contact Kim Duncan at IOT to request the addition of other selections.

Important, please remember that adding a selection to the Supersession Menu does not give the user access to those selections. For example, if a County DFR reassigns the BMV contact person and changes the Supersession Menu, this will not give the new individual access to BMV. This type of change should be requested through the ICES Office who will submit the required paperwork to BMV to implement the requested change. BMV should act on the change request.

## XIII ACCESS TO OTHER ASSISTANCE/MAINFRAME APPLICATIONS

Some ICES users have access to other applications on the mainframe computer or other assistance. The ICES staff has responsibility for some of the paperwork. Following is a list of areas where assistance may be needed. A contact person has been listed if further information is needed. For areas where it is stated to contact ICES Central Office ICES staff, contact Melissa Johnson (317-234-0489) or Kate McHenry (317-234-0533).

### A. WORKFORCE DEVELOPMENT (DWD)

Each county has at least one individual with access to DWD (formerly ESD). When this job assignment changes please send an e-mail message to ICES Central Office staff. The paperwork will be completed and forwarded to IOT.

To sign onto the system to make an ESD request, the following steps should be followed. At the Supersession Menu, place the cursor on the session ID line for CICS and press enter. The WELCOME TO CICS/ESA screen should now appear. Clear the screen. Type CESN and press enter. Enter your ICES ID and password. If the USERID/PASSWORD passes the security check, SIGN-ON IS COMPLETE will appear at the bottom of the screen. Type in FS01 and press enter, the ESD request screen should appear.

To sign off, the following instructions should be followed. On the ESD request screen, press PF3. Type in CESF LOGOFF and press enter. The Supersession Menu should appear. Always logoff CICS before attempting to return to ICES.

### B. BUREAU OF MOTOR VEHICLES (BMV)

Each county has at least two individuals with access to BMV. If the work assignment changes, the information should be sent to ICES Central Office staff that will forward the paperwork to BMV.

To sign onto the BMV system, the following steps should be followed. At the Supersession Menu, select CICS. The WELCOME TO CICS screen should appear. Clear the screen. On the cleared screen, type CESN and press enter. Enter your ICES ID and password. If the USERID/PASSWORD passes the security check, SIGN-ON IS COMPLETE should appear. Type FSNQ to complete BMV inquiries.

## C. ISETS - Child Support System

Contact Crystal Lynn, or Linda Ellis, at the Child Support Bureau for information. Both can be reached through Outlook e-mail.

## D. STATE AUDITOR

Contact Debra Faut at (317) 232-4761 or Bob Daugherty at (317) 232-4725 for information regarding access to the Auditor's system. They are located in the Financial Management section of FSSA and are the ones with the authority to request these changes through the State Auditor's office.

## E. ELECTRONIC BENEFIT TRANSFER (EBT)

Contact Jan Ellis at the Policy Help Desk through e-mail.

## F. NT NETWORK

Contact the DTS Help Desk at 1-800-225-9773 or 317-232-1701 with questions/problems.

## G. POLICY HELP DESK

Contact the Policy Help Desk by phone or e-mail whichever is appropriate. Only the local office contact person can contact the Help Desk.

# I GENERAL INFORMATION

## A. ICES SUBSYSTEMS

The ICES software is divided into subsystems. Some of these are visible and appear on menu screens while others work behind the scenes.

| | | |
|---|---|---|
| 01 | AR | APPLICATION REGISTRATION |
| 02 & 05 | IQ | INQUIRY |
| 03 | BI | BENEFIT ISSUANCE |
| 04 | BV | BENEFIT RECOVERY |
| 06 | CL | CASELOAD MANAGEMENT |
| 07 | CN | CLIENT NOTICES |
| 08 | CS | CLIENT SCHEDULING |
| 09 | DE | DATA EXCHANGE |
| 10 | AE | APPLICATION ENTRY |
| 11 | CL/SM | MAINTAIN ADMIN/SPR UNITS (USES BOTH CASELOAD MANAGEMENT AND SECURITY MAINTENANCE SUBSYSTEMS) |
| 12 | MC | MASS CHANGE |
| 13 | SC | SCRATCHPAD |
| 14 | SM | SECURITY MAINTENANCE |
| 15 | SF | SUPPORT FUNCTIONS |
| 16 | RF | REFERENCE TABLES |
| 17 | WP | IMPACT (WORK PROGRAMS) |
| 18 | HE | FAIR HEARINGS |
| 19 | QC | QUALITY CONTROL |
| 20 | PR | PERIODIC REPORTING |
| 21 | OM | ONLINE POLICY MANUAL |

The following subsystems work behind the scenes: SFU – Standard Filing Unit; ED/BC – Eligibility Determination/Benefit Calculation; HM – History Maintenance; RP – Reporting; and, CU – Common Utilities.

## B. ICES INTERNAL SECURITY

The Security Maintenance and Caseload Management subsystems are used to identify staff and their access level in ICES. The Caseload Management subsystem is used to set up the administrative structure at County DFR offices. The structure identifies administrators,

supervisors, and workers with their assigned caseloads. This structure is one of the security features that controls update access to case information.

The reference tables are also used to control update in some cases and to identify alert addresses in others.

Before beginning work on the administrative structure, you should identify individuals who perform designated functions at the local level. Then, use the caseload management screens to identify the staff to the system.

## C. IDENTIFYING COORDINATORS IN ICES

Coordinators in ICES are individuals who have designated duties in the county office, and who will receive routine alerts generated by the system. These coordinators are identified on reference table TCRD. Some of these positions refer to specific positions in the administrative structure, while others serve as a point of contact. When some of the job assignments are changed, it is important to inform the Reference Table Coordinator, MSS012, of any changes needed to this table. When the permanent workers on the following caseloads are replaced, the Reference Table Coordinator should be informed: IMPACT inter-county transfer, CLOSED CASEFILE, and INTERCOUNTY TRANSFER caseloads.

### TCRD – COORDINATOR TABLE

| | |
|---|---|
| **01** | **BENEFIT RECOVERY:** this should be the individual in your county who assigns claims to workers. The BV Coordinator will receive an alert when a new claim referral is entered and the claim is not assigned to a BV worker. Eligibility workers may assign claims to themselves, but not to anyone else. The BV Coordinator will receive alerts regarding the timeliness of claims. The BV Coordinator should be a BV supervisor in the County DFR administrative structure. |
| **02** | **ICES:** there are no specific alerts for this position. The designation would be a point of contact. |
| **03** | **IV-D:** this would be the IV-D liaison in the county DFR. |
| **04** | **IMPACT:** this should be the individual who is assigned as the permanent worker on the IMPACT inter-county transfer caseload (county number + W + 999). This is often an IMPACT supervisor. If the logon-ID on table TCRD does not match the permanent worker ID on this caseload, eligibility staff will not be able to authorize many of their cases. The reassignment of this caseload should be coordinated with the Reference Table Coordinator, MSS012. The table change is an overnight change. The caseload reassignment is immediate. **NOTE:** When the |

| | |
|---|---|
| | Local Security Coordinator accesses CLCM to reassign the caseload, an informational message will appear reminding the Security Coordinator of the need to inform MSS012 of the change. Just **press enter a second time** and the change will be made. If you have not already notified the Reference Table Coordinator, please do so immediately. It is recommended that you do not reassign the caseload until you have received confirmation that the table change has been completed. |
| **05** | **CLOSED CASEFILE** COORDINATOR**:** The closed case file coordinator should be the individual who is assigned as the permanent worker on the Closed Case file Caseload. If the two logon-ID numbers do not match, closed cases cannot be moved to closed files. The caseload number for this caseload is: county number+0000 (4 zeros). Any reassignment of this caseload should be coordinated with the Reference Table Coordinator, MSS012. The caseload may be assigned to any eligibility administrative or supervisory unit. Cases cannot be transferred out of this caseload. A case may leave this caseload only when the case is selected as a match during the screening process during an application interview. This coordinator would be responsible for handling the hard copy case file.<br><br>**NOTE:** When the Local Security Coordinator accesses CLCM to reassign the caseload, an informational message will appear reminding the Security Coordinator of the need to inform MSS012 of the change. Just **press enter a second time** and the change will be made. It is recommended that you do not reassign the caseload until you have received confirmation that the table change has been completed. |
| **06** | **HEARINGS:** this should be the County Hearings Representative. This coordinator will receive alerts produced by the Fair Hearings subsystem. The coordinator is responsible for entering hearing conference information on the hearings screens. |
| **07** | **MASS CHANGE:** Central Office position. |
| **08** | **QUALITY CONTROL:** Central Office position |
| **09** | **FINANCIAL MANAGEMENT:** this individual would receive alerts when discrepancies occur in warrant reconciliation and should be the individual who has access to the State Auditor's Reconciliation File to determine whether warrants reported as lost or stolen have been cashed. This is usually the bookkeeper or chief accountant in the county office. |
| **10** | **INTERCOUNTY:** The inter-county coordinator should be the individual who is assigned as the permanent worker on the Inter-County Transfer Caseload. If the two logon-ID numbers do not match, the county will not be able to transfer cases to other county offices, and, will not be able to receive cases from other |

| | |
|---|---|
| | county offices. The caseload number for this caseload is: county number+9999. Any reassignment of this caseload should be coordinated with the Reference Table Coordinator. The caseload may be assigned to any eligibility administrative or supervisory unit.<br><br>**NOTE:** When the Local Security Coordinator accesses CLCM to reassign the caseload, an informational message will appear reminding the Security Coordinator of the need to inform MSS012 of the change. Just **press enter a second time** and the change will be made. It is recommended that you do not reassign the caseload until you have received confirmation that the table change has been completed. |
| **11** | **INTRACOUNTY:** this position is not required in any county. If used, the caseload designation should be county number + 8888. The TCRD table should contain a valid logon-ID and usually the ID number of the INTERCOUNTY COORDINATOR is repeated here. There is no edit on the caseload number. |
| **12** | **ISD (IOT):** Central Office position, ID number of the Central Security Coordinator. |
| **13** | **HELP DESK:** this should be the primary contact person in your office who is responsible for contacting the ICES Help Desk. This individual would be responsible for distributing Help Desk replies to all affected staff. There are no alerts currently produced for this position. |
| **14** | **SECURITY:** this should be the primary contact person in your county who is responsible for maintaining the administrative structure and ICES user information. This individual is responsible for a number of functions that should be performed to keep ICES functioning properly and will serve as a point of contact. NOTE: both the primary security coordinator and a backup should be designated, and, their logon-ID numbers should appear on a new reference table: TSCU. Only individuals included on this table will have update authority to SMUM. |
| **15** | **APPL:** this should be the eligibility supervisor in the county who is responsible for monitoring the timeliness of application processing. The coordinator will receive alerts when processing is due or overdue to pending applications. |
| **16** | **DATA EXCHANGE:** Central Office Position. |
| **17** | **FS ISSUANCE:** this should be the FS Issuance Supervisor who is responsible for working with the bulk inventory. This is the individual who will receive copies of alerts that deal with the number of FS replacement issuance transactions. |
| **18** | **FIAT:** alerts designating that fiat activity is required on a case are directed to the supervisor and administrator associated with the caseload. |

| | |
|---|---|
| **19** | **MRT:** Central Office position. |
| **20** | **MGMT EVALUATION:** Central Office position. |
| **21** | **FID/FS POLICY:** Central Office position. |
| **22** | **COUNTY DIRECTOR:** Local DFR Director. |
| **23** | **ICWIS:** individual in the county who serves as ICWIS liaison. |

### D. REFERENCE TABLE: TCRD

The Reference Table Coordinator is MSS012. If staff reassignments are planned, please remember that table updates are overnight. It is recommended that you provide advance notice to the Reference Table Coordinator of any caseload reassignments for IMPACT, INTERCOUNTY, or CLOSED file caseloads. A confirmation message will be sent when the table is updated. Informational messages are displayed as a reminder only – just press enter a second time and the change will be made.

## II ICES SECURITY FEATURES

There are three (3) security features that work together in ICES to control update access: Security Levels, Profiles, and Caseload Validation.

### A. SECURITY LEVELS

There are four security levels used in ICES. Security Level 98 is used for Eligibility Administrators, Security Coordinators, and Hearing Coordinators. Level 75 is for supervisory staff. Level 50 is for Eligibility and IMPACT workers, and utility clerks. Level 10 is for inquiry.

### B. PROFILES

Profiles control access to ICES transactions and describe whether the access is inquiry or update. An individual should have at least one active profile on SMUM to access the system.

A list of profile names is contained online on screen SMPL. An individual should be assigned a profile, or a combination of two profiles that contain the transactions necessary for the job duties. If the two profiles have different security levels, use the higher of the two on SMUM. Below is a list of commonly used county profile names and the usual corresponding security level.

TRANSACTION: SMPL

| | | |
|---|---|---|
| INQ PROF | INQUIRY PROFILE | 10 |
| BV CLERK | BENEFIT RECOVERY CLERK | 10 |
| ELG/FS C | COMBINED ELIGIBILITY AND FS ISSUANCE SUPERVISOR | 75 |
| FS ISSUA | FOOD STAMP ISSUANCE ADMINISTRATOR | 98 |
| BV SUPER | BENEFIT RECOVERY SUPERVISOR | 75 |
| NOVICE E | NOVICE ELIGIBILITY WORKER | 50 |

| | | |
|---|---|---|
| IMPACT W | IMPACT WORKER | 50 |
| TRANSUTL | UTILITY CLERK – TRANSFER CAPABILITY | 75 |
| ELIG WKR | ELIGIBILITY WORKER | 50 |
| CASE AID | CASE ASSISTANT | 50 |
| MA CLERK | MEDICAID ENROLLMENT CLERK | 50 |
| SEC COOR | SECURITY COORDINATOR | 98 |
| SCREENER | APPL REGISTRATION SCREENER | 10 |
| ELIG SPR | ELIGIBILITY SUPERVISOR | 75 |
| BV COORD | BENEFIT RECOVERY COORDINATOR | 75 |
| ISS CLRK | FS ISSUANCE CLERK | 10 |
| ACCT CLE | ACCOUNT CLERK | 10 |
| UTIL CLE | UTILITY CLERK | 50 |
| HEARINGS | COUNTY HEARINGS COORDINATOR | 98 |
| BV WORKE | BENEFIT RECOVERY WORKER | 50 |
| IMPACT C | IMPACT CLERK | 10 |
| IMPACT S | IMPACT SUPERVISOR | 75 |
| ISS SPVR | FS ISSUANCE SUPERVISOR | 75 |
| ELIG ADM | ELIGIBILITY ADMINISTRATOR | 98 |
| SCRECSDS | SCREENER WITH CSDS UPDATE | 10 |
| TRANUTCS | TRANSUTL CLRK WITH CSDS UPDATE | 10 |
| CLERCSDS | UTILITY CLERK WITH CSDS UPDATE | 10 |

Some profiles are designed for specific functionality such as the ISS CLRK, which allows issuance of FS benefits only. Others are general in design since some county offices have clerks who function in a wide variety of job duties, such as screening applications, issuing food stamps, completing MA enrollments, etc. To view the details of each profile, access SMPM using the profile name as the parameter. Follow the PF key instructions to view subsystem detail.

### C. CASELOAD VALIDATION

Every county has a supporting administrative structure, which describes to the system who reports to whom and who has update authority to caseloads. An individual should be associated with the caseload in the administrative structure to have update capability (permanent administrator, permanent supervisor, permanent worker, or a designated backup on the screen.

## III COUNTY ADMINISTRATIVE STRUCTURE

The purpose of the administrative structure is to identify to ICES who has update authority to caseloads. Only those individuals identified to the admin unit, supervisory unit, and caseload on screens CLAM, CLSM, or CLCM as a permanent or temporary (backup) worker. All others have inquiry capability only.

For data security purposes, it is essential that ICES users do not share logon-ID numbers and that passwords are kept confidential. It is important that the Security Coordinator maintain the user's status on SMUM as

staff changes are made. To update SMUM, the Security Coordinator should be on table TSCU, have the correct profile/security level, and have an ID in that county.

```
SMUM                        USER DETAIL INFORMATION         03/24/03 09:08
     USERID: MSS017          AS OF : 01/10/00                MSS017 K MCHENRY
     NAME:  LAST: DOE___________  FIRST: JANE___________  M.I.: _  TITLE: ____
  SOC.SEC.NO: 000000000 BIRTHDATE: 08071960 COUNTY: 99 STATUS: A SECURITY LVL: 10
 TELEPHONE NUMBER: ( 317 )  234 - 0533  EXT:  0000    SATELLITE NBR: 000
      CLASSIFICATION NO: ______   TITLE:
      UPDATE RSN CODE:   __  PREV RSN CODE: 00
         PROFILE NAME: INQ PROF   BEGIN DATE: 01/10/00 END DATE: ________
         PROFILE NAME: __________ BEGIN DATE: ________ END DATE: ________

    ********************** STRUCTURAL RELATIONSHIPS **********************

  ASSIGNED TO ADMIN UNIT(S):

  ASSIGNED TO SUPER UNIT(S):


  CASELOADS:


 SUPERVISOR USERID:

 NEXT TRAN: ________ PARMS: ______________________________________________
```

## A. SETTING UP A NEW ICES USER; CHANGING ATTRIBUTES ON EXISTING USERS

1. SMUM is the user maintenance screen. Required information includes: last name, first name, birth date, county number, status, security level, profile name(s) and profile begin date(s).
2. MI – the middle initial is not a required field; however, it is highly recommended that the middle initial, if any, be included on this screen.
3. SSN – the social security number is not a required field. If included, be certain that it is accurate. If excluded from the screen please leave the field filled with zeros.
4. Status: valid values are A = active; T = temporarily inactive; I = inactive.
5. Profile names are found on screen SMPL.

When setting up a new user on SMUM, please be aware that once you press enter, the screen cannot be deleted. Therefore, check the ID number before pressing enter. If it is not correct,

press PF14 to leave the screen without update and try again. When changing information for an existing user, you may type over any data as needed. In order to include an ID in the structure, the ID should be active and it should have the appropriate security level for the screen.

## B. SMUH – HISTORY FOR SMUM

When SMUM is accessed in update mode, any of the fields can be updated. If any of the fields are updated, the worker should indicate the reason for the update. The update fields are on table TSMU. If there is more than one reason for the update, please use the primary reason. The second time the screen is updated, the first update will go to history and will be accessible by using SMUH. When an individual leaves, there is no need to change the name to 'vacant' or any other generic designation. The changes will be retained in history so it can be determined who had the number and when.

```
SMUH                        USER HISTORY INFORMATION        03/24/03 09:15
     USERID: T15200          AS OF : 07/02/02                MSS017 K TEST/MCHEN
     NAME:  LAST: TEST/            FIRST: SUPERVISOR ID    M.I.:    TITLE:
  SOC.SEC.NO: 000000000 BIRTHDATE: 01011980 COUNTY: 15 STATUS: A SECURITY LVL: 75
 TELEPHONE NUMBER: ( 000 )  000 - 0000  EXT:
      CLASSIFICATION NO:          TITLE:
      UPDATE RSN CODE:   01

         PROFILE NAME: ELIG SPR   BEGIN DATE: 10/08/01 END DATE:
         PROFILE NAME:            BEGIN DATE:          END DATE:

                                                                        MORE
 NEXT TRAN: ________ PARMS: ____________________________________________
```

## IV SETTING UP CASELOAD UNITS – ELIGIBILITY AND IMPACT

There are two types of caseload units: Eligibility and IMPACT. They are set up differently and the setup of each type will be covered separately. There are three levels of data entry needed to set up the eligibility unit section of the structure: CLAM (administrative unit); CLSM (supervisory unit); and CLCM (caseload).

## A. ELIGIBILITY CASELOAD UNITS

### 1. CLAM – Eligibility Administrative Unit

Numbering - eligibility administrative unit numbers consist of five numeric characters. If the county DFR has only one administrative unit, the preferred numbering scheme is county number + 100 (one hundred). If the county has multiple office locations and multiple administrators, the county may wish to align the unit numbers with locations. It is important to keep the unit numbering streamlined and simple since routine maintenance is required.

```
CLAM                    ADMINISTRATIVE UNIT MAINTENANCE      03/19/03 07:52
                             COUNTY: DEARBORN                 MSS017 K TEST/MCHEN

           ***** ENTER AN * TO DELETE THE ADMINISTRATIVE UNIT _ *****


   ADMIN.                 CLEAR ADMIN.      *** PERMANENT ****     BEGIN    SATL
  UNIT NBR   DESCRIPTION    *     ID        ADMINISTRATOR NAME     DATE      NBR

   15100   ELIG___________  _   T15100  ID        ADMIN            07/02/02    0


                      CLEAR ADMIN.      *** TEMPORARY ***      BEGIN
                        *     ID        ADMINISTRATOR NAME     DATE

                        _   T15500  ADMINIS   TEST/5           02/01/02
                        _   ______                             ________
                        _   ______                             ________
                        _   ______                             ________
                        _   ______                             ________
                        _   ______                             ________

 NEXT TRAN: ________ PARMS: ____________________________________________
```

a. The admin unit number designated in the parms will display on CLAM in the admin unit nbr field. If the unit is located at a satellite office, the satellite number should be used in the parm to access the screen and it will display in the satellite nbr field. You may change any data or data enter new data in any open field.

b. Unit Description: you may use any designation. It is recommended that you use a term descriptive of the unit and avoid use of an individual's name.

c. Type in the logon-ID number of the individual who is assigned as the administrator in the ADMIN ID field. The name associated with the ID number will display when the screen is next accessed. The logon-ID should have a security level of 98 and should carry the ELIG ADM profile as one of the active profiles on SMUM.

d. Begin date is mandatory and can be no earlier than the current date.

e. Type in the logon-ID numbers of any temporary (backup) administrators. These fields should include the ID number(s) of individual(s) who fill in during the administrator's absence. Six backups are allowed but not required.

**CHANGING INFORMATION ON CLAM**

Access the CLAM screen by using the admin unit number as the parameter (include satellite number if needed). You may type over any field displayed in green or data enter into an open field. You may replace the administrator; however, you may not delete an administrator while supervisory units are attached. If the administrator leaves employment, include the ID number of the individual who will perform administrative duties until the position is filled. Temporary administrators can be cleared from the screen by entering an asterisk in the CL field. If the absence is temporary, you may end-date the access in the appropriate field and remove the end-date when the temporary administrator returns.

## 2. INQUIRY ON THE ADMINISTRATIVE UNIT (CLAQ)

Using the admin unit number assigned on CLAM accesses CLAQ. The screen will display the county, administrative unit number, unit description, satellite number, permanent administrator ID number, name of the administrator, and will list all supervisory units attached to the admin unit. A yes/no indicator will indicate the presence of designated temporary, or backup, staff.

```
CLAQ                   ADMINISTRATIVE UNIT INQUIRY           03/19/03 09:55
                        COUNTY: DEARBORN                      MSS017 K TEST/MCHEN
      ADMINISTRATIVE UNIT NBR: 15100     DESCRIPTION: ELIG             SAT:   0
      ADMINISTRATOR ID: T15100   ID                ADMIN

 UNIT                  SUPERVISOR           PERMANENT                TEMP SUPVS
  NBR      DESCRIPTION      ID            SUPERVISOR NAME              ASSIGNED
 15101  ELIG             T15200  SUPERVISOR ID     TEST/                  NO
 15201  ELIG             T15300  TEST SUPERVISOR                         YES









 NEXT TRAN: ________ PARMS: ____________________________________________
 048 - NO MORE DATA AVAILABLE
```

## 3. SETTING UP SUPERVISORY UNITS – CLSM

Numbering format – to access CLSM, use the admin unit number to which the unit is attached, and the supervisory unit number. For example, to add the first supervisory unit to 18100, the supervisory unit number would be 18101. Again, the satellite indicator should be present if the unit is located at a satellite office.

```
CLSM                    SUPERVISORY UNIT MAINTENANCE        03/19/03 10:00
                            COUNTY: DEARBORN                 MSS017 K TEST/MCHEN

            ***** ENTER AN * TO DELETE THE SUPERVISORY UNIT _ *****

   ADMIN.                        ADMIN.
  UNIT NBR   DESCRIPTION           ID        ADMINISTRATOR NAME         SAT
   15100   ELIG                  T15100  ID        ADMIN                  0

   SUPV.                    CLEAR  SUPV.      *** PERMANENT ***      BEGIN
  UNIT NBR   DESCRIPTION     *     ID         SUPERVISOR NAME       DATE
   15101   ELIG___________  _   T15200  SUPERVI   TEST/            10/08/01

                      CLEAR  SUPV.      *** TEMPORARY ***      BEGIN
                        *     ID         SUPERVISOR NAME       DATE
                        _   ______                             ________
                        _   ______                             ________
                        _   ______                             ________
                        _   ______                             ________
                        _   ______                             ________
                        _   ______                             ________

 NEXT TRAN: ________ PARMS: ____________________________________________
```

a. To display, the CLSM will display the admin unit information from the associated CLAM and the supervisory unit number. Type in the logon-ID of the permanent supervisory and any designated backup supervisory staff. Begin dates are mandatory and can be no earlier than the current date. The end-date field is protected since it is not required when setting up the backup staff. The names associated with the ID numbers when the screen is next accessed.

b. To change information on CLSM, access the screen by using the admin and supervisory unit numbers, and satellite number if needed. You may type over any field displayed in green or data enter into any open field. You may replace the permanent supervisor, however you may not delete the permanent supervisor while caseloads are still attached.

## 4. INQUIRY ON THE ADMINISTRATIVE UNIT (CLSQ)

To Inquiry on the supervisory unit number, use CLSQ. Use the same admin and supervisory unit numbers used to access CLSM. This screen will display county; admin unit number and description; satellite number; supervisory unit number and description; permanent supervisory ID; and all of the caseloads assigned to the unit along with caseload descriptions and the logon-ID number and name of the permanent worker assigned to the caseload. A yes/no indicator will show whether temporary workers are assigned.

```
CLSQ                  SUPERVISORY UNIT INQUIRY              03/19/03 10:10
                       COUNTY: DEARBORN                      MSS017 K TEST/MCHEN

      ADMINISTRATIVE UNIT NBR: 15100    DESCRIPTION: ELIG             SAT: 000
         SUPERVISORY UNIT NBR: 15101    DESCRIPTION: ELIG
                SUPERVISOR ID: T15200   SUPERVISOR ID     TEST/

 CSLD                    WORKER          *** PERMANENT ***         TEMP. WORKERS
 NBR      DESCRIPTION      ID               WORKER NAME                ASSIGNED
 150000 ELIG             T15000  CLOSED FILE       TEST/                  NO
 151012 ELIG             MSS017  KATE              TEST/MCHENRY           NO
 151064 TEST HISTORY     T15601  WORKER            WORKER                 NO
 159999 ELIG             T15200  SUPERVISOR ID     TEST/                  YES









 NEXT TRAN: ________ PARMS: ____________________________________________
048 - NO MORE DATA AVAILABLE
```

## 5. SETTING UP ELIGIBILITY CASELOADS – CLCM

### a. NUMBERING FORMAT

The numbering format should be in a format that identifies the caseload to a supervisory unit. CLCM is accessed by using the admin unit number, the supervisory unit number and the unique caseload number. For example, in County 18, use 18100 (admin), 18101 (supervisory), and 181011 to indicate the first caseload in that unit. The county number should be included as the first two characters. Up to six backup workers may be assigned on each caseload.

```
CLCM                    CASELOAD WORKER MAINTENANCE         03/19/03 10:13
                            COUNTY: DEARBORN                 MSS017 K TEST/MCHEN

                 ***** ENTER AN * TO DELETE THE CASELOAD _ *****

 ADMINISTRATIVE UNIT NBR: 15100   DESCRIPTION: ELIG            SAT:   0
    SUPERVISORY UNIT NBR: 15101   DESCRIPTION: ELIG
            CASELOAD NBR: 151012  DESCRIPTION: ELIG___________ CONFIDENTIAL: N

                     CLEAR WORKER          PERMANENT          BEGIN
                       *     ID           WORKER NAME         DATE
                       _   MSS017  KATE      TEST/MCHENR      05/30/02

                     CLEAR WORKER          TEMPORARY         BEGIN     END
                       *     ID           WORKER NAME        DATE      DATE
                       _   ______                            ________  ________
                       _   ______                            ________  ________
                       _   ______                            ________  ________
                       _   ______                            ________  ________
                       _   ______                            ________  ________
                       _   ______                            ________  ________

 NEXT TRAN: ________ PARMS: ______________________________________________
```

**b. SPECIAL CASELOADS**

Each county should have three (3) special caseloads set up and these caseloads should have designated caseload numbers:

**CLOSED CASEFILE CASELOAD** – county number + 0000
INTERCOUNTY TRANSFER CASELOAD – county number + 9999
IMPACT INTERCOUNTY TRANSFER CASELOAD – county number + W + 999 (this caseload will be discussed in the next section of this Handbook). The permanent worker on each of these caseloads is shown in a particular coordinator position on table TCRD. The permanent worker ID assigned on the 3 required caseloads should appear on the table TCRD table as the coordinator for these functions. When the caseload is reassigned, the Security Coordinator will receive an informational message to contact MSS012, the Reference Table coordinator. When you see the message, just press enter a second time and the change will occur. If you have already contacted the Reference table coordinator, no further action is required. It is recommended that the caseload reassignment be held until the table update has been confirmed. The table update is an overnight change, while the CLCM reassignment is immediate.

**MEDICAID ENROLLMENT CASELOAD** – if the county has only one Medicaid enrollment caseload, please use county nbr + 5555.

**INTRACOUNTY TRANSFER CASELOAD** – this caseload is not required. However if used, please use county nbr + 8888.

### c. ELIGIBILITY CASELOAD – CLCA

The eligibility caseload for a worker can be viewed on CLCA. Also, this screen is used to transfer some or all of the cases to other caseloads within the county.

```
CLCA TOTALS(Y/N):  ___    CASELOAD CASE MAINTENANCE         03/19/03 13:41
                             COUNTY: DEARBORN                MSS017 K
TEST/MCHEN
 FROM CASELOAD: 151012                     TO CASELOAD:
        WORKER: MSS017 - K TEST/MCHEN          WORKER:        -
       ADMIN: 15100 UNIT: 15101  SAT:   0     ADMIN:       UNIT:       SAT:
0
  ENTER "Y" TO MOVE ALL CASES:   PAGE:    GENERATE NEW CASEWORKER NOTICE?
                  REDETERM  NO OF                            REDETERM  NO OF
 MOVE  CASE NBR  DUE DATE  GROUPS          MOVE  CASE NBR  DUE DATE  GROUPS
      3000000269   043002     1                 3000001085   043002     1
      3000022982                                 3000023014
      3000023030                                 3000050496   033103     1
      3000050504   033103     1                 3000050512   033103     1
      3000050751   103102     2                 3000050785   043003     1
      3000075253   033103     1                 3000075451   013103     1
      3000099311   123103     1                 3000099675   073103     3





            *** ENTER "X" IN "MOVE" TO SELECT CASES TO BE MOVED ***
 NEXT TRAN: ________ PARMS: ____________________________________________
 * * *  RETURN FROM HELP FUNCTION * *
```

## B. IMPACT CASELOAD UNITS

IMPACT units are set up using CLWM. This screen will identify all IMPACT staff in the unit. CLCM is used to set up IMPACT caseloads.

### 1. SETTING UP THE IMPACT UNIT ON CLWM

The CLWM screen contains the logon-ID numbers of the administrator, supervisor, worker and clerks. If needed, the unit size can contain more than one screen of ID numbers. If the unit size exceeds 11 workers, complete the screen, press enter, then re-access the screen and the ‘more’ indicator will appear in the lower left corner. To access a new blank screen, press PF9. To have update authority on a caseload, the logon-ID number should be included on CLWM. Begin and end-dates are required for the logon-ID numbers included in the worker section of the screen. The names of the staff will display the next time the screen is accessed. Each county should have admin unit number WP001 set up.

```
CLWM                        MAINTAIN UNIT WORKERS            03/19/03 10:19
                             COUNTY: DEARBORN                 MSS017 K TEST/MCHEN
 ****TO DELETE THE ADMIN UNIT ENTER AN * IN THE ADMIN UNIT AND UNIT CL FIELDS***
 CL(*) _ ADMINISTRATIVE UNIT NBR: WP001 DESCRIPTION: IMPACT_________ SAT:   0
 CL(*) _ ADMINISTRATOR USERID: T15100  ID                ADMIN
 ****TO DELETE THE UNIT ENTER AN * IN THE UNIT CL FIELDS
 CL(*) _ UNIT NBR: WP101 DESCRIPTION: IMPACT_________
 CL(*) _ SUPERVISOR USERID: T15300 SECOND           SUPERVISOR
          WORKER                                          BEGIN    END
 CL(*)    USERID                WORKER NAME               DATE     DATE
    _     T15200    SUPERVISOR ID     TEST/               10/08/01 10/08/10
    _     MSS017    KATE              TEST/MCHENRY        10/09/01 10/09/10
    _     T15101    WKR               ELIG                10/31/01 10/09/10
    _     T15300    SECOND            SUPERVISOR          11/27/01 11/27/10
    _     T15605    WORKER5           WORKER5             03/15/02 01/01/10
    _     T15606    WORKER6           WORKER6             03/15/02 01/01/10
    _     T15607    WORKER7           WORKER7             03/15/02 01/01/10
    _     T15608    WORKER8           WORKER8             03/15/02 01/01/10
    _     T15650    WORKER/50         WORKER/50           03/21/02 01/01/10
    _     T15670    WORKER/70         WORKER/70           03/21/02 01/01/10
    _     T15660    WORKER/60         WORKER/60           03/21/02 01/01/10
  PF9 - NEW PAGE
 NEXT TRAN: ________ PARMS: ____________________________________________ MORE...
```

## 2. SETTING UP IMPACT CASELOADS ON CLCM

CLCM for IMPACT caseloads differs from the screen used for eligibility caseloads. For IMPACT caseloads the screen has a round robin indicator and the back up worker fields are protected. The caseload numbers consists of county number + W + 3 numeric characters. Routinely the caseload number carries the last 3 characters of the IMPACT worker's ID. CLCM is accessed using the admin unit number, the supervisory unit number, and the selected caseload number. The satellite number is an optional parameter. NOTE: EACH COUNTY SHOULD HAVE AT LEAST ONE CASELOAD THAT IS DESIGNATED AS ROUND ROBIN 'Y'. The backup fields are protected since the designation is not needed. All IMPACT workers included on a CLWM screen have backup authority on all caseloads.

```
 CLCM                    CASELOAD WORKER MAINTENANCE         03/19/03 10:24
                           COUNTY: DEARBORN                 MSS017 K TEST/MCHEN

               ***** ENTER AN * TO DELETE THE CASELOAD _ *****

ADMINISTRATIVE UNIT NBR: WP001   DESCRIPTION: IMPACT          SAT:   0
   SUPERVISORY UNIT NBR: WP101   DESCRIPTION: IMPACT          ROUND ROBIN?  Y
           CASELOAD NBR: 15W017  DESCRIPTION: IMPACT_________ CONFIDENTIAL: N

                    CLEAR WORKER          PERMANENT          BEGIN
                      *     ID           WORKER NAME         DATE
                      _   MSS017  KATE      TEST/MCHENR      05/30/02

                    CLEAR WORKER          TEMPORARY         BEGIN     END
                      *     ID           WORKER NAME        DATE      DATE
                      _   ______                            ________  ________
                      _   ______                            ________  ________
                      _   ______                            ________  ________
                      _   ______                            ________  ________
                      _   ______                            ________  ________
                      _   ______                            ________  ________

NEXT TRAN: ________ PARMS: ______________________________________________
```

Required caseload: each county should have an IMPACT inter-county caseload established and it should have the caseload number: county number + W + 999. The logon-ID number of the permanent worker should appear on table TCRD as the IMPACT coordinator.

CLIM is used to display the contents of the IMPACT caseload. Also, some or all of the IMPACT cases within the caseload can be transferred to other caseloads within the county using this screen.

```
CLIM                        IMPACT CASE MAINTENANCE          03/19/03 10:25
                              COUNTY: DEARBORN                MSS017 K TEST/MCHEN
 FROM CASELOAD: 15W017                     TO CASELOAD:
        WORKER: MSS017 - K TEST/MCHEN          WORKER:        -
       ADMIN: WP001 UNIT: WP101  SAT:   0     ADMIN:       UNIT:       SAT:   0
  ENTER "Y" TO MOVE ALL CASES:   PAGE:    GENERATE NEW CASEWORKER NOTICE?

 MOVE     RECIP NBR      NAME    CAT    TRK   TYPE    COMP           GD  SAT
        300000064099   C SUPPO    A      N    ASST                          0
        300002269399   F FRIEN    F           ASST                          0
        300010842799   L MOM      A      N    REFR                          0
        300017015399   M PINK     A      N    REFR                          0
        300017107899   T COPPE    A      N    REFR                          0









            *** ENTER "X" IN "MOVE" TO SELECT CASES TO BE MOVED ***
 NEXT TRAN: ________ PARMS: ____________________________________________
 048 - NO MORE DATA AVAILABLE
```

## V SETTING UP NON-CASELOAD UNITS – BENEFIT RECOVERY AND CLERICAL

### A. BENEFIT RECOVERY

Benefit Recovery unit(s) are required in every county. If eligibility workers work their own claims, the BV units should parallel the eligibility units (same administrator, same supervisor, and same workers). CLWM is used to set up BV units. If the unit size exceeds 11 workers, complete the screen, press enter, then re-access the screen and the 'more' indicator will appear in the lower left corner. To access a new blank screen, press PF9.

```
CLWM                        MAINTAIN UNIT WORKERS            03/19/03 10:29
                             COUNTY: DEARBORN                 MSS017 K TEST/MCHEN
 ****TO DELETE THE ADMIN UNIT ENTER AN * IN THE ADMIN UNIT AND UNIT CL FIELDS***
 CL(*) _ ADMINISTRATIVE UNIT NBR: BV001 DESCRIPTION: BV_____________ SAT:   0
 CL(*) _ ADMINISTRATOR USERID: T15100  ID                ADMIN
 ****TO DELETE THE UNIT ENTER AN * IN THE UNIT CL FIELDS
 CL(*) _ UNIT NBR: BV101 DESCRIPTION: BV_____________
 CL(*) _ SUPERVISOR USERID: T15200 SUPERVISOR ID     TEST/
           WORKER                                            BEGIN    END
 CL(*)     USERID                WORKER NAME                 DATE     DATE
    _      T15101    WKR               ELIG                  10/08/01 10/08/10
    _      ______                                            ________ ________
    _      ______                                            ________ ________
    _      ______                                            ________ ________
    _      ______                                            ________ ________
    _      ______                                            ________ ________
    _      ______                                            ________ ________
    _      ______                                            ________ ________
    _      ______                                            ________ ________
    _      ______                                            ________ ________
    _      ______                                            ________ ________
  PF9 - NEW PAGE
 NEXT TRAN: ________ PARMS: ______________________________________________
 048 - NO MORE DATA AVAILABLE
```

**BV unit, numbering format:** the usual numbering for BV units would be BV001/BV101. The CLWM screen will include the ID numbers of the entire unit. These are non-caseload units. Claims are attached to a BV worker's ID number. If all BV units are at the same location, use the BV001 indicator. If you have only one BV administrator, use the BV001 unit number at all locations. If you have BV staff at more than one location, identify the BV admin and supervisory units with the location.

## B. CLERICAL

Clerical units are not required. CL unit, numbering format: if you elect to establish a clerical unit, please use the CL001/CL101 format. This is a way to identify clerks with a supervisor and/or an office location.

```
CLWM                        MAINTAIN UNIT WORKERS            03/19/03 10:31
                             COUNTY: DEARBORN                 MSS017 K TEST/MCHEN
 ****TO DELETE THE ADMIN UNIT ENTER AN * IN THE ADMIN UNIT AND UNIT CL FIELDS***
 CL(*) _ ADMINISTRATIVE UNIT NBR: CL001 DESCRIPTION: CLERICAL UNIT__ SAT:   0
 CL(*) _ ADMINISTRATOR USERID: T15100  ID                ADMIN
 ****TO DELETE THE UNIT ENTER AN * IN THE UNIT CL FIELDS
 CL(*) _ UNIT NBR: CL101 DESCRIPTION: SECURITY LEV___
 CL(*) _ SUPERVISOR USERID: T15200 SUPERVISOR ID     TEST/
           WORKER                                          BEGIN    END
 CL(*)     USERID                WORKER NAME               DATE     DATE
    _      T15900    CLERICAL          PERSON              11/20/01 01/01/10
    _      T15902    STAFF             CLERICAL            11/27/01 11/27/10
    _      T15901    STAFF             CLERICAL            11/27/01 11/28/01
    _      ______                                          ________ ________
    _      ______                                          ________ ________
    _      ______                                          ________ ________
    _      ______                                          ________ ________
    _      ______                                          ________ ________
    _      ______                                          ________ ________
    _      ______                                          ________ ________
    _      ______                                          ________ ________
  PF9 - NEW PAGE
 NEXT TRAN: ________ PARMS: ______________________________________________
 048 - NO MORE DATA AVAILABLE
```

## VI FOOD STAMP ISSUANCE UNITS – CLFS

### A. TRANSACTION: CLFS

CLFS is the screen where Food Stamp Issuance Units were set up or existing units were modified. The screen is accessed by using the FS administrative unit (FS001) and the supervisory unit number.

```
CLFS                    ADD FOOD STAMP ISSUANCE CENTERS      03/19/03 10:34
                             COUNTY: DEARBORN                 MSS017 K TEST/MCHEN
     ADMINISTRATIVE UNIT NBR: FS001 DESCRIPTION: FS_____________ SAT: 000
     ADMINISTRATOR USERID: T15100  ID                ADMIN

     FOOD STAMP UNIT NBR: FS101 DESCRIPTION: FS_____________
     PROJECT CODE: 18-029-01___ TYPE CODE: MP  COUNTY/VENDOR ID:
     SUPERVISOR USERID: T15200 SUPERVISOR ID     TEST/
     BEGIN DATE: 10/08/01  END DATE: 10/08/10                 BEGIN    END
       WORKER USERID             WORKER NAME                  DATE     DATE
           T15101    WKR               ELIG                   10/08/01 10/08/10
           T15800    CLERK             ISSUANCE               08/29/02 09/29/02
           T15607    WORKER7           WORKER7                08/29/02 09/30/02
           ______                                             ________ ________
           ______                                             ________ ________
           ______                                             ________ ________
           ______                                             ________ ________
           ______                                             ________ ________
           ______                                             ________ ________
           ______                                             ________ ________
           ______                                             ________ ________

 NEXT TRAN: ________ PARMS: ______________________________________________
 048 - NO MORE DATA AVAILABLE
```

### B. NUMBERING FORMAT

There can be only one FS admin unit in a county and that number should be: FS001. For most counties, the units will be numbered FS101, 102 etc. If the county has multiple locations, the unit numbers may be aligned with satellite numbers. Federal project codes are edited against reference table TFPC.

### C. SETTING UP THE ISSUANCE UNIT ON CLFS

There is no longer a need to set up issuance units. The units that exist should be left in place.

### D. CHANGING INFORMATION ON CLFS

Logon-ID numbers that are used in FS issuance may be reassigned to someone else. You may not delete any ID numbers from CLFS with the exception of the administrator. If the administrator's ID has been included in the clerk section of CLFS, it may not be deleted or reassigned.

When a member of the issuance unit leaves, the FS issuance supervisor should take action should be taken to end-date the issuance authority to inactivate the ID. The Security Coordinator will need to end-date the user ID on CLFS.

## VII ADMINISTRATIVE STRUCTURE

It is important to understand the purpose of the administrative structure and how it works. The structure identifies who has access to information contained in ICES and who has update authority to cases. Also, the structure identifies who reports to whom and who receives alerts and when. Other subsystems access the information contained in the administrative structure for various purposes. It is important to maintain the structure as changes occur. Caseload numbers are used in some batch programs when Data Exchange requests for information are identified. If a caseload number is deleted just prior to the receipt of the information, the batch job is affected. Once the structure is set up, only needed maintenance should occur.

### A. INDIVIDUAL LEAVES EMPLOYMENT

The steps that need to be taken will vary with the work assignments that are assigned and displayed on the User Maintenance screen (SMUM), and, on whether the individual will be replaced.

1. Send an Authority Request User Form to IOT to request either a delete (if you don't know when or if the positions will be filled), or, a rename to change the name to 'vacant' (if you expect to fill the position within 60 days). If it is not known, send a delete. After

60 days, if the position has not been filled and you don't know when it will be filled, send a second request to IOT to delete the ID from their security system (RACF).

2. Within ICES, if the vacancy is temporary, access the SMUM screen and change the status to 'T' for temporarily inactive. While it is in this status the unit supervisor should access and clear alerts. Note: the name should be left as is – do not change SMUM to show 'vacant' as the user name. If the individual has a caseload, it will not be necessary to transfer the cases to another caseload. Other workers can be made backup workers to the caseload to have access to the cases.
3. Within ICES, if the vacancy is not expected to be filled within 60 days, you need to take the necessary steps to inactivate the ID number in ICES. Note: the name should not be changed to 'vacant'. Leave the user name on the screen – it will be sent to history when the screen is updated with the new user information. Prior to removing the ID from the units to which it is assigned, the unit supervisor should clear all alerts and have any claims transferred to another BV worker. The unit supervisor should also take care of caseloads – transfer cases to other workers; or reassign the caseload to someone else until the position is filled. The structural relationships displayed on the lower half of SMUM should be clear of all unit assignments. As changes are made to the structure on the Caseload Management screens, the data displayed on SMUM will disappear. The only exception will be the FS001 admin unit – if the user ID was included on CLFS as the supervisor or as an issuance clerk, the individual should be end-dated on CLFS and only the FS001 will remain on the SMUM screen. Everything else should be clear.
4. SMUM – this screen is designed to go through a series of edits for outstanding alerts, claims, etc. If these items were not completed prior to the attempt to inactivate the ID, the Security Coordinator may need to add the ID back to a supervisory unit to have the supervisor clear the work related items still attached to the ID number. The TCRD, Coordinator Table, should also be checked and if update is required, send the table update request to MSS012.

## B. TRANSFERRING CASELOADS AND WORKERS FROM ONE UNIT TO ANOTHER

Before attempting any work online, work out the details on paper and set up a procedure for everyone involved. The individuals affected should log out of ICES while the structure work is being done. It is recommended that you remove the user ID number from all backup assignments prior to moving the ID from one unit to another.

1. IMPACT and Eligibility: the procedure is essentially the same. You will first need to set up a 'receiving' caseload in the new unit to receive the cases from the caseload being transferred. A permanent worker will need to be assigned to set up the receiving caseload and that can be any ID in the county with a security level of 50 or higher. The unit supervisor should transfer the caseload (using CLCA for eligibility cases; CLIM for IMPACT caseloads) from the 'old' caseload to the 'new' caseload. Once that is done, the Security Coordinator can delete the 'old' caseload and assign the permanent worker ID.

2. For IMPACT caseloads, the usual procedure is to align the caseload number with the logon-ID number of the permanent worker assigned to the caseload. Since caseload numbers should be unique, the Security Coordinator will need to set up the receiving caseloads with a 'made up' number, then, set up the preferred caseload number after the caseload is deleted from the 'old' unit. Please remember that the worker ID should be removed from the CLWM screen from the 'old' unit, and added to the 'new'.
3. For logon-ID numbers, not assigned to caseloads, just clear the ID from one unit and place it in another.
4. For FS Issuance staff: and ID number may be active in more than one unit, however, the issuance staff may have inventory at only one location. When issuance activity ends, the ID should be end-dated in the unit.

## C. TRANSFERRING SPECIAL CASELOADS

County number + 9999 Inter-county Transfer Caseload

County number + W + 999 IMPACT Inter-county Transfer Caseload

While the actual transfer of these caseloads from one unit to another is simple, the transfer should be done only at the end of the day, after eligibility staff is finished authorizing cases. When the caseload is empty, delete it from one unit and move it to the new unit. For IMPACT, update the CLWM screens. Please remember, if the caseload is assigned to a new individual, you should report the change to the Reference Table Coordinator, MSS012.

**CLOSED CASEFILE CASELOAD – county number + 0000**

This caseload cannot be transferred from one unit to another.

## D. RESTRUCTURING - UNITS AND CASELOADS

The best advice here is – DON'T. The information in the structure is used by various other subsystems, batch programs, data exchanges, etc. for the case processing, alert generation, etc. The deletion of a caseload number can cause a batch program to fail at night or on the weekend. If some restructuring is needed to clean up the existing structure, keep the changes to a minimum. The constant reassignment of logon-ID numbers can also be a problem. A restructuring should not be done unless there is a compelling reason.

If, after evaluation, you decide to do this anyway, spend a lot of time planning what needs to be done and have the layout in front of you. It is recommended that you remove all of the logon-ID numbers from backup assignments. Keep the number of admin units to a minimum – you should observe the system limitations. User ID numbers may be associated with a number of units and caseloads; however, there are limits to be observed. The users who will be moved should log out while the system work is being done.

UNIT/CASELOAD LIMITATIONS:

ADMIN UNIT LIMIT IS 6

SUPERVISORY UNIT LIMIT IS 16

CASELOADS LIMIT IS 16

UNIT TYPES THAT SHOULD BE IN PLACE:

BENEFIT RECOVERY

ELIGIBILITY

FS ISSUANCE

IMPACT

Remember, if eligibility staff handles their own claims, the BV units should parallel the eligibility unit set up (same administrator, same supervisor, and same workers).

## SECURITY SCREENS

| Screen | Name | Description |
|---|---|---|
| CLAM | Admin Unit Maintenance | Allows the administrator or security coordinator to add, chan delete admin users. |
| CLCM | Caseload Maintenance | Allows caseloads to be set up and assigns workers. One (1) permanent worker with 6 backups is allowed. User cannot be permanent worker in more than one caseload of the same typ (eligibility/IMPACT). The screen is used to change the eligib or IMPACT worker assigned to a particular caseload. |
| CLSM | Supervisory Unit Maintenance | Allows the administrator or security coordinator to add, delet change the eligibility supervisor units. The screen is also use change the permanent supervisor and the backup supervisors. |
| CLWM | Maintain Worker Units | Allows the administrator or security coordinator to assign wo to units that do not contain caseloads (like BV, clerical, IMP This screen takes the place of CLAM and CLSM for IMPAC units. |
| CLAQ | Admin Unit Inquiry | Allows inquiry regarding the admin unit composition. |
| CLSQ | Supervisory Unit Inquiry | Allows inquiry regarding the supervisory unit structure inclu the admin unit, supervisor unit, and caseloads associated to th supervisory unit. |
| CLCA | Caseload Assignment | Allows inquiry of all cases associated to the requested caselo Also, the screen is used to transfer eligibility cases to differen eligibility caseloads within the county. |
| CLIM | IMPACT Case Maintenance | Allows the IMPACT worker to view the caseload in total or various parameters to manage the caseload number and also a the transferring of individuals from one IMPACT worker to another within the same county. This screen is the same as C for IMPACT. |
| SMUM | User Detail Information | Allows the administrator or security coordinator to add work the ICES system. Also, it is used to add, change, or display u information, to view worker security information, and to view worker's related administrative structure. Update access to th screen will be limited to those users whose ID numbers appe table TSCU, and who have the appropriate profile and securit level. |
| SMUH | User History Information | Allows inquiry to the history of changes made on SMUM aft updates have been completed. It does not display the structu relationships that display at the bottom of SMUM. |

## ICES SECURITY QUESTIONS AND ANSWERS

What forms are needed for ICES access when a new employee starts?

To access ICES the RACF Authority Request Form and the Computer Access and Use Agreement from IOT need to be completed. Page 4 gives details about the forms. To access the Network, the Computer Access and Use Agreement and the NT Authorization forms from DTS need to be completed.

How is ICES access given to a new employee?

The paperwork needs to be completed and sent to IOT (see page 4). Also, SMUM needs to be updated with the employee's information. Access the SMUM screen with the number that the individual is being given. If the screen has a previous employee's information, type over the data with the new worker's correct information. If the screen comes up blank, make sure that the ID at the top is the correct ID being assigned. If the ID is correct, complete the screen with all of the individual's information. At least one profile with a current date needs to be given to the employee. Page 16 gives details on the profiles and security level for each profile. Page 17 gives instructions for SMUM completion. If the ID is not correct, press PF14 to leave the screen.

Can an ID that was previously given to someone in the Food Stamp Issuance Unit be assigned to someone else?

Yes, the ID can be assigned to another individual. This is because there is now history for IDs on the SMUH screen.

How do I reassign a caseload?

For eligibility and IMPACT caseloads, access CLCM for the caseload. To update, type over the permanent worker's information on CLCM replacing the ID with the new worker's ID. Remember that a worker can be assigned one eligibility caseload and one IMPACT caseload.

How do I transfer eligibility cases?

Eligibility cases are transferred to other workers within the county using CLCA. When accessing the screen the parameter is used to detail what caseload the cases are in and what caseload will be getting them (see page 24).

How do I transfer IMPACT cases?

IMPACT cases are transferred to other workers within the county using CLIM. When accessing the screen, the parameter is used to detail what caseload the cases are in and what caseload will be getting them (see page 26).

Why should coordinator table changes and caseload changes be coordinated?

In order for cases to be assigned and alerts generated correctly, the individual that has the closed casefile, inter-county transfer, and IMPACT inter-county transfer caseloads should match what is listed on table TCRD. If they do not match, workers could receive fatal errors and transfers will not occur. Refer to pages 14 and 24 for additional information.

How do I reassign the closed file caseload?

Because of the large number of cases in the closed file caseload, ICES cannot transfer the cases to a new worker. To reassign the caseload, the worker that is going to be responsible for the caseload should be given the ID number that is assigned to the caseload already.

When an employee leaves, what should be done?

The individual's ID will need to be inactivated in ICES and paperwork needs to be sent to IOT. Page 29 of the handbook gives more specific information.

What security level should be given to a certain profile?

It is important for the individual to have the correct security level. Page 16 in the handbook shows the profiles and what security level goes with each. If the individual has more that one profile, be sure that the individual is given the highest security level for the profiles given.

Why should TASS table changes be coordinated with ICES?

When making changes to the IMPACT caseloads, the counties listed on the TASS table for the IMPACT automatic assignment need to coordinate changes with ICES. Failure to do so will result in a fatal error.

What is the importance of the Round Robin field on CLCM for IMPACT?

Round robin is used for the automated assignment of IMPACT cases. A 'Y' should be input if the worker is to be included in the automated assignment of impact cases. An 'N' should be input if the worker is not to be included in the automatic assignment of IMPACT cases. This should be 'N' for the IMPACT coordinator unless that individual is also an IMPACT worker. Note that at least one caseload needs to be Round Robin yes or workers will receive fatal errors when authorizing cases with IMPACT referrals.

How do I determine what goes in a field on one of the security screens?

If you have a question regarding what should be entered in a field on a screen, access the Help Screen for the screen. To access Help Screens, press PF1 when you are on the screen. If you are not on the screen, type SFHP in Next Tran and the screen name in the parameter.

This is in regards to sending RACF requests online instead of sending via the post office or interdepartmental mail. IOT's Security Section will allow this as long as the following steps are adhered to when submitting the requests. When submitting the requests, the Security Coordinator should include the following information in the E-mail (**DO NOT** put in a WORD document).

1) Indicate if the action is one of the following:
   Add: for a "new" user id
   Change: last name change/marriage or making changes to a user's profile.
   Delete: delete a user id
   Rename: the id already exists but putting a different individual in the previous users place

2) User id: _____

3) Last name/First name: _____

4) If needed, indicate TSO & Billing Code: (not for local office use)

5) Agency Name: _____

6) State Employee (yes/no)_____
   Contractor (yes/no) _____ Company Name: _____

7) Indicate the appropriate groups (ex: WELCEP, FSSGLBL): _____

8) Effective date: _____ Not Before: _____

9) The Security Coordinator **should** indicate in the e-mail request that the individual has "Read" and "Signed" IOT's Computer Access and Use Agreement. Without this statement, the user id will not be set up. If the individual is changing IDs, please state the ID that the individual was assigned when the User Agreement was signed.

10) The Security Coordinator indicates what user id the individual signed IOT's Computer Access and Use Agreement under (not what county) if it is a "rename".

The e-mail should be sent to Shannon McCorkle with IOT. In the "SUBJECT" line of the e-mail, please use the following wording: FSSA RACF Request/W# # (county number). When IOT completes the form, they will e-mail back the coordinator. Keep all completed paperwork in the individual's personnel file.

**Example1:** This is used when the ID is not defined in RACF. The ID was deleted or had never been in RACF.

E-mail Subject: FSSA RACF Request/W99

**Add/New**: W99991 gharst, dawn
W99992 test id
W99993 test

FSSA/State of Indiana

State Employee: Yes

Groups: FSSGLBL
WELCEP

Effective Date: ASAP

The above individual(s) have read and signed IOT's Computer Access the Use Agreement under W_ _ _ _ _.

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**Example2:** This is used when the ID exists already in RACF.

E-mail Subject: FSSA RACF Request/W99

**Rename**: W99991 Baker, Ronald (Agreement signed under: W95999)

FSSA/State of Indiana

State Employee: Yes

Groups: WELCEP

Effective Date: 08/01/03

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**Example3:**

E-mail Subject: FSSA RACF Request/W93

**Delete**: W93991 (No Name Needed)

Effective Date: 08-01-03

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**Example4:**

E-mail Subject: FSSA RACF Request/W95

**Change**: W95991

Add to group: FSSGROUP
Delete from group: WELCEP

Effective Date: 08-01-03

Case Name and Number

34. Appendix 34 - Spend-Down Worksheet
*(Return to II.E.iii.3.f)iii) on page 12 or* II.F.xi.7.c) *on page 14)*

## SPEND-DOWN WORKSHEET

Because your income is more than the Medicaid income standard, we need to check if you have enough ongoing medical expenses to be enrolled under *Spend-Down.* Use this form to write down your medical care services that are ongoing – that is, you have the expense routinely, such as monthly, quarterly, annually, etc. Also list any medical services that you know you will need in the next few months.

We have listed a few common types of medical expenses to help you in filling out the form. You need to list others that you have. For services that Medicaid has been paying for, list the dates of service and names of providers. If you can get a print out from your providers of the services Medicaid has paid for, that will speed up the verification process.

| **Type of Expense**<br><br>**Name and address of Medical Provier** | **How often do you receive this medical service?** | **Date you last received this service -- or the date you expect to receive it.** | **Will Medicare or other insurance pay for any part of this service?** | **How much do you pay/owe on this service? (amount Medicare or other insurance won't pay.)** |
|---|---|---|---|---|
| Prescriptions<br>(For drugs paid by Medicare Part D, you can list only your co-payments.) | | | | |
| Doctor (primary care and specialist) | | | | |

| **Type of Expense**<br><br>**Name and Address of Medical Provider** | **How often do you receive this medical service?** | **Date you last received this service -- or the date you expect to receive it.** | **Will Medicare or other insurance pay for any part of this service?** | **How much do you pay/owe on this service? (amount Medicare or other insurance won't pay.)** |
|---|---|---|---|---|
| Transportation cost to obtain medical care | | | | |
| Dialysis treatment | | | | |
| Services at a Community Mental Health Center | | | | |
| Other | | | | |

35. Appendix 35 - State Forms
*(Return to State Forms above)*

# FSSA FORMS CONTROL LOG

## Division DFR Section FAMILY INDEPENDENCE

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 2321 | 52478 | 12-05 | Medicaid Disability - Follow-Up Action Notice to Applicant | | |
| OMPP | | R3/4-06 | Hoosier Healthwise Mail-In Application Kit - English | Brochure/ Envelope | FDC |
| OMPP | | R3/4-06 | Hoosier Healthwise Mail-In Application Kit - Spanish | Brochure/ Envelope | FDC |
| FS 3-B | 45469 | R/10-92 | Food Stamp Identification (ID) Card | Continuous Feed | FDC |
| 0950 | 52093 | 4-05 | Medicaid Spend-Down Information | Electronic | Central Office |
| 2320 | 52477 | 12-05 | Medicaid Disability - Initial Action Notice to Applicant | Electronic | FSSA Forms Catalog |
| 2321 | 52478 | 12-05 | Medicaid Disability - Initial Action Notice to Applicant | Electronic | FSSA Forms Catalog |
| 2322 | 52479 | 12-05 | Medicaid Disability - Follow-Up Action Notice to Applicant | Electronic | FSSA Forms Catalog |
| 2323 | 52480 | 12-05 | Medicaid Disability - Follow-Up to Providers for Records | Electronic | FSSA Forms Catalog |
| 2324 | 52481 | 12-05 | Medicaid Disability - Request to Applicant to Obtain Records | Electronic | FSSA Forms Catalog |
| 0042 | 50762 | 3-02 | Notice of Missed Interview | Electronic / Printed | FDC/Public Folder |
| 0775 | 44748 | R5/5-06 | Life Insurance Verification | Electronic / Printed | FDC |
| 0008 | 11131 | R2/2-96 | Log of Incurred Medical Expenses | Electronic Form | Public Folders |
| 0013 | 48815 | R/8-01 | Fraud Referral to the Bureau of Investigation | Electronic Form | Public Folders |
| 0043 | 50799 | 2/02 | Medicaid Eligibility Notice | Electronic Form | Public Folders |
| 0044 | 50884 | 5-02 | Treasury Offset Program (TOP) Review | Electronic Form | Public Folders |
| 0046 | 51042 | R/1-03 | Representative Payee Agreement for Supplemental Assistance for Personal Needs | Electronic Form | Public Folders |
| 2030W | 51304 | 4-03 | Application for Hoosier Healthwise for Children and Pregnant Women | Electronic Form | Wishard Hospital |
| 2320 | 52477 | 12-05 | Medicaid Disability - Initial Action Notice to Applicant | Electronic Form | FSSA/Intranet |
| G-845 | | R/6-90 | Documentation Verification Request | Electronic Form | USCIS/GOV |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 0005H | 5021 | R2/8-96 | Budget and Recommendation - Hospital Care for the Indigent | Electronic Form / Printed | FDC/FSSA Intranet |
| 0008A | 11971 | R6/5-05 | Notice to Provider of Recipient Deductible | Electronic/ Printed Form | FDC/Public Folders |
| 0009 | 47990 | R5/5-06 | Notice Regarding Rights and Responsibilities | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0010 | 47073 | R2/3-01 | Personal Responsibility Agreement | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0010S | 47971 | R/7-01 | Personal Responsibility Agreement-Spanish Version | Electronic/ Printed Form | DDB/PDF Forms Catalog/FDC |
| 0022 | 49125 | R2/10-05 | Shelter Collateral Request | Electronic/ Printed Form | FDC/Public Folders |
| 0023 | 49769 | 7-00 | Cover Letter for FI 0014 and FI 0065 | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0024 | 49884 | R/4-03 | Authorized Representative/Protective Payee for Hoosier Works Card | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0033 | 50158 | R/4-04 | EBT Daily Log for Card Issuance | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0045 | 50929 | 7-02 | MED Works Request for Independence | Electronic/ Printed Form | FDC/Public Folders |
| 0048 | 51344 | R/3-05 | Full Family Sanction Home Visit Notice | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0049 | 51345 | R/2-05 | Full Family Sanction - Initial Notice | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0050 | 51346 | R2-05 | Full Family Sanction - Final Notice | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0051 | 51347 | R/12-03 | Full Family Sanction Checklist | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0065 | 37968 | R10/10-0 | Request for Earnings Information | Electronic/ Printed Form | FDC/Public Folders |
| 0619C | 1859 | R15/3-05 | Notice and Certificate of Action - TANF | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 2030 | 43202 | R4/9-02 | Application for Hoosier Healthwise for Children and Pregnant Women | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 2032 | 42940 | R7/11-05 | Pending Verification for Applicants/Recipients | Electronic/ Printed Form | FDC/Public Folders |
| 2032S | 49670 | R2/4-06 | Pending Verification for Applicants/Recipients-Spanish Version | Electronic/ Printed Form | FDC/Public Folders |
| 2061 | 46212 | R/10-96 | Resource Assessment for Medical Assistance to the Aged, Blind, and Disabled | Electronic/ Printed Form | FDC/Public Folders |
| 2400 | 30465 | R9/8-05 | Application for Food Stamps, Cash Assistance, Health Coverage | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 2400S | 48399 | R3/8-05 | Application for Food Stamps, Cash Assistance, Health Coverage-Spanish Version | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 2420 | 44151 | R9/8-05 | Report of Change | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 2420S | 46777 | R6/8-05 | Report of Change - Spanish Version | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| FS 0041 | 35955 | R9/5-04 | Notice of Action | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| FS | 43351 | R2/7-03 | Notice of Action - Spanish Version | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| HCI | 27097 | R5/8-05 | Application for Hospital Care to the Indigent | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| NN 133 | | R/7-00 | #10 Regular-Hoosier Healthwise-P.O. Box 7213, Indianapolis, 46207-7213 | Envelope | FDC |
| NN 134 | | 7-00 | #9 BRM-Hoosier Healthwise-P.O. Box 7213, Indianapolis, 46209-8516 | Envelope | FDC |
| NN 135 | | R/7-00 | 9x12 Catalog-Hoosier Healthwise-P.O. Box 7213, Indianapolis, 46207-7213 | Envelope | FDC |
| FCS-135 | | 7-89 | Affidavit of Return or Exchange of Food Coupons | FCS Form | FDC |
| FCS-259 | | 8-96 | Food Stamp Mail Issuance Report | FCS Form | FDC |
| FCS-471 | | 4-86 | Coupon Accountability and Destruction Report | FCS Form | FDC |
| NN 05 | | 4-01 | Hoosier Works EBT Card FAQ Flyers | Flyer | |
| | 45885 | 4-93 | Medical Assistance For the Aged, Blind, and Disabled Budget | Form | FDC |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 0002 | 46724 | 8-94 | Unpaid Balance Tracking Worksheet | Form | FDC |
| 0005 | 49708 | 8-00 | Record of Training | Form | FDC |
| 0005A | 1883 | R16/11-0 | Record of Financial Eligibility-Budget for TANF | Form | FDC |
| 0005B | 49422 | 2-00 | Record of Financial Eligibility Budget for Hoosier Healthwise | Form | FDC |
| 0006A | 34969 | R6/4-00 | Notice-Effective Date of Spend-Down Eligibility | Form | Public Folders |
| 0006C | 31662 | R9/4-06 | Medical Statement of Disability for Food Stamps | Form | FDC |
| 0007 | 46873 | R5/8-05 | Notice of Interview/Appointment | Form | FDC |
| 0007S | 51817 | 10-04 | Notice of Interview/Appointment - Spanish Version | Form | FDC |
| 0009S | 48398 | R/5-06 | Aviso Sobre Derechos Y Responsabilidades | Form | FDC |
| 0011 | 47889 | R/7-99 | Local Office Checklist for QC Sample Pull | Form | FDC |
| 0012 | 47143 | 7-95 | Policy Answer Line/Help Desk Problem Identification | Form | FDC |
| 0014 | 3234 | R8/4-01 | Authorization for the Release of Financial Information | Form | FDC |
| 0015 | 48552 | R/2-05 | Pending Verification for Hoosier Healthwise Application | Form | FDC |
| 0015S | 49118 | 10-98 | Verificaciones pendientes Los Solicitantes de Hoosier Healthwise | Form | FDC |
| 0016 | 48299 | 7-97 | Verification of Information | Form | FDC |
| 0017 | 47439 | 1-96 | Medicaid Category Change | Form | FDC |
| 0018 | 48133 | 11-96 | Subpoena Duces Tecum | Form | FDC |
| 0019 | 34970 | R4/4-97 | Request for Information from the Indiana Department of Revenue | Form | FDC |
| 0020 | 48323 | R2/7-99 | Notice to Mandatory Able-Bodied Adult Without Dependents | Form | FDC |
| 0021 | 48464 | 9R/10-05 | Certificate of Medicaid Coverage | Form | FDC |
| 0028 | 45885 | R/2-01 | Medical Assistance for the Aged, Blind and Disabled - Budgeting Worksheet | Form | FDC |
| 0030 | 50118 | 7-01 | Responsibility Statement for Electronic Benefit Transfer Card & Personal Identification Number | Form | FDC |
| 0031 | 50156 | R/4-02 | EBT Card Authorization | Form | FDC |
| 0032 | 46148 | R/2-95 | Inventory of Resources and Personal Property of Deceased Medicaid Recipient | Form | FDC |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 0034 | 50176 | 7-01 | Daily EBT Card Inventory Reconciliation | Form | FDC |
| 0035 | 50159 | 7-01 | PIN Selection / Change Log | Form | FDC |
| 0036 | 50230 | 10-01 | Application for Hoosier Healthwise-Breast and Cervical Treatment Services | Form | Store |
| 0037 | 50235 | 7-01 | Returned Card Log | Form | FDC |
| 0038 | 50157 | 7-01 | Bulk EBT Vault Card Inventory | Form | FDC |
| 0039 | 50699 | R/5-05 | Voluntary Withdrawal | Form | FDC |
| 0039S | 51962 | 3-05 | Voluntary Withdrawal - Spanish Version | Form | FDC |
| 0047 | 51231 | R/12-05 | Repayment Agreement for Delinquent Claims | Form | FDC |
| 0063A | 41933 | R3/1-98 | Record of Court Ordered Support | Form | FDC |
| 0063B | 40840 | R3/1-98 | Support Statement from Absent Parent | Form | FDC |
| 0065A( | 49154 | 2-99 | Request for Earnings Information for Hoosier Healthwise | Form | FDC |
| 0065B( | 49155 | 2-99 | Request for Earnings Information for Hoosier Healthwise-Wage Verification Attachment | Form | FDC |
| 0065S | 52406 | 10-05 | REQUEST FOR EARNINGS INFORMATION - SPANISH | FORM | FDC/Public Folders |
| 0118 | 37588 | R5/6-05 | Agreement to Offer Property for Sale or Rent | Form | FDC |
| 0118A | 10986 | R5/5-06 | Report on Property for Sale or Rent | Form | FDC |
| 0425B | 23858 | R5/4-97 | Case Recommendation for Exemption from Cooperation | Form | FDC |
| 0619M | 1110 | R9/6-98 | Notice and Certificate of Action - Medical Assistance | Form | FDC/FSSA Forms Catalog |
| 0750 | 13064 | R2/9-96 | Notice to Medicaid Applicants/Recipients | Form | FDC |
| 0751 | 49510 | R2/6-05 | Notice of Resource Limitation | Form | FDC |
| 0948 | 4149 | R4/7-99 | Notice of Right to Claim Good Cause | Form | FDC |
| 2002 | 5022 | R2/4-96 | Notification of Transfer of Hospital Care for the Indigent Application | Form | FDC |
| 2009 | 6905 | R3/1-95 | Medical Assignment Good Cause Notice | Form | FDC |
| 2015 | 44150 | R7/4-06 | Authorization for Release of Information - English and Spanish Version | Form | FDC |
| 2031 | 48904 | R/1-00 | Application for Hoosier Healthwise for Children and Pregnant Women-Supplement | Form | FDC |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 2033 | 49228 | 1-00 | Application for Medicare Buy-In (QMB, SLMB, QI) | Form | FDC |
| 2033S | 49921 | 10-01 | Application for Medicare Buy-In (QMB, SLMB, QI)- Spanish Version | Form | FSSA Form Catalog |
| 2034 | 49229 | 1-00 | Application for Medicare Buy-In (QMB, SLMB, QI)-Interview Guide | Form | FDC |
| 2056 | 46149 | R/12/97 | 1619-SSI Status Verification | Form | FDC |
| 2060 | 45919 | R/11-96 | Resource Assessment Notice and Request | Form | FDC |
| 2064 | 44172 | R4/4-06 | Report of Transitional Medical Assistance | Form | FDC |
| 2070 | 44757 | R2/11-00 | Child Support Offset for TANF Overpayment Calculation | Form | FDC |
| 2203 | 42755 | R4/4-97 | Request for Student Income Expenses | Form | FDC |
| 2235 | 42686 | R5/9-05 | Request for Administrative Disqualification Hearing | Form | FDC |
| 2236 | 51934 | R/5-05 | Waiver of Right to an Administrative Disqualification Hearing | Form | FDC |
| 2236S | 51935 | 11-04 | Waiver of Right to an Administrative Disqualification Hearing (Spanish Version) | Form | FDC |
| 2244 | 42766 | R2/10-04 | Request for Information/Proof | Form | FDC |
| 2244S | 49373 | R2/10-04 | Request for Information/Proof - Spanish Version | Form | FDC |
| 2246 | 42508 | R4/5-02 | Notice of Disqualification | Form | FDC |
| 2246S | 49374 | R2/5-02 | Notice of Disqualification - Spanish Version | Form | FDC |
| 2250 | 43936 | R/7-95 | Report of Food Stamp Abuse/Violations by Retail Food Stores | Form | FDC |
| 2255 | 43931 | R2/9-05 | Report of Self-Employment Income | Form | FDC |
| 2255S | 52088 | 5-05 | Report of Self-Employment Income - Spanish | Form | FDC |
| 2403 | 47991 | R4/6-05 | Application for Assistance-Part 3 - Client Certification and Assignment | Form | FDC/All Agency/FSSA.PDF Forms Catalog/ |
| 2403S | 48400 | R3/7-05 | Application for Assistance-Part 3 - Client Certification and Assignment-Spanish Version | Form | FDC |
| 2421 | 49249 | R6/3-05 | Change Reporting Requirements | Form | FDC |
| 2425 | 47644 | R7/5-04 | Statement of Food Stamp Utility Deduction | Form | FDC |
| 2425S | 49372 | R3/5-04 | Statement of Food Stamp Utility Deduction - Spanish Version | Form | FDC |

# INDIANA ELIGIBILITY
# PROCEDURE MANUAL

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 2501 | 49532 | R/1-01 | Verification Checklist | Form | FDC |
| 2502 | 49533 | 11-99 | Applicants Information Form | Form | FDC |
| 2502S | 50807 | 4-02 | Applicants Information Form - Spanish Version | Form | FDC |
| 2503 | 49534 | 11-99 | Initial Assessment Questionnaire and Checklist | Form | FDC |
| 2503S | 51954 | 1-05 | Initial Assessment Questionnaire and Checklist-Spanish | Form | FDC |
| DFC 41 | | ?-?? | Confidentiality Statement | Form | FDC |
| FS 0010 | 2726 | R2/1-96 | Report of Clerk's Daily Issuance | Form | FDC |
| FS 0018 | 45428 | R2/7-95 | Affidavit to Participate in the Food Stamp Program | Form | FDC |
| FS 0022 | 2732 | R/1-96 | Record of Food Stamp Inventory | Form | FDC |
| FS 0048 | 40988 | R6/6-05 | Affidavit for Replacement of Food Coupons | Form | Public Folders / FDC |
| FS | 43042 | R/10-97 | Affidavit for Replacement of Food Coupons-Spanish Version | Form | FDC |
| FS 4 | 45323 | 5-92 | Summary of Daily Issuance Transactions | Form | FDC |
| HCI | 19154 | R8/7-05 | Certificate of Action-Hospital Care for the Indigent | Form/Intranet | FDC/FSSA Forms Catalog |
| NN 132 | | ?-?? | Hoosier Healthwise Literature Holder | Holder | FDC |
| NN 90 | | | ICES Program Policy Manual | Manual | FDC |
| 0025 | | R/2-03 | Important Information About Filing Application for Food Stamps | Non-Form | FDC |
| 2504 | | R2/3-04 | Important Notice To: IMPACT Mandatory TANF Recipients | Non-Form | FDC |
| OMPP 0012S | | R6/4-05 | Hoosier Healthwise Flyer-Spanish Version | Non-Form | FDC |
| OMPP 0012 | | R7/4-06 | Hoosier Healthwise for Children - Flyer | Non-Form / | FDC / FSSA Form Catalog |
| NN 144 | | R/7-01 | "Help With Medicare Costs" Notepads | Notepad | FDC |
| FNS 183 | | 12-98 | Food Stamp Right Poster | Poster | FDC |
| FNS 200 | | 9-79 | USDA Food Assistance Poster | Poster | FDC |
| NN 06 | | 4-01 | Hoosier Works Card Policy Posters | Poster | |
| NN 146 | | 7-00 | Customer Service Poster - 16" x 20" | Poster | FDC |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| NN 147 | | 7-00 | Service Pledge Poster - 16" x 20" | Poster | FDC |
| NN 150 | | 7-00 | Service Pledge Poster - 9" x 12" | Poster | FDC |
| 2030S | 48974 | R3/1-06 | Application for Hoosier Healthwise for Children and Pregnant Women-Spanish Version | Printed Form | FSSA Forms Catalog/FDC |
| FS 3 | 36853 | R3/7-84 | Food Stamp I.D. Card | Restricted Issuance Form | FDC |
| | | R/7-00 | Hoosier Healthwise Enrollment Center Letterhead Stationery, P.O. Box 7213, Indianapolis, 46209-8516 | Stationery | FI |
| NN 01 | | 12/99 | "And Justice For All" - RD-475B (In English and Spanish) | USDA Poster | FDC |
| NN 01S | | 3-04 | "And Justice For All" - RD-475B (Spanish Version | USDA Poster | FDC |

# Division DFR Section ICES

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| | 45542 | R2/12-99 | ICES Conversion Document | Form | FDC |
| | 45574 | R2/1-00 | ICES Conversion Document Screen AEICH | Form | FDC |
| | 45582 | R/1-00 | ICES Conversion Document Screen - AEIHH | Form | FDC |
| | 45573 | R2/1-00 | ICES Conversion Document Screen AEAIP | Form | FDC |
| | 45583 | 8-92 | ICES Conversion Document Screens - Shelter Costs and Utility Costs | Form | FDC |
| | 45584 | 8-92 | ICES Conversion Document Screens - Dependent Care Questions and Expenses | Form | FDC |
| | 45586 | R/12-99 | ICES Conversion Document Screens AEFUI/AEFUD | Form | FDC |
| | 45588 | R/12-99 | ICES Conversion Document Screens AEIEI/AEINC/AEIEI/AEINC | Form | FDC |
| | 45589 | R2/5-00 | ICES Conversion Document Screens AERLI/AERLS | Form | FDC |
| | 45590 | R/12-99 | ICES Conversion Document Screens AERLA/AERVH | Form | FDC |
| | 49583 | R/10-03 | ICES Conversion Document | Form | FDC |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| | 45579 | R2/1-00 | ICES Conversion Document Screen AEFMC | Form | FDC |
| | 45575 | R2/1-00 | ICES Conversion Document Screen AEIAC | Form | FDC |

# Division DFR Section IMPACT

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| NN 91B | | 7-93 | IMPACT Manual Binder | Binder | FDC |
| NN 120 | | 8-96 | Booklet - "Need A Lift? Boost Your Self-Esteem" | Booklet | FDC |
| NN 121 | | R/4-04 | Booklet - "What You Should Know About Self-Esteem" | Booklet | FDC |
| NN 122 | | 8-96 | Booklet - "About Employee Drug Tests" | Booklet | FDC |
| NN 124 | | R3/7-03 | Booklet - "Developing Workplace Skills" | Booklet | FDC |
| NN 127 | | R3/2-06 | Booklet - "What You Should Know About Getting A Job" | Booklet | FDC |
| NN 128 | | 11-98 | Booklet-"A Guide for Single Mothers Entering the Workforce" | Booklet | FDC |
| NN 130 | | R/3-05 | Booklet-"Keeping Your New Job" | Booklet | FDC |
| | 46326 | R/4-05 | IMPACT Appointment Card | Card | FDC |
| NN 91D | | 4-93 | IMPACT Manual Dividers | Dividers | FDC |
| 0002 | 46516 | R3/3-06 | Community Work Experience Agreement (CWEP) | Electronic / Printed Form | ICPR Forms Catalog/FDC |
| 0010 | 50760 | 8-02 | IMPACY Gas Voucher | Electronic Form | IMP |
| 0014 | 45700 | R/11-98 | IMPACT Report of Local Office Monthly Referral Service | Electronic Form | All Agency/FSSA.PDF Forms Catalog |
| 0035 | 50759 | 8-02 | Request for Financial Information | Electronic Form | IMP |
| 0036 | 50758 | 8-02 | Authorized Pre-Approval Routing for Vocational Training | Electronic Form | IMP |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 0037 | 50757 | 8-02 | Letter of Authorization | Electronic Form | IMP |
| 0038 | 50756 | 8-02 | Support Services Off-Line Tracking Log | Electronic Form | IMP |
| 0039 | 50755 | 8-02 | Vehicle Repair Estimate | Electronic Form | IMP |
| 0040 | 51242 | 2-03 | IMPACT Program Self-Sufficiency | Electronic Form | Help Indiana |
| 0001 | 46518 | R/9-97 | Community Work Experience Program (CWEP) - Job Request | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0004 | 46755 | R/4-97 | IMPACT Referral | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0007 | 47194 | R2/12-02 | Self-Sufficiency Plan for IMPACT Client | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0022 | 48335 | 7-97 | Job Search Verification | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0026 | 48419 | 8-97 | IMPACT Client Agreement | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0029 | 48830 | R/9-05 | IMPACT Memorandum | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0030 | 48895 | 10-98 | Initial Appointment for IMPACT | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0031 | 48894 | 10-98 | Follow-Up Appointment for IMPACT | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0033 | 49029 | R/7-03 | IMPACT Responsibilities, Sanctions, and Rights-Mandatory Adult Clients | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 2074 | 44713 | R3/7-97 | Initial Assessment of Employability | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 2077 | 44720 | R/8-95 | Record of IMPACT Attendance | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 2210 | 25385 | R4/7-03 | Notice of Noncompliance With IMPACT (Employment and Training) Requirements | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 2210S | 43041 | R2/10-04 | Aviso De Incumplimiento Con Lost Requisitos De Aprendizaje Y Empleo | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| | 45832 | 4-93 | Questionnaire for IMPACT Program | Form | FDC |
| 0006 | 47097 | 5-95 | IMPACT Assessment Data | Form | FDC |
| 0008 | 47195 | 7-95 | Amendment to Elf-Sufficiency Plan for IMPACT Client | Form | FDC |
| 0009 | 47826 | R/11-98 | Client Attendance Report-IMPACT Service Provider | Form | FDC |
| 0011 | 47576 | 10-96 | IMPACT Report - Family Case Coordinator Monthly Referrals | Form | FDC |
| 0012 | 47578 | 9-96 | Report of Activity - IMPACT Service Provider | Form | FDC |
| 0013 | 47579 | 9-96 | Report of Job Placement - IMPACT Service Provider | Form | FDC |
| 0015 | 46726 | R/10-97 | IMPACT Report of Local Office Placements - Summary Page | Form | FDC |
| 0016 | 48035 | R/10-97 | IMPACT Report of Local Office Placements - Detail Page | Form | FDC |
| 0017 | 48076 | 11-96 | Record of Clients Data - Grant Diversion Program | Form | FDC |
| 0018 | 48087 | 12-96 | Grant Diversion - Client Agreements | Form | FDC |
| 0019 | 48190 | 4-97 | Applicant Job Search Referral | Form | FDC |
| 0020 | 48191 | 4-97 | Applicant Job Search Rights and Responsibilities | Form | FDC |
| 0021 | 48245 | R2/2-99 | Master Job Application | Form | FDC |
| 0023 | 48416 | 8-97 | Researching the Occupation - Interview Questionnaire | Form | FDC |
| 0024 | 48417 | 8-97 | Researching Vocational or Job Skills Training Program | Form | FDC |
| 0025 | 48418 | 8-97 | IMPACT Vocational or Job Skills Training - Financial Information | Form | FDC |
| 0027 | 48462 | 8-97 | Notice of Discontinuance of IMPACT Services | Form | FDC |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 0028 | 46205 | R/10-97 | Employability Plan | Form | FDC |
| 0030S | 51528 | 2-04 | Initial Appointment for IMPACT - Spanish Version | Form | FDC |
| 0032 | 49049 | R/7-03 | IMPACT Responsibilities, Sanctions, and Rights Voluntary Clients and TANF Treatment Minors | Form | FDC |
| 0034 | 49051 | R/7-03 | Notice of Noncompliance With IMPACT (Employment and Training) Requirements for Voluntary or TANF Treatment Minors | Form | FDC |
| 2078 | 44721 | R/8-95 | Record of IMPACT Attendance - Multiple Activities | Form | FDC |
| 2641A | 45635 | R3/9-95 | Claim Voucher - Food Stamps | Form | FDC |
| 2641B | 45636 | R5/5-02 | Claim Voucher - Food Stamps | Form | FDC |
| 2641C | 45637 | R8/8-05 | Claim-Voucher (JOBS)(TANF) | Form | FDC/All Agency/FSSA.PDF Forms Catalog |
| FI 2066 | 44776 | R3/8-96 | Child Care Provider Notice | Form | FDC |
| FI 2067 | 44758 | R2/3-95 | Provider Questionnaire | Form | FDC |
| FI 2069 | 44749 | R2/10-96 | Authority to Release Child Care Information | Form | FDC |
| NN 137 | | 7-96 | IMPACT Mylar Labels | Label | FDC |
| NN 16 | | 2-03 | Family Guide & Portfolio Kit | Manual | FDC |
| NN 91 | | 1-94 | IMPACT Manual | Manual | IMP |
| 025 | | R3/10-05 | Community Work Experience Program (CWEP) | Pamphlet | FDC |
| 034 | | 8-97 | IMPACT Pamphlet for the General Public | Pamphlet | FDC |
| 035 | | R10-00 | IMPACT Pamphlet for Employers | Pamphlet | IMP |

# Division DFR Section PAMPHLETS

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 027 | R3/2-98 | Healthy Families Indiana Brochure | Brochure | FDC |
| 001 | R11/9-05 | The Indiana Food Stamp Program | Pamphlet | FDC |
| 001S | R3/3-05 | The Indiana Food Stamp Program-Spanish Version | Pamphlet | FDC |
| 002 | 7-00 | Food Stamp Program Education/Outreach-Elderly | Pamphlet | FDC |
| 002A | 7-00 | Food Stamp Program Education/Outreach-Child | Pamphlet | FDC |
| 004 | R4/3-05 | Hearing and Appeals Under Indiana's Public Assistance Programs | Pamphlet | FDC |
| 004S | R/5-03 | Hearing and Appeals Under Indiana's Public Assistance Programs-Spanish Version | Pamphlet | FDC |
| 005 | 7-00 | Food Stamp Program Education/Outreach-Spanish | Pamphlet | FDC |
| 006 | R9/6-05 | Temporary Assistance to Needy Families (TANF) | Pamphlet | FDC |
| 006S | R4/6-05 | Temporary Assistance to Needy Families - Spanish Version | Pamphlet | FDC |
| 009 | R5/7-01 | Indiana's Medicaid Program | Pamphlet | FDC |
| 009S | 8-01 | Indiana's Medicaid Program - Spanish | Pamphlet | FDC |
| 023 | R3/4-01 | Long Term Care Under Indiana's Medicaid Program | Pamphlet | FDC |
| 040 | R7/3-06 | Help With Medicare Costs | Pamphlet | FDC |
| 040S | R7/3-06 | Help With Medicare Costs - Spanish Version | Pamphlet | FDC |

# Division FSSA Section DTS

| Internal # SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|
| NN 161 | 3-04 | Indiana EBT Customer Training Brochure - English Version | Brochure | FDC |

| Internal # SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|
| NN 163 | 3-01 | Indiana EBT Customer Training Brochure - Spanish Version | Brochure | FDC |
| NN 160 | 3-01 | Indiana EBT Customer Wallet Card - English Version | Card | FDC |

| | | | | | |
|---|---|---|---|---|---|
| NN 162 | | 3-01 | Indiana EBT Customer Wallet Card - Spanish Version | Card | FDC |
| 0007 | 51078 | 10-02 | Computer Access and Use Agreement | Electronic Form | Public Folder |
| 0008 | 51080 | 10-02 | COGNOS User Registration | Electronic Form | COGNOS Website |
| | 50062 | 3-01 | #10 Return Address Envelope-Hoosier Works-EBT Program, P.O. Box 7083, Indpls, In 46207-7083 | Envelope | DTS |
| | 45966 | 5-93 | Request for MIS Services | Form | DTS |
| ITS | 44607 | R/7-95 | Security Logon Request | Form | ITS |
| ITS | 44608 | R/7-95 | Security Logon Request-Central Office | Form | ITS |
| ITS | 47250 | 8-95 | ITS Database/Application Access Request | Form | DTS |

# Division FSSA Section FINANCIAL MANAGEMENT

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 002 | | R/7-99 | Hospital Care for the Indigent Program | Brochure | FDC |
| 0033 | 35937 | R3/3-04 | Application and Claim for Funds to Defray Burial Costs-TANF Recipients and Medicaid Aged, Blind, and Disabled Recipients | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |

# Division FSSA Section OFFICE MEDICAID POLICY PLANNING

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 008 | | R8/4-06 | HealthWatch Checkups | Brochure | FDC |
| 008A | | 1-95 | The HealthWatch Program Brochure | Brochure | EDS |
| 0002 | 47388 | 1-96 | Provider's Response | Electronic Form | |
| 0004 | 48260 | 2-97 | Notice and Certificate of Action | Electronic Form | |
| 0016 | 51656 | R2/12-04 | Behavioral/Physical Health Coordination | Electronic Form | All Agency/FSSA.PDF Forms Catalog/Wedsite |
| 0046 | 51731 | 5-04 | Request to Access or Copy Indiana Health Coverage | Electronic | OMPP |

| | | | | | |
|---|---|---|---|---|---|
| | | | Programs (IHCP) Records | Form | |
| 0047 | 51732 | 5-04 | Personal Representative Authorization | Electronic Form | OMPP |
| 0048 | 51733 | 5-04 | Client Member Authorization | Electronic Form | OMPP |
| 0050 | 51735 | 5-04 | Report on Complaint Filed | Electronic Form | OMPP |
| 0051 | 51736 | 5-04 | Revocation of Authorization | Electronic Form | OMPP |
| 0052 | 51737 | 5-04 | Member Access Request | Electronic Form | OMPP |
| 0053 | 51738 | 5-04 | Member Accounting Request | Electronic Form | OMPP |
| 0054 | 51739 | 5-04 | Member Amendment Request | Electronic Form | OMPP |
| 0055 | 51740 | 5-04 | Member Restriction Request | Electronic Form | OMPP |
| 0056 | 51741 | 5-04 | Alternate Communication Request | Electronic Form | OMPP |
| 0057 | 51742 | 5-04 | Notification of Alternate Communication Requirement | Electronic Form | OMPP |
| 0058 | 51743 | 5-04 | Notification To Account for Disclosures | Electronic Form | OMPP |
| 0059 | 51745 | 5-04 | Notification To Amend Records | Electronic Form | OMPP |
| 0060 | 51746 | 5-04 | Notification of Records Amendment Denial | Electronic Form | OMPP |
| 0061 | 51747 | 5-04 | Notification of Restriction Agreement | Electronic Form | OMPP |
| 0062 | 51744 | 5-04 | Notification of Restriction Agreement Termination | Electronic Form | OMPP |
| 3511 | 44829 | R7/6-04 | Request for Action | Electronic Form | All Agency/FSSA.PDF Forms Catalog |
| 0005 | 48737 | R/11-04 | Medicaid Hospice Election | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0006 | 48736 | R2/12-02 | Medicaid Hospice Physician Certification | Electronic/ | All Agency/FSSA.PDF |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| | | | | Printed Form | Forms Catalog/FDC |
| 0008 | 48734 | R/12-02 | Medicaid Hospice Discharge | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0009 | 48733 | R/12-02 | Hospice Provider Change Request Between Indiana Hospice Providers | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0011 | 48731 | R2/11-04 | Medicaid Hospice Plan of Care | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0014 | 51098 | 3-03 | Hospice Authorization Notice for Dually-Eligible Medicare/Medicaid Nursing Facility Residents | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0175 | 32 | R10/6-04 | Claim for Services Furnished | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0251 | 22032 | R10/11-0 | Authorization for Physical Examination to Determine Disability for Medicaid | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0251B | 1111 | R9/12-05 | Determination of Medicaid Disability - Social Summary | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0450B | 38143 | R5/6-93 | Physician Certification for Long-Term Care Services | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 1042 | 6533 | R8/7-03 | Request for Medicaid Expenditures | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 1261A | 44697 | R3/11-00 | Certification-Plan of Care for Inpatient Psychiatric Hospital Services | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 3512 | 44554 | R4/7-05 | Determination of Disability-Authorization for Release of Medical Information | Electronic/ Printed Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| 0001 | 46771 | R/2-95 | Medical Insurance Questions-HIPP Interview Guide | Form | FDC |
| 0003 | 48259 | 7-97 | Application for Undue Hardship Waiver | Form | OMPP |
| 0007 | 48735 | 4-98 | Medicaid Hospice Revocation | Form | FDC |
| 0010 | 48732 | 4-98 | Change in Status of Hospice Patients | Form | FDC |
| 0045 | 12417 | R4/6-96 | Physician's/Optometrist's Report on Examination | Form | FDC |

| | | | | | |
|---|---|---|---|---|---|
| 0450B | 49120 | 11-98 | Nursing Facility Level of Service-State Authorization and Data Entry | Form | FDC |

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| 0450B/ | 45932 | R/6-93 | PASARR Categorical Determination for Short-Tem Nursing Facility Care-Certification by Physician for Long-Term Care Services | Form | FDC |
| 0450B/ | 45278 | 2-92 | Certification by Physician for Long-Term Care Services and Physical Examination for PASARR Level II | Form | FDC |
| 0747 | 32696 | R2/8-96 | 590 Enrollment | Form | FDC |
| 3508 | 43878 | 10-92 | Claim for Assessment-Preadmission Screening and Annual Review | Form | FDC |
| 3510 | 45379 | R3/6-06 | Request for Medical Resource Information | Form | FDC |
| | | R/9-05 | First Class Mail Label-MS07, 402 W. Washington St., Rm. W382, Indianapolis, Indiana 46204-2739 | Mail Label | OMPP |
| 0013 | | 2-00 | "Welcome to Hoosier Healthwise" Video Handout | Non-Form | FDC |
| 0251A | 1380 | R11/7-05 | Determination of Disability-Medical Information | Printed / Electronic Form | All Agency/FSSA.PDF Forms Catalog/FDC |
| | | R/2-05 | OMPP Letterhead Stationery-402 West Washington Street, Room W382, Indianapolis, 46204-2739 | Stationery | OMPP |

# Division FSSA Section PDP

| Internal # | SF # | O/R | Title | Type | Stored |
|---|---|---|---|---|---|
| NN 175 | | 4-05 | Memo Boards, Write-on/wipe off | Boards | FDC |
| | | | HoosierRx Medication Guides | card | PDP |
| NN 173 | | 4-05 | Double-fold wallet Cards | card | FDC |
| NN 165 | | 7-05 | Enrollment and Eligibility Charts | Chart | FDC |
| NN 171 | | 4-05 | Window Clings for Medicare | Clings | FDC |
| | 49932 | 11-00 | #10 Window P.O. Box 6224, Indpls 46206-6224 | Envelope | FDC |
| | 51223 | 4-03 | #10 Return Address Envelope - HoosierRx-PO Box 6224 | Envelope | FDC |

| | | | | | |
|---|---|---|---|---|---|
| NN 174 | | 4-05 | Magnets-Memo Holders | Holders | FDC |
| 0002 | 51419 | 9-03 | Hoosier RX Renewal Application | PDP | FDC |
| 0001 | 49905 | R7/3-06 | Indiana's Prescription Drug Plan for Seniors | Printed Form | FDC |

36. Appendix 36 - Useful Websites

Census Statistics: www.stats.indiana.edu

Child care finder: http://www.childcarefinder.in.gov

Dept. of Correction: http://www.state.in.us/indcorrection/index.html

Drugs and info about drugs and prescriptions: www.webmd.com

FNS: The food and nutrition service site: www.fns.usda.gov

Income verification source: www.theworknumber.com

Indiana Department of Commerce: www.state.in.us/doc

Indiana Department of Education: www.doe.state.in.us

Indiana Department of Personnel: www.in.gov/jobs

Indiana Department of Transportation: www.state.in.us/dot

Indiana Department of Workforce Development: www.in.gov/dwd

Indiana Health Coverage Programs: http://www.indianamedicaid.com

Insurance companies: http://www.insbuyer.com/insurancecompany.htm

Nutrition sites: http://www.cfs.purdue.edu/safefood/sfhungry.html

PERF pension verification: http://www.in.gov/perf/pe/

Policy manual http://www.in.gov/fssa/families/manual.html

Post office zip code: http://www.usps.gov/ncsc/lookups/lookup_zip+4.html

Wal-Mart stock info can be verified by calling 1-800-438-6278

Savings Bond calculator: http://www.treasurydirect.gov/indiv/tools/tools_savingsbondcalc.htm

Social Security Administration - www.ssa.gov

State of Indiana agencies and services: www.IN.gov

State Student Assistance Commission: www.state.in.us/ssaci

Stock values: www.msnbc.com/news or www.bigcharts.com

Unemployment Voucher: https://www.ai.org/serv/dwd_voucherinquiry

Value of vehicles, boats, airplanes, mobile homes & RV: http://www2.nadaguides.com/

Value of Motorcycle: http://www.kbb.com

Yellow pages: http://www.yellowpages.com/Index.asp