

Indiana Health Coverage Program Policy Manual Chapter 1400 ADMINISTRATIVE POLICY Sections 1400.00.00 – 1055.05.00

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1400.00.00 ADMINISTRATIVE POLICY

This chapter presents administrative policy, including:

- Family and Social Services Administration (Section 1405)
- Personnel Standards (Section 1410)
- Outreach (Section 1415)
- Inquiries for Information (Section 1420)
- Confidentiality (Section 1425)
- Protected Cases (Section 1430)
- ADA/Rehabilitation Act Policy (Section 1432)
- Non-Discrimination (Section 1435)
- Complaints (Section 1440)
- Mandatory Reporting of Child Abuse or Neglect (Section 1445)
- Case Record Management (Section 1450)
- Destruction of Case Material (Section 1455)

1405.00.00 FAMILY AND SOCIAL SERVICES ADMINISTRATION

The Family and Social Services Administration (FSSA) is the agency of the state responsible for social service and financial assistance programs. The administration includes the following six major service divisions:

- The Division of Family Resources (DFR)
- The Division of Mental Health and Addiction
- The Division of Aging
- The Division of Disability and Rehabilitative Services
- The Office of Medicaid Policy and Planning (OMPP)
- FSSA Operations – includes Medical Review Team (MRT)

The mission of FSSA is to work in partnership with families and the community to develop a system of effective prevention and intervention services. The collaborative effort fosters a climate of openness, empowerment, and mutual respect necessary to meet the needs of our clients. Services are family-based and cut across individual agency lines of responsibility.

FSSA Mission: To compassionately serve Hoosiers of all ages and connect them with social services, health care and their communities.

FSSA's Vision: All Hoosiers live in fully engaged communities and reach their greatest emotional, mental, and physical well-being.

1405.05.00 DIVISION OF FAMILY RESOURCES

The Division of Family Resources has the responsibility for administering the Medicaid programs at the regional and county levels.

1405.15.00 DIVISION OF MENTAL HEALTH AND ADDICTION

The Division of Mental Health and Addiction (DMHA) is responsible for mental health needs, addiction services, and operation of the state psychiatric hospitals.

1405.20.00 DIVISION OF AGING

The Division of Aging was created as Indiana's State Unit on Aging in accordance with the Older Americans Act (OAA) and falls directly under the Family and Social Services Administration. By Indiana statute, the division is granted the legal authority to establish and monitor programs that serve the needs of Indiana seniors.

1405.25.00 DIVISION OF DISABILITY AND REHABILITATIVE SERVICES (DDARS)

The Division of Disability and Rehabilitative Services (DDARS) administers social service programs providing continuous lifelong support for citizens in need of disability and rehabilitative supports in the State of Indiana.

1405.30.00 OFFICE OF MEDICAID POLICY AND PLANNING (OMPP)

The Office of Medicaid Policy and Planning (OMPP) is responsible for administering Medicaid programs, supporting the local DFR offices and assisting in compliance with federal regulations and the state plan.

1405.35.00 FSSA OPERATIONS

The Operations Division is responsible for the administrative, logistical, and other duties necessary for the day to day running of the Family and Social Services Administration. The Division includes the Medical Review Team and Estate Recovery.

1410.00.00 PERSONNEL STANDARDS

Certain personnel standards must be followed in the administration of the Medicaid program. The following sections discuss these requirements.

1410.10.00 MERIT PERSONNEL FOR ELIGIBILITY CASE PROCESSING

DFR personnel employed by FSSA used in the determination of eligibility and calculation of benefits are to be state merit staff employed by the Division. Functions of the eligibility staff include but are not limited to interviewing, evaluating, information gathering, and establishing eligibility and benefit levels.

1410.15.00 USE OF OTHER STAFF

The DFR is encouraged to use volunteers in activities such as prescreening, assisting applicants in completing the application, and securing needed verification.

1410.20.00 SUFFICIENT STAFF

The DFR shall employ sufficient staff to perform eligibility and benefit issuance functions accurately and process fair and timely in accordance with the standards set forth in this manual.

1415.00.00 OUTREACH

Outreach is intended to promote education and public awareness of assistance programs as well as increases access to services. Outreach includes:

- Providing program information
- Providing referrals to other agencies
- Training community organizations that provide program information to the public to promote assistance programs
- Eliminating the social and geographic barriers to participation
- Encouraging continued participation by AGs.

1420.00.00 INQUIRIES FOR INFORMATION

An inquiry is a request for information regarding the eligibility requirements for assistance. Individuals inquiring about assistance are to be given information in written form and orally, as appropriate, regarding eligibility requirements, scope of the program, coverage, and the rights and responsibilities of applicants/recipients.¹

Responses to inquiries regarding eligibility should be general. Information regarding agency procedures, income and resource standards, and program requirements may be provided. In no event should individually requesting information be told that they are eligible or ineligible unless that individual has filed an application and an official determination has been made.

A worker who makes an eligibility statement without receiving an application and/or completing a thorough investigation of an individual's or family's situation puts the agency at risk of providing benefits to ineligible people and denies the client the right to proper notice which is required by federal law. The notice establishes and supports the client's right to appeal. Verbal communication without written notification serves to interfere with the client's rights.

1420.05.00 PRINTED MATERIAL

Written information such as brochures, pamphlets, or other material in paper and electronic form that describes basic financial and non-financial eligibility criteria, the application process, and participant rights and responsibilities, is to be made available. This written information shall be distributed at local offices and shall be made available to other local agencies upon request. The written information explaining the rules and procedures governing the appeal and hearing process is to be made available by the DFR to each applicant/recipient and to any other interested person.²

1420.10.00 MANUALS AND PROGRAM DIRECTIVES

The Indiana Health Coverage Program Policy Manual (IHCPPM) and supplemental instructions used in the determination of eligibility shall be accessible via the internet at DFR for examination by members of the public on regular workdays during regular office hours.³

1425.00.00 CONFIDENTIALITY

All information obtained by the DFR and maintained in the case record about an applicant/recipient and their circumstances is confidential.

Information obtained by DFR from participants or individuals, whether or not they are currently participating, is also considered confidential.

Workers who access the agency's records pertaining to their family and friends are violating the client's right to confidentiality and the agency's security agreement. Violators will be subject to appropriate disciplinary action.

Once it is determined that a caseworker is related to or has a personal relationship with the client, that case must be assigned to a worker in another office, within the same Region, who has no familial or personal relationship to any of the individuals in the case. A relative, close friend or co-worker may not perform any of the interview or eligibility functions needed to support the case. These types of cases should be transferred to another local office within the same Region, to process and/or to complete the interview.

1425.05.00 ACCESS AND USE OF CONFIDENTIAL INFORMATION

Access and use of confidential information are to be restricted to those DFR staff members with direct responsibility for establishing eligibility, authorizing benefit levels, and providing services for the individual or family for whom the information was obtained. Confidential information may also be shared with DFR staff who have responsibility for administration and oversight of the programs for which the confidential information was secured.

Under no circumstances may a list of names and addresses of applicants/recipients be released for commercial or political purposes.⁴

1425.10.00 RELEASE OF CONFIDENTIAL INFORMATION

Sections 1425.10.05 through 1425.10.15 describe circumstances in which confidential information may be released.

1425.10.05 RELEASE OF CONFIDENTIAL INFORMATION TO THE INDIVIDUAL

Upon request of an applicant/recipient and/or their authorized representative for the examination of their case record, all case information pertaining to that individual is to be made available.⁵ Individuals who request copies of case material may be charged a fee per page (not to exceed the actual cost of copying) by the local DFR office.

When a hearing has been requested, federal regulations⁶ mandate that the claimant, or their representative, will have adequate opportunity to examine the contents of their case file and all documents and records to be used by the agency at the hearing at a reasonable time before the date of the hearing as well as during the hearing.

1425.10.10 RELEASE OF INFORMATION TO THIRD PARTIES

Unless permitted in one of the following sections, the release of agency information requires a statement signed by the applicant/recipient, authorizing the local office to release the information to the requesting agency or individual.⁷ This written authorization must specify the scope of information the Local Office is authorized to release, the specific agency or individual to whom the information is to be released, and the period of time for which information is to be released.⁸ Authorizations should be preserved in the case file.

1425.10.10.05 RELEASE OF CONFIDENTIAL INFORMATION WITHOUT CONSENT

Confidential information may be released without the applicant's/recipient's permission for purposes directly connected with the following scenarios.

- The administration of the SNAP, TANF, Children and Family Services, IMPACT, Child Support, Medicaid, Title XX, and federal Supplemental Security Income (SSI) programs (such purposes include establishing eligibility, determining the amount of assistance, and providing services)
- Any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of any of the above programs
- Any audit or similar activity (such as a review of expenditure reports or a financial review) conducted in connection with any of the above programs by any governmental entity which is authorized by law to conduct such audit or activity.

1425.10.10.20 ISSUANCE OF SUBPOENA

In the event of the issuance of a subpoena for the case record or for a local office representative to testify concerning an applicant/recipient, the attorney for the FSSA is to be immediately informed of this fact. The attorney should make a determination of the appropriateness of releasing the information and, where appropriate, bring to the court's attention the statute and regulation regarding confidentiality. When information is to be made available to any person under compulsory legal process, the DFR should make reasonable efforts to furnish prior notice to the client regarding the release.

1425.10.15 RELEASE OF MEDICAID NUMBERS TO PROVIDERS (MED)

Medicaid providers are encouraged to ask all recipients who request medical services to show a valid Hoosier Health Card (Medicaid Card) at the time the service is rendered. The provision of the Hoosier Health Card facilitates the payment authorization process.

1425.10.15.05 RETROACTIVE OR EMERGENCY SERVICES

Providers who render services during periods immediately prior to the determination of Medicaid eligibility or to persons in emergency situations may experience difficulty in billing the Medicaid program as they may never have the opportunity to see a valid Hoosier Health Card. When verification is needed from the DFR, the provider must submit a written request to obtain a valid Medicaid Recipient I.D. number. Medicaid Recipient I.D. numbers are not to be given over the telephone.

The written request from the provider must include the following information:

- Recipient's name
- Recipient's Social Security number
- Recipient's address
- Recipient's date of birth
- Date the service was given.

Once the DFR has verified that the patient is (or was on the date of service) an eligible Medicaid recipient, a written response is to be given to the provider identifying the recipient's name, Medicaid recipient I.D. number, and third-party liability information, where applicable. The DFR must include the recipient's name exactly as it appears on the Medicaid enrollment/eligibility file. Since the Medicaid contractor must have the above elements for processing provider claims, the DFR must take care in providing accurate information.

The DFR should also provide written information to the provider when the individual for whom a Medicaid Recipient I.D. number is requested is found to be ineligible for Medicaid currently or at the time the service was rendered.

1425.10.15.10 VALIDATION OF CORRECT MEDICAID NUMBER (MED)

Occasionally a Medicaid provider may view the card but miscopy the Medicaid recipient I.D. number. In these instances, the provider should make every effort to obtain the correct number from the recipient. If such efforts are unsuccessful, the provider may write to the DFR requesting the correct number. The DFR should ask the provider to include in the written request the name of the recipient and the erroneous Medicaid recipient I.D. number.

The procedures outlined here and in the preceding subsection must be applied consistently to all Medicaid providers.

1430.00.00 PROTECTED CASES

No longer applicable.

1432.00.00 ADA/REHABILITATION ACT POLICY

The purpose of Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) is to protect disabled individuals and individuals who have a relationship or association with a disabled person from discrimination based upon the disability in participation of or obtaining benefits and services which they are otherwise qualified to receive. DFR does not discriminate against individuals with disabilities, as defined by Section 504 and/or the ADA.

1432.05.00 LEGAL BASIS OF THE ADA/REHABILITATION POLICY

The legal basis for prohibition against discrimination of disabled individuals is Section 504 and the ADA. As a recipient of federal funds under the Medicaid program, DFR is subject to Section 504 and its implementing regulation promulgated by the U.S. Department of Health and Human Services, 45 C.F.R. Part 84. As a state agency providing social services, DFR is subject to the ADA and implementing regulations promulgated by the U.S. Department of Justice, 28 CFR Part 35.

1432.05.05 ACCOMMODATIONS FOR THE ADA/REHABILITATION ACT

It is DFR's policy to provide reasonable accommodations by furnishing individuals with disabilities appropriate auxiliary aids and services where necessary to afford those individuals an equal opportunity to participate in and enjoy the benefits of DFR's programs and services for which they are otherwise qualified to receive.

DFR provides primary consideration to the accommodation requests of individuals with disabilities; however, requests which fundamentally alter the nature of a service, the programs, or create undue financial or administrative burden upon DFR are addressed by the ADA Coordinator to ensure to the maximum extent possible individuals with disabilities who meet the essential eligibility requirements for the receipt of such DFR services have access to participate in and enjoy the benefit of DFR's programs and services.

1432.10.00 ADA COORDINATOR

FSSA has a Chief Health Equity and Americans with Disabilities Act (ADA) Officer who helps ensure compliance with Section 504 and the ADA. The Chief Health Equity and ADA Officer oversees training, advice, and guidance regarding Section 504 and the ADA along with other members of FSSA. DFR staff and contractors, supporting Field Operations, that have questions or inquiries regarding compliance with Section 504 or the ADA should contact the DFR Regional Manager. For DFR Staff and contractors, working in Central Office, that have questions or inquiries regarding compliance with Section 504 or ADA should contact their supervisor. Both the DFR Regional Managers and Central Office supervisors will then contact the FSSA Chief Health Equity and ADA Officer to address and resolve any questions and/or inquiries.

1435.00.00 NON-DISCRIMINATION

Individuals will not be discriminated against for reasons of age, race, color, sex, disability, religious creed, national origin, (f10) marital status, or political beliefs in any aspect of program administration including, but not limited to:

- The acceptance of and responsiveness to a request for assistance
- The eligibility determination
- The issuance of Medicaid cards or benefits
- Fair hearing procedure
- Any other service offered by DFR.

1435.05.00 NON-DISCRIMINATION INFORMATION

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. If you believe that you have been discriminated against and wish to file a complaint, you may do so by contacting the Department of Health and Human Services, Regional Manager, Region V Office for Civil Rights, 233 N. Michigan Ave, Suite 240, Chicago, Illinois 60601. You may call them at (800) 368-1019 or for TDD calls, (800) 537-7697. The U.S. Department of Health and Human Services is an equal opportunity provider and employer.

In order to inform all individuals of their protection against discrimination and to ensure agency compliance with civil rights laws and policies, DFR publicizes the procedures for filing state and federal complaints in order to inform individuals of nondiscrimination compliance. Information regarding the complaint system and an explanation of the procedure must be provided to all individuals immediately upon request.

1440.00.00 COMPLAINTS

An applicant/recipient, or a person acting in their behalf, may register any dissatisfaction they may have regarding DFR action or inaction relative to their entitlement to benefits as well as any mistreatment by agency staff. Complaints may be made to the DFR in person, by telephone or by

letter. Some complaints may be directed to the FSSA or other officials of federal or state government. Complaints directed to other governmental offices are normally referred to the DFR for investigation and reply.

All complaints are to be given prompt, courteous, and thorough attention by DFR staff.

1440.10.00 APPLICANT/RECIPIENT COMPLAINTS RECEIVED BY DFR

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

- Review the situation to determine whether the action taken was in accord with federal and state law and regulation. (If an error occurred, adjusting action is to be taken immediately.)
- Promptly interview, telephone, or write the complainant to interpret appropriate aspects of the program.
- Provide the complainant with appropriate program leaflets.
- Advise the complainant of other programs and community resources that may be able to meet their needs; and advise complainants of their appeal rights and help them to understand the appeal and hearing process. See IHCPPM 4205.00.00 – 4205.10.00 regarding appeal rights.

1440.15.00 COMPLAINTS RECEIVED FROM THIRD PARTIES BY DFR

When the DFR receives a complaint or inquiry on behalf of the applicant/recipient from an individual other than the applicant/recipient, specific information about the applicant/recipient cannot be released without their signed consent. See IHCPPM 1425.00.00 – 1425.10.10.20 regarding confidentiality.

If such inquiry is received without an authorization for release of information, the DFR 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 or the recipient's signed consent should the general information not be sufficient.

1440.20.00 COMPLAINTS OF DISCRIMINATION

Prohibited Discrimination: Discrimination in the Medicaid program is specifically prohibited on the basis of race, color, national origin, sex, age, or disability (“protected classes”). In addition, federal civil rights laws make it illegal to discriminate against someone who has filed a complaint or has engaged in other Equal Employment Opportunity (EEO) or civil rights activity.

Examples of Discrimination: Discrimination can occur in many different ways. The actions below are examples of discrimination and non-compliance with civil rights requirements when the

action is motivated by or results from a policy that has a disproportionately adverse impact on a person or group of people who belong to one of the protected classes, including:

- Denial of an individual or household of any service or benefits provided under the program for which the individual or household is otherwise eligible (for example not providing a translator or other foreign language assistance to a household with limited English proficiency).
- Failure of DFR staff to provide the same quality, quantity or manner of service or benefits to all.
- Segregation or separate treatment of individuals in any manner related to the application for or receipt of program benefits (separate facilities or separate procedures based on race or another protected status and having noticeably better office space in one part of town versus another where populations include a greater percentage of those with protected status).
- Use of criteria or methods of administration that have the effect of defeating or impairing the objectives of any program (imposing additional eligibility criteria on certain individuals).
- Selection of sites for offices that exclude or discourage individuals from accessing the benefits of the program such as offices that are not accessible to persons with disabilities or offices located far away from an eligible minority community and not served by public transportation.
- Adverse treatment such as rude, unprofessional, and unresponsive behavior directed at any individual with protected status.

Evidence of Discrimination: Evidence of discrimination is established when all of the following conditions are met:

- A complainant shows that they have been adversely affected by a program decision.
- The adverse action is related to a protected condition; and
- The person against whom the action was taken is a member of the protected class.

Timeframes for Client to File a Formal Complaint: The complaint must 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.

To Whom to Complain: Program applicants or program recipients who feel that they have been discriminated against can complain to the following:

DFR Office Director or Civil Rights Complaint Coordinator
Family Independence Section of the Division of Family Resources, 402 W. Washington
Street, Room W363, Indianapolis, IN 46204, or call (317) 233-0826.

HHS Region V - Chicago
Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (800) 368-1019
FAX (312) 886-1807
TDD (800) 537-7697

Complaint Format: People who feel they have been discriminated against may file a written or verbal complaint. Anyone contacted about a complaint should make every effort to obtain the following information from the complainant:

- Name, address, telephone number or other means of contacting the complainant
- Name and location of office where the alleged discrimination took place
- Nature of the incident that led to the complaint
- Protected status (i.e., race, color, national origin, sex, age, religion, political beliefs, or disability) that the complainant believes was violated
- Names and contact information of the individuals who have knowledge of the discriminatory action
- Date of the alleged discriminatory action.

1440.20.05 THE DFR AND DISCRIMINATION COMPLAINTS

The DFR's responsibilities related to handling complaints of discrimination are listed below.

1. **Responsible Person.** Each DFR office must handle or designate a responsible staff person(s) to handle civil rights complaints for all public assistance programs. This person(s) will be responsible for receiving and investigating complaints, recommending, and monitoring corrective action, and reporting all related information to the Family Independence Section in a timely manner. The DFR office should inform all eligibility staff of the person(s) designated as the Civil Rights Complaint Coordinator.
2. **Public Notification.** The DFR office will provide information at each office location regarding the client's right to file a discrimination complaint.
3. **Right to File.** Anyone has the right to file a complaint of alleged discriminatory action with any of the entities listed under 'To Whom to Complain' in Section 1440.20.00. The local DFR office will accept any complaint alleging discrimination based on race, color, national origin, age, sex, disability, religion, or political beliefs.

4. **Age Discrimination.** All complaints alleging discrimination based on age must be forwarded to: Regional Director, Civil Rights/EEO, USDA, Food and Nutrition Service, Midwest Regional Office, 77 W. Jackson Blvd., 20th Floor, Chicago, IL 60604-3591, within five working days of the date received.
5. **Prohibited Actions.** No DFR personnel shall intimidate, threaten, harass, coerce, or discriminate against any individual in order to interfere with their right to file a complaint, testify, assist, or participate in any manner with the investigation, proceedings, or hearing.
6. **Acknowledgement.** The DFR, including all local offices, will accept and acknowledge all discrimination complaints filed, whether written, verbal, or anonymous, and inform the complainant of the process for resolving the complaint.
7. **Verbal Complaints.** If a complainant makes an allegation in person or through a telephone conversation and refuses to put it in writing, the DFR employee who receives the complaint must put it in writing. Every effort should be made to obtain sufficient information to look into a complaint of discrimination. See 'Complaint Format' in Section 1440.20.00 for the information that should be sought from the complainant.
8. **Other Federal Agencies.** Whenever a complaint is received that involves another federal agency, it should be referred to that agency and the complainant should be notified of the referral.
9. **Filing Timeframe.** The DFR will accept and investigate all complaints of discrimination filed within 180 days of the date of the action. Complaints over 180 days old should be referred in accordance with federal law and United States Department of Health and Human Services (HHS) policy. If you believe that you have been discriminated against and wish to file a complaint, you may do so by contacting the Department of Health and Human Services, Regional Manager, Region V, Office for Civil Rights, 233 N. Michigan Ave, Suite 240, Chicago, Illinois 60601. You may call them at (800) 368-1019 or for TDD calls, (800) 537-7697. This will enable the Secretary of HHS to make a decision as to whether there are special circumstances that justify an extension of the 180-day time limit.
10. **Review of Complaint.** Within 5 days from the date the alleged discrimination is reported, review all complaints, and acknowledge them in writing, plan appropriate action, or request additional information from the complainant.
11. **Additional Information Requests.** Additional information should be requested in the following circumstances:
 - a. The specific assistance program is not identified or cannot be determined from the content of the letter

- b. A protected status is not mentioned (i.e., the complaint says that there has been discrimination but does not say whether it is because of race, color, national origin, or any of the other protected status categories discussed in 1440.20.00)
- c. Discrimination or rude treatment is mentioned but no protected status is referenced (as discussed in 1440.20.00 is given).

All requests or additional information must include a postage paid, self-addressed envelope.

12. Purpose of Investigation. An investigation should be conducted to substantiate or refute the allegations on all complaints that establish evidence of discrimination. The purpose of the investigation is to determine if the action was taken because someone belongs to a protected class. It is also to determine if there are office or individual caseworker practices that result in people being treated differently because they are members of a protected class or if any policies or practices that seem neutral on their face impact disproportionately on any protected class.

13. Conducting an Investigation. The following actions should be taken when conducting an investigation:

- a. Interview the complainant. The interview should clarify the issues, attempt to determine why the complainant feels that the action was based on discrimination, and provide other information such as names of witnesses or observation of other circumstances where the discriminatory behavior has occurred. The interviewer should try to get any other information that would be helpful in determining whether the action that was taken was motivated by the fact that the complainant belongs to a protected class.
- b. Have the complainant sign an information release form consenting to having their name released to local office staff and others who need to be contacted in connection with the complaint. If the complainant refuses to consent to this, have them sign an acknowledgement that this may limit the scope of the investigation.
- c. Interview other applicants and/or participants who have knowledge of the alleged incident.
- d. Interview other applicants and/or participants who belong to the same protected class as the complainant to determine if they have experienced similar or different treatment.
- e. Interview other applicants and/or participants who do not belong to the same protected class as the complainant to determine if they have experienced similar treatment.
- f. Interview DFR staff to see if they recall the particular incident and why it occurred.
- g. Review case files to determine what occurred in the complainant's case. As appropriate, review other case files to determine if similar actions were taken.
- h. Contact local community organizations to determine if they have received similar complaints or if they are aware of any alleged problems at the DFR, including in the local office.

14. **Discontinued Investigation.** An investigation may be discontinued under the following circumstances:
 - a. The complainant indicates that the discrimination did not occur.
 - b. The complainant indicates that they understand how and why the case was handled the way it was and no longer thinks it was because of discrimination.
 - c. The complainant indicates that they no longer wish to pursue the complaint or withdraws the complaint. In these situations, it is important to make sure that the complainant is not being coerced or pressured to drop the complaint.

15. **Continued Investigation.** Even if a complainant does not wish to continue pursuing the complaint, the DFR representative should continue the investigation if they believe that further action may be necessary based on the available information.

16. **Draft Decision Letter.** The DFR will review and evaluate the facts gathered during the investigation and draft a decision letter informing the complainant of the findings and of completion of the investigation and any follow up action that will be taken based on the findings. The draft should contain the following information:
 - a. A description of the allegation
 - b. The scope of the investigation
 - c. Facts and information obtained that refute or support the allegation
 - d. A closing statement summarizing the decision and the basis on which the determination was made
 - e. A statement explaining the complainant's right to appeal the decision by sending an appeal to: HHS, Region V – Chicago, Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. Voice Phone (800) 368-1019, FAX (312) 886-1807, TDD (800) 537-7697.The draft decision letter must be sent to Family Independence Section for review. Included with the draft decision letter should be a written report containing a summary of the findings of the investigation and a summary of each interview.

17. **Probable Non-Compliance.** When it is determined that a local DFR employee or office has failed to follow a civil rights requirement or is engaging in practices that adversely impact disproportionately on a protected class, the finding of an investigation should indicate 'probable non-compliance.' In these instances, the following steps should be taken:
 - a. The DFR should make every effort to come into compliance with civil rights requirements.
 - b. The decision letter must indicate all steps taken to comply with civil rights requirements.
 - c. The decision letter should also indicate any corrective actions taken to correct benefits.
 - d. The effective date of the 'probable non-compliance' is the date of the completed investigation.
 - e. Within 60 days of the date of 'probable non-compliance', steps must be taken to achieve voluntary compliance with civil rights requirements.

1440.20.10 THE FAMILY INDEPENDENCE SECTION AND DISCRIMINATION COMPLAINTS

The Family Independence Section's responsibilities in resolving complaints of discrimination are described below.

1. Complaint is received. Attempt to get as much information as possible as described in Section 1440.20.00 under 'Complaint Format'.
2. If the complaint alleges discrimination by a specific worker or refers to one incident (and there is no allegation of or reason to believe that there is a policy or practice in the office that may be discriminatory), refer the complainant to the appropriate DFR State Eligibility Manager and Regional Manager within one day after receipt.
3. If the complaint alleges widespread discrimination or discriminatory practices in the local office, arrange to have someone from Family Independence Section go to the local office to investigate the allegation. The investigation would be conducted in a manner similar to the procedures described in Section 1440.20.05, but more emphasis would be put on contacting other applicants and recipients of the same protected class as the complainant to see if they had experienced similar treatment. These cases would also be handled in the same timeframes described under local office procedures.
4. Acknowledge receipt of the complaint to the complainant in writing within five days after receipt.
5. Review the draft of the decision letter prepared by the local DFR office or Family Independence Section staff after the investigation is completed. Determine if the investigation was thorough and whether appropriate action was taken.
6. If all of the information is complete and the decision is in keeping with stated findings, forward the report to the appropriate federal regional office.
7. Instruct the DFR to forward a copy of the final decision letter to the complainant.
8. If an investigation was not conducted, review the DFR's written report to determine if the reason(s) for not conducting an investigation are acceptable.
9. Follow up on all findings of 'probable non-compliance' to ensure that corrective actions have been taken and that problems are not recurring.
10. Review discrimination complaint logs to determine if there are any patterns of complaints that may require training or other corrective actions either statewide or in particular project areas.

11. Analyze participation data to determine if there are areas where any protected classes appear to be underrepresented and take corrective action (such as outreach) as needed.
12. Ensure that state agency staff and the DFR understand and receive annual training on civil rights requirements.

1445.00.00 MANDATORY REPORTING OF CHILD ABUSE OR NEGLECT

Indiana law requires any individual who has reason to believe that a child is a victim of child abuse or neglect to make a report. A person who knowingly fails to make such a report commits a Class B misdemeanor. Reports are to be made by contacting the local Department of Child Services or law enforcement agency.

Each local DFR office should have an established policy which addresses how staff are to report suspected child abuse and neglect. Each worker should be aware of this policy and be encouraged to make appropriate reports.

1450.00.00 CASE RECORD MAINTENANCE

The worker is responsible for the maintenance of a complete and accurate case record. Case records serve the following purposes:

- Provides historical information to substantiate DFR action
- Provides essential information about the individual's current situation to reflect their need for assistance
- Helps to ensure continuity of service by the DFR and/or proper referral to other needed resources
- Prevents needless repetition of fact gathering
- Provides material for research and statistical purpose
- Provides material by which agency policies, practices, and standards of performance can be substantiated and evaluated
- Serves as the basis for the state's payment to or on behalf of an AG

1450.10.00 CONTENT OF CASE FILE

The electronic copy eligibility case file must contain all signed application forms necessary to support the eligibility determination, collateral sources of verification, and correspondence. There is no mandatory requirement as to how material is to be arranged in the eligibility case files. However, it is important that the method adopted by the DFR, or worker be understood and consistently used.

Information in the file(s) should be consistent with information entered into the Eligibility System.

At a minimum, case records must contain the following information:

- Current and previous Self-Sufficiency plans
- Copies of referral forms to service providers and/or other organizations.
- Copies of appointment notices or documentation of appointments if scheduling was done manually; and
- Contracted service providers are also to maintain case files in accordance with their contracts.

Case notes should be kept on comment screens to document the specific barriers participants face and their resolution; contacts between participant, DFR, and contracted service provider; and any other pertinent information.

1450.15.00 RETENTION OF CASE RECORDS

Hard or electronic copy case records are not to be taken from the DFR except for official use by employees or for use by proper authority upon court order. Receipts should be made and acknowledged in such cases and proper follow-up should be made to ensure the return of the case records to the file.

1450.20.00 RETENTION OF DOCUMENTS WITHIN THE CASE FILE

Most case records are to be maintained for three years. The three-year period starts at different times for different documents. The following is the list of documents that must be retained for the entire life of the case and three years following the date on which the eligibility or claims collection case was discontinued.

- Application
- Interview guide
- Combined application form used for application actions
- Medical information
- Absent parent information
- Assignment of rights forms
- Court records
- Legal agreements
- Records establishing overpaid benefits and/or fraud
- Social Security Numbers
- Birth and death records
- Citizenship records.

Other case file records must be retained for a three-year period beginning with the effective date of the action it supports. Those records include but are not limited to:

- Budget forms
- Income and expense records used to support the eligibility determination and benefit calculation
- Notices
- Hearing decisions
- Benefit issuance records not related to overpaid or underpaid benefits.

Inactive case records may also be preserved during the life of the individual so long as they may be needed for repayments on existing claims.

1450.20.05 RETENTION OF DOCUMENTS WITHIN THE CASE FILE

Records of a deceased recipient may be retained as long as necessary for filing claims for recovery against the estate.

1455.00.00 DESTRUCTION OF CASE MATERIAL

All case file materials must be maintained for review and audit purposes in accordance with the retention guidelines presented previously.

Before destroying case file records, it is important to ensure that the record has lost relevance for all the programs in which the case members participated.

When case records have been inactive for three years, a request for record destruction must be submitted to the Archives Division, Commission on Public Records, with a representative sample of three cases for the year. Upon approval, the other inactive case records may be destroyed.

1455.05.00 REMOVAL OF EXTRANEIOUS MATERIAL FROM CASE RECORDS

The periodic removal of extraneous material from the case record assists in case management. All material which supports the current eligibility determination must be retained. Examples of material to be retained are:

- Applications
- Medical information
- Medical expense information
- Child support information
- Assignments
- Agreements
- Overpayment information.

¹ 42 CFR 435.905

² 42 CFR 435.905

³ 42 CFR 435.905

⁴ IC 12-14-22-8

⁵ 470 IAC 2.1-3-1

⁶ 42 CFR 431.242

⁷ 42 CFR 431.306

⁸ 470 IAC 2.1-3-1