Management Evaluation Review (MER)

The system must include a module for Management Evaluations for the monitoring of program access and operations.

The reviewers:

- review case files for accuracy and completeness;
- interview staff, community agencies, and recipients;
- review application access and office procedures;
- review complaint records; and
- complete a final report for FNS identifying:
    - best practices,
    - how each requirement was reviewed,
    - problems and causes, and
    - recommendations for improvements.

The system must create and maintain a schedule for Triennial Reviews

Small counties will be required to have a Management Evaluation Review triennially

Medium Counties will be required to have a Management Evaluation Review Biannually

Large Counties will have a review Annually

The system will randomly select 80 cases per Review period for 66 counties as follows

20 Initial

20 Recertification

20 Denials

20 Denials

The system will randomly select 160 cases per Review period for Jefferson County annually

40 Initial

40 Recertification

40 Denials

40 Denials

The system will identify cases which have a confirmed claim to conduct a Claims Review

For Claims Reviews the following questions must be addressed

The system must allow for the review of 14 Review Elements

The system must identify targeted elements as set forth by FNS

The system must identify areas in which the state or a specific county does not meet standards of performance

The system must identify areas based on cases review which require corrective action

The system must track corrective action plans

The system must monitor and track the effectiveness of the corrective action plan

The system must generate Entrance and Exit Conference letters to County Directors, Effective of Corrective Action Plan Notifications

The system must generate the following reports:

Random Case List

Individual Case Record Review Sheet or Report

The following header information will be populated from the system

a. County
b. Case name
c. Race/gender
d. Case number
e. SR Code
f. Worker Name
g. Application Type
h. Case action
i. Application date
j. Registration date
k. Disposition date
l. Certification from
m. \certification through
n. Interview type
o. Case status

The following Case Elements will be reviewed

a. Application Processing
b. Household Composition
c. Work Registration
d. ABAWD
e. Resources
f. Earned Income

g. Unearned Income
h. Dependent Care Deduction
i. Medical Deduction
j. Shelter Deduction
k. Child support deduction
l. Other documentation
m. Processing changes
n. IEVS Usage
o. 1139 Budget Summary/History

The reviewer will select the following for each element based on the review

a. Correct
b. Dollar Error
c. Non-Dollar Error
d. N/A

The reviewer will have the ability to add comments to each element

The reviewer will be able to identify when an error resulted in a Case and Procedural Error Rate (CAPER)

The reviewer will be able to identify when an error resulted in a Timeliness

The reviewer will be able to identify when an error resulted in a Payment Error

Exists.

The Reviewers name will be printed based on user ID within the system

The Review Date will automatically be printed on the Case Review Report

When a case cited as incorrect, the record will be automatically returned to the worker for correction, returned to worker, via alert. This date will be printed on the Case Review Report.

Worker will have the ability to alert Supervisor (reviewer) that case has been corrected with workers name and date corrected.

Supervisor will be able to review the changes initials /name will be added with the date correction was verified.

All errors will count in the Tally and Data Reports

Supervisor/Reviewer will have access to county and individual worker stats including cases that have not been returned for corrections in 30 days. Supervisor/Reviewer will receive an alert.

FAMER 01 Record Review Tally Sheet

FAMER 02 Case Record Review Data Report

Error Report

Race Report

Supervisor Reviews

Supervisors will have access to the same review tool.

The system will randomly select 5 cases per eligibility worker for each month.

The same elements will be reviewed by County Supervisors including AESAP.

Supervisor will have the ability to request additional cases when individual or countywide corrective action is required

Reports Generated for the Supervisor Review are:

Supervisory Summary Report

Error Report

Race Report

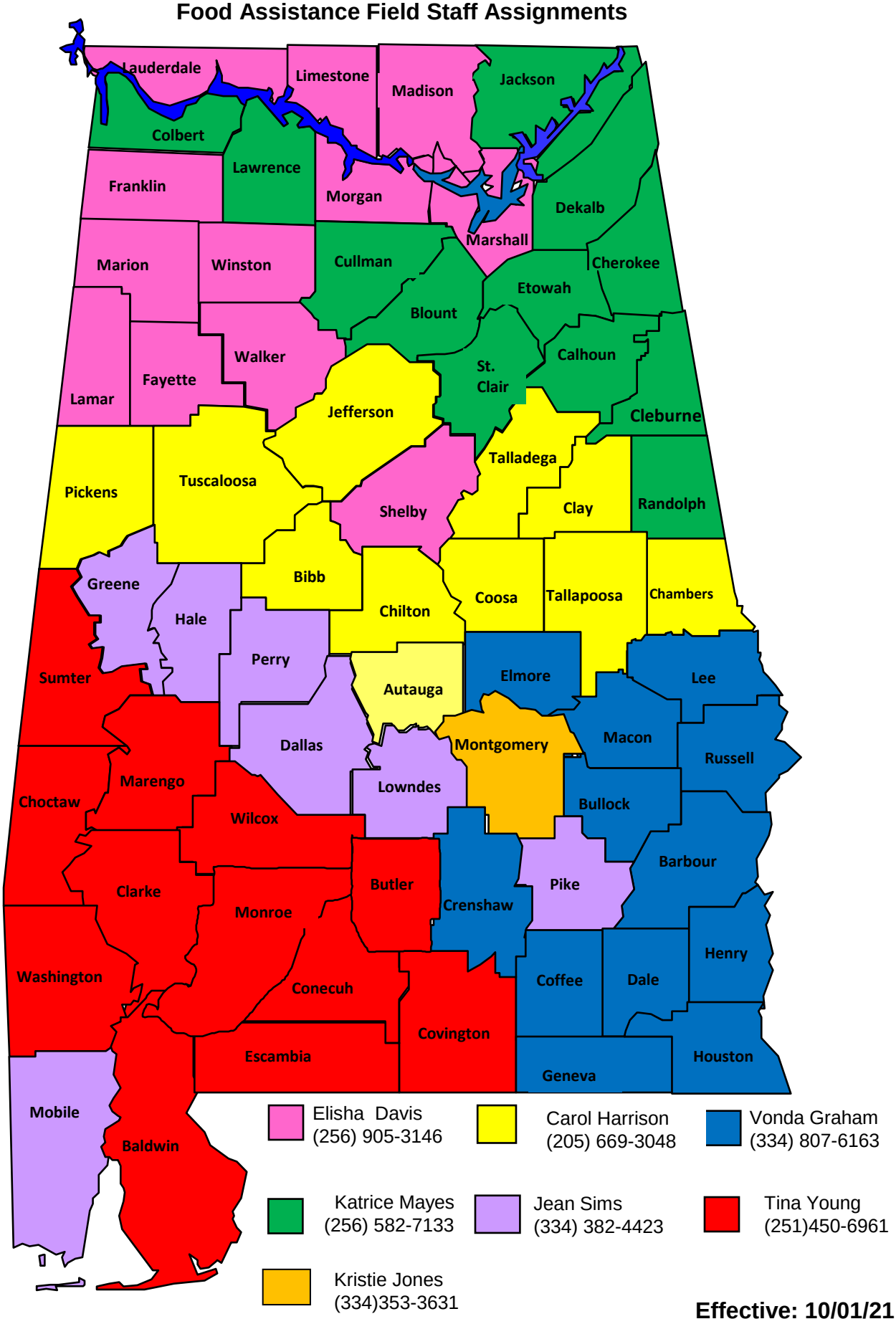
Supervisor will have access to dashboard to select ME and Supervisor Review statistics for a worker for corrective action, coaching and evaluation.

State of Alabama
Department of Human Resources
Food Assistance Division
Triennial ME Review Schedule FY20 through FY 22
Revised 2/26/21

Month	FY 20 County	FY 21 County	FY 22 County
October	Butler (3)	Houston (2) Fayette (3) Limestone (3)	Autauga (3) Lamar (3)
November	Coffee (3) Lawrence (3) Washington (3) Madison (2)	Bibb (3) Cleburne (3)	Madison (2) Pike (3) St. Clair (3)
December	Cullman (3) Elmore (3) Dallas (2)	Greene (3) Sumter (3)	Crenshaw (3) Dallas (2)
January	Barbour (3) Covington (3)	Bullock (3) Coosa (3) Lauderdale (3)	Henry (3) Shelby (3)
February	Colbert (3) Jackson (3) Wilcox (3)		Chilton (3) Franklin (3) Macon (3)
March	Chambers (3) Geneva (3) Baldwin (2) Montgomery (2)	Lowndes (3) Choctaw (3)	Baldwin (2) Montgomery (2) Cherokee (3) Winston (3)
April	Escambia (3) Morgan (2)		Morgan (2) Tallapoosa (3)
May		Jefferson (1)	Jefferson (1)
June		Clay (3) Dale (3) Marengo (3)	Clarke (3) DeKalb (3) Marshall (2)
July	Lee (2) Marshall (2) Etowah (2)	Perry (3) Talladega (2) Monroe (3) Pickens (3)	Lee (2)
August	Mobile (1) Jefferson (1)	Mobile (1) Calhoun (2) Conecuh (3) Tuscaloosa (2)	Mobile (1)
September	Blount (3) Marion (3) Randolph (3)	Russell (3) Walker (3)	Etowah (2) Hale (3)

1 = Large > 25,000 2= Medium 5,000 – 24,999 3=Small < 5,000

Food Assistance Field Staff Assignments



Effective: 10/01/21

MANAGEMENT EVALUATION REVIEW SITE REPORT
CIVIL RIGHTS COMPLIANCE IN FOOD ASSISTANCE PROGRAM
Click here to enter text.
COUNTY
AS OF Click here to enter text.

I. Introduction:

This report was prepared in conjunction with the Food Assistance ME Review conducted in County during the period of Click here to enter text.through Click here to enter text.. The sample consists of cases which were randomly selected for review from designated participation and negative actions data according to ME Review procedures. The number of cases reviewed for each racial/ethnic category that were selected from the active or negative data is noted below:

Race	Hispanic or Latino	Not Hispanic of Latino	Total	Active	Negative	Total
White			Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Black/African American			Click here to enter text	Click here to enter text.	Click here to enter text.	Click here to enter text.
Asian			Click here to enter text	Click here to enter text.	Click here to enter text.	Click here to enter text.
American Indian/Alaskan Native			Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Native Hawaiian/Other Pacific Islander			Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Unknown/Other			Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Grand Total						

II. Race and Ethnicity

(1.) Is the county in compliance with race and ethnicity data collection as specified in the Civil Rights Operational Policy & Procedures; Section 1910. **( ) Yes ( ) No ( ) Effective upon approval of the Civil Rights Policy**

III. Public Notification: (Lobby/Waiting Area)

	YES	NO	N/A
(1.) Poster "And Justice for All" displayed……..	☐	☐	☐
(2.) Poster "Food Assistance Rights" displayed……. Series 19-2 English & Series 19-3 Spanish	☐	☐	☐
(3.) Complaint Forms in waiting area…….. Procedures for Registering Complaints & Suggestions (1133: English & Spanish) Discrimination Compliant Form (DHR-CRD-2262; English and DHR-CRD-2263; Spanish)	☐	☐	☐
(4.) Poster "Notice Regarding Civil Rights Compliance" displayed. English 78-5 & Spanish 15-2	☐	☐	☐

(5.) USDA Non-Discrimination Statement (English & Spanish) displayed…….. ☐ ☐ ☐
(6.) Poster "Free Communication Assistance" displayed…… ☐ ☐ ☐
(7.) Are English & Spanish Applications in the waiting area identified appropriately?……..... ☐ ☐ ☐
(8.) Other:……..... ☐ ☐ ☐
(9.) Comments:

IV. Client Treatment:

A. (1.) Was the use of discriminatory language detected through events observed while the reviewer was on site? **( ) Yes ( ) No**

(2.) Was a failure to use courtesy titles detected through events observed while the reviewer was on site? **( ) Yes ( ) No**

(3.) While on site, did the reviewer observe any unusual circumstances or signs of intentional discrimination or neutral **p**olicy or practice that may adversely affect any protective class and such policy or practice lacks a substantial, legitimate justification? **( ) Yes ( ) No**

(4.) While on site, did the reviewer observe any segregation or separate treatment of individuals in any manner **r**elated to the receipt of program benefits? **( ) Yes ( ) No**

(5.) Are county staff offering free language assistance for individuals with LEP and aids and services or other reasonable modifications for individuals with disabilities? **( ) Yes ( ) No**

(6.) Comments:

B. (1.) Did the cases sampled indicate that the Food Assistance policies and procedures are applied in a discriminatory manner? **( ) Yes ( ) No**

(2.) Did the cases sampled indicate that standards of promptness are being applied in a discriminatory manner? **( ) Yes ( ) No**

(3.) Did the cases sampled indicate that any individuals or households were denied any services or benefits provided Under the Program due to the factors other than eligibility of the Program? **( ) Yes ( ) No**

(4.) Comments:

V. Civil Rights:

1. Has all County Food Assistance staff reviewed SNAP Civil Right Compliance Operation Policy & Procedure Training in the LETS system in the last 12 months? **( ) Yes ( ) No**

2. Has Civil Rights Training been conducted and Monitoring Forms been completed and sent to Civil Rights Unit three (3) times yearly? **( ) Yes ( ) No**

3. Check the areas in which Civil Rights training was provided: ( ) Courtesy Treatment, ( ) Americans with Disabilities Act (ADA), ( ) Civil Rights, ( ) Confidentiality, ( ) Complaint Procedures, ( ) Limited English Proficiency (LEP), Other: _____

4. Has Civil Rights Training Monitoring Form been completed within 30 days on all new employees? **( ) Yes ( ) No**

5. Are State complaint procedures for SNAP pertaining to Civil Rights being followed? **( ) Yes ( ) No**

6. How many Civil Rights complaints have been received & forwarded to State Civil Rights Division? _____

7. Are the complaints received by the county office forwarded to the state CRD immediately upon the county's receipt? **( ) Yes ( ) No**

8. Comments:

VI. County Management:

(1.) Who is the County Limited English Proficiency (LEP) Coordinator?**(Effective upon approval of Civil Rights Policy)**
Name: _____Position:_____

(2.) Who is the County Section 504/ Americans with Disabilities Act (ADA) Coordinator?**(Effective upon approval of Civil Rights Policy)**
Name: _____Position:_____

(3.) Does the county service area include one or more national origin minority groups with at least 100 people with Limited English Proficient (LEP)? **( ) Yes ( ) No**

(4.) Identify the primary language of each LEP group (e.g., Spanish, Vietnamese, French, etc.)._____

(5.) List the names & job titles of any staff, volunteers or others who are qualified in English and the languages(s) identified above.

(6.) Does the county staff have available at their desk information & instructions on how to use the telephone interpretation vendor? **( ) Yes ( ) No**

(7.) Does the county staff utilize & follow the State DHR policy for translating written materials received by or provided to clients? **( ) Yes ( ) No (Effective upon approval of Civil Rights Policy)**

(8.) Are the State Language Access Plan & accompanying LEP & Disability policy and procedures accessible for reference for all staff? **( ) Yes ( ) No (Effective upon approval of Civil Rights Policy)**

(9.) Comments:

VII. Attachments:

(1.) County Notification and Narrative
(2.) Sample
(3.) Race Report
(4.) Other

M.E. REVIEWER NAME:

SIGNATURE **DATE**

Alabama Department of Human Resources

Food Assistance Division

Case Record Review Sheet

Record Number: 8122

County	State		**Case Action**	Initial
Case Name	test		**Application Date**	1/18/2022
Race / Sex	5/F		**Registration Date**	2/18/2022
Case Number	0000000001		**Disposition Date**	1/21/2022
Sr Code	A		**Certification From**	1/2022
Worker Name	Cameron Brisbon		**Certification Thru**	12/2022
Application Type	Internet		**Interview Type**	Phone
***: Automatically Loaded**			**Case Status**	A

Case Review Element	C	E		N/A	Comments
		$	Non-$		
1 Application Processing	X				
2 Household Composition	X				
3 Work Registration and ABAWD	X				
4 Resources	X				
5 Earned Income				X	
6 Unearned Income	X				
7 Dependent Care Deduction				X	
8 Medical Deduction				X	
9 Shelter Deduction	X				
10 Child Support Deduction				X	
11 Other Documentation			X		NVRA was not addressed at application.
12 Processing Changes	X				
13 IEVS Usage	X				
14 1139 Budget Summary	X				

Reviewed By: Sandra Harris

Review Date: 2/1/2022

Correction due date _____

Corrected by _____

Date corrected _____

Correction received(init & date) _____

Alabama Department of Human Resources

Food Assistance Division

Race Report for AUTAUGA Managerial Evaluations for 8/9/2021 to 9/10/2021

Race	Active	Negative	Total
White	21	22	**43**
Black	19	20	**39**
Other	1	0	**1**
Other	1	0	**1**
Other	1	0	**1**
Other	0	1	**1**
Total	**43**	**43**	**86**

Food Assistance Division

Type of Errors for AUTAUGA County for 9/9/2021

Issue	Count	Case List	Total
Application Processing			24
Expedited application was not processed timely.	2	[redacted]	
Appointment notice wasn't issued correctly. (CAPER)	2		
Notice of missed appointment wasn't issued correctly. (DHR-FSP-2100) (CAPER)	2		
Notice of action wasn't issued correctly. (DHR-FAD-657) (CAPER)	2		
Denial notice wasn't issued correctly. (DHR-FAD-660) (CAPER)	5		
Request for Information / Verification completed incorrectly (DHR-FSD-859) (CAPER)	10		
Other (CAPER)	8		
Household Composition			2
Other	2		
Work Registration and ABAWD			1
ABAWD did not fulfill work requirement by participating required number of hours for benefit month(s).	1		
Resources			32
Other	32		
Earned Income			9
Wages were incorrectly calculated/budgeted.	6	010039566, 010042278, 010040992, 010042780, 010036307, 010042365	

Alabama Department of Human Resources

Food Assistance Division

Record Review Tally Sheet

Autauga County

Start Date: 9/9/2021

						Review Sections															Totals				
#	Status	CAPER	Case Number	Case Name	RS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	PE	C	E	N	App	Int
69	N		[redacted]*	ALISHA M [redacted]	3/F	C	C	C	E	C	N	C	N	C	N	C	N	C	C		9	1	4	I	P
70	N		[redacted]*	AMARIAYA [redacted]	3/F	C	N	N	N	N	N	N	N	N	N	C	N	N	C		3	0	11	P	P
71	N		[redacted]*	DUDLEY [redacted]	5/M	E	C	C	C	N	N	N	N	N	N	C	C	C	C		7	1	6		P
72	A		[redacted]*	ETHAN [redacted]	5/M	E	C	C	C	N	N	N	N	C	N	C	N	C	C	X	7	1	6	P	P
73	N		[redacted]*	JOSEPH [redacted]	5/M	C	C	C	E	E	N	N	N	N	N	C	N	C	C	X	6	2	6	I	P
74	N		[redacted]*	SHANIYAH [redacted]	3/F	C	N	N	C	N	N	N	N	N	N	C	N	N	C		4	0	10	I	P
75	N		[redacted]*	CHARLES D [redacted]	5/M	E	C	C	E	N	N	N	N	N	N	C	N	C	C		5	2	7	I	P
76	N		[redacted]*	ALISHA B [redacted]	3/F	C	N	N	N	N	N	N	N	N	N	C	N	N	C		3	0	11	I	N
77	N		[redacted]*	RACHAEL [redacted]	5/F	E	N	N	E	N	N	N	N	N	N	C	N	N	C		2	2	10	I	P
78	A		[redacted]*	MAYA [redacted]	3/F	E	C	C	E	E	N	N	N	N	N	C	E	C	C	X	5	4	5	P	P
79	N		[redacted]*	CAROLINE [redacted]	5/F	C	N	N	N	N	N	N	N	N	N	C	N	N	C		3	0	11	P	P
80	N		[redacted]*	LATREESE [redacted]	3/F	C	C	C	E	N	N	N	N	N	N	C	N	C	C		6	1	7	P	P
81	A		[redacted]*	CLAY M [redacted]	5/M	E	C	C	E	C	N	N	N	C	N	C	C	C	C		8	2	4	I	P
82	A		[redacted]*	CHRISTINA [redacted]	5/F	C	C	C	E	N	C	N	N	C	N	C	C	C	C		9	1	4	I	P
83	N		[redacted]*	KRISTIE D [redacted]	5/F	E	C	C	E	C	N	N	N	C	N	C	C	C	C	X	8	2	4	I	P
84	A		[redacted]*	TRACY [redacted]	3/M	C	C	C	C	N	N	N	N	C	N	C	C	C	C		9	0	5	I	P
85	N		[redacted]*	KHALIL [redacted]	3/M	C	N	N	N	N	N	N	N	N	N	N	N	C	N		2	0	12	P	N
86	A		[redacted]*	CATHY [redacted]	5/F	C	C	C	E	C	N	N	N	C	N	C	C	C	C		9	1	4	I	P

CAPER Cases	PE Cases
4	29

Response Totals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
Total Correct	62	70	69	46	22	23	4	12	54	0	81	44	77	79	643
Total Error	24	2	1	32	9	4	1	2	6	0	1	11	1	5	99
Total NA	0	14	16	8	55	59	81	72	26	86	4	31	8	2	462

Application Types	Interview Types
Paper - 50	Office - 0
Internet - 30	Phone - 81

Alabama Department of Human Resources

Food Assistance Division

Case Record Review Data

County AUTAUGA

Review No. FAMER 21-01

Review Period March, 2021 - August, 2021

Review Month September, 2021

End Date November, 2021

Sample Size 86

Review Requirements	Number			Percent Incorrect	Top Causal Factors	CAPER Cases
	Correct	Error	NA			
1. Application Processing	62	24	0	27.9%	Misunderstanding or lack of knowledge of p/p	4
2. Household Composition	70	2	14	2.8%	Worker oversight	
3. Work Registration and ABAWD	69	1	16	1.4%	Worker oversight	
4. Resources	46	32	8	41.0%	Misunderstanding or lack of knowledge of p/p	
5. Earned Income	22	9	55	29.0%	Worker oversight	
6. Unearned Income	23	4	59	14.8%	Worker oversight	
7. Dependent Care Deduction	4	1	81	20.0%	Worker oversight	
8. Medical Deduction	12	2	72	14.3%	Worker oversight	
9. Shelter Deduction	54	6	26	10.0%	Worker oversight	
10. Child Support Deduction	0	0	86	0.0%		
11. Other Documentation	81	1	4	1.2%	Worker failed to follow policy/procedure	
12. Processing Changes	44	11	31	20.0%	Worker oversight	
13. IEVS Usage	77	1	8	1.3%	Worker oversight	
14. 1139 Budget Summary	79	5	2	6.0%	Worker oversight	

Alabama Department of Human Resources

Food Assistance Division

Type of Errors for Autauga County for 1/6/2022

Cases Required: 40 **Cases Reviewed:** 25

Section	Chasty [redacted]	Dominique [redacted]	Donald [redacted]	Julia [redacted]	Lucy [redacted]	Total
Application Processing	0	0	1	0	1	**2**
Household Composition	0	0	0	0	0	**0**
Work Registration and ABAWD	0	0	0	1	0	**1**
Resources	0	0	0	0	0	**0**
Earned Income	0	0	2	0	0	**2**
Unearned Income	0	0	1	0	0	**1**
Dependent Care Deduction	0	0	0	0	0	**0**
Medical Deduction	0	0	0	0	0	**0**
Shelter Deduction	0	0	0	0	1	**1**
Child Support Deduction	0	0	0	0	0	**0**
Other Documentation	0	0	0	0	0	**0**
Processing Changes	1	0	0	0	0	**1**
IEVS Usage	0	0	0	0	0	**0**
1139 Budget Summary	0	0	0	0	0	**0**
Total	**1**	**0**	**4**	**1**	**2**	**8**

State Claims ME Review Process

The purpose of an ME Review is to identify significant error trends or deficiencies in the management of the Food Assistance Claims Program. Effective immediately, the methodology outlined in this document should be used to complete the monthly Claims ME Reviews.

For all counties except Jefferson and Mobile, the sample of cases should include: 4 IPVs, 4 IHEs, 4 AEs, and 2 ADHs. For Jefferson and Mobile, the sample of cases should include 8 IPVs, 8 IHEs, 8 AEs, and 5 ADHs.

In the event that the required number of each type of claim has not been processed by the county for the specified review period, the Claims ME Program Specialist should attempt to get as close to the required number as possible, but will use another type of claim to ensure the required number of records are reviewed for the county (14 total for all counties, 29 total for Jefferson and Mobile).

- The ADHs should be selected from the **PSCRR013** (ADH Actual Hearing Report) for the past year.
- The IPVs, IHEs, and AEs should be selected from the **PSCRR 020FS** for the month of review.

Methodology

Selected Claims and ADH samples will be reviewed for compliance with the Federal Claims Regulations as guided at the State level through the Claims Handbook, Comprehensive Claims System User Guide, Food Assistance POE, and Administrative Letters and Memoranda.

Claims Review Elements

1. Is there a claims record set up for the case or has the claim information been imported into ADDI? Is the material in the record related to the claims file?

2. Does the claim type correctly identify the case based on supporting documents and information in the file as reported on the Overpayment Form (DHR-818)? Is there information and supporting documentation missing for the determination of the claim type?

3. Is the DHR-818, Overpayment Form, available and is it complete? Is the Summary of Circumstances attached? Was the budget completed correctly?

4. Is there documentation of the required verification?

5. Was the claim confirmed on the Comprehensive Claims System (CCS) with the correct codes and suspect?

6. Was the client notified of the SIPV using the DHR-1599, SIPV Notice? Is there a copy of the DHR-1599?

7. Was the Fraud Referral Tracking Screen created for the SIPV claim? Was the data correctly entered?

8. Was the client mailed a copy of the DHR-1385, Waiver of the Disqualification Hearing, with the DHR-1599?

9. Was the client mailed a demand notice to sign a Repayment Agreement? If a Repayment Agreement was signed, is there a copy?

10. Was the DHR-501, Action Taken on your Disqualification Proceedings, sent to the client? Is there a copy of the DHR-501?

11. Was the IPV Disqualification entered on the Federal Database?

ADH Review Elements

1. Is there an ADH record set up /in ADDI on the case? Is the material in the record related to the ADH file?

2. Was the DHR-1048 form, Advance Notice of Hearing, mailed to that it is received by the client at least 30 days prior to the ADH? Is there a copy of the DHR-1048 in the record?

3. Was the correct suspect notified of the ADH?

4. Was the ADH Tracking Screen completed? Is all data on the ADH Tracking Screen correct? Is there any missing data?

5. Is there a transcript or recording of the hearing in the record/in ADDI?

6. Are all supporting documents and evidence presented at the ADH in the record/in ADDI?

7. Was the ADH Decision completed correctly? Was is signed by the Hearing Authority? Was it an objective analysis of all the evidence presented?

8. Was the ADH Decision processed timely?

9. Was the DHR-501 mailed to the client? Is there a copy of the DHR-501 in the ADH Record?

10. Was the Fraud Referral Tracking Screen completed correctly?

11. Was all data on the ADH Tracking Screen entered correctly? Does the information in the record correspond with the data on the ADH Tracking Screen?

12. If the client was found guilty at the ADH or by Waiver; was the disqualification entered in the Disqualification ADD screen? Was the Disqualification entered correctly on the Disqualification ADH Tracking screen? Was the disqualification entered on the Federal Database?

Disqualification Monitoring

The claims center staff, upon receipt if the ADH, Waiver, or Court Hearing decision that involved a Disqualification will send the Disqualification Notice feedback form to process the disqualification. The respective county will complete the feedback form and indicate the action that was taken. The county will send the feedback form back to the Claim's worker. The claims worker is responsible for tracking the Disqualification Notices to ensure the Disqualification is implemented timely.

The Claims ME Program Specialist will take report **PSCRR329** (Disqualification added during the month of MM/YY) for the past year and will select **10 cases** to compare to the information contained in the case record. The ME Program Specialist will review the record to ensure the disqualification process is timely, information entered is accurate, and the process follows federal regulations. This information will be recorded on the respective county's Claims ME Report.

Cases Sent to TOP

The Claims ME Review Program Specialist will send the Claims File Numbers of the claims to be reviewed each month to **DHR_FOODASSISTANCE_COLLECTIONS.** Collections Specialists will provide the Claims ME Program Specialist with information on the claim status in TOP (certified by TOP or not Certified by TOP).

ADH RECORD REVIEW SHEET

Worker _____

Case Name_____**Case Number**_____**Date Reviewed**_____

REVIEW ELEMENTS	YES	NO	NA	COMMENTS
ADH Record Set Up?				
Is the Material in the record related to the ADH file?				
Notification				
Was the correct suspect notified of the ADH?				
Timeliness				
Was the DHR-1048 form, Advance Notice of Hearing, mailed so that it is received by the client at least 30 days prior to the ADH?				
Was the ADH Decision processed timely?				
Forms				
Is there a copy of the DHR-1048 in the record?				
Was the DHR-501 mailed to the client? Is there a copy of the DHR-501 in the ADH Record?				
Documentation				
Is there a transcript or recording of the hearing in the record/in ADDI?				
Are all supporting documents and evidence presented at the ADH in the record/in ADDI?				
Systems				
Was the Fraud Referral Tracking Screen completed correctly?				
Was all data on the ADH Tracking Screen entered correctly? Does the information in the record correspond with the data on the ADH Tracking Screen?				
If the client was found guilty at the ADH or by Waiver; was the disqualification entered in the Disqualification ADD screen? Was the Disqualification entered correctly on the Disqualification ADH Tracking screen? Was the disqualification entered on the Federal Database?				

CLAIMS CASE RECORD REVIEW SHEET

Worker_____**Claim Type (circle one) AE IHE IPV**

Case Name_____**Case Number**_____**Date Reviewed**_____

Date of Discovery:_____ **Date Registered by County Office:** _____ **Form 1572: (circle one) YES NO**

REVIEW ELEMENTS	YES	NO	NA	COMMENTS
Claims Record Set Up?				
Is the Material in the record related to the claims file?				
Is there documentation of the required verification?				
Claim Type				
Does the claim type correctly identify the case based on supporting documents and information in the file as reported on the Overpayment Form (DHR-818)?				
Is there information and supporting documentation missing for the determination of the claim type?				
Calculations				
Was the budget completed correctly?				
Forms				
Is the DHR-818, Overpayment Form, available and is it complete?				
Was the client notified of the SIPV using the DHR-1599, SIPV Notice? Is there a copy of the DHR-1599?				
Was the client mailed a copy of the DHR-1385, Waiver of the Disqualification Hearing, with the DHR-1599?				
Was the client mailed a demand notice to sign a Repayment Agreement? If a Repayment Agreement was signed, is there a copy?				
Was the DHR-501, Action Taken on your Disqualification Proceedings, sent to the client? Is there a copy of the DHR-501?				
Systems				
Was the claim confirmed on the Comprehensive Claims System (CCS) with the correct codes and suspect?				
Was the Fraud Referral Tracking Screen created for the SIPV claim? Was the data correctly entered?				

Was the Disqualification entered on the Federal Database?				

Review Elements	Total Errors	Case Numbers and Worker of Error Cases
Claim Referral -1572		
818 and Summary (Hard Copy)		
Trial Budgets Included and Correct		
Issuance Documentation Included		
Verification & Evidence Discovery Documents		
Claim Period Correct		
Relevent Certification Documents Included		
1599 SIPV Notice		
1385 Waiver Included		
Advance Notice of ADH		
501 Disqualification Notice		
Disqualification Memo		
Record of Contact and/or Case/Claim notes		
Classification		
Computer Accuracy		
Fraud Referral Tracking		
ADH Tracking		
Disqualification Detail		
TOTAL		

Claim Type	Claim Number/Sequence	Case Number	Sent to TOP (Y/N)

Memorandum

January 4, 2022

To: James Phillips, FSS
East Alabama Regional Claims Center (EARCC)

From: Brandon Hardin, Director
Food Assistance Division- Program Integrity

Subject: Autauga County FA Claims ME Review (October 2021)

The Autauga County FA Claims Management Evaluation is currently being processed. Exceptions were found in the cases listed below. Please review these findings, make the appropriate corrections/adjustments as needed and provide me with a written report of your action or response to each exception by 2/4/2022. *Please make sure that the responses to the exceptions address the exception directly and specifically and that the dates given correspond with the actual corrections.* A copy of your report should also be forwarded to Avis Buford (ME Reviewer).

1. 010018885/421153294-02 Annie Barnett, earned income is in the incorrect field for an AE claim.
2. 010036408/424350684-01 Alia Hardrick, incorrect claim period; need to include the second page of the issuance inquiry; need to review and update reported household members (no evidence of the child being in the home until the 8/20 SR).
3. 010018367/417060190-01 Katrice Lewis, need to print, sign and scan the updated 818; ADH tracking screen needs to be reviewed and updated.
4. 010032337/418416696-01 Laquanda Sturdivant, only one complete copy of the claim should be in ADDI, delete all other pages (see attached); the 501 is incomplete.
5. 010032824/419359868-01 Bethany Newburn, only one complete copy of the claim should be in ADDI, delete all other pages (see attached); the 501 is incomplete.
6. 010041044/422948445-01 Monica Harbison, need to review and update the fraud and ADH tracking screens.
7. 010032852/424081131-01 Pamela Bell, waiver should be signed by a supervisor; need to review and update the fraud and ADH tracking screens.
8. 010040664/012620662-01 Natasha Callen, need to apply ESA rules to the claim period; incorrect issuance used in the budgets; questionable classification; P-EBT benefits should be reviewed for eligibility and claim purposes based on the rules for that program (see attached); households can be eligible for P-EBT and ineligible for SNAP benefits.
9. 010020565/416178851-01 Julia Palmer, no evidence of actual wages being requested; questionable classification.
10. 010032412/418318081-01 Asemeri Moody, incorrect summary and claim period; insufficient verification; income budgeted incorrectly; the client did not stop and start a job; Dollar tree acquired Family Dollar in 2015 and merged the stores in 2019; why was 9/20-1/21 omitted from the claim?
11. 010033811/420318950-01 Lisa Nelson, need to include verification of issuance for 7/20-8/20; need to review household size and issuance; questionable classification.
12. 010035705/422434075-02 Antonio Edwards, need to delete all duplicate and extra pages from the claim folder; ADH decision was processed late; 1048 has incorrect information; need to review and update the fraud and ADH tracking screens; need to review adjustment request and reprint, sign and scan the new 818.

13. 010017159/417156996-01 Kimberly Stoudemier, need to print, sign and scan the updated 818 from the 12/19/19 adjustment.
14. The following cases were still in SIPV status during the review month:
    010031322/231611213-02 Laree Parrish, updated to an IPV on 12/6/21
    010020212/422154693-01 Keysha Wells, need to reenter fraud information and process to completion
    010037812/425475690-01 Tristin Bouey, ADH decision pending
15. The disqualification needs to be entered on the federal data base for the following cases:
    010000047/421540411-02 Carrie Bowman
    010032824/419359868-01 Bethany Newburn
    010031322/231611213-02 Laree Parrish
16. The fraud tracking information needs to be reentered on the following claims:
    010020212/422154693-01 Keysha Wells
17. Three (3) of the fourteen (14) cases reviewed are in TOP or have been reviewed for TOP certification as of the month of review.

Please indicate for each case, if a discussion or review with the worker was necessary and if screens were updated.

FOOD ASSISTANCE
CLAIMS MANAGEMENT EVALUATION
AUTAUGA COUNTY

Review Month: October 2021
Date of Report: December 2021

I. COMPUTER REPORTS UTILIZED:

1. Possible Claims Statistics, PSCRR-011, dated 11/1/2021.
2. ADH Actual Hearing Report, PSCRR-013, dated 11/3/2021.
3. Confirmed Claims Listing, PSCRR-020, dated 11/1/2021.
4. Confirmed Claim Statistics, PSCRR-021, dated 11/1/2021.
5. Administrative Hearing Prompting Report, PSCRR-083, dated 11/15/2021.
6. Minimum FS Claims Reports, PSCRR-097, for 9/2021; 10/2021; and 11/2021.

II. **APPLICATION OF COMPUTER REPORTS**:

The selected computer printouts provided as a sample of cases to be reviewed for claims management of the following areas:

1. Processing of AE, IHE, and IPV claims.
2. Procedural efficiency in the administration of claims and computer usage.
3. Processing of Administrative Disqualification Hearings.

III. SAMPLES:

1. Twelve (12) claims selected from the Confirmed Claims Listing (PSCRR-020) with preparation dates from 10/1/2018 to 10/31/2021 which included two (2) AE's; five (5) IHE's and five (5) IPV's.
2. A 100% review of SIPV claims listed on the Confirmed Claims Listing.
3. Two (2) ADH's as listed on the PSCRR-013, Actual Hearing Report.

IV. FINDINGS:

1. Autauga County is assigned to the East Alabama Regional Claims Center (EARCC) for claims establishment and ADH actions. The assigned claims worker is Joyce Grisham, FSW and James Phillips, FSS.
2. PSCRR020, Confirmed Claim listing dated 11/1/2021 shows that Autauga County had a total of one hundred and sixteen (116) confirmed claims with a balance totaling $191,444.90. There were forty-four (44) claims confirmed during the ME review sample period from 10/1/2018 to 10/31/2021: 2-AE's, 34-IHE's, 5-IPV's and 3-SIPV's. During FY' 21 for the period of 10/20 to 9/21, Autauga County registered 48 new claims and maintained a 0% QC error rate for the FY' 20 period.
3. Twelve (12) of the twelve (12) records, 100%, reviewed indicated that the possible overpayment claims were registered timely, within 10 days of discovery. *The county is to be commended for registering 100% of the claims within the 10-day period.* Prompt registration of possible claims facilitates and ensures earlier identification for work-up within the 180-day

processing standard required by FNS (See 4/15/05, Memo to County Directors from Joyce O'Neal, Subject: Food Stamp Claims Processing).

4. As conveyed by the County through the ME Questionnaire, there were two (2) possible overpayment errors discovered as a result of QC error since 10/1/18. The County further indicated that there were four (4) overpayment errors identified on the most recent Food Assistance Program ME and four (4) overpayment errors entered on CCS as a possible claim. The county further stated that there were forty (40) errors identified through Supervisory Case reviews since 10/1/18. The county also reported eight (8) possible intentional program violation reports received since 10/1/18 and three (3) overpayment errors entered on CCS as possible claims. No additional possible claims remained unregistered at the time of the questionnaire's completion.
5. At the time of completion of the ME questionnaire, PSCRR011, Possible Claims Statistics dated 11/1/2021 shows thirty-two (32) pending possible claims with two (2) pending possible claims over 180 days.
6. PSCRR83, ADH Prompting Report dated 11/15/21 indicated that there was one pending ADH schedule due dates past its generated due date.
7. PSCRR013, ADH Actual Hearing Report, dated 11/3/21, shows two (2) ADH's where the decision was rendered beyond its generated due date and zero (0) ADH decisions that are still pending beyond its generated due date.
8. The results of the record review sample, completed by Regional Claims staff, will be shared with the appropriate Regional Claims Center supervisor. All exceptions noted should be reviewed and the appropriate corrections/adjustments made. A review of the cases listed on the Claims ME Questionnaire resulted in the exceptions listed below:
    - All <u>possible claim</u> information should be scanned into the Cert. Period/Claim folder in ADDI. Only the <u>confirmed claim</u> information should be placed in the Perm. Docs./Claim folder.

V. A CORRECTIVE ACTION PLAN (CAP) IS REQUIRED FOR THE FOLLOWING FINDING(S):

No corrective action plan is recommended for the county at this time but the county should continue to identify and register all possible claims. Please review the information documented in VI-7 and note that you should be registering all claims, even if it is less than $225. The $225 limit only applies to AE claims. All QC claims must be registered regardless of the dollar amount or classification.

VI. RECOMMENDATIONS:

1. Appropriate staff should continue referencing the Claims Against Households Manual and Comprehensive Claims User Guide. Staff should also maintain and reference claim letters, memoranda, policy clearances, and claims reports. Particular attention should be given to the 4/15/05, Memo to County Directors from Joyce O'Neal, Subject: Food Stamp Claims Processing, and the Memo dated April 24, 2007, To: County Directors, From Joyce O'Neal, and Subject: Food Stamp Claims.
2. Appropriate staff should continue consulting Food Assistance Division-Claims Unit for clarification or claims policy and procedure.
3. Appropriate staff should continue to consult with Marie Huckabee, CCS Coordinator, for problems and questions regarding CCS usage. Marie can be reached at (334) 242-1909.

4. Appropriate staff should utilize State Office (SDHR) Claims Unit for all Food Assistance Claims establishment and processing questions.
5. The county must continue to register on CCS, any and all possible claims promptly upon discovery. County should monitor and ensure that all possible claims are registered *within ten (10) days of discovery.*
6. *Audio Claim files that are the result of an Administrative Disqualification Hearing (ADH) should be labeled as such and kept in a lock/secure area, separate from other claim files*. *Digital ADH files may be stored in ADDI.*
7. The county should keep in mind, pursuant to the Comprehensive Claims Manual, Section 101, pp.1-1, *that all claims that are discovered as a result of Q.C. error and all IHE & SIPV claims must continue to be registered and established regardless of dollar amount*. *All AE overpayments (other than QC discovered) found to be less than the current threshold of $225.00 are not required to be registered on CCS.* Documentation should be included regarding the failure to register the possible claim. Particular attention should be given to the 5/1/17, Memo to County DHR Directors from Brandon Hardin, Subject: State Claims Plan Update.

Date: January 4, 2022 _____

ME Reviewer: Avis Buford

Claims Management Evaluation (ME) Review Guide

Section B Page 4: FOOD ASSISTANCE CLAIMS M. E. QUESTIONNAIRE (County Office Complete)

- This questionnaire should be completed by the county and returned to the reviewer at the Food Stamp Division-Claims Unit.

- If a claim that is listed for review on the questionnaire is not in ADDI, it must be located and scanned/mailed to the reviewer.

- The completed questionnaire is due within ten days of the date of receipt.

1. Number of certification workers in the Food Assistance Program:

PA/FA_____ NA_____

- **Document the number of TANF/PA and SNAP certification workers that are in the county in the provided space. If the TANF/PA workers are no longer processing SNAP cases enter N/A.**

1.1>>Number of food assistance households per worker

PA/FA_____ NA/FS _____

- **Document how many SNAP households each TANF and SNAP case worker manages in the provided spaces. If the TANF/PA workers are no longer processing SNAP cases enter N/A.**

2. Number of Quality Control (QC) *overpayment* errors reported since (month/year) _____ enter number_____

- **Document how many QC errors resulted in an overpayment to the household during the specified claims ME Review period.**

2.1>>Number of QC *overpayment* errors entered on CCS as possible claims from #2_____ (Identify each in Section D, including disposition)

- **Based on the number listed in #2, document the number of errors that resulted in an actual possible claim. List each specific case on page 10 section D.**

3. Number of overpayment errors identified on most recent Food Stamp Program M.E. _____

- **Document how many SNAP ME Review errors resulted in an overpayment to the household during the specified Claims ME Review period.**

3.1>>Number of FS/ME overpayment errors entered on CCS as possible claims from #3_____ (Identify each in Section D, including disposition)

- **Based on the number listed in #3, document the number of errors that resulted in an actual possible claim. List each specific case on page 10 section D.**

4. Number of *overpayment* errors identified through Supervisory Case Reviews since (month/year) _____enter number_____

- **Document how many Supervisory Review errors resulted in an overpayment to the household during the specified Claims ME Review period.**

4.1>>Number of *overpayment* errors entered on CCS as possible claims from #4 _____ (Identify each in Section D, including disposition)

- **Based on the number listed in #4, document the number of errors that resulted in an actual possible claim. List each specific case on page 10 section D.**

5. Number of possible intentional program violations (fraud) reports received since_____ by the county_____ (Identify each on page 11, including status; pending, pending reason, not founded or founded).

- **Document the number of fraud reports that the county has received from the public, other DHR agencies, workers, supervisors and the commissioner's office.**

5.1>> No. of *overpayment* errors entered on CCS as possible claims from #5_____ (Identify each in Section D, including possible claim numbers)

- **Based on the number listed in #5, document the number of errors that resulted in an actual possible claim. List each specific case on page 10 section D.**

6. How many food stamp possible claims have not been registered by the county? SIPVs _____ AEs_____IHEs_____ (List in section D).

- **All claims should be registered within ten days of discovery. If you have claims that have been identified but not yet registered, document the number for each classification separately.**

SIGNATURES

Signature/Title of staff completing this questionnaire/Date

Signature of County Director/Date

- **The questionnaire must be signed by the person that completed it as well as the county director in order to be considered as complete.**

Section B Page 4:
FOOD ASSISTANCE CLAIMS M. E. QUESTIONNAIRE

Section B: FOOD ASSISTANCE CLAIMS M. E. QUESTIONNAIRE (County Office Complete)

This questionnaire should be completed by the county and returned to the reviewer at the Food Stamp Division-Claims Unit.

1. Number of certification workers in the Food Assistance Program: PA/FA_____ NA_____

1.1>>Number of food assistance households per worker PA/FA_____ NA/FS _____

2. Number of Quality Control (QC) *overpayment* errors reported since (month/year) _____ enter number_____

2.1>>Number of QC *overpayment* errors entered on CCS as possible claims from #2_____ (Identify each in Section D, including disposition)

3. Number of overpayment errors identified on most recent Food Stamp Program M.E. _____

3.1>>Number of FS/ME *overpayment* errors entered on CCS as possible claims from #3_____ (Identify each in Section D, including disposition)

4. Number of *overpayment* errors identified through Supervisory Case Reviews since (month/year) _____enter number_____

4.1>>Number of *overpayment* errors entered on CCS as possible claims from #4 _____ (Identify each in Section D, including disposition)

5. Number of possible intentional program violations (fraud) reports received since_____ by the county_____ (Identify each on page 11, including status; pending, pending reason, not founded or founded).

5.1>> No. of *overpayment* errors entered on CCS as possible claims from #5_____ (Identify each in Section D, including possible claim numbers)

6. How many food stamp possible claims have not been registered by the county? SIPVs _____ AEs_____IHEs_____ (List in section D)

_____ _____

Signature/Title of staff completing this questionnaire/Date **Signature of County Director/Date**

Page 9: ADH Sample

Document the actual location of the typed & recorded ADH file

- **ADH records and tapes/CD's should be kept in a safe, locked and secure location. These files should be stored indefinitely unless all suspects involved in the fraud are deceased.**

Page 9: ADH Sample (continued)

4. ADH Sample

ADH Record's	CLAIM/SEQ NO.	CASE#	ADH Decision	Evidence presented	Document the actual location of the typed & recorded ADH file	ADDI
Total						

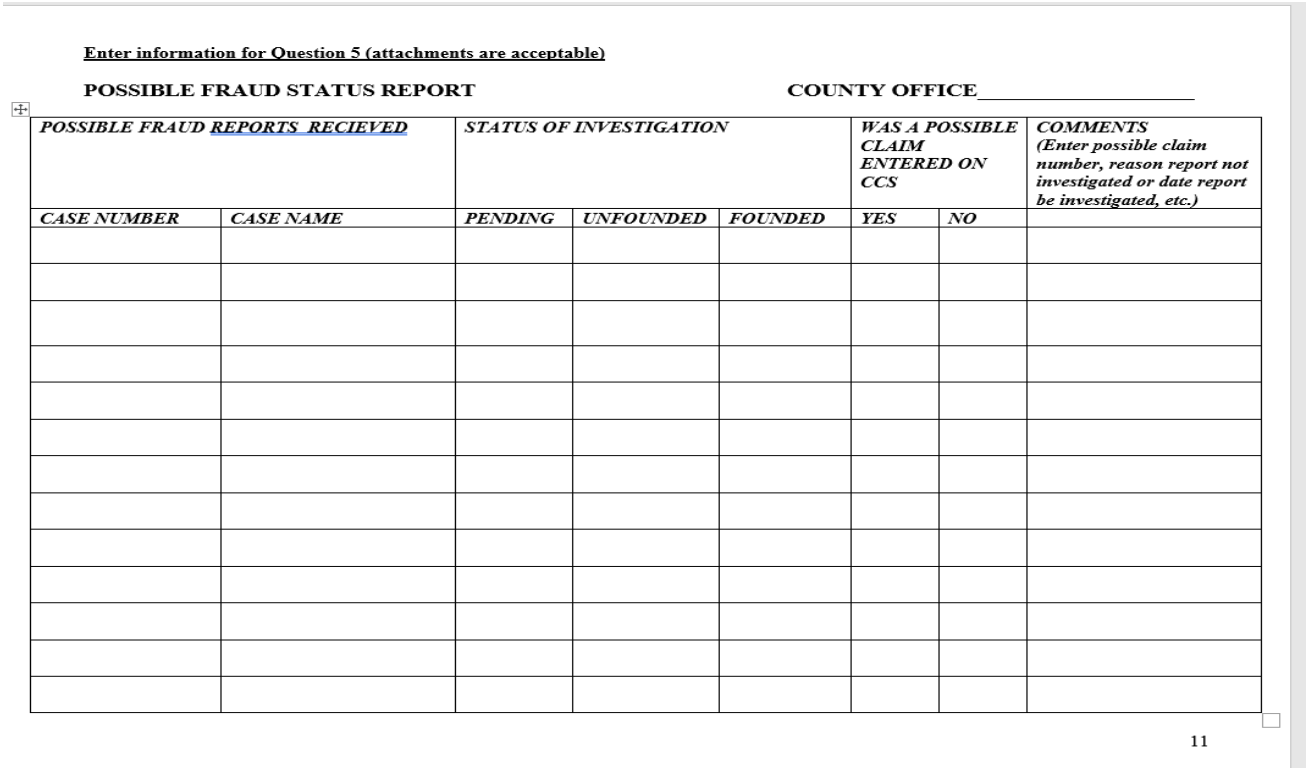
Page 10 Section D: Comments and Recommendations

Section D: Comments and Recommendations (attach additional sheets and/or documentation if needed)

Please enter your comments here and write the number of the question for which you are making a comment.

Page 11: POSSIBLE FRAUD STATUS REPORT

- **Enter information for Question 5 (attachments are acceptable)**



Enter information for Question 5 (attachments are acceptable)

POSSIBLE FRAUD STATUS REPORT **COUNTY OFFICE**_____

POSSIBLE FRAUD REPORTS RECIEVED		*STATUS OF INVESTIGATION*			*WAS A POSSIBLE CLAIM ENTERED ON CCS*		*COMMENTS (Enter possible claim number, reason report not investigated or date report be investigated, etc.)*
CASE NUMBER	*CASE NAME*	*PENDING*	*UNFOUNDED*	*FOUNDED*	*YES*	*NO*	

11

Kay Ivey
Governor

State of Alabama
Department of Human Resources
Gordon Persons Building
50 N. Ripley St.
P.O. Box 304000
Montgomery, AL 36130-4000
(334) 242-1310
dhr.alabama.gov

Nancy T. Buckner
Commissioner

July 23, 2021

Mr. Eugene Malveaux
Regional Director-SNAP
USDA Southeast Regional Office
61 Forsyth Street S.W., Suite 8T36
Atlanta, GA 30303-3415

Attn: Lisa Tarrant-Gilbert, Statistician

Dear Mr. Malveaux:

Enclosed is Alabama's Quality Control (QC) Active and Caper sample implementation plan for FY2022. The sampling procedures for FY22 have not been changed from the previously approved plan for FY21. We will continue to use an issuance based sampling frame with selection at the end of each fiscal month. This methodology simplifies the review process and enables us to consider supplements as a part of the allotment that is subject to review.

The amendments to the Performance Reporting portion of the regulations reduced the minimum sample size to 15% below the 1200 cases. We request to be held to the minimum sample size requirement.

If additional information is needed, please contact me at (334) 242-1365.

Sincerely,

Jeremy E. Barnes, Director
Office of Quality Control

cc: Faye Nelson, Deputy Commissioner-Family Resources
Brandon Hardin, AL-SNAP-Director

Kay Ivey
Governor

State of Alabama
Department of Human Resources

Gordon Persons Building
50 N. Ripley St.
P.O. Box 304000
Montgomery, AL 36130-4000
(334) 242-1310
dhr.alabama.gov

Nancy T. Buckner
Commissioner

I(We), Jeremy E. Barnes

State Official(s) Name

The Quality Control Director-State of Alabama

Position(s)

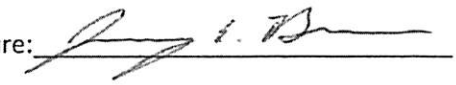
Certify that I/we have the authority to enter into binding agreements on behalf of the Alabama Supplemental Nutritional Assistance Program (SNAP).

Pursuant to 7 CFR 275.ll(a)(2)(viii), I/we, acting in my/our official capacity(ies), elect on behalf of the State to exercise the option to reduce the standard SNAP-QC active sample by determining the minimum sample size on the basis of 7 CFR 275.1 l(b)(l)(iii) instead of 7 CFR 275.1l(b)(l)(ii). Based on an estimated average monthly caseload of 372,143 subject-to-review cases, this election reduces our minimum sample size of 2400 cases to 1020 cases for the annual sample period, October 1, 2021 through September 30, 2022.

Pursuant to 7 CFR 275.ll(a)(2)(IV), I/we acting in my/our official capacity(ies), elect on behalf of the State to exercise the option to reduce the standard SNAP-QC CAPER sample by determining the minimum sample size on the basis of 7CFR 275.ll(b)(2)(ii) instead of 7CFR 275.1 l(b)(2)(i). Based on an estimated average monthly caseload of 23,493 subject to review cases, this election reduces our minimum sample size of 800 cases to 680 cases for the annual sample period, October 1, 2021 through September 30, 2022.

If at the end of this annual sample period the actual average monthly caseload of subject-to review cases differs from the estimated average monthly caseload, I/we agree that the value of "n" used in the formula specified in 7 CFR 275.1 l(b)(l)(iii) for actives and 7 CFR 275(6)(2)(ii) for CAPER cases will be determined according to FNS Handbook 311, Section 3121.l(B).

I/we recognize that by electing this option the SNAP error rate based on this reduced sample size may have less precision than the error rate produced by the standard sample size. Because of this possible effect, the State waives the right to challenge the precision of the resulting SNAP error rate based on the reduced sample size.

Signature: 

Title: Quality Control Director

Date: 07/23/2021

Alabama Department of Human Resources
Food Assistance Non-Integrated Quality Control
Sampling Procedures and Parameters
October 2021 - September 2022

I. Introduction

This sampling plan serves as the foundation for the State of Alabama's Food Assistance Quality Control Sampling Procedures for Fiscal Year 2022. The minimum annual sample size of 1020 cases will be reviewed from the active Food Assistance universe; and 680 cases will be reviewed from the caper Food Assistance universe. The State of Alabama agrees not to challenge its error rate based upon the selection of the reduced minimum sample size.

Both active and caper samples will be selected using the systematic random sampling technique without integration or planned stratification.

On the night after the close of business of the last working day of each month (i.e., when all qualified Food Assistance (FA) participants for each month have been included in the sampling frame), an active sample is pulled from the State/County Integrated System for Certification and Issuance (SCI-II) master file. Active food assistance recipients will be determined by the households who were certified prior to the end of the month for which the associated benefits were issued.

Likewise, a sampling frame of all those terminated, suspended, or denied benefits from the Food Assistance Program in the respective review month is accessed for random selection of the caper sample after the close of business on the last working day of the sample month (the month in which the action occurred). The universe will consist of all cases terminated, suspended, and denied during the sample month based on the transaction date.

The SCI-II sample is received the morning of the next business day. The lists of sampled cases are sent to the Office of QC and are not available to state or county Food Assistance staff.

II. Sampling Frames

A. **Sources:** The sampling frame consists of the issuance master file on the SCI-II system which is maintained and updated nightly after the close of business to include all activity as it occurs. The active sample frame consists of a master issuance file which includes all cases that have been certified prior to or during the sample month and issued food assistance benefits for the sample month. The master issuance file is maintained in the State Office. As stated in the FNS 310 Handbook, Chapter 1, "sample month" is defined as being synonymous with the month of issuance. Households which are certified but did not receive benefits because of 100% recoupment are included.

The second entry, in the master issuance file, for participants who are residents of alcohol and drug treatment facilities and received partial allotments two times per month will be dropped and the two partial allotments will be added together so that each participant is unduplicated in the active sample frame.

The caper sampling frame will consist of all actions taken to deny an application, terminate a household prior to the end of the certification period or to suspend an expedited household after the first/second issuance month pending required verifications. The caper sampling frame is likewise accumulated daily for each month.

Availability: Both the food assistance active and caper samples will be selected from their respective sampling frames no earlier than the night of the last working day of each month after all certification and issuance activity for the month has ended. This will represent all certified cases to whom benefits were issued and, for capers, all terminations, suspensions, and denials for the given review month.

C. **Accuracy and Completeness:** The total number of food assistance households certified daily in each county is recorded on the State/County Integrated System for Certification and Issuance (SCI-II).

D. **Location:** The sampling frame for food stamps is constructed from and maintained at the state level on SCI-II based information supplied by county offices via on-line computer connections. The Food Assistance active sampling frame and caper sampling frames are stored at the State Office and will be made available in a machine readable form to FNS upon request for the annual Validation Review.

E. **Form:** The Food Assistance master issuance file is constructed from the larger SCI-II master file and stored on a Disc that is transferred to a "super" cartridge.

G. **Deletion of Cases Not Subject to Review:** Some households are mistakenly listed in the active sampling frame (Master Issuance File) or are not subject to Quality Control review. Such cases that cannot be eliminated from the sampling frame prior to sample selection are accounted for and reported as "not subject to review" during the review process. The criteria for treating active cases as not subject to review (or listed in error) are the following:

1. A household in which all members died before the review could be undertaken;

2. A household which moved out of state before the review could be undertaken or completed;

3. A household which, as of the date of the sample selection, is under active investigation for Intentional Program Violation (IPV), including a household with a pending administrative hearing or judicial hearing or had been referred to the

investigation unit and an investigation has been scheduled to begin within five months.

4. A household receiving restored benefits, but not participating based upon an approved application for the sample month;

5. A household dropped as a result of correction for oversampling;

6. A household participating under a disaster certification authorized by FNS for a natural disaster;

7. A case incorrectly listed in the active frame;

8. A household appealing an adverse action when the review date falls within the time period covered by continued participation pending the hearing;

9. A household that did not receive benefits for the sample month;

10. A household that still cannot be located after the Quality Control reviewer has attempted to locate it in accordance with FNS guidelines (all reasonable efforts to locate household have been made and documented).

All negative actions are included in the caper sampling frame except for end of certification closures. These closures occur when a household fails to file a recertification application prior to the end of the certification period.

Cases which are listed in the caper sampling frame and are selected for sampling, but in fact are not subject to Quality Control review and were not eliminated prior to sample selection are accounted for and reported during the review process according to the following criteria:

1. A household which withdrew an application prior to the agency's determination;

2. A household which is under investigation for intentional Food Assistance Program violation;

3. A household which had its case closed due to the expiration of the certification period;

4. A household changing from non-assistance to public assistance (or vice versa) with no interruption in participation;

5. A household dropped as a result of correction for oversampling;

6. A household denied benefits under a disaster certification authorized by FNS;

7. A household which has been sent a notice of pending status but was not actually denied participation.

H. Structure: Alabama's sampling frames are of the physical-sequential type. The cases within both the active and caper frames are sorted sequentially by county and case number. County codes within the case numbers are listed so that the lowest numbers correspond with the first counties alphabetically. Within each county, cases are listed numerically from lowest to highest numbers.

Effective October 1, 2008, Alabama began determining eligibility for qualified elderly participants through the Alabama Elderly Simplified Application Program (AESAP) which is a demonstration project approved by FNS. Households that are processed through the AESAP are coded as County 70 regardless of the county of residence. These households will appear at the end of the list of participants from all other counties. The county will be identified as ASEAP, but the listing will include a county code that identifies the county of residence.

III. Sample Selection

A. Caseload Estimation: After the June review month cases have been selected, the process of estimating the monthly frames (universe) for the next fiscal year is begun. The factors considered in calculating these estimates are the preceding ten, twelve, and thirteen monthly frames.

The first step in estimating the monthly universe for the next fiscal year is to calculate the net change (i.e., the difference) between each of the preceding twelve month's review months. Each month's change figure is prefixed by a plus or minus sign signifying whether a given month's actual universe was more or less than the previous month's universe. The changes are summed and divided by the number of months that were used in the calculation to determine the average change per month.

Secondly, the cumulative universe is calculated by adding the universe of each of the preceding twelve months. This sum is divided by twelve for the twelve month average. This also applies to the ten and thirteen month average. Then the average monthly change is either added or subtracted, depending on the sign, to the average monthly universe. The result becomes the estimated monthly universe figure for October of the new fiscal year. Subsequent review month caseloads are estimated by continuing to adjust by the average net change or average percentage change for each successive month. When all monthly estimates are calculated, they are totaled, and an average universe is calculated and projected for the new fiscal year. This figure is then used to determine the interval size needed to select the desired number of cases for each sample pull.

B. Sample Sizes: Alabama has elected to complete the minimum sample size.

It should be noted that sample size selected will actually be greater than the number to be completed. This is done to ensure that completion targets will be met after the number of not subject to review cases have been reviewed and discounted from the completion totals.

The number of cases not subject to review (NSTR) are predicted based on historical data and any other information which comes to light that would aid in estimating the number of cases necessary for selection to arrive at completion targets. Once this basic figure is determined (approximately ten percent for actives and two percent for capers), the remaining percent not allowed for NSTR is divided into the completion number to determine the total to be selected. For example, if 10 percent is determined for NSTR, the following calculation would be made: 1020/.90 = 1133 to be selected.

For caper cases, Alabama has elected to complete 680 cases annually. This is a 15 percent reduction to the minimum number required, since Alabama's average monthly caseload exceeds 5,000. The method for estimating and accounting for not subject to review cases is the same as for those among active cases. This will also require selecting some number greater than that required for completion (680+).

C. **Computation of Sampling Intervals and Random Starts:** Once the average monthly sample frame is estimated for the coming fiscal year, the expected average number of reviews to be completed for both actives and capers is determined and the proportion of cases not subject to review is figured, the following formula is applied to calculate the sampling interval to be used for the year:

$$I = \frac{W(1-Y)}{X}$$

Where I = Sampling Interval
W = Average monthly sample frame (estimated)
X = Expected average number of reviews to be completed monthly
Y = Proportion of cases not subject to review

If the above formula yields a fractional result, the fraction is dropped.

Random starts are selected for each of the twelve months of the new fiscal year for both active and caper caseloads at the same time the sampling intervals are calculated. The source of these random starts is the Table of Random Digits. Random start digits are selected using the same number of digits as contained in the sampling interval. These numbers are randomly chosen by randomly selecting a column in the table and selecting the first and the subsequent consecutive numbers until twelve random starts are selected that are less than the known interval. Adjacent columns are used if needed. The first digit of the five digit random numbers is dropped.

The same process is used for the caper intervals except that the first two digits are dropped.

D. Sample Selection Procedure: The active and caper SCI-II samples will be selected by means of the systematic random sample technique. This is believed to have the advantages for representativeness that a simple random sample design has.

Prior to the established times for sample selection, the proper selection criteria is e-mailed to State Department of Human Resources (SDHR), Information System Division. These criteria include the beginning review number to be assigned to the first case selected, random start number, and sampling interval. The random start number identifies the initial selection each month and every Nth (previous number plus sampling interval) case that follows is selected.

A six-digit number is assigned to each active case to be reviewed. The first digit is six. The next two digits are the month; and the next three digits are the order of selection for the month, e.g. 001 – 103. The first active Quality Control review number assigned is 610001 for October. After the last October case is selected and numbered, the first case for November is 611001 and so on for each month.

Capers are assigned a 5 digit number beginning with 10. The first number is 10001 and reviews are numbered consecutively thereafter.

When the sample list is received online, it is reviewed to verify that the correct random start, interval, and number sequence were implemented as requested.

E. Corrections for Over or Under Sampling

1. If Alabama elects to correct for oversampling during any annual review period, the following procedures will be used for the correction process: For months yet to be selected, the actual caseloads are used to refigure the interval. Also the average net change figure is determined from these actual caseloads and used to determine the revised caseload projections for all twelve months, as was done in the original caseload estimation procedure.

   The information is used in the FNS time stratification equality-of-precision spreadsheet designed by a FNS statistician for calculating the interval size. This revised interval is applied to any review month sampling frames from which samples have not already been obtained. Finally, if the new interval is less than the previous interval, new random start numbers are obtained from the Table of Random Digits.

2. Instances where it becomes necessary to correct for under sampling, the actual monthly sample frames that are now known are used to revise the estimated annual frames and the estimated average monthly frames. The FNS time stratification equality-of-precision spreadsheet is used to calculate the new interval.

   In addition to this interval, new random start numbers are chosen from the Table of Random Digits if the new interval is less than the previous one.

F. Monitoring of Sample Selection and Assignments: Before each sample pull, the Office of Quality Control provides the Department of Human Resources, Information Systems Division all selection criteria including random start numbers, sampling interval, beginning numbers, dates, and review month. These criteria are then reviewed for accuracy when the sample list is received in the Office of Quality Control.

Files from which Food Assistance samples are selected are retained at the state office for a period of three years in the same form as when the sample was originally selected. This should facilitate possible changes or problem resolutions requiring an original file format/composition.

Alabama agrees to keep FNS apprised of any changes in its sampling procedures or conditions which may necessitate changes. Any changes, deletions, or additions will be proposed in the form of an amendment to this basic document.

ALABAMA
FA/ QC ACTIVE
OCTOBER 2021 – SEPTEMBER 2022

Sample Month	Estimated Monthly Universe	Random Start Number
October-21	370,619	3388
November-21	370,001	0244
December-21	369,383	1119
January-22	368,766	2662
February-22	368,148	3669
March-22	367,531	1062
April-22	366,913	2799
May-22	366,295	1808
June-22	365,678	1642
July-22	365,060	3560
August-22	364,443	2365
September-22	363,825	2154

SUM 4,406,662

AVG 367,222

Sample Interval	**3,888**
Estimated Average Monthly Universe	**367,222**
Estimated Total Annual Sample to be Selected	**1,133**
Estimated Total Annual Sample to be Completed	**1,020**
Estimated Annual Drops (10%)	**113**

$$I = \frac{W(I-Y)}{X}$$

$$I = \frac{367,222(.90)}{85}$$

I= 3,888

STATE OF ALABAMA
FA/QC ACTIVE
OCTOBER 2021-SEPTEMBER 2022

FA/QC ACTIVE 13 MONTHS				FA/QC ACTIVE 10 MONTHS			
MONTH	**MO. UNIV**	**CHANGE**	**PERCENT CHANGE**	**MONTH**	**MO. UNIV**	**CHANGE**	**PERCENT CHANGE**
	363,241						
Jun-20	364,861	1,620	0.446%				
Jul-20	361,796	-3,065	-0.840%				
Aug-20	362,373	577	0.160%				
Sep-20	363,071	698	0.193%	Sep-20	363,071	698	0.193%
Oct-20	378,476	15,405	4.243%	Oct-20	378,476	15,405	4.243%
Nov-20	364,391	-14,085	-3.722%	Nov-20	364,391	-14,085	-3.722%
Dec-20	369,691	5,300	1.454%	Dec-20	369,691	5,300	1.454%
Jan-21	378,813	9,122	2.467%	Jan-21	378,813	9,122	2.467%
Feb-21	383,755	4,942	1.305%	Feb-21	383,755	4,942	1.305%
Mar-21	370,845	-12,910	-3.364%	Mar-21	370,845	-12,910	-3.364%
Apr-21	367,366	-3,479	-0.938%	Apr-21	367,366	-3,479	-0.938%
May-21	367,405	39	0.011%	May-21	367,405	39	0.011%
Jun-21	368,549	1,144	0.311%	Jun-21	368,549	1,144	0.311%
TOTAL	4,801,392	5,308	1.726%	**TOTAL**	3,712,362	6,176	1.960%
AVG	369,338	408	0.133%	**AVG**	371,236	618	0.196%

	EST MO. UNIV		EST MO. UNIV
Oct-21	368,930	Oct-21	370,619
Nov-21	368,521	Nov-21	370,001
Dec-21	368,113	Dec-21	369,383
Jan-22	367,705	Jan-22	368,766
Feb-22	367,296	Feb-22	368,148
Mar-22	366,888	Mar-22	367,531
Apr-22	366,480	Apr-22	366,913
May-22	366,071	May-22	366,295
Jun-22	365,663	Jun-22	365,678
Jul-22	365,255	Jul-22	365,060
Aug-22	364,846	Aug-22	364,443
Sep-22	364,438	Sep-22	363,825
SUM	4,400,206	**SUM**	4,406,662
AVG	366,684	**AVG**	367,222

	1	2	3	4	5	6	7	8	9	10	
151	43480	92280	28154	02900	22529	28510	04183	60759	36304	73895	151
152	12194	40230	17588	07593	62471	19845	94712	27406	31823	58443	152
153	21439	11824	30734	47613	23193	81366	74194	39207	95986	43388	153
154	20845	28517	66501	30212	61127	33712	98283	68917	41215	74833	154
155	64751	21384	54545	20699	97717	10202	46595	36513	23655	30244	155
156	27094	67239	95528	18581	28250	49321	88417	95669	74872	43988	156
157	34694	18239	69095	71908	38335	80393	49060	40678	23633	31119	157
158	57737	44362	19439	21203	66592	64802	92914	54168	81572	32662	158
159	82889	66827	93255	80141	66292	44643	13815	59627	04991	39540	159
160	08576	30416	28437	56809	29137	33128	08002	05832	07020	06744	160
161	35261	92162	18307	31914	23626	86095	09366	97881	51737	03669	161
162	15196	09876	70975	37617	29138	64422	15090	28131	64014	44261	162
163	68207	54875	49926	82937	36829	12361	23249	85348	92640	45471	163
164	82204	08460	27269	16268	22101	66875	66489	17250	60542	95383	164
165	29244	29145	99540	12759	85640	04695	03248	15209	73869	65420	165
166	80988	33891	12327	98904	03737	77086	04646	05694	64642	75827	166
167	61321	52265	15895	01124	47523	66313	12543	10104	23402	01062	167
168	14472	18698	40110	99995	69007	60168	12749	22455	99137	39379	168
169	79070	18512	73219	88390	91333	10563	94404	98730	33409	97501	169
170	83779	14573	47031	10558	01795	37822	92893	45749	67288	76381	170
171	01149	94643	06641	14567	55423	10957	27178	47082	15573	52799	171
172	06414	27054	88800	21004	82257	95804	29881	38526	45440	41808	172
173	81810	34212	26725	81655	50815	24927	55374	62099	73433	11642	173
174	15357	91786	44232	12599	28657	77480	43042	76221	05879	27958	174
175	79688	28910	15466	61878	92147	97375	31985	94768	70408	38208	175
176	46970	74041	05705	41250	52252	18772	59404	25092	84392	05570	176
177	31086	66346	51509	72443	59671	55418	33582	02805	54564	44624	177
178	30045	08506	51427	85922	07174	26677	15016	43235	89623	99158	178
179	46211	90723	03876	81275	86586	36915	28087	45978	92663	75896	179
180	05686	81389	28625	15902	06511	68733	48187	93629	96487	64654	180
181	25454	96934	47445	81382	76729	08238	65614	90516	77906	75417	181
182	76810	55665	38609	76297	69851	16939	51874	75354	54769	57350	182
183	89822	95857	49509	73093	41038	41579	78678	72042	72937	33560	183
184	16330	18407	17755	97418	05898	48168	94294	73042	45037	35833	184
185	62770	30212	97628	08356	56548	76128	14933	75910	12883	09662	185
186	15368	30667	57583	12359	39951	51863	72984	18629	76917	62365	186
187	06804	79498	99057	25197	46349	84507	54215	85986	20767	72154	187
188	34396	37904	63668	95631	35512	77182	04745	69043	55398	80699	188
189	10793	50005	69488	98464	50558	00868	58666	47049	67205	86498	189
190	13773	41480	40390	93421	84049	88753	31969	08777	40582	15060	190
191	84955	39456	58582	30198	89726	85610	96026	49798	51512	36518	191
192	39288	65123	61678	48804	86229	60887	55153	74117	87115	14440	192
193	57021	67906	90450	33491	05562	10318	30062	55912	84330	54436	193
194	82430	45734	40166	51637	46118	76745	86389	80162	25199	98885	194
195	56922	64973	21579	41910	39697	55701	63379	80391	68987	11256	195
196	52346	84772	44011	10682	07809	57379	44263	88684	75688	80789	196
197	97174	53700	70906	37204	94738	12572	43938	13446	25197	72526	197
198	66985	78370	04055	24812	67527	05695	45035	81358	62751	82865	198
199	56619	20435	47570	43166	38184	21804	50939	63887	25300	01590	199
200	84351	43554	14397	37947	43603	87859	94393	42928	28817	95920	200

STATE OF ALABAMA

FOOD STAMPS **ACTIVE** MONTHLY COMPENDIUM

FY 2021

September '20 **363,071**

SAMPLE MONTH	RANDOM STARTS	SAMPLE SELECTED	UNIVERSE	CUMULATIVE SAMPLE SELECTED	CUMULATIVE MONTHLY UNIVERSE	CHANGE PER MONTH	PERCENTAGE CHANGE PER MONTH
Oct-20	2,280	108	378,476	108	378,476	15,405	4.243%
Nov-20	230	105	364,391	213	742,867	-14,085	-3.722%
Dec-20	1,824	106	369,691	319	1,112,558	5,300	1.454%
Jan-21	1,384	109	378,813	428	1,491,371	9,122	2.467%
Feb-21	416	110	383,755	538	1,875,126	4,942	1.305%
Mar-21	2,162	106	370,845	644	2,245,971	-12910	-3.364%
Apr-21	2,265	105	367,366	749	2,613,337	-3,479	-0.938%
May-21	1,786	105	367,405	854	2,980,742	39	0.011%
Jun-21	723	106	368,549	960	3,349,291	1,144	0.311%
Jul-21	1,389						
Aug-21	212						
Sep-21	667						
TOTAL		**960**	**3,349,291**			**5,478**	
AVERAGE			**372,143**				

SAMPLE INTERVAL **3,488**

STATE OF ALABAMA
FOOD STAMPS **ACTIVE** MONTHLY COMPENDIUM

FY 2020

September '19 **341,252**

SAMPLE MONTH	RANDOM STARTS	SAMPLE SELECTED	UNIVERSE	CUMULATIVE SAMPLE SELECTED	CUMULATIVE MONTHLY UNIVERSE	CHANGE PER MONTH	PERCENTAGE CHANGE PER MONTH	**MONTHLY AMOUNT**	**AVERAGE AMOUNT**
Oct-19	2,529	96	340,894	96	340,894	-358	-0.105%		
Nov-19	2,471	95	339,397	191	680,291	-1,497	-0.439%		
Dec-19	3,193	95	337,439	286	1,017,730	-1,958	-0.577%		
Jan-20	1,127	95	335,056	381	1,352,786	-2,383	-0.706%		
Feb-20	2,101	94	334,473	475	1,687,259	-583	-0.174%		
Mar-20	1,333	94	334,661	569	2,021,920	188	0.056%	**22,489**	**$239.24**
Apr-20	1,795	99	352,959	668	2,374,879	18,298	5.468%	**24,080**	**$243.23**
May-20	2,257	102	363,241	770	2,738,120	10,282	2.913%	**25,121**	**$246.28**
Jun-20	815	103	364,861	873	3,102,981	1,620	0.446%		
Jul-20	2,147	102	361,796	975	3,464,777	3,065	0.840%		
Aug-20	2,252								
Sep-20	1,038								
TOTAL		**975**	**3,464,777**			**26,674**			
AVERAGE			**346,478**						

SAMPLE INTERVAL	3,550

STATE OF ALABAMA
FOOD STAMPS **ACTIVE** MONTHLY COMPENDIUM **(AMENDED)**

FY 2020

September '19 **341,252**

SAMPLE MONTH	RANDOM STARTS	SAMPLE SELECTED	UNIVERSE	CUMULATIVE SAMPLE SELECTED	CUMULATIVE MONTHLY UNIVERSE	CHANGE PER MONTH	PERCENTAGE CHANGE PER MONTH	MONTHLY AMOUNT	AVERAGE AMOUNT
Oct-19	2,529	96	340,894	96	340,894	-358	-0.105%		
Nov-19	2,471	95	339,397	191	680,291	-1,497	-0.439%		
Dec-19	3,193	95	337,439	286	1,017,730	-1,958	-0.577%		
Jan-20	1,127	95	335,056	381	1,352,786	-2,383	-0.706%		
Feb-20	2,101	94	334,473	475	1,687,259	-583	-0.174%		
Mar-20	1,333	94	334,661	569	2,021,920	188	0.056%	**22,489**	**$239.24**
Apr-20	1,795	99	352,959	668	2,374,879	18,298	5.468%	**24,080**	**$243.23**
May-20	2,257	102	363,241	770	2,738,120	10,282	2.913%	**25,121**	**$246.28**
Jun-20	815	103	364,861	873	3,102,981	1,620	0.446%		
Jul-20	2,147	102	361,796	975	3,464,777	-3,065	-0.840%		
Aug-20	2,252	102	362,373	1,077	3,827,150	577	0.160%		
Sep-20	2,331								
TOTAL		**1,077**	**3,827,150**			**21,121**			
AVERAGE			**347,923**						

SAMPLE INTERVAL

2,760
September

3550
(October-August)

Stratum 01

STATE OF ALABAMA
FOOD STAMPS **ACTIVE** MONTHLY COMPENDIUM **(AMENDED)**

FY 2020

September '19 **341,252**

SAMPLE MONTH	RANDOM STARTS	SAMPLE SELECTED	UNIVERSE	CUMULATIVE SAMPLE SELECTED	CUMULATIVE MONTHLY UNIVERSE	CHANGE PER MONTH	PERCENTAGE CHANGE PER MONTH	MONTHLY AMOUNT	AVERAGE AMOUNT
Oct-19	2,529	96	340,894	96	340,894	-358	-0.105%		
Nov-19	2,471	95	339,397	191	680,291	-1,497	-0.439%		
Dec-19	3,193	95	337,439	286	1,017,730	-1,958	-0.577%		
Jan-20	1,127	95	335,056	381	1,352,786	-2,383	-0.706%		
Feb-20	2,101	94	334,473	475	1,687,259	-583	-0.174%		
Mar-20	1,333	94	334,661	569	2,021,920	188	0.056%	**22,489**	**$239.24**
Apr-20	1,795	99	352,959	668	2,374,879	18,298	5.468%	**24,080**	**$243.23**
May-20	2,257	102	363,241	770	2,738,120	10,282	2.913%	**25,121**	**$246.28**
Jun-20	815	103	364,861	873	3,102,981	1,620	0.446%		
Jul-20	2,147	102	361,796	975	3,464,777	-3,065	-0.840%		
Aug-20	2,252	102	362,373	1,077	3,827,150	577	0.160%		
Sep-20	2,331	131	363,071	1,208	4,190,221	698	0.193%		
TOTAL		**1,208**	**4,190,221**			**21,819**			
AVERAGE			**349,185**						

SAMPLE INTERVAL

2,760
September

3550
(October-August)

Stratum 01

ALABAMA
FA/QC CAPER
OCTOBER 2021 – SEPTEMBER 2022

Sample Month	Estimated Monthly Universe	Random Start Number
October- 21	23,072	186
November- 21	21,562	169
December-21	20,052	036
January-22	18,542	152
February-22	17,032	247
March-22	15,522	116
April-22	14,012	070
May-22	12,502	034
June-22	10,992	159
July-22	9,482	139
August-22	7,972	149
September-22	6,462	219

SUM 177,199

AVG 14,767

Sample Interval	**253**
Estimated Average Monthly Universe	**14,767**
Estimated Total Annual Sample to be Selected	**701**
Estimated Total Annual Sample to be Completed	**680**
Estimated Annual Drops (3%)	**21**

$$I=\frac{W(1-Y)}{X}$$

$$I=\frac{14,767\ (.97)}{56.67}$$

I= 253

STATE OF ALABAMA
FA/QC CAPER
OCTOBER 2021-SEPTEMBER 2022

FA/QC CAPER 13 MONTHS				FA/QC CAPER 10 MONTHS			
MONTH	MO. UNIV	CHANGE	PERCENT CHANGE	MONTH	MO. UNIV	CHANGE	PERCENT CHANGE
	36,915						
Jun-20	29,830	-7,085	-19.192%				
Jul-20	22,708	-7,122	-23.875%				
Aug-20	24,589	1,881	8.283%				
Sep-20	34,379	9,790	39.814%	Sep-20	34,379	9,790	39.814%
Oct-20	23,785	-10,594	-30.815%	Oct-20	23,785	-10,594	-30.815%
Nov-20	27,923	4,138	17.398%	Nov-20	27,923	4,138	17.398%
Dec-20	25,567	-2,356	-8.437%	Dec-20	25,567	-2,356	-8.437%
Jan-21	22,027	-3,540	-13.846%	Jan-21	22,027	-3,540	-13.846%
Feb-21	23,162	1,135	5.153%	Feb-21	23,162	-1,135	5.153%
Mar-21	29,021	5,859	25.296%	Mar-21	29,021	-5,859	25.296%
Apr-21	19,107	-9,914	-34.162%	Apr-21	19,107	-9,914	-34.162%
May-21	17,370	-1,737	-9.091%	May-21	17,370	-1,737	-9.091%
Jun-21	23,475	6,105	35.145%	Jun-21	23,475	6,105	35.145%
TOTAL	322,943	-13,440	-8.329%	**TOTAL**	245,816	-15,102	26.455%
AVG	24,842	-1,034	-0.641%	**AVG**	24,582	-1,510	2.646%

	EST MO. UNIV
Nov-70	23,808
Nov-21	22,774
Dec-21	21,740
Jan-22	20,706
Feb-22	19,672
Mar-22	18,638
Apr-22	17,604
May-22	16,570
Jun-22	15,536
Jul-22	14,502
Aug-22	13,468
Sep-22	12,434
SUM	217,449
AVG	18,121

	EST MO. UNIV
Oct-21	23,072
Nov-21	21,562
Dec-21	20,052
Jan-22	18,542
Feb-22	17,032
Mar-22	15,522
Apr-22	14,012
May-22	12,502
Jun-22	10,992
Jul-22	9,482
Aug-22	7,972
Sep-22	6,462
SUM	177,199
AVG	14,767

Appendix VII

RANDOM NUMBERS

51772	74640	42331	29044	46621	62898	93582	04186	19640	87056
24033	23491	83587	06568	21960	21387	76105	10863	97453	90581
45939	60173	52078	25424	11645	55870	56974	37428	93507	94271
30586	02133	75797	45406	31041	86707	12973	17169	88116	42187
03585	79353	81938	82322	96799	85659	36081	50884	14070	74950
64937	03355	95863	20790	65304	55189	00745	65253	11822	15804
15630	64759	51135	98527	62586	41889	25439	88036	24034	67283
09448	56301	57683	30277	94623	85418	68829	06652	41982	49159
21631	91157	77331	60710	52290	16835	48653	71590	16159	14676
91097	17480	29414	06829	87843	28195	27279	47152	35688	47280
50532	25496	95652	42457	73547	76552	50020	24819	52984	76168
07136	40876	79971	54195	25708	51817	36732	72484	94923	75936
27989	64728	10744	08396	56242	90985	28868	99431	50995	20507
85184	73949	36601	46253	00477	25234	09908	36574	72139	70185
54398	21154	97810	86764	32869	11785	55261	59009	38714	38723
65544	34371	09591	07839	58892	92843	72828	91341	84821	63886
08263	65952	85762	64236	39238	18776	84303	99247	46149	03229
39817	67906	48236	16057	81812	15815	63700	85915	19219	45943
62257	04077	79443	95203	02479	30763	92486	54083	23631	05825
53298	90276	62545	21944	16530	03878	07516	95116	02526	33537

STATE OF ALABAMA

FOOD STAMPS **CAPER** MONTHLY COMPENDIUM

FY 2021

September '20 | **34,379**

SAMPLE MONTH	RANDOM STARTS	SAMPLE SELECTED	UNIVERSE	CUMULATIVE SAMPLE SELECTED	CUMULATIVE MONTHLY UNIVERSE	CHANGE PER MONTH	PERCENTAGE CHANGE PER MONTH
Oct-20	186	65	23,785	65	23,785	-10,594	-30.815%
Nov-20	169	77	27,923	142	51,708	4,138	17.398%
Dec-20	253	70	25,567	212	77,275	-2,356	-8.437%
Jan-21	36	61	22,027	273	99,302	-3,540	-13.846%
Feb-21	152	64	23,162	337	122,464	1,135	5.153%
Mar-21	247	79	29,021	416	151,485	5,859	25.296%
Apr-21	83	53	19,107	469	170,592	-9,914	-34.162%
May-21	116	46	17,370	515	187,962	-1,737	-9.091%
Jun-21	70	65	23,475	580	211,437	6,105	35.145%
Jul-21	34						
Aug-21	159						
Sep-21	139						
TOTAL		**580**	**211,437**			**-10,904**	
AVERAGE			**23,493**				

SAMPLE INTERVAL **365**

STATE OF ALABAMA
FOOD STAMPS **CAPER** MONTHLY COMPENDIUM

FY 2020

				September '19	27,782		
SAMPLE MONTH	RANDOM STARTS	SAMPLE SELECTED	UNIVERSE	CUMULATIVE SAMPLE SELECTED	CUMULATIVE MONTHLY UNIVERSE	CHANGE PER MONTH	PERCENTAGE CHANGE PER MONTH
Oct-19	189	79	25,631	79	25,631	-2,151	-7.742%
Nov-19	195	70	22,790	149	48,421	-2,841	-11.084%
Dec-19	105	82	26,563	231	74,984	3,773	16.555%
Jan-20	81	70	22,588	301	97,572	-3,975	-14.964%
Feb-20	279	63	20,641	364	118,213	-1,947	-8.620%
Mar-20	20	64	20,665	428	138,878	24	0.116%
Apr-20	261	87	28,512	515	167,390	7,847	37.972%
May-20	303	113	36,915	628	204,305	8,403	29.472%
Jun-20	186	91	29,830	719	234,135	-7,085	-19.192%
Jul-20	169						
Aug-20	253						
Sep-20	36						
TOTAL		**719**	**234,135**			**2,048**	
AVERAGE			**26,015**				

SAMPLE INTERVAL	326

STATE OF ALABAMA
FOOD STAMPS **CAPER** MONTHLY COMPENDIUM **(Amended)**

FY 2020

September '19 | **27,782**

SAMPLE MONTH	RANDOM STARTS	SAMPLE SELECTED	UNIVERSE	CUMULATIVE SAMPLE SELECTED	CUMULATIVE MONTHLY UNIVERSE	CHANGE PER MONTH	PERCENTAGE CHANGE PER MONTH
Oct-19	189	79	25,631	79	25,631	-2,151	-7.742%
Nov-19	195	70	22,790	149	48,421	-2,841	-11.084%
Dec-19	105	82	26,563	231	74,984	3,773	16.555%
Jan-20	81	70	22,588	301	97,572	-3,975	-14.964%
Feb-20	279	63	20,641	364	118,213	-1,947	-8.620%
Mar-20	20	64	20,665	428	138,878	24	0.116%
Apr-20	261	87	28,512	515	167,390	7,847	37.972%
May-20	303	113	36,915	628	204,305	8,403	29.472%
Jun-20	186	91	29,830	719	234,135	-7,085	-19.192%
Jul-20	496	30	22,708	749	256,843	-7,122	-23.875%
Aug-20	728	32	24,589	781	281,432	1,881	8.283%
Sep-20	154	46	34,379	827	315,811	9,790	39.814%
TOTAL		**827**	**315,811**			**6,597**	
AVERAGE			**26,318**				

SAMPLE INTERVAL		
	750 (July-September)	**Stratum 01**
	326 (October-June)	

SNAP QC DEADLINES FY 2022

Sample Month	End of Month	115TH DAY** TRANSMISSION DEADLINE	DATE OF FEDERAL SAMPLE**
Oct-21	10/31/2021	Wednesday, February 23, 2022	Thursday, February 24, 2022
Nov-21	11/30/2021	Friday, March 25, 2022	Saturday, March 26, 2022
Dec-21	12/31/2021	Monday, April 25, 2022	Tuesday, April 26, 2022
Jan-22	1/31/2022	Thursday, May 26, 2022	Friday, May 27, 2022
Feb-22	2/28/2022	Thursday, June 23, 2022	Friday, June 24, 2022
Mar-22	3/31/2022	Sunday, July 24, 2022	Monday, July 25, 2022
Apr-22	4/30/2022	Tuesday, August 23, 2022	Wednesday, August 24, 2022
May-22	5/31/2022	Friday, September 23, 2022	Saturday, September 24, 2022
Jun-22	6/30/2022	Sunday, October 23, 2022	Monday, October 24, 2022
Jul-22	7/31/2022	Wednesday, November 23, 2022	Thursday, November 24, 2022
Aug-22	8/31/2022	Saturday, December 24, 2022	Sunday, December 25, 2022
Sep-22	9/30/2022	Monday, January 23, 2023	Tuesday, January 24, 2023

** IF THE 115TH DAY FALLS ON A NON-WORK DAY, THE DEADLINE BECOMES THE PRECEDING WORKDAY

THE FEDERAL SAMPLE IS PULLED ON OR AFTER THE FEDERAL SAMPLE DATE.

Cases transmitted after the 115th day will be counted as overdue in accordance with CFR 275.21(b)(2).

All requested changes to protected field must be made in writing/email, on or prior to the 125rd day.

JANUARY 31, 2023 IS THE LAST DAY THAT CHANGES CAN BE MADE UNLESS INSTRUCTED BY THE REGION

Federal QC memo 2200008 extended the deadline by 45 days for cases sampled in December - February.

Alabama E&T/ABAWD Casefile Review Sheet

Reviewer: _Wyanthia Frazier_____ Date: ____

State/County: __AL/_____ Office: __Food Assistance____

Case Name: _____ WR Name: _____

Case Number: _____ SS#: _____

DOB: _____ Age: ___ Partner: _____ Component: ____

Participant Type: ABAWD_____ Non-ABAWD_____ Continuum_____

Question	Yes	No	$Error	NA	Comments
I. Identification of ABAWDs					
1. Was ABAWD/General Work Registrant individual identified (*coded*) correctly?					
2. Was orientation provided for ABAWD work requirements, time limits, and exemptions (*ABAWD pamphlet*)?					
3. Was client informed of reporting requirements, regaining eligibility and voluntary nature of E & T program (*1553, 1554*)?					
II. WR Code					
4. Was ABAWD individual correctly identified (*coded*) for exemption?					
III. ABAWD months					
5. Were ABAWD months in other state documented?					
6. Were ABAWD months from other state added to tracking correctly?					
7. Was time limit has been enforced correctly?					
8. Was NOAA correct (issued correctly) and information included was correct?					
9. Was ABAWD countable months included correctly in tracking file?					
10. Were ABAWD exempt months included correctly in tracking?					
11. Was ABAWD time limit enforced for ABAWD individual when client was no longer in an E & T component (member removed or case not closed timely)?					
IV. 2nd Three Months					

Alabama E&T/ABAWD Casefile Review Sheet

12. Are the 2nd 3 ABAWD months included in ABAWD tracking file correctly?					
V. Certification Period					
13. Was the Correct certification period given to an all ABAWD household?					
VI. DHR E&T Review					
14. Was E&T component offered to a client wishing to participate in voluntary E&T?					
15. Was case documented when participant was placed in an E&T component?					
16. Did NOAA did state that client could reapply if complying with work requirements?					
VII. E&T Provider Review (DHR or Partner)					
17. Were required forms present for review (*Assessment, Employment plan and Consent Form*)?					
18. Was ABAWD performing more than 9 hours of Job search per week, and meeting other required activity hours?					
19. Was Transportation assistance offered/provided?					
20. Was proper documentation of participation found in participant file (Assessment, IEP, case notes, verification of participation)?					
21. Was ABAWD client not employed required number of hours?					
22. Was Employment Plan consistent with assessment data on file?					
23. Was client referred appropriately (*Placed in incorrect component*)?					
24. Was ABAWD placed in a qualifying activity?					
25. Did client receive or was referred to support services as needed?					
26. Did client receive support services that were reasonable and necessary? (*If not, enter type of support services provided and **why not** reasonable and necessary in comments)*					

COUNTY:	REVIEW MONTH	DATE	PAGE 1 of 1

NO:	FS CASE NUMBER	ABAWD I.D.	W.R. Code	ABAWD Months	2nd Three Months	Certification Period	E&T	Possible Payment Error
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
	[C]	0	0	0	0	0	0	0
	[E]	0	0	0	0	0	0	0
	[N]	0	0	0	0	0	0	
	Error Rate	######	######	0%	0%	0%	0%	#DIV/0!

P P E

NO:	C	E	N	TOTAL
1	0	0	0	0
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
6	0	0	0	0
7	0	0	0	0
8	0	0	0	0
9	0	0	0	0
10	0	0	0	0
11	0	0	0	0
12	0	0	0	0
13	0	0	0	0
14	0	0	0	0
15	0	0	0	0
16	0	0	0	0
17	0	0	0	0
18	0	0	0	0
19	0	0	0	0
20	0	0	0	0
Totals	0	0	0	0

Composite Score

Accuracy Rate

Error Rate

Kay Ivey
Governor

State of Alabama
Department of Human Resources

S. Gordon Persons Building
50 Ripley Street
P. O. Box 304000
Montgomery, Alabama 36130-4000
(334) 242-1310
www.dhr.alabama.gov

Nancy T. Buckner
Commissioner

February 4, 2022

Mr. Willie Taylor, Regional Administrator
USDA food and Nutrition Service
Southeast Regional office
61 Forsyth Street, SW
Atlanta, GA 30303-

Dear Mr. Taylor:

Please find enclosed Alabama's SNAP/TANF Information System draft Request for Proposal and appendices for your review.

As we have already expressed in our IAPD, Alabama is currently using an antiquated mainframe system to provide critical SNAP and TANF services to citizens. The existing system is becoming increasingly difficult and expensive to operate and maintain. It also limits the state's ability to improve and/or develop new delivery channels for services. Any efforts to exchange and share data with other programs as part of an enterprise integrated eligibility solution continue to be severely hampered by this 1980's era technology.

Alabama looks forward to this long-awaited project to replace our critical SNAP and TANF applications. If you have any questions or need additional information, please contact Jeff Barnes, Project Director at Jeff.Barnes@dhr.alabama.gov or at 334-353-1117.

We thank you for the guidance FNS has provided thus far and welcome any future guidance you may provide.

Sincerely,

Brandon Hardin, Director
Food Assistance Division
Department of Human Resources

Enclosures: Request for Proposal
Appendix F – Functional Requirements

Appendix G – Price Sheet Template
Appendix H – Food Assistance Notices and Forms
Appendix I – Food Assistance Points of Eligibility Manual
Appendix J – Alabama D-SNAP Plan FY 22
Appendix K – employment and Training (A-RESET) State Plan
Appendix L – 2014 -07-30 System Integrity Review Tool (SIRT)
Appendix M – Family Assistance Notices
Appendix N – Public Assistance Payment Manual
Appendix O – JOBS Program Documents
Appendix P – EBT Manual
Appendix Q – Claims Handbook
Appendix R – IEVS Manual
Appendix S – Glossary of Key Terms and Acronyms
Appendix T – Case Review & Sampling

Cc: Mark Barner, Management Analyst, USDA, Food and Nutrition
Mishka Nembhard, Management Analyst, USDA, Food and Nutrition Services
William H. Jones, Program Specialist, USDA, Food and Nutrition Services
Faye Nelson, Deputy Commissioner Family Resources
Jeff Barnes, Project Director
Nancy Schlich, Chief Financial Officer