



# *KinShare*

*Low Income*

*Kinship Care Program*

*Policy Manual*



# Low Income Kinship Care Program Policy

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## **Low Income Kinship Care Program Policy**

**Mission:** To reduce the need for the placement of children in foster care by providing short term services and benefits to certain vulnerable families who are caring for a related child(ren) other than their own in order to facilitate, maintain or stabilize the child's placement or living arrangement.

### **I. TARGET POPULATION**

The population to be served are those children, not in DHR custody, whose placement or living arrangement is at risk of deteriorating to the extent that foster care may be required unless addressed by the provision of services. Families with children who are and have been in a stable placement are not eligible unless there has been a crisis of such significance that the family living arrangement is no longer considered stable.

### **II. SUMMARIZED ELIGIBILITY CRITERIA**

In addition to the placement being at risk, there are other requirements that must be met before eligibility for services can be established. General conditions are summarized below. Detailed policies and procedures regarding these criteria are provided elsewhere in the manual.

- A. The child(ren) must be living with a caregiver, other than the parent, who is related by blood, marriage or adoption.
- B. The child(ren) must be under the age of 18.
- C. The family must be experiencing difficulty to the extent that the placement/living arrangement with the relative is threatening to or will break down if the difficulty is not addressed.
- D. The family must have income, excluding the FA payment, less than or equal to 200% of the federal poverty level.
- E. The caregiver must apply for and accept any other benefits for which the child(ren) appear to be eligible, such as, but not limited to RSDI, SSI Family Assistance, Food Assistance and Medicaid through the appropriate local agency.
- F. The child(ren) must be U.S. citizens or qualified alien.
- G. The caregiver and child(ren) must live in Alabama.
- H. The caregiver must furnish a social security number for the child(ren).

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### III. REFERRAL PROCEDURES

Referrals to the Kinship Care (KC) Program may be made only from PA and Child Welfare staff following the procedures outlined below. All other agency programs (Child Support, Adult Services, etc.) must make referrals through Service Intake when KC services are indicated.

#### A. PA REFERRED CASES

For current or new FA cases, the PA worker will make referrals when requested to do so by the related caregiver or it becomes evident in the interview that the family needs KC services. The PA worker will indicate the family situation on the *KC-06* form, including whether a referral has been sent to the domestic violence (DV) specialist.

#### B. CHILD WELFARE (CW) REFERRED CASES

A referral may be made by the service intake, foster care, protective services or other CW staff, and should be processed as stated below.

NOTE: Flex funds must be accessed first, if available, to cover the requested service if there is an existing Child Welfare case at the time of the KC referral or one will be opened.

1. If the need for KC services is identified by the service intake worker or a request for such services is made to the service intake worker by a related caregiver, the intake worker will clear the case with the file room to determine if there is an open CW case.
  - a. If there is an open case, the intake worker will notify the child welfare worker of the need and/or request for KC services. The child welfare worker will follow through on the notification as stated in "2" below.
  - b. If the case is not open for child welfare services, the intake worker will send a referral to the KC worker.
2. If a need for KC services is identified by CW staff members other than the service intake staff or a request for such services is made to the CW worker directly by the related caregiver, the CW worker will handle as follows:

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- a. If the case is not open for CW services at the time the need for KC services is identified or the request is made by the related caregiver, the worker will determine whether the case should be open for on-going CW services.
  - If it is determined that the case should be open for on-going CW services, a referral may be made to the KC worker for KC services if needed. A thorough written case assessment should accompany the KC referral. The CW worker will handle all needs for other CW services. These cases would have both a KC worker and a CW worker who will coordinate all services and expenditures. The case may be open on both computer systems.
  - If it is determined that the case will not be open for on-going CW services, but KC services are needed, the CW worker will send a referral to the KC worker.
- b. For ongoing CW or foster care cases, the KC worker should be included in any Individual Service Plan (ISP) meetings if it appears the outcome will result in a KC referral.
- c. If the case is open to receive KC services **only**, the CW worker may close the case on the CW computer systems, following CW policy/guidelines.
- d. The CW worker will also notify the Permanency Planner or other appropriate staff, if applicable, of cases being referred to KC.

### IV. ELIGIBILITY CRITERIA

#### A. LIVING WITH A RELATED CAREGIVER

##### 1. General

The child(ren)'s placement/living arrangement must be with a caregiver who resides in Alabama and who is related within the degrees specified in 2. below through:

- blood (half or whole).

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- marriage (ceremony or common-law). “In-law” or “step” relatives specifically identified below who are serving as caregiver relatives are still related within that degree even after the marriage that created the relationship is terminated by death or divorce.
- adoption. For caregiver relative purposes, natural relationships are not severed by adoption. Therefore, the relationship criteria is met if the adopted child has been placed with a natural relative if within an acceptable specified degree.

### 2. Acceptable Degrees of Relationship for KC Caregiver to the Child(ren)

The following is an exclusive listing:

#### FEMALE:

- Sister, adoptive sister, stepsister, sister-in-law
- Aunt, great-aunt, great-great aunt, aunt-in-law
- Grandmother, great grandmother, great-great grandmother, great-great-great grandmother, step grandmother (meaning the subsequent wife of the child’s natural grandfather), adoptive grandmother (meaning the mother of a parent who was adopted);
- Niece
- First cousin, first cousin once removed (meaning the first cousin of the dependent child’s parent or the child of the dependent child’s first cousin).
- Spouses of any individual listed in “Male” below.

#### MALE:

- Brother, adoptive brother, stepbrother, brother-in-law;
- Uncle, great-uncle, great-great uncle, uncle-in-law;
- Grandfather, great grandfather, great-great grandfather, great-great-great grandfather, step grandfather (meaning the subsequent husband of the child’s natural grandmother), adoptive grandfather (meaning the father of a parent who was adopted);

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--Nephew

--First cousin, first cousin once removed (meaning the first cousin of the dependent child's parent or the child of the dependent child's first cousin).

--Spouses of any individual listed in "Female" above.

### B. NEED FOR SERVICES

The family must be experiencing circumstances which threaten the placement/living arrangement of the child with the related caregiver to the extent that foster care may be required. Such circumstances may include:

1. special needs such as emergency clothing at initial placement, household furniture to provide adequate accommodations, baby products, mandatory school related expenses, etc.,
2. emergencies such as overdue rent or utilities, lack of transportation, disrepair of vehicles, etc., must be connected to the child's presence and needs.
3. lack of resources to meet court costs for custody proceedings or
4. lack of resources to pay for counseling.

To meet the need for services requirement, the KC worker's evaluation must conclude that the placement/living arrangement is in danger of deterioration unless addressed by the provision of services. Completion of KC-02, Checklist for Foster Care Prevention is required on all cases as part of this evaluation. A score of at least 10 is required.

### C. INCOME

The family's income must be less than or equal to 200% of the federal poverty level. Gross earned income of all adult (meaning individuals 18 and over) family members living in the home is considered in the determination. Unearned income of children who are the basis for the need for services is to be counted and includes social security benefits, SSI, Child Support and other contributions. See Appendix One: Gross Income Table by Family Size.

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### D. APPLICATION FOR OTHER BENEFITS

The related caregiver must apply for (and accept if eligible) any benefits for which the child(ren) appear to be eligible. This includes, but is not limited to the following: SSI and RSDI – Social Security Administration; Medicaid and/or AllKids – Alabama Medicaid Agencies/Public Health Department; Family Assistance Program – local Department of Human Resources; Food Assistance Program – local Department of Human Resources.

Notate the record to indicate which benefits, if any, are received and those for which application has been made.

The KC case cannot be awarded until the caregiver has met this requirement.

### E. CITIZENSHIP/ALIENAGE

To be eligible for services/benefits, the child(ren) must be either a natural-born or naturalized citizen of the United States or a qualified alien as defined below. Children not declared to be in satisfactory immigration status or those who cannot be determined to be qualified aliens are not eligible. Children receiving FA or Food Assistance have already been determined to meet this requirement. The determination for children applying for FA/Food Assistance will be processed by the FA or Food Assistance worker.

#### 1. Persons Eligible For KC Services

- a. Natural-born citizens of the United States including children born in the United States to parents (one or both) who are not citizens of the United States. Declaration of this status is sufficient proof.
- b. Naturalized citizens (U.S. Nationals). Naturalization papers must be presented to establish this status.
- c. Qualified Aliens. For a list of qualified aliens refer to the Assistance Payments Manual (APM) Section 2305C. The APM can be found on the iDHR, Online Documents, Family Assistance Documents, Assistance Payments Manual. See 3. below for examples of documents of immigration status.



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### 2. Procedures for Verification of Immigration Status

For any child not processed by FA or Food Assistance as stated above that the related caregiver declares is an alien in satisfactory immigration status take the following action. Request documents identified in Item 3 and fax a copy of the front and back of any document(s) the client presents as verification of alien status to the PA Help Desk for verification processing. Notify the PA Help Desk by email that the fax is being sent by entering the name of the client and the case ID number in the subject line, followed by the word SAVE. Once information has been submitted, take no action on the case until a response is received. Maintain a copy of any documents presented in the case record.

Upon receipt of the fax, initial verification activities will be processed through SAVE. The PA Help Desk will receive notification from SAVE when the additional verification process is necessary. If necessary, the county will be contacted for additional documentation.

### 3. Examples of Documentation of Immigration Status

The INS documentation of immigration status presented by an individual may include the forms below. Unless indicated, each shows the A-number of the bearer. Some forms have expiration dates which should be checked and noted during the worker's visual examination of documentation. When possible, a photocopy of both sides of the documentation, and any supporting documents shall be placed in the case record.

- Resident Alien Card (Form I-551)
- Conditional Resident Alien Card (Form I-551 with an expiration date)
- Alien Registration Receipt Card (Form I-151)
- Alien Registration Receipt Card (Form AR-3A)
- Memorandum of Creation of Record of Lawful Permanent Residence (Form I-181)
- Fee Registration (Form I-689 with an expiration date)
- Employment Authorization Card (Form I-688A with an expiration date)
- Temporary Resident Card (Form I-688 with an expiration date)
- Arrival-Departure Record (Form I-94, this document does not have an A-Number but will have an expiration date)

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- Re-entry Permit (Form I-327 with an expiration date)
- Refugee Travel Document (Form I-571 with an expiration date)

Note that some forms have been released in several editions so that valid documentation presented by different individuals may not be identical.

Some INS documentation does not contain a photograph of the bearer. When such documentation is presented, the eligibility worker should ask for an additional identity document that includes a photograph, such as a driver's license or an employer badge.

#### 4. Results of the Primary and Secondary Verification Process

Upon completion of the verification process, the worker will receive a case detail document obtained by the PA Help Desk from the SAVE Program's Verification Information System. This document will indicate the client's immigration status. **Eligibility related to alien status will be made by State Office staff and a written note regarding such will be added to the bottom of the case detail document and will be signed and dated by the responsible staff member.** It is important that the information on the case detail document is checked to insure that it matches the biographical data on the immigration documents provided by the client. The worker should maintain this document in the case record along with a copy of the client's immigration documents.

### V. SUPPORTIVE SERVICES

There are various supportive services available which are described below. Due to the nature of the KC program these services are limited to those that are considered non recurrent, short term benefits. This means the benefits/services to or for an individual/family are

- (1) designed to deal with a specific crisis or episode of need;
- (2) are not intended to meet recurrent or ongoing needs and
- (3) will not extend beyond four months. Payment for services, either directly to a vendor or reimbursement to a related caregiver, are prohibited for the following: the purchase of an automobile or home, automobile liability insurance, medical services, fines or penalties imposed on related caregivers, and attorney's fees.

Refer to the Administrative Policies and Procedures of DHR Manual, Chapter 20 – Local Funds Policies and Procedures for additional information.

Allowable reimbursement to a related caregiver can not be made without receipts/documents verifying the item and the amount to be reimbursed.

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### A. SPECIAL NEEDS PAYMENTS

Up to \$500 per child per fiscal year may be paid to vendors to meet the special needs. Payments may be disbursed in incremental amounts as needed up to the \$500 limit. These expenditures should be tracked by child. The KC worker is responsible for making sure the payments do not exceed \$500 per fiscal year.

Special Needs Payment may be used for:

1. Emergency Clothing - Clothes for a child only at initial placement or when there is another emergency warranting it (fire, flood, tornado, etc)
2. Household Furniture/Furniture for the Child – Furniture to provide minimally adequate accommodations for initial placement which includes a bed for child-i.e., bed, linens, frame, box springs, if necessary, and mattress.
3. Educational Needs - Field trips, summer school tuition, mandatory fees, school supplies, i.e., books, calculators, pens, paper etc. Computers are not an allowed expenditure, nor are school uniforms or school sports uniforms/equipment.
4. Baby Products - High chair, crib, car seat, toiletries for the baby, etc.

### B. EMERGENCY INTERVENTION EXPENSES

Benefits can be authorized for any of the services listed below only one time during a fiscal year except for item 4 which may be authorized as needed within the specified time and dollar limits. This category is for specific emergency services that may or may not be direct services for the child but are needed to maintain the placement of the child. The cost of these services is not deducted from the \$500 Special Needs payment. However, each payment must have prior approval by the KC supervisor and every effort should be made to exhaust all other local resources first. Services that may be paid for under this category are listed below. This is an exclusive listing.

1. Payment to a Utility Company for the related caregiver's home to prevent a utility from being disconnected. No deposits, late fees or penalties may be paid. There must be a valid and documented reason why the related caregiver cannot pay the utility payment.

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Payment is limited to \$500 and must be made directly to the utility company. NOTE: Payments to purchase wood, coal or to fill propane tanks are not allowed.

2. Overdue rent for which the related caregiver is solely responsible. There must be a valid and documented reason why the related caregiver cannot pay the rent. Financial assistance may not be authorized for mortgage payments. Payment must be made directly to the landlord or rental corporation/agency and is limited to \$400.
3. Car repairs for a vehicle owned or being purchased by the relative caregiver. Payment must be made directly to a car repair shop/business and is limited to \$400. At least two written estimates are required.
4. Transportation (may be paid only in emergency situations such as necessary for the child(rens) doctor's appointments, caregiver relative appointments with DHR and community resources staff and there is no other means of transportation available). The reimbursement rate for mileage is the rate set for state employees and must be adjusted when the state rate is adjusted. Proof of expense is needed and payment is limited to \$200.
5. Food assistance, up to \$200, may be provided only in emergency situations such as when a child is initially placed in the home or a crisis (loss of employment, fire, extended power outage, etc.). Payment is limited to \$200.

### C. COURT COSTS

In situations where there is a clear and convincing case that an extended family situation will be stabilized by going through with custody proceedings but the caregiver cannot afford to pay court costs, the KC worker should assist the caregiver with applying for a waiver of court costs through the court. If the request for the waiver is not approved, the court cost is an allowable expense but cannot exceed \$300. However, there must be documentation of the denial of the waiver and the amount of the court costs. No attorney's fees may be paid.

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### **D. COUNSELING**

Counseling for a child for the purpose of maintaining the placement, not to exceed 32 units over a four-month period in a fiscal year, may be authorized and paid. A unit is thirty minutes and may be paid at a rate of up to \$35 per unit.

1. Counseling may be paid only if the service is not covered by Medicaid or other insurance provider and the counseling is not otherwise available through the local mental health provider.
2. Counseling is intended to be short-term and provided to relieve a crisis situation.
3. Only counselors on the Child Welfare approved list should be used. Counselors will be required to provide summaries and progress notes.
4. No payment may be made for “no-shows” so it is important that the KC worker make sure the appointment is kept.
5. Payment should be paid directly to the vendor for the service.

### **VI. CASE MANAGEMENT**

The KC worker will be responsible for determining eligibility for services and for coordinating services and support provided to the family in order to overcome the crisis/emergency and maintain the child(ren) in the caregiver’s home. These responsibilities are to be met according to the procedures stated in this section.

#### **A. GENERAL ACTIVITIES**

1. Initial Interview - The initial interview must be conducted within 10 work days of receipt of a referral, unless there is a need for expedited services, as identified on the referral.
2. Home Visit - In some instances, a home visit will be necessary to assess the situation. It is recommended that at least one home visit be completed on those cases where there are multiple needs or a home visit is needed to complete a thorough assessment.

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3. Resource Referrals - In addition to the case management and supportive services provided directly by the KC worker, s/he will also assist the family in accessing services available in the community by making referrals to service providers or by helping to schedule appointments. For example, the KC worker may assist in contacting appropriate mental health services, educational services, medical services, or child support services as needed. S/he might intervene in situations where the family is having trouble obtaining legal guardianship of a child or access to medical insurance.
  - a. The family must apply for all applicable DHR programs and other programs/benefits to which they appear eligible.
  - b. Other referrals include, but are not limited to, Child Care Management Agencies, clothing closets, food banks, local charitable organizations, community organizations, local churches, community centers, civic clubs, and faith-based organizations.
  - c. Every effort should be made to locate resources without cost to the family or the Department or at the best (most reasonable) cost available.
  - d. Appropriate DHR programs such as Life Skills or parenting classes should be utilized before paying for the same assistance elsewhere.
4. JOBS case aides may assist the KC worker with the management and delivery of services as provided in her/his contract with the Department. For example, an aide may take a related caregiver to the grocery store or to the doctor when it is needed and no other transportation is available.

### B. PROCEDURES/RESPONSIBILITIES

The Kinship Worker must:

1. Set up a case record, if one does not exist, and open the case on FACETS as stated in Appendix Two. Cases will be set up manually and on FACETS using the social security number of the adult related caregiver. However, if the related caregiver's case is open on FACETS, the KC worker will not enter the case on FACETS.

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NOTE: Kinship Care record should be set up according to instructions given in Appendix One.

2. Interview the client and obtain form DHR-FAD-2086 (Eligibility and Affirmation for Low-Income Kinship Care) as well as other information needed to determine eligibility for services including information about the crisis that will lead to a break down of the arrangement if not addressed. Completion of form KC-02 and KC-04 is required as part of that determination.
3. Determine if the related caregiver is being served by another program area within the Department.
  - a. If the family is referred by a CW worker, the KC worker should review FACETS/IEVS to determine if the family receives Financial Assistance (FA) or Food Assistance.
  - b. If a PA worker refers the family, the KC worker will determine if the family has an open CW case according to regular county procedures. If so, the KC worker will forward a copy of the referral to the on-going CW worker and set up a staffing to coordinate the need for KC services with the CW services being provided. The KC worker should notify the PA worker of the outcome of the staffing.
4. Send form DHR-FAD-799 to the referring worker indicating the reason(s) services were denied or refused. Send form KC-03, Notice of Action, to the client. Close on FACETS using the appropriate closure code and date of closure.
5. Explain to the related caregiver that s/he must report any changes in circumstances as soon as possible, but at least within ten (10) work days, and that failure to do so without a good reason may result in a loss of eligibility for KC services and, if applicable, FA benefits.
6. Notify appropriate staff in the Department of any changes in the family circumstances.
7. Complete a Report of Suspected Child Abuse/Neglect (DHR 1593) and submit it to the child welfare intake unit if it is suspected that a child is being abused or neglected.

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8. Refer the related caregiver to the DV specialist or other DV program if requested.
9. Access local resources, if available, to provide services prior to using Kinship funds.
10. Notate the record to show actions taken and that points of eligibility are met as otherwise directed.
11. Close the case once services have been provided.

### **C. STANDARD OF PROMPTNESS**

Not more than 30 days should elapse between the date of application and date the first benefits are made available or the notice of denial is mailed. Every effort should be made to keep to an absolute minimum the number of cases in which the standard of promptness is exceeded. Complete investigation on delayed applications as quickly as possible.

### **D. COUNTY DESIGNATION FOR ADMINISTRATIVE CASE HANDLING**

Application for KC services is to be made in the county of residence of the caregiver with whom the child(ren) resides. If application is made in one county and the children or caregiver and children move during the application process, close/deny the case in the original county and refer the caregiver to the proper local office. Coordinate as needed in sharing information for case processing. If the case is active and the children/caregiver move, close the case and refer to the new county of residence.

### **E. ADVISING APPLICANT/RECIPIENT OF ACTION IN THE CASE**

The applicant/recipient must be promptly advised of approval or denial of the application and termination of the case except when the applicant/recipient is deceased or his whereabouts are unknown. When a payment is terminated, the notice to the recipient must clearly and briefly state every condition or circumstance which had an impact in causing the termination. The particular Manual references including the specific section number, Administrative Letter, or other policy issuance on which the negative action is based must also be cited. There are no system-generated notices for the Kinship Care program. Complete a copy of the manual Notice of Action, KC-03, in Appendix One to advise the client of award, denial or termination as appropriate.



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### F. CONFIDENTIALITY AND RETENTION OF THE CASE RECORD

Confidentiality of the case record is assured by both Federal and State law and serves the purpose of protecting the applicant/recipient from economic and/or political exploitations. Regulations, State and Federal laws do allow for the release of information to courts under specific circumstances upon request and to those persons or agencies having a legitimate interest in the welfare of the applicant/recipient and in the integrity of the program. Also, the applicant/recipient is provided limited access to his record in cases of requests for a hearing. Retention of records is governed by State Law.

**Refer to the Assistance Payments Manual (APM) Manual Sections 20000 – 20200 for complete information about confidentiality; retention information is found in Section 20150. The APM can be found on the iDHR in Online Documents, Family Assistance Documents, Assistance Payments Manual.**

### VII. HEARINGS

Rules provide for hearings for applicants and recipients of aid. Agency action notices provide information about the clients' rights to appeal and procedures for requesting a hearing.

**Refer to the Assistance Payments Manual (APM) Manual Sections 21000 – 21050 for complete information. The APM can be found on the iDHR in Online Documents, Family Assistance Documents, Assistance Payments Manual.**

### VIII. CLAIMS

Erroneous payments may occur due to worker or client action or inaction and include overpayments, underpayments, delayed payments or payments for a period of ineligibility. Upon discovery, the erroneous payment must be processed and corrective action taken.

**Refer to the Assistance Payments Manual (APM) Manual Sections 22000 – 22910 for complete information. The APM can be found on the iDHR in Online Documents, Family Assistance Documents, Assistance Payments Manual.**

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### **IX. MONITORING OF THE KC PROGRAM**

#### **A. MONTHLY REPORT**

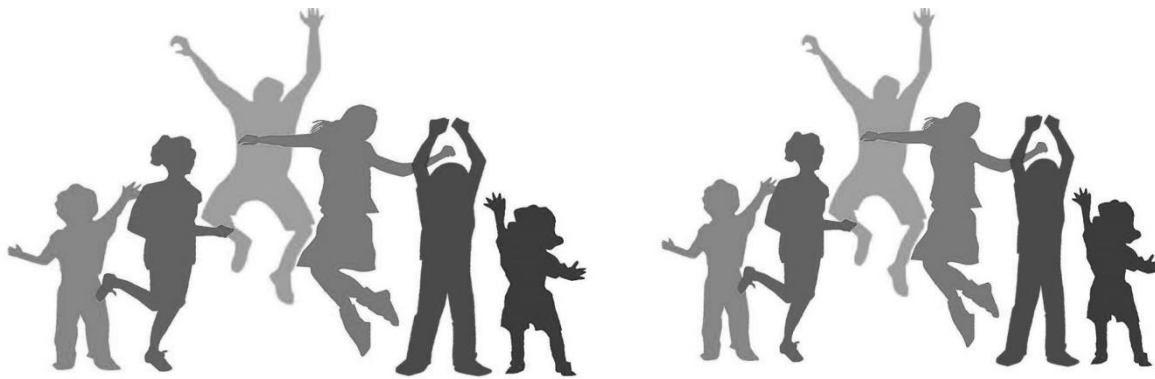
The KC Monthly Report (KC-13) is used to monitor the financial costs of the program and the referral source. The report must be completed and emailed to the DHR PA Help Desk by the 10<sup>th</sup> working day of the next month. See Appendix One.

#### **B. CASE RECORD REVIEW**

The KC Supervisor Case Review Checklist (KC-20) and Summary (KC-21) are used to review case action and are due by the 15<sup>th</sup> of the month following the month in which the cases were reviewed. See Appendix One for forms and instructions.

### **X. POLICY QUESTIONS**

All policy and/or FACETS questions pertaining to KC should be emailed to the DHR PA Help Desk.



*Appendix Two:*

***FACETS***

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# Kinship FACETS Training Material

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## **LOW INCOME KINSHIP CARE PROGRAM FACETS Training Material**

### **I. Introduction and General Information**

In order to provide automated support procedures have been developed on FACETS to track eligible families using the WATS, Management, and Financial subsystems. Information below explains how to use FACETS to manage a Kinship Care caseload.

Effective case management includes keeping current and accurate data on FACETS in order to comply with reporting requirements, track client progress, document case actions in the event of disputes about case decisions, and provide aggregate data to appropriate persons or institutions as requested. It is also important to use FACETS to document the services provided to Kinship Care clients.

The Kinship Care worker, supervisor, and clerical staff must be assigned a security level in order to access FACETS. The appropriate level for those who work only in the Kinship Care program is 26, for the supervisor 29, and for the clerical 22. JOBS Staff and PA Supervisors that currently have FACETS security levels and will be working in Kinship Care will more than likely need to keep their current levels. PA workers that currently have FACETS security levels and will be working in Kinship Care will need to have a security level of 25. Staff should also be assigned general inquiry (level 05) in IEVS if not already done.

Prior to entering related *caregiver* data, the Kinship Care project staff will need to establish an office number and caseload number that will be exclusive for the Kinship Care worker. This is handled through use of the County Address Table in FACETS. A caseload number must be assigned that is unique to the worker and not one already used by PA or JOBS staff in the county. If the Kinship Care worker is going to also be the JOBS worker or has been the JOBS worker, the county may decide to continue using the caseload number already assigned to that worker. Check with the PA and JOBS units prior to selecting both numbers so that there will not be duplication. Workers will enter this number in the WATS office and WATS caseload fields on ZD31 (Kinship Care Add/Update Screen) when the Kinship Care client is registered so that alerts and notices as well as reports will print for the appropriate worker.

MESSAGE: PLEASE UPDATE DATA

**ZE64**

TRANS

F A C E T S

09/03/02

COUNTY ADDRESS/PHONE TABLE MAINTENANCE

13:25:37

COUNTY CODE 37 OFFICE CODE 1

COUNTY NAME JEFFERSON OFFICE NAME KINSHIP CARE PROGRAM

COUNTY ADDRESS

BUSINESS REPLY ADDRESS

STREET1 11 W OXMOOR RD, RM 300

P.O. BOX 12924

STREET2 PO BOX 12924

11 W OXMOOR RD, RM 300

CITY BIRMINGHAM

BIRMINGHAM

STATE AL

AL

ZIP 35202-2924

35282-9857

PRIMARY PHONE (205) 945-3728

WATS PHONE (205) 945-3728

ELIGIBILITY PHONE (205) 945-3728

CHILD SUPPORT PHONE (205) 945-3700

CLAIMS PHONE (205) 599-2900

ENTER->UPDATE PF1->HELP PF5->MENU

Only the staff member with security level code 40 has access to the County Address Table. That individual will have to enter the office code, the county address, and the phone number of the Kinship Care office on the County Address Table. On ZC01 (FACETS Master Menu), type in option 5 and <enter>. On ZE51, option 3 and <enter>. On ZE70, enter option 7, the county number and the proposed office number and <enter>. On ZE64, fill in all county information. Put the office phone number in all phone number fields and <enter>. Be sure to enter all 9 digits of the zip code.

### A. FACETS Sign On Steps:

FACETS is accessible through the DHR Security Sign On Screen, EVM013, from 3270. In 3270, the following are some unique commands:

<u>ACTION DESIRED</u>	<u>PC</u>
Activate command	<Enter>

Clear screen	<Pause/Break>
--------------	---------------

PF keys	<PF + key> or F1, F2, etc.
---------	----------------------------

To access 3270, when the Windows Desktop is displayed:

- Click on the icon labeled “Extra Session One”. This will bring up the screen used for gaining access to the state’s data system.
- To access the DHR production system, type “DHRCICS” and press <enter>.
- Clear the screen by pressing the Pause/Break key.
- Type in “cesn” and press <enter>.
- You have accessed the “Sign on to CICS” screen. The user will need to have a user id and a password set up in order to access the CICS system.\*
- Type in “EV13” and press <enter>.

EVM013A	DEPARTMENT OF HUMAN RESOURCES SECURITY SIGN ON	13:53:35 09/03/02																		
<table> <tr> <td>A - FOOD STAMPS</td> <td>X - ALECS</td> </tr> <tr> <td>B - PARS</td> <td></td> </tr> <tr> <td>C - IEVS</td> <td></td> </tr> <tr> <td>D - ACWIS</td> <td></td> </tr> <tr> <td>E - FACETS</td> <td></td> </tr> <tr> <td>F - CENTRAL FILES</td> <td></td> </tr> <tr> <td>G - COMPREHENSIVE CLAIMS</td> <td></td> </tr> <tr> <td>H - MEDICAID WAIVER</td> <td></td> </tr> <tr> <td>I - STATE RESOURCE DIRECTORY</td> <td></td> </tr> </table>			A - FOOD STAMPS	X - ALECS	B - PARS		C - IEVS		D - ACWIS		E - FACETS		F - CENTRAL FILES		G - COMPREHENSIVE CLAIMS		H - MEDICAID WAIVER		I - STATE RESOURCE DIRECTORY	
A - FOOD STAMPS	X - ALECS																			
B - PARS																				
C - IEVS																				
D - ACWIS																				
E - FACETS																				
F - CENTRAL FILES																				
G - COMPREHENSIVE CLAIMS																				
H - MEDICAID WAIVER																				
I - STATE RESOURCE DIRECTORY																				
APPLICATION -																				
PAYROLL NO -																				
PASSWORD -																				
NEW PASSWORD -																				
PRESS ENTER TO CONTINUE																				

The DHR Security Sign-On Screen is now displayed. To access FACETS from this screen:

- Type E for application.
- Type your SSN.
- Type your password.\*
- Press <enter>. The FACETS Master Menu will appear.

\*If you do not have a password, see your Security Administrator for sign-on instructions.

MESSAGE: SELECT OPTION AND PRESS ENTER		
ZC01	F A C E T S	09/03/02
	MASTER MENU	13:55:55
OPTION	SCREEN TITLE	
1	RETURN TO IEVS SECURITY SIGN ON MENU	
2	CERTIFICATION MASTER MENU	
3	FINANCIAL MASTER MENU	
4	WATS MASTER MENU	
5	MANAGEMENT MENU	
		OPTION:

To log off:

- Go from wherever you are in the FACETS system back to the Security Sign-On Screen.
- Clear the screen by pressing the Pause/Break key.
- Type CSSF LOGOFF and press <enter>.
- If you are using a PC, click on “file” and exit session. Respond “yes” to “Do you want to disconnect session?”

## **B. FACETS Subsystems and Error Messages**

FACETS is divided into four subsystems: 1) Certification for Cash Assistance (FA) in all counties, 2) Financial, 3) WATS for the JOBS and Kinship Care Programs, and 4) Management. The four divisions from the FACETS Master Menu screen (the first menu to come up after signing in to FACETS from the Security Sign-On Screen and printed on the previous page) can be clearly seen. Even though the WATS subsystem is the primary one to be used, there is a need to be able to navigate in the other subsystems to view screens needed or to manage the caseload. All subsystems are made up of four different types of screens: menu screens, list screens, add/update screens, and help screens. These are detailed below.

Each screen has a title as well as a designated name made up of letters and numbers. Immediately below the word MESSAGE on each screen is a four-digit code identifying that screen called the TRANS ID. All screens associated with the certification subsystem begin with “ZC” followed by two digits. Screens in the WATS subsystem begin with ZD. Screens for both the financial and the management subsystems begin with ZE.

In the upper left hand corner of each screen is the word MESSAGE. This is where the system communicates with the user providing confirmation of actions taken as well as messages regarding system or data entry errors. Pay close attention to and make note of errors. If a DB2 error appears (the message begins with DB2 and appears across the top of the screen), data entered on that screen may not be kept and other processes such as setting and clearing alerts may not be completed. Use the PF5 key to return to the menu. Return to the screen and reenter data. If the DB2 error reoccurs, copy the message down or print the page and email the information to *Elizabeth Walker* or contact her at 251-450-7042.

If an ABEND message appears at the bottom of the screen (a three or four-line message that begins with ABEND), a significant system problem has occurred. If an ABEND message is received, contact the CIS Technical Support Help Desk immediately. The Technical Support Help Desk number is 1-800-429-9508. Do not clear the screen until instructed to do so. Document the sequence of keystrokes that resulted in the problem and print the screen, if possible.



### **C. Power User Function**

The code names designating the screens (ZD21, for example) are helpful in using the Power User function. The Power User function allows the user the capability, with some restrictions, of moving directly from one screen to another within the same subsystem by typing in the appropriate screen code.

To use the Power User feature, type the TRANS ID for the desired screen in the TRANS field located in the upper left-hand corner of the screen and press <enter>. The Power User reads only the last social security number entered.

At the bottom of most screens is a list of PF keys. These keys provide a short cut to other screens and functions. Only those PF keys available for a particular screen will be listed at the bottom of the screen.

### **D. Types of Screens**

**Menu:** A menu is a list of available options and provides a standardized and systematic process for moving through FACETS.

**List:** Once information is entered on Add/Update screens, a summary of information from each add/update is maintained in a list format. These screens may be reviewed or the worker may go to the next screen to update or add new information as appropriate by following instructions at the bottom of the list screens.

**Add/Update:** Add/Update screens allow both new and updated information to be added as appropriate. These screens are designed specifically for detailed case information.

**Help:** There are two types of help screens available. The screen level help is accessed by pressing the PF1 key. It provides general information about the screen. The field-level help provides information and codes for a specific field. To access enter a “?” in the field.

## II. Kinship Procedures

### A. Before the Case is Entered

Some Kinship Care cases originate from the FA non parent child only caseload. Other Kinship Care clients may receive FA for their own children as well as other related children. In these cases the Kinship Care applicant may be subject to JOBS participation. If a Kinship Care client is also a JOBS client, the JOBS case manager will work with the Kinship Care worker to determine what supportive services are needed, and the JOBS case manager will be responsible for actually authorizing and processing those services on FACETS. In these cases a manual file on the client will be kept, but the Kinship Care worker will not manage the case in FACETS.

Before an assessment is conducted on a client, the case should be screened on FACETS using the SSN of the relative to determine what information is already known to the agency. Several of these screens are listed below.

MESSAGE:

```
ZC52                                F A C E T S                                09/03/02
TRANS                             PROGRAM PARTICIPATION INQUIRY                14:12:43
PSD FILE NO          0                                PAGE 01
CASE SSN 999999999 NAME: CATRINA A COXMELL                                QR CODE: N
COUNTY 04 ELIG: OFFICE 1 CASELOAD 01 CASE STAT Z APPL DATE 10112001
WATS: OFFICE CASELOAD EBT CASE NUMBER 0000111119
ADDRESS 444 ALEX AVE #22 NEXT RECERT DUE
OTHER ELIG ALERT DUE
NEXT WATS ALERT DUE
CENTERTOWN AL 35022-2979 PHONE (205) 555-5555
LAST ACTION NA EFF FA CTRV EFF 03312002
MEMBER'S MEMBER'S SUB-UNIT PROG: CAT/PART/STAT WATS IV-D
SSN NAME SSN FA MA R/ST M/F
999999999 CATRINA A COXMELL 999999999 F IN Z M CL
555555555 BRIAN COXMELL 999999999 F IN Z E R
777777777 BAMBI SHAY COXMELL 999999999 F IN Z E
```

PF1->HELP PF4->ZD62 PF5->MENU PF7->PREV PF8->NEXT PF9->ZC60 PF10->ZC51

**ZC52 – Program Participation Inquiry** – This screen provides information about FA participation including who is in the FA budget, whether there is an open JOBS case on WATS for each individual, and the address and phone number of the client. Go to ZC52 by selecting option 2 Certification Master Menu from the FACETS Master Menu, then option 6 Inquiry Menu, then option 2 Program Participation Inquiry.

ZC51 – Case Members Inquiry – This screen contains the clients' dates of birth and lists income that the FA worker has already verified. From the FACETS Master Menu, choose option 2, then option 6, and then option 5. The Kinship Care Supervisor has access to the following:

ZC17 – Member Relationship – This screen shows the relationship of the child to the head of household. Select option 2 from the FACETS Master Menu, then option 3, and option 3 again. A type action must be entered, which is "C" in this case and the member SSN BEFORE the screen can be accessed.

ZC67 – Current Employment List – If the client is a FA client, and is employed, the employment information may be displayed here. From the FACETS Master Menu, select option 2, then option 3, then option 9, type action code C, and the client's SSN. This same information can be accessed from WATS on ZD10 – option 14 from the FACETS Assessment/Update Menu.

## **B. Registering the Case and the Assessment**

The case is to be registered on FACETS as soon as the referral and request for services is received. Enter the assessment screens from the FACETS Master Menu by selecting option 4, WATS Master Menu, then option 2, Assessment / Update Menu, (ZD02), then option 2, type "A" for assessment as a type action code, and SSN for the related *caregiver*. **The worker will enter a program referral code of "K" for Kinship Care (very important!), and press <enter>.**

There are three type action codes that are used throughout FACETS: A, C, and R. A = Assessment, C = Change and R = Recertification. R will never be used. Use A when adding a Kinship Care client to WATS who is not open in WATS already. When going into any screen after the client is already registered on WATS, use C. Since the case should already be registered on FACETS when the client is assessed, C would be the appropriate type action at the assessment.

If the related *caregiver* already has an open JOBS/WATS case with any other program referral code, an error message will appear. If this happens, different procedures will have to be implemented (case may have to be tracked manually). Usually it will mean the client is a JOBS client and the JOBS case manager will manage the case or that the Kinship case is already open on WATS. If already a JOBS client, make a manual file and contact the JOBS case manager to coordinate services provided to the related *caregiver* and share information regarding the *caregiver's* activities.

When the worker enters the information as above on ZD02, and the related *caregiver* is not open on WATS with any program referral code, FACETS will take the worker to ZD31. If the related *caregiver* is or has ever been on FACETS or IEVS, some information will carry over. If not, only the related *caregiver's* SSN will appear and the rest of the information will have to be entered.

If the related *caregiver* is on FACETS with a closed PA case status, then the fields that are brought over OR that can be updated on ZD31 are the name, DOB, race, sex, address, message phone, relationship of the related *caregiver*,

ZD31	F A C E T S		09/03/02
TRANS	REFERRAL ADD/UPDATE		14:18:21
SSN	999999999	COUNTY 24	REFERRING PROGRAM K REFERRAL DATE 09032002
NAME LAST	COXMELL	FIRST CATRINA	MI A
RACE	03	SEX F	DOB 05151957 DATE REFERRAL ADDED 09032002
ADDRESS	STREET1 444 ALEX AVE #22		
	STREET2		
	CITY	CENTERTOWN	STATE AL ZIP 44444-0000
	HOME PHONE	(000)000-0000	MSG WORK PHONE (000)000-0000
	ADDRESS CHANGE DATE 10112001		
ASST UNIT #	999999999	DHR FILE #	555555
WATS REFERRAL STATUS	K	RELATIONSHIP OF CLIENT TO CHILD(REN)	
WATS OFFICE		WATS CASELOAD	
THE FOLLOWING FIELDS ARE FOR KINSHIP CARE PROGRAMS ONLY:			
# OF KINSHIP CHILDREN IN HOUSEHOLD		SOURCE OF KINSHIP REFERRAL	
# OF KINSHIP CHILDREN RECEIVING FA		DATE ENTERED	
# OF KINSHIP CHILDREN AVOIDING FOSTER PLACEMENT		DATE ENTERED	
ENTER->UPDATE PF1->HELP PF2->COMMENTS PF4->CONTINUE PF5->MENU			
PF6->ZD62 PF7->IEVS PF8->ZD24 PF9->SCHEDULE PF10->DISPOSITION			

and the office and caseload of the kinship worker. If the related *caregiver* is new to FACETS, then the worker must enter the address and phone number fields also. If the related *caregiver* is already on FACETS with an open FA case then the address must be changed through ZC19 by the FA worker who is handling the case if it is incorrect. The only time the Kinship Care worker can change an address on ZD31 is when the related *caregiver* has no other FACETS case in open status. If the FA case is open when the Kinship case is opened, but the FA case is then closed, then the worker has the ability to edit the address line on ZD31. If the Kinship Care worker does not know the assistance unit or DHR file number or any other field, leave the field blank or get it through IEVS if it would be useful to store. AFTER ENTERING ALL INFORMATION ON ZD31, PRESS <ENTER> TO KEEP THE DATA. IF <ENTER> IS NOT PRESSED, ALL INFORMATION WILL BE LOST. THIS IS TRUE FOR EVERY SCREEN. Remember to use the field help screens for codes or other helpful information.

The following is an explanation of some of the fields on ZD31:

- Zip – must be 5 plus 4 (xxxxx-xxxx)
- Phone - (xxx)xxx-xxxx
- Address change date – computer generated
- Relationship of client to children – enter “?” in field to see codes
- WATS office and caseload – enter the number of the office and caseload assigned to the Kinship Care worker

- # Of Kinship children in HH: Enter the number of children eligible for kinship services excluding the client's own children.
- Source of Kinship Referral – the program area that referred the client to Kinship Care. See field help for codes
- # of Kinship children receiving FA benefits – self-explanatory
- Date Entered – the date the information is entered on ZD31
- # Of Kinship children avoiding FP – see field help screen. This is a field that may be updated later and not entered at first assessment

After registration of the case is completed, the Kinship Care worker will then contact the client about scheduling an assessment interview. An assessment is conducted with the client to determine program eligibility and the needs of the related *caregiver* and the children and to give information about the program to the related *caregiver*. At the assessment information is gathered about the client.

In order to record the proper referral date, which is to be the date the client or other worker from another agency completed the referral form, the case manager may need to go into ZD31 and update the “Referral Date” field. Then it will properly reflect in the system what date the client was referred as opposed to the date the case was open on WATS.

In order to continue the assessment after it is scheduled and ZD31 is accessed and updated in the client's presence, the worker can go back to the menu on ZD02 by pressing the PF5 key. Once on ZD02 the worker can choose another option. Select Option 14 to go to the Employment Screen (ZD10) or option 12 to go to the Supportive Services screen (ZD24).

Once the case is open on ZD31, the Disposition Screen (ZD21 and option 10 from the Assessment Add/Update Menu and shown on the next page) will be created with a case status of “OP” (open) and a participation code of “KC” (kinship care). There will also be a participation date and an initial assessment date entered by FACETS, using the current date. **The worker needs to update two fields on ZD21: 1) Enter the date of the assessment in the field “Current Assessment Date”.** An alert (WKCA – ZE55 is shown below) will be created for the worker, with an alert date of two months from the current date and a response due date of three months from the current date. These actions are automatic when ZD31 is created and completed on a client. The alert will appear on the worker's alert list, and by the due date, the worker must take action on the case. (This might include a review, reassessment, closure, etc.) If at a later date the worker reassesses the client and wants to leave the case open and reset the due date for the WKCA alert, the worker can update the current assessment date field on ZD21, and it will automatically reset the alert. Refer to the section on Alerts (Section 3) in the JOBS Policy Manual Appendix B. **2) Enter a “1” in the field “CURR Work Eligible”.**

*Revised 4/1/2019*

```

MESSAGE
ZD21                                F A C E T S                                09/03/02
TRANS                                WATS DISPOSITION                                16:15:19

SSN  999999999                      NAME  CATRINA A CONMELL
REF PROG  K  REF STAT  K  REF DATE  03302000

CASE STATUS  OP                      DATE 09032002                      CLOSURE REASON
PARTICIPATION STATUS  KC              DATE 09032002                      STATUS REASON
CURR ASSM DATE  09032002              NEXT ACTION DUE  12032002  RESET ALERT
INIT ASSM DATE  09032002
CURR WORK ELIGIBLE 1  CURR WORK ELIGIBLE DATE 09032002
PREV WORK ELIGIBLE 0  PREV WORK ELIGIBLE DATE

EMAIL ADDRESS:

ADDITIONAL ALERT ID                ALERT DATE                ALERT DUE DATE
OPTIONAL INFORMATION FOR ALERT      LETTER INDICATOR      (Y,N)
  LINE 1
  LINE 2
  LINE 3

ENTER->UPDATE  PF1->HELP  PF2->COMMENTS  PF4->ZD22  PF5->MENU
PF6->PRINT     PF7->IEVS  PF8->ZD62     PF10->ZD58  PF11->ZD73

```

If the client is determined ineligible or refuses services, the Kinship worker may close the case on ZD21 using the current date as the date of closure and the most appropriate code available as the Closure Reason. KC-03 (found in Appendix One) is the Client Closure/Denial Notice and can be sent to the client to notify them of the reason for closure.

```

MESSAGE
ZE55                                F A C E T S                                09/03/02
TRANS                                ALERT LIST BY SSN                                14:38:22

                                           PAGE  01
SSN  999999999                      FROM DATE                TO
NAME  CATRINA A COXMELL

ALERT    RESPONSE    ALERT    ELIG    ELIG    WATS    WATS
DATE     DUE DATE     ID     COUNTY OFFC  CLOAD  OFFC  CLOAD

11032002 12032002     WKCA     04      1      01      2      18

UPDATE SEQUENCE NUMBER:                ADD NEW SEQUENCE:
PF1-> HELP  PF5->MENU  PF7->PREV  PF8->NEXT

```

## C. Supportive Services

The worker must determine financial eligibility of the related *caregiver*. If it is determined that the related *caregiver* is financially eligible for services, services will be authorized by the worker on ZD25. Authorizing the service on ZD25 is a

*Revised 4/1/2019*

way of documenting on the system that the client is eligible for the service. This action alone does not actually pay for the service. At ZD02 (Assessment Add/Update Menu) select Option 12, enter Type Action C and the related

```

MESSAGE
ZD25                                F A C E T S                                09/03/02
TRANS                                AUTHORIZE SUPPORTIVE SERVICES                14:41:55
                                         DELETE?  N

CLIENT SSN  999999999  CLIENT NAME  CATRINA A COXMELL

SERVICE AUTHORIZED
BEGIN DATE
END DATE
STATUS  A  REFERRAL  NOTICE
RELATED MEMBER SSN  NAME: F  M  L
DOB  RACE  SEX  FULL/PART TIME F/P  EFFECTIVE DATE
REASON DAYCARE NEEDED  TYPE OF DAYCARE  HANDICAP
CATEGORY  EFFECTIVE DATE
PROVIDER ID  NAME
IS RELATED MEMBER'S INFORMATION CORRECT?  (Y,N)
AUTHORIZE ADDITIONAL SERVICES  N (Y,N)

REFERRAL INFORMATION (OPTIONAL)
LINE 1
LINE 2
LINE 3
ENTER->UPDATE  PF1->HELP  PF2->COMM  PF5->MENU  PF6->PRINT  PF4->ZD48
                PF9->LIST  PF10->ZD21  PF11->ZC82

```

caregiver's SSN. There is no need to enter referral program code. Press <enter>. On ZD24 (a list screen), enter Y in Add Seq # and press <enter>. See the code sheet for the codes for the types of Supportive Services.

The following types of services require the worker to enter only the first three fields on ZD25: TRAN, CARR, SEAS, and EMER. The first three fields are "Service Authorized", "From Date", and "To Date". When entering the "From and To Dates", enter only the dates for the period of time the client will be eligible for the service, and never longer than a three-month span. The "Status" field is defaulted to "A", and should only be changed when changing the information on the screen or closing the service.

COUN, CORT, and SPEC require that the "Related Member SSN" and the identifying information be entered in addition to the first three fields as stated in the previous paragraph. The "Related Member" in this case will be the SSN of the child that is authorized for services. After information is entered into all the above fields and <enter> is pressed, the cursor goes to the field "Is related member's information correct?" and waits for the case worker to enter Y or N. This is the time the worker checks to make sure the name, DOB, etc. is correct for the related member whose SSN was placed in the Related Member SSN field. Enter the correct response and press <enter>.

## D. Providers

Only worker security level 27 or supervisors can enter provider information on ZD45 (option 2 from the Provider Menu). Go from the FACETS Master Menu to option 4 WATS Master Menu, then option 4 Provider Menu, then to add a provider, use option 2. Press enter and a blank ZD45 will display. Fill in the fields and after pressing enter to complete the screen, the number for the provider will automatically be assigned. When the W-9 is returned from the client, the provider can be entered. The answers to the questions regarding the W-9 can be answered “no” unless the W-9 is required (the county Finance Officer will know if the W-9 is required).

MESSAGE		F A C E T S		09/03/02	
ZD48	PROVIDER LIST BY COUNTY			14:45:01	
TRANS					
PAGE NUMBER 01 * MORE PAGES *					
COUNTY CODE	04	STATUS	B	CATEGORY	
SEQ	PROVIDER ID	PROVIDER NAME	APPROVAL DATE	TERM DATE	*** CATEGORIES ***
1	990	BIBB COUNTY ADULT EDUC	02121992		EDUC
2	1035	SHELTON STATE NEW OPTI	03051992		COUN DAYC EDUC JOBR
3	1071	JTPA WELDING	04021992		WELD
4	1077	JTPA CLERICAL	04061992		COMP DATA SECR TYPE
5	1084	WALLACE COMMUNITY COLL	04081992		CERT TRAN UGRD
6	3333	BIBB CO HIGH SCHOOL	06011992		EDUC
UPDATE SEQ #		ADD NEW SEQ #		INQUIRE SEQ #	
PF1->HELP		PF5->MENU		PF7->PREV	
PF2->ZD23		PF4->ZD25		PF8->NEXT	
		PF6->PRINT		PF9->WATS REIM	
				PF10->CLIENT REF	

A provider can be looked up by name to display the number, or the county's list of providers may be scrolled through to find a provider number and other information. These are options 4 and 5, respectively.

## E. Payments

### 1. Payments On FACETS

A warrant (check) may be issued and mailed to the related *caregiver* as a reimbursement for costs associated with the supportive services authorized and where payment to the client is allowable. ONLY clients can be paid through the FACETS system. See the next section for information on how to pay providers of services directly. Payments issued from FACETS must be made from ZE14 by the supervisor or the county's designated clerical staff. ZE14 is accessed through the FACETS Master menu (ZC01). Go to the Financial Menu (option 3), then option 8 WATS Reimbursement Request. This will take the worker to ZE18 – the list screen. Enter “y” in the field Enter New Expense to create a new warrant on ZE14. Enter the sequence number to review a previous entry.



Participant name, SSN, referral program and address will be displayed on ZE14.  
If for special needs, enter SPEC and amount and the time period covered.

MESSAGE		F A C E T S		09/03/02	
ZE14		WATS REIMBURSEMENT REQUEST		14:46:19	
TRANS				DELETE N	
CLIENT SSN 999999999		NAME CATRINA A COXMELL			
WATS REF PROGRAM K		ADDRESS 444 ALEX AVE #22			
		CENTERTOWN		AL 36666-2979	
FROM DATE		TO DATE		PAY TYPE	
PAY TO C		MAIL TO C		PROVIDER ID	
SERV		AMOUNT		RECOUP	
TYPE		AMT		CHILD"S	
		SSN		CHILD"S	
				NAME	
				UNITS	
				USED	
AUTHORIZING WORKER					
**RECORD VALIDATION DATA**					
TOTAL WARRANT AMOUNT		.00		CO 0 WATS OFFICE 0 WATS CASELOAD	
PAYEE NAME					
MAIL TO					
ENTER->UPDATE PF1->HELP PF5->MENU PF9->LIST PF10->ZD48 PF11->ZD24					

Expenses may only be paid for dates within one calendar month. A separate check must be sent for each month. Reimbursement or payment for all expenses (even if different service codes) incurred in one month may be paid on one check. Payments can be issued more than once a month, i.e. once weekly. If issued weekly, use the week's begin and end dates in the "From Date" and "To Date" fields.

For special needs, each individual child the service is authorized for must be entered on a separate line but only one check will be issued for all.

On all regular payments, the type will be "N". Use the help screen for codes to be used in special situations.

When entering requests for payments on ZE14 with a COUN service type only, the worker will need to enter the number of units being paid for with this request. A unit for COUN is equal to 30 minutes of time.

Occasionally a warrant will be returned to the State DHR office or will be lost in the mail. If the related *caregiver* calls and reports non-delivery of the warrant, or if the State office notifies the Kinship Care worker of a returned warrant, follow the procedures in the JOBS Policy Manual in Section 6 of Appendix B. There are five flowcharts available that will show the proper procedures and forms to fill out and send to SDHR for returned, lost, or stolen warrants.

## 2. Payments through Kinship Care Initiative Funds

Payments that cannot be made through FACETS for any Kinship Care supportive services must be made from the county Kinship Care Initiative Funds following usual procedures. That usually includes filling out a Disbursement Request and Authorization Form and submitting to the county Finance Officer. There may be other forms required by the county. Monies spent on Kinship Care services from the Initiative Funds must be accounted for separately from other expenditures. The Finance Officer can do this by setting up a separate subsidiary ledger account SW2810000 with the title of WR/Kinship Care Program/SDHR. The normal object codes will be used for this account. Please be sure and specify this account name on any disbursement form submitted to the Finance Officer.

Payments from the WR/Kinship Care Program through Initiative Funds are usually made payable to the provider of the service and not to the client. Any monies paid from this fund as well as funds reimbursed to the client through FACETS are subject to the monetary limits provided in Kinship Care policy.

## F. Employment

If the related *caregiver* is employed, the employment must be entered on ZD11, Current Employment screen. On menu ZD02 (Assessment Update menu), enter option 14, Action Type C and related *caregiver's* SSN. Press <enter>. On ZD10 (a list screen), enter Y in Add Seq # and press <enter>. Enter all information and press <enter>. Enter a question mark in a field and press <enter> to access applicable codes. Use PF3 to return to ZD11 from the help screen. If the related

```
MESSAGE
ZD11                                F A C E T S                                09/03/2002
TRANS                               CURRENT EMPLOYMENT ADD/UPDATE          14:48:34
                                   DELETE                                REASON                                DATE

WATS SSN 999999999 CASE NO 999999999 NAME CATRINA A COXMELL
EMPLOYER NAME
CITY                                STATE                                ZIP

JOB CATEGORY                        TYPE
HOURLY WAGE                         MONTHLY WAGE
WEEKLY SCHEDULED HOURS              WHAT DAY OF WEEK PAID
DATE HOURS VERIFIED                 DATE HOURS UPDATED
DATE JOB STARTED                    FREQUENCY OF PAY DAY
DATE REPORTED                       EMPLOYMENT STATUS
SEND ALERT (Y/N)?                   VERIF SOURC                   VERIF DATE

EMPLOYER PROVIDED MEDICAL COVERAGE FOR IND ?   FOR DEPENDENTS ?
IF NOT COVERED BY HEALTH PLAN, WHY NOT ?       LAST CHANGE DATE

PREVIOUS EMPLOYMENT INFORMATION:   WEEKLY SCHEDULED HOURS
DATE HOURS VERIFIED                 DATE HOURS UPDATED

ENTER->UPDATE PF1->HELP PF2->COMMENTS PF5->MENU PF6->PRINT PF9->LIST
```

*caregiver* is open for FA; the employment may already appear on ZD11. If the related *caregiver* is open for FA and the employment reported is NOT on ZD11, place a Y for yes in the field "Send Alert" so that an alert will be automatically sent to the FA worker. *NOTE: When entering employment on ZD11, always enter 99 in the Weekly Scheduled Hours field and the current date in the DATE HOURS VERIFIED field.*

If a related *caregiver* loses or leaves an employment, the employment must be moved to the Employment History Screen. For open FA cases, notify the Eligibility Worker for that case and ask s/he to move the employment. If the *caregiver* has no open FA case, go into ZD11 and at the top of the screen enter a "Y" for delete, pick the appropriate code from the help screen for Reason, and the date the *caregiver* stopped working. The system will move the employment to the history screen when enter is pressed.

## **G. Case Closure**

Once it is determined case closure is appropriate, the worker must close all supportive services on ZD25 first if any has been authorized. Proceed to ZD25 (option 12 from the ZD02 Assessment Update Menu). Select the sequence number of the service to be closed. Close by changing the End Date to the date the service will end. Change the status code to the appropriate one (see the field help screen for codes). *Always enter an "N" for No in the Referral and Notice fields. Press enter to complete.* Once this is completed, on ZD21 (Disposition) enter "CL" for Case Status, the closure date in the Case Status Date, and a closure code in closure reason. (See Codes). Use the most appropriate closure code for the Kinship Care program. When entering a case status date for closure enter the effective date of closure. It may or may not be the end of the month, but would be the date the client is no longer eligible or no longer receives services.

## **H. Management Screens**

### **1. Caseload**

To run a list of open cases assigned to a certain caseload, access the Management Inquiry Menu. From FACETS Master Menu, select option 5, and then option 2. Option 9 will show a WATS Caseload List. Enter option 9, the county number, the office number, and the caseload number. After enter is pressed, the caseload list will display on the screen. This list may be printed by pressing PF6.

```

MESSAGE: PLEASE ENTER DATA OR PRESS PFKEY.
ZE84                                F A C E T S                                09/03/02
TRANS:                                WATS CASELOAD LIST                                14:50:55

                                PAGE: 01  * MORE PAGES *

COUNTY: 37                        WATS OFFICE: 5                        WATS CASELOAD: 50

```

SEQ	SSN	NAME	REFERRAL PROGRAM	REF STAT	PART STAT	PART REAS	STAT DATE	# MOS RECVD
1	421580380	BELT LYNDA R	K	K	KC		12/12/2001	00
2	421349235	CARMODHY PAULETTE	K	K	KC		10/29/2001	00
3	419661877	DOWDY ESTER M	K	K	KC		12/20/2001	16
4	427402788	DUGOOD BESSIE	K	K	KC		01/23/2002	00
5	564928487	EDMUND MARTA D	K	K	KC		02/12/2002	00
6	416427553	FAIRLEY THELMA	K	K	KC		01/22/2002	00
7	416885371	GOFF NANCY	K	K	KC		11/28/2001	00

```

UPDATE SEQUENCE NUMBER:
PF1-> HELP      PF5-> MENU      PF6->PRINT      PF7->PREV      PF8->NEXT

```

## 2. The Alert System

The alert system is a case management tool. It was created to give the workers a “reminder” that action needs to be taken on a case. It is intended for the worker to run a list of alerts due for a period of time; e.g. a week or a month. Use the list to determine what case actions are due and follow up accordingly. Some alerts are created when fields are changed in the system; others are worker-created. Alerts for the Kinship Care worker and the JOBS case manager begin with a W. After the action is taken in the case, the alert must be cleared from the alert system. Some alerts clear automatically; the worker must clear others.

In order to print an alert list, go to the Management Menu (option 5 from the FACETS Master Menu). Select option 2, Management Inquiry Menu. Select option 2, alert list. The county, office, and caseload number of the worker whose list is to be printed must also be entered. Notice that the From Date and To Date must also be entered. In order to make sure all past due or older alerts appear on the list, select a From Date that is far in the past. Once this is done and all old alerts are cleared, a From Date that is more recent can be selected. Select the To Date depending on the time frame desired. All alerts with Response Due Dates that fall between the From Date and the To Date will appear on the list. When enter is pressed, the list will show on the screen. Print the list by pressing PF6. A list for one client can also be printed by using option 11 Alert List by SSN. Enter option 11 and the related *caregiver's* SSN and press enter. Only the alerts for that client will appear.

```

MESSAGE  SELECT SEQUENCE NUMBER AND PRESS ENTER
ZE52      F A C E T S      09/03/02
TRANS     ALERT LIST      14:56:13
                                PAGE 01  * MORE PAGES *
COUNTY  87  OFFICE  9  CASELOAD  12      FROM DATE  01012002 TO  12312002
ALERT      RESPONSE  ALERT
DATE      DUE DATE  ID      SSN      NAME
1  12292001  01292002  WKCA  111111111  PAUL  ARMSTEAD
2  01182002  02042002  W245  222222222  ALLEN  PARKER
3  01292002  02282002  WKCA  333333333  BESSIE M PARRISH
4  01282002  02282002  WKCA  444444444  NAN C. DOSS
5  02192002  03012002  W700  555555555  LINDA K BELK
6  02122002  03122002  WKCA  666666666  GLINDA GOOD WITCH
7  02172002  03172002  WKCA  777777777  BRENDA K WELSH

UPDATE SEQUENCE NUMBER      ADD NEW SEQUENCE
PF1-> HELP  PF5->MENU  PF6->PRINT  PF7->PREV  PF8->NEXT

```

```

MESSAGE  ADD A NEW RECORD
ZE53      F A C E T S      09/03/02
TRANS     ALERT ADD/UPDATE  15:01:46

COUNTY      04      OFFICE      CASELOAD

SSN      999999999      NAME  CATRINA A COXMELL
ALERT ID
ALERT DATE      RESPONSE DUE DATE

OPTIONAL INFO

ALERT STATUS      P      (P-PENDING, C-CLEARED, D-DELETE, R-RESET)

IF CASE MANAGER ENTERED ALERT, DO YOU WISH TO GENERATE AN ALERT
LETTER TO THE CLIENT?  Y  (Y/N/P)

ENTER->UPDATE  PF1->HELP  PF5->MENU  PF6->ZE55  PF9->ZE52  PFK10->CHG CASE LOAD

```

Alerts can be created from either of the above options. From either list screen, enter a "Y" by Add New Sequence. Now enter the information asked for. Optional information is a place to enter notes to remind the worker what the alert is for or to enter information that will appear on the notice to the client. Some alerts created by the Kinship Care worker may have notices to be mailed to the client and some may be alerts set just for the purpose of alerting the worker of an action that needs to be taken. When it asks the question "If case manager entered alert, do you wish to generate an alert letter to the client?" place an "N" for no as the answer if an alert is being created that has no notice associated with it. The other two options are "Y" for yes, which generates the notice from the State Office in Montgomery and is mailed to the client's address. "P" is for local print, and using

this option will print a notice in the local county office to be mailed by the worker. If “Y” is chosen and the letter is printed and mailed from SDHR, this field changes from a “P” to an “M”. The optional information field cannot be changed after the “M” appears.

Notice the “Alert Status” field. When the alert is being created, a P will appear and is not changed by the worker. This field is the way to clear, delete, or reset an alert when needed. Resetting the alert keeps the same alert but changes the time period in which the alert is due. Deleting an alert can be done when the Alert Date is still in the future. If the Alert Date is the current date or is in the past the alert must be cleared and cannot be deleted.

A worker CANNOT delete the WKCA alert through the alert management system. It can be reset through ZD21 or will automatically clear when the case closes.

### 3. Referrals

MESSAGE PLEASE ADD REFERRAL DATA THEN PRESS <ENTER>			
ZE75	F A C E T S		09/03/02
TRANS	CLIENT REFERRAL ADD/UPDATE		15:03:31
DELETE			
SSN	999999999	NAME	CATRINA A COXMELL
REFERRAL TYPE	REFERRAL DATE 09032002		
REFERRING COUNTY	OFFICE	CASELOAD	WORKER
REFER TO PROVIDER ID	NAME		
OPTIONAL INFO:			
LINE1			
LINE2			
LINE3			
ENTER->UPDATE PF1->HELP PF5->MENU PF6->PRINT PF9->LIST PF10-ZD48			

Occasionally a Kinship Care worker may want to refer a related caregiver to some other agency for assistance. A referral letter from the worker to the other agency can be created in FACETS. The agency the letter will go to must be listed in the Provider System of FACETS. From the Management Inquiry Menu, select option 10 Client Referral List. Enter the SSN of the client. The List screen appears that shows other referral letters already created for the client. Enter “Y” by Add New Sequence. Enter the correct information in each field. (Use field help to determine the correct ID for Referral Type.) Anything typed in optional information will appear on the letter. When all fields are entered, pressing enter will print the letter at the local county office. Do NOT use PF6 to print this screen. PF6 may be pressed to print an additional copy of this letter if desired.

MESSAGE	PLEASE ENTER DATA OR PRESS PFKEY.					
ZE54	F A C E T S					09/03/02
TRANS	CLIENT CORRESPONDENCE LIST					15:12:43
PAGE 01 * MORE PAGES *						
SSN	999999999		NAME	CATRINA A COXMELL		
SEQ	DATE	CASE SSN	ID	DESCRIPTION	CAT	
1	03292002	999999999	CTRV	TERMINATION NOTICE	X	
2	03292002	999999999	CTRV	TERMINATION NOTICE	X	
3	03292002	999999999	CTRV	TERMINATION NOTICE	X	
4	03292002	999999999	CTRV	TERMINATION NOTICE	F	
5	02282002	999999999	CIRC	INTERVIEW NOTICE	C	
6	02152002	999999999	C500	CERTIFICATION ALERT	C	
7	02122002	999999999	SP41	SPECIAL NOTICE		
PF1->HELP PF5->MENU PF7->PREV PF8->NEXT						

#### 4. Other Helpful Screens

Option 3 on the Management Inquiry Menu is the Client Correspondence Screen. When the client's SSN is entered a screen is displayed that lists letters and notices that have been sent to the client, including those from FA, JOBS, and Kinship Care.

WATS Participation History (ZD58) can be found by selecting option 4 WATS Master Menu from the FACETS Master Menu, then option 3 Client Inquiry Menu, then option 2. This screen displays a history of sequences from ZD21 Disposition Screen. Every time a change is made on ZD21, it is reflected by another sequence line here. ZD58 may also be accessed from ZD21 (Disposition) by pressing PF10.

MESSAGE													
ZD58				F A C E T S						09/03/02			
TRANS				WATS PARTICIPATION HISTORY INQUIRY						15:09:19			
PAGE NO 01 * MORE PAGES *													
CLIENT SSN 423068655				NAME CATASHA L CONWELL									
S				WATS				REF			PART	PART	
E				CASE	STATUS	CLOS	REF	STAT	PART	STAT	STAT	CHANGE	
Q	CNTY	OF	CL	STAT	DATE	REAS	PGM	FA FS	STAT	DATE	REA	DATE	
	4	1	01	OP	09032002		K	K	KC	09032002		09032002	
1	4	1	01	CL	04052002	AD	P	P				05142002	
2	4	1	01	OP	04052002		P	P	DF	05032002	BA	05142002	
3	4	1	01	OP	04052002		P	P	PD	05032002		05032002	
4	4	1	01	OP	04052002		P	P	DF	04052002	DA	05022002	
DELETE SEQ#													
PF1->HELP				PF5->MENU				PF7->PREV		PF8->NEXT		PF9->ZD26 PF10->ZD21	

The Kinship Care worker may use other WATS screens if desired but are not required to by the project.

## CODE SHEET

This is a list of the codes that are specific to the Kinship Care program.

### **Relationship codes:**

GG- Great grandparent  
G- Grandparent  
GA- Great aunt  
GU- Great uncle  
A- Aunt  
U- Uncle  
B- Brother  
S- Sister  
C- Cousin  
SS- Stepsister  
SB- Stepbrother  
OT- Other relative

### **Closure codes:**

KR- Child returned to home of parent  
KA- Child aged out  
KF- Child entered foster care  
KN- Services no longer needed  
KE – Client not eligible / no longer eligible  
KS – Client refused kinship services  
KP – Services not appropriate or acceptable

The following list contains codes that can be for Kinship Care, some are only Kinship Care and some are JOBS Supportive Services. To provide any allowable supportive service not listed below and that doesn't exist in regular JOBS programming, use WR/Kinship Care Programs/SDHR (Initiative) Funds.

### **Supportive Services codes:**

SPEC - Special Needs Payment  
COUN – Counseling  
EMER – Emergency Intervention Expenses  
CARR – Car Repair – only used in conjunction with SEA services  
TRAN – Transportation



# **CCS AUTOMATION GUIDE**

Comprehensive Claims System  
Department of Human Resources

## ***A Tracking and Accounting System***

Claims Establishment, Collection, Tracking, and Accounting

# CCS HANDBOOK

## Overview and general information

### *Uses of the Comprehensive Claims System (CCS)*

The CCS was designed to calculate the amount of claims, to produce automated Overpayment Reports, to track claims, payments, and actions on fraud cases, and to provide statistical, prompting, and monitoring reports.

### *General procedures*

Enter CCS from the ev13 logon screen as you would for SCI-II or FACETS. The code for CCS is “G.”

Claims are entered on CCS by completing an identification screen, registering a possible claim, completing trial budgets, and then establishing the claim by confirming the information with a final entry which generates an automated Overpayment Report, also called the 818. Entries may also be needed to initiate collections and to enter identifying information on other adults in the household who are also responsible for repaying the claim.

When you register a possible claim, CCS generates a “possible claim number” consisting of the four-digit year and a number assigned by the system. You will use this number to get to trial budget screens and the work-up review screen or to update possible claim information. Once the claim is confirmed on CCS, you will use the “claim number” to get to information on a specific claim. The claim number is the client’s Social Security Number plus a sequence number assigned by CCS plus the program area code.

Some entries require selected codes. See Appendix II for a full set of code sheets.

Money amounts are usually entered with leading zeros and with the last two digits being the cents. No decimal is entered.

NOTE: this Handbook is written from the prospective of a worker entering claims information directly into CCS. There are also data entry forms for each CCS screen. The fields and instructions are the same. Workers may prefer to use the forms to ensure all necessary information is gathered whichever entry method is used.

### *Menus, screens and PF keys*

When you enter CCS, you will see a Master Menu that lists up to five menus. Each menu has a number of screens listed. Access the menus and screens by hitting PF keys as indicated. You can also key in the PF number and hit ENTER. Some screens also have direct links to other screens by hitting the indicated PF key. These links are listed at the bottom of the screens.

The menus are Establishment, Update, Fraud, Inquiry and Collections. Depending on your security level for CCS, you may not be able to access all menus nor all screens under a menu. The Collections Menu, for example, is usually restricted only to supervisors and those who post payments.

- Use the Establishment Menu to register identifying information, register possible claims, calculate the amount of overpayments, and confirm the claim on CCS.
- Change or add to previously entered information on the Update Menu.
- Actions on fraud cases are entered on the Fraud Menu.
- The Inquiry Menu allows you to look at previously entered information.
- Payments and adjustments are entered on the Collections Menu.

Each entry or update screen has certain “fields” into which information will be keyed to complete or update claim information.

- PF 1 takes you back to the menu or Master menu. Hitting PF1 at the Master Menu will take you back to the ev13 logon screen.
- PF4 is always used to add information into the system or to update information.
- Information previously entered is called up on each screen by keying in the possible claim number or the confirmed claim number depending on the screen and then hitting ENTER. New entries, updates, or changes can then be keyed into the appropriate fields and hitting PF4 will add the information into CCS.
- Messages appear at the bottom of the screens to tell you what fields are necessary to call up information, to confirm action was taken, and to give “error” messages.

The menus and sub-menus of screens are listed in Appendix I.

## How to register a possible claim

Registering a possible claim takes completion of only two screens on one menu.

These two are the Identification screen and the Register Possible Claims screen. (Data entry form number DHR-OFA-1572 A and B.)

### ***Identification screen***

From the Claims Master Menu, go to the Establishment Menu (PF2).

Then go to the Identification screen (PF2).

Key in the client's Social Security Number (SSN) and hit Enter.

**For all cases, enter:**

**PROGRAM** Enter the two-digit code for the program for which an overpayment has occurred. There are codes for every DHR program. The four listed below are the ones most often used by county staff. See the code sheets for a complete list.

**FS** for Food Stamps

**PA** for TANF or AFDC

**MD** for JOBS

**CS** for Child support

**DHR FILE NO** Enter the FS number, SSN or PA number, or CS case number as appropriate.

### **IDENTIFYING INFORMATION:**

If this client is new to CCS, enter the name, race (see code sheets), sex, date of birth (DOB) and full address including zip code. Also enter the phone number if it is known. *You should tab past the Confidential Record field except in rare instances. (See note.)*

If the client is already known to CCS, the identifying information and last entered address will appear on the screen. Review this information and make changes if necessary.

**Hit PF4** to add the information into CCS and to take you to the Register Possible Claims screen.

**NOTE:** *Do not make an entry into the "Confidential Record" field for normal claims. The system will automatically enter an "N" when you hit PF4. This field is used only when a claim needs to be restricted to the highest security level, such as when a claim is on an employee or an employee's relative. If you inadvertently enter a "Y" here, you will not be able to access the claim and must contact the Office of Fraud and Claims Recovery to have the claim (or possible claim) unrestricted.*

## ***Register Possible Claims screen***

Hitting PF4 on the Identification screen automatically takes you to the Register Possible Claims screen. The SSN, Program, DHR File Number, name, and DOB are brought forward to this screen. You will note also that the system has already entered the current date in the “Date Posted” field and a “1” in the “Disposition” field.

The Date Posted is always system generated. All but one of the Disposition codes are system generated. (See instructions for “no-claiming.”)

**Note:** *Always go through the Identification screen in order to register a new possible claim even if identifying information has been recently updated. Failure to access Register Possible Claims through the Identification screen may result in the possible claim not being counted in your monthly statistics of new possible claims entered and not being listed on the Possible Claim Inquiry screen.*

**Following are instructions on specific fields.**

**CNTY-TERR/GEO-ADM** Enter the two-digit county code and the territory or administrative code. These codes are the same as you would use on the benefit case. For instance, an entry of 51/02 would indicate a Montgomery County NA/FS case.

**COMPANION PROGRAM** and **COMPANION DHR FILE NO**

Enter the program code and file number if there is a “companion,” that is a claim in another program area for the same time period and set of circumstances. These fields can be left blank. If an entry is made in either one, an entry must be made in both fields.

*Tip:* If you are unsure, tab past these two fields. The information can be added later, either while it is still in possible status or after the claim is confirmed.

**DATE DISCOVERED** Enter the six-digit date (MMDDYY) that the possible claim was discovered.

**WORKER ID** Enter the worker number of the person who is completing the claim. This can be your three-digit worker number or your SSN. This field accepts up to nine digits.

**SOURCE OF DISCOVERY** Enter the one-digit code from the Code Sheets that explains how you found out about the possible overpayment.

**REASON FOR POSS CLAIM** Enter the one-digit code from the Code Sheets that best explains the reason for the claim. Note that several of these codes are to be used for PA claims only. CS claims are always considered to be AE claims.

**EST AMOUNT OF CLAIM** Enter the estimated amount of the possible claim.

It is not necessary to be exact but do try to make a realistic estimate. This is a seven-digit field with the last two digits being cents. **Do not enter a decimal.** Do enter leading zeros. \$100.00 is entered as 0010000.

**Tips:** Don’t spend time trying to be precise. Do a quick estimate.  
Don’t put the same amount on every possible discovered.  
Remember that the last two places in the field are cents and not to enter a decimal. Be careful not to enter \$1.00 when you mean \$100.00.

**CATEGORY OF ASSISTANCE**FS and CS  
PA and MDtab past this field  
enter code from code sheets**PRIORITY OF WORKUP**

enter the one-digit code from the code sheets that best fits the situation. If more than one applies, enter the code for the highest priority (lowest number). For instance, if the client is still active and the estimated amount is large, enter “1.”

This information was designed to help staff manage individual or unit workloads. Use it along with the aging of the possible claim to help you decide which claim to work next.

*Tips:* Don’t spend a lot of time on this. Go with your first impression.  
Remember that this is to help you manage your work.  
Keep in mind that the priority may change if the claim is not worked up quickly.

**CASE STATUS**

Enter a one-digit code to show whether the benefit case is still active (A) or closed (C).

**DATE CLOSED**

If you entered C (Closed) in the CASE STATUS field, enter the six-digit date the case was closed in the format MMDDYY.

If the case is still Active (A), tab past this field.

**ESTIMATED PERIOD FROM TO**

Enter the estimated beginning and ending months of the claim. Use four-digit dates (MMYY). If the claim is estimated to be only one month, enter the same date in both fields. It is not necessary to be precise, but enter a realistic estimate.

**Hit PF 4.** The possible claim is now registered on CCS.

**CCS will assign a “possible claim number”** which is an eleven digit number with the first four digits being the current year. This number will appear at the bottom of the screen in the Message section. *Print the screen and file it in the claims record.* You will need this possible claim number in order to access the trial budgets, confirm claim screen, and update possible claim screen. It is also recommended that you write a brief note regarding cause of this possible claim. Attach information about the claim discovery such as the IEVS Wage hit and the relevant 1139.

**NOTE** that using the links listed at the bottom of the screen, you can go directly to the Trial Budgets or the Confirm Add screen, or go back to the Identification screen to register another possible claim, or back to the Establishment menu.

## HOW TO COMPLETE (CONFIRM) A CLAIM ON CCS

Once a possible claim is registered on CCS, the claim is completed by calculating the amount of the overpayment and then confirming (entering) the claim on CCS. This is also referred to as establishing a claim or working-up a claim. You can confirm a claim with or without using the automated trial budgets to calculate the amount of the overissuance. If the trial budgets are used, the CCS will produce an automated Claim Form. This form is also commonly referred to as the Overpayment Form or simply “the 818” referring to the form number of the manual claim form. If the trial budgets on CCS are not used, the Claim Form will have to be prepared manually for FS and PA claims. Instructions on both methods are given in the following sections. CS should document the claim as outlined in the memo from the Child Support Division.

### CALCULATING THE AMOUNT OF THE CLAIM USING CCS TRIAL BUDGETS

Claims trial budgets are available on CCS for both Food Stamp and Public Assistance claims. A possible claim must be registered before a trial budget can be completed. Information entered on the trial budgets will be used to calculate the correct benefit amount for the budget period. Then CCS will subtract the corrected amount from the original amount of entitlement to obtain the overpayment amount for each month. When you confirm the claim, information from each budget will be used to calculate the total amount of the claim and produce the automated Claim Form. (See section on Confirming a Claim.)

#### *Food Stamp Trial Budget screen*

You can get to the FS Trial Budget screen from the Establishment Menu or from certain screens using the links listed at the bottom of the screens. These links are especially helpful if you need to look at the Workup review screen and then continue doing budgets.

If the possible claim for which you are doing budgets has already been registered, get to the FS budget screen from the Establishment Menu (PF 2 from the Claims Master Menu) by hitting PF5, FS Trial Budget. Key in the eleven-digit **Possible Claim Number** for which you are going to do a budget and hit ENTER. The screen will display the DHR file Number, name and SSN as registered on the possible claim.

You can also get to the FS Trial Budget screen directly from the Register Possible Claim screen by using the link at the bottom of the Register Possible Claim screen, PF5, FS Budget. The possible claim number, DHR file number, name, and SSN will be displayed and you will not have to re-enter these fields if the possible claim information was still displayed on the Register Possible Claim screen.

In either case, begin entering information at the APPLICATION DATE field.

You will need to enter identifying information, information from the original food stamp budget, and corrected budget information for each month of the claim period. The corrected information along with the budget PERIOD will be used to calculate the corrected allotment. Some of this Corrected Budget Information will be the same as in the original budget and some will be different.

All fields except one are required. Enter all zeros in money amount fields if there is no income of that type to count. Some of the fields require a yes or no answer.

All money amount fields have seven spaces and all spaces must be filled. The last two spaces are allowed for cents. Enter zeros in these last two places if the amount being entered is a whole dollar amount. Use leading zeros. Do not enter a decimal nor a dollar sign.

- TIPS:** Collect all data needed to complete the budget before beginning.  
Remember to use leading zeros when entering money amounts.  
Remember that the last two spaces in money amount fields are cents and that no decimal is entered.  
Remember that either “Y” or “N” must be entered in each yes or no question.

**Information on specific fields follows.**

**APPLICATION DATE** – Enter the six digit date (MMDDYY) of the application which covers this budget period.

**PERIOD FROM TO** – Enter the four-digit date (MMYY) of the month(s) for which this budget computation is applicable.

To compute a budget for a single month, enter the month in the PERIOD FROM field. Leave the PERIOD TO field blank. For example, enter 1002 in the FROM field to do a budget for October 2002.

To compute budgets for a range of months, enter the first month in the PERIOD FROM field and the last month in the PERIOD TO field. For example, enter 1002 to 1202 if the budget computation is for each month October through December 2002.

**NOTE:** Separate budgets must be completed for each month or series of months for which income, number in budget, or any other factor is different or has changed. This applies to changes in Fiscal Year also due to the differences each year in the net and gross income limits, basis of issuance, etc. For instance, in a claim period of September 2002 through October 2002, separate budgets must be done for each month even if household size and income are the same.

**TIP:** Do separate trial budgets for each month of the claim in most cases. You will have an individual budget printed for each month of the claim, and it is easier to correct if an error is found. If you enter a range and then discover an error or that something was different in one month, the entire range must be deleted and new budgets worked.

**WORKER ID** – Enter the worker number of the person working up the claim or for whom data entry is being done by another person such as a data entry operator. This field can hold up to nine digits.

**ORIGINAL BUDGET HHS** – Enter the two-digit household size originally used to determine the basis of issuance. Use a leading zero for household sizes of nine or less. For instance, an original household size of two is entered as 02. For a household of eleven, enter 11.

**ENTITLED AMOUNT** – Enter the amount of food stamps the client was entitled to receive using the 5.2 format. (See note below.) If allotment reduction (recoupment) had occurred during the overissuance month, use the original entitlement amount, that is, the amount before the allotment reduction. This is used in calculating the overissuance amount, so be precise.

**NOTE:** All money amount fields on this budget screen use the 5.2 format. That is, the field has seven total spaces with the first five for whole dollar amounts and the last two for cents. All spaces must be filled so use leading zeros if necessary. The last two spaces should be



zeros since only whole dollar amounts are used. The actual amount should be rounded to the nearest whole dollar amount. Enter all zeros if the amount is zero. Do not enter a decimal or a dollar sign.

Example: Enter \$125.49 as 0012500. Enter \$10.50 as 0001100.

**CLAIMED BY RECIPIENT INCOME** – Enter the seven-digit (5.2 format) **NET** income upon which the allotment was based for the period that this budget computation covers.

**ASSISTANCE UNIT NAMES** (Optional) – Enter the names or SSN's of the individuals included in the budget being prepared. Forty spaces are allowed.

**CORRECTED HHS IN BUDGET** – Enter the two-digit correct household size that will be used to determine the correct basis of issuance.

**TIPS:** Remember to use leading a leading zero for household sizes less than ten.  
Remember that any disqualified members should not be counted.

**B/P OF CERTIFICATION 10/87 OR LATER?** – Enter Y (yes).

**CATEGORICALLY ELIGIBLE?** – Enter either Y (yes) or N (no) to indicate whether or not the household is categorically eligible for this budget month.

**ELDERLY OR DISABLED MEMBER?** – Enter Y (yes) if an elderly or disabled member is included in the household for this budget month. Otherwise, enter N (no).

**PRORATE THIS BUDGET?** – Enter Y (yes) if this month's budget should be prorated or N (no) if it is not to be prorated.

**NOTE:** If Y (yes) is entered in this field, the budget computation should be for one month only. Do not enter a range of months in the PERIOD FROM AND TO field.

### ***Utility Standards***

There are four utility standard fields requiring a yes or no answer and a field for actual utility expenses if applicable. (See expenses section below.) In general, only one utility deduction should be used. That is, either one of the standards should be claimed or actual expenses should be used. If you enter Y (yes) in one of the Standards fields, the other three Standard fields should be N (no) and the Utility Expenses field should be all zeros.

If none of the utility standards apply, enter N (no) in all four Standards fields, and make an entry in Utility Expenses.

**USE UTILITY STANDARD?** – Enter either Y (yes) or N (no) to indicate whether or not to use the standard utility allowance (SUA) in calculating the claim.

**USE TELEPHONE STANDARD?** – Enter either Y (yes) or N (no) to indicate whether or not to use the telephone standard.

**USE BASIC UTILITY ALLOW.**? – Enter either Y (yes) or N (no) to indicate whether or not to use the basic utility allowance (BUA).

**USE HOMELESS SHELTER EST?** – Enter either Y (yes) or N (no) to indicate whether or not to use the homeless shelter estimate.

## ***Earned Income***

There are two fields for earned income. CCS will automatically subtract the 20% earned income deduction from amounts entered in these two fields.

**SALARY AND WAGES** – Enter the seven-digit (5.2 format) monthly **whole** dollar amount of salary and wages *that was reported timely by the household*.

**SELF EMPLOYMENT INCOME** – Enter the seven-digit (5.2 format) **whole** dollar amount of self employment income for the month after allowable business expenses have been deducted if the income *was reported timely by the household*.

**Remember** that the earned income deduction is not allowed on *unreported* earned income that is the basis of a client error claim. Enter such unreported earned income in the UNEARNED INCOME field for client error claims (IHE and SIPV/IPV).

## ***Unearned Income***

There are two fields for unearned income. The 20% deduction is not given on amounts entered in these two fields. Use the UNEARNED INCOME field also for any unreported earned income.

**NET STUDENT INCOME** – Enter the seven-digit (5.2 format) **whole** dollar amount of student income minus exclusions for the budget month.

**UNEARNED INCOME** – Enter the seven-digit (5.2 format) **whole** monthly dollar amount of unearned income plus any unreported earned income that is the basis of an IHE or IPV claim. Also use this field to show ineligibility for circumstances other than income, deductions, or household size differences such as over the resource limit or duplicate participation in more than one state. For those type circumstances, enter all 9's in this field.

**Remember** when working an IHE or SIPV/IPV claim to include in the UNEARNED INCOME field any earned income that was not correctly reported by the household. If there is unearned income and unreported earned income, these amounts should be added together and the total entered in the unearned income field.

## ***Expenses***

**MEDICAL EXPENSES** – Enter the seven-digit (5.2 format) **whole** dollar amount of medical expenses for the month. CCS will automatically subtract the \$35.00 deduction.

**Remember** that excess medical expenses are only allowed for an elderly or disabled person counted in the household.

**HOUSING EXPENSES** – Enter the seven-digit (5.2 format) **whole** dollar amount of housing expenses such as rent or mortgage payment to be counted in this budget month.

**UTILITY EXPENSES** – Enter the seven-digit (5.2 format) **whole** dollar amount of utilities if one of the Utility Standards was not used.

**Remember** that this field must be zero if any of the Utility Standards are used.

**DEPENDENT CARE COSTS** -- Enter the seven-digit (5.2 format) **whole** dollar amount spent on dependent care during the budget month.

### **Adding the budget workup to CCS and final steps before confirming the claim**

When entries have been made in all fields, double-check the data for accuracy. Look for common mistakes such as too many or too few leading zeros or trying to add a decimal. Remember that all fields must have an entry except the ASSISTANCE UNIT NAMES field.

When you are sure all fields are correct, **hit PF 4** to add the budget work-up to CCS.

Repeat the trial budget process for each month of the claim. You can continue doing budgets for each month of the claim period one after the other. You can also check the WORKUP REVIEW screen after any budget is added and then go back to the Trial Budget screen. Workup Review should always be checked before confirming the claim.

When budgets have been completed for each month of the claim period, check the WORKUP REVIEW screen. Use the link at the bottom of the budget screen, PF 6. You can also get to the WORKUP REVIEW screen from the Inquiry Menu (PF7). The information shown on the WORKUP REVIEW screen will be printed on page 2 of the automated Claim Form and as page 3 of the FS initial demand notice. Be sure you have included all months of the claim period and that the information is accurate.

A month can be added by going back to the FS Budget screen (PF 4 link at bottom of screen) and completing a budget for the additional month(s).

Changes can be made to an existing budget using the FS Budget Update screen.

Delete a budget on the Trial Budget Delete screen.

After any changes have been made, check the WORKUP REVIEW screen again. If all information is correct, **hit PF 7** to print your budgets. Then go to the CONFIRM ADD screen. You can go directly there using the link at the bottom of the WORKUP REVIEW screen (PF 6, Confirm Claim) or get there from the Establishment Menu (PF 2) by hitting PF 6, Confirm Add.

**NOTE:** if you discover at any point before the claim is confirmed that there is no overpayment, update the possible claim to reflect “no claim.” Do this from the UPDATE MENU on the Update Possible Claims screen.

## CONFIRMING THE CLAIM ON CCS

The claim will be finalized and added to CCS on the CONFIRM ADD SCREEN. Collection action can be authorized on the INITIATE COLLECTIONS SCREEN if applicable. For FS claims, entries may also be necessary on the UPDATE ADDITIONAL HOUSEHOLD (MEMBERS) SCREEN.

All three of these screens can be accessed from the ESTABLISHMENT MENU.

### *Confirm add screen*

The CONFIRM ADD screen **is used to add information** to the claim that has not already been entered on other screens such as Identification and Trial Budget screens. Then PF4 is used to confirm the information and **add the claim to CCS** as a “Confirmed Claim.”

Once the claim has been confirmed, automated collection action begins. In some cases, it is necessary to make entries on two related screens to add or change collection status or authority codes if needed or to add information on additional household members responsible for paying a FS claim.

The CONFIRM ADD SCREEN can be accessed from the Establishment Menu or from links on the Register Possible Claims screen and the Workup Review screen. From the Menu, go to PF 6, key in the possible claim number and hit ENTER. Information already entered on the Identification screen, the Register Possible Claims screen, and the Trial Budget screens, if used, will be brought forward to the Confirm Add screen. Several fields also have default entries.

### **Procedures for all claims:**

Review the information displayed (as brought forward from other screens). Changes can be made if necessary to the County Territory/Geo-Adm code, the DHR file number, and the reason code by manually positioning the cursor at those fields.

Changes to the name can be made on the Identification screen.

If changes are needed to the SSN or Program Area, no claim this possible claim and re-register it in the correct SSN or program area.

If trial budgets have been completed, the PERIOD FROM AND TO, the AMOUNT OF CLAIM, and the CLAIM BALANCE will also be displayed. Changes needed to these fields should be made by updating the trial budgets or using the Workup Update screen.

Three fields have default entries. It is not necessary to re-enter this information, but changes can be made if necessary.

For FS claims for which trial budgets have been completed, the only entry required is the Fraud Referral Status code. Also enter the Additional Adult Household Information if applicable. Companion information can also be added on the Confirm Add screen.

PA and MD (JOBS) claims require an entry in Fraud Referral Status, Category, Other Program PA, and Type of Assistance fields. Companion information and Additional Adult Household Member Information can also be added.

If trial budgets were not completed, all program areas also require entry of the Fraud Referral Status, Date Prepared, Period From and To, Amount of Claim, and Claim Balance.

### **Information on Specific Fields**

**CTY-TERR/GEO-ADM CODE** – This is the two-digit county code and two-digit territory or administrative code. This information is brought forward from the Register Possible Claim screen. Make changes if necessary.

**DHR FILE NUMBER** – The case number is brought forward from the Register Possible Claim screen. Make changes if necessary.

**DATE PREPARED** – If CCS trial budgets were not used, enter the six-digit (MMDDYY) date the Claim Form, DHR-OFO-818, is completed manually. This date is computer generated if trial budgets were completed on CCS.

**PERIOD FROM AND TO** – If CCS trial budgets were not used, enter the four-digit (MMYY) beginning month and year of the claim period and the four-digit (MMYY) ending month of the claim period. To enter a single month, enter the same month in both fields. The From and To date will be computer generated if you have worked a trial budget on CCS.

**REASON FOR CLAIM** – The one-digit reason code is brought forward from the Register Possible Claim screen. Make changes if necessary.

**FRAUD REFERRAL STATUS** – Enter the two-digit code to indicate whether action on fraud referrals has been taken or is still pending or to indicate that no fraud referral was done.

**Note:** *An entry in this field is required for all program areas and all reason codes.*

For non-fraud claims, use “NR.” For all FS SIPV claims, use “SP.” Use “SP” also for PA SIPV claims over the prosecution threshold (currently \$5,000.00). For PA SIPV claims under the prosecution threshold, use “RR.” Usually, the other codes listed on the code sheet will either be system-generated or entered by State Office staff. If there is an SIPV claim over the prosecution threshold that is not being sent to the State Office for possible prosecution, contact your Claims Consultant or relevant program help desk regarding the correct Fraud Referral Status code to use.

**AMOUNT OF CLAIM** – If trial budgets have been completed, the amount of the claim is brought forward from the Workup Review screen and no entry is needed.

If trial budgets were not used, enter the seven-digit (5.2 format) dollar amount of the claim.

**CLAIM BALANCE** – If trial budgets were worked, the balance will be brought forward and no entry is needed.

If trial budgets were not used, enter the seven-digit (5.2 format) outstanding balance of the claim.

**Note:** the amount and balance of claim should be the same at this point. Offset adjustments should be posted after the claim is confirmed.

**COMPANION PROGRAM** – Enter the two-digit Program Area code if there is a companion claim.

**COMPANION DHR FILE NO.** – Enter the DHR file number up to nine digits if there is a companion program claim.

**COMP PGM EST AMT** – Enter the seven-digit (5.2 format) estimated amount if there is a companion program claim.

**Note:** If there is no companion claim, tab past these fields. For SIPV claims, CCS will use the total of Claim Amount and Companion Estimated Amount in determining whether or not the case is over the prosecution threshold.

**WORKER** – The worker number is brought forward from the Budget or Possible Claim screens.

**HOLD INITIAL NOTICE and HOLD ADDITIONAL NOTICES** – The entry in these two fields determines whether or not the client will be sent automated demand notices. N (no) means do not hold notices, which allows the automated notices to be sent to the client. Y (yes) will hold notices, that is, the notices will not be sent. Note that CCS generates (defaults) an “N” in both these fields. Tab past each of these unless you do want to stop notices.

**TIP:** do not hold notices unless there is a specific reason to do so and there is no other code which will hold notices. Remember that Federal Regulations in all program areas require collection be taken on all claims established except under certain specified conditions. Note that notices are automatically held on all FS SIPV claims. PA SIPV claims over \$1000 receive the initial notice as required by HHS regulations, but additional notices are held until a fraud referral disposition is received. That is, as long as a PA SIPV has a Fraud Referral Status code of “SP” or “RC,” only the initial notice is sent.

**HEAD OF HOUSEHOLD** – CCS generates (default entry) a Y (yes). If the individual in whose name and SSN the claim is being confirmed was the Head of Household at the time of the claim, tab past this field. If the individual was not the Head of Household, change entry to N (no).

**CATEGORY** – For PA and JOBS (MD) claims enter the one-digit code which identifies the category of assistance. For all other program areas, tab past this field.

**Note:** remember that separate claims must be worked for AFDC and TANF.

**OTHER PROGRAM PA** – For PA claims, enter the one-digit code which identifies whether PA benefits only were received or if there was another program. For all others, tab past this field.

**TYPE OF ASSISTANCE** – For PA and JOBS (MD) claims, enter the one or two-digit code which identifies the type of assistance. For all others, tab past this field.

**ADDITIONAL ADULT INFORMATION**—SSN – Enter the social security numbers of each adult member separately, who was in the household at the time of the claim and are responsible for repayment of the claim on the IDENTIFICATION screen in order to attach them to the specific claim. This includes additional members as well as the primary claimholder.

**Note:** Even if the person/SSN is already known to CCS or SCI-II, you must update the ID screen to attach the SSN to the new claim. If the member information is correct, hit PF4. Message at the bottom should say “Update Complete”.

**Hit PF4.** The claim is now confirmed in the Comprehensive Claims System. If CCS trial budgets were used or workup information was entered through the workup update screen, then the Claim Form, DHR-0F0-818, will automatically print. A summary of circumstances should be prepared and attached to the Claim Form.

**NOTE:** only one copy of the Claim Form will automatically print. Additional copies can be printed from the Initiate Collections screen.

**CCS will assign a sequence number. The claim number is the SSN plus sequence number plus program area. This claim number will appear at the bottom of the screen. You will need the claim number to access information about the confirmed claim such as the Claim Detail screen and the Payment History screen.**

### *Next steps*

**For FS claims**, no further entry is necessary to start collections. CCS generates an active (A) collection status code and a no agreement (N) code in collection authority. If changes are necessary, go to the Initiate Collections screen. Collection demand notices will be sent starting with the next month after the claim is confirmed. If the client is active on FS, recoupment will begin automatically the month after the initial notice is sent. Demand notices are sent on the third working day of the month.

If any Additional Adult Household members were listed, go to the Update Additional Household Members screen. From the Establishment Menu, hit PF8. Information about the claim will be displayed, but the Last Name field for the additional adult member will read “Name Unknown.” Enter the additional member’s name. The address displayed is the same as entered for the claim. Update the address if the additional adult member now lives at another location from the individual in whose name the claim is registered. This will allow an initial notice to be sent to the additional adult member no further entry is necessary to start collections r.

**For CS claims**, no further entry is necessary to start collections. Collection demand notices will be sent starting with the next month after the claim is confirmed.

**For JOBS (MD) claims**, CCS does not generate demand notices. The worker must send manual notices to the client informing them of the claim and payment options. Recoupment is also done manually by changes on FACETS and must be manually posted on CCS as a recoupment adjustment.

**For PA claims**, no further entry is required *if the client is no longer on assistance* and no repayment agreement has yet been signed. Collection demand notices will be sent starting with the next month after the claim is confirmed.

CCS allows the collection status to remain blank on PA claims. Manual entry of the active collection status (A) is allowed. Cash repayment agreement information can be added on the Initiate Collections screen or the Claim Detail Update screen.

*If the client is still receiving Family Assistance benefits and recoupment from current benefits is appropriate*, go to the Initiate Collections screen. You can access this screen using the link (PF5) at the bottom of the Confirm Add screen or from the Establishment Menu (PF7). Enter “R” in the collection **status** field. Leave collection authority “N.” This will allow the initial notice to be sent to the client. Recoupment will begin the following month unless benefits are coded as an “initial allotment.”

**NOTE:** For all claims, if the client signs a cash repayment agreement after the claim is confirmed, this agreement information can be added to the claim on either the Initiate Collections screen or the Claim Detail Update screen. These are actually the same screen but are accessed from different Menus. If cash repayment agreement information is added, CCS will begin sending bills to the client. Bills are sent on the 21<sup>st</sup> of the month or the next working day after the 21<sup>st</sup> day.

**Remember that it is not necessary to have a signed repayment agreement in order to recoup for either FS or PA claims. It is necessary for an initial notice to be sent before recoupment can begin.**

## MAKING CHANGES AND CORRECTIONS

With one exception, claims information can be updated, changed, or corrected both as a possible claim and as a confirmed claim. Several screens are used to make changes.

- **The elements of the claim number cannot be changed.** If the SSN or program area is entered incorrectly, the claim must be deleted and re-entered in the correct SSN and/or program area.  
\*Always double-check the social security number and be sure you have entered the SSN and program area code correctly before you confirm the claim.  
If the incorrect information is discovered while the case is still a possible claim, simply “no claim” the possible claim and register a new possible claim in the correct SSN and/or program area.  
\*If the incorrect SSN or program area is not discovered until after the claim has been confirmed, adjust the balance of the claim to zero (B adjustment code), send a request for deletion to the Office of Claims Recovery and re-establish the claim in the correct SSN and program area.
- Identifying information such as the client’s name, DOB, sex, and address can be updated on the Identification screen in the Establishment menu.
- Update possible claim information on the Update Possible Claims screen.
- Certain codes such as the collection status and collection authority can be changed by simply overwriting with the new code in that field on the Detail Update screen or the Initiate Collections screen.
- If the amount of claim or claim balance has been confirmed incorrectly, adjustments must be done on the Adjustment/Refund screen. If a claim is being re-determined, a number of steps may be necessary to correct the budgets, adjust the amount and balance of the claim, and obtain a corrected Claim Form (818).



## **Procedures for Transferring a Claim Case**

To transfer a claim to a second individual, you must create a new claim on CCS and complete a transfer adjustment of the balance to the second person's claim. This transfer procedure is appropriate if collection action is to be stopped on the first person and initiated on the second person. Situations in which transfer might be used include, but are not limited to, cases in which the first person is deceased and there is a second person responsible for repaying the claim and for PA claims, cases where a second person from the original assistance unit is now receiving benefits and recoupment is appropriate.

To complete the transfer, the following action is needed:

- A. Create a new claim in the name and SSN of the second individual from whom the balance is now to be collected.
  1. Register a possible claim in the usual manner. Complete the Identification screen. Register a possible claim completing all fields as done to register any other possible claim. Refer to Procedures for Registering a Possible Claim. Use the Identification and Possible Claim Form, DHR-OFA-1572, to document the possible claim.
  2. Confirm the claim from the Confirm/Add screen. Do not enter the amount of the claim. Leave zeros in the amount and balance fields. Complete only the following fields: for all claims, enter the original date prepared, the Period From and To, and a Reason Code of "T," awaiting transfer of funds. Note that this is the only time a claim will ever be confirmed with a zero balance. For PA claims only, two additional fields must be completed, Other Program PA and Type of Assistance. Use the same codes as on the original claim.
- B. Complete a transfer adjustment of the balance from the original claim. Authorize the adjustment using the Adjustment Form, DHR-OFA-1578, to document the reason for the adjustment. Complete as follows:
  1. Enter the SSN of the original claim
  2. Enter the sequence number of the original claim.
  3. Use adjustment reason "T," transfer to another claim.
  4. Enter the amount of the balance you are transferring. Note that this will be entered as a positive amount. Refer to Procedures for Posting Adjustments.
  5. The Payment X-Reference number is not applicable and should be left blank.
  6. In the Transfer To Claim field, enter the claim number and sequence number of the newly created claim to which you are transferring the amount to be collected.

Once this adjustment is completed, CCS automatically moves the amount to the newly created claim and shows a transfer (T) adjustment on the pay history of the new claim.

Other updates needed should be made either on the Initiate Collections screen or the Claim Detail Update screen. Examples of necessary updates would be (1) entering the fraud referral status code (2) entering the reason code if necessary, (3) entering cash repayment agreement information or (4) for PA cases only, entering an "R" in collection status to authorize recoupment. Note: do not leave the reason code field blank. If the reason code was not automatically entered on the new claim, enter the original code.

## Adjustments to the Amount of Claim Amount and Claim Balance

### General Information

**Adjustment** refers to changes in the original amount or the balance after the claim has been established on CCS. Adjustments need to be done for a number of reasons. The most common are correcting a prior entry, refunding all or part of a payment, and revising the amount when a claim is re-determined. Other reasons include bankruptcy orders or reimbursement of benefits through child support. (See code listing.)

It is extremely important to use the correct adjustment code, the correct amount including a minus sign if necessary, and the correct cross-reference number if required. Not doing so will cause an incorrect monthly reconciliation report. This information is found on the Payment History Inquiry screen. This screen should be printed.

Adjustments are done on the Adjustment/Refund Data Entry screen. This screen can be reached in two ways: from the Collections Menu (PF 6 from the Master Menu, then PF 3) or using the link from the Payment History Inquiry screen (PF 9).

All refunds and corrections of prior payment entries require use of a minus sign with the amount of the adjustment and a cross-reference number that ties that adjustment to the specific payment being “backed out.” Balance adjustments that change the balance but do not reference a specific payment do not require a cross-reference number. Use a minus sign if you want the balance to increase. Do not use a minus sign if you want the balance to decrease.

The printed Payment History Inquiry screen can be used to get the information necessary to do the adjustment and to document the reason for the adjustment and the date and person who entered the adjustment. There is also a data entry form that can be used, DHR-OFA-1578, Adjustment Form. This form is particularly useful if the worker or supervisor authorizes the adjustment but someone else does the data entry. This form can also be used to document multiple adjustments.

### Steps for Making an Adjustment

- A. Print the Payment History Inquiry screen and review it and any other relevant information.
- B. Determine the following:
  - the type of adjustment needed and the adjustment reason code to use
  - whether or not to use a minus sign in entering the adjustment amount
  - whether or not a cross-reference number is needed.
- C. Mark the amount and cross-reference number and write the adjustment reason code on the Payment History Inquiry hardcopy and/or complete the Adjustment Form, DHR-OFA-1578. Give this documentation to whoever will do the data entry.
- D. Post the adjustment On CCS.
  1. On the **Adjustment/Refund Data Entry screen**, key in the SSN, sequence number and program area. Hit ENTER. Note: if you are accessing this screen from the Payment History Inquiry screen, this information will be brought forward so you will not need to re-enter it.
  2. Enter the appropriate one digit adjustment reason code. (See code list.)
  3. Enter the adjustment amount. There are eight places in a 6.2 format. The first place should be either a minus sign or a zero depending on whether you want the balance to increase (use minus sign) or decrease (use a zero). Places two through six are for the dollar amount. Use leading zeros. The last two places are for cents. Do not enter a dollar sign or a decimal. Example: a

\$25.00 adjustment backing out a payment (increasing the balance) would be entered as -0002500. An adjustment to decrease the balance by \$25.00 would be entered as 00002500.

4. Enter the worker number of the person posting the adjustment. Nine places are allowed.
  5. A payment cross-reference number is required *if* the adjustment is to correct a prior payment or to do a refund. Enter the 12 digits of the posting date and time for the payment you are adjusting (backing out). This is found on the Payment History Inquiry screen. Enter all 12 numbers but do not enter the slash mark.
  6. Use the transfer to claim field only if you are transferring the balance to another person (SSN) for collection. Otherwise leave this field blank. To transfer the balance to another person requires first setting up a “dummy” claim in the other SSN. Enter in this field the SSN and sequence number of the “dummy” claim to which you are transferring the balance. (See section on Procedures for Transferring a Claim.)
  7. Once all information has been keyed into the appropriate fields, hit PF 4 to post the adjustment. A message will be shown at the bottom of the screen confirming the adjustment has been made and the resulting balance.  
Note: if the new balance is not what you expected, review the payment history again and make further corrections if necessary. Contact the Office of Claims Recovery for assistance on posting adjustments and making corrections.
- E. The person posting the adjustment should sign and date the adjustment authorization documentation, that is, the Payment History Inquiry screen hardcopy and/or the Adjustment Form. Place a copy in the claim record and keep a copy with the daily reconciliation.

## Reports

A number of claims reports are distributed to the county offices. These reports fall into three basic types:

- prompting
- tracking
- statistical

The frequency of the reports varies. Most are monthly reports with some of quarterly and yearly reports. Several come twice a month. The FS Recoupment Posting Report is produced both daily and monthly. The PA Recoupment Posting Report is produced once a month. All counties may not receive all reports every month. For instance, if a county had no claims paid out during a month, a PSCRR023, Claims Paid Out Report, would not be produced for that county for that month.

Many of the reports are informational and are used to manage a worker's claims caseload and as management tools for supervisory and management staff. All reports should be reviewed in a timely manner for accuracy and for any action that may be necessary. The following reports require action:

PSCRR050	Monthly Reconciliation Report
PSCRR083	ADH Prompting Report (FS only)
PSCRR010	Pending Possible Claims List
PSCRR128	Clients in Last Month of Disqualification (IPV disqualifications)
PSCRB105	Death Matches (from IEVS)
PSCRB257	Address request Partial and Death Matches (FS claims only)

See the chart on the following pages for information about each report.

REPORT	REPORT TITLE	FREQ	RETN	INFORMATION ON REPORT	USES OF REPORT
PSCRR043A	Daily Recoupment Posting	D	current month	Lists claims with recoupment and amount recouped and posted for each day any recoupment occurs.	Check for obvious problems with recoupment. If message states "not posted" or "claim not found," contact the CCS Coordinator at OFO. Compare with recoupment reconciliation report received end of month.
PSCRR044A	Zero Allotment w/FS Recoupment	2xM	current month	FS cases which have a zero allotment due to recoupment for a claim.	Check for obvious problems with recoupment. If message states "not posted" or "claim not found," contact the CCS Coordinator at OFO. Compare with recoupment reconciliation report received end of month.
PSCRR078	Tax Intercept Posting Report	2XM	current month	Lists claims for which state tax intercepts have been received.	For your information.
PSCRR083	ADH Prompting Report	2xM	current month	FS SIPV cases with pending ADH actions broken down by geo/adm code and next action due.	Prompts for ADH actions due and gives due dates. Use to track and monitor hearing actions and ensure actions are taken timely.
PSCRR010	Pending Possible Claims List	M	current month	Lists pending possible claims registered on CCS with specific details on each one.	Track and monitor possible claims pending workup. Use to make work assignments and ensure claims are completed within 180 days of discovery.
PSCRR011	Possible Claims Statistics	M	fiscal year	Statistical information on the possible claims pending at the end of the month and activity during the month.	Track and monitor activity on possible claims, such as the number of new possibles registered and the number confirmed as valid claims during the month. Track the number and age of those still pending at end of month.
PSCRR012	PA Pending Poss. Claims by Age	M	current month	Lists PA pending possible claims by geo/adm area and marked by age.	Track and monitor possible claims pending workup. Use to make work assignments and ensure claims are completed within 180 days of discovery.
PSCRR020	Confirmed Claims List	M	current month	Lists all claims confirmed on CCS which have a balance owing and collection action is continuing.	Tracks individual claims giving basic information about each one such as the balance and status. Gives basic statistics about the number of confirmed claims and totals for the county broken down by claim types.
PSCRR021	Confirmed Claims Statistics	M	fiscal year	Statistical information on the confirmed claims for the county.	Use for statistical purposes. Gives the total number of claims and the total balance owed, the number in recoupment, and the numbers and balances broken down by status, reason, and collection authority.
PSCRR023	Claims Paid Out	M	fiscal year	Lists claims paid out during the month.	Use for information. Can be used to pull or otherwise mark paid out claims so that the claims information can be purged later (3 years plus current year from date paid out for non-fraud claims).
PSCRR025	Status of Investigation/Prosecution Report	M	current year	Lists claims open at the Attorney General's Office.	For your information. List cases opened at the AGO and the final disposition has not yet been received by OFO and sent to the county.
PSCRR047A	Recoupment Terminated on PSUP	M	current month 3 plus years or until next audit	Lists FS cases on which recoupment has stopped.	Review for possible problems. Cases usually appear on this list when the FS case is closed or the claim is paid out. If it appears that recoupment has stopped inappropriately, contact CCS Coordinator at OFO.
PSCRR050A-D	Reconciliation Report	M	current month	Lists all claims with payments, recoupments, or adjustments made during month and the county totals.	Reconcile cash (A) section with receipts and bank deposits. Compare recoupment section with daily recoupment reports. Review adjustment section to be sure adjustments are correct. Send copy to SDHR Finance Partnership. Retain copy at county.
PSCRR057	Pymts. Posted Outside Owner Co.	M	current month	Lists claims on which payments were posted in another county or at SDHR.	For your information. Note that this includes payments made by tax offsets.

PSCRR058	Worker Activity Report	M	current plus a month	Lists claims completed during month broken down by program area and worker number. Lists minimum # of claims required, # actually worked, and # pending at end of month for all counties.	Track and monitor worker activity in the completion of claims.
PSCRR097	Minimum Claims Report (Laser)	M	fiscal year		Shows part of the information from the Possible Claims Statistics in a format to allow comparison among counties. Use also as a quick reference for the information listed for your county and to see state totals.
PSCRR098	Claims Retention (Laser)	M	fiscal year	Shows the amount Alabama will retain if the claims worked during the month are collected.	Use to see if your claims effort during the month was cost-effective. Compare your county to other counties. See state totals.
PSCRR124	Deletions (Non-bankruptcy)	M	fiscal year	Lists claims which were deleted (status Z) during month. Lists all claims for which prosecution referral is closed and whether or not any court action was taken.	Deletions for other reasons than bankruptcy discharge are usually done at the county's request. Review to be sure all requested have been deleted. Contact the CCS Coordinator at OFO if you have questions.
PSCRR126A	Prosecution Tracking	M	current month		For your information. This is a cumulative report. If you see cases listed here as closed for prosecution and you have not yet received a final status report, contact your claims consultant at OFO.
PSCRR126B	Prosecution Tracking	M	current month	Lists claims referred to the Attorney General's Office for possible prosecution. FS claims for which no recoupment has been posted in 2 months. Authority will be changed to "N".	For your information. Lists cases referred to the AGO and still open at the end of the month. Cases should drop off this report and move onto the 126A when the AGO closes their cases. Contact OFO if questions about the status of any claim.
PSCRR127	Coll. Authority R to N (FS only)	M	current month		A new series of additional notices will be sent to inform client of remaining balance. Review to see if recoupment should still be occurring. If problems seen, contact the CCS Coordinator at OFO.
PSCRR128	Clients in Last Mo. Of Disqualification	M	current plus a month	Clients who have reached the last month of their IPV disqualifications.	This is a prompting report to identify cases with disqualifications ending. Review for possible action needed on FS certification. If client is still active on FS, he/she will need to be added back into the budget.
PSCRR329	Disqualifications Added	M	current month	New FS IPV disqualifications added to CCS disqualification tracking during the month.	Review for accuracy. Add any not yet registered.
PSCRB105	Death Matches (from IEVS)	Q	current quarter	Lists cases for which a death match "hit" has been received and the SSN has a claim.	Review for possible action on claim. Check for confirmation of death. If all responsible household members are known to be deceased, code claim collection status as "D."
PSCRB257	Address Request Partial and Death Matches	Q	current quarter	A match has been found but the SSN and name are not an exact match or death has been reported.	These are from a match with a Federal database. Check to see if name on claim needs to be updated, such as to a married name. Check for confirmation on death matches. Update claims information as necessary.
PSCRR099	Minimum Claims Report (Laser)	Y	fiscal year	Same information as on the monthly report, PSCRR097, but in a summary format for yearly totals.	Same as for the monthly report.
PSCRR100	Claims Retention (Laser)	Y	fiscal year	Same information as on the monthly report, PSCRR098, but in a summary format for yearly totals.	Same as for the monthly report.

# **APPENDIX 1**

## **MENUS AND SCREENS**

### **CLAIMS MASTER MENU**

PF1	RETURN TO SECURITY SIGN ON MENU
PF2	CLAIMS ESTABLISHMENT MENU
PF3	CLAIMS UPDATE MENU
PF4	CLAIMS FRAUD MENU
PF5	CLAIMS INQUIRY MENU
PF6	CLAIMS COLLECTIONS MENU

PF KEY : \_\_\_\_\_

MESSAGE:      SELECT MENU REQUIRED AND PRESS ENTER

### **CLAIMS ESTABLISHMENT MENU**

PF1	RETURN TO CLAIMS MASTER MENU
PF2	IDENTIFICATION
PF3	REGISTER POSSIBLE CLAIM
PF4	PA TRIAL BUDGET
PF5	FS TRIAL BUDGET
PF6	CONFIRM ADD
PF7	INITIATE COLLECTIONS
PF8	UPDATE ADDITIONAL HOUSEHOLD (MEMBERS)

PF KEY : \_\_\_\_\_

MESSAGE:      SELECT DATA ENTRY SCREEN AND PRESS ENTER

**CLAIMS  
UPDATE MENU**

PF1	RETURN TO CLAIMS MASTER MENU
PF2	UPDATE POSSIBLE CLAIMS
PF3	BUDGET WORKUP UPDATE
PF4	PA BUDGET UPDATE
PF5	FS BUDGET UPDATE
PF6	TRIAL BUDGET DELETE
PF7	CLAIM DETAIL UPDATE DATA ENTRY

PF KEY : \_\_\_\_\_

MESSAGE:        SELECT DATA ENTRY SCREEN AND PRESS ENTER

**CLAIMS  
FRAUD MENU**

PF1	RETURN TO CLAIMS MASTER MENU
PF2	FRAUD REFERRAL TRACKING
PF3	INVESTIGATION/PROSECUTION TRACKING UPDATE
PF4	DISQUALIFICATION HEARING TRACKING
PF5	COURT ACTION—DISPOSITION
PF6	DISQUALIFICATION ADD
PF7	DISQUALIFICATION CHANGE
PF11	FEDERAL DATABASE HISTORY

PF KEY : \_\_\_\_\_

MESSAGE:        SELECT DATA ENTRY SCREEN AND PRESS ENTER



## **CLAIMS INQUIRY MENU**

PF1	RETURN TO CLAIMS MASTER MENU
PF2	POSSIBLE CLAIM HISTORY
PF3	POSSIBLE CLAIM INQUIRY
PF4	CONFIRMED CLAIM HISTORY INQUIRY
PF5	CONFIRMED CLAIM DETAIL INQUIRY
PF6	NAME (inquiry by name)
PF7	WORKUP REVIEW
PF8	FRAUD REFERRAL STATUS INQUIRY
PF9	DISQUALIFICATION HEARING TRACKING INQUIRY
PF10	DISQUALIFICATION DETAIL INQUIRY
PF11	COURT ACTION—DISPOSITION INQUIRY
PF12	PAYMENT HISTORY INQUIRY
PF13	PROGRAM COLLECTION ACTIVITY INQUIRY
PF14	INVESTIGATION/PROSECUTION TRACKING INQUIRY
PF15	DHR FILE NUMBER INQUIRY
PF16	REFERRAL HISTORY INQUIRY (note: not currently used)
PF17	DAILY RECONCILIATION REPORT
PF18	PRINT TRIAL BUDGET PERIOD
PF19	ADDITIONAL HOUSEHOLD MEMBERS

PF KEY : \_\_\_\_\_

MESSAGE: SELECT APPROPRIATE PF KEY AND PRESS ENTER

## **CLAIMS COLLECTIONS MENU**

PF1	RETURN TO CLAIMS MASTER MENU
PF2	PAYMENT DATA ENTRY
PF3	ADJUSTMENT/REFUND DATA ENTRY
PF4	PROGRAM COLLECTION ACTIVITY UPDATE
PF5	DELINQUENT COLLECTION REFERRALS
PF6	DAILY RECONCILIATION REPORT

PF KEY : \_\_\_\_\_

MESSAGE: PLEASE SELECT OPTION

**PROGRAM/COMPANION PROGRAM**

FS	Food Stamps
PA	Public Assistance (AFDC/TANF)
MD	JOBS
CS	Child Support
CT	Consumer Tax (ASSETS only)
AD	Adult Services
CP	Child Protection
CW	Foster Care
DR	Disaster Relief (IFG)
FV	Day Care
PE	Personnel

**RACE**

B	Black
C	Cuban/Haitian
I	Native American or Alaskan
O	Asian/Pacific Islander
R	Refugee
S	Hispanic
W	White
X	All Others

**SEX**

M	male
F	female

**SOURCE OF DISCOVERY**

A	Worker Observation
B	Client Self-Reported
C	Quality Control Findings
D	Audit
E	M.E. Review
F	Employer
G	Neighbor/Reference/Public
H	Hotline Complaint/Referral
I	Other Unit/Program/County
J	DIR Wages Hit
K	UCB Match
L	Supervisory Review
M	IEVS
R	Other
S	Front End Investigation

**CATEGORY OF ASSISTANCE (PA only)**

A	Aid to the Aged
B	Aid to the Blind
C	Child Support Disregard
D	Aid to Permanently & Totally Disabled
F	Aid to Families w/Dependent Children (AFDC)
G	Family Assistance (TANF)
R	Aid to Refugees

**CASE STATUS**

A	Active
C	Closed

**REASON FOR POSSIBLE CLAIM**

A	Agency failed to act on information known to agency
J	Agency failed to act on a reported change
K	Agency incorrectly computed benefits
L	Agency failed to act on a mass change
B	Payment adjustment lag (PAL error) (PA only)
C	Household member unintentionally gave incorrect information
N	Household member unintentionally gave incomplete information
Q	Household member unintentionally failed to report a change
H	Client received extra benefits pending hearing decision
S	suspected fraud—HH member knowingly failed to report a change
U	Suspected fraud—HH member knowingly gave false information
G	Combined agency error/suspected fraud (PA only)
M	Multiple suspected fraud with continuous or overlapping months (PA only)
R	Suspected fraud claim with prosecution declined (PA only)
T	Awaiting transfer of claim balance (use only if a balance is being transferred to collect from another person)
Y	Suspected Fraud -Trafficking

**PRIORITY**

1	Active recipient
2	previous claims by recipient
3	estimated value of claim is large
4	wages/employment is reason for claim
5	Age of claim
6	Other

**DISPOSITION**

0	No Claim (enter to void a possible claim) The following are computer-generated only and are given for information only:
1	Pending workup
2	Workup partially completed (at least one trial budget has been completed)
3	Underissuance
9	Claim has been established

**CATEGORY OF ASSISTANCE (JOBS)**

Y	JOBS employed expenses (except child care)
Z	JOBS employed--day care
S	reserved for future use
V	JOBS unemployed expenses (except child care)
W	JOBS unemployed—child care
R	reserved for future use
X	reserved for future use

## REASON FOR CLAIM

### **Agency Error (AE)**

- A Agency Failed to Act on Information Known to Agency
- J Agency Failed to Act on a Reported Change
- K Agency Incorrectly Computed Benefits
- L Agency Failed to Act on a Mass Change
- B Payment Adjustment Lag (PAL) (PA only)

### **Inadvertent Household Error (IHE)**

- C Household Unintentionally Gave Incorrect Information
- H Client Received Extra Benefits Pending Fair Hearing Decision
- N Household Unintentionally Gave Incomplete Information
- Q Household Unintentionally Failed To Report a Change

### **Suspected Fraud (SIPV)**

- G Combined Administrative Error And Suspected Fraud (PA only)
- M Multiple Suspected Fraud With Continuous Or Overlapping Months (PA only)
- R Suspected Fraud Claim With Prosecution Declined (PA only)
- S Suspected That Household Knowingly Failed To Report a Change
- U Suspected That Household Knowingly Gave False Information
- X Multiple Instances of Suspected Fraud
- Y Suspected Fraud -Trafficking**

### **Fraud—Intentional Program Violation (IPV)**

- F Confirmed Fraud--Household Member Knowingly Gave False Information
- V Confirmed Fraud--Household Member Knowing Failed To Report A Change
- D Combined Agency Error And Confirmed Fraud (PA only)
- Z Confirmed Fraud- Trafficking**

### **Other**

- P Punitive Damages or Fines
- T Awaiting Transfer of Balance From Another Claim

## COLLECTION AUTHORITY

- A Signed Agreement To Repay
- C Court-Ordered Recoupment
- D Court-Ordered Payment Directly To Agency
- I Recoupment From Benefits (FS Only)
- J Court-Ordered Payment Through Court Clerk Or Other Court Office
- N No Arrangements To Repay Have Been Made (No Agreement, Recoupment, nor Court Order)
- R Recoupment With Agreement On File

## TYPE OF ASSISTANCE (PA AND MD ONLY)

- F Financial only
- FM Financial and Medical
- M Medical only

## FRAUD REFERRAL STATUS

- AF Fraud Action by Administrative Disqualification Hearing (ADH)
- CR Court Ordered Restitution
- IR Initiate Recovery—Prosecution Declined
- NA No Fraud Action Taken (Use for Non-Fraud)
- NR Not Referred for Possible Prosecution
- RC Referred To Attorney General for Prosecution
- RR Recovery Initiated—Claim Is Below Prosecution Threshold (PA Only)
- SP Referred To State Office for Review and Possible Referral For Prosecution

## COLLECTION STATUS

- A Collection Is Actively Being Pursued
- B Collection Suspended Due To Bankruptcy
- D Collection Terminated Due To Death of All Responsible Household Members
- M Collection Suspended Due To Unknown Address
- P Paid In Full (Computer Generated)
- R Active Recoupment (PA Only)
- S Other Suspension
- T Collection Terminated
- Z Claim Is Deleted (Computer Generated)

## OTHER PROGRAM INDICATOR (PA OR MD ONLY)

- A PA and Adult Services
- C Foster Care
- D PA and Daycare
- F PA and Food Stamps
- M PA and Medicaid
- P PA Only
- S PA and Family And Children's Services
- X PA, FS, AND Medicaid
- Z Multiples of Above

## CATEGORY (PA ONLY)

- A Aid To Aged
- B Aid To the Blind
- C Child Support Disregard Payments
- D Aid To Permanently And Totally Disabled
- F Aid To Families With Dependent Children
- G Temporary Assistance To Needy Families
- R Aid To Refugees

## CATEGORY (JOBS ONLY)

- Y JOBS Employed Expenses (Except Child Care)
- Z JOBS Employed--Child Care
- S Reserved for future use
- V JOBS Unemployed Expenses (Except Child Care)
- W JOBS Unemployed—Child Care
- R Reserved for future use
- X Reserved for future use

**PAYMENT DATA ENTRY SCREEN**  
**FORM DHR-OFA 1577**

**PAY CODES**

- C**     Payment by check, personal or business checks only (Use pay code “J” for checks received from a court.)
  
- M**     Payment by Money Order or Cash  
(Note: this includes payments through the Treasury Offset Program for inquiry by all security levels except State Office Claims Recovery staff)
  
- J**     Payment received from a court
  
- W**     Payment through debit of EBT account (entered by State Office Claims Recovery staff only)
  
- I**     Payment through State Tax Offset
  
- G**     Payment through Treasury Offset Program (state office use only)

The following two codes are no longer in use, but may be seen when inquiring on older claims:

- F**     Payment through collection agency
  
- S**     Payment made with food stamp coupons



**ADJUSTMENT/REFUND DATA ENTRY SCREEN**  
**FORM DHR-OFO-1578**

**ADJUSTMENT REASONS**

**Payment Correction codes**                      **Requires entry of cross-reference number**

- E**      Correction of an entry of payment by cash, check or money order  
(use to back out pay codes C, M, and J)  
**Note:** use code “D” if a check is returned by the bank. See Other Adjustments.
- L**      State Office use only. Correction of an entry of payment by EBT debit.  
(use to back out pay code W)
- N**      Correction of an entry of payment by recoupment (allotment reduction).  
(use to back out pay code R)

**General Correction codes**

- A**      Change or correction to original amount of claim
- B**      Change or correction to balance due
- X**      Change or correction to original amount and balance at the same time
- NOTE:** When re-determining a claim, the original amount and balance may be adjusted separately using codes “A” and “B” or both adjusted in one transaction using code “X.” Do not use both methods on one case. If the re-determination shows no overpayment occurred, adjust the balance only using the “B” code and send a request for deletion to the State Office.

**Refund codes**                                      **Requires entry of cross-reference number**

- Q**      Refund by cash or check
- Y**      Non-cash refund (refund by restoration of benefits)
- Z**      State Office use only. Refund of Treasury Offset Payment issued by the Treasury Department directly to the client. (These refunds are commonly referred to as “spousal refunds” or “spousal reversals” and may show on the payment inquiry history screen as a “Q” code.)

**Other adjustments**

- D**      Check returned for insufficient funds

- H** Adjustment due to Child support reimbursement of AFDC or TANF
- K** Bankruptcy adjustment
- O** Adjustment of a claim balance by the amount of an underissuance
- P** Court-ordered adjustment
- R** Recoupment (used to manually post recoupment that did not post automatically)
- T** Transfer to another individual for collection (Use only for in-state transfers between individuals. Do not use for transfers from or to another state.)

## **IPV DISQUALIFICATION**

### **TYPE OF OFFENSE CODES AND USUAL PENALTY LENGTHS**

**F -- Application Fraud, including Non-Report of Changes**

- 1<sup>st</sup> offense – 12 months
- 2<sup>nd</sup> offense – 24 months
- 3<sup>rd</sup> offense – permanent (999 in Length field)

**E -- Duplicate Participation (receiving Food Stamps in more than one state at the same time)**

- 1<sup>st</sup> offense – 120 months
- 2<sup>nd</sup> offense – 120 months
- 3<sup>rd</sup> offense – permanent (999 in Length field)

**D – Administrative Finding of Trafficking (trading Food Stamp benefits for something other than food)**

- 1<sup>st</sup> offense – 12 months
- 2<sup>nd</sup> offense – 24 months
- 3<sup>rd</sup> offense – permanent (999 in Length field)

**C -- Firearms Trafficking Conviction, Any Amount**

- 1<sup>st</sup> offense – permanent (999 in Length field)

**B -- Any Trafficking Conviction (except for firearms) Involving \$500 or More**

1<sup>st</sup> offense – permanent (999 in Length field)

**A -- Drug Trafficking Conviction Involving Less Than \$500**

1<sup>st</sup> offense – 24 months

2<sup>nd</sup> offense – permanent (999 in Length field)

**Z -- Other Intentional Program Violations**

1<sup>st</sup> offense – 12 months

2<sup>nd</sup> offense – 24 months

3<sup>rd</sup> offense – permanent (999 in Length field)

NOTES: 1. The most commonly used codes are listed first. “F” will be used in most cases.

2. Trafficking in regard to FS IPV cases refers to trading food stamp benefits for something other than food. Trading FS for drugs or firearms carries stiffer penalties than other violations.

3. Use code “Z” (Other) only if nothing else fits the situation.



# REQUEST FOR DELETION OF CLAIMS

DATE \_\_\_\_\_

TO: CCS Coordinator  
Office of Fraud and Overpayments

FROM: \_\_\_\_\_  
\_\_\_\_\_ County DHR

PHONE #: \_\_\_\_\_

SUBJECT: DELETION OF CLAIMS FROM THE COMPREHENSIVE CLAIMS SYSTEM

Please delete from CCS the following claims which have been found to be invalid. The balances have been adjusted to zero using a "B" adjustment code.

Program	Claim SSN	Seq. #	Type	Name	Original Amount	Balance Adjusted to Zero?	Reason for Deletion