

EDUCATION & TRAINING *Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY & CHILDREN SERVICES



Food Stamp For ABD Phase II

For ABD Family Independence
Case Managers

Participant Guide



August 1, 2009

Georgia Department of Human Resources
Division of Family and Children Services

Food Stamps for ABD

SUCCESS Training

INTRODUCTION

Outline

- I. Introduction
- II. Training Information
- III. Expectations
- IV. Stages in Skill Development
- V. Review of SUCCESS
- VI. SUCCESS Functions

Objectives

By the end of this section, participants will know how:

- Phase II training will be organized
- to identify support materials that are available to help you
- to sign on to the SUCCESS system
- to navigate in SUCCESS
- to update a schedule
- to generate a letter
- to create an alert
- to manage a caseload using alerts
- to sign off the SUCCESS system

FS for ABD SUCCESS Training

Day One

Policy Review
Introduction to SUCCESS

Day Two

Initial Applications

Day Three

Interim Changes

Day Four

Reviews
Putting It All Together

Day Five

Knowledge Assessment
Skill Demonstration
Closing

EDUCATION AND TRAINING SERVICES SECTION

DIVISION OF FAMILY AND CHILDREN SERVICES

TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS

AND ATTENDANCE POLICY

As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, Managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

August 23, 2006

Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.

DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.

If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee’s leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee’s leave request. The trainer/facilitator **will NOT** approve any leave.

August 23, 2006

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: OFItraining@dhr.state.ga.us
- For attendance at any Social Services training e-mail: SStraining@dhr.state.ga.us

I _____ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature _____ Date _____

August 23, 2006

EDUCATION AND TRAINING SERVICES SECTION

**DIVISION OF FAMILY AND CHILDREN SERVICES
TRAINING PROGRAMS**

**CLASSROOM STANDARDS, EXPECTATIONS
AND ATTENDANCE POLICY**

I _____ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature _____

Date _____

SUCCESS Computer Labs

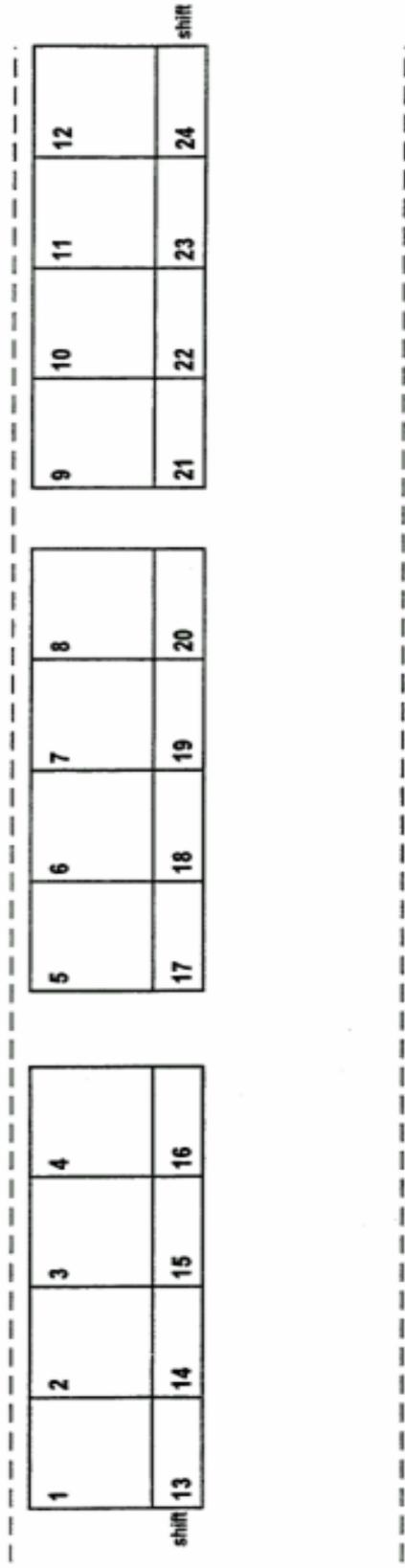
In an effort to keep the computer equipment in good working condition, the following rules apply:

- Please **do not** change the home page for the internet.
- Please **do not** surf the web while in class.
- Please **do not** download any kind of information to the computers. This includes screen savers.
- Please **do not** eat or drink in the computer labs.
- Please remove all disks before shutting down the computers.
- Please shut down each computer at the end of each day.
- Please **do not** place stickers or post it notes of any kind on the computers, monitors or printers.
- Please **do not** write in pencil, pen, marker or otherwise on the computers, monitors, printers or desks.

SUCCESS Template for Standard PC Keyboard

RESET	CLEAR
-------	-------

Annotate PF 1-12 keys. Cut on dotted lines. Fold each piece in half lengthwise. Align over keys and tape to keyboard.



Introduction

Date: Thursday, 2 May 2002 11:25am ET
To: FIELDDIRECTORS, DFCS.COUNTY.DIRS, SUCCESS.SUPVS
From: DFCS.DIVISION@GOMAIL
Subject: **SUCCESS security**

Recent events in one of our urban counties have illustrated the need for Division staff at all levels to be cognizant of correct security procedures for SUCCESS user IDs and RACFs. Staff assigned a SUCCESS user ID and RACF which permits authorization of benefits on SUCCESS are legally responsible for all benefits authorized using the assigned ID and RACF. Forms 283 AND 291, completed by all staff to acquire SUCCESS IDs and RACFs, note that the individual is "personally responsible for all actions taken by your UserID/password." IDs and RACFs are never to be shared or revealed to anyone other than the person to whom they are assigned. It is also critical that any person with SUCCESS access never leave her/his workstation while signed on to SUCCESS. Any entry made while signed on is attributed to the person to whom the ID/RACF is assigned, regardless of who may have actually completed the data entry. These security measures are necessary to prevent erroneous benefits from being authorized, case actions being processed in error or invalid cases being established.

It is incumbent upon all management staff at both the Field Area and County levels to insure that correct SUCCESS security procedures are observed in county departments. Every county must insure that terminals are never left unattended while signed on to SUCCESS, to prevent unauthorized issuance of benefits. Counties must also insure that when staff terminate or transfer to other areas that correct security procedures are observed. Field Coordinators will be adding discussions of increased SUCCESS security procedures to their meetings with county directors.

It is my expectation that all counties will review SUCCESS security procedures in every office on a regular basis, and will assure that procedures are in place to prevent unauthorized issuance of benefits on SUCCESS.

------(end of letter)-----

SCHEDULE BLOCKING

Your Assignment

Enter your basic schedule in SUCCESS to indicate availability for appointments for the next eight weeks.

MAIN MENU

- Select E

EMEN

- Select B

October

		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SCHD

- Tab to the Appointment field for 7:00
- Press PF1 to view codes
- Enter PT in the Appointment field for 7:00 am
- Enter C in the Appointment field for 7:30
- Enter ADM in the Appointment field for 8:00
- Enter LUN in the Appointment field for 12:00
- Enter C in the Appointment field for 12:30
- Enter ADM in the Appointment field for 3:30
- Press ENTER

- Enter C in the Appointment fields for 4:00 and 4:30
- Enter PT in the Appointment field for 5:00
- Enter C in the Appointment fields for 5:30, 6:00 and 6:30
- Press ENTER to return to EMEN

EMEN

- Press ENTER

SCHD

- Tab to the Select field for 7:00
- Enter B in the Select field next to each code entered in the Appt field
- Press ENTER to return to EMEN

EMEN

- Press ENTER

SCHD

- Change the date at the top of the page to 11/30/06
- Press ENTER
- Press PF3 to return back to the Main Menu

SAMUEL NEAL

Background

Mr. Samuel Neal is an elderly gentleman who has received Food Stamps and ABD for the past few years. Mr. Neal phones you on 10/5/06 and states that he thinks he had an appointment recently, but can't remember the appointment date. He wants to know if he can reschedule his appointment.



Your Assignment

Determine the date of Mr. Neal's original appointment and then reschedule the appointment for a more convenient time.

MAIN MENU

- Select A

AMEN

- Select R and enter Samuel Neal's AU ID # XXXX00064

REDE

- Press PF4 to bypass this screen

ADDR

- Fastpath to MISC B
- Press PF4

MISC B

- Press PF14 to view your schedule

SCHD

- Review your schedule for 10/13/06
- Press ENTER to return to MISC

MISC

- Enter Y in the Delete field to remove the old information
- Press PF24 to confirm the deletion

ERRO

- Fastpath back to the MISC B screen

MISC B

- Enter your Load ID #
- Enter 10/13/06 as the Appointment Date
- Enter REV as the Appointment Type
- Enter 9:00 as the Begin Time and 10:00 as the End Time
- Enter B for Print Location
- Enter Samuel Neal/Review in the Remarks field
- Press ENTER to DONE

DONE

- Press ENTER



SAMUEL NEAL

Background

Mr. Neal phones and states that he needs to reschedule his appointment yet again because he has a doctor's appointment scheduled for October 13th. Mr. Neal would like to be interviewed on the next available date.

Your Assignment

Check your schedule to determine the next available date. Update Mr. Neal's appointment using the Select function from your schedule.

MAIN MENU

- Select E

EMEN

- Select B
- Enter 10/13/06 in Date field
- Press ENTER

SCHD

- Tab to the Select field
- Enter U in the Select field next to Mr. Neal's appointment
- Press ENTER

REDE

- Press PF4 to bypass this screen

MISC A

- Press ENTER

MISC B

- Enter 10/17/06 as appointment date
- Enter 2:00 – 3:00 as appointment begin and end times
- Press ENTER

SCHD

- Press ENTER to return to EMEN
- Enter 10/17/06 to review schedule
- Press ENTER to return to EMEN

EMEN

- Press PF3 to return back to the Main Menu

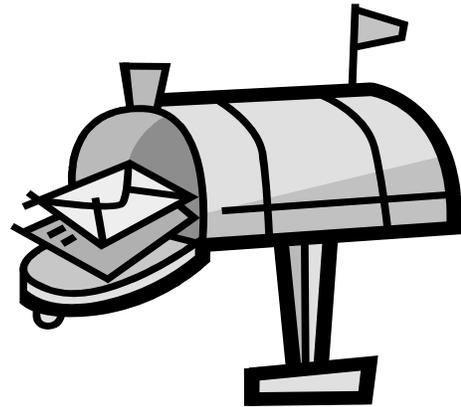
LETTERS

Background

During your conversation with Mr. Neal regarding his rescheduled appointment, he mentions that his RSDI benefits have changed and his mortgage has increased as well. Though you plan to address all points of eligibility at the review appointment, you decide to send him a verification checklist now to ensure that you have his new verification in time for the appointment. Access the Letters submenu to send a Form 173 through SUCCESS directly to Mr. Neal's address.

Your Assignment

Send Mr. Neal a verification checklist using the SUCCESS Letters submenu.



MAIN MENU

- Select F

FMEN

- Select A
- Enter Samuel Neal's AU ID # XXXX00064
- Press PF6 to view a full list of available letter templates
- Enter C173 in the Letter Type field
- Press ENTER

LDTL

- Enter 555-555-5555 in the phone number fields
- Press PF4 to bypass warning message

LETT

- Press ENTER pass the first page of the template
- Enter 10/15/06 as the due dates
- Enter XXX to indicate the ongoing case will be closed
- Press ENTER
- Enter XXX in the FS column to indicate a request for RSDI Award Letter for Samuel Neal
- Press ENTER
- Enter XXX in the FS column to indicate a request for Mortgage Amount
- Press ENTER through the rest of the template

LDTL

- Press PF14 to mail the letter

Your Assignment

Check the verification checklist to ensure the request for mortgage verification was included on the letter.



FMEN

- Select D
- Press ENTER

LSUM

- Enter Y in the Select field next to letter type C173
- Press ENTER

LDTL

- Press PF4 to bypass the warning message

LETT

- Press ENTER to view the deduction verification section
- Press ENTER through the rest of the template

LDTL

- Press PF14 to return to LSUM

LSUM

- Press ENTER to return to FMEN

FMEN

- Press PF3 to return back to Main Menu

MANAGING ALERTS

Background

In order to keep track of the requested verification from Mr. Neal, you decide to send yourself an alert as a reminder of what is due and when.



Your Assignment

Create a worker generated alert to track the due date of the requested verification.

MAIN MENU

- Select D
- Press ENTER

DMEN

- Select A
- Press ENTER

ALWG

- Enter your caseload ID number
- Enter Samuel Neal's AU ID number XXXX00064
- Enter an alert code between 450 – 489
- Enter message text as follows:
 "Verification of income and mortgage due
 Samuel Neal"
- Enter 10/05/06 as the display date
- Enter 10/15/06 as the due date
- Press ENTER

Background

Mr. Neal promptly returned the requested verification on 10/7/06. He has provided a copy of his RSDI award letter indicating the amount has increased to \$800 per month effective 9/1/06 and a mortgage statement indicating that the new amount is \$657.00 per month.

Your Assignment

Access Mr. Neal's case from your alerts list and update the necessary screens based on the verification provided.

DMEN

- Select B
- Press ENTER

ALPR

- Press ENTER until Mr. Neal's alert appears
- Enter R next to the alert for Samuel Neal
- Press PF15 to access AMEN

REDE

- Press PF4 to bypass this screen

ADDR

- Fastpath to STAT B
- Press PF4 to bypass the warning message

STAT B

- Press PF23 to view the alerts for this AU
- Fastpath to UINC 01

UINC 01

- Update Mr. Neal's income based on the verification provided
- Fastpath to SHEL 01

SHEL 01

- Update the mortgage amount based on the verification provided
- Fastpath to DONE

ERRO

- Press ENTER

ELIG A

- Enter Y to confirm the data

MAFI

- Enter Y to confirm the data

ELIG B

- Enter Y to confirm the data

FSFI

- Enter Y to confirm the data

DONE

- Commit to the database

ALPR

- Enter D in the Disposition field
- Press ENTER to confirm the disposition
- Press ENTER to return to DMEN

Background

Your request for annual leave has been approved, so you decide to work ahead and ensure that you have no pending work that needs your attention while on vacation. Your vacation is planned for 10/26 – 10/30/06.

Your Assignment

Access your alerts based on your vacation dates to view your alerts.

DMEN

- Select C
- Press ENTER

ALDD

- Press the HOME key
- Enter 10/26/06 in the From Date field
- Press ENTER
- Press PF3 to return back to DMEN



ALERTS

050 – Review Appointments Scheduled – Please Review	Case Manager Dispositions
051 – Review Notice Will Be Sent Tonight	System Dispositions
102 – Application Pending	System Dispositions
103 – Verify the Application For or Receipt of SSN Applied For Date	Case Manager Dispositions
110 – Review Pending	System Dispositions
120 – SPA on Hold (placed on hold by Case Manager)	System Dispositions
126 – SPA Held For Work in Progress (placed on hold by system)	Case Manager Dispositions
136 – SSN Match Found by Employee File (New Hire)	Case Manager Dispositions
137 – SDX Shows Earnings but SUCCESS Does Not	Case Manager Dispositions
210 – Scheduling Conflict, Required Review Not Auto Scheduled	Case Manager Dispositions
217 – Review Mail-In Notice Sent	System Dispositions
218 – This AU Has Been Transferred To This Load ID	System Dispositions

262 – Review Interview Notice Not Sent – EW Must Send Maintenance Interview Notice	System Dispositions
282 – Prisoner Verification Inquiry Shows Possible Incarceration of A/R	Case Manager Dispositions
283 – Prisoner Verification Inquiry Shows Incarceration of A/R	Case Manager Dispositions
314 – Review Discontinuance Warning Notice Sent	System Dispositions
320 – SPA Deleted Overnight	System Dispositions
326 – SPA on Hold Will Be Deleted in Month End Batch Cycle	System Dispositions
327 – Review Not Auto Scheduled, Other Appointment Type Already Scheduled	Case Manager Dispositions
330 – Grant Changed by Batch	Case Manager Dispositions
351 – AU Discontinued Overnight	Case Manager Dispositions
377 – Client Discontinued Overnight	Case Manager Dispositions

Georgia Department of Human Resources
Division of Family and Children Services

Food Stamps for ABD

SUCCESS Training

INITIAL APPLICATIONS

Outline

- I. Introduction
- II. Demi Jones – Initial Application Walk Through
- III. Jonathan Daniels – Initial Application Independent Study
- IV. Dispositioning FS error claims
- V. FS/SUCCESS Review

Objectives

By the end of this session, participants will know how to:

- add a Food Stamp application to a pending ABD application
- enter basic information for a Food Stamp application
- enter information on Food Stamp specific screens
- determine eligibility for the Food Stamp program

DEMI JONES

Food Stamp/QMB Initial Application Walk Through

Background

Mrs. Demi Jones submitted an application for QMB benefits on 10/2/06 (Form 297). She decided to come to the office on 10/5/06 to check on the status of her application. While reviewing her application, the Case Manager realizes that Mrs. Jones is potentially eligible for Food Stamps. The Case Manager discusses her potential eligibility for Food Stamps and Mrs. Jones agrees. She applies for Food Stamps for herself and her husband on 10/5/06.



Mrs. Jones receives RSDI of \$750 per month; her husband Danny receives SSI of \$353 per month.

Mrs. Jones has a checking account with a balance of \$500

Total shelter costs include rent of \$450.00 per month and a telephone bill of \$30.00 per month. All other utilities are included in the rent.

Your Assignment

Add a Food Stamps application to the pending QMB application. Then interview, process and finalize both applications based on your conversation with Mrs. Jones.

Demi Jones
Policy Review

1. What is the SOP for Ms. Jones' QMB application?
2. What is the SOP for Ms. Jones' FS application? Does Ms. Jones meet the criteria for FS expedited application processing?
3. What mandatory forms must be in the record for the QMB application?
4. Is a Form DMA-285 needed?
5. What mandatory forms must be in the record for the FS application?
6. How will Ms. Jones date of birth be verified for the FS application?
7. How will Ms. Jones date of birth be verified for the QMB application?
8. How will citizenship be verified for the FS application? For the QMB application?
9. Will Ms. Jones be eligible for medical deductions in her FS case?
10. Will Mr. Jones be eligible for medical deductions in the FS case?
11. Will Mr. and Ms. Jones' resources be counted in the FS case? Why or why not?

12. Will the Jones' resources be verified for FS? For QMB?

13. If approved, what will be the first month Ms. Jones will receive QMB?

14. If approved, what will be the first month Ms. Jones will receive FS?

15. If approved, what will be Ms. Jones' FS POE?

DEMI JONES: Add a Program

- Select L from the AMEN menu and enter Mrs. Jones's AU ID number
- The AU ID number for Mrs. Jones is XXXX00215

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                               Selection L
                               AU ID XXXX00215                      Client ID
                               Screen ID                            As Of Date
                               Benefit Month (MM YY)              Notice Type

A. Name/Part Inquiry          J. Registration           R. Interim/Hist Change
B. AU/Client Inquiry          K. Add A Person          S. QRF Change
D. Address Inquiry            L. Add A Program         Y. Spndwn Med Expnse Update
E. Trial Budget                M. Reinstatement        Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility           N. Initiate Review       1. Spndwn Authorization
G. Batch Print Request        O. Interview             5. Prior Medicaid Copy
H. Notice History             P. Process Appl Months   6. Finalize Prior Medicaid
I. SPA Inquiry                Q. Finalize Application

Message 0021
0021 CANCELLATION COMPLETED SUCCESSFULLY
```

NAME

- Mrs. Jones's NAME screen is pre-populated from her ABD application
- The information appears in blue and cannot be changed at this point in the process

REGISTER	APPLICANT NAME AND ADDRESS - NAME						NAME
CO 049 LO 049 Load ID 1065	Client ID		Prev CO/LO		HOH		
F Name DEMI	MI	L Name JONES		Suf			
Primary Language	Visually Impaired	Hearing Impaired	Public Housing	Serial Number	Census Tract	Voter Reg	
E	N	N	N			N	
Residential Address							
Address Line 1			Line 2				
Street	Number	Dir	Name	Type	City Dir	Apt	
	166		Emerson	Dr			
City	Macon		ST	GA	Zip	30204	
					Phone	678 654 9823	
Mailing Address							
Address Line 1			Line 2				
Street	Number	Dir	Name	Type	City Dir	Apt	
			SAME				
City			ST	Zip			
Message 0013 0156							
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"							
18-tbud							

KIND

- Select Food Stamp Assistance
- Press ENTER

REGISTER	KINDS OF ASSISTANCE DESIRED - KIND	KIND
	Select kinds of assistance desired	
	Financial Assistance	
	Y Food Stamp Assistance	
	AFDC Related Medicaid	
	Medicaid for the Aged, Blind, Disabled (ABD)	
	Foster Care or Adoption Assistance Medicaid	
	Other	
Message		
	18-tbud	

CIRC

- The family has no earned income
- Mrs. Jones receives RSDI of \$750 per month
- Mr. Jones receives SSI of \$353 per month
- Mrs. Jones has a checking account with a balance of \$500
- Total shelter costs include rent of \$450.00 per month and a telephone bill of \$30.00 per month. All other utilities are included in the rent.
- Press ENTER

REGISTER	HOUSEHOLD CIRCUMSTANCES - CIRC	CIRC
Monthly Income (FS)		
Earnings Types/Amts	NI 0	
Unearned Types/Amts	SA 750 SI 353	
Liquid Resources (FS)		
Resource Types/Amts	CH 500	
Current Rent/Mortgage/Utilities (FS)	480	
Select:		
Anyone > 18 who formerly recvd SSI	Any Unpaid Medical Bills Prior Month	
Medicare Entitlement	Community-Based Waiver	
Nursing Home	Hospital	
	Resident Battered Woman Shelter	
Migrant/Seasonal Farmworker	Refugee	
MA needed for adult with dep child	Authorized Rep	
Message 0013		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
	18-tbud	

MEMB for Demi Jones

- Information is pre-populated from the ABD application
- A client ID number has already been assigned
- Press ENTER

```
REGISTER                HOUSEHOLD MEMBER - MEMB                MEMB 01
                                                                01
Client ID XXXXX0333                Del
F Name DEMI                MI                L Name JONES                Suf
Relationship SE        DOB (MM DD YYYY) 12 05 1937        V CS        Sex F
SSA/SSN Appl For        SSN1 252 65 XXXX        V CS        Race: B W A N P        Ethnic: n
Preg                Due Date                N Y N N N

Alternate Names        F Name        MI                L Name                Suf
More Names
                SSN        V                SSN        V                SSN        V                SSN        V
                Additional SSNs
                                                                More SSNs
                                                                More Members
Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
                18-tbud                24-del
```

MEMB for Danny Jones

- Information is pre-populated from the ABD application
- A client ID number has already been assigned
- Press ENTER

```
REGISTER                HOUSEHOLD MEMBER - MEMB                MEMB 01
                                                                01
Client ID XXXXX0334                Del
F Name DANNY                MI                L Name JONES                Suf
Relationship CH  DOB (MM DD YYYY) 06 13 1930  V CS  Sex M
SSA/SSN Appl For  SSN1 252 69 XXXX  V CS  Race: B W A N P  Ethnic: n
Preg                Due Date                N Y N N N

Alternate Names                F Name                MI                L Name                Suf

More Names
                Additional SSNs
                SSN                V                SSN                V                SSN                V                SSN                V

                                                                More SSNs
                                                                More Members

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
                18-tbud                24-del
```

INCH

- Enter Y in the IND field to select Food Stamps
- Enter N in the Categorically Eligible field
- Application date is 10/05/06
- Press PF20 to print AFA

REGISTER	INFORMED CHOICE - INCH	INCH	
HOH Name	DEMI JONES	Client ID XXXX000333	
Indicate/add all programs the head of household wishes to apply for			
Ind	Program	Med COA	AU ID
Y	FOOD STAMPS		
AFDC UP	All FS Applicants receive AF, RF, SSI N		
	Expedited N		
	Appl Date 10 05 06		
Message 0013	1354		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
	18-tbud	20-afa	

REDI

- No appointment will be scheduled
- Press PF4 to bypass warning message

REGISTER	REGISTRATION DISPOSITION - REDI	REDI
HOH Name DEMI	JONES	Client ID XXXX000333
Withdrawal?		
Sched Interview		
Unit Type 01		Unit Supv 0903
Inquiry Date 10 05 06		Load ID 1065
Appt Date ?		Appt Type INT
Appt Begin Time (HH:MM) :		Appt End Time (HH:MM) :
L Name/Appt Remarks		
Appointment Letter Print Location		
Other Persons At This Address/Other Narrative Information		
Message 0164		
0164 DO YOU NEED TO SCHEDULE AN APPOINTMENT?		
13-note	14-schs	15-nmiq
		18-tbud

DEMI JONES: Interview

- Select O from AMEN to begin the interview process
- Write down the new Food Stamp AU ID # on Form 353

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                               Selection O
                               AU ID XXXXXXXXXX                      Client ID
                               Screen ID                          As Of Date
                               Benefit Month (MM YY)              Notice Type

A. Name/Part Inquiry          J. Registration            R. Interim/Hist Change
B. AU/Client Inquiry          K. Add A Person           S. QRF Change
D. Address Inquiry            L. Add A Program          Y. Spndwn Med Expnse Update
E. Trial Budget                M. Reinstatement         Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility           N. Initiate Review        1. Spndwn Authorization
G. Batch Print Request        O. Interview              5. Prior Medicaid Copy
H. Notice History             P. Process Appl Months    6. Finalize Prior Medicaid
I. SPA Inquiry                Q. Finalize Application

Message 0021
0021 CANCELLATION COMPLETED SUCCESSFULLY
```

ADDR

- Information from Registration is pre-populated
- Enter Residential County code 044
- Confirm Mrs. Jones's address and phone number were entered correctly during the registration process
- Press PF21 to access the NARR screen and enter documentation regarding her applications
- Press PF4 to bypass the warning message

INTERVIEW	HOUSEHOLD ADDRESSES - ADDR						ADDR 01
Month 11 06	A137 10 02 06						
CO 049	LO 049	Load	ID 1201	Client ID	XXXXX0333	Prev CO/LO	
HOH F	Name DEMI		MI	L Name	JONES	Suf	
Auth Rep	Prim Lang	Voter Reg	Visually Impaired	Hearing Impaired	Public Hsng/ Rent Subsidy	Serial Number	Census Tract
N	E	N	N	N	N		
Residential Address							
Address Line 1				Line 2			
Street	Number	Dir	Name	Type	City Dir	Apt	
	166		EMERSON	DR			
City	MACON		ST GA	Zip 30204	Phone 478 654 9823		
Mailing Address Del							
Address Line 1				Line 2			
Street	Number	Dir	Name	Type	City Dir	Apt	
			SAME				
City			ST	Zip			
Previous Addresses in last 2 years N							
Message	15-lett			21-narr 23-alau 24-del			

NARR

- Enter basic information about who is applying for Food Stamps, income, resources and shelter expenses. Also document how the HIPPA form was addressed.
- Document the following on NARR:

OV - Mrs. Jones is applying for QMB Medicaid for herself and Food Stamps for herself and her husband.

Form 700 for QMB was received on 10/2/06

FS application was received on 10/5/06

The face-to-face interview was conducted with Mrs. Jones

She is the best source of information

Her household's income includes RSDI of \$750/month and SSI of \$353/month. Total shelter costs include rent of \$450 (utilities included) and a telephone expense of \$30.00 per month.

HIPAA forms given to Mrs. Jones and mailed to Mr. Jones on 10/5/06.

The AU is TCOS eligible. TCOS brochure provided.

STAT A – MA

- Complete the STAT screen based on the information provided
- Correct the relationship code for Mr. Jones
- Press the Tilde key to access the ADT to enter documentation

```

INTERVIEW                                ASSISTANCE STATUS - STAT                STAT  A
Month 11 06                               A137  10 05 06                               01

AU ID XXXXX00215  Prog MA  Prog Type A  Prev ABD Type      Med COA Q01  Claim N
CO 049  LO 049  Load ID 1201  Conversion Date

AU  AU Status  AU Stat  Appl  Begin  Pd Thru  ---Penalty---  Appeal
Stat  Reasons  Date  Date  Date  Date  Type  End Date  Ind
P                               100506  100206

-----
First  Last  Rel V  Mand Finl  --Stat-- Rsn  Appl  Begin  Pd Thru  Penalty
Name  Name  Name  Incl Resp  Date  Date  Date  Date  Date  T  Date
DEMI  JONE  SE ot      pn  P 100206  100206
DANN  JONE  OR ot      as  P 100206  100206

Message 0013 01
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
                                20-rmen  22-alau(arch)  23-alau(curr)
    
```

STAT A – ADT

```

UPDATE                                REMARKS - REMA                                REMA
                                           00

***** MEDICAID STAT *****
10/05/2006 12:25 PM Phase II Training 555-555-5555
LIST OTHER  NAME  RELAT  AGE  FIN RES {Y/N}
HH MEMBERS  :Danny Jones  :Husband  :76  :Y
NOT INCL    :_____  :_____  :_____  :_____
IN THE AU   :_____  :_____  :_____  :_____
INELIGIBLE/PENALIZED AU MEMBER? Y/N (Y) IF YES, EXPLAIN: Mr. Jones receives
SSI and is therefore already Medicaid eligible.
EXPLAIN STEP PARENT SITUATION: _____
TRACE RELATIONSHIPS AND DOCUMENT FINANCIAL RESPONSIBILITY:
: _____
LIM ELIGIBLE? Y/N (N) IF NO, EXPLAIN: No children under 18 in the AU.
CMD, AS NEEDED: _____
DUAL ELIG AU MEMBER(S)/COA? EXPLAIN: _____
3MP COVERAGE RQSTD.? Y/N(N) IF YES, MO. AND DETERMINATION FOR EA.: _____
: _____
CROSS REF AU#s FOR 3MP AND ONGOING: _____
EXPLAIN USE OF 500 DENIAL CODE: _____

More

MESSAGE
0019 UPDATE COMPLETED SUCCESSFULLY
13-bott
    
```

STAT B – FS

- Complete the STAT screen based on the information provided
- Correct the relationship code for Mr. Jones
- Press the Tilde key to access the ADT to enter documentation

```

INTERVIEW                ASSISTANCE STATUS - STAT                STAT  B
Month 11 06                A137  10 02 06                01

AU ID XXXXXXXXXX  Prog FS  Prog Type A  Prev ABD Type  Med COA  Claim N
CO 049  LO 049  Load ID 1201  Conversion Date

AU  AU Status  AU Stat  Appl  Begin  Pd Thru  ---Penalty---  Appeal
Stat  Reasons  Date  Date  Date  Date  Type  End Date  Ind
P                                100206  100206

-----
First Last  Rel V  Mand Finl  --Stat-- Rsn  Appl  Begin  Pd Thru  Penalty
Name Name  ot  y  pn  P  Date  Date  Date  Date  T  Date
DEMI JONE SE ot  y  pn  P 100206  100206
DANN JONE OR ot  y  pn  P 100206  100206

Message 0013 01
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
                20-rmen                22-alau(arch)                23-alau(curr)
    
```

STAT B – ADT

- Mrs. Jones’s identity is verified by her GA driver’s license

```

UPDATE                REMARKS - REMA                REMA
                                00

***** FSSTAT *****
10/05/2006 12:26 PM Phase II Training 555-555-5555
There are NO OTHER HH members.
Ineligible/Sanctioned AU member? Y/N (N)
Explain:_____
Identity of Applicant verified by: GA Driver’s license in CR.
    
```

DEM1 for Demi Jones

- Review Mrs. Jones's SSN and date of birth to ensure information was keyed correctly at Registration
- Mrs. Jones is married and living with her spouse in their home
- Mrs. Jones does not receive SSI

INTERVIEW	CLIENT DEMOGRAPHIC 1 - DEM1		DEM1 01
Month 11 06	A137 10 02 06		
Client Name DEMI	JONES	Suf	Client ID XXXXX0333
Alt SSA/SSN	SSN Appl	SSN1	V More DOB
Name Appl For	Date		(MM DD YYYY)
	252 65 XXXX	CS	12 05 1937 CS F W N
GA Marital	Living	RSM	Min Par
Res Status	Arrngmt	Ad/Ch	/LA
Y M	AH	Boarder	Amt Paid
		Num Meals	for Meals
		Referral	Date
Concurr	SSI	Depriv	V Prenatal Care
Out of St	Recip	Ind	Good Cse
CA FS MA			Term/Due
N N N N			Code Date
			Pregnant
			Term/Due
			V Num V
			Code
			Exp
Message 0013			
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
15-lett	16-crs	23-alau	

DEM2 for Demi Jones

- Mrs. Jones is a US Citizen, her receipt of RSDI on her own account meets citizenship criteria for FS and ABD
- Mrs. Jones agrees to cooperate with the TPL process based on her statement
- Mrs. Jones does not have any other Third Party Resources
- Mrs. Jones's Medicare claim number is 25265XXXXA
- Enter Y in Joint SSI/FS field
- Mrs. Jones is not a veteran
- Press the Tilde key to access the ADT to enter documentation

```
INTERVIEW                CLIENT DEMOGRAPHIC 2 - DEM2                DEM2 01
  Month 11 06                A137  10 02 06

Client Name DEMI                JONES                Client ID XXXXX0333

Citiz V  Student V  High Grade V  Striker ---Immunization --  Law -Health Chk -
      Stat          Completed      Stat  Curr GCse Due Dt  Brkr Ref  Date
  C   OT
                                     N

TPL  TPL  V  ----- Medicare -----      ----- Disability / Incapacity -----
  Coop  Entitlmnt  Claim Num  Disab  Approval Begin Date  End Date
                                     Type  Source  (MM YYYY)  (MM YYYY)
  N   C   CS   Y           25265XXXXA

Joint Vet  Military  Death  AFDC Cap Parent ----- AFDC Cap Child ----
SSI/FS Stat  Serv Num  Date   Ctr  End Date  Parnt ID Rcv Mo Cncpt GCse
  Y   N

Non-Custodial Parent?      V

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
                15-lett                                22-tpl 23-alau
```

DEM2 – ADT

- Basic information documented behind DEM2 is the availability of TPL, details of non-cooperation with TPL, date Form 285 mailed to AR and date Form 285 was sent to DMA if appropriate
- Documentation must reflect that citizenship was verified by birth certificate; the AR does not have any TPR; no DMA 285 needed as AR applied using Form 700; and Declaration of Citizenship form signed by AR while in the office

UPDATE	REMARKS - REMA	REMA
		01
***** Health Insurance/Citizenship/Identity *****		
10/05/2006 12:29 PM Phase II Training 555-555-5555		
Does A/R have health insurance or other TPL {trust,e.g.}? Y/N (N)		
If yes, date form 285 sent to DMA:_____		
Signed form DMA 285 in the record? Y/N (N).		
Assignment of TPR is addressed on the 297M.		
Customer was informed about Health Check by		
Face to Face() Telephone() Mailed Brochure()		
Citizenship verified by: AR receives RSDI on her own account, she she		
meets the citizenship criteria for FS and ABD		
:		
Identity verified by: <u>GA Driver's License</u>		
:		
Declaration of citizenship in record dated: <u>10/5/06</u>		
FS only - Citizenship Good cause waiver granted due to:_____		
:		
		More
MESSAGE		
13-bott		

DEM3 for Demi Jones

- Mrs. Jones has no IPV penalties
- Press ENTER

```
INTERVIEW                      CLIENT DEMOGRAPHIC 3 - DEM3                      DEM3 01
Month 11 06

Client Name DEMI                JONES                Client ID XXXXXX0333

----- IPV -----             ----- IPV -----             ----- IPV -----
Pgm Type  Ctr  Eff Date      Pgm Type  Ctr  Eff Date      Pgm Type  Ctr  Eff Date
FS                                     FS                                     FS
FS                                     FS                                     FS
AF/RF

----- TANF SANCTIONS -----
Del          Start Date  End Date  Del          Start Date  End Date
Sanction #1                               Sanction #2                               99 99

----- TANF STRIKES -----             - Lifetime Limit -
Del          Reason  Compl Date  Del          Reason  Ctr  Hrdshp Reas
Strike #1                               Strike #2

Message

15-lett                      23-alau          24-del
```

DEM1 for Danny Jones

- Review Mr. Jones's SSN and date of birth to ensure the information was keyed correctly at Registration
- Mr. Jones is married and living with his spouse in their home
- Mr. Jones receives SSI benefits

INTERVIEW	CLIENT DEMOGRAPHIC 1 - DEM1		DEM1 01
Month 11 06	A137 10 02 06		
Client Name DANNY	JONES	Suf	Client ID XXXXX0334
Alt SSA/SSN	SSN Appl	SSN1	V More DOB
Name Appl For	Date		(MM DD YYYY)
	252 69 XXXX	CS	06 13 1930 CS M W N
GA Marital	Living	RSM Min Par	Boarder Amt Paid -- Family Planning --
Res Status	Arrngmt	Ad/Ch /LA	Num Meals for Meals Referral Date
Y M	AH		
Concurr	SSI	Depriv V	Prenatal Care
Out of St	Recip	Ind Good Cse	Term/Due Term/Due V Num V
CA FS MA			Code Date Exp
N N N R			
Message 0013			
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
15-lett	16-crs	23-alau	

DEM2 for Danny Jones

- Mr. Jones is a US Citizen verified by his receipt of SSI
- Enter Y in the Joint SSI/FS field

- Press the Tilde key to access the ADT to enter documentation

```
INTERVIEW                      CLIENT DEMOGRAPHIC 2 - DEM2          DEM2 01
  Month 11 06                    A137   10 02 06

Client Name DANNY                JONES                Client ID XXXXX0334

Citiz V  Student V  High Grade V Striker ---Immunization --  Law -Health Chk -
      Stat      Completed      Stat  Curr GCse Due Dt  Brkr Ref  Date
  C   BC
N

TPL TPL  V  ----- Medicare -----      ----- Disability / Incapacity -----
  Coop      Entitlmnt  Claim Num      Disab Approval Begin Date  End Date
      Type      Source      (MM YYYY)      (MM YYYY)
N

Joint Vet  Military  Death  AFDC Cap Parent ----- AFDC Cap Child ----
SSI/FS Stat  Serv Num  Date   Ctr  End Date  Parnt ID Rcv Mo Cncpt GCse
  Y

Non-Custodial Parent?      V

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
      15-lett                                22-tpl 23-alau
```

DEM2 – ADT

```
UPDATE                      REMARKS - REMA                      REMA
                                01
***** Health Insurance/Citizenship/Identity *****
10/05/2006 12:29 PM Phase II Training 555-555-5555
Does A/R have health insurance or other TPL {trust,e.g.}?  Y/N (N)
If yes, date form 285 sent to DMA:_____
Signed form DMA 285 in the record?  Y/N (N)AR receives SSI and is therefore
not included in the Medicaid AU.
Customer was informed about Health Check by
Face to Face( ) Telephone( ) Mailed Brochure( )
Citizenship verified by: Birth Certificate
: _____
Identity verified by: _____
: _____
Declaration of citizenship in record dated:_____
FS only - Citizenship Good cause waiver granted due to:_____
: _____

More

MESSAGE
13-bott
```

DEM3 for Danny Jones

- Mr. Jones has no IPV penalties
- Press ENTER

```
INTERVIEW                      CLIENT DEMOGRAPHIC 3 - DEM3                      DEM3 01
Month 11 06

Client Name DEMI                JONES                      Client ID XXXXXX0333

----- IPV -----            ----- IPV -----            ----- IPV -----
Pgm Type  Ctr  Eff Date      Pgm Type  Ctr  Eff Date      Pgm Type  Ctr  Eff Date
FS                               FS                               FS
FS                               FS                               FS
AF/RF

----- TANF SANCTIONS -----
Del          Start Date  End Date  Del          Start Date  End Date
Sanction #1                               Sanction #2                               99 99

----- TANF STRIKES -----            - Lifetime Limit -
Del          Reason  Compl Date  Del          Reason  Ctr  Hrdshp Reas
Strike #1                               Strike #2

Message

15-lett                      23-alau  24-del
```

FSME for Demi Jones

- Mrs. Jones is currently responsible for her Medicare premium of \$96.40 per month
- Mrs. Jones is also responsible for her Humana insurance premium of \$67.00 per month
- Press the Tilde key to access the ADT to enter documentation

INTERVIEW	FOOD STAMP MEDICAL EXPENSES - FSME							FSME	
01								01	
Month 11 06								01	
Client Name DEMI	JONES			Client ID XXXXX0333					
Del	Freq	Pro. Num Of Mths	Type	Amt	V	Date Incurred	TPL Amt	Prorated Amount	
	R		IP	96.40	BI	10 01 06			
Provider Name	MEDICARE								
	R		IP	67.00	BI	10 01 06			
Provider Name	HUMANA								
Provider Name									
Provider Name									
Provider Name									
Provider Name									
Message									
	15-lett		17-mo<	18-mo>				24-del	

FSME – ADT

- Mrs. Jones has a pending Medicaid application, therefore the Medicare premium is allowed for 10/06 only

UPDATE	REMARKS - REMA	REMA
		01
	***** FSME *****	
	10/05/2006 12:29 PM Phase II Training 555-555-5555	
	MEMBER MUST BE ELDERLY 60 YRS /OLDER OR DISABLED AS DEFINED BY POLICY	
	Disabled/elderly HH member has medical expense? Y/N (Y)	
	IF No, explain:_____	
	IF Yes, explain if none allowed: <u>Medicare premium is not allowed ongoing.</u>	
	<u>Allowed for 10/06 only.</u>	
	:_____	
	MEDICAID APPLICATION PENDING? Y/N (Y)	
	If yes, Expense is not given since we are unable to verify reimbursement	
	Computation or explanation of expenses given, if needed;	
	:_____	
	:_____	
	:_____	
	:_____	
	:_____	
		More
MESSAGE		
13-bott		

FSME for Danny Jones

- Mr. Jones pays \$45.00 each month for non-Medicaid covered prescriptions
- He provides a receipt from Kroger dated 10/1/06 verifying his out-of-pocket expenses
- Mr. Jones is also responsible for the balance from a hospital expense incurred on 3/15/01. He had experimental knee surgery and was charged \$1,200.00. He expects no reimbursement and still owes \$1,200.00. He chooses to have this bill prorated
- He provides a bill from The Medical Center dated 9/28/06 verifying this expense
- Press the Tilde key to access the ADT to enter documentation

INTERVIEW	FOOD STAMP MEDICAL EXPENSES - FSME							FSME	
01								01	
Month 11 06									
Client Name DANNY	JONES			Client ID XXXXX0334					
Del	Freq	Pro. Num	Type	Amt	V	Date	TPL	Prorated	
		Of Mths				Incurred	Amt	Amount	
	R		RX	45.00	RC	10 01 06			
Provider Name	KROGER								
	P	12	HO	1200.00	BI	03 15 01			
Provider Name	THE MEDICAL CENTER								
Provider Name									
Provider Name									
Provider Name									
Provider Name									
Message									
15-lett	17-mo<	18-mo>						24-del	

FSME – ADT

UPDATE	REMARKS - REMA	REMA
		01
	***** FSME *****	
	10/05/2006 12:29 PM Phase II Training 555-555-5555	
	MEMBER MUST BE ELDERLY 60 YRS /OLDER OR DISABLED AS DEFINED BY POLICY	
	Disabled/elderly HH member has medical expense? Y/N (Y)	
	IF No, explain:_____	
	IF Yes, explain if none allowed:_____	
	:	
	MEDICAID APPLICATION PENDING? Y/N (N)	
	If yes, Expense is not given since we are uable to verify reimbursement	
	Computation or explanation of expenses given, if needed;	
	<u>:AR receives SSI Medicaid. Prescription expenses from Kroger are not</u> <u>:covered by Medicaid. Therefore AR is responsible for this recurring</u> <u>:expense. Additionally, Mr. Jones had knee surgery in March 2001 and</u> <u>:still owes \$1200. This expense is not covered by Medicaid. AR</u> <u>:chooses to prorate this expense.</u>	
		More
MESSAGE		
13-bott		

RES1 for Demi Jones

- Mrs. Jones has a checking account. The account has a balance of \$500 based on Ms. Jones' statement. The account number is 568971323.
- Press PF9 to access REMA to enter documentation

INTERVIEW	RESOURCES 1 - RES1	RES1 01			
Month 11 06		01			
Client Name DEMI	JONES	Client ID XXXXX0333			
Do you have any of the following: cash, money loaned out, checking, savings, credit union, CD's, stocks, bonds, or secured notes?					
Del Type	Amount	V	Acct Num	Institution Name	
CH	500.00	OT	568971323	WACHOVIA	
Do you have any of the following: life insurance, pre-paid burial contracts, real estate, or cemetery lots?					
Del Type	Face Amt	Cash Amt	V	Policy Num	Company Name
Message					
			More		
15-lett			23-alau 24-del		

REMA

- Ms. Jones statement accepted for checking balance, she is TCOS.

RES2 for Demi Jones

- Mrs. Jones has no other resources
- Press ENTER

```
INTERVIEW                               RESOURCES 2 - RES2                               RES2 01
Month 11 06                               01

Client Name                               Client ID

Do you have any of the following: truck, motorcycle, tractor, farm equipment,
licensed/unlicensed vehicle(s), boat, camper, income producing vehicle?

Del Type      Use      FMV      V  Encumb  V  Yr  Make  Mod  Lic Num  Registration
              MA/AF FS

              VIN

Do you have any of the following: vacation home, real estate, or rental prop?

Address                               City                               ST      Zip

Del  Use      FMV      V      Encumb  V      Try      Annl Rate  V  Age Life
to Sell      Ret Amt

Est Own

Message
      More

              15-lett                               23-alau  24-del
```

RES3 for Demi Jones

- Mrs. Jones does not have any other resources
- Press ENTER

```
INTERVIEW                               RESOURCES 3 - RES3                               RES3 01
Month 11 06                               01

Client Name                               Client ID

Do you have any of the following: safety deposit box, business holdings, non-
home consumption produce, livestock, or other valuables?

----- Other Property -----

              Del  Type      FMV      V      Encumb  V      Annl Rate  V

Return

              More

Message
              15-lett                               24-del
```

TRAN for Demi Jones

- Mrs. Jones has not transferred any resources
- Press the Tilde key to access the ADT to enter documentation

INTERVIEW	TRANSFER OF RESOURCES - TRAN						TRAN 01
Month 11 06							01
Client Name			Client ID				
Del Ind Rec'd	Transf Date	Discovery Date	Transferee R'Ship	Resource	FMV Type	V Amt V	
	(MM YY)	(MM YY)					
Reason for Transfer	Undue Hardship Ind	Hardship Rsn	1st Mth NH/Wvr	MA	(MM YY)		
More Message							
15-lett						24-del	

TRAN – ADT

- No resources have been transferred as verified by AR's statement

UPDATE	REMARKS - REMA	REMA 00
***** TRAN *****		
10/05/2006 12:30 PM Phase II Training 555-555-5555		
Penalty Imposed? Y/N (N)		
Month Begin: _____		
Month End: _____		
Details of Transfer: _____		
: _____		
: _____		
MESSAGE		More
0019 UPDATE COMPLETED SUCCESSFULLY		
13-bott		

RES1 for Danny Jones

- Mr. Jones has no resources
- Press ENTER through the Resources screens

ERN1 for Demi Jones

- Mrs. Jones is not employed
- Press the Tilde key to access the ADT to enter documentation

```
INTERVIEW                                EARNED INCOME 1 - ERN1                                ERN1 01
Month 11 06                                                                    01

Client Name DEMI          JONES                                Client ID XXXXX0333

Do you have any of the following: wages, self-employment, commissions/tips,
roomer/boarder income, rent, mortgage payment, sick pay, work program, JTPA,
Job Corps, training allowance, use/sale of personal property, or other income?

Employer Name                                                    AJS Employ
Line 1
City          ST          Zip          Phone
Begin      First      End      Late      SON      $30+1/3      $30+1/3      $30
Type      Date      Pay Date      Date      Rpt      Ovr      Ind Cntr      End Date      End Date
TANF
LIM
RSM
          Num of      ABD Stdnt      TANF Student      -----JTPA-----
          Bordrs      Excl      Ind Cnt      Ind Cnt      Excl

Message                                                    More Jobs

15-lett
```

ERN1 – ADT

- Clearinghouse screens viewed; no discrepancies

UPDATE	REMARKS - REMA	REMA
		01
***** ERN1 History *****		
10/05/2006 12:31 PM Phase II Training 555-555-5555		
EMPLOYER: _____		
BEGIN DATE: _____ END DATE: _____ Timely? Y/N ()		
REASON FOR TERMINATION: _____		
HOW WAS THE TERMINATION VERIFIED: _____		
SHOULD VOLUNTARY QUIT SANCTION BE APPLIED? Y/N ()		
EXPLAIN: _____		
ACTUAL MONTHS OF 30 & 1/3 FOR TANF: _____		
MAO: _____		
: _____		
DOL Hit? Y/N (Y)		
DISCREPANCIES? Y/N (N) Resolution of discrepancies: _____		
: _____		
: _____		
		More
MESSAGE		
13-bott		

ERN2 for Demi Jones

- Press ENTER

INTERVIEW	EARNED INCOME 2 - ERN2		ERNA
Month 11 06			01
Client Name DEMI	JONES	Client ID	XXXX00333
Employer Name			
	Avg Hrs	Freq	Day Week Pd Extra Pay
Del			
Amt 1	V	Amt 2	V Amt 3 V Amt 4 V Extra V
----- Work Expenses -----			
Type	Amount	Freq	V Type Amount Freq V
			More Jobs
Message 0013			
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			

DEAL for Demi Jones

- Mrs. Jones does not pay any child support outside of the home
- Press ENTER

INTERVIEW	DEEM/ALLOCATE - DEAL	DEAL 01
Month 11 06		
Client Name DEMI	JONES	Client ID XXXXX0333
----- Deemor Budget -----		----- CS Paid Outside Home -----
Num IRS Dep Alimony V	Other Exp V	Del Oblig Amt V Paid Amt V
----- ABD Allocation -----		
Del Ind	Inelig Amount V	Del Ind Amount V Inelig
		Number Of ABD Child Appl Recip
----- Alien Sponsor -----		----- AF Allocation -----
Amt Actually Contributed/V		Client ID
Number of Other Spons Aliens		Who can
Number of Other FS Recips Spons		Allocate to me
Message		
15-lett		24-del

CARE for Demi Jones

- Mrs. Jones does not incur any dependent care costs
- Press ENTER

INTERVIEW	DEPENDENT CARE EXPENSES - CARE	CARE 01
Month 11 06		01
Client Name DEMI	JONES	Client ID XXXXX0333
Provider		Phone
Address	City	ST Zip
		More providers
Del	Extra Dependent Expense	Day of Week Pd Rsn
Depname	Und2 Freq Date Pd Amt	Date Pd Amt Date Pd Extra V
		More Dependents For This Provider
Message		
	15-lett	24-del

ERN1 for Danny Jones

- Mr. Jones is not employed
- Clearinghouse screens viewed; no discrepancies
- Press ENTER through the Earned Income screens

UINC for Demi Jones

- Mrs. Jones receives RSDI benefits of \$750 per month on the first of each month as verified by BENDEX
- Mrs. Jones's claim number is 25265XXXXA
- Press PF9 to access REMA to enter documentation

INTERVIEW		UNEARNED INCOME - UINC				UINC 01	
Month 11 06						01	
Client Name DEMI		JONES		Client ID XXXXX0333			
Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?							
Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay
SA		MO	25265XXXXA				
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount
10 01 06	750.00	BX					
Client Potentially Elig For Other Benefits? More							
Appl Type	Stat	Date	Appl Type	Stat	Date		
Message							
	15-lett		16-uvnc	23-alau	24-del		

UINC – REMA

- Clearinghouse screens viewed; no discrepancies

UINC for Danny Jones

- Mr. Jones receives SSI of \$353 per month on the first of each month as verified by SDX

INTERVIEW	UNEARNED INCOME - UINC	UINC 01						
Month 11 06		01						
Client Name DANNY	JONES	Client ID XXXXX0334						
Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?								
Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay	
SI		MO						
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V
10 01 06	353.00	OT						
Client Potentially Elig For Other Benefits?								
More								
Appl Type	Stat	Date	Appl Type	Stat	Date			
Message								
	15-lett		16-uvnc	23-alau	24-del			

UINC – REMA

- Clearinghouse screens reviewed; no discrepancies

WORK for Demi Jones

- Mrs. Jones is exempt from E&T participation due to her age
- Press the Tilde key to access the ADT to enter documentation

```
INTERVIEW                               WORK REGISTRATION/PARTICIPATION - WORK          WORK 01
Month 11 06

Client Name  DEMI                        JONES                                Client ID XXXXX0333

----- Employment Services -----
Exempt      Partic      Number      Supp      DA/PE      - Applicant Job Search -
Reason Stat  V          Date        Work      Work      Non-Partic  AJS Start
CA          Reason Stat  V          Date        Work      Reason      Date
FS  AG      NI   CS  10 05 06

High School                               -- FS ABAWD Non-Compliance --
Grad/GED                               Non-compliance      Cure Dates
Y                                          Bnft mth/yr          Start   End
                                          1
                                          2
                                          3

Message

16-phme          17-mo <18-mo>                                23-alau
```

WORK – ADT

```
UPDATE                                REMARKS - REMA                                REMA
                                          01
***** FS WR/VQ Exempt/15% *****
10/05/2006 12:33 PM Phase II Training 555-555-5555
Documentation/Verification of exemption: AR is exempt due to age.
( ) Change in work registration code
Date of report:_____Effective month:_____
Reason:_____
( ) Voluntary Quit Sanction is imposed if all of the following are met.
( ) 30 hrs or more per week or equivalent of 30 hrs x minimum wage
( ) quit within 30 days of application or anytime thereafter
( ) AU member is mandatory Registrant
( ) No good cause
Further explanation:_____
:_____
( ) 15% Participation Exemption granted because AU member is
( ) homeless according to work registration policy. SRR ( )
Remains coded AB.
:_____
More

MESSAGE
13-bott
```

WORK for Danny Jones

- Mr. Jones is exempt from E&T participation due to his age
- Press the Tilde key to access the ADT to enter documentation

INTERVIEW Month 11 06	WORK REGISTRATION/PARTICIPATION - WORK	WORK 01
Client Name DANNY	JONES	Client ID XXXXX0334
----- Employment Services -----		
Exempt Reason	Partic Stat V Date	Number Offenses
CA		
FS	AG NI CS 10 05 06	

- Applicant Job Search -		
Non-Partic Reason	AJS Start Date	
-- FS ABAWD Non-Compliance --		
High School Grad/GED	Non-compliance Bnft mth/yr	Cure Dates Start End
Y	1	
	2	
	3	
Message		
16-phme	17-mo <18-mo>	23-alau

WORK - ADT

UPDATE	REMARKS - REMA	REMA 01
***** FS WR/VQ Exempt/15% *****		
10/05/2006 12:33 PM Phase II Training 555-555-5555		
Documentation/Verification of exemption: AR is exempt due to age.		
() Change in work registration code		
Date of report:_____ Effective month:_____		
Reason:_____		
() Voluntary Quit Sanction is imposed if all of the following are met.		
() 30 hrs or more per week or equivalent of 30 hrs x minimum wage		
() quit within 30 days of application or anytime thereafter		
() AU member is mandatory Registrant		
() No good cause		
Further explanation:_____		
:		
() 15% Participation Exemption granted because AU member is		
() homeless according to work registration policy. SRR ()		
Remains coded AB.		
:		
		More
MESSAGE		
13-bott		

UTILITY EXPENSES

IF	THEN
<p>The AU incurs/expects to incur a heating or cooling expense separately from rent or mortgage.</p> <p style="text-align: center;">OR</p> <p>The AU lives in public housing and incurs or expects to incur excess utility costs which include a heating or cooling expense.</p> <p style="text-align: center;">OR</p> <p>The AU has received LIHEAP in the last 12 months at the current address.</p>	<p>Eligible for Heating/Cooling (H/C) SUA Currently \$323 per month</p> <p>This SUA includes: heating, cooling, water/sewage, installation and maintenance for well or septic tank, electricity, cooking fuel, basic service for one standard phone, and garbage collection</p> <p>*Accept the applicant/recipient's statement unless questionable.</p>
<p>The AU incurs/expects to incur two expenses for utilities other than heating or cooling.</p> <p style="text-align: center;">OR</p> <p>The AU lives in public housing and incurs or expects to incur a non-heating/non-cooling excess utility cost.</p>	<p>Eligible for non-H/C SUA Currently \$175 per month</p> <p>This SUA includes: cooking fuel, electricity not used for heating or cooling, basic service for one standard phone, water/sewage, installation and maintenance for well or septic tank, and garbage collection</p> <p>*Accept the applicant/recipient's statement unless questionable.</p>
<p>The AU incurs/expects to incur a utility expense for a telephone only (installed or cellular)</p>	<p>Eligible for the Telephone Standard only* \$30</p> <p>*Accept the applicant/recipient's statement unless questionable.</p>
<p>The AU incurs/expects to incur only one utility other than a heating or cooling expense</p>	<p>Eligible for actual utility expense to be used as the deduction. Actual cost includes any one of the following utility expenses: cooking fuel, electricity, water/sewage, installation and maintenance for well or septic tank, and garbage/trash collection. Actual utility cost must be verified using bills for the dwelling from the previous 12 months.</p>

NOTE: The AU cannot receive both H/C or Non-H/C and the telephone standard, as the cost of the basic service for one standard phone is included in the SUA.

SHEL

- Mr. and Mrs. Jones incur a rent expense of \$450.00 per month
- All utilities are included in the rent except for the telephone bill
- The Jones family rents their home from Mary Kendall at 145 Hall Lane, Macon, GA. Ms. Kendall's phone number is 478-987-3412
- A telephone call to Ms. Kendall verifies their rent amount
- Press the Tilde key to access the ADT to enter documentation

INTERVIEW	SHELTER EXPENSES - SHEL				SHEL 01	
Month 11 06	0098	10	02	06		
Client Name	DEMI	JONES			Client ID	XXXXX0333
Primary	Receive	Public	SUA	Number	Phone	
Heat/Cool	LIHEAP	Housing/Exc	Type	V	Sharing	STD
I			NO	CS		OW
Expense Type	Amt	V	Expense Type	Amt	V	
Rent	450.00	TC	Mortgage			
Taxes			Insurance			
Gas			Electric			
Sewer			Water			
Disaster Repair			Garbage			
Other Fuel			Oil			
Other Housing						
Landlord Name	MARY	KENDALL	Phone	478 987 3412		
Address	145 HALL LANE	City	MACON	ST	GA	Zip
Message						
	15-lett	17-mo<	18-mo>			

SHEL – ADT

UPDATE	REMARKS - REMA	REMA
		00
***** SHELTER/UTILITY EXPENSE *****		
10/05/2006 12:34 PM Phase II Training 555-555-5555		
Does anyone pay part/all of the Shel Exp? Y/N(N) If yes, explain		
:		
HOUSING COST A/R Incurs Rent(Y) Mortg() Insur() Taxes() Lot Rent()		
:		
Calc if other than monthly:_____		
Included in mortg? Insurance() Taxes() If none, explain:_____		
UTILITY EXPENSE incurred by DWELLING? Y/N(N) Included in Rent? Y/N(Y)		
If none, explain:_____		
DWELLING IS ELIGIBLE for Utility Deduction based on;		
()H/C SUA based on, Heating() AC() LIHEAP() Excess H/C PUBLIC HSG()		
()NON H/C based on two types of expenses:_____		
:_____OR Excess NON H/C PUBLIC HSG()		
()ACTUAL based on one type of expense:_____		
(Y)ELIGIBLE for Phone Std only?		
Is the AU sharing utility expenses? Y/N(N) {Hit tilde for SHEL SHARED}		
:		
		More
MESSAGE		
0019 UPDATE COMPLETED SUCCESSFULLY		
13-bott		

MISC A

- No data to enter
- Press ENTER

INTERVIEW	AU NON-FINANCIAL MISCELLANEOUS - MISC	MISC	A
Month 11 06	A137 10 02 06		
HOH Name DEMI	JONES	Client ID	XXXXX0333
AU ID XXXXX0215	Prog MA		
Pre Issn	Pre EBT Issn	ATP ATP QRF QRF Pre- Calc Trial Pro Exp SLAM -Extended MA-	Card Mode Cnty Num Code Elig Ind Ind
-----	Review	-----	Auto
Compl	Mand Last Std	Reasgn	Amount
			100 %
			133 %
			185 %
			Delay Rsn
			QMB Ovr
			RSM Elig Ovr
			N
Sched Interview	QC Penalty	End Date	
Del	Unit Number 120102	Inquiry Date 05 18 05	Load ID
Next Review		Appt Date	Appt Type
Appt Begin Time (HH:MM)	:		
Appt End Time (HH:MM)	:	Appt Letter	Print Location L
L Name/Appt Remarks			
Message			
13-note	14-schd	15-lett	20-schs
			23-alau

MISC B

- Review Form 354 to determine if management is questionable
- Press PF8 to view the trial budget to determine net income and liquid resources
- Press the Tilde key to access the ADT to enter documentation

```
INTERVIEW          AU NON-FINANCIAL MISCELLANEOUS - MISC          MISC    B
  Month 11 06                A137  10 02 06

HOH Name DEMI          JONES          Client ID XXXXX0333
AU ID XXXXXXXXX      Prog FS

Pre   Pre   AU  ATP  ATP  QRF  QRF  Pre-  Calc  Trial  Pro  Exp  SLAM  -Extended  MA-
Issn  EBT   Issn Prnt Cyc Status Ctr sump Elig  HH  Ovr Svc  Cd  Start Dt  COA
      Card Mode Cnty Num  Code      Elig Ind  Ind                               Cor

----- Review ----- Auto  ----- Lump Sum Remainder ----- Delay  QMB  RSM
Compl Mand Last Reasgn Amount  100 %  133 %  185 %  Rsn  Ovr Elig
      Std  Type  Ovr
              N
Sched Interview          QC Penalty End Date
Del      Unit Number 120102  Inquiry Date 05 18 05          Load ID
      Next Review          Appt Date          Appt Type
      Appt Begin Time (HH:MM) :
      Appt End Time (HH:MM)  :          Appt Letter Print Location L
      L Name/Appt Remarks
Message

13-note 14-schd 15-lett                20-schs          23-alau
```


STATEMENT OF RESOURCES AND INCOME

Resources: Check all resources (assets) owned by you, your spouse, your dependents, or any resources jointly owned with someone else. Attach additional pages if necessary.

- | | |
|---|--|
| Cash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Certificates of Deposit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Checking Accounts <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Funeral Plans/Prepaid Burial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Savings Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Burial Plots or Contracts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Credit Union Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stocks and Bonds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Annuities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Trust Funds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Government Bonds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Non-Home Place Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Safety Deposit Box <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tax Refund <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Retirement Accounts (401K, IRA, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Real Home/Home Place Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

Have you or your spouse given away or sold any assets for less than its value? Yes No

If you answered yes to any of these questions, please describe below.

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.
Checking Account	568971323	\$500.00	Wachovia

Income and Earnings: List all types of earnings and income that your household receives. List the income amount before deductions such as taxes, insurance or Medicare premiums are taken out.

- | | |
|---|---|
| Wages or Salaries <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tips or Commission <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Disability or sick pay <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Self-employment or Odd jobs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Unemployment Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Severance Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Social Security Income <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Interest or Dividends <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Worker's Compensation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Veteran's Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Pension or Retirement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Rental Property Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Child support or Alimony <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Military Allotments <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Adoption Assistance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Foster/Relative Care Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contributions from others <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other income (specify) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Signature

Date

Authorized Representative

Date

Case Manager

Date

MISC – ADT

UPDATE	REMARKS - REMA	REMA
	***** MISC Form 354 ***** 10/05/2006 12:36 PM Phase II Training 555-555-5555 Form 354 is in the case record. Monthly expenses : <u>680.50</u> Available net income : <u>1103.00 + 500 liquid</u> Mgmt met? Y/N (Y) If no, explain discrepancies: _____ : _____ : _____ POE type and reporting; () ABAWD-Non SRR 10 day and ABAWD reporting requirements explained. Form 846 given. () 12 Month-Non SRR 10 day reporting requirements explained and Form 846 given. () 6 Month-SRR Explained and Form 339 given. ALL CASES now SRR, Form 339 given and explained	01
MESSAGE		More
13-bott		

DONE

- This screen indicates that the QMB and Food Stamp cases are pending and that there is no outstanding verification due
- Press the HOME key
- Enter 01 to indicate Head of AU
- Press PF20 to print the EDD

INTERVIEW Month 11 06	SESSION SUMMARY - DONE	DONE 01 Narr				
AU ID	Prog	Med COA	Elig Req	- Status - Code Cfirm	- Benefit -- Amt Cfirm	Outstanding Verifications
XXXXX0215	MA		N	P		
XXXXXXXXXX	FS		N	P		
Message 0428	0759					
0428 PRESS ENTER TO COMMIT						
				16-prwp	20-edd	21-narr

DEMI JONES: Process Application Months

- Select P
- Press ENTER

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                               Selection P
      AU ID XXXXXXXXXXXX      Client ID
      Screen ID              As Of Date
      Benefit Month (MM YY)   Notice Type

A. Name/Part Inquiry        J. Registration              R. Interim/Hist Change
B. AU/Client Inquiry        K. Add A Person              S. QRF Change
D. Address Inquiry          L. Add A Program            Y. Spndwn Med Expnse Update
E. Trial Budget              M. Reinstatement           Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility         N. Initiate Review         1. Spndwn Authorization
G. Batch Print Request      O. Interview               5. Prior Medicaid Copy
H. Notice History           P. Process Appl Months     6. Finalize Prior Medicaid
I. SPA Inquiry              Q. Finalize Application
```

Message 0543

0543 THIS DATA WILL BE WRITTEN TO THE DATABASE

APP1

- Enter Y in the select field for 10/06
- Press ENTER

```
UPDATE                                PROCESS APPL MONTHS - APP1                                APP1
                                                                                 01

AU ID XXXXXXXXX  Prog MA
HOH Name DEMI    JONES                                Client ID XXXXX0333

      Sel  Bnft  Status  Med COA      Disposition Status
      Month
      Y   10 06   P      FINAL EDITS NEEDED
      11 06   P      WAITING FINALIZATION

Message 0003
0003 INVALID PF KEY FOR THIS SCREEN
13-amen
```

ADDR

- There are no data changes for 10/06
- Fastpath to DONE
- Press PF4 to bypass warning message

DONE

- Press ENTER to commit to database

APP1

- Enter Y in the select field for 11/06
- Press ENTER

ADDR

- Fastpath to FSME 01
- Press PF4 to bypass warning message

FSME 01

- Enter Y in the Delete field next to the Medicare Premium expense
- Press PF24 to confirm the deletion

FSME 02

- Fastpath to DONE

DONE

- Press ENTER to commit to database

APP1

- Press PF13 to return to AMEN

DEMI JONES: Finalize

- Select Q and enter the Medicaid AU ID number
- The Medicaid AU ID # is XXXX00215
- Press ENTER

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                               Selection Q
                               AU ID XXXX00215                       Client ID
                               Screen ID                             As Of Date
Benefit Month (MM YY)                                           Notice Type

A. Name/Part Inquiry      J. Registration              R. Interim/Hist Change
B. AU/Client Inquiry      K. Add A Person             S. QRF Change
D. Address Inquiry        L. Add A Program           Y. Spndwn Med Expnse Update
E. Trial Budget            M. Reinstatement           Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility       N. Initiate Review         1. Spndwn Authorization
G. Batch Print Request    O. Interview               5. Prior Medicaid Copy
H. Notice History         P. Process Appl Months     6. Finalize Prior Medicaid
I. SPA Inquiry            Q. Finalize Application
```

Message 1012
1012 RETURN FROM APP1 COMPLETED SUCCESSFULLY

APP2

- 10/06 is pre-selected
- Press ENTER

UPDATE	FINALIZE APPLICATION - APP2				APP2
					01
AU ID XXXXX0215	New MA ID				
HOH Name DEMI	JONES		Client ID XXXXX0333		
Finalize					
Sel	Bnft	Status	Prog	Med COA	Disposition Status
	Month				
Y	10 06	P	MA		WAITING FINALIZATION
	11 06	P	MA		WAITING FINALIZATION
Message					

ELIG – 10/06

- Ensure the AU status is correct
- Ensure the correct individual is now listed as a recipient
- If the Non-Financial screen is correct, enter Y to confirm

```
FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 10 06                                           01

AU ID XXXX00215   Prog MA   Prog Type A   Med COA Q03
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat   Reasons     Date      Date   Date    Date      Type  End Date
  D    347         100506   100206

-----
First  Last  Rel V  Mand Finl  --Stat-- Rsn  Appl  Begin  Pd Thru  Penalty
Name  Name                               Date    Date   Date   Date   T   Date
DEMI  JON   SE OT      RE  D 100506 347 100206
DANNY JON   OR OT      AS  D 100506 347 100206

Message
```

MAFI – 10/06

- Ensure the correct amounts have been entered for resources and income
- If the budget is correct for 10/06, enter Y to confirm

FINALIZE	MA FINANCIAL ELIGIBILITY - MAFI	MAFI	A
Month 10 06			
AU ID XXXX00215	Prog MA	Prog Type A	Med COA Q03
Resources		Income Test Continued	
Resource Limit	6000.00	Allocated Income	.00
Total Resources	500.00	Gross Unearned Income	750.00
Patient Liability/Cost Share		General Inc Deduction	20.00
Pat Liability Income	.00	Net Unearned Income	730.00
Medicare Premium	.00	Gross Earned Income	.00
Protected Income	.00	Earned Inc Deductions	.00
Person Needs Allowance	.00	Net Earned Income	.00
Diversion Amount	.00	Net Income	1083.00
IME Amount	.00	Income Limit	1100.00
Pat Liab/Cost Share Amt	.00	Spenddown Amount	
Income Test		Medical Expense Amt	
Gross Deemor Income	.00	Net Spenddown Amount	
Bnft Eff Date 100506	Bnft Confirm Y	Reasons 347	Recon Ind
Notice Type 0005	Waive Timely Ntc Period		Notice Override
Review Begin Date 10 06	Review End Date 10 06		Strat
Message			
13-note			

ELIG – 11/06

- Ensure the AU status is correct
- Ensure the correct individual is now listed as a recipient
- If the Non-Financial screen is correct, enter Y to confirm

```
FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 11 06                                           01

AU ID XXXX00215   Prog MA      Prog Type A      Med COA Q01
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
  Stat   Reasons   Date      Date   Date    Date     Type  End Date
  A                                     100506  100206  110106

-----
First  Last  Rel V  Mand Finl  --Stat--  Rsn  Appl  Begin  Pd Thru  Penalty
Name   Name                               Incl Resp   Date   Date   Date   Date   T   Date
DEMI   JON   SE OT           RE  A  100506   100206  110106
DANNY  JON   OR OT           AS  A  100506   100206  110106

Message
```

MAFI – 11/06

- Ensure the budget is correct ongoing
- If the budget is correct, enter Y to confirm
- Press PF13 to access the NOTE screen

FINALIZE	MA FINANCIAL ELIGIBILITY - MAFI	MAFI	A
Month 11 06			
AU ID XXXX00215	Prog MA	Prog Type A	Med COA Q01
Resources		Income Test Continued	
Resource Limit	6000.00	Allocated Income	.00
Total Resources	500.00	Gross Unearned Income	750.00
Patient Liability/Cost Share		General Inc Deduction	20.00
Pat Liability Income	.00	Net Unearned Income	730.00
Medicare Premium	.00	Gross Earned Income	.00
Protected Income	.00	Earned Inc Deductions	.00
Person Needs Allowance	.00	Net Earned Income	.00
Diversion Amount	.00	Net Income	1083.00
IME Amount	.00	Income Limit	1100.00
Pat Liab/Cost Share Amt	.00	Spenddown Amount	
Income Test		Medical Expense Amt	
Gross Deemor Income	.00	Net Spenddown Amount	
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Recon Ind
Notice Type 0003	Waive Timely Ntc Period		Notice Override
Review Begin Date 10 06	Review End Date 10 07		Strat 1
Message			
13-note			

NOTE

- Enter the text below
- Press ENTER

UPDATE	NOTICE TEXT - NOTE	NOTE
HOH Name DEMI	JONES	Client ID XXXXX0333
AU ID XXXXX0215	Prog MA	
<p>BY POLICY YOU ARE NOT ELIGIBLE FOR QMB BENEFITS UNTIL NOVEMBER 2006. OCTOBER QMB benefits are denied. Policy Manual, page 2143-4.</p>		
<p>Message</p>		

MAFI – 11/06

- Press ENTER

APP2

- Enter Y in the Finalize field
- Press ENTER

AMEN

- Select Q and enter the Food Stamp AU ID number
- Press ENTER

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
	Selection Q	
AU ID XXXXXXXXX	Client ID	
Screen ID	As Of Date	
Benefit Month (MM YY)	Notice Type	
A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	
Message 1012		
1012 RETURN FROM APP1 COMPLETED SUCCESSFULLY		

APP2

- 10/06 is pre-selected
- Press ENTER

UPDATE	FINALIZE APPLICATION - APP2				APP2
					01
AU ID XXXXXXXXX	New FS ID				
HOH Name DEMI	JONES		Client ID XXXXX0333		
Finalize					
Sel	Bnft	Status	Prog	Med COA	Disposition Status
	Month				
Y	10 06	P	FS		WAITING FINALIZATION
	11 06	P	FS		WAITING FINALIZATION
Message					

ELIG – 10/06

- Ensure the AU status is correct
- Ensure the individuals are now listed as recipients
- If the Non-Financial screen is correct, enter Y to confirm

```
FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 10 06                                           01

AU ID XXXXXXXXX   Prog FS   Prog Type T   Med COA
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
  Stat   Reasons     Date     Date   Date     Date     Type  End Date
  A                                     100506  100506  100506

-----
First  Last  Rel V  Mand Finl  --Stat--  Rsn   Appl   Begin   Pd Thru   Penalty
Name  Name                               Date     Date   Date   Date   Date   T   Date
DEMI  JON   SE OT   Y  RE   A  100506   100506  100506
DANNY JON   OR OT   Y  RE   A  100506   100506  100506

Message
```

FSFI – 10/06

- Ensure the correct amounts have been entered for resources, income and expenses
- If the budget is correct for 10/06, enter Y to confirm

FINALIZE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI	MAFI	A
Month 10 06			
AU ID XXXXXXXXX	Prog FS	Prog Type T	
Resources		Income Test (cont)	
Resources Limit	.00	Excess Shelter	128.25
Total Resources	.00	Medical Deduction	273.49
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	567.00
Self Employ Expenses	.00	Net Income Standard	.00
Earned Income Deductn	.00	Thrifty Food Plan	278.00
Net Earned Income	.00	Allotment Amount	105.00
Gross Count Unearned	1103.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	91.00
Standard Deduction	134.00	Previous Benefit	.00
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Date 10 06	Review End Dt 09 07	Strat 1	Issue Type
Message			
13-note			

ELIG – 11/06

- Ensure the AU status is correct
- Ensure the correct individuals are now listed as recipients
- If the Non-Financial screen is correct, enter Y to confirm

```
FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 11 06                                           01

AU ID XXXXXXXXX   Prog FS   Prog Type T   Med COA
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat   Reasons     Date     Date   Date     Date     Type  End Date
  A                                     100506  100506  100506

-----
First Last  Rel V  Mand Finl  --Stat-- Rsn   Appl   Begin   Pd Thru   Penalty
Name  Name                               Incl Resp   Date   Date   Date   Date   T   Date
DEMI  JON   SE OT   Y  RE   A 100506  100506  100506
DANNY JON   OR OT   Y  RE   A 100506  100506  100506

Message
```

FSFI – 11/06

- Ensure the budget is correct ongoing
- If the budget is correct, enter Y to confirm

FINALIZE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI	MAFI	A
Month 11 06			
AU ID XXXXXXXXX	Prog FS	Prog Type T	
Resources		Income Test (cont)	
Resources Limit	.00	Excess Shelter	84.00
Total Resources	.00	Medical Deduction	177.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	708.00
Self Employ Expenses	.00	Net Income Standard	.00
Earned Income Deductn	.00	Thrifty Food Plan	278.00
Net Earned Income	.00	Allotment Amount	66.00
Gross Count Unearned	1103.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	66.00
Standard Deduction	134.00	Previous Benefit	.00
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Date 10 06	Review End Dt 09 07	Strat 2	Issue Type
Message			
13-note			

APP2

- Enter Y in the Finalize field
- Press ENTER

JONATHAN DANIELS – Independent Study



Background

Jonathan Daniels's application for QMB was received in the office on 10/2/06. His application was screened and registered upon receipt. Based on the information provided, Mr. Daniels appears to be eligible for Food Stamp benefits as well. He is contacted by the Case Manager on 10/5/06 and agrees to apply for Food Stamps. The interview is conducted by telephone and he agrees to fax in any required verification.

Mr. Daniels states that his household's income is \$700 per month. Mr. Daniels is TCOS eligible and the brochure is mailed to his home address. A copy of his birth certificate is in his case record from a previous application.

Mr. Daniels's AU ID number is XXXX00211.

Your Assignment

- Add the Food Stamp program to his pending QMB application, complete the interview, process the application months, and finalize the cases using the data that follows.
- Request assistance from the trainer if needed.

STEP 1 Add a Program

AMEN

- Select L
- Enter the QMB AU ID # XXXX00211
- Press ENTER

NAME

- Mr. Daniels lives at 522 Lakeside Drive in Atlanta, GA 30303
- His phone number is 404-989-2323
- Mr. Daniels does not live in public housing

KIND

- Mr. Daniels wishes to apply for Food Stamps

CIRC

- Mr. Daniels has no earned income
- Enter NI as the code for earned income type and \$0 as the amount of earned income
- Mr. Daniels's only income is RSDI of \$500.00 per month and Retirement Benefits of \$200.00 per month
- Mr. Daniels has a savings account with a balance of \$1500 at SunTrust bank
- Mr. Daniels pays \$400 each month for rent and his utilities total approximately \$125 each month

MEMB

- This information is pre-populated from the QMB application

INCH

- Mr. Daniels chooses to apply for Food Stamps
- He is not Categorically Eligible
- His application date is 10/05/06
- Press PF20 to print the AFA

REDI

- No appointment will be scheduled
- Press PF4 to bypass the warning message

STEP 2 Complete the Interview

AMEN

- Select O
- Press ENTER

ADDR

- Ensure the applicant's address was entered correctly at registration
- Residential county code is 044
- Press PF21 to access NARR
- Press the Tilde key to enter Case Manager's information
- Document the AR's situation
- Press ENTER to return to ADDR
- Press PF4 to bypass the warning message

STAT A – QMB

- Relationship verified by Birth Certificate
- Mr. Daniel is an applicant
- Press the Tilde key to access ADT
- Press ENTER

STAT B – FS

- Relationship verified by client statement (use OT)
- Mr. Daniels is mandatory to be included in his case
- Mr. Daniels is an applicant
- Press the Tilde key to access ADT
- There are no other household members and Mr. Daniels verified his identity with his birth certificate
- Press ENTER

DEM1 – Jonathan Daniels

- Never been married
- Lives at home
- Does not receive SSI

DEM2 – Jonathan Daniels

- A U.S. citizen based on his birth certificate
- Agrees to cooperate with TPL
- Receives Medicare (claim number is 52601XXXXA)
- Joint SSI/FS field coded with Y
- Not a veteran
- Press the Tilde key to access ADT

DEM3

- Mr. Daniels has no IPV penalties

FSME

- Mr. Daniels incurs a monthly Medicare premium of \$88.50 and \$45.00 per month in prescription co-pays verified by a receipt from Walgreens dated 10/1/06
- Press the Tilde key to document that he is eligible for the excess medical deduction; has a Medicaid application pending; and will only receive the Medicare premium deduction for 10/06

RES1

- Mr. Daniels has a savings account at SunTrust (560156561) with a balance of \$1500 verified by his bank statement dated 10/1/06
- Press PF9 to access REMA

RES2

- None

RES3

- None

TRAN

- None
- Press the Tilde key to access ADT

ERN1

- Mr. Daniels has no earned income
- Clearinghouse screens viewed; no discrepancies
- Press the Tilde key to access ADT

DEAL

- Mr. Daniels does not pay any child support outside the home

CARE

- Mr. Daniels does not incur any dependent care costs

UINC

- Mr. Daniels receives RSDI benefits on the first of each month for \$500.00 as verified by BENDEX
- The claim number is 52601XXXXA
- Enter Y in the More field to enter the second source of income
- Mr. Daniels also receives Retirement Benefits of \$200 on the fifteenth of each month as verified by check stub
- Press PF9 to access REMA

WORK

- Mr. Daniels is exempt from participation due to his age as verified by his statement
- Press the Tilde key to access ADT

SHEL

- Mr. Daniels heats his home with gas
- Mr. Daniels pays rent of \$400 each month to Lori Sapp
- Ms. Sapp lives at 489 Marks Place in Atlanta, GA
- Ms. Sapp is contacted by phone at 404-659-8532 to verify Mr. Daniels's rent amount
- Press the Tilde key to access ADT

MISC A – QMB

- Press ENTER

MISC B – FS

- Review Form 354 to determine if management is questionable
- Press the Tilde key to access ADT

ERRO

- Ignore Clearinghouse-related errors
- Correct all non-Clearinghouse errors (ask trainers for help if needed)

DONE

- Press ENTER to commit the data to the database and return to AMEN

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
EXPENSE STATEMENT**

Application
 Review
 Change

I How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID	PAID BY WHOM
Rent / Mortgage	400.00	Monthly	10/1/06	Jonathan Daniels
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	55.00	Monthly	10/1/06	Jonathan Daniels
b. Gas	40.00	Monthly	10/1/06	Jonathan Daniels
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage				
e. Garbage				
f. Telephone	25.00	Monthly	10/1/06	Jonathan Daniels
SUBTOTAL	520.00			
Medical Expense	133.50	Monthly	10/1/06	Jonathan Daniels
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other				
TOTAL	653.50			

EXPEDITED? Yes No

1. Does anyone pay any of these bills or any other household bills for you? Yes No

If yes, who pays the bills? _____

What bills are paid? _____

2. Do you share the costs of monthly bills with anyone? Yes No

If yes, who? _____

What costs? _____

3. Comments / Documentation _____

I certify that I have reviewed the information on this form with the applicant / recipient.

Signature (Case Manager)

Date

COUNTY: Fulton	CASE NUMBER: XXXX00211
---------------------	-----------------------------

STATEMENT OF RESOURCES AND INCOME

Resources: Check all resources (assets) owned by you, your spouse, your dependents, or any resources jointly owned with someone else. Attach additional pages if necessary.

- | | | | |
|---------------------------------------|---|---|---|
| Cash | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Certificates of Deposit | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Checking Accounts | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Funeral Plans/Prepaid Burial | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Savings Accounts | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Burial Plots or Contracts | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Credit Union Accounts | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stocks and Bonds | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Annuities | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Trust Funds | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Government Bonds | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Non-Home Place Property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Safety Deposit Box | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tax Refund | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Retirement Accounts (401K, IRA, etc.) | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Real Home/Home Place Property | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

Have you or your spouse given away or sold any assets for less than its value? Yes No

If you answered yes to any of these questions, please describe below.

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.
Savings Account	560156561	\$1500.00	SunTrust

Income and Earnings: List all types of earnings and income that your household receives. List the income amount before deductions such as taxes, insurance or Medicare premiums are taken out.

- | | | | |
|---------------------------|---|-----------------------------|---|
| Wages or Salaries | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tips or Commission | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Disability or sick pay | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Self-employment or Odd jobs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Unemployment Benefits | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Severance Pay | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Social Security Income | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Interest or Dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Worker's Compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Veteran's Benefits | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Pension or Retirement | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Rental Property Income | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Child support or Alimony | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Military Allotments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Adoption Assistance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Foster/Relative Care Pay | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contributions from others | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other income (specify) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Signature

Date

Authorized Representative

Date

Case Manager

Date

STEP 3 Processing Interview Months

AMEN

- Select P

APP1

- Select 10/06 benefit month

ADDR

- Fastpath to DONE

DONE

- Press ENTER to commit to the database

APP1

- Select 11/06 benefit month

ADDR

- Fastpath to FSME 01

FSME

- Delete the Medicare premium
- Fastpath to DONE

DONE

- Press ENTER to commit to the database

APP1

- Press PF13 to return to AMEN

STEP 4 Finalize the QMB Application

AMEN

- Select Q
- Enter the QMB AU ID #

APP2

- SUCCESS selects the first month to finalize
- Press ENTER

ELIG – 10/06

- Review screen to ensure accuracy
- Enter Y to confirm

MAFI – 10/06

- Review screen to ensure the budget is correct
- Enter Y to confirm

ELIG – 11/06

- Review screen to ensure accuracy
- Enter Y to confirm

MAFI – 11/06

- Review screen to ensure the budget is correct
- Enter Y to confirm
- Press PF13 to add Note regarding ineligibility for application month

APP2

- Enter Y to finalize the case

STEP 5 Finalize the Food Stamp Application

AMEN

- Select Q
- Enter the Food Stamp AU ID #

APP2

- SUCCESS selects the first month to finalize
- Press ENTER

ELIG – 10/06

- Review screen to ensure accuracy
- Enter Y to confirm

FSFI – 10/06

- Review screen to ensure the budget is correct
- Enter Y to confirm

ELIG – 11/06

- Review screen to ensure accuracy
- Enter Y to confirm

FSFI – 11/06

- Review screen to ensure the budget is correct
- Enter Y to confirm

APP2

- Enter Y to finalize the case

DISPOSITIONING FS ERROR CLAIMS

This is a brief overview developed as a desk guide for ABD staff. For a complete explanation, please access the training module "FS and TANF Benefit Recovery" at gadfcs.org/training.

Step One: Enter correct historical data in SUCCESS

Step Two: If a FS claim is created, determine whether the OP was valid

If the AU was not required to report the change based on FS SRR policy (because total AU income didn't exceed 130% FPL), the overpayment is invalid

Step Three: At FSFI, code the error type and enter "E" to invalidate the claim

Step Four: Document on NARR

Access the "error" Automated Documentation Tool (ADT) for claims and document why the claim is in error.

Step Five: Process case through DONE.

Step Six: Confirm and release benefit error

From the "YMEN" menu, access the "Benefit Error" option, then choose "A" to confirm and release the benefit error.

Georgia Department of Human Resources
Division of Family and Children Services

Food Stamps for ABD

SUCCESS Training

INTERIM CHANGES

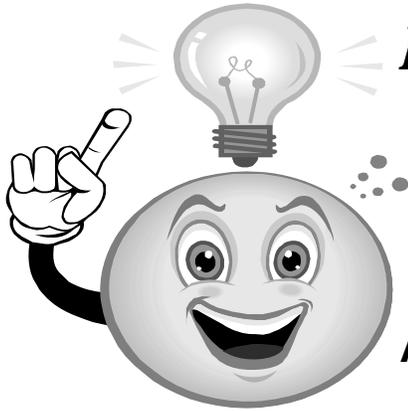
Outline

- I. Introduction
- II. Add a Person
- III. Delete a Person
- IV. Income Changes
- V. Deductions Changes

Objectives

By the end of this section, participants will know how to:

- add a new person to an ongoing case
- delete a person from an ongoing case
- update wages for an ongoing case
- change an address for an ongoing case
- change shelter costs for an ongoing case
- change medical expenses for an ongoing case
- document a reported change to an ongoing case



Effective Month of Food Stamp Changes

Always ask yourself, "Will the change cause the Food Stamps to increase or decrease?"

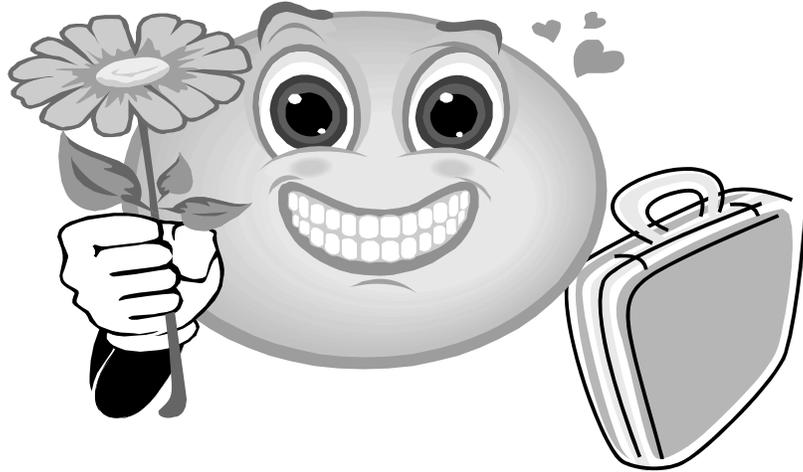
↑ Increase in Food Stamp benefits, provide Adequate Notice **↑**

<p><u>Expedited Changes</u> The loss of \$50 or more gross monthly income OR The addition of new AU member</p> <hr/> <p>Other Changes</p>	<p>These MUST be effective the month after report!</p> <p>If verification is provided in the month after report, issue a supplemental.</p> <hr/> <p>Change is effective the month after verification is provided and FICM takes timely action</p>
---	--

↓ Decrease in Food Stamp benefits, provide Timely Notice **↓**

Change is effective the month after Timely Notice expires.

Four Things You Need To Think About When You Add A New Person To An Ongoing Case



- How has enumeration been met?
- Has citizenship been verified?
- Does this person have income or resources?
- Are changes needed on the WORK screen?



- Add the income to the case IMMEDIATELY!
- Go directly to SUCCESS to enter and document the change
- Look at the WORK screen to see if changes are needed
- Ask if shelter costs are affected

ALBERT HAMILTON – Add a Person Walk Through

Background

Mr. Albert Hamilton has been receiving QMB and Food Stamps since May 2006. He calls on 10/5/06 to report that he has gotten married and wants to add his wife to his Food Stamp case. His new wife's name is Mrs. Thomasina Hamilton. Mrs. Hamilton is 60 years old and they got married on 9/25/06. Mrs. Hamilton is not currently receiving any benefits.

She has no resources and is employed part-time at AirTran. She earns approximately \$130/week, working an average of 25 hours per week. You review all points of eligibility while you have Mr. Hamilton on the phone.

Your Assignment

Register, interview, process the application and finalize to add Mrs. Hamilton to the Food Stamp and QMB cases using the data that follows:



STEP 1 Register New Person

AMEN

- Select K
- Enter Mr. Hamilton's AU ID # XXXX00053

NAME

- Data cannot be changed
- Press ENTER

MEMB

- Thomasina Hamilton
- Date of birth is 2/12/46
- SSN for Mrs. Hamilton is 555-13-XXXX
- Black female

CRS

- Assign a new Client ID number

INCH

- Select Food Stamps and QMB
- Enter N for all persons receiving TANF, RF, SSI
- Application date is 10/5/06
- Do not print the AFA as this is not needed when adding a person
- Press PF4 to bypass the warning message

REDI

- Do not schedule an appointment
- Press PF4 to bypass the warning message

STEP 2 Interview

AMEN

- Select O

ADDR

- Press PF21 to enter the following documentation on NARR

TC – Mr. Hamilton phoned on 10/05/06 to report he married Thomasina Hamilton on 9/25/06.
- Press PF4 to bypass the warning message

STAT – MA

- Relationship is verified by AR's statement (use code OT)
- Mrs. Hamilton is a non-ABD spouse
- Press the Tilde key to access the ADT
- Document that Mrs. Hamilton moved into the household and is not an AU member

STAT – FS ADT

UPDATE	REMARKS - REMA	REMA
		00
***** ADD/DELMEM *****		
10/05/2006 12:27 PM	Phase II Training 555-555-5555	
Adding (X)	Deleting ()	
: <u>Thomasina Hamilton</u>	:	
:	:	
Date of report: <u>10/05/06</u>	Timely Report? Y/N (Y)	
Person Reporting: <u>Albert Hamilton</u>		
Date moved in: <u>9/25/06</u>		
Is the Person(s) who moved in currently receiving benefits? Y/N (N)		
If yes, where: _____		
Date moved out: _____		
Moved out, where did they move: _____		
:		
		More
MESSAGE		
0019 UPDATE COMPLETED SUCCESSFULLY		
13-bott		

DEM1 – Albert Hamilton

- Change Mr. Hamilton's marital status to indicate that he is married

DEM2 – Albert Hamilton

- Code Joint SSI/FS field
- Fastpath to the DEM1 screen for Mrs. Hamilton

DEM1 – Thomasina Hamilton

- Married
- Lives at home
- Does not receive SSI

DEM2 – Thomasina Hamilton

- Mrs. Hamilton is a US citizen, verification is requested
- Code Joint SSI/FS field
- Press PF9 to document the request for verification
- Press PF4 to bypass the red question mark

DEM3 – Thomasina Hamilton

- Fastpath to the ERN1 screen for Mrs. Hamilton

ERN1 – Thomasina Hamilton

- Mrs. Hamilton is employed by AirTran Airlines at Hartsfield Airport in Atlanta, GA 30303
- The phone number is 404-555-6321
- She began this job on 3/1/05 and received her first check on 3/15/05
- Press the Tilde key to document

ERN1 – ADT

UPDATE	REMARKS - REMA	REMA
		01
***** ERN1 History *****		
10/05/2006 12:31 PM Phase II Training 555-555-5555		
EMPLOYER: <u>Airtran Airlines</u>		
BEGIN DATE: <u>03/01/05</u> END DATE: _____ Timely? Y/N (Y)		
REASON FOR TERMINATION: _____		
HOW WAS THE TERMINATION VERIFIED: _____		
SHOULD VOLUNTARY QUIT SANCTION BE APPLIED? Y/N ()		
EXPLAIN: _____		
ACTUAL MONTHS OF 30 & 1/3 FOR TANF: _____		
MAO: _____		
:		
DOL Hit? Y/N (Y)		
DISCREPANCIES? Y/N (N) Resolution of discrepancies: _____		
:		
:		
		More
MESSAGE		
13-bott		

ERN2 – Thomasina Hamilton

- Mrs. Hamilton works an average of 25 hours per week and is paid on Friday
- Her representative amount based on her statement is \$130.00
- Verification of her earnings is requested
- Press the Tilde key to enter documentation
- Fastpath to the WORK screen for Mrs. Hamilton

ERN2 – ADT

UPDATE	REMARKS - REMA	REMA
		01
***** ERN2 CAL *****		
10/05/2006 12:31 PM Phase II Training 555-555-5555		
App(X) Review() New Job () Rate Of Pay () Hrs Chg ()		
Date of change:_____ Date of Report: <u>10/05/06</u> Timely() Untimely()		
If new employment, Rate of pay/hours:_____		
EMPLOYER: <u>AIRTRAN AIRLINES</u>		
Date Pd	Gross	Tips
1:_____	()	()
2:_____	()	()
3:_____	()	()
4:_____	()	()
5:_____	()	()
6:_____	()	()
Total	:_____	/:_____ = :_____
Rep Pay		
If not Rep, explain:_____		
Freq of pay WK(X) BIWK() SEMIMTH() MONTHLY() ACTUAL()		
Hr Rate:_____		
CALCULATE Y/N () Cal Monthly Income:_____		
VERIFICATION REQUESTED - DUE ON 10/15/06		
		More
MESSAGE		
13-bott		

WORK – Thomasina Hamilton

- Confirm the E & T status for Mrs. Hamilton
- Press the Tilde key to enter documentation
- Fastpath to the MISC screen for the Food Stamp program

MISC B

- Press the Tilde key to address management
- Press ENTER

ERRO

- Display error codes and resolve

VERF

- Print the verification checklist

ELIG B

- Check non-financial eligibility and confirm if correct

FSFI B

- Check and confirm the benefit amount

DONE

- Press PF21 to access NARR to document the request for verification
- Commit to the database

AMEN

- Press PF3 to return to the Main Menu

CREATE AN ALERT

MAIN MENU

- Select D
- Press ENTER

DMEN

- Select A
- Press ENTER

ALWG

- Enter your caseload ID number
- Enter Mr. Hamilton's FS AU ID number
- Enter an alert code between 450 – 489
- Enter message text as follows:
Citizenship and wage verification due
Thomasina Hamilton
- Enter 10/05/06 as the display date
- Enter 10/15/06 as the due date
- Press ENTER

DMEN

- Press PF3 to return to the Main Menu

VERIFICATION RETURNED

Mr. Hamilton returned the requested verification on 10/07/06. He provided a copy of Mrs. Hamilton's birth certificate and her last four checks stubs. A telephone call to Mrs. Hamilton verifies that all of the checks are representative of her earnings.

PP End Date	Pd/Rcvd Date	Amount
9/22/06	9/29/06	\$132.54
9/15/06	9/22/06	\$128.95
9/8/06	9/15/06	\$126.98
9/1/06	9/8/06	\$130.45

STEP 3 Application Processing

MAIN MENU

- Select D
- Press ENTER

DMEN

- Select B
- Enter alert code 450
- Press ENTER

ALPR

- Locate Mrs. Hamilton's alert
- Enter P in the Select field
- Press PF15 to access AMEN

APP1

- Select 10/06

ADDR

- Document receipt of requested verification
- Fastpath to the DEM2 screen for Mrs. Hamilton

DEM2 – Thomasina Hamilton

- Enter the citizenship verification code to reflect receipt of her birth certificate
- Press PF9 to enter documentation concerning receipt of requested verification
- Fastpath to the ERN2 screen for Mrs. Hamilton

ERN2 – Thomasina Hamilton

- Clear each field on this screen by pressing the End key and then the Tab key
- Press PF16 to access EVNC

EVNC

- Mrs. Hamilton works an average of 25 hours per week, paid weekly on Fridays
- Enter the check stubs provided
- Press ENTER to return to ERN2

ERN2

- Press the PF9 to access the previously completed ADT
- Fastpath to DONE

ERRO

- Address any errors listed

DONE

- Commit data to the database

APP1

- Select 11/06

ADDR

- Fastpath to enter verification

DONE

- Press enter to commit to database

APP1

- Press PF13 to exit

STEP 4 Finalize

ALPR

- Back tab to the Select field
- Enter Q in the Select field
- Press PF15 to access AMEN

APP2

- Press ENTER

ELIG – 10/06

- Review and enter Y to confirm

```

FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 10 06          01

AU ID XXXX00053    Prog FS    Prog Type S    Med COA
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat   Reasons     Date      Date   Date   Date     Type  End Date
  A                                     050106  050106  050106

-----
First  Last  Rel V  Mand Finl  --Stat--  Rsn   Appl   Begin  Pd Thru  Penalty
Name  Name                                     Date   Date   Date   Date   T  Date
ALBERT HAM  SE OT  Y  RE  A 050106      050106  050106
THOMAS HAM  OR OT  Y  NM  A 100506  337  100506

Message
    
```

FSFI – 10/06

- Review and enter Y to confirm

```

FINALIZE          FOOD STAMP FINANCIAL ELIGIBILITY - FSFI          FSFI  A
Month 10 06

AU ID XXXX00053    Prog FS    Prog Type S

Resources          Income Test (cont)
Resources Limit    3000.00  Excess Shelter    390.00
Total Resources    800.00   Medical Deduction .00
Income Test        Dep Care Deduction .00
Gross Income Standard 1037.00  Child Support Ded .00
Gross Count Earned   .00     Adjusted Net Income 76.00
Self Employ Expenses .00     Net Income Standard .00
Earned Income Deductn .00     Thrifty Food Plan 152.00
Net Earned Income    .00     Allotment Amount 129.00
Gross Count Unearned 600.00  Recoupment Amount .00
TANF / Refugee      .00     Benefit Amount 129.00
Standard Deduction  134.00  Previous Benefit 129.00

Bnft Eff Date 100506  Bnft Confirm Y  Reasons          Budgeting Method P
Notice Type 0006     Waive Timely Notice Period  Notice Override
Review Begin Date 05 06  Review End Dt 04 07  Strat 1          Issue Type

Message

13-note
    
```

ELIG – 11/06

- Review and enter Y to confirm

```

FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 11 06          01

AU ID XXXX00053    Prog FS    Prog Type S    Med COA
Confirm Y

  AU    AU Status    AU Stat    Appl    Begin    Pd Thru    ---Penalty---
Stat    Reasons      Date      Date    Date    Date      Type  End Date
  A
-----
First  Last  Rel V  Mand Finl  --Stat--  Rsn    Appl    Begin  Pd Thru  Penalty
Name  Name      SE OT    Incl Resp  Date    Date    Date    Date    Date    T  Date
ALBERT HAM  SE OT    Y  RE  A 050106    050106  050106
THOMAS HAM  OR OT    Y  RE  A 100506    100506  110106

Message
    
```

FSFI – 11/06

- Review and enter Y to confirm

```

FINALIZE          FOOD STAMP FINANCIAL ELIGIBILITY - FSFI          FSFI  A
Month 11 06

AU ID XXXX00053    Prog FS    Prog Type S

Resources          Income Test (cont)
Resources Limit    .00    Excess Shelter    165.14
Total Resources    .00    Medical Deduction    .00
Income Test        Dep Care Deduction    .00
Gross Income Standard  1390.00    Child Support Ded    .00
Gross Count Earned  562.15    Adjusted Net Income    751.00
Self Employ Expenses    .00    Net Income Standard    0.00
Earned Income Deductn  112.43    Thrifty Food Plan    278.00
Net Earned Income    449.72    Allotment Amount    53.00
Gross Count Unearned  600.00    Recoupment Amount    .00
TANF / Refugee      .00    Benefit Amount    53.00
Standard Deduction    134.00    Previous Benefit    129.00

Bnft Eff Date 101506    Bnft Confirm Y    Reasons 233 308 237    Budgeting Method P
Notice Type 0009        Waive Timely Notice Period    Notice Override
Review Begin Date 05 06    Review End Dt 04 07    Strat 1    Issue Type

Message

13-note
    
```

APP2

- Enter Y to finalize
- Press ENTER

ALPR

- Enter Y in the Disposition field
- Press ENTER

DMEN

- Press PF3 to return to Main Menu

MAIN MENU

- Select A

AMEN

- Select Q and enter QMB AU ID #

ELIG – 10/06

- Review and enter Y to confirm

```

FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 10 06                                           01

AU ID XXXX00054   Prog MA   Prog Type A   Med COA Q01
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat  Reasons     Date      Date   Date    Date     Type  End Date
  A                               050106   050106   060106

-----
First  Last  Rel V  Mand Finl  --Stat-- Rsn   Appl   Begin Pd Thru  Penalty
Name  Name  Name  Incl Resp  Date    Date   Date   Date   Date   T  Date
ALBERT HAM  SE  OT      RE  A 050106   050106 060106
THOMAS HAM  OR  OT      NA  A 100506   100506 100106
    
```

Message

MAFI – 10/06

- Review and enter Y to confirm

```

FINALIZE          MA FINANCIAL ELIGIBILITY - MAFI          MAFI  A
Month 10 06

AU ID XXXX00054   Prog MA   Prog Type A   Med COA Q01

Resources                                     Income Test Continued
Resource Limit           6000.00   Allocated Income           .00
Total Resources          800.00   Gross Unearned Income     600.00
Patient Liability/Cost Share   General Inc Deduction     20.00
Pat Liability Income       .00   Net Unearned Income       580.00
Medicare Premium          .00   Gross Earned Income       518.92
Protected Income          .00   Earned Inc Deductions     291.96
Person Needs Allowance     .00   Net Earned Income         226.96
Diversion Amount          .00   Net Income                 806.96
IME Amount                .00   Income Limit              1100.00
Pat Liab/Cost Share Amt    .00   Spenddown Amount
Income Test               Medical Expense Amt
Gross Deemor Income       518.92   Net Spenddown Amount

Bnft Eff Date 050106  Bnft Confirm Y  Reasons 308 304 345      Recon Ind
Notice Type           Waive Timely Ntc Period      Notice Override
Review Begin Date 05 06  Review End Date 05 07      Strat 1
Message

13-note
    
```

ELIG – 11/06

- Review and enter Y to confirm

FINALIZE										NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										ELIG		A							
Month 11 06																				01									
AU ID XXXX00054					Prog MA		Prog Type A			Med COA Q01																			
Confirm Y																													
AU		AU Status			AU Stat			Appl		Begin		Pd Thru		---Penalty---															
Stat		Reasons			Date			Date		Date		Date		Type		End Date													
A					050106			050106		060106																			

First		Last		Rel V		Mand		Finl		--Stat--		Rsn		Appl		Begin		Pd Thru		Penalty									
Name		Name				Incl		Resp		Date		Date		Date		Date		Date		T Date									
ALBERT		HAM		SE OT				RE		A 050106		050106		060106															
THOMAS		HAM		OR OT				NA		A 100506		100506		110106															
Message																													

MAFI – 11/06

- Review and enter Y to confirm

FINALIZE										MA FINANCIAL ELIGIBILITY - MAFI										MAFI		A							
Month 11 06																													
AU ID XXXX00054					Prog MA		Prog Type A			Med COA Q01																			
Resources										Income Test Continued																			
Resource Limit					6000.00					Allocated Income					.00														
Total Resources					800.00					Gross Unearned Income					600.00														
Patient Liability/Cost Share										General Inc Deduction										20.00									
Pat Liability Income					.00					Net Unearned Income					580.00														
Medicare Premium					.00					Gross Earned Income					518.92														
Protected Income					.00					Earned Inc Deductions					291.96														
Person Needs Allowance					.00					Net Earned Income					226.96														
Diversion Amount					.00					Net Income					806.96														
IME Amount					.00					Income Limit					1100.00														
Pat Liab/Cost Share Amt					.00					Spendedown Amount																			
Income Test										Medical Expense Amt																			
Gross Deemor Income					518.92					Net Spendedown Amount																			
Bnft Eff Date 050106										Bnft Confirm Y		Reasons 308 304 345			Recon Ind														
Notice Type										Waive Timely Ntc Period					Notice Override														
Review Begin Date 05 06					Review End Date 05 07					Strat 1																			
Message																													
13-note																													

JONATHAN DANIELS – Add a Person Independent Study



Background

Mr. Jonathan Daniels was recently approved for QMB and Food Stamps. Mr. Daniels calls on 10/5/06 to report that his adult daughter, Rose, has moved back in with him.

Rose Bell (32) was recently divorced from her husband and will be living with her father temporarily. Rose is currently employed part-time as a hostess at the Kudzu Café located at 1239 Martin Lane in Atlanta. She started this job on 3/1/06 and received her first check on 3/8/06. She works approximately 30 hours per week and earns an average of \$145.00/week, paid on Fridays. Rose Bell is a black female, born on 3/11/74. Her SSN is 565-32-XXXX. She moved in with her father on 10/1/06.

Your Assignment

Register the application and interview Mr. Daniels to add Rose Bell to the Food Stamp case using the data below. If verification is needed, remember to document that it was requested, send a verification checklist and send yourself an alert regarding when the verification is due. Once the verification is provided, process the application months. Notify the trainer when you are ready to finalize the Food Stamp case.

Verification Returned

Mr. Daniels returned the requested verification on 10/11/06. He provided a copy of Ms. Bell's birth certificate and her wages. The statement from Ms. Bell's employer verified her wages as follows:

PP End Date	Pd/Rcvd Date	Amount
9/29/06	9/29/06	\$145.32
9/22/06	9/22/06	\$138.65
9/15/06	9/15/06	\$141.62
9/8/06	9/8/06	\$143.98

Three Things To Think About When You Delete An AU Member



- Verify the change if it is questionable
- Consider whether the family can manage without the person if they had income
- How are shelter costs affected?



DEMI JONES – Delete a Person Walk Through

Background

Mrs. Jones calls on 10/5/06 to report that she and her husband have separated and he no longer lives with her. He moved out on 10/5/06.

Your Assignment

Delete Danny Jones from Mrs. Jones's QMB and Food Stamp cases.

AMEN

- Select R
- Enter Mrs. Jones's AU ID # XXXX00215

ADDR

- Press PF21 to access NARR to document this change

NARR

- Document the reported change to indicate that Mr. Jones has moved out of the home and will be deleted from the ongoing cases

DEM1

- Change the marital status for Mrs. Jones to indicate that she is married and living apart
- Fastpath to DEM1 for Mr. Jones

DEM1

- Change the living arrangement code to indicate that he is not in the home
- Press ENTER

DEM2

- Fastpath to SHEL

SHEL

- Review Mrs. Jones's shelter expenses
- Fastpath to MISC B

MISC B

- Press PF8 to run trial eligibility
- Review the trial budget to determine available income and liquid resources
- Press ENTER to return to MISC
- Press the Tilde key to address Mrs. Jones's management situation
- Press ENTER to DONE

ELIG A – 11/06

- Review and confirm

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG											ELIG	A
Month 11 06											01	
AU ID XXXX00215 Prog MA Prog Type A Med COA Q01												
Confirm Y												
AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---						
Stat	Reasons	Date	Date	Date	Date	Type	End Date					
A		100506	100206	110106								
First Name	Last Name	Rel	V	Mand	Finl	--Stat--	Rsn	Appl	Begin	Pd Thru	Penalty	
Name	Name			Incl	Resp	Date		Date	Date	Date	T Date	
DEMI	JON	SE	OT		RE	A 100506		100206	110106			
DANNY	JON	OR	OT		AS	D 100506	554	100206				
Message												

MAFI A – 11/06

- Review and confirm

CHANGE MA FINANCIAL ELIGIBILITY - MAFI											MAFI	A
Month 11 06												
AU ID XXXX00215 Prog MA Prog Type A Med COA Q01												
Resources												
Income Test Continued												
Resource Limit		4000.00		Allocated Income		.00						
Total Resources		500.00		Gross Unearned Income		750.00						
Patient Liability/Cost Share				General Inc Deduction		20.00						
Pat Liability Income		.00		Net Unearned Income		730.00						
Medicare Premium		.00		Gross Earned Income		.00						
Protected Income		.00		Earned Inc Deductions		.00						
Person Needs Allowance		.00		Net Earned Income		.00						
Diversion Amount		.00		Net Income		730.00						
IME Amount		.00		Income Limit		817.00						
Pat Liab/Cost Share Amt		.00		Spenddown Amount								
Income Test				Medical Expense Amt								
Gross Deemor Income		.00		Net Spenddown Amount								
Bnft Eff Date 100506 Bnft Confirm Y Reasons												Recon Ind
Notice Type 0003 Waive Timely Ntc Period												Notice Override
Review Begin Date 10 06 Review End Date 10 07												Strat 1
Message												
13-note												

ELIG B – 11/06

- Review and confirm

```

CHANGE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  B
Month 11 06                                     01

AU ID XXXXXXXXX   Prog FS   Prog Type T   Med COA
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat   Reasons     Date     Date   Date     Date     Type  End Date
  A                                     -----
-----
First Last  Rel V  Mand Finl  --Stat-- Rsn   Appl   Begin Pd Thru  Penalty
Name  Name      SE OT    Incl Resp   Date   Date   Date   Date   T  Date
DEMI  JON   SE OT    Y  RE   A 100506 100506 100506
DANNY JON   OR OT    Y  RE   D 100506 554 100506

Message
    
```

FSFI B – 11/06

- Review and confirm

```

CHANGE          FOOD STAMP FINANCIAL ELIGIBILITY - FSFI          FSFI  B
Month 11 06                                     01

AU ID XXXXXXXXX   Prog FS   Prog Type T

Resources                                     Income Test (cont)
Resources Limit           .00   Excess Shelter           188.00
Total Resources           .00   Medical Deduction        32.00
Income Test
Gross Income Standard    1037.00  Dep Care Deduction       .00
Gross Count Earned       .00     Child Support Ded        .00
Self Employ Expenses      .00     Adjusted Net Income      396.00
Earned Income Deductn     .00     Net Income Standard      .00
Net Earned Income         .00     Thrifty Food Plan       152.00
Gross Count Unearned      750.00  Allotment Amount         33.00
TANF / Refugee           .00     Recoupment Amount        .00
Standard Deduction        134.00  Benefit Amount           33.00
                                     Previous Benefit         66.00

Bnft Eff Date 100506   Bnft Confirm Y Reasons   Budgeting Method P
Notice Type 0003       Waive Timely Notice Period  Notice Override
Review Begin Date 10 06  Review End Dt 09 07  Strat 2   Issue Type

Message

13-note
    
```

DONE

- Press ENTER to commit to the database

JONATHAN DANIELS – Delete a Person Independent Study

Background

Mr. Daniels phones on 10/14/06 to report that his daughter, Rose, has decided to move out of his home. She is trying to reconcile with her husband, whom she recently divorced, and moved back in with him on 10/14/06.

Your Assignment

Document the case and delete Rose Bell from Jonathan Daniels' Food Stamp AU. Notify the trainer when you have completed your assignment.



Five Things You Need To Think About When A Person Reports A Loss of Income



- What will be the effect to the FS benefits? Is verification required?
- Can the AU manage their reported expenses without this income?
- Are changes needed on the WORK screen?
- Is this a Voluntary Quit situation?
- Is this person eligible for UCB?

ALBERT HAMILTON – Complex Walk Through



Background

Mr. Hamilton calls on 10/5/06 to report that his new wife, Thomasina Hamilton, has lost her job and that his rent has decreased to \$250/month. Mrs. Hamilton was employed at AirTran Airlines, but was laid off due to recent cutbacks in the airline industry. Mrs. Hamilton plans to apply for unemployment benefits and is currently looking for a new job.

Your Assignment

Conduct trial eligibility to determine if verification is needed. Then document the reported change. Remember to request verification if needed.

AMEN

- Select F and enter Mr. Hamilton's Food Stamp AU ID # XXXX00053

ADDR

- Fastpath to ERN2 for Mrs. Hamilton

ERN2

- Place a Y in the delete field and press F24
- Fastpath to SHEL

SHEL

- Change rent amount to \$250
- Fastpath to DONE

ELIG

- Review to ensure that the AU is still eligible

FSFI

- This change causes benefits to increase
- Press ENTER to return to AMEN

AMEN

- Select R

ADDR

- PF21 to enter documentation regarding this change
- Fastpath to the ERN1 screen for Mrs. Hamilton

ERN1 – Thomasina Hamilton

- Press the Tilde key to document termination of wages and verification request
- Press PF15 to access the Letters submenu

FMEN

- Send a verification checklist to Mr. Hamilton
- Use Letter Type C173

LDTL

- This letter is regarding Thomasina Hamilton
- Enter 555-555-5555 as the case manager's phone number

LETT

- Verification for the Food Stamp program is due on 10/15/06
- Verification of separation from employment is requested
- Verification of new rent amount is requested

LDTL

- Press PF14 to mail the letter

FMEN

- Press PF3 to return to the case

ERN1

- Fastpath to SHEL

SHEL

- Document request for verification of new rent amount
- Fastpath to MISC B

MISC B

- Document management and indicate that Mrs. Hamilton plans to apply for Unemployment benefits and is currently looking for a new job
- Fastpath to DONE

DONE

- Press PF21 to document type of verification requested, date and type of SUCCESS letter mailed
- Commit the data to the database



VERIFICATION RETURNED

Mr. Hamilton faxes a copy of his wife's separation notice on 10/7/06 from AirTran verifying that she is no longer employed as of 10/5/06. She will receive her last check for \$147.32 on 10/15/06. He also provides a copy of his new lease verifying the rent amount of \$250 per month.

AMEN

- Select R and enter Mr. Hamilton's Food Stamp AU ID # XXXX00053

ADDR

- Press PF21 to access NARR

NARR

- Document receipt of verification of loss of income and new rent amount

ADDR

- Fastpath to ERN1 for Mrs. Hamilton

ERN1 – Thomasina Hamilton

- Press PF9 to continue the documentation regarding the terminated employment
- Press ENTER

ERN2

- Enter Y in the delete field to delete the employment from the database
- Press PF24 to confirm the deletion

DEAL

- Fastpath to the WORK screen for Mrs. Hamilton

WORK

- Review Mrs. Hamilton's E&T status
- Press ENTER

SHEL

- Change rent amount to \$250
- Press the Tilde key to document the rent adjustment
- Fastpath to DONE

ELIG

- Review and confirm

```

CHANGE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 11 06
          01

AU ID XXXX00053   Prog FS   Prog Type S   Med COA
Confirm Y

AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat  Reasons    Date      Date   Date    Date      Type  End Date
A
-----
First Last  Rel V  Mand Finl  --Stat-- Rsn   Appl   Begin Pd Thru  Penalty
Name  Name   SE OT    Y  RE   A  Date   Date   Date   Date   T  Date
ALBERT HAM  SE OT    Y  RE   A 050106  050106 050106
THOMAS HAM  OR OT    Y  RE   A 100506  100506 110106

Message
    
```

FSFI

- Review and confirm

```

CHANGE          FOOD STAMP FINANCIAL ELIGIBILITY - FSFI          FSFI  A
Month 11 06
AU ID XXXX00053   Prog FS   Prog Type S

Resources                               Income Test (cont)
Resources Limit                .00   Excess Shelter                340.00
Total Resources                 .00   Medical Deduction             .00
Income Test                     Dep Care Deduction            .00
Gross Income Standard          1390.00 Child Support Ded              .00
Gross Count Earned              .00   Adjusted Net Income           126.00
Self Employ Expenses             .00   Net Income Standard           .00
Earned Income Deductn           .00   Thrifty Food Plan             278.00
Net Earned Income               .00   Allotment Amount              240.00
Gross Count Unearned            600.00 Recoupment Amount             .00
TANF / Refugee                  .00   Benefit Amount                240.00
Standard Deduction              134.00 Previous Benefit               53.00

Bnft Eff Date 100506   Bnft Confirm Y   Reasons 233 237 344   Budgeting Method P
Notice Type 0009      Waive Timely Notice Period   Notice Override
Review Begin Date 05 06   Review End Dt 04 07   Strat 1   Issue Type

Message

13-note
    
```

DONE

- Commit the data to the database

JONATHAN DANIELS – Loss of Income Independent Study

Background

Mr. Daniels phones on 10/15/06 to report that he has received a letter from his previous employer indicating that he will no longer receive retirement benefits. The letter states that the company has filed for bankruptcy and his retirement benefits will stop effective 11/06. He states that he contacted the Social Security Administration and they have informed him that he will receive an increase in his RSDI benefits. His RSDI will increase from \$500.00 per month to \$650.00 per month.

Your Assignment

Document the reported change and request any needed verification.



Verification Returned

Mr. Daniels faxed in his copy of the letter from his employer verifying that his retirement benefits will terminate effective 11/06. He also faxed a copy of his new award letter from Social Security verifying that his RSDI will increase to \$650.00 effective 11/1/06. The verification is received on 10/15/06.

Your Assignment

Now that the verification has been received, document receipt of the verification on the appropriate screens and process this change on SUCCESS. Notify the trainer once you have completed the change.

Four Things You Need To Think About When A Person Reports A Change Of Address



- Are they still in your county?
- Did their shelter costs change?
- Did they move in with anyone; will this change their AU composition?
- Can the AU manage their reported expenses?

HAROLD JAMES – Increased Deductions Walk Through

Background

Mr. James phones on 10/5/06 to report that he and his wife Emily have moved. They have purchased a new home and their new address is 892 Jones Creek Road in Rome, GA 30149. The new phone number is 706-325-9354. Mr. James states that his new mortgage will be \$875 per month. Of the \$875 due each month, \$750 is for the mortgage, \$67.77 for insurance and \$57.23 for taxes. He states that he and his wife will continue to be responsible for all of the utilities including gas, electricity and water. They have central heat and air conditioning in their new home.

Your Assignment

Document the reported change, request any needed verification and process the change on SUCCESS once the verification is received.



AMEN

- Select R and enter Mr. James's AU ID # XXXX00062

REDE

- Press PF4 to bypass

ADDR

- Press PF21 to access NARR

NARR

- Document the reported change and request for verification

ADDR

- Write down the old address
- Enter the new address in the appropriate fields
- Enter Y in the Previous Addresses field in the lower right hand corner
- Press ENTER

PREV

- Enter the old address in the appropriate fields
- Mr. James did not own the property and lived there from 2/95 to 10/06
- Press ENTER

STAT A

- Fastpath to SHEL

SHEL

- Review the Primary Heating and SUA fields for accuracy
- Press the Tilde key to document the reported change and verification request
- Press PF15 to access FMEN

FMEN

- Send a verification checklist
- Use Letter Type C173
- Press PF3 to return to SHEL

SHEL

- Press ENTER

MISC B

- Press PF8 to determine the net income for this AU

ELIG

- Press ENTER

FSFI

- Review net earned income, unearned income and liquid resources
- Press ENTER

MISC B

- Press PF8 to run trial eligibility
- Review the trial budget to determine available income and liquid resources
- Press ENTER to return to MISC
- Press the Tilde key to address Mrs. Jones's management situation
- Press ENTER to DONE

TRAINER'S NOTE: Ask participants if Mrs. Jones's management is questionable? **No**

ELIG A

- Review

MAFI A

- Review

ELIG B

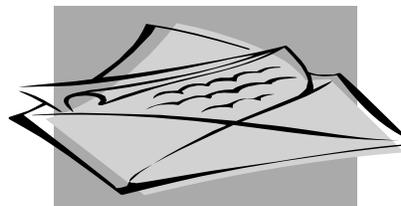
- Review

FSFI B

- Review

DONE

- Document type of verification requested and SUCCESS letter date and type
- Commit to the database



Verification Received

Mr. James mailed in a copy of his new mortgage payment. He provided a bill that specifies the mortgage amount as \$750.00 per month, insurance as \$67.77 per month and \$57.23 per month for taxes. The verification was received on 10/9/06.

Your Assignment

Document receipt of the requested verification and update the SHEL screen to reflect the new shelter costs.

AMEN

- Select R and enter Mr. James's AU ID # XXXX00062

ADDR

- Press PF21 to access NARR

NARR

- Document receipt of the requested verification

ADDR

- Fastpath to SHEL

SHEL

- Press the END key to delete the rent amount
- Enter the new shelter amounts
- Press PF9 to continue the documentation from the reported change
- Fastpath to DONE

ELIG B – 11/06

- Review and confirm

CHANGE										NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										ELIG		B
Month 11 06																				01		
AU ID XXXX00062										Prog FS		Prog Type S		Med COA								
Confirm Y																						
AU		AU Status		AU Stat		Appl		Begin		Pd Thru		---Penalty---										
Stat		Reasons		Date		Date		Date		Date		Type		End Date								
A				060106		043006		043006														

First	Last	Rel	V	Mand	Finl	--Stat--		Rsn	Appl	Begin	Pd	Thru	Penalty									
Name	Name			Incl	Resp	Date			Date	Date	Date	Date	T	Date								
HAROLD	JAM	SE	OT	Y	RE	A 060106			043006	043006		043006										
EMILY	HAR	SP	OT	Y	RE	A 060106			043006	043006		043006										
Message																						

FSFI B – 11/06

- Review and confirm

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI	FSFI	B
Month 11 06			
AU ID XXXX00062	Prog FS Prog Type S		
Resources	Income Test (cont)		
Resources Limit	3000.00	Excess Shelter	456.90
Total Resources	300.00	Medical Deduction	113.80
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	974.99	Adjusted Net Income	1025.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	194.99	Thrifty Food Plan	278.00
Net Earned Income	780.00	Allotment Amount	10.00
Gross Count Unearned	950.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	10.00
Standard Deduction	134.00	Previous Benefit	10.00
Bnft Eff Date 100506	Bnft Confirm Y	Reasons 237	Budgeting Method P
Notice Type 0011	Waive Timely Notice Period		Notice Override
Review Begin Date 10 06	Review End Dt 10 06	Strat 4	Issue Type
Message			
13-note			

DONE

- Commit to the database

JONATHAN DANIELS – Address Change Independent Study

Background

Mr. Daniels phoned on 10/16/06 to report that he has moved to a new apartment. His new address is 102 Turner Lane, Apt. 5 in Atlanta, GA 30303 and his phone number will remain the same. Mr. Daniels lived at his old address from 3/02 to 10/06 and he did not own the property. Now that he has moved, his rent has decreased from \$400 per month to \$375 per month and his utilities will be included in his rent. His landlord owns both properties. Mr. Daniels faxed in a copy of his new lease on 10/16/06.

Your Assignment

Document and process this change.



JANE MOBLEY – Change in Deductions Walk Through



Background

Jane Mobley is a 65 year old widow, currently receiving Food Stamps, QMB and CCSP. She mailed in a Change Report form on 10/5/06 to report that her VA Compensation benefits have been approved and she will begin receiving \$300 per month beginning 11/1/06. She attached a copy of the award letter to the report form.

Ms. Mobley resides alone in her own home and receives Medicare. She heats with gas and pays mortgage of \$258.00 per month. Her taxes are \$21.38 per month and her insurance is \$13.50 per month.

Your Assignment

Document and process this change. Request any necessary verification.

AMEN

- Select R and enter Ms. Mobley's AU ID # XXXX00050

ADDR

- Press PF21 to access NARR

NARR

- Document the reported change

ADDR

- Fastpath to UINC for Ms. Mobley

UINC

- Add VA benefits
- Fastpath to DONE

ELIG A – 11/06

- Review eligibility for CCSP

CHANGE										NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										ELIG		A										
Month 11 06																				01												
AU ID XXXX00051										Prog MA		Prog Type A				Med COA W01																
Confirm Y																																
AU	AU Status		AU Stat		Appl		Begin		Pd Thru		---Penalty---																					
Stat	Reasons		Date		Date		Date		Date		Type		End Date																			
A			050106		050106		050106																									

First	Last	Rel	V	Mand	Finl	--Stat--		Rsn	Appl	Begin	Pd	Thru	Penalty																			
Name	Name			Incl	Resp	Date			Date	Date	Date	Date	T	Date																		
JANE	MOB	SE	BC		RE	A 050106			050106	050106	050106																					
Message																																

MAFI A – 11/06

- Review cost share amount
- Fastpath back to FSME

CHANGE	MA FINANCIAL ELIGIBILITY - MAFI			MAFI	A
Month 11 06					
AU ID XXXX00051	Prog MA	Prog Type A	Med COA W01		
Resources					
Resource Limit	2000.00	Income Test Continued		Allocated Income	.00
Total Resources	1200.00	Gross Unearned Income			800.00
Patient Liability/Cost Share					
Pat Liability Income	800.00	General Inc Deduction			.00
Medicare Premium	.00	Net Unearned Income			800.00
Protected Income	.00	Gross Earned Income			.00
Person Needs Allowance	603.00	Earned Inc Deductions			.00
Diversion Amount	.00	Net Earned Income			.00
IME Amount	.00	Net Income			800.00
Pat Liab/Cost Share Amt	197.00	Income Limit			1809.00
Income Test					
Gross Deemor Income	.00	Spenddown Amount			
Medical Expense Amt					
Net Spenddown Amount					
Bnft Eff Date 110106 Bnft Confirm Y Reasons 306 340 Recon Ind					
Notice Type 0021 Waive Timely Ntc Period Notice Override					
Review Begin Date 05 06 Review End Date 05 07 Strat 1					
Message					
13-note					

FSME

- The CCSP provider has verified, by phone, that Ms. Mobley will need to pay her cost share amount since she is receiving extensive CCSP services. Enter the CCSP cost share amount as a recurring expense
- Enter R in the Frequency field
- Tab past the Prorated Number of Months field
- Press PF1 to find the code for this type of expense
- Enter \$197.00 in the Amount Incurred field
- Enter the code to indicate that the amount was verified by letter
- Enter 10/1/06 as the Date Incurred
- Tab past the TPL Amount field
- Enter CCSP in the Provider Name field
- Delete the Medicare Premium from the database
- Press the Tilde key to document this expense and how it was verified
- Fastpath to SHEL

SHEL

- Check to ensure that Ms. Mobley's shelter expenses were entered correctly
- Press ENTER to DONE

ELIG A – 11/06

- Review and confirm

CHANGE										NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										ELIG		A
Month 11 06																				01		
AU ID XXXX00051					Prog MA					Prog Type A					Med COA W01							
Confirm Y																						
AU		AU Status			AU Stat			Appl		Begin		Pd Thru		---Penalty---								
Stat		Reasons			Date			Date		Date		Date		Type		End Date						
A					050106			050106		050106												

First		Last		Rel V		Mand Finl		--Stat--		Rsn		Appl		Begin		Pd Thru		Penalty				
Name		Name				Incl Resp		Date		Date		Date		Date		Date		T Date				
JANE		MOB		SE BC		RE		A 050106		050106		050106		050106								
Message																						

MAFI A – 11/06

- Review and confirm

CHANGE										MA FINANCIAL ELIGIBILITY - MAFI										MAFI		A	
Month 11 06																							
AU ID XXXX00051					Prog MA					Prog Type A					Med COA W01								
Resources																							
Resource Limit										2000.00										Income Test Continued			
Total Resources										1200.00										Allocated Income		.00	
Patient Liability/Cost Share										800.00										Gross Unearned Income		800.00	
Pat Liability Income										.00										General Inc Deduction		.00	
Medicare Premium										.00										Net Unearned Income		800.00	
Protected Income										.00										Gross Earned Income		.00	
Person Needs Allowance										603.00										Earned Inc Deductions		.00	
Diversion Amount										.00										Net Earned Income		.00	
IME Amount										.00										Net Income		800.00	
Pat Liab/Cost Share Amt										197.00										Income Limit		1809.00	
Income Test										.00										Spenddown Amount			
Gross Deemor Income																				Medical Expense Amt			
																				Net Spenddown Amount			
Bnft Eff Date 110106										Bnft Confirm Y										Reasons 306 340		Recon Ind	
Notice Type 0021										Waive Timely Ntc Period												Notice Override	
Review Begin Date 05 06										Review End Date 05 07												Strat 1	
Message																							
13-note																							

ELIG B – 11/06

- Review and confirm

CHANGE										NON-FINANCIAL ELIGIBILITY RESULTS - ELIG		ELIG	B
Month 11 06												01	
AU ID XXXX00052		Prog MA		Prog Type A		Med COA Q01				Confirm Y			
AU Stat	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---							
	Reasons	Date	Date	Date	Date	Type	End Date						
A		050106	050106	060106									

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat--	Rsn	Appl	Begin	Pd Thru	Penalty			
JANE	MOB	SE	BC	RE	A	050106	050106	060106					
Message													

MAFI B – 11/06

- Review and confirm

CHANGE										MA FINANCIAL ELIGIBILITY - MAFI		MAFI	B		
Month 11 06															
AU ID XXXX00052		Prog MA		Prog Type A		Med COA Q01									
Resources					Income Test Continued										
Resource Limit		4000.00		Allocated Income		.00									
Total Resources		1200.00		Gross Unearned Income		800.00									
Patient Liability/Cost Share					General Inc Deduction					20.00					
Pat Liability Income		.00		Net Unearned Income		780.00									
Medicare Premium		.00		Gross Earned Income		.00									
Protected Income		.00		Earned Inc Deductions		.00									
Person Needs Allowance		.00		Net Earned Income		.00									
Diversion Amount		.00		Net Income		780.00									
IME Amount		.00		Income Limit		817.00									
Pat Liab/Cost Share Amt		.00		Spendedown Amount											
Income Test					Medical Expense Amt										
Gross Deemor Income		.00		Net Spendedown Amount											
Bnft Eff Date 050106										Bnft Confirm Y		Reasons 306		Recon Ind	
Notice Type					Waive Timely Ntc Period					Notice Override					
Review Begin Date 05 06					Review End Date 05 07					Strat 1					
Message															
13-note															

ELIG C – 11/06

- Review and confirm

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										ELIG	C
Month 11 06										01	
AU ID XXXX00050		Prog FS	Prog Type S		Med COA						
Confirm Y											
AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty---		Type	End Date		
A		050106	050106	050106							
First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
JANE	MOB	SE OT	Y	RE	A 050106		050106	050106	050106		
Message											

FSFI C – 11/06

- Review and confirm

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI										FSFI	C
Month 11 06											
AU ID XXXX00050		Prog FS	Prog Type S								
Resources					Income Test (cont)						
Resources Limit		3000.00		Excess Shelter		391.68					
Total Resources		1200.00		Medical Deduction		217.60					
Income Test					Dep Care Deduction		.00				
Gross Income Standard		1037.00		Child Support Ded		.00					
Gross Count Earned		.00		Adjusted Net Income		57.00					
Self Employ Expenses		.00		Net Income Standard		798.00					
Earned Income Deductn		.00		Thrifty Food Plan		152.00					
Net Earned Income		.00		Allotment Amount		135.00					
Gross Count Unearned		800.00		Recoupment Amount		.00					
TANF / Refugee		.00		Benefit Amount		135.00					
Standard Deduction		134.00		Previous Benefit		152.00					
Bnft Eff Date 101506		Bnft Confirm Y		Reasons 306 237 238		Budgeting Method P					
Notice Type 0009		Waive Timely Notice Period		Notice Override							
Review Begin Date 05 06		Review End Dt 04 07		Strat 2		Issue Type					
Message											
13-note											

DONE

- Commit to the database

Georgia Department of Human Resources
Division of Family and Children Services

Food Stamps for ABD

SUCCESS Training

REVIEWS

Outline

- I. Introduction
- II. Policy Review
- III. Time Line
- IV. Samuel Neal – Review Walk Through

Objectives

By the end of this section, participants will be able to:

- process reviews in SUCCESS
- identify what to document when processing reviews in SUCCESS
- incorporate good interview skills in a review interview

REVIEW TIME LINE

Beginning of 1st Month Month Prior to Review	14th of 1st Month	15th of 1st Month	Beginning of 2nd Month Review Month	Review End Date	End of 3rd Month Month After Review
<ul style="list-style-type: none"> ▪ SUCCESS identifies Review cases ▪ SUCCESS schedules Review ▪ Alert - Review appointment scheduled 	<ul style="list-style-type: none"> ▪ Alert - last day to reschedule 	<ul style="list-style-type: none"> ✓ Reschedule the Review appointment ▪ SUCCESS sends appointment notice to the A/R 	<ul style="list-style-type: none"> ✓ Meet with A/R for Review appointment ✓ Initiate the Review 	<ul style="list-style-type: none"> ✓ Complete the Review ▪ Review initiated but not completed, SUCCESS does not issue ongoing benefits but pends the Review ▪ Review not initiated, SUCCESS closes case 	<ul style="list-style-type: none"> ▪ Review not completed, SUCCESS closes the third and fourth months

- ✓ Indicates the actions the Case Manager takes in the Review process
- Indicates the actions performed by SUCCESS in the Review process

SAMUEL NEAL – Review Walk Through

Background

Mr. Samuel Neal receives QMB for himself and Food Stamps for himself and his wife, Naomi. It is time for a Review of his FS case. SUCCESS has selected this case for Review and performed the following tasks:

- sent an alert to the Case Manager
- scheduled an appointment for the Review
- sent a Review appointment notice to the A/R



Mr. Neal has arrived on 10/17/06 for his 2:00 Review Appointment.

Your Assignment

Initiate and complete the Review. Make all necessary changes using the data that follows. Request any needed verification prior to completing the Review. When the verification is returned, update the verification fields with the correct code, complete the Review on the MISC screen and commit to the database.

STEP 1 Locate Mr. Neal's client ID #

AMEN

- Select B and enter Mr. Neal's FS AU ID# XXXX00064

STAT A

- Press PF11 and write down Mr. Neal's client ID#
- Press PF3 back to AMEN

STEP 2 Initiate the Review

AMEN

- Select N
- Delete the AU ID #
- Enter Mr. Neal's client ID #

REDE

- Enter 10/05/06 as the Recert Appl Date
- Enter a Y to select the FS case
- Press ENTER

STEP 3 Complete the Review Interview

AMEN

- Select R and enter Mr. Neal's client ID #

REDE

- Press PF4 around the warning message

ADDR

- Press PF21 to document on NARR that A/R came in for FS Review
- No change, press ENTER

STAT A

- No change, press ENTER
- Press the Tilde key to access the ADT to enter documentation

STAT B

- Press PF23 to view alerts for this AU
- No change in AU composition
- Press the Tilde key to access the ADT to enter documentation

DEM1 for Mr. Neal

- No change, press ENTER

DEM2 for Mr. Neal

- Review Joint SSI/FS field
- Press ENTER

DEM3 for Mr. Neal

- No change, press ENTER

DEM1 for Mrs. Neal

- No change, press ENTER

DEM2 for Mrs. Neal

- Review Joint SSI/FS field
- Press ENTER

DEM3 for Mrs. Neal

- No change, press ENTER

FSME for Mr. Neal

- Mr. Neal is no longer responsible for paying his Medicare premium because his Q-Track case has been approved
- Mr. Neal continues to pay his Unicare premium
- Mr. Neal has a prescription printout from Kroger dated 10/3/06 verifying his monthly expenses as \$20/month
- Mr. Neal has a dental bill from Atlanta Dental Center dated 9/14/06 verifying that he had a procedure performed on 8/14/06. Unicare has paid \$800 of the \$1,000 bill. Mr. Neal is responsible for the remaining \$200. He chooses to prorate this bill.

FSME for Mrs. Neal

- No change, press ENTER

RES1 for Mr. Neal

- Mr. Neal still has a checking account 586940486840 at BB&T; the balance, according to Mr. Neal, is now \$457.00
- Document TCOS eligibility

RES2 for Mr. Neal

- Mr. Neal continues to own a 1995 Honda Civic valued at \$5000; he owes nothing on this car
- Update the MA Use code to reflect that this car is used for daily activities

RES3 for Mr. Neal

- No change, press ENTER

TRAN for Mr. Neal

- No change, press ENTER

RES1 for Mrs. Neal

- No change, press ENTER

RES2 for Mrs. Neal

- Mrs. Neal purchased a 1985 Honda Civic to drive to work. The NADA book shows the FMV is \$750. Nothing is owed on the vehicle.
- Enter EM for MA and IN for FS in the Use field

RES3 for Mrs. Neal

- No change, press ENTER

TRAN for Mrs. Neal

- No change, press ENTER

ERN1 for Mr. Neal

- Clearinghouse screens viewed; no discrepancies noted

ERN2 for Mr. Neal

- No change, press ENTER

DEAL for Mr. Neal

- No change, press ENTER

CARE for Mr. Neal

- No change, press ENTER

ERN1 for Mrs. Neal

- Mrs. Neal is no longer employed at Carter Elementary; she last worked there in May according to her statement
- She started a new job on 8/1 at Atlanta Catering Company
- Clearinghouse screens viewed; no discrepancies noted
- Press ENTER to go to ERN2 to delete the current job

ERN2 for Mrs. Neal

- Enter a Y in the DEL and MORE fields and press PF24

ERN1 for Mrs. Neal

- Mrs. Neal is now working for Atlanta Catering Company on Overbrook Parkway, Atlanta, Ga., 30314
- She began there on 8/1/06 and received her first check on 8/15/06
- Press ENTER to go to ERN2

ERN2 for Mrs. Neal

- Press the Tilde key to enter documentation
- She works approximately 30 hours per week at \$5.85 per hour; she is paid bi-weekly on Fridays according to her statement
- Enter the bi-weekly representative pay amount

DEAL for Mrs. Neal

- No change, press ENTER

CARE for Mrs. Neal

- No change, press ENTER

UINC for Mr. Neal

- Mr. Neal continues to receive \$800.00 each month in RSDI benefits
- Press PF9 to document there are no Clearinghouse discrepancies

UINC for Mrs. Neal

- Clearinghouse screens viewed; no discrepancies noted

WORK for Mr. Neal

- No change, press ENTER

WORK for Mrs. Neal

- No change, press ENTER

SHEL

- Mr. Neal's mortgage is still \$657/month
- His taxes have increased to \$20/month and insurance has increased to \$40/month according to his statement
- They heat with gas and also pay electric and telephone bills

MISC A

- Press ENTER

MISC B

- Review management situation
- Review Form 354 on next page
- Press PF4 around yellow question mark

STATEMENT OF RESOURCES AND INCOME

Resources: Check all resources (assets) owned by you, your spouse, your dependents, or any resources jointly owned with someone else. Attach additional pages if necessary.

- | | |
|---|--|
| Cash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Certificates of Deposit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Checking Accounts <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Funeral Plans/Prepaid Burial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Savings Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Burial Plots or Contracts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Credit Union Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stocks and Bonds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Annuities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Trust Funds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Government Bonds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Non-Home Place Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Safety Deposit Box <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tax Refund <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Retirement Accounts (401K, IRA, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Real Home/Home Place Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

Have you or your spouse given away or sold any assets for less than its value? Yes No

If you answered yes to any of these questions, please describe below.

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.
Checking Account	586940486840	\$457.00	BB&T

Income and Earnings: List all types of earnings and income that your household receives. List the income amount before deductions such as taxes, insurance or Medicare premiums are taken out.

- | | |
|---|---|
| Wages or Salaries <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Tips or Commission <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Disability or sick pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Self-employment or Odd jobs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Unemployment Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Severance Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Social Security Income <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Interest or Dividends <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Worker's Compensation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Veteran's Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Pension or Retirement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Rental Property Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Child support or Alimony <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Military Allotments <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Adoption Assistance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Foster/Relative Care Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contributions from others <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other income (specify) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Samuel Neal
Signature

10/5/06
Date

Authorized Representative

Date

Case Manager

Date

ERRO

- Problem solve all errors other than Clearinghouse

VERF A

- Press ENTER

VERF B

- Print out the verification checklist or use Form 173 to request verification
- You will need to manually add verification of termination of previous employment
- Fastpath to ERN2 for Mrs. Neal

ERN2

- Enter verification code CS for wages
- Press PF9 to access the ADT completed earlier
- Place a Y in the More field
- Press the Tilde key to add your information
- Enter the following remarks:

Verification of wages requested 10/17/06 during the Review.
Verification code will be updated correctly when verification is received.

- Fastpath to SHEL

SHEL

- Enter verification code CS for shelter expenses
- Press PF9 to access the ADT completed earlier
- Place a Y in the More field
- Press the Tilde key to add your information
- Enter the following remarks:

Verification of shelter expenses requested 10/17/06 during the Review. Verification code will be updated correctly when verification is received.

- Fastpath to DONE

ERRO

- Problem solve all error codes
- Press ENTER

VERF B

- Press ENTER to bypass Redet Incomplete message

ELIG A

- Review and enter Y to confirm

MAFI A

- Review and enter Y to confirm

ELIG B

- Review and enter Y to confirm

FSFI B

- Review and enter Y to confirm

DONE

- Press PF21 to access NARR to document requested verification
- Press ENTER to commit to the database

Verification Returned 10/19/06

- Bank Statement from BB&T verifying balance as \$459.23
- Separation Notice from Carter Elementary verifying termination as of 5/31/06
- Last 2 of Mrs. Neal's pay stubs from Atlanta Catering Company:

Pay Period Ending Date	Pay Received Date	Amount
9/23/06	9/30/06	351.28
9/9/06	9/16/06	369.12

- Property tax receipt verifying \$20/month
- Insurance bill verifying \$40/month

AMEN

- Select R and enter Mr. Neal's FS AU ID # XXXX00064

REDE

- Press PF4 to ADDR

ADDR

- Press PF21 to document receipt of requested verification
- Fastpath to ERN1 for Mrs. Neal

ERN1

- Update the documentation regarding receipt of separation notice from Carter Elementary

ERN2

- Delete each field on ERN2 – DO NOT USE THE DEL FIELD
- Press PF16 to EVNC

EVNC

- Mrs. Neal works 60 hours per pay period, paid bi-weekly on Fridays
- Enter all pay stubs
- Press ENTER to return to ERN2

ERN2

- Update the documentation regarding receipt of check stubs
- Fastpath to SHEL

SHEL

- Enter correct verification codes
- Update documentation regarding receipt of tax receipt and insurance bill
- Fastpath to MISC B

MISC B

- Press PF1 to find the correct code to indicate the review is complete and enter in the COMPL field

ERRO

- Problem solve all error codes

ELIG A

- Review and enter Y to confirm

```
CHANGE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 11 06                                           01

AU ID XXXX00065   Prog MA   Prog Type D   Med COA Q03
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat   Reasons     Date     Date   Date   Date     Type  End Date
  A                                     060106  050106  050106

-----
First  Last  Rel V  Mand Finl  --Stat--  Rsn   Appl   Begin  Pd Thru  Penalty
Name  Name                                     Date   Date   Date   Date   T   Date
SAMUEL NEA  SE  OT      RE  A 060106  050106  050106
NAOMI  NEA  SP  OT      NA  A 060106  050106  070106

Message
```

MAFI A

- Review and enter Y to confirm

CHANGE		MA FINANCIAL ELIGIBILITY - MAFI			MAFI	A
Month 11 06						
AU ID	XXXX00065	Prog	MA	Prog Type	D	Med COA Q03
Resources		Income Test Continued				
Resource Limit	6000.00	Allocated Income		.00		
Total Resources	459.23	Gross Unearned Income		750.00		
Patient Liability/Cost Share		General Inc Deduction		20.00		
Pat Liability Income	.00	Net Unearned Income		730.00		
Medicare Premium	.00	Gross Earned Income		720.40		
Protected Income	.00	Earned Inc Deductions		392.70		
Person Needs Allowance	.00	Net Earned Income		327.70		
Diversion Amount	.00	Net Income		1057.70		
IME Amount	.00	Income Limit		1320.00		
Pat Liab/Cost Share Amt	.00	Spendedown Amount				
Income Test		Medical Expense Amt				
Gross Deemor Income	720.40	Net Spendedown Amount				
Bnft Eff Date	060106	Bnft Confirm	Y	Reasons	309 305	Recon Ind
Notice Type		Waive Timely Ntc Period				Notice Override
Review Begin Date	05 06	Review End Date	06 07			Strat 1
Message						
13-note						

ELIG B

- Review and enter Y to confirm

CHANGE		NON-FINANCIAL ELIGIBILITY RESULTS - ELIG						ELIG	B
Month 11 06									
AU ID	XXXX00064	Prog	FS	Prog Type	S	Med COA			
Confirm Y									
AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---			
Stat	Reasons	Date	Date	Date	Date	Type	End Date		
A		060106	050106	050106					

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Pd Thru Date	Penalty T Date
SAMUEL	NEA	SE OT	Y	RE	A 060106		050106	050106	
NAOMI	NEA	SP OT	Y	RE	A 060106		050106	050106	
Message									

FSFI B

- Review and enter Y to confirm

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI			FSFI	B
Month	11	06			
AU ID	XXXX00064	Prog FS	Prog Type S		
Resources			Income Test (cont)		
Resources Limit		.00	Excess Shelter	431.66	
Total Resources		.00	Medical Deduction	73.63	
Income Test			Dep Care Deduction	.00	
Gross Income Standard	1390.00		Child Support Ded	.00	
Gross Count Earned	780.40		Adjusted Net Income	785.00	
Self Employ Expenses	.00		Net Income Standard	.00	
Earned Income Deductn	156.08		Thrifty Food Plan	278.00	
Net Earned Income	624.32		Allotment Amount	42.00	
Gross Count Unearned	800.00		Recoupment Amount	.00	
TANF / Refugee	.00		Benefit Amount	42.00	
Standard Deduction	134.00		Previous Benefit	50.00	
Bnft Eff Date	100506	Bnft Confirm	Y	Reasons 313 309 237	Budgeting Method P
Notice Type	0034	Waive Timely Notice Period			Notice Override
Review Begin Date	11 06	Review End Dt	04 07	Strat 3	Issue Type
Message					
	13-note				

DONE

- Press ENTER to commit data to the database

Georgia Department of Human Resources
Division of Family and Children Services

Food Stamps for ABD

SUCCESS Training

PUTTING IT ALL TOGETHER

Outline

- I. Introduction
- II. James Compiano – Capstone Exercise
- III. Knowledge Assessment
- IV. John Dunne – Skill Demonstration

Objectives

By the end of this session, participants will be able to:

- incorporate ABD and Food Stamp policy in an application
- enter reported medical expenses to meet Spenddown
- update medical expenses in a Food Stamp case prior to finalizing

JAMES COMPIANO CAPSTONE EXERCISE



JAMES COMPIANO – CAPSTONE EXERCISE

Background

Mr. James Compiano applied for ABD Medicaid and Food Stamps on 9/15/06. Until recently he has been very healthy and rarely saw the doctor, but within the last couple of months he has had to see several doctors for various medical problems. He hasn't heard anything yet about his applications, so he decided to come into the office today to speak with a Case Manager. The Case Manager discovers that Mr. Compiano's Food Stamp application was not entered into the system. His SSN is 452-39-XXXX.



James Compiano is an elderly gentleman who currently lives with his sister and brother-in-law, all of whom are U.S. citizens. Mr. Compiano brought his birth certificate with him to verify his citizenship. He is a widower and has never received SSI. In fact, Mr. Compiano has never had any health insurance. He doesn't have Medicare or any other type of health insurance. But since he has experienced several health-related incidences and has accumulated more bills than he can handle with his limited income, he decided to seek some help. In addition to his new health issues, he was diagnosed with High Blood Pressure in September and has been taking medication each month since 9/3/06. He brought his October bills with him to the office.

His sister and brother-in-law, Janice and John Dawkins respectively, only charge Mr. Compiano \$250.00/month for rent and \$50.00/month for utilities to cover the cost of gas and electricity. The Case Manager phones the Dawkins to verify the shelter costs. They state that they heat their home with gas and cool with electricity. Mr. Compiano is solely responsible for his own food as he purchases and prepares his meals separately from his sister and her husband.

Mr. Compiano has never served in the U.S. military and although he has no insurance, he agrees to cooperate with the TPL requirements. His only resource is a 1970 Ford Pinto with a CMV of \$250.00. He has no other resources and has not transferred any resources to anyone.

Mr. Compiano's only income is from his job as caretaker at his church. He is employed by the First Baptist Church of Winder located at 451 Pebble Road, Winder, GA 30680. The phone number is 404-287-1452 and he did not get this job through Applicant Job Search. Mr. Compiano began working on 4/1/03 and received his first check on 5/1/03.

He works an average of 160 hours per month and is paid on a monthly basis. He is paid a stipend each month of \$1200 and provides a statement from the church dated 10/1/06 verifying his income.

Mr. Compiano would like to name his sister, Janice Dawkins as his Authorized Representative for his ABD case.

Mr. Compiano has never been in a situation like this before and would greatly appreciate any assistance you can provide.

Your Assignment

- Add the Food Stamp application to the pending ABD application
- The ABD AU ID # is XXXX00206
- Complete the pending ABD application
- Determine his spenddown amount and then budget the allowable expenses in the Food Stamp case
- Notify the trainer when you are ready to finalize the Food Stamp application

STATEMENT OF RESOURCES AND INCOME

Resources: Check all resources (assets) owned by you, your spouse, your dependents, or any resources jointly owned with someone else. Attach additional pages if necessary.

- | | |
|---|--|
| Cash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Certificates of Deposit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Checking Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Funeral Plans/Prepaid Burial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Savings Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Burial Plots or Contracts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Credit Union Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stocks and Bonds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Annuities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Trust Funds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Government Bonds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Non-Home Place Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Safety Deposit Box <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tax Refund <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Retirement Accounts (401K, IRA, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Real Home/Home Place Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

Have you or your spouse given away or sold any assets for less than its value? Yes No

If you answered yes to any of these questions, please describe below.

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.

Income and Earnings: List all types of earnings and income that your household receives. List the income amount before deductions such as taxes, insurance or Medicare premiums are taken out.

- | | |
|---|---|
| Wages or Salaries <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Tips or Commission <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Disability or sick pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Self-employment or Odd jobs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Unemployment Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Severance Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Social Security Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Interest or Dividends <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Worker's Compensation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Veteran's Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Pension or Retirement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Rental Property Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Child support or Alimony <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Military Allotments <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Adoption Assistance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Foster/Relative Care Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contributions from others <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other income (specify) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

James Compiano
 Signature

10/5/06
 Date

 Authorized Representative

 Date

 Case Manager

 Date

	Kroger Pharmacy
--	-----------------

Kroger Pharmacy Store #426 Phone: 770 932-4373
400 Peachtree Industrial BLVD. Fax: 770 932-4377
Suwanee, GA 30174

Pharmacy Receipt

Prescription #: REF# 4224572
Drug: SYNTHROID
Day Supply: 100
Doctor: John Hargrove
Date: 10/03/06

Price: **\$48.20**

PATIENT COUNSELING:

Do not stop drug without consulting Doctor. Follow dosing directions very carefully. Check with Doctor before taking any other medicine. Promptly report unusual symptoms/effects. Inform Doctor/Dentist prior to any type of surgery.

Patient Information:

James Compiano
600 Dogwood Place
Winder, GA 30680

Date: 10/03/06

PAID: \$48.20

**FS for ABD Phase II PG
Putting It All Together**

August 1, 2009

Gwinnett Hospital System

STATEMENT

P O Box 1190
Lawrenceville, GA 30246

Phone: 404 339-2100
Fax: 404 339-2500

Statement #: 26070
Date: 10/4/06
Account #: 1208-01
Patient:

Bill To:
James Compiano
600 Dogwood Place
Winder, Ga. 30303

Date of Service	Description	Amount	Payment	Balance
10-4-06	X-RAY, Chest, PA & Lat	84.46		84.46
10-4-06	RESPIRATORY THERAPY	36.50		36.50
10-4-06	EMERGENCY CLASS 3	74.64		74.64
10-4-06	EVALUATION/MANAGEMENT 3	89.00		89.00
	TOTAL CHARGES			284.60
	TOTAL PAYMENTS			0
	TOTAL ADJUSTMENTS			0
			Total	284.60

REMITTANCE
STATEMENT # 26070
DATE: 10/4/06
ACCOUNT ID #: 1208-01

BALANCE DUE: \$284.60
PAYMENT ENCLOSED: _____

MEDICAID SPENDDOWN

AMEN

- Select Y
- Enter Mr. Compiano's Medicaid AU ID number
- Enter 10/06 as benefit month
- Press ENTER

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection y		
AU ID XXXX00206	Client ID	
Screen ID	As Of Date	
Benefit Month (MM YY) 10 06	Notice Type	
A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	
Message 0543		
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE		

SDME

- Enter Y in the Expense Covered field to indicate the expense is potentially covered by Medicaid
- Enter the amount of the first expense, verified by receipt
- Enter the date the expense was incurred in the Date Incurred field
- Enter Y in the A/R Bill field to indicate the expense was incurred by Mr. Compiano
- Enter P in the Expense Paid field to indicate the expense has been paid
- Enter the name of the medical provider in the Provider Name field
- Enter P in the Expense Type field to indicate the expense is for a prescription
- Enter Mr. Compiano's Client ID #
- Enter the remaining bills
- Press ENTER

UPDATE	SPENDDOWN MEDICAL EXPENSES - SDME		SDME 01
Month 10 06			01
HOH Name JAMES	COMPIANO	Client ID XXXX00323	
AU ID XXXX00206			
Del	Expense Amt	V	Date
	Covered		Incurred
Y	48.20	RC	10 03 06
	Provider Name	KROGER PHARMACY	
Y	77.00	BI	10 02 06
	Provider Name	HORACE BALL, MD	
Y	552.00	BI	10 04 06
	Provider Name	THE EMORY CLINIC	
Y	284.60	BI	10 04 06
	Provider Name	GWINNETT HOSPITAL	
Y	395.00	BI	10 03 06
	Provider Name	ORTHOPEDIC SURGERY	
Client Liability Amt for Breakeven Bill			
More Med Exp			
Message	15-lett	24-del	

SDDE

- Review the Spenddown Amount and the amount of Total Medical Expenses
- Press ENTER

UPDATE	SPENDDOWN DEDUCTIBLE - SDDE		SDDE
Month 10 06			
HOH Name JAMES	COMPIANO	Client ID XXXX00323	
AU ID XXXX00206			
	Spenddown Amount	240.00	
	Total Medical Expenses	1356.80	
	Remaining Spenddown Deductible	0.00	
Message			

AMEN

- Select 1
- Enter 10/06 as benefit month
- Press ENTER

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                               Selection 1
                               AU ID XXXX00206                      Client ID
                               Screen ID                               As Of Date
Benefit Month (MM YY) 10 06                                         Notice Type

A. Name/Part Inquiry        J. Registration            R. Interim/Hist Change
B. AU/Client Inquiry        K. Add A Person           S. QRF Change
D. Address Inquiry         L. Add A Program         Y. Spndwn Med Expnse Update
E. Trial Budget             M. Reinstatement        Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility        N. Initiate Review      1. Spndwn Authorization
G. Batch Print Request     O. Interview            5. Prior Medicaid Copy
H. Notice History         P. Process Appl Months  6. Finalize Prior Medicaid
I. SPA Inquiry            Q. Finalize Application

Message 0019
0019 UPDATE COMPLETED SUCCESSFULLY
```

SPAU

- Review information
- Press ENTER

```
UPDATE                                SPENDDOWN AUTHORIZATION - SPAU                                SPAU

HOH Name JAMES                      COMPIANO                      Client ID XXXX00323
AU ID XXXX00206

Confirm

                               Spnddown Amount      240.00
                               Total Medical Expense  1356.80
                               Remaining Spnddown Deductible .00

                               Begin Authorization Date

Message
```

ELIG

- Review information
- Press ENTER

```

UPDATE                               NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 10 06                               01

AU ID XXXX00206   Prog MA   Prog Type A   Med COA S99
Confirm

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat   Reasons     Date     Date   Date    Date     Type  End Date
  A                               100506   091506   100306

-----
First Last  Rel V  Mand Finl  --Stat-- Rsn   Appl   Begin Pd Thru  Penalty
Name  Name   SE OT   Incl Resp  Date    Date   Date   Date   Date   T  Date
JAMES COMP SE OT           RE   A 100506   091506 100306

Message
    
```

MAFI

- Review information
- Press ENTER

```

UPDATE                               MA FINANCIAL ELIGIBILITY - MAFI          MAFI  A
Month 10 06

AU ID XXXX00206   Prog MA   Prog Type A   Med COA S99

Resources                               Income Test Continued
Resource Limit           2000.00   Allocated Income           .00
Total Resources           .00       Gross Unearned Income      .00
Patient Liability/Cost Share   General Inc Deduction      .00
Pat Liability Income       .00       Net Unearned Income        .00
Medicare Premium           .00       Gross Earned Income        1200.00
Protected Income           .00       Earned Inc Deductions      642.50
Person Needs Allowance     .00       Net Earned Income          557.50
Diversion Amount           .00       Net Income                  557.50
IME Amount                 .00       Income Limit                317.00
Pat Liab/Cost Shar Amt     .00       Spenddown Amount           240.00
Income Test                Medical Expense Amt        1356.80
Gross Deemor Income       .00       Net Spenddown Amount       .00

Bnft Eff Date 100506  Bnft Confirm   Reasons 347              Recon Ind
Notice Type           Waive Timely Ntc  Period      Notice Override
Review Begin Date 09 06  Review End Date 02 07  Strat 2
Message

13-note
    
```

ISM2

- Review information
- Press ENTER

UPDATE	INKIND SUPPORT & MAINTENANCE 2 - ISM2		ISM2	A
Month	10 06			
AU ID	XXXX00206	Prog MA	Prog Type A	Med COA S99
		Cash Contribution Amount		.00
		Inside ISM Amount		.00
		Outside ISM Amount		.00
		Total ISM Amount		.00
Message				

SPAU

- Review information and note the Begin Authorization Date
- Enter Y to confirm
- Press ENTER

UPDATE	SPENDDOWN AUTHORIZATION - SPAU		SPAU
HOH Name	JAMES COMPIANO	Client ID	XXXX00323
AU ID	XXXX00206		
Confirm	y		
	Spenddown Amount	240.00	
	Total Medical Expense	1356.80	
	Remaining Spenddown Deductible	.00	
	Begin Authorization Date	10 03 06	
Message 0013			
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			

AMEN

- Select Z
- Press ENTER

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection Z		
AU ID XXXX00206	Client ID	
Screen ID	As Of Date	
Benefit Month (MM YY) 10 06	Notice Type	
A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	
Message 0019		
0019 UPDATE COMPLETED SUCCESSFULLY		

SDME

- Review information
- Determine which expense is the breakeven bill
- Print a copy of this screen
- Press PF15 to access the Letters Submenu

INQUIRY		SPENDDOWN MEDICAL EXPENSES - SDME				SDME 01		
Month 10 06						01		
HOH Name JAMES		COMPIANO		Client ID XXXX00323				
AU ID XXXX00206								
Del	Expense	Amt	V	Date	TPL	A/R	Exp Pd	SD
	Covered			Incurred	Amt	Bill	Rollover	Use
	Y	77.00	BI	10 02 06		Y	U	U
	Provider Name	HORACE BALL, MD			Exp Typ	N	CL ID	XXXX00323
	Y	48.20	RC	10 03 06		Y	P	U
	Provider Name	KROGER PHARMACY			Exp Typ	P	CL ID	XXXX00323
	Y	395.00	BI	10 03 06		Y	U	B
	Provider Name	ORTHOPEdic SURGERY			Exp Typ	N	CL ID	XXXX00323
	Y	284.60	BI	10 04 06		Y	U	N
	Provider Name	GWINNETT HOSPITAL			Exp Typ	N	CL ID	XXXX00323
	Y	552.00	BI	10 04 06		Y	U	N
	Provider Name	THE EMORY CLINIC			Exp Typ	N	CL ID	XXXX00323
							Client Liability Amt for Breakeven Bill	114.80
							More Med Exp	
Message		15-lett			24-del			

FMEN

- Select A
- Enter M400 in the Letter Type field
- Press ENTER

```
LETTER SUBMENU - FMEN                                FMEN

Selection a

      AU ID XXXX00206
      Load ID XXXX
      Sent Date 10 05 06
      Letter Type M400

A. Letter Generation
B. Letter History Inquiry
C. Letter Deletion
D. Letter Update

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
```

LDTL

- Enter the name and address of the medical provider of the breakeven bill in the Addressee fields
- Change Mr. Compiano's address to the office address
- Enter 555-555-5555 as the Case Manager's phone number
- Press ENTER

```
UPDATE                                LETTER DETAILS - LDTL                                LDTL
                                     AU ID XXXX00206 Letter Type M400 Sent Date 10 05 06
Addresses First Name Orthopedic      Middle Last Name Surgery
Address Line 1                               Line 2                               Apt
Street Number Dir Name                       Type City Dir
      319           Tribble Gap           Rd
City Cumming           ST GA Zip 30040

  Regards First Name JAMES      Middle Last Name COMPIANO
Address Line 1                               Line 2                               Apt
Street Number Dir Name                       Type City Dir
      178           Sams           St
City Decatur           ST GA Zip 30030 4134

Load ID XXXX Name CASE WORKERXXXX           Phone 555 555 5555 Ext
      LO DEKALB CO DFCS
Address 178 SAMS STREET
      City DECATUR           ST GA Zip 30030 4134

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
      14-updt
```

LETT

- Complete the form using the information from the breakeven bill
- Press ENTER

```
UPDATE                                LETTERS - LETT                                LETT
                                         01 More
P M400N                                GEORGIA DEPARTMENT OF MEDICAL ASSISTANCE
P                                         2 PEACHTREE ST, NW, ATLANTA, GA 30303
P
P                                         MEDICALLY NEEDY FIRST DAY LIABILITY
P                                         AUTHORIZATION FOR REIMBURSEMENT
P
PATIENT'S NAME:  James Compiano
PATIENT'S MEDICAID ID NUMBER:  XXXX00323P
BEGINNING DATE OF MEDICAID ELIGIBILITY:  10/03/2006
P                                         (BEGIN AUTHORIZATION DATE)
P MEDICAL SERVICE PROVIDER'S NAME:  ORTHOPEDIC SURGERY & SPORTS
P
P IS THIS BILL TO BE PROCESSED WITH A CLIENT LIABILITY
P FOR THE BEGINNING DATE OF MEDICAID ELIGIBILITY?
  YES X NO _  IF YES, THE CLIENT LIABILITY FOR THIS BILL IS $114.80.

P (CLIENT LIABILITY IS APPLICABLE TO COVERED SERVICES RENDERED
P BY MEDICAID ENROLLED PROVIDERS.)

Message

13-bott
```

LETT

- Enter the date completed, Case Manager's name, the AU ID number and the County Office name and phone number
- Press ENTER

UPDATE	LETTERS - LETT	LETT 02
P PAYMENT IS MADE ONLY TO MEDICAID-ENROLLED PROVIDERS FOR COVERED P SERVICES. SERVICES NOT COVERED BY MEDICAID OR SERVICES RENDERED P BY A PROVIDER WHO IS NOT MEDICAID-ENROLLED MUST BE PAID BY THE P RECIPIENT.		
P	10/05/06	M. E. Specialist
P	_____	_____
P	DATE COMPLETED	EW NAME
P	XXXX00206	Training 555-555-5555
P	_____	_____
P	MEDICAID CASE NUMBER	COUNTY DFCS OFFICE NAME/PHONE
Message 0019 0019 UPDATE COMPLETED SUCCESSFULLY 13-bott		

LDTL

- Press PF14 to mail the letter to the medical provider

UPDATE	LETTER DETAILS - LDTL	LDTL
AU ID XXXX00206 Letter Type M400 Sent Date 10 05 06		
Addressee First Name	Orthopedic	Middle Last Name Surgery
Address Line 1		Line 2 Apt
Street Number Dir	Name	Type City Dir
319	Tribble Gap	Rd
City Cumming	ST GA	Zip 30040
Regards First Name	JAMES	Middle Last Name COMPIANO
Address Line 1		Line 2 Apt
Street Number Dir	Name	Type City Dir
178	Sams	St
City Decatur	ST GA	Zip 30030 4134
Load ID XXXX	Name CASE WORKERXXXX	Phone 555 555 5555 Ext
LO DEKALB CO DFCS		
Address 178 SAMS STREET		
City DECATUR	ST GA	Zip 30030 4134
Message 0013		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
14-updt		

Georgia Department of Human Resources
Division of Family and Children Services

Food Stamps for ABD

SUCCESS Trainer's Guide

August 1, 2009

REFERENCE SECTION

Table of Contents

ABD/FS Comparison Chart	Page 2
Resources in ABD related FS cases	Page 5
Automated Documentation Tools	Page 6
Documentation Tools	Page 10
ABD/FS Documentation Guidelines	Page 12
Add a FS Case	Page 17
Overview of FS screens	Page 19

**ABD and FS
A Comparison Chart
Current as of 8/09**

Requirement	ABD	FS
SOP	10 days Q track 45 days other aged 60 days other disabled SOP "count" begins day of application	30 days regular 28 days to approve 7 days expedited 5 days to approve SOP "count" begins day after application Must hold full 30 days for no show for interview.
Mandatory forms at application	Application 297A & 297M if application is on 297 Declaration of Citizenship 5460, Notice of Privacy Practices TPL must be assigned on application or DMA 285 Others based on COA	297 297A DS 96 Voter Declaration 354, Expense Statement 846, Change Report Form 339, Simplified Reporting Form TCOS Brochure 5460, Notice of Privacy Practices
Interview	No face-to-face interview required Telephone interview required for LA-D COA. AR may assign and authorized representative.	Requires either a face to face or telephone interview. AR may assign an authorized representative.
Head of AU	N/A	FS must have a designated Head of AU, usually the adult who makes application
Age	Must be verified if qualified based on age, usually by BENDEX or SDX	Verification not needed, age does not establish eligibility but may affect deductions and AU composition

Requirement	ABD	FS
Disability	<p>Prima facie evidence of disability includes</p> <ul style="list-style-type: none"> • RSDI Disability • Railroad Disability • Receipt of Medicare (except numbers ending in "T") • SDX for SSI Approval <p>Disability may also be established by SMEU</p>	<p>Prima facie evidence of disability includes</p> <ul style="list-style-type: none"> • ABD • RSDI Disability • Railroad Disability • SSI • 100% VA
Citizenship	<p>Verification required, but receipt of RSDI (on the ARs account) or SSI is prima facie evidence Declaration of Citizenship must be signed for all COA</p>	<p>Verification required, but receipt of RSDI (on the ARs account) or SSI is prima facie evidence</p>
Identity	N/A	Verification required
Enumeration	AR statement accepted	AR statement accepted
Residency	AR statement accepted	Verification required
Application for Other benefits	Verification required in some COA	N/A
Lawbreakers	N/A	Individuals who are convicted of certain crimes, who are probation or parole violators, or who are fleeing to avoid prosecution, custody or confinement for a felony are not eligible to be included in the FS AU.

Requirement	ABD	FS
Resources	Verification required in all COA except Q track	Determine if AU is TCOS eligible. If so, resources are not counted and need not be verified. If not, verify liquid resources if total countable resources exceeds \$2250.
Income	Verification required except Q track	Verification required
RSDI	Gross RSDI counted (if there is an overpayment in an ABD/FS case, the OP amount must be entered on UINC as "OM").	Gross amount of RSDI counted unless there is an overpayment, then deduct OP
SSI	Gross SSI budgeted the month of admission to LA-D	Net amount of SSI counted. Enter gross in SUCCESS with the deduction entered in SUCCESS also.
Reporting requirements	All changes must be reported	Simplified Reporting Requirements—changes must be reported only if gross income exceeds 130%
POE	N/A	Most ABD/FS cases contain only elderly/disabled individuals and no earned income; the POE is 12 months If there is earned income, POE is 6 months

RESOURCES IN ABD RELATED FS CASES

Are all adult AU members elderly (60 or over) or disabled?

YES

Is AU gross income less than 200% GIL?

YES

NO

AU is TCOS eligible

Explain TCOS to AR, provide brochure, have AR sign indicating they received TCOS information

Resources not counted in FS case

Code resources appropriately for ABD policy

If a 1 or 2 person FS AU case denies for resources (codes 301, 363 or 366), enter "Y" on the joint SSI/FS field for each AU member

Resources need not be verified for FS (ABD verification depends on COA)

NO

Is gross income less than 130% GIL?

YES

NO

AU is not TCOS eligible

Determine if each resource is liquid or non-liquid

Code liquid resources appropriately for ABD and FS policy

Code non-liquid resources to count in ABD but not FS

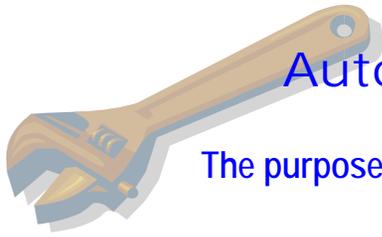
Do countable (liquid) resources exceed \$2250?

YES

NO

Liquid resources must be verified for FS (ABD verification depends on COA)

Resources need not be verified for FS (ABD verification depends on COA)



Automated Documentation Tools

The purpose of the documentation requirements and the ADTs are to provide an explanation of the eligibility determination.

- The documentation standards include the information required to substantiate the eligibility determination.
- When a SUCCESS field alone can fully and clearly document, then further documentation is not required. The point of documentation is to explain what SUCCESS cannot.
- Documentation is completed on the REMA screen. To access the REMA screen press **F9** on a data screen.
- Automated Documentation Tools (ADTs) are also available. ADTs are pre-programmed statements and questions designed to capture basic documentation that populate to the REMA screen by depressing the Tilde (~) key while on the data screen.
- *Rules for REMA*
 - ~ REMA does not have word wrap
 - ~ There is a selection field on the right side of the screen that will allow insertion or deletion of a line
 - ~ Pressing the **END** key on any line will erase the remaining portion of that line
- *Accessing ADTs*
 - ~ Press the Tilde (~) key from the data screen
 - ~ The REMA screen will appear and the ADT will appear shortly thereafter

- *Navigating on an ADT*
 - ~ Ensure that the insert function is turned off when documenting on an ADT
 - ~ Press the Tilde key to move from field to field
 - ~ Do not hold down or press the Tilde key rapidly
 - ~ Using the Tilde key moves the cursor slowly
 - ~ Be patient

- *Deleting an ADT that was loaded accidentally*
 - ~ Press F3 to exit or place the cursor in the select field next to each line of text and press the END key
 - ~ This will leave a blank REMA screen in its place

- *Updating an existing ADT*
 - ~ From the data screen press **F9**

- *Loading the Case Manager's Information*
 - ~ On the Main Menu press the Tilde key
 - ~ The Case Manager must enter their information on the Main Menu

Entering the Case Manager's information:

 1. Access the Main Menu
 2. Press tilde (~) on the Main Menu
 3. Type your name, county, load ID and phone number in this area
 4. Click **OK**

Correcting the time and date:

 1. Click on **Start**
 2. Click on **Settings**
 3. Click on **Control Panel**
 4. Click on **Date/Time**
 5. Adjust the date or time and click **OK**

- The documentation standards for FS are found in the Food Stamp Policy Manual in Appendix D.

SUCCESS ABD and FS DOCUMENTATION GUIDELINES
CURRENT AS OF 8/2009

General Rules

The purpose of documentation is to explain what SUCCESS cannot. When a SUCCESS field alone fully and clearly documents a situation, additional documentation is not required. It is not necessary to do "negative" documentation.

For example, there are multiple codes to document type of verification. "CS" for client statement, is usually a clear enough documentation of the source of verification. "TC" for telephone call would never, alone, be adequate for documentation.

Examples:

TC (telephone call)- requires documentation of the phone number called, the name of the person spoken to, the date of the contact and any other parts of the conversation that are relevant to the case.

OT (other)- requires documentation of the source of verification.

LE (letter)- requires documentation of who sent the letter.

Include additional documentation when required.

NARR (Shift + F9 to access from ADDR)

- ✓ Application, review or change
- ✓ Type of contact
- ✓ Action being taken
- ✓ Initial conversation prior to starting the interview on SUCCESS
- ✓ The name of the person spoken to and that s/he is the best source of information
- ✓ Whether face to face, alternate or telephone interview
- ✓ A/R and authorized representative, if applicable were mailed HIPAA form and/or EMA notification form if form was not completed at interview
- ✓ If a SUCCESS letter template has been used, the date letter was written, type of letter template (ex. M400), Load ID and name of the worker using the letter template.
- ✓ For Medically Needy, actions taken and any pertinent information entered on SDME screen.
- ✓ Validity of QITs, when sent to DCH Legal, when returned & outcome, if applicable.
- ✓ For all L01 cases and W01 cases over 55- form DMA 315 Estate Recovery form was given, or document date sent if form was mailed



FS

- ✓ Eligibility for TCOS, brochure given if eligible

ADDR (F9 to access from ADDR)

- ✓ Questionable mailing address
- ✓ Directions to A/R home, if needed

AREP (F9 to access REMA)

- ✓ Authorized representative (responsible person) for ABD and why (if not included on NARR screen)

STAT (~ to access REMA)

- ✓ Name, age, relationship of anyone in the home other than the recipient and spouse
- ✓ Financial responsibilities
- ✓ Denials/closures codes entered by EW
- ✓ Changes in AU (additions and deletion of AU members)
- ✓ Circumstances and outcome of completing a CMD
- ✓ Dual eligibility for more than one COA
- ✓ Need for prior months and any action taken
- ✓ If A/R over CAP, document if QIT is in place and effective date.
- ✓ If coverage for retroactive months was requested then list what months and the eligibility determination for each of the months. If another AU ID number was used to process the prior months, cross reference this AU ID.

FS—additional documentation required:

- ✓ Verification of Identity
- ✓ If there are non-AU members, an explanation of why they are not included in FS
- ✓ If non-AU member purchase and prepare separately and meet the criterion for separation, document the policy that allows them to be separate
- ✓ Resolution of prisoner match

DEM1 (F9 to access REMA)

- ✓ Previous Marriages
- ✓ SSI ineligibility
- ✓ Any unusual circumstances about Georgia Residency
- ✓ Reason for the Living Arrangement code entered; at reviews document that A/R remains in same LA or why it has changed

FS—additional documentation required:

- ✓ Discrepancies related to name, date of birth or SSN
- ✓ Receipt of out of state benefits/termination of benefits and verification
- ✓ Why failure to comply code is entered

DEM2 (~ to access REMA)

- ✓ Details of disability/incapacity codes
- ✓ Details, resolution of Death Match interface
- ✓ Citizenship verification or Alien status if A/R is not a citizen.
- ✓ The type of evidence used to verify citizenship should be documented.
- ✓ If receipt of Medicare or SSI is used to verify citizenship, this should be clearly documented.
- ✓ If prior receipt of SSI is being used to verify, the dates of receipt of SSI and method of verification should be included as well.
- ✓ If citizenship is not verified by a document from the first tier, what was used for identity needs to be documented.
- ✓ Document that original documents were viewed for citizenship and identity. This should be done for each AU member.
- ✓ Declaration of Citizenship is in record. Declaration of Citizenship can be addressed on DEM2 01 for ALL AU members.
- ✓ Availability of TPL (TPL1 screen should not be used)
- ✓ What form was signed for assignment of TPL.
- ✓ If A/R has TPL or there has been a change, document date form 285 sent to DMA including trusts and QITs
- ✓ Details of non-cooperation for TPL, if applicable
- ✓ HIPP referral if applicable
- ✓ Form DMA-327 sent to DCH upon death of recipient in L01 or W01

FS—additional documentation required:

- ✓ Date of conviction, if conviction meets the lawbreaker criteria and how it was verified
- ✓ Circumstances resulting in penalty/disqualification for any fleeing felons or probation/parole violators

ALAS (~ to access REMA)

- ✓ The 40 qualifying quarters for aliens
- ✓ Details of form 526 for EMA

FS—additional documentation required:

- ✓ Student status eligibility and how verified
- ✓ School attendance discrepancies

INST (~ to access REMA)

- ✓ Level of Care: changes, date packet sent to GMCF & returned, reason if LOC is denied
- ✓ Limited Stay extensions
- ✓ Changes in institutional status (such as a change to Hospice COA)
- ✓ Residence prior to admission and upon discharge for protection of income determinations
- ✓ IMEs and verification source
- ✓ Diversion, if applicable
- ✓ Differences between admission date and payment date
- ✓ Reason for reconciliation and months affected
- ✓ Any periods not covered by DMA-6, Communicator or other LOC instrument
- ✓ Reason for use of Pat Liab Amount field; explain how the amount entered was obtained
- ✓ Hospital stays and how verified
- ✓ Explain reason for protection of income
- ✓ Circumstances behind reconciliation

FSME documentation required:

- ✓ Why deductions were not allowed for potentially eligible AU members to include expenses not verified and no current reimbursed medical expenses
- ✓ If Medicaid application is pending, document Medicare premium expense is not allowed ongoing
- ✓ Computation or explanation of allowed expenses

RES1 (F9 to access REMA)

- ✓ Conversion or disposition of resources at review or interim change, including spousal impoverishment
- ✓ Explain any unusual activity involving resources and countable value if amount is not readily apparent
- ✓ Dates of letters, bank statements, etc. used as verification
- ✓ Potential inheritances
- ✓ Disposition of previously owned bank accounts or other resources, and potential jointly owned resources at review or interim change
- ✓ Burial fund exclusions (life insurance, burial contracts, burial funds)
- ✓ Explain financial instrument used to fund QIT
- ✓ For Promissory Notes, Loans and Property Agreements explain how the resource amount was calculated

RES2 (F9 to access REMA)

- ✓ Good faith efforts to sell
- ✓ Bankruptcy
- ✓ Conversion or disposition of resources at review or interim change, including spousal impoverishment
- ✓ Vehicle use if use code is not self explanatory
- ✓ Joint ownership
- ✓ Liens
- ✓ Rebuttal process
- ✓ Completion of property search the results and any discrepancies
- ✓ If more than one vehicle, vehicle excluded and reason
- ✓ Life estate
- ✓ Disposition of previously owned property
- ✓ All real property other than homeplace

RES3 (F9 to access REMA)

- ✓ Details of any resource listed on this screen
- ✓ Conversion or disposition of resources at review or interim change, including spousal impoverishment.
- ✓ For FBR cases, burial space exclusion if not evident from verification in record

- ✓ Any amount entered as "OC" due to burial exclusion policy

TRAN (~ to access REMA)

- ✓ Details of any transfer and verification used or A/R's statement that no transfers have been made
- ✓ Details of any recalculation of penalty and verification used
- ✓ For Promissory Notes, Loans, Property Agreements that result in a transfer penalty explain how the penalty amount was calculated.

ERN1 (~ to access REMA)

- ✓ Current employment record to track employer's name, begin/end dates, reason for termination and how verified
- ✓ When clearinghouse (DOL) information automatically appears after matching on SSN for AU member's age 16 or older. When DOL information appears, press the tilde key and the information will copy and paste to the ERN1 REMA screen
- ✓ Discrepancies in clearinghouse information

ERN2 (~ to access REMA)

- ✓ Hourly pay rate
- ✓ Tips, if not included in gross pay on the pay stubs
- ✓ Reason any pay period is NOT considered representative pay
- ✓ If actual income used in budgeting explain
- ✓ If verification is required but is not in case record, how was information verified For example: YTD, TC
- ✓ IF EVNC is not used, explain calculation and frequency of pay

DEAL (F9 to access REMA)

- ✓ Alien sponsor's name and address
- ✓ Ineligible children and type of income

UINC (~ to access REMA)

- ✓ Date payments will begin and/or terminate
- ✓ The source and expected duration of any contributions
- ✓ Reason net instead of gross is used
- ✓ Calculation of monthly interest payment or child support payments, if needed
- ✓ Financial aid for students
- ✓ Reason for any changes to the auto update
- ✓ If A/R is receiving RSDI on someone else's account, the name and relationship,
- ✓ The reason any fluctuating income is not considered representative
- ✓ Details of application for any other benefits
- ✓ The results of clearinghouse (UCB/SDX/BENDEX) automatic matches and the resolution of any discrepancies
- ✓ Dates of award letters, bank statements, etc
- ✓ Reason for any deductions or exclusions, including for QITs
- ✓ Potential income based on past work history, spouse, etc
- ✓ If no income, document potential SSI eligibility
- ✓ Document receipt of or potential benefits for VA, when application filed with VA, etc.
- ✓ For Promissory Notes, Loans, and Property Agreements document any resulting countable income and how it was calculated.

SHEL documentation required: (~ to access REMA)

- ✓ Eligibility for shelter and utility deductions
- ✓ Eligibility for the appropriate SUA or telephone standard
- ✓ Expenses paid by anyone outside the household, effect of eligibility for deductions, and how the expenses were verified
- ✓ Shared expenses and how the situation is verified
- ✓ Insurance and taxes that are included in the mortgage payment
- ✓ Mathematical computations if shelter expenses are not paid on a monthly basis
- ✓ Utilities that are included in the rent amount

PLAW (F9 to access REMA)

- ✓ How determination was made and why person is eligible
- ✓ Yearly COLA

ISM1 (F9 to access REMA)

- ✓ Details of determination of ISM, including manual budget or "see Form 969 in case record"

MISC (~ to access REMA)

- ✓ Why the case is over the SOP (Valid Value is never sufficient)
- ✓ QMB override reason

FS—additional documentation required:

- ✓ Any change in the expedited FS indicator
- ✓ The reason for manual issuance, the date of the manual issuance, the amount and month of the manual issuance
- ✓ Questionable information

Add a FS Case to an ongoing case or application:

- Select L from the AMEN menu and enter the active AU ID number

NAME

- AU NAME screen is pre-populated from the other case
- The information appears in blue and cannot be changed at this point in the process

KIND

- Select Food Stamp Assistance

CIRC

- The information at the top of this screen is used by SUCCESS to determine if this is an expedited FS application. It's important to enter correct information so the case is not incorrectly identified as expedited.

MEMB

- Information is pre-populated from the other case
- A client ID number has already been assigned
- Press ENTER
- Repeat for each AU member

IF there are FS AU members not in the other case, add them by entering "y" in the "More Members" field.

INCH

- Enter Y in the IND field to select Food Stamps
- Enter Y in the Categorically Eligible field if AU is TCOS eligible
- Enter application date
- Press PF20 to print AFA

REDI

- Schedule an appointment if you wish OR
- Press PF4 to bypass warning message

Interview, Process, and Finalize the case exactly as you would in ABD

OVERVIEW OF SUCCESS SCREENS FOR FS

ADDR

- Information from Registration is pre-populated
- Enter Residential County code
- Confirm AU's address and phone number were entered correctly during the registration process
- Press PF21 to access the NARR screen and enter documentation regarding her applications
- Press PF4 if needed to bypass the warning message

STAT SCREENS

- Always check the STAT screen to be sure which program you're working on
- Complete the STAT screen based on the information provided
- Correct any information needed
- Press the Tilde key to access the ADT to enter documentation

DEM 1

- Review DEM screen to ensure information was keyed correctly at Registration

DEM2

- Review DEM screen to ensure information was keyed correctly at Registration
- Enter Y in Joint SSI/FS field on all AU member DEM 2 screens if AU is TCOS eligible

- Press the Tilde key to access the ADT to enter documentation

DEM3

- Review DEM screen to ensure information was keyed correctly at Registration

FSME

- Enter allowable medical expenses on the FSME screen for each eligible AU member
- Frequency options are “R”—recurring (this amount will be allowed monthly throughout the period of eligibility, “P”—prorated (this amount will be prorated for the number of months entered in the next field), and “O”—one-time only (this amount will be allowed every month until manually removed).
- Pro. Num of mths—enter the number of months in the period of eligibility
- Press the Tilde key to access the ADT to enter documentation

RES1

- Enter resources—the “Y” on the DEM2 screen will prevent resources from counting in the FS case.
- Press PF9 to access REMA to enter documentation

RES2

- Enter resources—the “Y” on the DEM2 screen will prevent resources from counting in the FS case.
- Press PF9 to access REMA to enter documentation

RES3

- Enter resources—the “Y” on the DEM2 screen will prevent resources from counting in the FS case.
- Press PF9 to access REMA to enter documentation

TRAN

- Enter information if there has been a transfer of resources

ERN1

- Enter employer name, address, and phone
- The “AJS” employ field is mandatory, it will be “N” for all ABD-related cases
- Enter type, begin date and first pay date

ERN2

- If AU member is employed, enter the avg hrs, freq, day week pd

DEAL

- Used if AU pays child support outside the home, usually blank for ABD/FS cases
- Press ENTER

CARE

- Used if AU incurs any dependent care costs, usually blank for ABD/FS cases
- Press ENTER

UINC

- Enter unearned income, same as ABD
- If AR receives RSDI and has an overpayment, full RSDI must be counted in ABD but net in FS. Code the net amount on the first UINC screen, enter “Y” in the more field to create another UINC screen and enter the overpayment amount as “OM”—Medicaid only income.

WORK

- The “exempt reason”, Stat, V, and Partic Date screens are mandatory on this screen
- SUCCESS will normally complete the fields correctly, but check the exempt reason to be sure it is correct and enter verification “CS” (client statement)
- Press the Tilde key to access the ADT to enter documentation

SHEL

- SHEL is mandatory for FS case
- At minimum the “Primary Heat/Cool field, SUA type and Verification will be entered on the first line.
- Most Aus receive the H/C SUA and it is verified by their statement
- Also enter Rent or Mortgage, Taxes, and Insurance information. If the AU is eligible for H/C SUA, utility expenses do not need to be entered.
- Press the Tilde key to access the ADT to enter documentation

MISC screens

- There is a “MISC” screen for each program, be sure to note which program you’re working on
- In FS, MISC is used to document Review completion as in ABD, and may also have a “SLAM Cd”.
- Management information is keyed using the ADT behind MISC
- Press ENTER

Georgia Department of Human Resources
Division of Family and Children Services

Food Stamps for ABD

SUCCESS Training

CLOSING

Outline

- I. Overview
- II. Helpful Hints
- III. Feedback
- IV. Closing Activity

Objectives

By the end of this session, participants will be able to:

- identify support tools available to assist with managing their caseloads
- identify support tools available to assist with obtaining additional information regarding the AR's situation
- identify community resources available to assist the families we serve
- provide relevant feedback regarding the training session



Where can I find more practice or additional help that I can do on my own?

The DFCS Education and Training Website at:

www.dfcs.dhr.georgia.gov/training

- + Click on New Office of Family Independence Case Manager Training**
- + Click on Resource Library**
- + Train Tracks, Job Aids and Self Studies are listed by program area**

OR

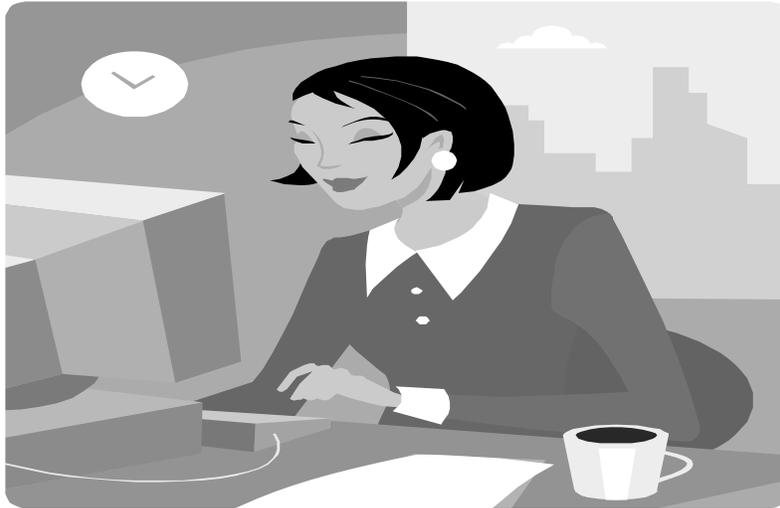
The DFCS Online Training at:

www.gadfcs.org/training

- + Select the program area you would like to review**
- + Select the stand-alone module or a module (book) within a course you would like to review**

Conclusion

Now that you have completed training, in your opinion what are the three most important aspects of your job?



Congratulations!!

