

EDUCATION & TRAINING  
*Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF FAMILY & CHILDREN SERVICES



Family Medicaid  
**SUCCESS**  
Phase II

For New Family Independence  
Workers

Participant Guide

April 23, 2008



**Georgia Department of Human Resources  
Division of Family and Children Services**



**FAMILY MEDICAID  
SUCCESS TRAINING**

**INTRODUCTION**

## Objectives for Introduction

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

- identify how Phase II training is organized
- discuss what your expectations are for the training session, the trainer and your peers
- explain the standards, expectations and attendance policy for training

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## OUTLINE FOR FAMILY MEDICAID SUCCESS TRAINING

### **DAY ONE**

Introduction  
Customer Service  
Introduction to SUCCESS  
Initial Applications

### **DAY TWO**

Initial Applications  
Prior Months Medicaid

### **DAY THREE**

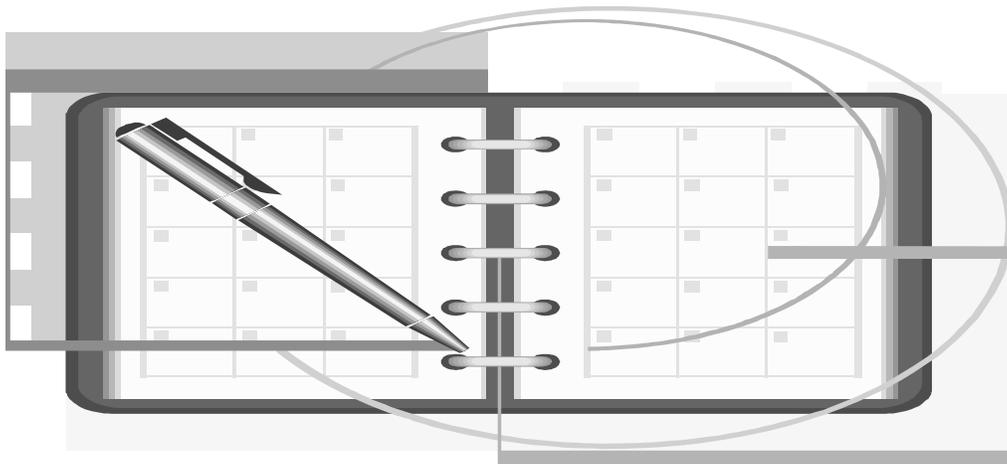
Prior Months Medicaid  
Skill Demonstration Part I

### **DAY FOUR**

Changes  
Skill Demonstration Part II

### **DAY FIVE**

Combination Cases  
Closing





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**EDUCATION AND TRAINING SERVICES SECTION  
DIVISION OF FAMILY AND CHILDREN SERVICES  
TRAINING PROGRAMS  
CLASSROOM STANDARDS, EXPECTATIONS  
AND ATTENDANCE POLICY**

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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. 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.

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](mailto:OFItraining@dhr.state.ga.us)
- For attendance at any Social Services training e-mail:  
[SStraining@dhr.state.ga.us](mailto:SStraining@dhr.state.ga.us)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Georgia Department of Human Resources  
Division of Family and Children Services**



**FAMILY MEDICAID  
SUCCESS TRAINING**

**CUSTOMER SERVICE**

## Objectives for Customer Service

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

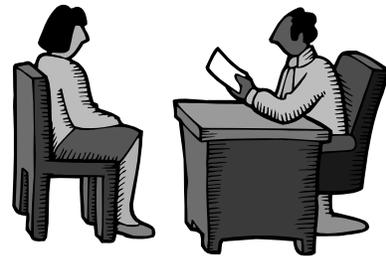
- identify Customer Service Behavioral Standards
- discuss personal experiences with customer service
- identify non-verbal communications used in the SOFTEN formula
- list the ten rules for providing quality customer service
- demonstrate the standard DHR telephone greeting
- identify techniques to improve telephone customer service

## CUSTOMER SERVICE BEHAVIORAL STANDARDS



**GREET** your customers promptly and courteously.

**LISTEN** and verify your understanding of the customer's needs.



**HELP** customers with your answers and actions.

**HONOR** your commitments in a timely manner.



## Experiencing Customer Service Exercise

Think about the experiences you have had in your own life as a customer during the past few months in any place such as a store, restaurant, etc.

### Examples of Bad Service:

- a) What did the person(s) do, or not do, that made it so awful or disappointing? Please be specific.
  
- b) What should they have done differently?
  
- c) How can we use this in our own work?

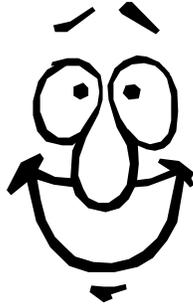
### Examples of Good/Excellent Service:

- a) What did the person(s) do, or not do, that made the service so exceptional? Please be specific.
  
- b) How can we use this in our own work?

## Non-Verbal Communication in Customer Service

Use the **S-O-F-T-E-N** formula:

**S**mile:



**O**pen space: Don't put anything between you and the other person.

**F**orward lean: Sends the message that you care about what the person has to say.

**T**erritory: Do not invade the other person's space.

**E**ye contact: Make eye contact as often as possible, particularly when speaking to another person.

**N**od: Nodding occasionally conveys to the other person that you are listening and interested in what they have to say.

Adapted from PML ASSOCIATES, Inc.  
Human Resource/Management Consulting  
Greenwood, SC

## Ten Rules for Providing Quality Customer Service

- 1) Greet the Customer Immediately**
  - Call the customer by a courtesy title (Mr., Mrs., Ms.) and use his or her last name
  - Make immediate eye contact
  - If you are busy, acknowledge the customer's presence with a nod or a smile
  - An immediate greeting only takes a second, but it puts the customer at ease and gets you started on the right foot
  
- 2) Give the Customer Your Undivided Attention**
  - Let the customer know that his or her situation is your number one priority at that time
  - Don't act disinterested or bored
  - Pay attention to the customer and show that you consider him or her to be important
  - Don't try to handle two customers at one time
  - Practice good listening skills so you can discuss key points, answer questions, and make appropriate referrals
  
- 3) Make the First 30 Seconds Count**
  - The first 30 seconds belong to the customer, not to you
  - Don't force customers into the same mold; recognize that each individual and situation is unique
  - Give each customer a chance to communicate his or her needs clearly in the first 30 seconds
  
- 4) Be Natural, Not Phony or Mechanical**
  - Don't give the customer the standard or routine answers to questions
  - Express genuine interest and concern
  - Avoid the "have-a-nice-day-next" attitude
  
- 5) Be Energetic and Cordial**
  - Approach each contact with a customer as a new event
  - When answering the telephone, keep in mind that the customer can't see you and your voice is the only means you have of making a good impression
  - Pace yourself as you work

- 6) **Be the Customer's Agent**
  - Make the commitment to help solve the customer's problem
  - Know who is responsible for various duties within your organization so you can make appropriate referrals
  - Be willing to apologize to a customer if the situation calls for it – even if you are not the one who made the mistake
  - Think of your job as a matter of solving problems for the customer, not just performing a set of tasks
  
- 7) **Think! Use Your Common Sense**
  - It's ok to think for yourself
  - If the answer isn't "in the manual", stop and think things over
  - Try to think beyond the limits of habit, tradition, and standard procedures
  - Look for new ways to do things that will be beneficial to your customers
  
- 8) **Be Flexible**
  - Don't allow the rules or procedures to become a barrier to helping the customer
  - If you are in doubt, check with your supervisor about a new way to solve a customer's problem
  
- 9) **Make the Last 30 Seconds Count**
  - The last impression a customer leaves with is just as important as the first impression
  - Remember that we are here to serve our customers
  - Offer a bit of helpful information; let the customer know what to expect, and what information is needed
  - Make the contact a positive experience
  
- 10) **Take Good Care of Yourself**
  - You can take good care of your customers by taking good care of yourself
  - Everyone has a bad day now and then, but the key to your success is to keep those feelings in check and not let those feelings impact the quality of service you provide
  - Pay attention to your feelings throughout the day and keep yourself in a positive frame of mind
  - When you are feeling good, you transmit that energy and optimism to your customers as well as to your co-workers

## **Standard DHR telephone greeting:**

Hello \_\_\_\_\_ (state your Division or office name), this  
is \_\_\_\_\_(your name), may I help you?

Example: “Hello, Clarke County Department of Family and Children  
Services, this is Darren Chester, may I help you?”

## **Write down how you will answer the phone in your office:**

### **Telephone Techniques reviewed in Family Medicaid Phase I:**

- The telephone should be answered by the second ring.
- Put a smile on your face when talking. That smile will be “heard” by the caller.
- Adjust your rate of speech to match the caller.
- If you must put someone on hold, ask, “May I place you on hold while I get that information for you?” Make sure you wait for their answer before pressing the button.
- Never keep someone holding for more than 30 seconds. If necessary pick back up and explain any delay and give the caller an opportunity to hang up and have you call them back.

**Georgia Department of Human Resources  
Division of Family and Children Services**



**FAMILY MEDICAID  
SUCCESS TRAINING**

**DATA SUPPORT**

## Objectives for Data Support

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

- identify when documentation is required
- identify when to access NARR and REMA to enter documentation for Family Medicaid cases
- identify when to access Automated Documentation Tools to enter documentation for Family Medicaid cases
- identify Clearinghouse interface screens
- access Georgia Vital Records information
- access the Georgia Data Broker System
- view Medicaid-related INFOPAC reports

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Documentation is an important element in determining the accuracy of a case. 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.

**TWO TYPES:**

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Documentation is also required when the following codes are used:

**TC** – Telephone Call: document 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: document source of verification.

**LE** – Letter: document who sent the letter and the date.

## MAIN MENU

- Press the Tilde key to access the Automated Documentation Tool (ADT)

```
*****
**      W E L C O M E  T O  T H E      **
***          G E O R G I A          ***
***          T R A I N I N G          ***
***          S U C C E S S            ***
**          S Y S T E M              **
*****

                Selection  A
                Printer ID  ????
                System Date 10-05-06
                Load ID   1895

A. Assistance Unit/Client   H. Security                 O. File Inquiry
B. Supporting Units        I. Parameters                P. Vendor Files
C. PEACH                   J. Mass Mod                  Q. Text
D. Alerts                  K. Financial Mgmt Iss       R. Benefit Error
E. Scheduling              L. Lifetime Limit           S. AU/Client Misc
F. Letters                 M. Benefit History          U. Register IV-D Case
G. Electronic Mail (EMC2)  N. Quality Control

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

## ADT

- Enter First Initial, Last Name, Caseload ID, Phase II Training, and 555-555-5555

## NARR

For all case actions – application, review or change

Accessible from ADDR and DONE only

UPDATE	NARRATIVE - NARR	NARR
		01
10/05/2006 03:55 PM	Phase II Training 555-555-5555	
MESSAGE 13-bott		More

Include the following:

- Type and date of contact and/or action being taken
- Initial conversation with AR prior to beginning the interview
- Name of person spoken to and that the person is the best source of information
- Type of interview (face-to-face, alternate or telephone)
- Need for prior months and action taken
- HIPAA and/or EMA Notification forms and action taken
- Date and type of SUCCESS letter; include Load ID and name of Case Manager
- Date and type of information indicated on verification checklist

STAT

Access ADT to enter documentation

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	:	:
NOT INCL	:	:
IN THE AU	:	:
INELIGIBLE/PENALIZED AU MEMBER? Y/N ( ) IF YES, EXPLAIN: _____		
:		
EXPLAIN STEP PARENT SITUATION: _____		
TRACE RELATIONSHIPS AND DOCUMENT FINANCIAL RESPONSIBILITY:		
:		
LIM ELIGIBLE? Y/N ( ) IF NO, EXPLAIN: _____		
CMD, AS NEEDED: _____		
DUAL ELIG AU MEMBER(S)/COA? EXPLAIN: _____		
3MP COVERAGE RQSTD.? Y/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		

Include the following:

- Name, age and relationship of non-AU members and why they are not included in the AU
- Unusual and/or financial responsibilities
- Denial/closure codes entered by Case Manager
- Circumstances and outcome of completing a CMD
- Dual eligibility for more than one COA
- Trace the relationship of the non-parent grantee relative to the children in the AU



UPDATE	REMARKS - REMA	REMA
		00
***** Fair Hearing *****		
10/05/2006 12:26 PM Phase II Training 555-555-5555		
AU ID - 173500211 Case Type - MA		
Date of request for hearing:_____		
Reason for hearing:_____		
:		
:		
Date hearing request sent to Legal Services:_____		
Date hearing scheduled:_____ Hearing rescheduled Yes ( ) No ( )		
Date of decision:_____		
Decision in favor of Agency ( ) Reason - Withdrawal ( )		
No show ( )		
Other ( ) Explain:_____		
:		
Decision in favor of Client ( ) Explain:_____		
:		
Benefits Continued Yes ( ) No ( ) Claim scheduled Yes ( ) No ( )		
Comments:_____		
More		
MESSAGE		
0019 UPDATE COMPLETED SUCCESSFULLY		
13-bott		

Include the following:

- Fair hearing request date
- Follow-up and outcome of hearing decision

DEM1

Access REMA to enter documentation

Month 11 06	CLIENT DEMOGRAPHIC 1 - DEM1						DEM1 01
	0002	06	01	06			
Client Name		Suf	Client ID				
Alt SSA/SSN	SSN Appl	SSN1	V	More	DOB	V Sex Race Eth	
Name Appl For	Date			SSNs	(MM DD YYYY)		
GA	Marital	Living	RSM	Min Par	Boarder	Amt Paid -- Family Planning --	
Res	Status	Arrngmt	Ad/Ch	/LA	Num Meals	for Meals Referral Date	
Concurr	SSI	Depriv	V	Prenatal Care	-----	Pregnant -----	
Out of St	Recip		Ind	Good Cse	Term/Due	Term/Due V Num V	
CA FS MA					Code	Date Exp Code	
Message 0013							
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"							
	15-lett			16-crs		23-alau	

Include the following:

- Details of any enumeration penalty imposed
- Details of deprivation and CSS referral code
- Unusual circumstances regarding Georgia residency
- How pregnancy was verified
- If pregnancy was terminated for any reason other than a live birth
- Form 138 and action taken

DEM2

Access ADT to enter documentation

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 ( )		
If yes, date form 285 sent to DMA:_____		
Signed form DMA 285 in the record? Y/N ( )		
Customer was informed about Health Check by Face to Face( ) Telephone( ) Mailed Brochure( )		
Citizenship verified by:_____		
:		
Identity verified by: _____		
:		
Declaration of citizenship in record dated:_____		
FS only - Citizenship Good cause waiver granted due to:_____		
:		
		More
MESSAGE		
13-bott		

Include the following:

- Citizenship verification or alien status to include the type of evidence used
  - If based on receipt of Medicare or SSI, include dates of receipt of SSI and method of verification
- Identity verification if citizenship is not verified from first tier
- Declaration of Citizenship for ALL AU members on DEM2 01
- Declaration of Citizenship form and action taken
- Availability of TPL and/or details of non-cooperation for TPL
- DMA 285 form and action taken
- HIPP referral, if applicable
- Health Check referral for ALL AU members on DEM2 01
- Details of any disability/incapacity codes
- Details and resolution of any Death Match interface

## ALAS

Access REMA to enter documentation

Month 11 06	ALIENS AND STUDENTS - ALAS						ALAS 01		
	0002	10	02	06					
Client Name						Client ID			
						Permanent			
Citiz	Elig V	Doc	Spons	Country	Entry Date	INS	--	Emergency Med	---
Stat		Type	Alien	of Origin	(MM YYYY)	Number	Ind	Beg Dt	End Dt
INS Auth To Work		Refugee Resettlement Agency							
Student Educ	School Name		Dep Care	Grad Date	Meals	20 Hr/Wk			
Status Level			Respon	(MM YY)	Provided	Work Rqmt			
School Attend Cd									
Message 0013 2123									
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"									
15-lett									

Include the following:

- Details of Form 526 for EMA
- Forty (40) qualifying hours for aliens

## APID

Access REMA to enter documentation

Month 11 06	ABSENT PARENT IDENTIFICATION - APID										APID	A		
	7691	02	01	06							01	More		
HOH Name											Del AP	AP Returned Home		
AP Name											Suf			
SSN	Seq Num	00001												
Dep	First	Last	Legal	Pat	Dep	First	Last	Legal	Pat	Dep	First	Last	Legal	Pat
Name	Name	Name	Rel	Type	Name	Name	Name	Rel	Type	Name	Name	Name	Rel	Type
IV-D	---	Good	Cause	Claim	---	Referral	130	Form	UCB	Other	Income			
Coop	Ind	Rsn	Stat	Date	Date	Date	Date	Ind	Ind	Types				
Union/Local											More APs			
Message 0013														

Include the following:

- Non-cooperation with CSS
- Good cause for failure to cooperate
- Changes and discrepancies in AP information
  - Date of Form 713 sent to CSS via email
- SUCCESS Form 130 date and Load ID
- Details if AP is unknown
- Details if AP provides health insurance for children and no CSS referral is made
  - Enter NOT APPLICABLE in AP name field

## APAD

Access REMA to enter documentation

Month 11 06	ABSENT PARENT ADDRESS - APAD			APAD	A
				01	
HOH Name			Client ID		
AP Name			SSN		
Curr Addr Line 1		Line 2			
City	ST	Zip		Phone	
Date at Address					
Prev Addr Line 1		Line 2			
City	ST	Zip		Phone	
Date at Address					
AP's Father				Delete	
Street	City			ST	Zip
AP's Mother				Delete	
Maiden					
Street	City			ST	Zip
Message					

Include the following:

- Changes and date Form 713 sent to CSS via email

## APDE

Access REMA to enter documentation

Month 11 06	ABSENT PARENT DEMOGRAPHIC - APDE						APDE	A
							01	
HOH Name	Client ID							
AP Name	SSN							
----- Marital Information -----				Rel HOH	Drvr Lic	License Plate		
Stat	Date	City	ST	To AP	ST	ST	Number	
DOB	Approx	---- Birth Place ----	Sex	Race	Hgt	Hair	Eye Wgt	
(MM DD YYYY)	Age	City ST			Inches	Color	Color Lbs	
----- Military Information -----								
Stat	ID Num	Branch	Entry Dt	Exit Dt	Allotment Pay	Allotment Recip		
----- Incarceration Information -----								
Cd	Release Dt	Sentence	Lgth	Min Confine	Institution			
		Yr Mo	Yr Mo					
Message								
		15-lett	20-next ap					

Include the following:

- Changes and date Form 713 sent to CSS via email

## APEM

Access REMA to enter documentation

Month 11 06	ABSENT PARENT EMPLOYMENT - APEM	APEM 01	A
HOH Name		Client ID	
AP Name		SSN	
Primary Employer Name	Delete	Occupation Empl Date	
Address Line 1		Line 2	
City	ST	Zip	Phone
Secondary Employer Name	Delete	Occupation Empl Date (MM YY)	
Address Line 1		Line 2	
City	ST	Zip	Phone
Former Employer Name	Delete	Occupation Empl Date (MM YY)	
Address Line 1		Line 2	
City	ST	Zip	Phone
Message			

Include the following:

- Changes and date Form 713 sent to CSS via email

## APCO

Access REMA to enter documentation

Month 11 06		ABSENT PARENT COURT ORDER - APCO			APCO	A
HOH Name		Client ID				
AP Name		SSN				
Order	Support	Support	Freq	Payee	Docket	
Date	Obligation	Arrears		Code	Number	
Paying	Date of	Last Pymnt	Agency Receiving Payment			
Support	Last Pymnt	Amount				
Message						
		15-lett	20-next ap			

Include the following:

- Changes and date of Form 713 sent to CSS via email

## RES1

Access REMA to enter documentation

Month 11 06		RESOURCES 1 - RES1		RES1 01 01	
Client Name			Client ID		
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	
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	

Include the following:

- Unusual activity involving resources and countable value if amount is not readily apparent
- Conversion or disposition of resources at review or change

## RES2

Access REMA to enter documentation

Month 11 06	RESOURCES 2 - RES2	RES2 01 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	
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 to Sell Annl Rate Ret Amt V Age Life Est Own
		More
Message 0013		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
	15-lett	23-alau 24-del

Include the following:

- Vehicle use if Use code is not self explanatory
- Joint ownership
- Good faith efforts to sell
- Bankruptcy
- Conversion or disposition of resources at review or change

### RES3

Access REMA to enter documentation

Month 11 06	RESOURCES 3 - RES3	RES3 01 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
Message		
15-lett		24-del

Include the following:

- Details of any listed resource
- Conversion or disposition of resources at review or change

**ERN1**

Access ADT to enter documentation

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 ( )		
DISCREPANCIES? Y/N ( ) Resolution of discrepancies: _____		
: _____		
: _____		
		More
MESSAGE		
13-bott		

Include the following:

- Current employment record to track employer's name, begin/end dates, reason for termination and how verified
- Copy and paste DOL information that appears for AU members 16 or older
- Discrepancies in Clearinghouse information
- Months of \$30 + 1/3

ERN2

Access ADT to enter documentation

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

Include the following:

- Hourly rate of pay
- Tips, if not included in gross pay
- Reason any pay period is not considered to be representative
- Why actual income used in budgeting
- Type of verification used
- Calculation and frequency of pay

UPDATE	REMARKS - REMA	REMA
		01
***** YTD CAL *****		
10/05/2006 12:31 PM Phase II Training 555-555-5555		
Worksheet {if needed}		
Determine a missing check amount based on Year to Date		
Gross YTD from the check of:_____ after the missing check;	(	)
	Minus	
Gross current amount from check after missing check;	(	)
	Minus	
Gross YTD from the check of:_____ before the missing check;	(	)
	Equals	
CALCULATE Y/N ( )		
Amount of missing check;	(	)
		More
MESSAGE		
13-bott		

Include the following:

- Verification used to determine amount of missing check

UPDATE	REMARKS - REMA	REMA
		01
***** ERN2 EVNC *****		
10/05/2006 12:31 PM Phase II Training 555-555-5555		
App( ) Review( ) Hourly Rate:_____		
Client states the pay periods listed on EVNC are representative of expected pay with the following exceptions:_____		
:		
:		
Does AU member receive tips that are not included in the gross pay?		
Y/N ( )	If yes, explain:_____	
:	_____	
:		
		More
MESSAGE		
13-bott		

Include the following:

- Reason any pay period is not considered to be representative

UPDATE	REMARKS - REMA	REMA
		01
***** ERN2 SELF EMPLOYMENT *****		
10/05/2006 12:32 PM Phase II Training 555-555-5555		
App( ) Review( ) New Job( ) Rate Of Pay( ) Hrs Chg( )		
Date of change:_____ Date of Report:_____ Timely( ) Untimely( )		
Rate of pay/hrs/frequency: _____ Type of SE: _____		
Does AR incur any expense related to the SE? Y( ) N( ) Explain:_____		
:		
AR chose ( ) Actual Verified Expenses - See case record for verified expenses		
( ) 40% Standard - Expense verified :_____ See case record		
Document verification and calculation of Gross SE income:_____		
:		
:		
:		
Calculation of Pay listed on ERN2 was determined as follows:_____		
Gross SE \$( ) - actual expenses \$( ) = Countable FS SE \$( )		
OR		
Gross SE \$( ) - 40% Standard = Countable FS SE \$( )		
CALCULATE Y/N ( )		
		More
MESSAGE		
13-bott		

Include the following:

- Calculation of countable self-employed income

## DEAL

Access REMA to enter documentation

Month 11 06	DEEM/ALLOCATE - DEAL	DEAL 02
Client Name		Client ID 195455980
----- Deemor Budget -----		----- CS Paid Outside Home -----
Num IRS Dep Alimony V Other Exp V		Del Oblig Amt V Paid Amt V
----- ABD Allocation -----		
Inelig		Inelig
Del Ind Amount V		Del Ind Amount V
		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

Include the following:

- Alien sponsor's name and address
- Names of persons counted as IRS dependents for deeming
- Names of persons income can be allocated to for allocation

**CARE**

Access REMA to enter documentation

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

Include the following:

- Childcare arrangements if AR is eligible for deduction but incurs no expense
- Subsidized childcare if provided
- List each child individually if expense is incurred

**UINC**

Access REMA to enter documentation

Month 11 06				UNEARNED INCOME - UINC				UINC 01			
Client Name				Client ID							
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				
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V			
Client Potentially Elig For Other Benefits? More?											
Appl Type	Stat	Date	Appl Type	Stat	Date						
Message											
15-lett				16-uvnc				23-alau 24-del			

Include the following:

- Date payments begin and/or terminate
- Source and expected duration of contributions
- Reason net amount used instead of gross
- Calculation of monthly interest payment or child support payment
- Financial aid for students
- Reason for changes to auto update
- Name and relationship if RSDI is received on another's account
- Details of application for other benefits
- Clearinghouse matches and resolution of discrepancies

MISC

Access ADT to enter documentation

UPDATE	REMARKS - REMA	REMA 01
***** TMA/F07 *****		
10/05/2006 12:35 PM Phase II Training 555-555-5555		
For F07, months of eligibility :_____ to :_____		
Document reason for LIM ineligibility:_____		
:_____		
		More
MESSAGE		
13-bott		

Include the following:

- How first month of TMA was established
- Months of TMA eligibility

UPDATE	REMARKS - REMA	REMA 01
***** MISC SOP/QMB OVERRIDE *****		
10/05/2006 12:35 PM Phase II Training 555-555-5555		
OSOP problem, explain:_____		
:_____		
Reason for QMB Override:_____		
:_____		
		More
MESSAGE		
13-bott		

Include the following:

- Why case is over the SOP

**DONE**

Access NARR to enter documentation

UPDATE	NARRATIVE - NARR	NARR
	10/05/2006 03:55 PM Phase II Training 555-555-5555	01
MESSAGE	13-bott	More

Include the following:

- Date and type of SUCCESS letter; include Load ID and name of Case Manager
- Date and type of information indicated on verification checklist

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Clearinghouse is an automatic on-line computer system through which wage and benefit information on applicants and recipients is matched with files in other state and federal agencies.

**INTERFACES:**

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**Do not print** the information garnered from these interfaces, simply press the Tilde key to copy and paste the information to the appropriate REMA screen.

**CLEARINGHOUSE - DOL WAGES**

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Next SSN	DOL WAGE INQUIRY - WGEI	WGEI
SSN 569 12 XXXX	Benefit Year Begin Date	01
Sel	Employer Name	Emplr Num
	FASHION CARE INC	05965114
	FASHION CARE INC	05965114
	JOE MAY VALET	63251981
	JOE MAY VALET	63251981
	Qtr/Yr	Wages
	1 07	3,859
	2 07	2,794
	3 07	3,954
	2 07	651
	Sur	NOR
		NOR
		NOR
		NOR

Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total
3/06		4/06		1/07	3,859	2/07	3,445
Tot Wages	7,304	Potential Amount	91	Num of Wks	20	Max Amt	
Message							
13-Bendex	14-SDX1	16-UCBI					

---

When you have an A/R who has lost their job, look for potential eligibility for UCB benefits.

Compare the surname on DOL with the A/R's surname for discrepancies. The discrepancy can be for several different reasons. An incorrect SSN could have been entered by DOL or the employer, or the A/R is using another name. This could be because of a recent marriage or divorce or because the A/R is working under another name. These discrepancies must be resolved.

The Employer Address File can be accessed by entering Y in the Select Field next to the Employer's Name.

**CLEARINGHOUSE - DOL UNEMPLOYMENT**

INQUIRY DOL UNEMPLOMENT INSURANCE PAYMENT HISTORY - UCBI  
01

Next SSN Mailing Address (UCCA)  
SSN 569 12 XXXX Month/Yr 12/07 and 13 Months Prior  
SUR WAT Ben Yr Begin 09/22/07 WBA 172 MBA 3268 Weeks Dur 19 Clm VALID  
Monthly Totals Totals for last 10 weeks EUC Eff Date

Month/Year	Paid	# of Checks	Check Date	Amount Paid
12/07			09/28/07	172
11/07			10/05/07	172
10/07	688	4	10/13/07	172
09/07	688	4	10/19/07	172
08/07			10/26/07	172
07/07				
06/07				
05/07				
04/07				
03/07				
02/07				
01/07				
12/06				

Message

13 – BNDX 14 – SDXI 15 – WGEI

The WBA is the maximum UCB payment that an employee is potentially eligible to receive. The actual UCB payment may be less due to one of the following reasons. Budget the appropriate amount based on the reason for the difference in the amounts.

- 1) Taxes withheld – count gross UCB amount
- 2) Child Support payments deducted – count gross UCB amount
- 3) Part-time employment - count net UCB amount
- 4) Overpayment deduction – count net UCB amount **unless** the overpayment is the result of fraud

Enter Y in the Mailing Address field to access the UCB Claimant Address File. Always compare the UCB address with the address in SUCCESS because UCB checks are mailed to the address reported to the Department of Labor.

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**CLEARINGHOUSE - UCB ADDRESS**

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INQUIRY                    DOL UCB CLAIMANT MAILING ADDRESS - UCCA                    UCCA

SSN 56912XXXX

Claimant Name	KATHERINE NORWOOD
Street Address	879 CHARTER BLVD.
City State/Zip Code	MACON                    GA    31201

---

Always resolve discrepancies between the address and name entered in SUCCESS and the address and name reported to DOL.

The UCB address is where the UCB check is sent. Along with this check is a stub that must be completed by the recipient verifying their job search to DOL. If the recipient does not return this completed stub, he/she will not continue to receive UCB. So it is extremely rare for a recipient not to give their actual address to UCB.

The mailing address does not display automatically. You have to select it on the previous UCB screen. Always look at the mailing address if the A/R is receiving or recently received or applied for UCB.

If you have a discrepancy between the address reported to you and the UCB address, then you have a questionable situation.



**SOCIAL SECURITY – BENDEX INQUIRY**

INQUIRY	BENDEX INQUIRY – BNDX		BNDX
NEXT SSN			01
Claimant Name	KATHERINE NORWOOD	DOB 12 26 70	SEX F
County	050	Beneficiary's own SSN	569 12 XXXX
SSA Claim Number	569 12 XXXX A	Claimant SSN	569 12 XXXX
Agency Code	110	Category of Assistance	A
State Control Data		Old BIC	Payment Status CP
Mo. Benefit Payable	150.00	Date of Initial Entitlement	07 93
Gross Amount Payable	150.30	Date of Current Entitlement	07 93
Net Monthly Amount	150.00	Communication Code	MAT
Black Lung Acct. No.	00000000	Prev Gross Amt	150.30 Date 11 97
BL Entit/Term Date	00 00 BL Status	SSI Entit/Term Dt	06 93 Status E
BL Payment Amount	0.00	Monthly Overpymt Deducted	0.00
RR Claim No	RR Status	End Date Overpayment	00.00
SMI Option Code	Y Date Entitled	06 96 H.I. Option Code	E Amt 0.00
SMI Premium Amt	78.20 Date Term	00 00 H.I. Date Entit/Term	06 96
SMI Premium Payer	110		
SMI 3 <sup>rd</sup> Party DT Entit/Term	00 00	Disab Onset	00 00 Direct Dep C
Dual Entit SSN	000 00 000	Trip Entit SSN	000 00 0000

Message

0020 INQUIRY COMPLETED SUCCESSFULLY  
14 – sdx 15 – wgei 16 – ucbi

**Monthly Benefit Payable** – This is the net amount of the RSDI payment.

**Gross Amount Payable** – This is the gross monthly RSDI payment due before any deductions for Medicare. This is the RSDI payment, including cents, which should be budgeted in SUCCESS unless an overpayment is being deducted. However, if the overpayment is due to fraud, then the gross amount is budgeted.

**SMI Fields** – The Option Code field indicates the Medicare eligibility status. Codes G and Y indicate eligibility; other letters indicate ineligibility for Medicare. The amount indicated in the SMI Premium Amount field indicates the amount of the Medicare premium. The SMI Premium Payer field indicates who pays the premium. The code 110 indicates the State is paying the premium; Self indicates the AR pays the premium.

**SSI – SDX1 INQUIRY**

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INQUIRY	STATE	DATA EXCHANGE - SDX1						SDX1	
NEXT SSN							01		
Client Name	KATHERINE	NORWOOD			Client ID				
DOB	12 26 1970	Race B		Individual SSN			569 12 XXXX		
Date of Death	Sex	Mrtl Sts	Alien Code	Es. Ind	--SDX Transaction--		Multiple SSN		
	F	3	N	0	Code	Date	0		
Appl Date	Denial Date	Denial Code	Appeal Date	Appeal Code	Onset Blindness	Disab/	SSI Elig Date	Medicd Test	
06 09 93					06 09 93		06 09 93		
Chg Dt	Pay Stat	Fed Liv	State/Cnty		FS	FS	FS Input	TPL	Medicd
06 93	C01	A	11530		Appl	Stat	Date	Cd	Eff Dt
					N	N	07 93	N	06 09 93

----- STATE SUPPLEMENT -----

Adv Pay	Bdgt Mo.	SSI/GPA	Mthly Asst	Amt	Pd	Elig	Pd	Grant
	2	328.00	262.00					

----- OVERPAYMENT -----

Ind	Balance	Waiver Amt	Waiver Date	House	MV	Lfe	Ins	Prop
				Z	B	Z		Z

----- RESOURCES -----

Message

**SSI/GPA** – This is the gross amount that the A/R is entitled to receive before any overpayments are withheld.

**Mthly Asst** – The monthly assistance is the actual amount of the SSI payment. If this payment is less than the SSI/GPA, then an overpayment is being withheld. The monthly assistance payment should always be used in the budget.

**SSI – SDX2 INQUIRY**

---

INQUIRY STATE DATA EXCHANGE – SDX2 SDX2  
01  
Client Name KATHERINE NORWOOD Client ID  
DOB 12 26 1970 Individual SSN 569 12 XXXX

EI Net AmtUI Net Amt Deemed Inc Amt SSI/GPA Mthly Asst  
250.00 328.00 262.00

----- EARNED INCOME INFORMATION -----

Period Wage Est Self-em. Est Blind PASS

----- UNEARNED INCOME INFORMATION -----

Type	Recip Amt	Start Dt	Stop Dt	Claim Num	Freq Cd
A	270.00	01 08		152409860 8	C
A	264.00	01 07	12 07	152409860 8	T
S	40.00	01 07	01 07	CASH FR SON	N

---

Message

Type - This indicates the type of unearned income reported to the Social Security Administration. The codes for the most common types of unearned income are:

A – Social Security (RSDI)

C, E – Both of these codes are for VA income

H – In-kind Income. This refers to the support provided by someone that the A/R lives with. This is a monetary valuation that SSS assigns to the assistance (usually the providing of housing) that the A/R receives. It is not actually income and would not be budgeted in FS. However, it usually indicates that there is another HH member.

N – Child Support

Q – Worker’s Compensation

S – Other. This indicates income for which a code does not exist. It is usually explained under Claim Number. Note that in our example, this other income is documented as Cash Fr(om) Son.

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**SSI – SDX3 INQUIRY**

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INQUIRY	STATE DATA EXCHANGE - SDX3	SDX3 01
Client Name KATHERINE DOB 12 26 1970	NORWOOD	Client ID Individual SSN 569 12 XXXX
Payee Name and Address MARY NORWOOD FOR KATHERINE NORWOOD 2561 JONES ROAD MACON GA 31201-9861	Residence Address 879 CHARTER BLVD MACON GA 31201-6940	

Message

PF13 BNDX      PF15 WGE1      PF16 UCBI

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The SDX3 screen indicates the residential address of the SSI recipient and, if applicable, their payee for the check and their mailing address.

Compare these addresses to what has been entered in SUCCESS and resolve any discrepancies.

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Vital Records data is available for Case Managers to use as a method of verifying public information. There are four databases that can be accessed.

**INQUIRIES:**

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**Do not print nor copy and paste** the information garnered from Vital Record screens. The information is confidential. **Document case files but do not put screen prints in the case records. Client specific data from the Birth Index only may be copied and pasted in the documentation.**



## GO SCREEN

- Message **DFHCE3549** appears
- Press the Pause/Break key to clear the screen

```
DFHCE3549

                GGGGGGGGGGGGGGGGGG                00000000000000000000
                GGGGGGGGGGGGGGGGGG                00000000000000000000
                GGGG                GGGG                0000                0000
                GGGG                GGGG                0000                0000
                GGGG    GEORGIA                0000    ONLINE    0000
                GGGG                GGGG                0000                0000
                GGGG                GGGGGGGGGG                0000                0000
                GGGG                GGGGGGGGGG                0000                0000
                GGGG                GGGG                0000                0000
                GGGGGGGGGGGGGGGGGG                00000000000000000000
                GGGGGGGGGGGGGGGGGG                00000000000000000000

This Network is owned by the State of Georgia and operated
                by the Georgia Technology Authority.
                (www.gta.ga.gov)
Unauthorized access is prohibited by the Georgia Computer
                Systems Protection Act (O.C.G.A 16-9-90, et seq.),
                as well as all applicable FEDERAL laws.
```

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## BIRTH INDEX INQUIRY

- Enter **SIBI** to access the Birth Index
- Press ENTER

```
SIBI
```

## SIBI

- Enter year and last name
- Enter month and day, if known
- Press ENTER

```
                BIRTH INDEX INQUIRY SYSTEM

DOB YR
CLNAME
DOB MO
DOB DA      SOUNDEX OFF
            SELECTION  CHILD FNAME      MO DA RS COUNTY
```



## DIVORCE INDEX INQUIRY

- Enter **SIDV** to access the Divorce Index
- Press ENTER

```
SIDV
```

## SIDV

- Enter year and last name
- Enter month and day, if known
- Press ENTER

```
SIDV          DIVORCE INDEX SEARCH
DIV YEAR      ENTER 4 DIGIT YEAR
LAST NAME
DIV MONTH
DIV DAY
    GIVEN NAME      R AGE MO DA CTY SURNAME  GIVEN NAME  R
AGE
```

## MARRIAGE INDEX INQUIRY

- Enter **SIMI** to access the Marriage Index
- Press ENTER

```
SIMI
```

## SIMI

- Enter year and last name
- Enter month and day, if known
- Press ENTER

```
SIMI                MARRIAGE INDEX SEARCH
MAR YEAR            ENTER 4 DIGIT YEAR
LAST NAME
MAR MONTH
MAR DAY
    GIVEN NAME      R AGE MO DA CTY SURNAME  GIVEN NAME  R
AGE
```



## GEORGIA DATA BROKER SYSTEM

- Enter web address
- Press ENTER
- Enter User ID and Password
- Press ENTER



## PURPOSE OF USE

- Click Agree box
- Click Continue

The screenshot shows a web application window titled "Georgia Data Broker". The header includes a logo and the text "Georgia Data Broker" and "Welcome: Prod\_Dev Super User". The main content area contains the following text:

In order to enter the Georgia Data Broker application, you must agree to the Purpose of Use and DCPA compliance statement by selecting the checkboxes next to BOTH I agree statements.

\* Indicates Required

**Purpose Of Use**  
Subscriber represents and warrants their use of Georgia Data Broker is for use by any U.S. Government agency or any officer, employee or agent of such agency, in carrying out official Government duties or obligations by Federal, State or local Government agency, in order to prevent actual or potential fraud and/or to comply with Federal, State or local laws, rules, or other applicable legal requirements.

Misrepresentation of your purpose is a violation of our Subscriber Agreement and the law. Abuse and misuse of our system can lead to account termination and may result in a referral Trade Commission or other appropriate regulatory/investigative agency.

By selecting the checkboxes below, you agree that you are using the information you obtain in carrying out the functions of, or on behalf, of a government agency.

I agree

**DCPA Compliance**  
Pursuant to the Federal Driver's Privacy Protection Act (DPPA) (18 U.S.C. Sec. 2721 et seq.), you may only access this database for use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting in behalf of a Federal, State, or local agency in carrying out its functions.

By agreeing and proceeding, you hereby certify to Georgia Department of Community Health that you are in, assume full responsibility for, compliance with the DCPA and you agree to indemnify, defend and hold Georgia Department of Community Health harmless from any breach of the DCPA by you, your agents or contractors and any damages, fees and costs associated therewith.

I agree

At the bottom right of the form are two buttons: "Cancel" and "Continue".

## MAIN MENU

- Select Client Inquiry
- Press ENTER
- At pop-up window, select Inquire on Individual
- Press ENTER



## INQUIRY SCREEN

- Enter Last Name and First Name (Required)
- Enter SSN (Suggested)
- Enter Home Address (Suggested)
- Enter Date of Birth (Required)
- Click Search

The screenshot shows a web browser window with the title 'Home > Inquire on Individual'. The main heading is 'Inquire on Individual'. Below this is a section titled 'Primary Parameters' containing four input fields: 'Last Name', 'First Name', 'SSN', and 'Home Address'. The 'Home Address' field is a text area with a 'Home Address' button next to it. Below the 'Primary Parameters' section is a 'DOB Range' section with 'From:' and 'To:' input fields. A 'Search' button is located at the bottom right of the form area.

## PUBLIC RECORD REPORT

This is a [Non-FCRA](#) Report

**Alerts**

[1. May have at least one new vehicle registered to someone at address of subject; therefore, may have an unreported asset and/or an unreported person living in the household.](#)

[1. May have at least one other person who uses the same address as the subject. Household composition should be verified for all potential sources of income.](#)

[1. May have at least one licensed driver at address of subject. Household composition should be verified for all potential sources of income.](#)

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**Report Request Search Criteria**

**Case:** 321  
**Report Type:** Applicant  
**Full Name:** THUL, ZACHARY  
**DOB:** 01/13/1955  
**SSN:** 960-45-1234  
**Address:** 7891 FLAGLER ST  
MIAMI, FL 33144

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**General Information about THUL, ZACHARY K**

**DOB:** 01/13/1955  
**SSN:** 960-45-1234  
**Deceased:** NO

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**Possible AKAs associated with subject**

**Name**  
THUL ZACHARY K

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**Possible Addresses associated with subject**

Date	Address	Source
05/04/2006	7891 FLAGLER ST MIAMI, FL 33144	Consumer Bureau 2

## CREDIT REPORT SELECTION

- Click Agreement
- Click Continue

 **Georgia Data Broker** Logout

Welcome! Prod\_Dev Super User

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**Fair Credit Report Act Agreement**

Georgia Data Broker is designed and intended for the ordering of credit reports only for those Fair Credit Reporting Act (FCRA) permissible purposes indicated below. Credit reports may not be ordered through Georgia Data Broker for other FCRA permissible purposes, such as determining a consumer's eligibility for credit or for employment purposes. You hereby certify that the credit report that you are requesting is being obtained for the following permissible purposes (please select one):

- As instructed by the consumer in writing. (Sec. 604(a)(2))
- To determine a consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status. (Sec. 604(a)(3)(D))
- For use by state and local officials in connection with the determination of child support payments, or modifications and enforcement thereof. (Sec. 604(a)(4) and 604(a)(5))
- Collection of an account. (Sec. 604(a)(3)(A))

The federal Fair Credit Reporting Act imposes criminal penalties - including a fine, up to two years in prison, or both - against anyone who knowingly and willfully obtains information on a consumer (including credit reports) from a consumer reporting agency under false pretenses, and other penalties for anyone who obtains such consumer information with a permissible purpose.

## CREDIT REPORT

This Credit Report is an FCRA Report	
<b>Credit File Vendor:</b>	Experian
<b>Date:</b>	10/18/2005
<b>File Reference:</b>	039438576567373
<b>Alerts</b>	
<a href="#">I May have asset related information in the public records section; therefore, check the public records section.</a>	
<b>Informational Messages</b>	
CONSUMER CREDIT INFORMATION IN THIS REPORT OBTAINED FROM EXPERIAN NATIONAL CREDIT FILE FOR BUSINESS AND GOVERNMENT SERVICES.	
<b>Report Request Search Criteria</b>	
<b>Case:</b>	20070611_04
<b>Report Type:</b>	Applicant
<b>Full Name:</b>	MARY A. GIBBS
<b>Date of Birth:</b>	xx/xx/xxxx
<b>SSN:</b>	111223333
<b>Address:</b>	601 LEE BYRD RD LOGANVILLE 30052-0000
<b>Credit Report Information Sheet</b>	
<b>Name:</b>	MARY A GIBBS
<b>Date of Birth:</b>	xx/xx/xxxx
<b>SSN:</b>	111223333
<b>Former Name:</b>	MARY ANN PARCELLS
<b>Former Name:</b>	MARYANN PARCELLS
<a href="#">Back to Top</a>	
<b>Aliases</b>	
<b>Name:</b>	MARY ANN GIBBS ANN GIBBS
<a href="#">Back to Top</a>	
<b>Address Information</b>	
<b>Street Address:</b>	601 Lee Byrd RD Loganville 30052-2618
<b>Dates at this Address:</b>	01/01/2004 - 08/01/2005
<a href="#">Back to Top</a>	

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INFOPAC is a separate database accessible from the GO screen that contains various county reports related to the SUCCESS system and public assistance programs administered by DFCS.

**COMMON REPORTS:**

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These reports are designed to assist the Case Manager in managing their caseloads by providing a wealth of information that may necessitate action to ensure accuracy.





REPORTS

- Enter X in Option Field to indicate report to be viewed
- Press ENTER

```

COMMAND ===>                                     TIME: 092242
*** REPORTS ***

OPTION  REPORT ID      REPORT NAME
-----
X  DMF800BI      COUNTY ALPHABETICAL LISTING
_  DMF800CI      STATEWIDE WORKER LIST BY COUNTY WITH MEDICAID
_  DMF800HI      17+ MONTH DETAIL BY MONTHS BY LOCAL OFFICE
_  DMF800II      17+ MONTH DETAIL BY NAME BY LOCAL OFFICE
_  DMF800JI      SUCCESS LIFETIME LIMIT FILE - 48+ MONTHS
_  DMF800KI      17+ MONTHS DETAIL BY MONTH
_  DMF800LI      17+ MONTHS DETAIL BY MONTHS - SUPV LEVELL
_  DMF800MI      17+ MONTHS DETAIL BY NAME
_  DMF800NI      17+ MONTHS DETAIL BY NAME - SUPV LEVEL
_  DMF800OI      MONTHS SUMMARY FOR COUNTY/STATE
_  DMF800TI      LIST OF ACTIVE CASES DUE FOR REVIEW
_  DMF8001I     APPLICATION ACTIVITY REPORT
_  DMF8002I     AU Benefits Report
_  DMF8003I     MOTOR VOTER REPORT
_  DMF8005I     AU Size Report

PF01=HELP      PF02=PRINT      PF03=END      PF04=MENU      PF05=RFIND      PF06=MARK
    
```

REPORT VERSIONS

- Enter X in the Option Field to indicate report month to be viewed
- Press ENTER

```

0727I-BEGINNING OF VERSIONS
COMMAND ===>                                     TIME: 092242
*** REPORT VERSIONS ***

REPORT: DMF800BI      COUNTY ALPHABETICAL LISTING

OPTION  DATE          TIME  DEVICE  STATUS
-----
X  20060803      081546  DISK  AVAILABLE
_  20060703      081518  DISK  RECALL REQUIRED
_  20060603      081519  DISK  RECALL REQUIRED
_  20060502      122257  DISK  RECALL REQUIRED
_  20060402      081533  DISK  RECALL REQUIRED
_  20060305      081513  DISK  RECALL REQUIRED
_  20060202      081532  DISK  RECALL REQUIRED
_  20060103      081514  DISK  RECALL REQUIRED
_  20051203      081545  DISK  RECALL REQUIRED
_  20051102      081532  DISK  RECALL REQUIRED
_  20051003      081514  DISK  RECALL REQUIRED
_  20050903      081534  DISK  RECALL REQUIRED

PF01=HELP      PF02=PRINT      PF03=END      PF04=MENU      PF05=RFIND      PF06=MARK
    
```

**REPORT SECTION INDEX**

- Enter X in the Option Field to view selected report
- Press ENTER

```

0727I-BEGINNING OF INDEX                0731I-END OF INDEX
COMMAND ==>>                            TIME: 092242
*** REPORT SECTION INDEX ***

REPORT ID: DMF800BI COUNTY ALPHABETICAL LISTING
VERSION: 20060803 081546

OPTION SECTION                            PAGES  DESCRIPTION
-----
X   DMF800BI049                          74
    
```

**COUNTY ALPHABETICAL LISTING**

- View report

```

COMMAND ==>>                            SCROLL ==> SCREEN
DMF800BI 20060803 081546 DMF800BI049    P 1 R 1 C 1
DMF800BA-DMF800BI                       GEORGIA DEPARTMENT OF HUMAN RESO
AS OF DATE: 09/30/06

COUNTY ALPHABETICAL LISTING

COUNTY 049 TRAINING
AU NO      CL NO      AU NAME      AU SSN      LO/UN
              NUM I
XXXX00190  XXXX000283  ARROYO      ALLISON     99911XXXX   059/03
XXXX00191  XXXX000283  ARROYO      ALLISON     99911XXXX   059/03
XXXX00186  XXXX000276  COLLINS     JUDY        11401XXXX   059/03
XXXX00187  XXXX000276  COLLINS     JUDY        11401XXXX   059/03
XXXX00193  XXXX000287  D'AGOSTINO  ELAINE      059/03
XXXX00172  XXXX000243  DAILY      ANNE        62666XXXX   059/03
XXXX00008  XXXX000005  GREEN      MITCHELL    55301XXXX   059/03
XXXX00009  XXXX000005  GREEN      MITCHELL    55301XXXX   059/03
XXXX00011  XXXX000008  HORTON     HERMAN      55401XXXX   059/03
XXXX00012  XXXX000008  HORTON     HERMAN      55401XXXX   059/03
XXXX00197  XXXX000292  KLEIN      ANTONIO     77901XXXX   059/03
XXXX00192  XXXX000286  KRUCHEV    INID        059/03
XXXX00025  XXXX000024  NELSON     KAREN       22515XXXX   059/03
XXXX00188  XXXX000279  NELSON     SUSAN       31901XXXX   059/03
XXXX00189  XXXX000279  NELSON     SUSAN       31901XXXX   059/03
XXXX00198  XXXX000296  NORTON     CHRISTINA   66601XXXX   059/03
XXXX00199  XXXX000296  NORTON     CHRISTINA   66601XXXX   059/03
    
```

## REPORTS

- Enter X in the Option field to indicate report to be viewed
- Press ENTER

```
COMMAND ==>>                                     TIME: 092242
*** REPORTS ***

OPTION REPORT ID      REPORT NAME
-----
-   DMF800BI          COUNTY ALPHABETICAL LISTING
-   DMF800CI          STATEWIDE WORKER LIST BY COUNTY WITH MEDICAID
-   DMF800HI          17+ MONTH DETAIL BY MONTHS BY LOCAL OFFICE
-   DMF800II          17+ MONTH DETAIL BY NAME BY LOCAL OFFICE
-   DMF800JI          SUCCESS LIFETIME LIMIT FILE - 48+ MONTHS
-   DMF800KI          17+ MONTHS DETAIL BY MONTH
-   DMF800LI          17+ MONTHS DETAIL BY MONTHS - SUPV LEVELL
-   DMF800MI          17+ MONTHS DETAIL BY NAME
-   DMF800NI          17+ MONTHS DETAIL BY NAME - SUPV LEVEL
-   DMF800OI          MONTHS SUMMARY FOR COUNTY/STATE
X   DMF800TI          LIST OF ACTIVE CASES DUE FOR REVIEW
-   DMF8001I          APPLICATION ACTIVITY REPORT
-   DMF8002I          AU Benefits Report
-   DMF8003I          MOTOR VOTER REPORT
-   DMF8005I          AU Size Report

PF01=HELP      PF02=PRINT      PF03=END      PF04=MENU      PF05=RFIND      PF06=MARK
```

## REPORT VERSIONS

- Enter X in the Option Field to indicate report month to be viewed
- Press ENTER

```
0727I-BEGINNING OF VERSIONS
COMMAND ==>>                                     TIME: 092242
*** REPORT VERSIONS ***

REPORT: DMF800BI          COUNTY ALPHABETICAL LISTING

OPTION      DATE          TIME     DEVICE  STATUS
-----
X           20060803      081546  DISK    AVAILABLE
-           20060703      081518  DISK    AVAILABLE
-           20060603      081519  DISK    AVAILABLE
-           20060502      122257  DISK    AVAILABLE
-           20060402      081533  DISK    AVAILABLE
-           20060305      081513  DISK    AVAILABLE
-           20060202      081532  DISK    AVAILABLE
-           20060103      081514  DISK    AVAILABLE
-           20051203      081545  DISK    AVAILABLE
-           20051102      081532  DISK    RECALL REQUIRED
-           20051003      081514  DISK    RECALL REQUIRED
-           20050903      081534  DISK    RECALL REQUIRED

PF01=HELP      PF02=PRINT      PF03=END      PF04=MENU      PF05=RFIND      PF06=MARK
```

**REPORT SECTION INDEX**

- Enter X in the Option Field to view selected report
- Press ENTER

```

0727I-BEGINNING OF INDEX                0731I-END OF INDEX
COMMAND ==>>                               TIME: 092242
*** REPORT SECTION INDEX ***

REPORT ID: DMF800TI LIST OF ACTIVE CASES DUE FOR REVIEW
VERSION: 20060803 081546

OPTION SECTION                                PAGES  DESCRIPTION
-----
X  DMF800TI049059035XXXXE                    1
-  DMF800TI049059035XXXXE                    3
-  DMF800TI049059035XXXXE                    3
-  DMF800TI049059035XXXXE                    3
-  DMF800TI049059035XXXXE                    1
-  DMF800TI049059035XXXXE                    1
    
```

**ACTIVE CASES DUE FOR REVIEW**

- View report

```

COMMAND ==>>                                SCROLL ==> SCREEN
DMF800BI      20060803 081546 DMF800TI049059035XXXXE      P      1 R 1 C 1
DMF800TA-DMF800TI                                DEPARTMENT OF HUMAN RESOURCES
RUN DATE: 10/02/06                                DIVISION OF FAMILY AND CHILDREN SE
                                                    ACTIVE CASES DUE FOR REVIEW F

                                COUNTY 049 - TRAINING                                OFFICE 059  SUPERV

AU NUMBER      LAST NAME      FIRST NAME      MI  PGM TYPE
XXXX00074      BROOKS      ELAINE      FS
XXXX00015      CAMP      GLORIA      MA
XXXX00018      CAMP      GLORIA      FS
XXXX00042      COMER      JANICE      MA
XXXX00016      DANIEL      ALEXIS      MA
XXXX00045      DENTON      ANDREA      FS
XXXX00009      GREEN      MITCHELL      FS
XXXX00024      HART      SHARON      MA
XXXX00012      HORTON      HERMAN      FS
XXXX00081      HUGHES      TERESA      FS
XXXX00087      MITFORD      NANCY      FS
XXXX00057      WALKER      HARRIETT      FS
    
```

REPORTS

- Enter X in the Option field to indicate report to be viewed
- Press ENTER

```

COMMAND ===>                                     TIME: 092242
*** REPORTS ***

OPTION REPORT ID      REPORT NAME
-----
  _   DMF8031I        AU Load Activity Report
  _   DMF8032I        Case Maintenance Report
  _   DMF8035I        Living Arrangement Report
  X   DMF8051I        Case Assignment Report
  _   DMF8061I        Monthly Application OSOP Report
  _   DMF8062I        Weekly Application SOP Report
  _   DMF8063I        County Transfers Received Report
  _   DMF8067I        Racial/Ethnic Participation Report
  _   DMF8068I        Minor Mother Report
  _   DMF8073I        QUARTERLY HEALTH CHECK
  _   DMF8076I        30 MONTH CASH ASSISTANCE
  _   DMF8083I        ACTIVE,SUSPENDEED AND PENDING EMA CASES
  _   DMF8095I        CIVIL RIGHTS COMPLIANCE
  _   DMF82ZZI        FS ABAWD NON-COMPLIANCE CASES-POTENTIALLY REQUIRE CORRECTION
  _   DMF8211I        MA EARNED INCOME DISREGARD CONVERSION TO RM

PF01=HELP      PF02=PRINT      PF03=END      PF04=MENU      PF05=RFIND      PF06=MARK
PF07=UP        PF08=DOWN       PF09=         PF10=LEFT     PF11=RIGHT     PF12=QUIT
    
```

REPORT VERSIONS

- Enter X in the Option Field to indicate report month to be viewed
- Press ENTER

```

0727I-BEGINNING OF VERSIONS
COMMAND ===>                                     TIME: 092242
*** REPORT VERSIONS ***

REPORT: DMF8051I      Case Assignment Report

      OPTION          DATE          TIME    DEVICE  STATUS
      -----
        X             20061005      081546  DISK    AVAILABLE
        _             20060905      081518  DISK    AVAILABLE
        _             20060805      081519  DISK    AVAILABLE
        _             20060705      122257  DISK    AVAILABLE
        _             20060605      081533  DISK    AVAILABLE
        _             20060505      081513  DISK    AVAILABLE
        _             20060405      081532  DISK    AVAILABLE
        _             20060306      081514  DISK    AVAILABLE
        _             20060205      081545  DISK    RECALL REQUIRED
        _             20060105      081532  DISK    RECALL REQUIRED
        _             20051205      081514  DISK    RECALL REQUIRED
        _             20051105      081534  DISK    RECALL REQUIRED

PF01=HELP      PF02=PRINT      PF03=END      PF04=MENU      PF05=RFIND      PF06=MARK
PF07=UP        PF08=DOWN       PF09=         PF10=LEFT     PF11=RIGHT     PF12=QUIT
    
```

**REPORT SECTION INDEX**

- Enter X in the Option Field to view selected report
- Press ENTER

```

COMMAND ==>>                                     TIME: 092242
*** REPORT SECTION INDEX ***

REPORT ID: DMF8051I Case Assignment Report
VERSION: 20061005 081546

OPTION SECTION                                PAGES  DESCRIPTION
-----
X   DMF8051I 49 59XXXX                        2
-   DMF8051I 49 59XXXX                        3
-   DMF8051I 49 59XXXX                        2
-   DMF8051I 49 59XXXX                        2
    
```

**CASE ASSIGNMENT REPORT**

- View report

```

COMMAND ==>>                                     SCROLL ==> SCREEN
DMF8051I      20061005 081546 DMF8051I 49 59XXXX      P      1 R 1 C 1
DMF8096A-DMF8051I      GEORGIA DEPARTMENT OF HUMAN RESOUR
RUN DATE: 10/05/06      DIVISION OF FAMILY AND CHILDREN SER
                        CASE ASSIGNMENT REPORT FOR OCTOBER
                        OFFIC

                        COUNTY : 49 TRAINING
                        UNIT  : XXXX TRAINER

-----ASSISTANCE UNIT -----
LAST NAME      FIRST NAME      MI      SSN      STS      AU      AU      PGM
                CDE
BRYANT         TONYA           00110XXXX A      XXXX00028 MA
BRYANT         TONYA           00110XXXX A      XXXX00027 MA
BRYANT         TONYA           00110XXXX A      XXXX00026 FS
CAMP           GLORIA          55101XXXX A      XXXX00015 MA
CAMP           GLORIA          55101XXXX A      XXXX00018 FS
DENTON         ANDREA          01291XXXX A      XXXX00046 MA
DENTON         ANDREA          01291XXXX A      XXXX00045 FS
EVANS          SUSAN           75101XXXX D      XXXX00132 MA
EVANS          SUSAN           75101XXXX D      XXXX00131 FS
GREEN         MITCHELL        55301XXXX A      XXXX00008 MA
GREEN         MITCHELL        55301XXXX A      XXXX00009 FS
HALL           SALLY           25796XXXX P      XXXX00175 MA
HALL           SALLY           25796XXXX P      XXXX00174 FS
HORTON         HERMAN          55401XXXX A      XXXX00011 MA
HORTON         HERMAN          55401XXXX A      XXXX00012 FS
RAMSEY        SALLY           00114XXXX A      XXXX00031 MA
RAMSEY        SALLY           00114XXXX A      XXXX00034 FS
SIMON         MARGARET        K      32215XXXX A      XXXX00102 MA
SIMON         MARGARET        K      32215XXXX A      XXXX00101 FS
WILSON        DAVID           00130XXXX D      XXXX00035 MA
WILSON        DAVID           00130XXXX A      XXXX00034 FS
    
```

## REPORTS

- Enter X in the Option field to indicate report to be viewed
- Press ENTER

```
COMMAND ===>                                     TIME: 092242
*** REPORTS ***

OPTION REPORT ID      REPORT NAME
-----
  _   DMF8031I        AU Load Activity Report
  _   DMF8032I        Case Maintenance Report
  _   DMF8035I        Living Arrangement Report
  _   DMF8051I        Case Assignment Report
  X   DMF8061I        Monthly Application OSOP Report
  _   DMF8062I        Weekly Application SOP Report
  _   DMF8063I        County Transfers Received Report
  _   DMF8067I        Racial/Ethnic Participation Report
  _   DMF8068I        Minor Mother Report
  _   DMF8073I        QUARTERLY HEALTH CHECK
  _   DMF8076I        30 MONTH CASH ASSISTANCE
  _   DMF8083I        ACTIVE,SUSPENDEED AND PENDING EMA CASES
  _   DMF8095I        CIVIL RIGHTS COMPLIANCE
  _   DMF82ZZI        FS ABAWD NON-COMPLIANCE CASES-POTENTIALLY REQUIRE CORRECTION
  _   DMF8211I        MA EARNED INCOME DISREGARD CONVERSION TO RM

PF01=HELP      PF02=PRINT      PF03=END      PF04=MENU      PF05=RFIND      PF06=MARK
PF07=UP        PF08=DOWN       PF09=         PF10=LEFT     PF11=RIGHT     PF12=QUIT
```

## REPORT VERSIONS

- Enter X in the Option Field to indicate report month to be viewed
- Press ENTER

```
0727I-BEGINNING OF VERSIONS
COMMAND ===>                                     TIME: 092242
*** REPORT VERSIONS ***

REPORT: DMF8061I      Monthly Application OSOP Report

OPTION      DATE          TIME    DEVICE  STATUS
-----
  X         20060803    081546  DISK    AVAILABLE
  _         20060703    081518  DISK    AVAILABLE
  _         20060603    081519  DISK    AVAILABLE
  _         20060502    122257  DISK    AVAILABLE
  _         20060402    081533  DISK    AVAILABLE
  _         20060305    081513  DISK    AVAILABLE
  _         20060202    081532  DISK    AVAILABLE
  _         20060103    081514  DISK    AVAILABLE
  _         20051203    081545  DISK    RECALL REQUIRED
  _         20051102    081532  DISK    RECALL REQUIRED
  _         20051003    081514  DISK    RECALL REQUIRED
  _         20050903    081534  DISK    RECALL REQUIRED

PF01=HELP      PF02=PRINT      PF03=END      PF04=MENU      PF05=RFIND      PF06=MARK
PF07=UP        PF08=DOWN       PF09=         PF10=LEFT     PF11=RIGHT     PF12=QUIT
```

**REPORT SECTION INDEX**

- Enter X in the Option Field to view selected report
- Press ENTER

```

COMMAND ==>>                                     TIME: 092242
*** REPORT SECTION INDEX ***

REPORT ID: DMF8061I Monthly Application OSOP Report
VERSION: 20060803 081546

OPTION SECTION                                PAGES DESCRIPTION
-----
X DMF8061I 49 59XXXX                          2
    
```

**MONTHLY APPLICATION OSOP REPORT**

- View report

```

COMMAND ==>>                                     SCROLL ==> SCREEN
DMF8061I      20060803 081546 DMF8061I 49 59XXXX          P      1 R 1 C 1
DMF8008A-DMF8061I      GEORGIA DEPARTMENT OF HUMAN RESOUR
RUN DATE: 10/02/06      DIVISION OF FAMILY AND CHILDREN SER
                        APPLICATION SOP REPORT FOR OCTOBER
                        OFFIC

                        COUNTY : 49 TRAINING
                        UNIT  : XXXX TRAINER

LOAD PGM PGM -----HEAD OF AU-----
ID  CDE TYP COA LAST NAME FIRST NAME MI SSN N
XXXX FS S GRIFFITH ARTHUR 21335XXXX 02
      COA TOTAL : 1
      PROGRAM TYPE TOTAL: 1

XXXX MA F KING ANTHONY 51299XXXX 10
      COA TOTAL : 1
      PROGRAM TYPE TOTAL: 1
    
```

## REPORTS

- Enter X in the Option field to indicate report to be viewed
- Press ENTER

```
COMMAND ===>                                TIME: 092242
*** REPORTS ***

OPTION REPORT ID      REPORT NAME
-----
  _ DMF8246I          MA CASES CLOSED BY MASS MOD
  _ DMF8250I          FS RACIAL/ETHNIC PARTICIPATION REPORT - COUNTY
  _ DMF8252I          TANF RACIAL/ETHNIC PARTICIPATION REPORT - COUNTY
  _ DMF8254I          MA RACIAL/ETHNIC PARTICIPATION REPORT - COUNTY
  _ DMF8271I          INDIVIDUALS IN ACTIVE/PENDING FS AU CODED AS AB AE RA
  _ DMF8272I          CLIENT UNDER AGE 18 IN FS ABAWD CASES
  _ DMF8273I          INDIVIDUALS IN AN ACTIVE.PENDING FS AU CODED NM
  X DMF8278I          SANCTIONED CLIENTS IN ACTIVE/TANF/ARM/FS CASES
  _ DMF8279I          ACTIVE CASES WITH ALIENS REPORT
  _ DMF8280I          ACTIVE FS CASE: ALLOTMENT AMOUNT OVER 250
  _ DMF8282I          CHILDREN IN CASES BORN BETWEEN 09/01/95 - 08/31/97
  _ DMF8283I          ELIGIBLE MEDICAID RECIPIENTS UNDER AGE 21
  _ DMF8284I          LIST OF CLOSED TANF CASES WITH REASON CODE 566
  _ DMF8285I          UNEMPLOYED ADULT MEMBERS OF ACTIVE FS CASES
  _ DMF8287I          CLOSURE 571 FOR MEMBERS IN ACTIVE FS CASES

PF01=HELP    PF02=PRINT    PF03=END      PF04=MENU    PF05=RFIND    PF06=MARK
PF07=UP      PF08=DOWN     PF09=         PF10=LEFT   PF11=RIGHT    PF12=QUIT
```

## REPORT VERSIONS

- Enter X in the Option Field to indicate report month to be viewed
- Press ENTER

```
COMMAND ===>                                TIME: 092242
*** REPORT VERSIONS ***

REPORT: DMF8278I          SANCTIONED CLIENTS IN ACTIVE TANF/ARM/FS CASES

OPTION      DATE          TIME    DEVICE  STATUS
-----
  X         20060803      081546  DISK    AVAILABLE
  _         20060703      081518  DISK    RECALL REQUIRED
  _         20060603      081519  DISK    RECALL REQUIRED
  _         20060502      122257  DISK    RECALL REQUIRED

PF01=HELP    PF02=PRINT    PF03=END      PF04=MENU    PF05=RFIND    PF06=MARK
PF07=UP      PF08=DOWN     PF09=         PF10=LEFT   PF11=RIGHT    PF12=QUIT
```

**REPORT SECTION INDEX**

- Enter X in the Option Field to view selected report
- Press ENTER

```

COMMAND ==>>                                     TIME: 092242
*** REPORT SECTION INDEX ***

REPORT ID: DMF8278I  SANCTIONED CLIENTS IN ACTIVE TANF/ARM/FS CASES
VERSION: 20060803 081546

OPTION SECTION                                PAGES  DESCRIPTION
-----
X  DMF8278I049059035XXXXE                    1
-  DMF8278I049059035XXXXE                    1
-  DMF8278I049059035XXXXE                    1
-  DMF8278I049059035XXXXE                    1
    
```

**SANCTIONED CLIENTS IN ACTIVE TANF/ARM/FS CASES**

- View report

```

COMMAND ==>>                                     SCROLL ==> SCREEN
DMF8278I      20060803 081546 DMF8278I049059035XXXXE          P      I R I C I
DMF8278A-DMF8278I      GEORGIA DEPARTMENT OF HUMAN RES
RUN DATE: 10/02/06      DIVISION OF FAMILY AND CHILDREN
                        SANCTIONED CLIENTS IN ACTIVE TANF/ARM/FS CASES  S
                        LOCAL OFFICE 059      SUPERVISOR
AU NAME      COUNTY 049      AU NUMBER  PGRM  COA  SA MEMBER      CLI
-----
BRYANT, TONYA      XXXX00028  FS      BRYANT, TIFFANY      250
KNOLLS, ANDREW      XXXX00185  MA  F01  KNOLLS, HEATHER      251
NORTON, CHRISTINA  XXXX00199  MA  F01  NORTON, CHRISTOPHER  251
NORWOOD, KATHERINE XXXX00184  MA  F01  NORWOOD, TAKEYA      251
RAMSEY, SALLY      XXXX00031  FS      RAMSEY, BRAD      250
SURMONS, PATTY      XXXX00090  MA  F01  SURMONS, DENISE      253
WILSON, DAVID      XXXX00035  FS      WILSON, JACKIE      250
                        LOAD ID T
    
```

**Georgia Department of Human Resources  
Division of Family and Children Services**



**FAMILY MEDICAID  
SUCCESS TRAINING**

**INTRODUCTION TO SUCCESS**

## Objectives for Introduction to SUCCESS

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

- identify limitations in the training region
- explain SUCCESS production region security
- sign on to the SUCCESS system
- navigate the SUCCESS system
- identify the use of the function keys in SUCCESS
- identify menu options from the AMEN screen
- sign off of SUCCESS
- identify the rules for SUCCESS computer labs

## Welcome to SUCCESS Training!

This training is designed to be an interactive hands-on training. This Participant Guide is designed for your use during and after training.



### About the Training Region

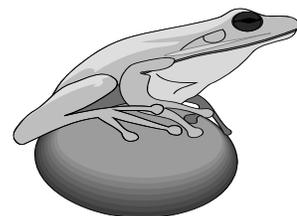
The SUCCESS system used in the training region system is a good simulation of the county SUCCESS system. One limitation in the training region is the date is always **10 – 05 – 06**. Therefore, ALL of the cases used during this training are fictitious and will use the date **10 – 05 – 06**.

**Note:** During this training session, you may encounter computer technical problems. As problems occur, we will work together to solve problems. **DO NOT** try to solve problems on your own. Please notify trainers immediately when problems occur.



**Working ahead of the trainers can cause major problems for you, other participants, and the trainer. Working ahead can cause you to miss key information about the system and its process. Therefore, we ask that you remember the classroom rules and follow the SUCCESS Training Golden Rule:**

**Stay with the Group!  
DO NOT work ahead**



## SUCCESS Production Region Security

- Each employee will be issued an individual USER ID and RACF ID to use to access the SUCCESS system. For this reason security is very important. Please review the "SUCCESS Security" e-mail issued by the Division Director on 05/02/2002 located on the following page.
- Staff who are assigned a SUCCESS USER ID and RACF ID that permits authorization of benefits are legally responsible for all benefits which are authorized using the assigned USER ID and RACF ID.
- USER IDs and RACF IDs are NEVER to be shared or revealed to anyone other than the person to whom it is assigned. It is critical that anyone with SUCCESS access never leave his/her workstation while signed on to SUCCESS.

During this training you will be issued a RACF ID and Password. These RACF IDs and Passwords can be used only in the training region. The RACF IDs available for use by participants in the training region are very limited. You must be very careful when signing on to SUCCESS. **Three unsuccessful attempts to sign on will revoke your RACF ID.** If you make a mistake twice while attempting to sign on, sign off completely and move back to the GO screen, then start over.



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.

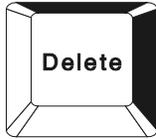
It is my expectation that all counties will review SUCCESS security procedures in every office on a regular basis, and will assure that procedures are in place to prevent unauthorized issuance of benefits on SUCCESS.

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

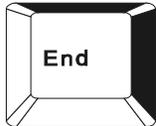
## Navigating Through SUCCESS

### Using the Keyboard

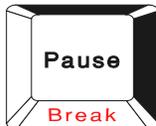
Let's look at several keys that are very important when using SUCCESS.



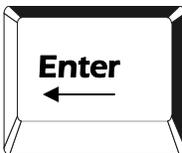
Use the **Delete** key to delete information in a field one character at a time.



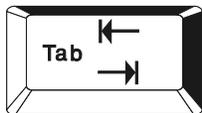
Use the **End** key to delete ALL of the information in a field. It is better to use the End key, as sometimes the Delete key does not totally delete information.



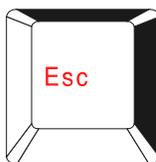
Use the **Pause** key to clear the screen.



Use the **Enter** key next to the letter keypad. DO NOT use the Enter key next to the number pad.



Use the **Tab** key to move field to field. The Shift key plus the Tab key (pressing both at the same time) will allow you to move back to the previous field.



Use the **Esc** key to reset the screen when a  appears in the bottom left hand corner of the screen and a bell tone sounds. This means a mistake has been made or a command is not recognized by the system.

One way to Navigate through SUCCESS is by using the Function Keys located across the top of the keyboard.

F1 through F12 have set functions that are the same for ALL screens.

F13 through F24 have specific functions that may be used only if the function appears at the bottom of the screen.

## 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.

1	2	3	4	5	6	7	8	9	10	11	12	shift
shift 13	14	15	16	17	18	19	20	21	22	23	24	shift



---

Welcome to the Division of Family and Children Services  
Integrated Systems Sign On Menu

OP	System	Description
1	CRS	(Client Registration System)
2	\$TARS	(Support, Tracking, Accounting and Reporting System)
3	EBT	(Electronic Benefits Transfer System)
4	SUCCESS	(System Uniform Calculation Consolidation Economic Support Services)
5	SUCCINQ	(Success Statewide Inquiry)
6	SUCCSTAT	(Success Status Messages)
7	PSDS	(Protective Services Data System)
8	EAPS	(Energy Assistance Program)
9	CCRS	(Child Care Reporting System)
10	DIS/MIS	(Miscellaneous & Disaster Check System)

Please enter your selection: \_\_\_\_\_

RACF ID: \_\_\_\_\_ PASSWORD: \_\_\_\_\_ NEW PASSWORD:

Please type in UserId, Password and Option OR Press PF3 to Log Off

---

On the SUCCESS Sign On menu, type your Training RACF ID and your Training Password.

Write Here ↓

**SUCCESS TRAINING RACF ID** \_\_\_\_\_

**SUCCESS TRAINING Password** \_\_\_\_\_

**Note:** In the County Production Region this menu has two additional options – (JIS) Job Information System and (DSO) Debt Setoff System.

## Main Menu (YMEN)

```
*****
**      W E L C O M E   T O   T H E      **
***      G E O R G I A      ***
***      T R A I N I N G      ***
***      S U C C E S S      ***
**      S Y S T E M      **
*****

Selection  A
Printer ID  ???
System Date 10-05-06
Load ID    XXXX

A. Assistance Unit/Client   H. Security                O. File Inquiry
B. Supporting Units         I. Parameters              P. Vendor Files
C. PEACH                   J. Mass Mod                Q. Text
D. Alerts                  K. Financial Mgmt Iss     R. Benefit Error
E. Scheduling              L. Lifetime Limit         S. AU/Client Misc
F. Letters                 M. Benefit History        U. Register IV-D Case
G. Electronic Mail (EMC2)  N. Quality Control

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

The SUCCESS Main menu has several options you can choose. Most often your selection will be the Assistance Unit/Client menu. **On this screen you will need to enter your Printer ID number.**

**NOTE:** Your Training Caseload ID number is also listed on this screen.

**SUCCESS Training Caseload ID number:** \_\_\_\_\_

\*Helpful hint: If you press PF3 too quickly and sign out, you can enter YMEN on the screen and press ENTER. This will bring you back to YMEN.

## Assistance Unit/Client Sub-Menu (AMEN)

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN			AMEN
AU ID	Selection B	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

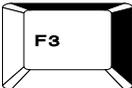
The Assistance Unit/Client sub-menu (AMEN) is the starting point for many of the functions you will complete.

### Let's answer these questions:

1. What menu option would you choose for a **name inquiry**?
2. What menu option would you choose to **register an application**?
3. What menu option would you choose when **adding a program**?
4. What menu option would you choose for an **AU/Client inquiry**?



## SUCCESS Sign Off Procedures

- Press  back to the Main Menu
- Press  again, message will read  
SUCCESS Session Terminated
- Press  to clear the screen
- Type CESF Logoff, then press 



# 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.

**Georgia Department of Human Resources  
Division of Family and Children Services**



**FAMILY MEDICAID  
SUCCESS TRAINING**

**INITIAL APPLICATIONS**

## Objectives for Initial Applications

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

- use information from Form 94 to determine eligibility
- enter basic information at Intake for a LIM application
- enter information on the Absent Parent screens
- identify SUCCESS screens that require documentation
- enter appropriate documentation
- identify SUCCESS codes specific to RSM
- complete an RSM initial application in SUCCESS
- process an EMA application on SUCCESS
- correctly enter information from Form 526 to the ALAS screen

# Application Forms

**94 Medicaid Application**

**222 Medicaid Review Form**

**297 Application for TANF, Food Stamps, or Medical Assistance**

**700 Application for Medicaid & Medicare Savings for Qualified Beneficiaries**

**Peach Care for Kids**

**LISA – Low Income Subsidy Application**

**AFA – Application for Assistance**

A face-to-face interview is **NOT** a requirement of any Medicaid Class of Assistance (COA).

---

## LIM APPLICATION – KAREN NELSON WALK THROUGH

**Background** – Ms. Nelson is applying for Low Income Medicaid for herself and her two children. She previously received LIM from 1/06 – 8/06. Ms. Nelson stopped by the office on 10/2/06 to drop off her Medicaid application at the front desk.

Clerical support staff made copies of her family's birth certificates and her driver's license. They also provided her with a Declaration of Citizenship form. Ms. Nelson has signed the form attesting to the identity of her children. The application was registered and assigned to your caseload on 10/5/06 for completion. Ms. Nelson has also attached a statement from her employer regarding her wages and a statement from her child's father regarding his child support payments.

You conduct a telephone interview with Ms. Nelson to clarify the information provided on her application.

Her LIM AU ID # is **XXXX00025**.

- Review the Form 94 and attached verification before entering her eligibility information on SUCCESS.
- O, P and Q her Medicaid application using the information provided on her application and during the telephone interview.
- Carefully review the ELIG and CAFI screens prior to finalizing her application.
- The trainer will walk through each of these screens and provide any additional information.

## INTERVIEW

### AMEN

- Select O to begin the interview process
- Press ENTER

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                               Selection O
                               AU ID XXXX00025                      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

**ADDR**

- Information from Registration is pre-populated
- Enter Residential County Code 044
- Ms. Nelson does not live in Public Housing
- Press PF21 to access the NARR screen to enter documentation

INTERVIEW	HOUSEHOLD ADDRESSES - ADDR		ADDR 01
Month 11 06	9991	10 02 06	
CO 044 LO 049	Load ID 1736	Client ID 736000024	RES CO 044
HOH F Name KAREN	MI	L Name NELSON	Suf
Auth Prim Voter	Visually	Hearing	Public Hsng/
Rep Lang Reg	Impaired	Impaired	Rent Subsidy
N E N	N	N	Z
Residential Address			
Address Line 1		Line 2	
Street Number Dir	Name	Type	City Dir Apt
578	CHARTER	BLVD	
City MACON	ST GA	Zip 31210 4858	Phone 478 458 1187
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 0013	2132	2133	
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
15-lett		21-narr	23-alau 24-del

**NARR**

Document the following on the NARR:

TC - Ms. Nelson is applying for Medicaid for herself and her two children. Form 94 was received in the office on 10/02/06. Ms. Nelson was contacted by phone on 10/5/06 at 478-458-1187 to conduct her initial application interview for Medicaid and obtain additional information. Ms. Nelson is the best source of information regarding her family's circumstances. Ms. Nelson is not requesting any prior months Medicaid. HIPAA form was mailed to Ms. Nelson on 10/5/06 for her signature. The HIPAA form is not in the case record.

UPDATE	NARRATIVE - NARR	NARR
	<p>1/1/2006 01:24 PM INITIAL, M. PARKER, 208D, BIBB 478-656-5353 MS NELSON IS APPLYING FOR MEDICAID FOR HERSELF, HER DAUGHTER LISA AND SON JOEY. F94 RECEIVED 1/1/06. SHE IS REQUESTING PRIOR MONTHS COVERAGE FOR AUGUST AND SEPTEMBER. HIPAA FORM MAILED TO MS NELSON 1/1/06 AND IS NOT IN THE CASE RECORD. A TELEPHONE INTERVIEW IS CONDUCTED WITH MS NELSON ON 1/1/06 TO OBTAIN ADDITIONAL INFORMATION. MS NELSON IS THE BEST SOURCE OF INFORMATION REGARDING HER CIRCUMSTANCES.</p>	01
	<p>10/05/2006 03:55 PM Phase II Training 555-555-5555 TC - Ms. Nelson is applying for Medicaid for herself and her two children. Form 94 was received in the office on 10/02/06. Ms. Nelson was contacted by phone on 10/5/06 at 478-458-1187 to conduct her initial application interview for Medicaid and obtain additional information. Ms. Nelson is the best source of information regarding her family's circumstances. Ms. Nelson is not requesting any prior months Medicaid. HIPAA form was mailed to Ms. Nelson on 10/5/06 for her signature. The HIPAA form is not in the case record.</p>	
		More
MESSAGE		
13-bott		

STAT

- Ms. Nelson and her two children are applicants
- Relationship is verified by AR's statement (use code OT)
- All individuals are mandatory to be included in the AU
- Press the Tilde key to access the ADT to enter documentation

```

Interview          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          STAT  A
Month 11 06                               01

AU ID xxxx00025   Prog MA   Prog Type F   Med COA F01
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat  Reasons     Date      Date   Date    Date     Type  End Date
  P                               100506   100206   100106

-----
First  Last  Rel V  Mand Finl  --Stat--  Rsn   Appl   Begin  Pd Thru  Penalty
Name   Name                               Incl Resp Date   Date   Date   Date   T  Date
KAREN  NEL   SE  OT   Y   PN   P  100506   100206
LISA   NEL   CH  OT   Y   PN   P  100506   100206
JOEY   NEL   CH  OT   Y   PN   P  100506   100206

Message
    
```

```

UPDATE          REMARKS - REMA          REMA
                                01

***** MEDICAID STAT *****
10/05/2006 04:10 PM Phase II Training 555-555-5555
Are there other HH Members not included in the AU? Y/N (N) If yes, list
Name          Relat      Age      Fin Res {Y/N}
:_____      :_____      :_____      :_____
:_____      :_____      :_____      :_____
:_____      :_____      :_____      :_____
:_____      :_____      :_____      :_____
Ineligible/Penalized AU member? Y/N (N) If Y, explain:_____
If stepparent situation, explain:_____
Trace relationships and document financial responsibilities:_____
:_____
LIM Eligible? Y/N (Y) If no, explain:_____
CMD, as needed:_____
Dually eligible AU member(s)/COA? Explain:_____
:_____

More

MESSAGE

13-bott
    
```

**DEM1 – Karen Nelson**

- Never been married
- Lives in the home
- Does not receive SSI
- Press PF9 to access REMA to enter documentation indicating that Form 138 was mailed to AR on 10/5/06

INTERVIEW Month 11 06	CLIENT DEMOGRAPHIC 1 - DEM1 0002 06 01 06	DEM1 01
Client Name KAREN	NELSON	Suf Client ID XXXX00024
Alt SSA/SSN Name Appl For	SSN Appl Date	SSN1 V More SSNs
	225 16 XXXX CS	DOB (MM DD YYYY) 06 02 1982
		V Sex Race Eth CS F B N
GA Res	Marital Status	Living Arrngmt
Y	N	AH
	RSM Ad/Ch	Min Par /LA
		Boarder Num Meals
		Amt Paid for Meals
		-- Family Planning Referral
		-- Date
Concurr Out of CA	SSI St FS	Depriv MA
N	N	N
	V Prenatal Care Ind Good Cse	----- Pregnant ----- Term/Due Term/Due V Num V Code Date Exp
		FTC Code
Message 0013	0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"	
	15-lett	16-crs 23-alau

DEM2 – Karen Nelson

- U. S. Citizen as verified by her birth certificate\*
- Identity is verified by her Georgia driver’s license
- Agrees to cooperate with Third Party Liability
- Press the Tilde key to access the ADT to enter documentation

```

INTERVIEW                               CLIENT DEMOGRAPHIC 2 - DEM2                DEM2 01
Month 11 06                             0002  06 01 06

Client Name KAREN                        NELSON                        Client ID XXXX00292

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  Entitlmt  Claim Num  Disab Approval Begin Date  End Date
      Type  Source  (MM YYYY)  (MM YYYY)
  N  C  CS

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

Non-Custodial Parent?  V

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

```

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) MAILED TO AR ON 10/5/06

Customer was informed about Health Check by
Face to Face( ) Telephone(X) Mailed Brochure( )

Citizenship verified by: BIRTH CERTIFICATE IN CR
:
Identity verified by: GA DRIVER'S LICENSE
:
Declaration of citizenship in record dated: 10/2/06
:
FS only - Citizenship Good cause waiver granted due to:_____
:

More
MESSAGE
13-bott
  
```

\*Note: The code for verification of Citizenship in the production region is GM.

**PRODUCTION REGION**

**DEM2 for Karen Nelson**

INTERVIEW CLIENT DEMOGRAPHIC 2 - DEM2 DEM2 01  
Month 11 06 AUTO 10 05 06

Client Name K KAREN NELSON Client ID XXXX00292

Citz V	Orig Id	Stdnt V	Grade V	Striker	---	Immunization	--	Law	-Health	Chk -
C	GM Y DL	Cert Stat	Compl	Stat	Curr	GCse	Due Dt	Brkr	Ref	Date
				N						

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

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

Non-Custodial Parent? V

Message

15-lett 17-mo< 18-mo> 22-tpl 23-alau

**INFORMATION**

DEM2 is a client-level screen. It is a continuation of the demographic information entered on DEM1. Coding the Student Stat field will trigger the ALAS screen.

**KEY FIELDS**

**Citz:** For U.S. citizens, use a code of C. For undocumented aliens who want EMA, use a code of U.

**V:** See information on PG-11 through PG-13.

**Orig Cert:** For Medicaid only, use a code of Y if original document provided; use code N if original document not provided. Coding with an N will result in Medicaid being denied or terminated.

**Id:** (Medicaid only): The identity field is only a requirement for Medicaid cases. The valid values are as follows:

- DL** (Driver's license)
- TR** (American Indian or Tribal documents)
- MI** (Military ID)
- GI** (Government issued ID)
- SI** (School Identification)
- PS** (U.S. Passport issued with limitations)
- SR** (School Record)
- HR** (Hospital Record)
- DC** (Daycare or nursery school record)

## CITIZENSHIP VERIFICATION (EFFECTIVE 03/2008)

The following is a list of the types of verification and the corresponding valid values that should be used to code Citizenship and Identity. These are the valid values that are acceptable for Medicaid based on current acceptable verification documents. Since Medicaid has the most stringent verification requirements, these valid values are acceptable and should be used for all eligibility programs. There has been no change in citizenship or identity policy

<b>Citizenship Verification Valid Values (All Programs)</b>	
<b>PS</b> (US Passport)	Current or expired U.S. Passport (not limited passports)
<b>CN</b> (Certificate of Naturalization)	Certificate of Naturalization (N-550 or N-570) Certificate of Citizenship (N-560 or N-561)
<b>TR</b> (Tribal/American Indian Record)	American Indian card (I-872) issued by the Department of Homeland Security with the classification code KIC. Certificate of Indian blood or other U.S. American Indian/Alaska native tribal document.
<b>SM</b> (SSI/Medicare)	Persons currently receiving SSI. Persons receiving Social Security Disability or Medicare.
<b>GM</b> (Government/Civil Service Record)	A U.S. birth certificate or data match with state vital records.  U.S. public birth record showing birth in one of the U.S. states, District of Columbia, American Samoa, Swain's Island, Puerto Rico if born on or after 1/13/1941, Virgin Islands if born on or after 1/17/1917, Northern Mariana Islands if born on or after 11/4/1986 or Guam if born on or after 4/10/1899.  Certification of Report of Birth (DS-1350) issued by the Department of State.  United States Citizen Identification card (I-197 or I-179)  Official Military record showing U.S. place of birth.  Early school record showing a U.S. place of birth. The school record must show the name of the child, date of admission to the school, the date of birth, and names and places of birth of the applicant's parents.  Federal or State census record showing U.S. citizenship or U.S. place of birth.
<b>NR</b> (Naturalization Record)	Consular Report of Birth Abroad of a U.S. citizen (FS-240) or Certification of Birth Abroad (FS-545)  Northern Mariana identification card (I-873) or Collective naturalization for those who lived in the Northern Mariana Islands.
<b>AD</b> (Adoption Decree)	Final Adoption Decree
<b>DR</b> (Statement signed by Physician or Midwife)	Medical (clinic, doctor or hospital) record indicating a U.S. place of birth and was created at least 5 years before the initial application date.

<b>Citizenship Verification Valid Values (All Programs)</b>	
<b>FY</b> (Documents created 5 years before application for Medicaid shows place of birth)	<p>Extract of hospital record on hospital letterhead indicating a U.S. place of birth established at the time of the person's birth and was created at least 5 years before the initial application date (for children under 16, the document must have been created near the time of birth or 5 years before the date of application)</p> <p>Life or health insurance record showing a U.S. place of birth and was created at least 5 years before the initial application date.</p> <p>Religious record recorded in the U.S. within 3 months of birth showing the birth occurred in the U.S. and showing either the date of birth or the individual's age at the time the record was made. The record must be an official record recorded with the religious organization (entries in a family bible are not considered religious records).</p> <p>Institutional admission papers from a nursing home, skilled nursing care facility or other institution indicating a U.S. place of birth and was created at least 5 years before the initial application date.</p> <p>Other document that shows a U.S. place of birth and that was created at least 5 years before the application for Medicaid. This includes Seneca Tribal census report, Bureau of Indian Affairs tribal census records of the Navajo Indians, a U.S. vital statistics official notification of birth registration.</p>
<b>AF</b> (Affidavit)	Used as last resort. Please refer to 2215-3 of the Medicaid manual for requirements.
<b>GC</b> (Good Cause)	Code may be used for applications and reviews completed in the Food Stamp and TANF Programs. Good Cause cannot be granted at application for Medicaid; it is only valid for ongoing cases in Medicaid.

<b>Citizenship Verification Valid Values (TANF &amp; Food Stamps Only)</b>		
Use these codes only if the citizenship documentation received is not acceptable for the Medicaid program but is acceptable in Food Stamps and TANF. <b>Use of these valid values will result in denial or termination of Medicaid benefits.</b>		
<b>SP</b> (Prior SSN)	(SSN issued prior to 6/30/1948)	
<b>CR</b> (Court Record)	Court records of parentage, juvenile proceedings, or child support indicating place of birth	
<b>PR</b> (Property Record)	Property records verifying U.S. citizenship status	
<b>SR</b> (School Record)	Early school records showing the date of admission to the school, the child's date and place of birth, and the name(s) and place(s) of birth of the parents	
<b>OG</b> (Other Government records)	Any document that establishes place of birth or U.S. citizenship such as records from SSA, VA, local government agencies, hospitals, clinic's record of birth or parentage  Evidence of civil service employment by the U.S. government before 6/1/76  Census record showing the name, U.S. citizenship or a U.S. place of birth, and date of birth or age of the individual	
<b>Coding of Citizenship Identity for Newborns</b>		
Code Citizenship as <b>CS</b>	Original Document as <b>Y</b>	Identity as <b>AF</b>
<b>Coding for Failure to Verify Citizenship for Food Stamps and Medicaid</b>		
For FS - Code Citizenship Field as <b>UA</b>	SUCCESS will remove A/R from AU and change their financial responsibility to <b>ND</b>	
For Medicaid - Code Citizenship Field as <b>UA</b>	SUCCESS will remove A/R from AU and change their financial responsibility to <b>UE</b>	
<b>Coding for Failure to Verify Identity for Medicaid</b>		
Code Identity Field as <b>UA</b>	SUCCESS will remove A/R from AU and change their financial responsibility to <b>UE</b>	
<b>Coding for Failure to Provide Original Documents</b>		
Code Original Field as <b>N</b>	SUCCESS will remove A/R from AU and change their financial responsibility to <b>UE</b>	
<b>Coding for Refusal to Verify Citizenship in Medicaid</b>		
Code Citizenship Field as <b>NV</b>	SUCCESS will remove A/R from AU and change their financial responsibility to <b>RV</b>	

If citizenship/identity is not verified for a child in a LIM case, or original documents are not provided as verification, the child should be coded with a financial responsibility of NM and a denial code of 511 once the DEM2 screen is coded, which will remove the child from the AU. Please note that if citizenship/identity is not verified for a child in an RSM or a FM Medically Needy case, the financial responsibility will change to RP instead of UE so the child remains in the budget group.

**DEM1 – Lisa Nelson**

- Lives in the home
- Does not receive SSI
- Deprived due to the absence of her father from the home
- Press PF9 to access REMA to enter documentation

```

INTERVIEW                               CLIENT DEMOGRAPHIC 1 - DEM1                DEM1 02
Month 11 06                             0002 06 01 06

Client Name LISA                          NELSON                               Suf      Client ID XXXX00294

Alt   SSA/SSN   SSN Appl   SSN1   V   More   DOB       V Sex Race Eth
Name  Appl For   Date                SSNs      (MM DD YYYY)
379 75 xxxxx CS                03 19 2000  CS F  B  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    N         AH

Concurr   SSI   Depriv   V   Prenatal Care   ----- Pregnant -----   FTC
Out of St Recip   Ind   Good Cse   Term/Due   Term/Due   V   Num V   Code
CA  FS MA                Code       Date       Exp
N   N  N    N    A    CS

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett                16-crs                23-alau
    
```

**REMA**

A/R states Kenneth Baker is the father of Lisa. She has not seen Mr. Baker since she told him she was pregnant. He is 32 years old, African American, 6 feet tall with brown hair and brown eyes. He weighs approximately 180 pounds. A/R states Mr. Baker does not provide any type of support for Lisa.

DEM2 – Lisa Nelson

- U. S. Citizen as verified by Birth Certificate\*
- Full-time student in the first grade
- Health Check referral made on 10/5/06
- Press the Tilde key to access the ADT to enter documentation

```

INTERVIEW                      CLIENT DEMOGRAPHIC 2 - DEM2                      DEM2 02
Month 11 06                      0002  06 01 06

Client Name LISA                      NELSON                      Client ID XXXX00294

Citiz V  Student V  High Grade V  Striker ---Immunization --  Law -Health Chk -
      Stat      Completed      Stat      Curr GCse Due Dt  Brkr Ref  Date
  C   BC   FT   CS                      N                      Y   100506

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  TANF Cap Parent ----- TANF Cap Child ----
SSI/FS Stat  Serv Num  Date  Ctr  End Date  Parnt ID Rcv Mo Cncpt GCse
N

Non-Custodial Parent?  V

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

```

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 ( )

Customer was informed about Health Check by
Face to Face( ) Telephone(X) Mailed Brochure( )

Citizenship verified by: BIRTH CERTIFICATE
:_____
Identity verified by: DECLARATION OF CITIZENSHIP FORM SIGNED BY AR
:_____
Declaration of citizenship in record dated: 10/2/06
:_____

FS only - Citizenship Good cause waiver granted due to:_____
:_____

MESSAGE
13-bott                      More
    
```

\*Note: The code for verification of Citizenship in the production region is GM.

**ALAS – Lisa Nelson**

- Attends Oakdale Elementary

```
INTERVIEW                ALIENS AND STUDENTS - ALAS                ALAS 02
Month 11 02

Client Name  LISA                NELSON                Client ID XXXX00244
                Permanent
Citiz  Elig V  Doc  Spons  Country  Entry Date  INS  -- Emergency Med ---
Stat  Type  Alien  of Origin (MM YYYY)  Number  Ind  Beg Dt  End Dt
C      BC

INS Auth To Work  Refugee Resettlement Agency

Student Educ      School Name  Dep Care  Grad Date  Meals  20 Hr/Wk
Status Level      Respon      (MM YY)  Provided  Work Rqmt
FT      EL OAKDALE ELEMENTARY

School Attend Cd

Message
```

\*Note: In the production region, the verification code for birth certificate is GM.

**DEM1 – Joey Nelson**

- Lives in the home
- Does not receive SSI
- Deprived due to absence of father from the home
- Press PF9 to access REMA to enter documentation

INTERVIEW Month 11 06	CLIENT DEMOGRAPHIC 1 - DEM1 0002 06 01 06		DEM1 03						
Client Name JOEY	NELSON	Suf	Client ID XXXX00295						
Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V More SSNs	DOB (MM DD YYYY)	V Sex	Race	Eth	
			319 74 xxxx	CS	10 25 2004	CS M	B	N	
GA Res	Marital Status	Living Arrngmt	RSM Ad/Ch	Min Par /LA	Boarder Num Meals	Amt Paid for Meals	-- Family Planning Referral	-- Date	
Y	N	AH							
Concurr Out of CA	St FS MA	SSI Recip	Depriv	V Ind	Prenatal Care Good Cse	----- Term/Due Code	Pregnant Term/Due Date	----- V Num V Exp	FTC Code
N	N N	N	A	CS					
Message 0013									
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"									
			15-lett		16-crs		23-alau		

**REMA**

A/R states Lawrence Johnson is the father of Joey. She states she has not recently seen Mr. Johnson but she knows he lives at 123 Thomas Dr. in Macon, Ga. She called him on his cell phone, 478-555-6700, to get a written statement from him regarding his child support payments. She has included the letter dated 9/30/06 with her application. A/R states Mr. Johnson does not provide any health insurance for Joey. A/R states Mr. Johnson was born on 5/15/80 in Macon. He is African American, 6'2" tall, has black hair, brown eyes and weighs approximately 200 pounds. She believes he still works at Wallace Management on Barnett St. in Macon.

DEM2 – Joey Nelson

- U.S. Citizen as verified by Birth Certificate\*
- Health Check Referral made on 10/5/06
- Press the Tilde key to access the ADT to enter documentation

```

INTERVIEW                      CLIENT DEMOGRAPHIC 2 - DEM2                      DEM2 04
Month 11 06                      0002  06 01 06

Client Name JOEY                      NELSON                      Client ID XXXX00295

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                      Y  100506

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  TANF Cap Parent ----- TANF Cap Child ----
SSI/FS Stat  Serv Num  Date  Ctr  End Date  Parnt ID Rcv Mo Cncpt GCse
N

Non-Custodial Parent?  V

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

```

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 ( )

Customer was informed about Health Check by
Face to Face( ) Telephone(X) Mailed Brochure( )

Citizenship verified by: BIRTH CERTIFICATE
:
Identity verified by: DECLARATION OF CITIZENSHIP FORM SIGNED BY AR
:
Declaration of citizenship in record dated: 10/2/06

FS only - Citizenship Good cause waiver granted due to:_____
:

MESSAGE
13-bott                      More
    
```

\*Note: The code for verification of Citizenship in the production region is GM.

**APID – Lawrence Johnson**

- Lawrence Johnson is the acknowledged, natural father of Joey
- No legal relationship or paternity for Lisa
- Ms. Nelson agrees to cooperate with OCSS

```
INTERVIEW          ABSENT PARENT IDENTIFICATION - APID          APID  A
Month 11 06              7691  02 01 06              01 More

HOH Name KAREN          NELSON          Del AP  AP Returned Home N
AP Name LAWRENCE        JOHNSON          Suf
SSN          Seq Num  00001

Dep First Last Legal Pat  Dep First Last Legal Pat  Dep First Last Legal Pat
Name Name Rel Type      Name Name Rel Type      Name Name Rel Type
01 LISA  NEL  NO   NO   02 JOEY  NEL  AK   NF

IV-D --- Good Cause Claim --- Referral  130 Form  UCB  Other Income
Coop Ind Rsn Stat  Date      Date      Date      Ind  Types
Y
Union/Local          More APs

Message 0013
```

**APAD – Lawrence Johnson**

- Lives at 123 Thomas Drive, Macon, GA 31808
- Phone number is 478-291-6700

INTERVIEW Month 11 06	ABSENT PARENT ADDRESS - APAD	APAD 01	A
HOH Name KAREN AP Name LAWRENCE	NELSON JOHNSON	Client ID XXXX00243 SSN	
Curr Addr Line 1 123 THOMAS DRIVE City <b>MACON</b> Date at Address	Line 2 ST GA Zip 31808	Phone 478 291 6700	
Prev Addr Line 1 City Date at Address	Line 2 ST Zip	Phone	
AP's Father Street	City	Delete ST Zip	
AP's Mother Maiden Street	City	Delete ST Zip	
Message			

**APDE – Lawrence Johnson**

- Never married to Ms. Nelson
- Birth date is 5/15/80; 26 years old born in Macon, GA
- African American, has black hair and brown eyes
- 6 feet 2 inches tall and weighs approximately 200 pounds

INTERVIEW		ABSENT PARENT DEMOGRAPHIC - APDE				APDE		A	
Month 11 06						01			
HOH Name KAREN		NELSON		Client ID XXXX00243					
AP Name LAWRENCE		JOHNSON		SSN					
----- Marital Information -----									
Stat	Date	City	ST	Rel HOH To AP	Drvr Lic ST	License Plate			
						ST Number			
<b>FR</b>									
DOB (MM DD YYYY)	Approx Age	Birth City	Place ST	Sex	Race	Hgt Inches	Hair Color	Eye Color	Wgt Lbs
05 15 1980	26	MACON	GA	M	B	74	B	N	200
----- Military Information -----									
Stat	ID Num	Branch	Entry Dt	Exit Dt	Allotment	Pay	Allotment Recip		
----- Incarceration Information -----									
Cd	Release Dt	Sentence Yr	Lgth Mo	Min Yr	Confine Mo	Institution			
Message									
					15-lett		20-next ap		

**APEM – Lawrence Johnson**

- Employed by Wallace Management as a painter since 1/95
- Wallace Management is located on Barnett St., Macon, GA

INTERVIEW Month 11 06	ABSENT PARENT EMPLOYMENT - APEM	APEM 01	A
HOH Name KAREN AP Name LAWRENCE	NELSON JOHNSON	Client ID XXXX00243 SSN	
Primary Employer Name <b>WALLACE MANAGEMENT</b>	Delete	Occupation PAINTER Empl Date 01 95	
Address Line 1 <b>BARNETT ST</b> City <b>MACON</b>		Line 2 ST <b>GA</b> Zip Phone	
Secondary Employer Name	Delete	Occupation Empl Date (MM YY)	
Address Line 1 City		Line 2 ST Zip Phone	
Former Employer Name	Delete	Occupation Empl Date (MM YY)	
Address Line 1 City		Line 2 ST Zip Phone	
Message			

**APCO – Lawrence Johnson**

- Not court ordered to pay child support
- Fastpath back to APID A

INTERVIEW		ABSENT PARENT COURT ORDER - APCO			APCO	A
Month 11 06					0	
HOH Name KAREN		NELSON		Client ID XXXX00243		
AP Name LAWRENCE		JOHNSON		SSN		
Order	Support	Support	Freq	Payee	Docket	
Date	Obligation	Arrears		Code	Number	
Paying	Date of	Last Pymnt	Agency Receiving Payment			
Support	Last Pymnt	Amount				
Message						
		15-lett	20-next ap			

**APID A**

- Enter Y in More APs field to generate blank Absent Parent screens

INTERVIEW		ABSENT PARENT IDENTIFICATION - APID					APID	A			
Month 11 06		7691 02 01 06									
HOH Name KAREN		NELSON		Del AP		AP Returned Home N					
AP Name LAWRENCE		JOHNSON		Suf							
SSN		Seq Num 00001									
Dep	First	Last	Legal	Pat	Dep	First	Last	Legal	Pat		
	Name	Name	Rel	Type		Name	Name	Rel	Type		
01	LISA	NEL	NO	NO	02	JOEY	NEL	AK	NF		
IV-D	---	Good	Cause	Claim	---	Referral	130	Form	UCB	Other	Income
Coop	Ind	Rsn	Stat	Date	Date	Date	Date	Ind	Ind	Types	
Y					02	01	06				
Union/Local										More APs Y	
Message 0013											

**APID – Kenneth Baker**

- Kenneth Baker is the putative, natural father of Lisa
- No legal relationship or paternity for Joey
- Ms. Nelson agrees to cooperate with OCSS

```
INTERVIEW          ABSENT PARENT IDENTIFICATION - APID          APID    A
Month 11 06              7691    02 01 06              02

HOH Name KAREN          NELSON          Del AP    AP Returned Home N
AP Name KENNETH          BAKER          Suf
SSN              Seq Num 00002

Dep First Last Legal Pat  Dep First Last Legal Pat  Dep First Last Legal Pat
Name Name Rel Type      Name Name Rel Type      Name Name Rel Type
01 LISA  NEL  PF  NF  02 JOEY  NEL  NO  NO

IV-D --- Good Cause Claim --- Referral  130 Form  UCB  Other Income
Coop Ind Rsn Stat  Date      Date      Date      Ind  Types
Y
Union/Local          More APs

Message 0013
```

**APAD – Kenneth Baker**

- Address is unknown
- Parent’s address is unknown

INTERVIEW Month 11 06	ABSENT PARENT ADDRESS - APAD	APAD 02	A
HOH Name KAREN AP Name KENNETH	NELSON BAKER	Client ID XXXX00024 SSN	
Curr Addr Line 1 City Date at Address	Line 2 ST Zip	Phone	
Prev Addr Line 1 City Date at Address	ST Line 2 Zip	Phone	
AP's Father Street	City	Delete ST Zip	
AP's Mother Maiden Street	City	Delete ST Zip	
Message			

**APDE – Kenneth Baker**

- Never married to Ms. Nelson
- Birth date is unknown, but he is 32 years old born in Macon, GA
- African American, has black hair and brown eyes
- 6 feet tall and weighs approximately 180 pounds

INTERVIEW Month 11 06		ABSENT PARENT DEMOGRAPHIC - APDE				APDE A 02			
HOH Name KAREN AP Name KENNETH		NELSON BAKER		Client ID XXXX00024 SSN					
----- Marital Information -----				Rel HOH	Drvr Lic	License Plate			
Stat	Date	City	ST	To AP	ST	ST	Number		
				<b>FR</b>					
DOB (MM DD YYYY)	Approx Age	---- Birth Place City	---- ST	Sex	Race	Hgt Inches	Hair Color	Eye Color	Wgt Lbs
	32	MACON	GA	<b>M</b>	<b>B</b>	72	<b>B</b>	<b>N</b>	180
----- Military Information -----									
Stat	ID Num	Branch	Entry Dt	Exit Dt	Allotment Pay	Allotment Recip			
----- Incarceration Information -----									
Cd	Release Dt	Sentence	Lgth	Min Confine	Institution				
		Yr	Mo	Yr	Mo				
Message									
				15-lett	20-next ap				

**APEM – Kenneth Baker**

- Employer is unknown

INTERVIEW Month 11 06	ABSENT PARENT EMPLOYMENT - APEM	APEM 02	A
HOH Name KAREN AP Name KENETH	NELSON BAKER	Client ID XXXX00024 SSN	
Primary Employer Name Address Line 1 City	Delete	Occupation Empl Date (MM YY) Line 2 ST Zip Phone	
Secondary Employer Name Address Line 1 City	Delete	Occupation Empl Date (MM YY) Line 2 ST Zip Phone	
Former Employer Name Address Line 1 City	Delete	Occupation Empl Date (MM YY) Line 2 ST Zip Phone	
Message			

**APCO – Kenneth Baker**

- Not court ordered to pay child support

INTERVIEW Month 11 06	ABSENT PARENT COURT ORDER - APCO	APCO A 02	A
HOH Name KAREN AP Name KENNETH	NELSON BAKER	Client ID XXXX00024 SSN	
Order Date	Support Obligation	Support Arrears	Freq Payee Code Docket Number
Paying Support	Date of Last Pymnt	Last Pymnt Amount	Agency Receiving Payment
Message			
	15-lett	20-next ap	

**RES1 – Karen Nelson**

- Cash of \$10.00
- Checking account at Washington Mutual with a balance of \$25.00

INTERVIEW	RESOURCES 1 - RES1	RES1 01				
Month 11 06		01				
Client Name KAREN	NELSON	Client ID XXXX00292				
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		
CA	10.00	CS				
CH	25.00	CS		WASHINGTON MUTUAL		
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	More
Message						
15-lett				23-alau	24-del	

**RES2 – Karen Nelson**

- 2000 Toyota Corolla used for employment valued at \$4125; verified by NADA
- Delete Use code for FS program
- Update vehicle year from 1990 to 2000
- Press PF9 to access REMA to document nothing is owed on the vehicle

INTERVIEW Month 11 06	RESOURCES 2 - RES2	RES2 01 01								
Client Name KAREN	NELSON	Client ID xxxx00292								
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									
<b>MV</b>	<b>EM</b>	<b>4125.00</b>	<b>BB</b>			<b>00</b>	<b>TOYOT</b>	<b>COROL</b>		
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 to Sell	Annl Rate Ret Amt	V	Age Life Est Own	
Message 0013										More
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"										
15-lett										23-alau 24-del

**RES3 – Karen Nelson**

- No data to enter

**RES1, RES2, and RES3 – Lisa and Joey Nelson**

- No liquid or non-liquid resources



**ERN1 – Karen Nelson**

- Employed by Brooks Self Storage located at 367 Lakeside Dr., Macon, GA 30211
- Phone number is 478-466-3211
- Began employment on 9/1/05; received first pay on 9/8/05
- Enter N in LIM SON Override field
- \$30 + 1/3 counter is 1
- Delete end dates for \$30 + 1/3 and \$30
- Press the Tilde key to access the ADT to enter documentation
- \$30 + 1/3 months are 10/06 – 9/07
- Clearinghouse screens viewed; no discrepancies noted

```

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

Client Name KAREN                        NELSON                        Client ID XXXX00292

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 BROOKS SELF STORAGE                                AJS Employ
Line 1 367 LAKESIDE DRIVE                                Line 2
City MACON                ST GA    Zip 310211            Phone 478 466 3211
      Begin   First   End   Late   SON   $30+1/3   $30+1/3   $30
Type  Date   Pay Date   Date   Rpt   OvrD   Ind Cntr   End Date   End Date
EI 09 01 05 09 08 05                N TANF
                                      LIM N    N    1
                                      RSM

Num of  ABD Stdnt  TANF Student  -----JTPA-----
Bordrs  Excl      Ind Cnt    Ind Cnt    Excl

                                                More Jobs

Message 1943          1970
1943 NO W-4 DATA AVAILABLE FOR DISPLAY
15-lett
    
```

UPDATE	REMARKS - REMA	REMA
		01
***** ERN1 History *****		
10/05/2006 12:31 PM Phase II Training 555-555-5555		
EMPLOYER: <u>BROOKS SELF STORAGE</u>		
BEGIN DATE: <u>9/1/05</u> 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: <u>10/06 - 9/07</u>		
:		
DOL Hit? Y/N (N)		
DISCREPANCIES? Y/N (N) Resolution of discrepancies: _____		
:		
:		
More		
MESSAGE		
13-bott		

**ERN2 – Karen Nelson**

- Averages 25 hours per week
- Paid weekly on Fridays
- Representative amount verified by letter from employer
- Press the Tilde key to access the ADT to enter documentation

```

INTERVIEW                      EARNED INCOME 2 - ERN2                      ERN2 01
Month 11 06                      01

Client Name KAREN      NELSON                      Client ID XXXX00292

Employer Name BROOKS SELF STORAGE

                Avg Hrs 25      Freq WK      Day Week Pd FR      Extra Pay

Del

  Amt 1   V   Amt 2   V   Amt 3   V   Amt 4   V   Extra   V
 128.75   LE

----- Work Expenses -----
      Type Amount   Freq V      Type Amount   Freq V

More Jobs

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
                15-lett                      16-evnc                      23-alau                      24-del
    
```

```

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:_____ Timely( ) Untimely( )
If new employment, Rate of pay/hours:_____
EMPLOYER: BROOKS SELF STORAGE

  Date Pd      Gross      Tips      Verf      Rep{Y/N}
1: 10/2/06    (128.75) ( )      ): LETTER      (Y)
2: 9/25/06    (128.75) ( )      ): LETTER      (Y)
3: 9/18/06    (128.75) ( )      ): LETTER      (Y)
4: 9/11/06    (128.75) ( )      ): LETTER      (Y)
5: _____    ( )      ( )      ): _____    ( )
6: _____    ( )      ( )      ): _____    ( )

  Total      : _____ /: _____ = : _____ Rep Pay

If not Rep, explain:_____
Freq of pay WK(X) BIWK( ) SEMIMTH( ) MONTHLY( ) ACTUAL( )
Hr Rate: 5.15
CALCULATE Y/N (Y) Cal Monthly Income: _____
LETTER FROM EMPLOYER DATED 10/2/06 IN CASE RECORD

More
MESSAGE

13-bott
    
```

**CARE – Karen Nelson**

- The provider is Little Rascals located at 145 Harper St., Macon, GA
- Telephone number is 478-475-8202
- Pays \$10 per week on Fridays for Joey; verified by AR’s statement
- Lisa stays at a friend’s house after school at no charge
- Press PF9 to access REMA to enter documentation

INTERVIEW	DEPENDENT CARE EXPENSES - CARE		CARE 01
Month 11 06			01
Client Name	KAREN NELSON		Client ID XXXX00292
Provider	LITTLE RASCALS		Phone 478-475-8202
Address	145 HARPER ST	City MACON	ST GA Zip
			More providers
Del	Extra Dependent Expense	Day of Week Pd	FR Rsn EM
Depname	Und2	Freq Date Pd	Amt Date Pd Amt Date Pd Extra V
JOEY	Y	WK 10 01 06	10 CS
			More Dependents For This Provider
Message			
	15-lett		24-del

**ERN1, ERN2 AND CARE – Lisa and Joey Nelson**

- No earned income or child care costs

**UINC – Karen Nelson**

- Delete Joey’s child support income
- Press PF9 to access REMA to enter documentation
- Clearinghouse screens viewed; no discrepancies
- Removal of child support income
- Enter Y in the Delete field
- Press PF24 to confirm deletion

INTERVIEW		UNEARNED INCOME - UINC				UINC 01		
Month 11 06						01		
Client Name KAREN		NELSON		Client ID XXXX00024				
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	
CD	Y	MO						
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V
10 01 06	100.00	LE						
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 – Lisa Nelson**

- Does not have any unearned income

**UINC – Joey Nelson**

- Receives child support of \$100 per month on the first of each month
- Verified by statement from Lawrence Johnson dated 9/30/06
- Press PF9 to access REMA to enter documentation

INTERVIEW		UNEARNED INCOME - UINC				UINC 03	
Month 11 06						01	
Client Name JOEY		NELSON		Client ID XXXX00222			
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
CD		MO					
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount
10 01 06	100.00	LE					
Client Potentially Elig For Other Benefits?							
More?							
Appl Type	Stat	Date	Appl Type	Stat	Date		
Message							
15-lett		16-uvnc		23-alau		24-del	

**MISC A**

- Enter Y in Auto Reassign Override field
- Enter A in Next Review field

```

INTERVIEW          AU NON-FINANCIAL MISCELLANEOUS - MISC          MISC  A
Month 11 06                6991  10 05 06

HOH Name KAREN NELSON                      Client ID xxxx00024
AU ID XXXX00025      Prog MA

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          Delay QMB  RSM
Compl Mand Last Reasgn Remain          Rsn  Ovr  Elig
      Std  Type  Ovr  Amount
      Y

Sched Interview          QC Penalty End Date
Del      Unit Number 179602      Inquiry Date 10 05 06      Load ID
      Next Review A          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
    
```

**DONE**

- Press ENTER to commit to the database

```

INTERVIEW          SESSION SUMMARY - DONE          DONE
Month 11 06                01

AU ID  Prog  Med COA  Elig  - Status -  - Benefit --  Outstanding
Req  Code Cfirm  Amt  Cfirm Verifications
XXXX00025 MA      F01  N    P

Message 0428
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr
    
```

## PROCESS

### AMEN

- Select P to begin processing
- Press ENTER

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection P		
AU ID <b>XXXX00025</b>	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 0019 0019 UPDATE COMPLETED SUCCESSFULLY		

**APP1**

- Enter Y in Select field for 10/06
- Press ENTER

```

UPDATE                                PROCESS APPL MONTHS - APP1                                APP1
                                                                01

AU ID xxxx00025   Prog MA
HOH Name KAREN NELSON                                Client ID xxxx00024

      Sel  Bnft  Status  Med COA      Disposition Status
      Month
      Y    10 06   P      F01      FINAL EDITS NEEDED
      11 06   P      F01      WAITING FINALIZATION

Message
0021 CANCELLATION COMPLETED SUCCESSFULLY
13-amen
    
```

**ADDR**

- Fastpath to DONE

```

INTERVIEW                                HOUSEHOLD ADDRESSES - ADDR                                DONE
Month 11 06                                9991 10 02 06

CO 044 LO 049 Load ID 1736 Client ID 736000024 RES CO 044
HOH F Name KAREN MI L Name NELSON Suf

Auth Prim Voter Visually Hearing Public Hsng/ Serial Census
Rep Lang Reg Impaired Impaired Rent Subsidy Number Tract
N E N N N Z

Residential Address
Address Line 1
Street Number Dir Name Type City Dir Apt
578 CHARTER BLVD
City MACON ST GA Zip 31210 4858 Phone 478 458 1187

Mailing Address Del
Address Line 1
Street Number Dir Name Type City Dir Apt
SAME
City ST Zip
Previous Addresses in last 2 years N
Message 0013 2132 2133
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett 21-narr 23-alau 24-del
    
```

**DONE**

- Press ENTER to commit

**APP1**

- Press PF13 to return to AMEN

UPDATE	PROCESS APPL MONTHS - APP1	APP1			
		01			
AU ID XXXX00025	Prog MA				
HOH Name KAREN NELSON	Client ID xxxx00292				
Sel	Bnft	Status	Med COA	Disposition	Status
	Month				
	10 06	P	F01	FINAL EDITS NEEDED	
	11 06	P	F01	WAITING FINALIZATION	
Message					
0021 CANCELLATION COMPLETED SUCCESSFULLY					
13-amen					

**Georgia Department of Human Resources  
TANF BUDGET SHEET**

Name of Grantee Relative <b>Karen Nelson</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>XXXX00025</b>	Effective Month <b>10/06</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	<b>\$ 557.91</b>
Total Nonexempt Resources \$ <u>35</u>		Less \$90	<b>\$ 467.91</b>
Resource Limit \$ <u>1,000</u>		Less Child Care	<b>\$ 424.58</b>
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income	<b>\$ 474.58</b>
<b>B. Income Ceiling Test</b>		Plus Deemed Income	\$ _____
Gross Income \$ <u>607.91</u> (Plus deemed, less allocated income)		Less Allocation	\$ _____
Gross Income Ceiling \$ <u>784</u>		Total	<b>\$ 475</b>
Surplus/Deficit \$ _____		SON	<b>\$ 424</b>
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<del>Surplus/Deficit</del> <b>Need</b>	\$ _____
		Eligible for \$30 + 1/3?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Eligibility/Payment Budget</b>			<b>424</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income		<b>557.91</b>	
<b>Total Earned Income</b>		<b>557.91</b>	<b>Subtotals</b>
3. Less \$90		<b>-90</b>	<b>467.91</b>
4. Less \$30		<b>-30</b>	<b>437.91</b>
5. Less 1/3		<b>145.97</b>	<b>291.94</b>
6. Less Child Care		<b>43.33</b>	<b>248.61</b>
7. Net Earned Income			<b>248.61</b>
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)		<b>50.00</b>	<b>298.61</b>
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			<b>298.61</b>
13. Surplus/Deficit (SON less line 12)			<b>299</b>
14. Family Maximum		<b>LIM Eligible</b>	

# FINALIZE

## AMEN

- Select Q to finalize
- Press ENTER

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                               Selection Q
                               AU ID XXXX00025      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 0019  
0019 UPDATE COMPLETED SUCCESSFULLY

## APP2

- Press ENTER

```
UPDATE                                FINALIZE APPLICATION - APP2                                APP2
                                                                    01

AU ID XXXX00025   Prog MA
HOH Name KAREN NELSON                                Client ID XXXX00292

Finalize
Sel  Bnft  Status  Prog  Med COA  Disposition Status
    Month
    Y   10 06   P    MA    F01     WAITING FINALIZATION
    11 06   P    MA    F01     WAITING FINALIZATION

Message
```

**ELIG 10/06**

- If correct, enter Y to confirm

FINALIZE										NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										ELIG		A
Month 10 06																				01		
AU ID XXXX00025					Prog MA					Prog Type F					Med COA F01							
Confirm Y																						
AU		AU Status			AU Stat			Appl		Begin		Pd Thru		---Penalty---								
Stat		Reasons			Date			Date		Date		Date		Type		End Date						
A					100506			100206		100106												
-----																						
First		Last		Rel V		Mand		Finl		--Stat--		Rsn		Appl		Begin		Pd Thru		Penalty		
Name		Name				Incl		Resp		Date				Date		Date		Date		T Date		
KAREN		NEL		SE OT		Y		RE		A		100506		100206		100106						
LISA		NEL		CH OT		Y		RE		A		100506		100206		100106						
JOEY		NEL		CH OT		Y		RE		A		100506		100206		100106						
-----																						
Message																						

**CAFI 10/06**

- If correct, enter Y to confirm

FINALIZE										CASH/MA FINANCIAL ELIGIBILITY - CAFI										CAFI		A	
Month 10 06																							
AU ID XXXX00025					Prog MA					Prog Type F					Med COA F01								
Net Income Test (cont)																							
Resources										Standard - 30 1/3										265.97			
Resource Limit					1000.00					Dependent Care					43.33								
Total Resources					35.00					Net Earned Income					248.61								
Gross Income Test										Net Unearned Income										50.00			
Gross Income Limit					784.40					Deemed Income					.00								
Gross Earned Income					557.91					Allocated Income					.00								
Net Unearned Income					50.00					Net Income					299.00								
Deemed Income					.00					Grant Amount					.00								
Allocated Income					.00					Recoupment Amount					.00								
Total Gross Income					607.91					Benefit Amount					.00								
Net Income Test										Previous Benefit										.00			
Net Income Limit					424.00					Spendedown Amount													
Gross Earned Income					557.91					Medical Expense Amt													
Self Employ Work Exp					.00					Net Spendedown Amt													
Bnft Eff Date 100506										Bnft Confirm Y										Reasons		Budgeting Method P	
Notice Type 0003										Waive Timely Ntc Period												Notice Override	
Review Begin Date 10 06										Review End Date 04 07												Strat 1	
Message																							
13-note																							

ELIG 11/06

- If correct, enter Y to confirm

FINALIZE										NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										ELIG		A
Month 11 06																				01		
AU ID		XXXX00025			Prog MA		Prog Type F			Med COA F01												
Confirm Y																						
AU		AU Status			AU Stat		Appl		Begin		Pd Thru		---Penalty---									
Stat		Reasons			Date		Date		Date		Date		Type		End Date							
A					100506		100206		100106													
-----																						
First		Last		Rel	V	Mand	Finl	--Stat--		Rsn	Appl	Begin	Pd	Thru	Penalty							
Name		Name				Incl	Resp	Date			Date	Date	Date	Date	T	Date						
KAREN		NEL		SE	OT	Y	RE	A		100506	100206	100106										
LISA		NEL		CH	OT	Y	RE	A		100506	100206	100106										
JOEY		NEL		CH	OT	Y	RE	A		100506	100206	100106										
-----																						
Message																						

CAFI 11/06

- If correct, enter Y to confirm

Month 11 06																		
AU ID		XXXX00025			Prog MA		Prog Type F			Med COA F01								
Net Income Test (cont)																		
Resources																		
Resource Limit					1000.00		Standard - 30 1/3				264.97							
Total Resources					35.00		Dependent Care				43.33							
Gross Income Test																		
Gross Income Limit					784.40		Net Earned Income				248.61							
Gross Earned Income					557.91		Net Unearned Income				50.00							
Net Unearned Income					50.00		Deemed Income				.00							
Deemed Income					.00		Allocated Income				.00							
Allocated Income					.00		Net Income				299.00							
Total Gross Income					607.91		Grant Amount				.00							
Net Income Test																		
Net Income Limit					424.00		Recoupment Amount				.00							
Gross Earned Income					557.91		Benefit Amount				.00							
Self Employ Work Exp					.00		Previous Benefit				.00							
Bnft Eff Date		100506			Bnft		Confirm Y		Reasons				Budgeting Method P					
Notice Type 0003																		
Review Begin Date 10 06																		
Review End Date 04 07																		
Strat 1																		
Message																		
13-note																		

APP2

- Enter Y to finalize

UPDATE	FINALIZE APPLICATION - APP2					APP2
						01
AU ID XXXX00025	Prog MA		Client ID XXXX00292			
HOH Name KAREN NELSON						
Finalize Y						
Sel	Bnft	Status	Prog	Med COA	Disposition Status	
	Month					
	10 06	P	MA	F01	FINALIZED BY WORKER	
	11 06	P	MA	F01	FINALIZED BY WORKER	
Message						

**Congratulations you have completed a LIM application!**



## LIM APPLICATION – ANTONIO KLEIN INDEPENDENT STUDY

**Background** – Antonio Klein is married to Tisha Klein and they have two children, Karmen and Charles. He has applied for LIM via Form 94. He stopped by the office on 10/2/06 to drop off his Medicaid application at the front desk. Clerical support staff made copies of his family's birth certificates and his driver's license. They also provided him with a Declaration of Citizenship form. Mr. Klein has signed the form attesting to the identity of his children. The form was received in the county office on 10/2/06, registered on 10/2/06, and assigned to your caseload today for completion.

You contact Mr. Klein by telephone to clarify the information provided on his application.

The LIM AU ID # is **XXXX00197**.

- Review the Form 94 prior to beginning the eligibility determination.
- Complete the interview, process the application months, and finalize the case using the data that follows.
- Request assistance from the trainer if needed.

## INTERVIEW

### AMEN

- Select O to begin the interview process
- Press ENTER

### ADDR

- Information from Registration is pre-populated
- Residential County Code is 044
- Access NARR to enter documentation

### STAT

- Relationship is verified by AR's statement
- All persons are mandatory to be included in the case
- All persons are applicants
- Access ADT to enter documentation

### DEM1 – Antonio Klein

- Married
- Lives at home
- Does not receive SSI

**DEM2 – Antonio Klein**

- U.S. Citizen; verified by birth certificate
- Agrees to cooperate with TPL requirements
- Access ADT to enter documentation
- DMA-285 form mailed for signature
- Identity verified by GA Driver's License
- Declaration of Citizenship form dated 10/2/06 in case record

**DEM1 – Tisha Klein**

- Married
- Lives at home
- Does not receive SSI
- Due date of pregnancy is 2/25/07; verified by AR's statement
- Expecting one child; verified by AR's statement

**DEM2 – Tisha Klein**

- U.S. Citizen; verified by birth certificate
- Agrees to cooperate with TPL requirements
- Access ADT to enter documentation
- Identity is verified by GA Driver's License

**DEM1 – Karmen Klein**

- Lives at home
- Does not receive SSI
- Deprived due to financial need for Medicaid only

**DEM2 – Karmen Klein**

- U.S. Citizen; verified by birth certificate
- Health Check referral made on 10/5/06
- Access ADT to enter documentation
- Identity verified by Declaration of Citizenship form

**DEM1 – Charles Klein**

- Lives at home
- Does not receive SSI
- Deprived due to financial need for Medicaid only

**DEM2 – Charles Klein**

- U.S. Citizen; verified by birth certificate
- Health Check referral made on 10/5/06
- Access ADT to enter documentation
- Identity verified by Declaration of Citizenship form

**RES1 – Antonio Klein**

- Cash of \$55.00; verified by AR's statement
- Checking Account with a balance of \$194.00; verified by AR's statement
- Savings Account with a balance of \$256.00; verified by AR's statement
- Both accounts are held at Wachovia

**RES2 – Antonio Klein**

- Owns a 2001 Honda Accord used for employment
- Vehicle is valued at \$2600; verified by NADA
- Nothing is owed on the vehicle

**RES3 – Antonio Klein**

- No data to enter

**TRAN**

- No data to enter

**RES1, RES2, RES3 and TRAN – Tisha, Karmen and Charles Klein**

- No liquid or non-liquid resources

**ERN1 – Antonio Klein**

- Employed by Home Depot located at 233 Home Depot Lane, Forsyth, GA 31209
- Phone number is 478-555-1254
- Began on 11/1/05; received first pay on 11/19/05
- Enter N in LIM SON Override field
- \$30 + 1/3 counter is 1
- Access ADT to enter documentation
- \$30 + 1/3 months are 10/06 – 9/07
- Clearinghouse screens viewed; no discrepancies noted

**ERN2 – Antonio Klein**

- Works an average of 30 hours per week
- Paid weekly on Thursdays
- Enter representative amount; verified by check stubs attached to application
- Access ADT to enter documentation

**CARE – Antonio Klein**

- Does not incur a childcare expense
- Wife takes care of the children
- Access REMA to enter documentation

**ERN1 – Tisha Klein**

- Not employed
- Access ADT to enter documentation
- Clearinghouse screens viewed; no discrepancies noted

**ERN2 – Tisha Klein**

- No data to enter

**CARE – Tisha Klein**

- No data to enter

**ERN1, ERN2 and CARE – Karmen and Charles Klein**

- No data to enter

**UINC – Antonio, Tisha, Karmen and Charles Klein**

- AU has no unearned income
- Access REMA to enter documentation
- Clearinghouse screens viewed; no discrepancies noted

**MISC A**

- Override Auto Reassign
- Next Review is an alternate

**DONE**

- Press ENTER to commit to the database

## PROCESS

### AMEN

- Select P

### APP1

- Select 10/06

### ADDR

- Fastpath to DONE

### DONE

- Press ENTER to commit to the database

### APP1

- Press PF13 to return back to AMEN

**Georgia Department of Human Resources  
TANF BUDGET SHEET**

Name of Grantee Relative	Number in AU	Action Taken: <input type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number	Effective Month	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b> Total Nonexempt Resources \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gross Wages \$ _____ Less \$90 \$ _____ Less Child Care \$ _____ Plus Unearned Income \$ _____ Plus Deemed Income \$ _____ Less Allocation \$ _____ Total \$ _____ SON \$ _____ Surplus/Deficit \$ _____ Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B. Income Ceiling Test</b> Gross Income \$ _____ (Plus deemed, less allocated income) Gross Income Ceiling \$ _____ Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>D. Eligibility/Payment Budget</b>			
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum			

## **FINALIZE**

### **AMEN**

- Select Q

### **APP2**

- Press ENTER

### **ELIG 10/06**

- If correct, enter Y to confirm

### **CAFI 10/06**

- If correct, enter Y to confirm

### **ELIG 11/06**

- If correct, enter Y to confirm

### **CAFI 11/06**

- If correct, enter Y to confirm

### **APP2**

- Enter Y to finalize the case

**Congratulations you have completed another LIM  
application!**



# Assistance Units

- Pregnant women
- Children under 19

**SUCCESS Financial Responsibility Code - PN**

# Budget Groups

**MUST be Included:**

- Unborn child of a pregnant woman in the AU
- Spouse of a pregnant woman in the AU
- Parents, including aliens, of a child in the BG

**MAY be Included:**

- Minor siblings or half siblings of an RSM child unless voluntarily excluded
- Other children related to an adult in the BG
- One non-parent adult relative who is caretaker and no parent is in the home
- LIM recipient
- Newborn recipient
- Adult who fails to cooperate with CSS/TPR
- Anyone failing to meet citizenship/alien requirements (except EMA)
- Anyone failing to meet enumeration (except EMA)

**SUCCESS Financial Responsibility Code - RP**

**NEVER INCLUDE:**

- SSI recipients
- Parents of a pregnant minor treated as an adult
- Boyfriend of a pregnant woman if not the father of a mutual child
- Non-related caretaker
- Pure stepparent
- Voluntarily excluded siblings/half-siblings
- Parents and their children if the parent fails to apply for the parent's potential other benefits
- Children for whom potential other benefits were not applied

**SUCCESS Financial Responsibility Code – NM**

## RSM APPLICATION – JUDY COLLINS WALK THROUGH

**Background** – The AU consists of Judy Collins and her two year old son, Kyle. Ms. Collins is pregnant and does not have health insurance available where she works. She has also requested prior months Medicaid. Ms. Collins applies for Medicaid for herself and her son. The applications have been registered.

Her P01 AU ID # is **XXXX00186**.

Her F22 AU ID # is **XXXX00187**.

Review her Form 94 prior to beginning your eligibility determination.

While in your office on October 2<sup>nd</sup>, Ms. Collins signs all required forms including the Declaration of Citizenship and provides all verification.

Process her applications while she is in your office on October 2<sup>nd</sup>.

## INTERVIEW

### AMEN

- Select O to begin the interview process
- Enter her F22 AU ID #

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection O		
AU ID <b>XXXX00187</b>	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		

**ADDR**

- Information from Registration is pre-populated
- Residential County Code is 044
- Delete extra digit in zip code field
- Access NARR to enter documentation

```

INTERVIEW                               HOUSEHOLD ADDRESSES - ADDR                               ADDR 01
Month 11 06                               0002  10 02 06

CO 044 LO 049 Load ID 1020 Client ID 02000XXXX RES CO 044
HOH F Name JUDY                               MI      L Name COLLINS                               Suf

Auth Prim Voter Visually Hearing Public Hsng/ Serial Census
Rep Lang Reg Impaired Impaired Rent Subsidy Number Tract
N E N N N N Z
Residential Address
Address Line 1                               Line 2
Street Number Dir Name Type City Dir Apt
105 ABERCORN ST                               ST                               City Dir Apt
City SAVANNAH ST GA Zip 31401 0 Phone 912 555 9898

Mailing Address Del
Address Line 1                               Line 2
Street Number Dir Name Type City Dir Apt
SAME                               ST                               City Dir Apt
City                               ST                               Zip
Previous Addresses in last 2 years N

Message 2132 2133
2132 CORRECT STREET NUMBER OR EMTER RES CO FIELD
15-lett                               21-narr 23-alau 24-del

```

**STAT A – F22**

- Relationship is verified by AR’s statement
- All individuals are mandatory to be included
- Enter RP in the Financial Responsibility field for Ms. Collins as she is a BG member
- Enter PN in the Financial Responsibility field for Kyle as he is an AU member
- Access ADT to enter documentation
- There are no other household members

INTERVIEW		ASSISTANCE STATUS - STAT				STAT		A					
Month 11 06		0002 10 02 06				01							
AU ID	XXXX00187	Prog	MA	Prog	Type P	Prev	ABD	Type	Med	COA	F22	Claim	N
CO	044	LO	049	Load	ID 1020	Conversion	Date						
AU	AU Status	AU	Stat	Appl	Begin	Pd	Thru	---Penalty---		Appeal			
Stat	Reasons	Date		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			Incl	Resp	Date		Date	Date	Date	Date	T	Date
JUDY	COL	SE	OT	Y	RP	P 100206		100206					
KYLE	COL	CH	OT	Y	PN	P 100206		100206					
Message													
		20-rmen		22-alau(arch)				23-alau(curr)					

**STAT B – P01**

- Relationship is verified by AR's statement
- All individuals are mandatory to be included
- Enter PN in the Financial Responsibility field for Ms. Collins as she is an AU member
- Enter RP in the Financial Responsibility field for Kyle as he is a BG member
- Access ADT to enter documentation
- There are no other household members

INTERVIEW		ASSISTANCE STATUS - STAT				STAT		A		
Month 11 06		0002 10 02 06				01				
AU ID XXXX00186		Prog MA	Prog Type P	Prev ABD Type	Med COA P01	Claim N				
CO 044	LO 049	Load ID 1020	Conversion Date							
AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty---	Appeal Ind			
P		100206	100206			Type End Date				
-----										
First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
JUDY	COL	SE OT	Y	PN	P 100206		100206			
KYLE	COL	CH OT	Y	RP	P 100206		100206			
Message										
			20-rmen	22-alau(arch)	23-alau(curr)					

**DEM1 – Judy Collins**

- Legally separated from her husband
- Lives at home
- Does not receive SSI
- EDD is 3/12/07; verified by her doctor
- Expecting one child; verified by her doctor
- Access REMA to enter documentation

INTERVIEW Month 11 06	CLIENT DEMOGRAPHIC 1 - DEM1 0002 10 02 06	DEM1 01
Client Name JUDY	COLLINS	Suf Client ID 02000XXXX
Alt SSA/SSN SSN Appl SSN1 V More DOB V Sex Race Eth Name Appl For Date	114 11 XXXX CS	(MM DD YYYY) 05 28 1980 CS F 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 S AH	
Concurr SSI Depriv V Prenatal Care ----- Pregnant ----- FTC Out of St Recip Ind Good Cse Term/Due Term/Due V Num V Code CA FS MA Code Date Exp	N N N N	D 03 12 07 DO 1 DO
Message		

**DEM2 – Judy Collins**

- U.S. Citizen; verified by birth certificate
- Agrees to cooperate with TPL requirements
- Access ADT to enter documentation
- Identity verified by GA driver’s license

**DEM1 – Kyle Collins**

- Lives at home
- Does not receive SSI

INTERVIEW Month 11 06	CLIENT DEMOGRAPHIC 1 - DEM1 0002 10 02 06	DEM1 02
Client Name KYLE	COLLINS	Suf Client ID 02000XXXX
Alt SSA/SSN SSN Appl Name Appl For Date	SSN1 V More 114 12 XXXX CS	DOB V Sex Race Eth (MM DD YYYY) 12 31 2004 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 N AH		
Concurr SSI Depriv V Prenatal Care ----- Pregnant ----- FTC Out of St Recip Ind Good Cse Term/Due Term/Due V Num V Code CA FS MA Code Date Exp		
N N N N		

**DEM2 – Kyle Collins**

- U.S. Citizen; verified by birth certificate\*
- Identity verified by Declaration of Citizenship
- Health Check referral made on 10/5/06
- Access ADT to enter documentation

```
INTERVIEW                      CLIENT DEMOGRAPHIC 2 - DEM2                      DEM2 02
Month 11 06                      0002  10 02 06

Client Name KYLE                      COLLINS                      Client ID 02000XXXX

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                      Y  10 05 06

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  TANF Cap Parent  ----- TANF Cap Child ----
SSI/FS Stat  Serv Num  Date  Ctr  End Date  Parnt ID Rcv Mo Cncpt GCse

Non-Custodial Parent?  V

Message 0013
```

Please note that though resources are not counted in RSM, it is good case management to document information provided by the AU.

**RES1 – Judy Collins**

- Checking account at Moneybags Memorial with a balance of \$15

**RES2 – Judy Collins**

- Owns a 1997 Chevrolet Camaro valued at \$1500; verified by NADA
- Used for employment
- Owes \$700; verified by her statement

\*Note: The code for verification of Citizenship in the production region is GM.

### **ERN1 – Judy Collins**

- Employed as an LPN by Azalealand Nursing Home located at 2040 Colonial Drive, Savannah, GA 31406
- Phone number is 912-555-2752
- Began employment on 8/27/06; received first pay on 9/4/06
- Access ADT to enter documentation
- Clearinghouse screens viewed; no discrepancies noted

### **ERN2 – Judy Collins**

- Earned income fluctuates each pay period
- Press PF16 to access EVNC

### **EVNC – Judy Collins**

- Works an average of 33 hours per pay period
- Paid weekly on Fridays
- Enter all earned income; verified by check stubs
- Check dated 9/25/06 is not representative
- Ms. Collins missed work the week of 9/25/06 because Kyle was sick

INTERVIEW		EARNED VARIABLE INCOME CALCULATION - EVNC				EVNC 01
Month 11 06						
Client Name JUDY		COLLINS		Client ID XXXX00276		
Del	Avg Hours 33	Freq WK	Day Week Pd	FR	Extra Pay	
PP	End Date	Pd/Rcvd Date	Amount	V	Repres	
	MM DD YY					
	08 30 06	09 04 06	193.05	CH	Y	
	09 06 06	09 11 06	198.90	CH	Y	
	09 13 06	09 18 06	198.90	CH	Y	
	09 20 06	09 25 06	99.45	CH	N	
Message						
24-del						

**ERN2 – Judy Collins**

- Ensure data is correct
- Access EVNC ADT to enter documentation
- Check dated 9/25 was not representative because Kyle was sick

CHANGE		EARNED INCOME 2 - ERN2				ERN2 01			
Month 11 06									
Client Name JUDY		COLLINS		Client ID XXXX00276					
Employer AZALEALAND NURSING HOME INC.									
	Avg Hrs 033	Freq WK	Day Week Pd	FR	Extra Pay				
Del									
Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
196.95	VN								
----- Work Expenses -----									
Type	Amount	Freq	V	Type	Amount	Freq	V		
More Jobs									
Message									
15-lett			16-evnc			23-alau		24-del	

**CARE – Judy Collins**

- Childcare is provided by Ms. Collins's mother, Stacey Hall
- Ms. Hall does not charge Ms. Collins for taking care of Kyle
- Her phone number is 912-555-5412
- Access REMA to enter documentation

**MISC A – F22**

- Next review is an alternate

**MISC B – P01**

- No data to enter

**DONE**

- Commit to the database

## PROCESS

**Background** – Ms. Collins provided all verification during the interview process. Therefore, there are no changes to be made during the P process.

### AMEN

- Select P

### APP1

- Select benefit month 10/06

### ADDR

- Fastpath to DONE

### DONE

- Commit to the database

### APP1

- Return to AMEN

## **FINALIZE P01**

### **AMEN**

- Select Q
- Enter P01 AU ID #

### **APP2**

- Press ENTER

### **ELIG – 10/06**

- If correct, confirm the data

### **CAFI – 10/06**

- If correct, confirm the data

### **ELIG – 11/06**

- If correct, confirm the data

### **CAFI – 11/06**

- If correct, confirm the data

### **APP2**

- Finalize the P01 application

## FINALIZE F22

### AMEN

- Select Q
- Enter the F22 AU ID #

### APP2

- Press ENTER

### ELIG – 10/06

- If correct, confirm the data

### CAFI – 10/06

- If correct, confirm the data

### ELIG – 11/06

- If correct, confirm the data

### CAFI – 11/06

- If correct, confirm the data

### APP2

- Finalize the F22 application

---

## EMA APPLICATION – INID KRUSCHEV WALK THROUGH

**Background** – Ms. Inid Krushev is pregnant and applies for Medicaid. Her Form 94 and Form 526 were received in the county office on 10/2/06. Attached to her application is a doctor's statement verifying her pregnancy. According to the statement, she is expecting one child on 5/9/07. Her application was screened and registered upon receipt.

You contact Ms. Krushev by phone to clarify the information provided on her forms. During your conversation with Ms. Krushev, you discover that she speaks limited English. Therefore, you contact your Limited English Proficiency and Sensory Impairment Coordinator to provide a translator for your interview with Ms. Krushev. Ms. Krushev's primary language is Russian.

Her P01 AU ID # is **XXXX00192**.

- Review Ms. Krushev's forms before beginning her eligibility determination.
- Begin the interview process and stop at the DEM2 screen.
- The trainer will walk through the new material.

## STEP ONE – INTERVIEW

### AMEN

- Select O

### ADDR

- Primary language is Russian
- Access NARR to enter documentation

### STAT

- Ms. Kruschev is an applicant
- Resides with her mother, Greita Kruschev
- Access ADT to enter documentation

### DEM1 – Inid Kruschev

- Enter G in SSA/SSN Appl For field
- Never married
- Lives at home
- Does not receive SSI
- Enter pregnancy data
- Access REMA to enter documentation

**DEM2 – Inid Krushev**

- Undocumented alien; verified by AR's statement
- Agrees to cooperate with TPL
- Access ADT to enter documentation

**ALAS**

- Country of Origin is Russia

INTERVIEW	ALIENS AND STUDENTS - ALAS	ALAS 01						
Month 11 06	0002 10 02 06							
Client Name INID	KRUSCHEV	Client ID XXXXXXXXX						
	Permanent							
Citiz	Elig V	Doc Spons	Country	Entry Date	INS	--	Emergency Med	---
Stat	Type	Alien	of Origin	(MM YYYY)	Number	Ind	Beg Dt	End Dt
U			RU					
INS Auth To Work	Refugee Resettlement Agency							
Student Educ	School Name	Dep Care	Grad Date	Meals	20 Hr/Wk			
Status Level		Respon	(MM YY)	Provided	Work Rqmt			
School Attend Cd								
Message 0013	2123							
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"								
15-lett								

**RES1 – DONE**

- Refer to Form 94

## STEP TWO – PROCESS

### AMEN

- Select P

### APP1

- Select 10/06

### ADDR

- Fastpath to ALAS

### ALAS

- Refer to Form 526
- Enter Y in Emergency Medical Indicator
- Enter Emergency Medical Begin and End Dates
- Access REMA to enter documentation
- Fastpath to DONE

CHANGE	ALIENS AND STUDENTS - ALAS		ALAS 01					
Month 10 06	6991	10 05 06						
Client Name INID	KRUSCHEV	Client ID	XXXXXXXXXX					
		Permanent						
Citiz	Elig V	Doc Spons	Country	Entry Date	INS	--	Emergency Med	---
Stat	Type	Alien	of Origin	(MM YYYY)	Number	Ind	Beg Dt	End Dt
U			RU			Y	10 01 06	10 02 06
INS Auth To Work	Refugee Resettlement Agency							
Student Educ	School Name	Dep Care	Grad Date	Meals	20 Hr/Wk			
Status Level		Respon	(MM YY)	Provided	Work Rqmt			
School Attend Cd								
Message								
	15-lett							

**DONE**

- Commit to the database

**APP1**

- Return to AMEN

## STEP THREE – FINALIZE

### AMEN

- Select Q

### APP2

- Press ENTER

### ELIG – 10/06

- If correct, confirm the data

### CAFI – 10/06

- If correct, confirm the data

### ELIG – 11/06

- If correct, confirm the data

### CAFI – 11/06

- If correct, confirm the data

### APP2

- Finalize the application

**Congratulations!**  
**You have just completed an EMA application.**



## EMA APPLICATION – ELAINE D’AGOSTINO INDEPENDENT STUDY

**Background** – Ms. Elaine D’Agostino is pregnant and applies for Medicaid. Her Form 94 and Form 526 were received in the county on 10/2/06. Attached to her application is a doctor’s statement verifying her pregnancy. The doctor’s statement confirms she is pregnant with one child and her EDD is 1/12/07. Her application was screened and registered upon receipt.

Her AU ID # is **XXXX00193**.

A telephone call to Ms. D’Agostino confirms that she is not married, lives alone and does not have any income or any resources. She states she does not have any TPL, but agrees to cooperate with TPL. Ms. D’Agostino is an undocumented alien from Mexico. Though she is bilingual, she would like to receive her notices in Spanish.

- Review Ms. D’Agostino’s forms before beginning her eligibility determination.
- During the interview process, correct her ethnicity code by pressing PF16 to access CRS and update the demographic data.
- Process and finalize her application.

**Georgia Department of Human Resources  
Division of Family and Children Services**



**FAMILY MEDICAID  
SUCCESS TRAINING**

**PRIOR MONTHS MEDICAID**

## **Objectives for Prior Months Medicaid**

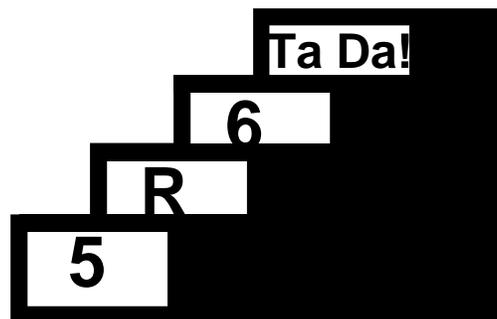
By the end of this session, you will be able to:

- complete a LIM Prior Months application in SUCCESS
- complete RSM Prior Months applications in SUCCESS
- complete a combination initial application and prior months application in SUCCESS
- enter appropriate documentation

## PRIOR MONTHS – ANTONIO KLEIN WALK THROUGH

**Background** – Mr. Klein indicated on his Medicaid application that his family incurred medical expenses prior to his application for Medicaid coverage. Review the Form 94 to determine for which prior months coverage is requested and available.

Mr. Klein states during your telephone conversation that his family had no resources during this time because he didn't open his accounts or purchase his car until 10/06. The only income the family had was from his job at Home Depot. Mr. Klein attached his check stubs to the application.



## STEP ONE - 5

### AMEN

- Select 5 to copy information to prior month(s)
- Enter Mr. Klein's AU ID #

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                               Selection 5
                               AU ID XXXX00197      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 0019  
0019 UPDATE COMPLETED SUCCESSFULLY

### PMCO

- Enter Y in Apply field next to appropriate month(s)
- Press ENTER

```
UPDATE                                PRIOR MEDICAID COPY - PMCO                                PMCO
                               5991  10 05 06
HOH Name ANTONIO                KLEIN                      Client ID xxxx00292
                               AU ID XXXX00197      Appl Date 10 02 06

                               Apply      Benefit      AU      Med
                               Month       Month       Stat     COA

                               07 06
                               Y         08 06
                               Y         09 06
```

Message 0963  
0963 PLEASE SELECT RETRO MONTH(S) FOR DATA COPY

## STEP TWO - R

### AMEN

- Select R to update information
- Enter 08/06 in Benefit Month field
- Press ENTER

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                               Selection R
                               AU ID XXXX00197                       Client ID
                               Screen ID                               As Of Date
Benefit Month (MM YY) 08 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
```

### ADDR

- Access NARR to document
- Prior month coverage is available for 8/06 and 9/06 only
- Fastpath to RES1 for Antonio Klein

**RES1 – Antonio Klein**

- Delete all resources from the database
- Enter Y in the Del fields
- Access REMA to enter documentation
- Press PF24 to confirm deletion

**RES2 – Antonio Klein**

- Delete the vehicle from the database
- Enter Y in the Del field
- Access REMA to enter documentation
- Fastpath to ERN1 for Mr. Klein
- Press PF24 to confirm deletion

**ERN1 – Antonio Klein**

- Press PF9 to update documentation
- \$30 + 1/3 months are 8/06 – 7/07

**ERN2 – Antonio Klein**

- Change frequency code to Actual
- Enter actual income earned in 8/06
- Press PF9 to update documentation
- Fastpath to DONE

```
CHANGE                                EARNED INCOME 2 - ERN2                ERN2 01
Month 08 06                            01

Client Name ANTONIO    KLEIN                Client ID XXXX00292
Employer Name HOME DEPOT

                Avg Hrs 30    Freq AC    Day Week Pd TH    Extra Pay

Del

  Amt 1    V    Amt 2    V    Amt 3    V    Amt 4    V    Extra    V
  180.00   CH   180.00   CH   180.00   CH   180.00   CH
-----
                Type Amount    Freq V                Type Amount    Freq V
                15-lett                16-evnc                23-alau    24-del

More Jobs

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

**DONE**

- Press ENTER to commit to the database

**AMEN**

- Select R to update information
- Enter 09/06 in Benefit Month field
- Press ENTER

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                                                                    Selection R
AU ID XXXX00197                                                    Client ID
Screen ID                                                            As Of Date
Benefit Month (MM YY) 09 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
```

**ADDR**

- Fastpath to RES1 for Antonio Klein

**RES1 – Antonio Klein**

- Delete all resources from the database
- Enter Y in the Del fields
- Press PF24 to confirm deletion



## STEP THREE - 6

### AMEN

- Select 6 to finalize
- Press ENTER

```
ASSISTANCE UNIT/CLIENT SUBMENU - AMEN                                AMEN
                               Selection 6
      AU ID XXXX00197          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 0019
0019 UPDATE COMPLETED SUCCESSFULLY
```

### FPME

- Press ENTER

```
UPDATE                        FINALIZE PRIOR MEDICAID - FPME                                FPME

HOH Name ANTONIO             KLEIN                                Client ID xxxx00292
AU ID XXXX00197

Finalize

Bnft      Status      Med      Spnddown      Disposition Status
Month     Status      COA      Amount

07 06
08 06      P      F01      WAITING FINALIZATION
09 06      P      F01      WAITING FINALIZATION

Message
```

**ELIG 08/06**

- If correct, enter Y to confirm

FINALIZE										
NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										
Month 08 06										
ELIG A										
01										
AU ID XXXX00197		Prog MA		Prog Type F		Med COA F01				
Confirm Y										
AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty---				
A		100506	100206	080106	083106					
-----										
First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ANTONI	KLE	SE OT	Y	RE	A 100506		100206	080106	083106	
TISHA	KLE	SP OT	Y	RE	A 100506		100206	080106	083106	
KARMEN	KLE	CH OT	Y	RE	A 100506		100206	080106	083106	
CHARLE	KLE	CH OT	Y	RE	A 100506		100206	080106	083106	
Message										

**CAFI 08/06**

- If correct, enter Y to confirm

FINALIZE									
CASH/MA FINANCIAL ELIGIBILITY - CAFI									
Month 08 06									
CAFI A									
AU ID XXXX00197		Prog MA		Prog Type F		Med COA F01			
Net Income Test (cont)									
Resources				Standard - 30 1/3		320.00			
Resource Limit		1000.00		Dependent Care		.00			
Total Resources		.00		Net Earned Income		400.00			
Gross Income Test				Net Unearned Income		.00			
Gross Income Limit		925.00		Deemed Income		.00			
Gross Earned Income		720.00		Allocated Income		.00			
Net Unearned Income		.00		Net Income		400.00			
Deemed Income		.00		Grant Amount		.00			
Allocated Income		.00		Recoupment Amount		.00			
Total Gross Income		720.00		Benefit Amount		.00			
Net Income Test				Previous Benefit		.00			
Net Income Limit		500.00		Spenddown Amount					
Gross Earned Income		720.00		Medical Expense Amt					
Self Employ Work Exp		.00		Net Spenddown Amt					
Bnft Eff Date 100506		Bnft Confirm Y		Reasons		Budgeting Method P			
Notice Type 0003		Waive Timely Ntc Period				Notice Override			
Review Begin Date 10 06		Review End Date 04 07				Strat 1			
Message									
13-note									

**ELIG 09/06**

- If correct, enter Y to confirm

```

FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 09 06                                           01

AU ID XXXX00197   Prog MA   Prog Type F   Med COA F01
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat   Reasons     Date      Date   Date    Date     Type  End Date
  A                                     100506  100206  090106  093006

-----
First Last Rel V Mand Finl --Stat-- Rsn   Appl   Begin Pd Thru Penalty
Name  Name      V      Incl Finl  Date   Date   Date   Date   Date   T  Date
ANTONI KLE SE OT  Y   RE   A 100506  100206  090106  093006
TISHA KLE SP OT  Y   RE   A 100506  100206  090106  093006
KARMEN KLE CH OT  Y   RE   A 100506  100206  090106  093006
CHARLE KLE CH OT  Y   RE   A 100506  100206  090106  093006

Message
  
```

**CAFI 09/06**

- If correct, enter Y to confirm

```

FINALIZE          CASH/MA FINANCIAL ELIGIBILITY - CAFI          CAFI  A
Month 09 06                                           A

AU ID XXXX00197   Prog MA   Prog Type F   Med COA F01
Net Income Test (cont)
Resources
  Resource Limit          1000.00  Standard - 30 1/3          300.00
  Total Resources          .00      Dependent Care              .00
  Gross Income Test
  Gross Income Limit      925.00  Net Earned Income          360.00
  Gross Earned Income      660.00  Net Unearned Income         .00
  Net Unearned Income      .00     Deemed Income              .00
  Deemed Income           .00     Allocated Income           .00
  Allocated Income         .00     Net Income                  360.00
  Total Gross Income       660.00  Grant Amount                .00
  Net Income Test
  Net Income Limit         500.00  Recoupment Amount          .00
  Gross Earned Income      660.00  Benefit Amount             .00
  Self Employ Work Exp      .00     Previous Benefit            .00
  Bnft Eff Date 100506 Bnft Confirm Y Reasons      Budgeting Method P
Notice Type 0003          Waive Timely Ntc Period     Notice Override
Review Begin Date 10 06  Review End Date 04 07   Strat 1

Message
13-note
  
```

**FPME**

- Enter Y to finalize

**CONGRATULATIONS YOU HAVE JUST COMPLETED  
PRIOR MONTHS MEDICAID!**



## **PRIOR MONTHS – JUDY COLLINS WALK THROUGH**

**Background** – Ms. Collins applied for and is receiving RSM for herself and her son. Ms. Collins has requested Medicaid for prior months for herself. Her son has no unpaid medical bills. Verification of earned income for the appropriate months is provided.

Refer to Ms. Collins's Form 94 to identify the appropriate months for which coverage is requested and available.

## STEP ONE - 5

### AMEN

- Select 5
- Enter the P01 AU ID #

### PMCO

- Select the appropriate months

## STEP TWO - R

### AMEN

- Select R
- Benefit Month is 08/06

### ADDR

- Access NARR to enter documentation
- Fastpath to ERN1 for Judy Collins

### ERN1

- Note that Ms. Collins began her employment in August 2006, but did not receive her first check until September 2006

## ERN2

- Delete employer information
- Fastpath to DONE

## DONE

- Commit to the database

## AMEN

- Select R
- Benefit Month is 09/06

## ADDR

- Fastpath to ERN2 for Judy Collins

## ERN2

- Access EVNC

## EVNC

- Press END to delete the data from each field
- Press ENTER

ERN2

- Enter actual income earned in 9/06
- Access ADT to enter documentation

CHANGE	EARNED INCOME 2 - ERN2				ERN2 01				
Month 09 06					01				
Client Name	JUDY	COLLINS	Client ID		798000276				
Employer Name	AZALEALAND NURSING HOME								
	Avg Hrs	033	Freq	AC	Day Week Pd	FR	Extra Pay		
Del									
Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
193.05	CH	198.90	CH	198.90	CH	99.45	CH		
-----				Work Expenses		-----			
Type	Amount	Freq	V	Type	Amount	Freq	V		
							More Jobs		
Message 0013									
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"									
15-lett					16-evnc	23-alau	24-del		

## STEP THREE - 6

### AMEN

- Select 6

### FPME

- Press ENTER

### ELIG – 08/06

- If correct, confirm the data

### CAFI – 08/06

- If correct, confirm the data

### ELIG – 09/06

- If correct, confirm the data

### CAFI – 09/06

- If correct, confirm the data

### FPME

- Enter Y to finalize

**PRIOR MONTH – SUSAN NELSON  
INDEPENDENT STUDY**

**Background** – Ms. Nelson was approved for RSM PG for herself and RSM for her two children on 10/5/06. Her household consists of herself, her husband Ralph and their two children. She has requested prior months Medicaid for herself for 8/06 and 9/06. She provides her check stubs for August and September.

Her RSM PG AU ID # is **XXXX00188**.

Process Ms. Nelson's request for prior months Medicaid.

**Blind Willies**

Period End Date:	<b>8/2/06</b>	Employee Name	<b>Susan Nelson</b>	Employee ID	<b>2351</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>35</b>
Hourly Rate	<b>\$6.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$5.04</b>	Federal Income Tax	<b>\$8.75</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$0.98</b>	State Tax	<b>\$5.03</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$218.75</b>
Total Taxes and Regular Deductions	<b>\$19.80</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$19.80</b>
Pay Date	<b>8/7/06</b>			<b>Net Pay</b>	<b>\$198.95</b>

**Blind Willies**

Period End Date:	<b>8/9/06</b>	Employee Name	<b>Susan Nelson</b>	Employee ID	<b>2351</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>38</b>
Hourly Rate	<b>\$6.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$5.46</b>	Federal Income Tax	<b>\$9.50</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$1.07</b>	State Tax	<b>\$5.46</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$237.50</b>
Total Taxes and Regular Deductions	<b>\$21.49</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$21.49</b>
Pay Date	<b>8/14/06</b>			<b>Net Pay</b>	<b>\$216.01</b>

**Blind Willies**

Period End Date:	<b>8/16/06</b>	Employee Name	<b>Susan Nelson</b>	Employee ID	<b>2351</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>35</b>
Hourly Rate	<b>\$6.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$5.04</b>	Federal Income Tax	<b>\$8.75</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$0.98</b>	State Tax	<b>\$5.03</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$218.75</b>
Total Taxes and Regular Deductions	<b>\$19.80</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$19.80</b>
Pay Date	<b>8/21/06</b>			<b>Net Pay</b>	<b>\$198.95</b>

**Blind Willies**

Period End Date:	<b>8/23/06</b>	Employee Name	<b>Susan Nelson</b>	Employee ID	<b>2351</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>40</b>
Hourly Rate	<b>\$6.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$5.75</b>	Federal Income Tax	<b>\$10.00</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$1.13</b>	State Tax	<b>\$5.75</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$250.00</b>
Total Taxes and Regular Deductions	<b>\$22.63</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$22.63</b>
Pay Date	<b>8/28/06</b>			<b>Net Pay</b>	<b>\$227.38</b>

**Blind Willies**

Period End Date:	<b>8/30/06</b>	Employee Name	<b>Susan Nelson</b>	Employee ID	<b>2351</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>38</b>
Hourly Rate	<b>\$6.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$5.46</b>	Federal Income Tax	<b>\$9.50</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$1.07</b>	State Tax	<b>\$5.46</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$237.50</b>
Total Taxes and Regular Deductions	<b>\$21.49</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$21.49</b>
Pay Date	<b>9/4/06</b>			<b>Net Pay</b>	<b>\$216.01</b>

**Blind Willies**

Period End Date:	<b>9/6/06</b>	Employee Name	<b>Susan Nelson</b>	Employee ID	<b>2351</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>39</b>
Hourly Rate	<b>\$6.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$5.60</b>	Federal Income Tax	<b>\$9.75</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$1.10</b>	State Tax	<b>\$5.61</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$243.75</b>
Total Taxes and Regular Deductions	<b>\$22.06</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$22.06</b>
Pay Date	<b>9/11/06</b>			<b>Net Pay</b>	<b>\$221.69</b>

**Blind Willies**

Period End Date:	<b>9/13/06</b>	Employee Name	<b>Susan Nelson</b>	Employee ID	<b>2351</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>37</b>
Hourly Rate	<b>\$6.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$5.32</b>	Federal Income Tax	<b>\$9.25</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$1.04</b>	State Tax	<b>\$5.32</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$231.25</b>
Total Taxes and Regular Deductions	<b>\$20.93</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$20.93</b>
Pay Date	<b>9/18/06</b>			<b>Net Pay</b>	<b>\$210.32</b>

**Blind Willies**

Period End Date:	<b>9/20/06</b>	Employee Name	<b>Susan Nelson</b>	Employee ID	<b>2351</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>38</b>
Hourly Rate	<b>\$6.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$5.46</b>	Federal Income Tax	<b>\$9.50</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$1.07</b>	State Tax	<b>\$5.46</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$237.50</b>
Total Taxes and Regular Deductions	<b>\$21.49</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$21.49</b>
Pay Date	<b>9/25/06</b>			<b>Net Pay</b>	<b>\$216.01</b>

# Capstone Exercise

## Christina Norton

### PART ONE

Ms. Norton came into the office on 10/5/06 to apply for Medicaid for herself and her two year old daughter, Angel. Ms. Norton is eight months pregnant with an EDD of 10/15/06. She does not have health insurance available where she works. She has also requested prior month Medicaid for herself for August and September.

Clerical support has registered her application in SUCCESS. Her AU ID # for her F01 application is **XXXX00199** and her AU ID # for her P01 application is **XXXX00198**. Both applications are pending.

During your interview with Ms. Norton she explains that she and her husband are legally separated. Neither Ms. Norton nor Angel receive SSI benefits. Angel's father is Samuel Simmons and he passed away last January. Ms. Norton has applied for RSDI benefits for Angel, but has not yet heard anything about the status of the application.

Ms. Norton states that she and her family have very limited resources available to them. She has a checking account at Wachovia with a balance of \$15 and she owns a 1997 Chevrolet Malibu that she uses to drive to work. The car is valued at \$1500 according to NADA and Ms. Norton still owes \$700 on the car.

Her family's only income is from her job at Ross Clothing Store. The store is located at 2040 Mt. Zion Pkwy in Jasper, GA 31403. She started working there on 8/3/06 and received her first check on 8/10/06. She works approximately 30 hours per week and earns \$6.50 per hour paid on Mondays. Ms. Norton's mother, Mary Monroe, takes care of Angel during the day. Ms. Monroe does not charge her daughter. Ms. Monroe resides at 1251 College St., also in Jasper, GA. Her phone number is 706-542-5623.

Ms. Norton provides birth certificates for herself and her daughter verifying that they are U.S. Citizens and her GA driver's license. She has a doctor's statement verifying her pregnancy and due date of 10/18/06. Ms. Norton signs all required forms while in the office, including the Declaration of Citizenship form attesting to her children's identity. Ms. Norton agrees to cooperate with all basic eligibility requirements and provides check stubs to verify her earnings:

Pay End Date	Pay Received Date	Amount	Verification	Representative
9/5/06	9/7/06	187.02	CH	Y
9/12/06	9/14/06	211.51	CH	Y
9/19/06	9/21/06	215.51	CH	Y
9/26/06	9/28/06	101.54	CH	N

Pay End Date	Pay Received Date	Amount	Verification
8/29/06	8/31/06	187.02	CH
8/22/06	8/24/06	211.51	CH
8/15/06	8/17/06	215.51	CH
8/8/06	8/10/06	101.54	CH

Based on Ms. Norton's earnings, is her family eligible for LIM?

If not, will SUCCESS trickle to another COA?

If so, which COA?

### Your Assignment

Complete Ms. Norton's interview. Process and finalize her initial applications as well as her request for Prior Months Medicaid.

**Georgia Department of Human Resources  
Division of Family and Children Services**



**FAMILY MEDICAID  
SUCCESS TRAINING**

**CHANGES**

## Objectives for Changes

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

- document and process a reported change
- add a newborn to the RSM Budget Group
- add a Newborn Medicaid case
- accurately code the MISC screen when an AU becomes eligible for TMA
- enter the information reported on a QRF
- request verification using the Letters submenu
- create a worker-generated alert to track verification due date
- process a change from alerts list
- complete a trial budget to determine LIM eligibility
- identify the four valid forms of proof of Medicaid coverage
- define covered entity
- print a temporary Medicaid card from SUCCESS
- determine the appropriate process based on the case action

## ADD A NEWBORN



This is a five-step process:

Step 1 – Add the newborn to the existing F22 budget group

**K**

Step 2 – Add the Newborn COA to the existing F22

**L**

Step 3 – Conduct the interview

**O**

Step 4 – Process the applications

**P**

Step 5 – Finalize the F15 and F22 applications

**Q**

## **ADD A NEWBORN – ALLISON ARROYO WALK THROUGH**

**Background** – Ms. Allison Arroyo receives RSM PgW Medicaid. She lives with her husband, Carlos, and their three year old daughter, Andrea. Andrea receives RSM Child Medicaid.

Ms. Arroyo phones on 10/5/06 to report that she has given birth to a beautiful baby boy. She has named him Emanuel Arroyo and he was born on 10/2/06.

Her F22 AU ID # is **XXXX00190**.

Conduct a telephone interview with Ms. Arroyo to add Emanuel to the F22 budget group and to register an F15 Newborn Medicaid application for Emanuel.

The trainer will walk through this process.

## STEP ONE - K

### AMEN

- Select K to begin the Add A Person process
- Enter F22 AU ID #

### NAME

- Information is pre-populated
- Press ENTER

### MEMB – Emanuel Arroyo

- Date of birth is 10/02/06; verified by AR's statement
- Non-ethnic, black male
- SSN applied for at birth

ADDPERSON	HOUSEHOLD MEMBER - MEMB	MEMB 01
Client ID	Del	01
F Name <b>EMANUEL</b>	MI	L Name <b>ARROYO</b>
Relationship <b>CH</b>	DOB (MM DD YYYY) <b>10 02 2006</b>	V CS Sex <b>M</b>
SSA/SSN Appl For <b>B</b>	SSN1	V Race: <b>B W A N P</b> Ethnic: <b>N</b>
Preg	Due Date	<b>Y N N N N</b>
Alternate Names	F Name	MI L Name Suf
		More Names
SSN	V	SSN V SSN V SSN V
		More SSNs
		More Members
Message 0013		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
	18-tbud	24-del

### NAME/SSN Clearance – Emanuel Arroyo

- Enter Y in Assign New Client ID
- Press ENTER

```
HRRS0070          CLIENT REGISTRATION SYSTEM      CICSV2      10/05/2006
                   NAME/SSN CLEARANCE              09:09:15

CLIENT ID L NAME          F NAME          MI  DOB  SEX  SSN
000000001 ARROYO          EMANUEL          10 02 2006  M   000 00 0000
RACE (Y/N)? : BLACK OR AFRICAN AMERICAN Y      WHITE N      ASIAN N
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER N      AMERICAN INDIAN/ALASKAN NATIVE N
ETHNICITY (L/N)? : HISPANIC/LATINO N
0016 POSSIBLE MATCHES          TYPE OF MATCH  PRIMARY NAME
SEL CL ID  E CTY L NAME          F NAME          MI  DOB SEX RCE SSN  ALT
 901000026  044 ARROYO          EMANUEL          10022006 M B 000000000
 947000000  044 ARROYO          EMANUEL          10022006 M B 000000000
 902000005  044 ARROYO          EMANUEL          10022006 M B 000000000
 901000030  044 ARROYO          EMANUEL          10022006 M B 000000000
 901000032  044 ARROYO          EMANUEL          10022006 M B 000000000
 945000000  044 ARROYO          EMANUEL          10022006 M B 000000000

ASSIGN IV-A CLIENT ID
ASSIGN NEW CLIENT ID  Y          NEXT MATCH TYPE

F1-HELP F2-RFRSH F3-EXIT F7-UP F8-DN F9-CLT DET F10-PREV F11-CLT PART F12-MATCH
```

## MEMB – Emanuel Arroyo

- Press ENTER

## INCH

- Select only the RSM Child case
- Application date is 10/05/06
- Press PF4 to bypass warning message regarding printing an AFA

ADDPERSON	INFORMED CHOICE - INCH	INCH	
HOH Name ALLISON	ARROYO	Client ID XXXX00283	
Indicate/add all programs the head of household wishes to apply for			
Ind	Program	Med COA	AU ID
Y	MA MED ASST	F22	xxxx00190
	MA MED ASST	P01	xxxx00191
TANF 2P Able Bodied			All FS Applicants receive AF, RF, SSI
Appl Date 10 05 06			
Message 0013			
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
		18-tbud	20-afa

## REDI

- Press PF4 to bypass warning message regarding scheduling an appointment

## STEP TWO - L

### AMEN

- Select L to begin the Add A Program process

### NAME

- Information is pre-populated

### KIND

- Enter Y to select AFDC Related Medicaid

### CIRC

- No data to enter

### MEMB – Allison Arroyo

- Update pregnancy data

ADDPROGRM	HOUSEHOLD MEMBER - MEMB	MEMB 01		
Client ID XXXX00283	Del	01		
F Name ALLISON	MI	L Name ARROYO	Suf	
Relationship SE	DOB (MM DD YYYY) 09 12 1974	V CS	Sex F	
SSA/SSN Appl For	SSN1 999 11 XXXX	V CS	Race: B W A N P Ethnic: N	
Preg <b>N</b>	Due Date	Y N N N N		
Alternate Names	F Name	MI	L Name	Suf

**MEMB – Carlos Arroyo**

- Change relationship code from child to spouse

ADDPROGRM	HOUSEHOLD MEMBER - MEMB	MEMB 01		
Client ID XXXX00284	Del	01		
F Name CARLOS	MI	L Name ARROY	Suf	
Relationship SP	DOB (MM DD YYYY) 12 02 1980	V CS	Sex M	
SSA/SSN Appl For	SSN1 999 22 XXXX	V CS	Race: B W A N P	Ethnic: N
Preg	Due Date		Y N N N N	
Alternate Names	F Name	MI	L Name	Suf

**MEMB – Andrea Arroyo**

- No data to enter

**MEMB – Emanuel Arroyo**

- No data to enter

**INCH**

- Do not select F01
- Enter Y in Ind field below F01
- Enter MA in Program field
- Enter F15 in MA COA field
- Application date is 10/02/06
- Press PF4 to bypass the warning message regarding printing an AFA

```
ADDPROGRAM                INFORMED CHOICE - INCH                INCH

HOH Name ALLISON          ARROYO                Client ID XXXX00283
Indicate/add all programs the head of household wishes to apply for

  Ind      Program          Med COA          AU ID
  Y        MA MED ASST      F01
           MA              F15

TANF 2P Able Bodied      All FS Applicants receive AF, RF, SSI
                          Appl Date 10 02 06

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
                          18-tbud          20-afa
```

**REDI**

- Press PF4 to bypass warning message regarding scheduling an appointment

## STEP THREE - O

### AMEN

- Select O

### ADDR

- Access NARR to enter documentation

### STAT A – F15

- Relationship verified by AR's statement
- Enter N in Mandatory Include field for all members except Emanuel
- Enter NM in Financial Responsibility field for all members except Emanuel
- Enter Y in Mandatory Include field for Emanuel
- Enter PN in Financial Responsibility field for Emanuel
- Access ADT 2 to enter documentation

INTERVIEW		ASSISTANCE STATUS - STAT				STAT	A				
Month 11 06		8991	10	05	06	01					
AU ID	XXXXXXXXX	Prog MA	Prog Type	F	Prev ABD Type	Med COA F15	Claim N				
CO	044	LO 049	Load ID	1798	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 Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat--	Rsn	Appl	Begin	Pd Thru	Penalty	
ALLISO	ARR	SE	OT	N	NM	P	100506	100206			
CARLOS	ARR	SP	OT	N	NM	P	100506	100206			
ANDREA	ARR	CH	OT	N	NM	P	100506	100206			
EMANUE	ARR	CH	OT	Y	PN	P	100506	100206			
Message 0013 01											
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"											
				20-rmen	22-alau(arch)			23-alau(curr)			

**STAT B – F22**

- Change Carlos’s Relationship code to SP
- Delete Carlos’s Rsn code
- Emanuel is a BG member (use code RP)
- Access ADT 2 to enter documentation

INTERVIEW		ASSISTANCE STATUS - STAT						STAT	B						
Month 11 06		8991 10 05 06						01							
AU ID	XXXX00190	Prog	MA	Prog	Type	F	Prev	ABD	Type	Med	COA	F22	Claim	N	
CO	044	LO	049	Load	ID	1798	Conversion	Date							
AU	AU Status	AU	Stat	Appl	Begin	Pd	Thru	---Penalty---			Appeal				
Stat	Reasons	Date	Date	Date	Date	Date	Date	Type	End	Date	Ind				
A		100206	100206	100106											
-----															
First	Last	Rel	V	Mand	Finl	--Stat--	Rsn	Appl	Begin	Pd	Thru	Penalty			
Name	Name			Incl	Resp	Date		Date	Date	Date	Date	T	Date		
ALLISO	ARR	SE	OT	Y	RP	A	100206	100206	100106						
CARLOS	ARR	SP	OT	Y	RP	A	100206	100206	100106						
ANDREA	ARR	CH	OT	Y	RE	A	100206	100206	100106						
EMANUE	ARR	CH	OT	Y	RP	P	100506	100506							
Message 0013 04															
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"															
				20-rmen				22-alau(arch)				23-alau(curr)			

**STAT C – P01**

- Change Carlos’s Relationship code from child to spouse

**DEM1 – Allison Arroyo**

- Married and living with spouse
- Pregnancy terminated on 10/2/06; verified by AR's statement
- Delete data in Number Expected fields

INTERVIEW Month 11 06	CLIENT DEMOGRAPHIC 1 - DEM1 0002 10 02 06		DEM1 01
Client Name ALLISON	ARROYO	Suf	Client ID xxxx00283
Alt SSA/SSN Name Appl For	SSN Appl Date	SSN1 999 11 xxxx	V More SSNs CS
DOB (MM DD YYYY)	V Sex Race Eth CS F B N	09 12 1974	
GA Res Y	Marital M	Living AH	RSM Min Par Ad/Ch /LA
Boarder Num Meals	Amt Paid for Meals	-- Family Planning Referral	-- Date
Concurr Out of St CA FS MA	SSI Recip	Depriv V	Prenatal Care Ind Good Cse
N N N N	N		
----- Term/Due Code	Pregnant Term/Due Date	----- V Num V Exp	FTC Code
T	10 02 06	CS	
Message			
	15-lett	16-crs	23-alau

**DEM2 – Allison Arroyo**

- No data to enter

**DEM1 – Carlos Arroyo**

- Last name is misspelled
- Press PF16 to access CRS

**CRS**

- Correct spelling of Mr. Arroyo's last name
- Press ENTER

HRRS0040	CLIENT REGISTRATION SYSTEM	IV2	07/03/2007
CLIENT ID XXXX00284	CLIENT MAINTENANCE		10:04:54
L NAME <b>ARROYO</b>	F NAME CARLOS	M NAME	SFX
SSN1 999 22 xxxx VC	DOB (MM DD YYYY) 12 02 1980 VC	SEX M	COUNTY 044
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN H      WHITE C      ASIAN I			
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER 0      AMERICAN INDIAN/ALASKAN NATIVE C			
ETHNICITY (L/N)?: HISPANIC/LATINO 7			
L NAME		ALTERNATE NAMES	MORE NAMES
	F NAME	M NAME	SUFFIX
ADDITIONAL SOCIAL SECURITY NUMBERS			MORE SSNS
SSN	SSN	SSN	SSN
ALIAS CLIENT IDS			MORE IDS
ID	ID	ID	ID
			MORE MEMBERS
F1-HELP F2-REFRESH F3-EXIT F7-SCROLL UP F8-SCROLL DOWN			

**DEM1 – Carlos Arroyo**

- Married and living with spouse

**DEM2 – Carlos Arroyo**

- No data to enter

**DEM1 – Andrea Arroyo**

- No data to enter

**DEM2 – Andrea Arroyo**

- Health Check referral made on 10/5/06

**DEM1 – Emanuel Arroyo**

- Enter 10/02/06 in SSN Application Date field
- Lives at home
- Does not receive SSI

INTERVIEW Month 11 06	CLIENT DEMOGRAPHIC 1 - DEM1 8991 10 05 06	DEM1 04
Client Name EMANUEL	ARROYO	Suf Client ID 90100XXXX
Alt SSA/SSN Name Appl For	SSN Appl Date	SSN1 V More SSNs
B	10 02 06	DOB (MM DD YYYY) 10 02 2006
V Sex Race Eth CS M B N		
GA Marital Res Status	Living Arrngmt Ad/Ch	RSM Min Par /LA
Y N	AH	Boarder Num Meals for Meals
Amt Paid -- Family Planning -- Referral Date		
Concurr Out of St CA FS MA	SSI Depriv V Recip	Prenatal Care Ind Good Cse
N N N N	N	----- Pregnant ----- Term/Due Term/Due V Num V Code Date Exp
FTC Code		
Message 0013	0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"	
	15-lett	16-crs 23-alau

**DEM2 – Emanuel Arroyo**

- U.S. Citizen; verified by AR's statement
- Health Check referral made on 10/5/06
- Fastpath to DONE

**ERRO**

- Address any unresolved errors

**ELIG B – F22**

- Confirm the data

**CAFI B – F22**

- Confirm the data

**ELIG C – P01**

- Confirm the data

**CAFI C – P01**

- Confirm the data

**DONE**

- Commit to the database

## STEP FOUR - P

### AMEN

- Select P

### APP1

- Select 10/06

### ADDR

- Fastpath to DONE

### DONE

- Commit to the database

### APP1

- Return to AMEN

## STEP FIVE - Q

### AMEN

- Select Q
- Enter the F22 AU ID #

### APP2

- Press ENTER

### ELIG 10/06 – F22

- If correct, confirm the data

```
FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG      ELIG  A
Month 10 06          8991  10 05 06          01

AU ID XXXX00190    Prog MA    Prog Type F    Med COA F22
Confirm Y

  AU   AU Status  AU Stat   Appl   Begin   Pd Thru  ---Penalty---
Stat  Reasons    Date     Date   Date   Date     Type  End Date
  A                               100206  100206  100106

-----
First  Last  Rel V  Mand Finl  --Stat-- Rsn  Appl  Begin  Pd Thru  Penalty
Name  Name                               Date   Date   Date   Date   T  Date
ALLISO ARR  SE OT  Y  RP  A 100206  100206  100106
CARLOS ARR  CH OT  Y  RP  A 100206 220 100206  100106
ANDREA ARR  CH OT  Y  RE  A 100206  100206  100106
EMANUE ARR  CH OT  Y  RP  A 100506  100506  100106

Message
```

CAFI 10/06 – F22

- If correct, confirm the data

FINALIZE		CASH/MA FINANCIAL ELIGIBILITY - CAFI				CAFI	A
Month 10 06							
AU ID XXXX00190	Prog MA	Prog Type F	Med COA F22				
		Net Income Test (cont)					
Resources			Standard - 30 1/3		90.00		
Resource Limit		.00	Dependent Care		175.00		
Total Resources		.00	Net Earned Income		948.29		
Gross Income Test			Net Unearned Income		.00		
Gross Income Limit		.00	Deemed Income		.00		
Gross Earned Income	1213.29		Allocated Income		.00		
Net Unearned Income		.00	Net Income		948.00		
Deemed Income		.00	Grant Amount		.00		
Allocated Income		.00	Recoupment Amount		.00		
Total Gross Income	1213.29		Benefit Amount		.00		
Net Income Test			Previous Benefit		.00		
Net Income Limit	2594.00		Spenddown Amount				
Gross Earned Income	1213.29		Medical Expense Amt				
Self Employ Work Exp		.00	Net Spenddown Amt				
Bnft Eff Date 100206	Bnft Confirm Y	Reasons 324			Budgeting Method P		
Notice Type	Waive Timely Ntc Period				Notice Override		
Review Begin Date 10 06	Review End Date 04 07				Strat 2		
Message							
13-note							

ELIG 11/06 – F22

- If correct, confirm the data

FINALIZE		NON-FINANCIAL ELIGIBILITY RESULTS - ELIG						ELIG	A	
Month 11 06		8991 10 05 06						01		
AU ID XXXX00190	Prog MA	Prog Type F	Med COA F22							
Confirm Y										
AU Stat	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---				
	Reasons	Date	Date	Date	Date	Type	End Date			
A		100206	100206	100106						
-----										
First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLISO	ARR	SE OT	Y	RP	A 100206		100206	100106		
CARLOS	ARR	SP OT	Y	RP	A 100206		100206	100106		
ANDREA	ARR	CH OT	Y	RE	A 100206		100206	100106		
EMANUE	ARR	CH OT	Y	RP	A 100506		100506	100106		
Message										

CAFI 11/06 – F22

- If correct, confirm the data

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI				CAFI	A
Month 11 06					
AU ID XXXX00190	Prog MA	Prog Type F	Med COA F22		
Resources					
Resource Limit	.00	Standard - 30 1/3	Dependent Care	90.00	
Total Resources	.00	Net Earned Income		175.00	
Gross Income Test					
Gross Income Limit	.00	Net Unearned Income		.00	
Gross Earned Income	1213.29	Deemed Income		.00	
Net Unearned Income	.00	Allocated Income		.00	
Deemed Income	.00	Net Income		948.00	
Allocated Income	.00	Grant Amount		.00	
Total Gross Income	1213.29	Recoupment Amount		.00	
Net Income Test					
Net Income Limit	2594.00	Benefit Amount		.00	
Gross Earned Income	1213.29	Previous Benefit		.00	
Self Employ Work Exp	.00	Spendedown Amount			
Bnft Eff Date 100206	Bnft Confirm Y	Medical Expense Amt			
Notice Type	Waive Timely Ntc Period	Net Spendedown Amt			
Review Begin Date 10 06	Review End Date 04 07				
Message					
13-note					

APP2

- Finalize the F22 application

**AMEN**

- Select Q
- Enter the F15 AU ID #

**APP2**

- Press ENTER

**ELIG 10/06 – F15**

- If correct, confirm the data

FINALIZE		NON-FINANCIAL ELIGIBILITY RESULTS - ELIG						ELIG	A	
Month 10 06								01		
AU ID XXXXXXXXX		Prog MA	Prog Type F	Med COA F15						
Confirm Y										
AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---				
Stat	Reasons	Date	Date	Date	Date	Type	End Date			
A		100506	100206	100106						
-----										
First	Last	Rel V	Mand	Finl	--Stat--	Rsn	Appl	Begin	Pd Thru	Penalty
Name	Name		Incl	Resp	Date		Date	Date	Date	T Date
ALLISO	ARR	SE OT	N	NM	A	100506	100206			
CARLOS	ARR	SP OT	N	NM	A	100506	100206			
ANDREA	ARR	CH OT	N	NM	A	100506	100206			
EMANUE	ARR	CH OT	Y	RE	A	100506	100206	100106		
Message										

CAFI 10/06 – F15

- If correct, confirm the data

FINALIZE		CASH/MA FINANCIAL ELIGIBILITY - CAFI				CAFI	A
Month 10 06							
AU ID XXXXXXXXX	Prog MA	Prog Type F	Med COA	F15			
		Net Income Test (cont)					
Resources			Standard - 30 1/3			.00	
Resource Limit		.00	Dependent Care			.00	
Total Resources		.00	Net Earned Income			.00	
Gross Income Test			Net Unearned Income			.00	
Gross Income Limit		.00	Deemed Income			.00	
Gross Earned Income		.00	Allocated Income			.00	
Net Unearned Income		.00	Net Income			.00	
Deemed Income		.00	Grant Amount			.00	
Allocated Income		.00	Recoupment Amount			.00	
Total Gross Income		.00	Benefit Amount			.00	
Net Income Test			Previous Benefit			.00	
Net Income Limit		.00	Spenddown Amount				
Gross Earned Income		.00	Medical Expense Amt				
Self Employ Work Exp		.00	Net Spenddown Amt				
Bnft Eff Date 100506	Bnft Confirm Y	Reasons			Budgeting Method	P	
Notice Type 0003	Waive Timely Ntc Period			Notice Override			
Review Begin Date 10 06	Review End Date 10 07			Strat 2			
Message							
13-note							

ELIG 11/06 – F15

- If correct, confirm the data

FINALIZE		NON-FINANCIAL ELIGIBILITY RESULTS - ELIG						ELIG	A
Month 11 06								01	
AU ID XXXXXXXXX	Prog MA	Prog Type F	Med COA	F15					
Confirm Y									
AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---			
Stat	Reasons	Date	Date	Date	Date	Type	End Date		
A		100506	100206	100106					
-----									
First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Pd Thru Date Date	Penalty T Date
ALLISO	ARR	SE OT	N	NM	A 100506		100206		
CARLOS	ARR	SP OT	N	NM	A 100506		100206		
ANDREA	ARR	CH OT	N	NM	A 100506		100206		
EMANUE	ARR	CH OT	Y	RE	A 100506		100206	100106	
Message									

CAFI 11/06 – F15

- If correct, confirm the data

FINALIZE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	A
Month 11 06					
AU ID 48322xxxx	Prog MA	Prog Type F	Med COA F15		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income		.00	Allocated Income	.00	
Net Unearned Income		.00	Net Income	.00	
Deemed Income		.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income		.00	Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit		.00	Spenddown Amount		
Gross Earned Income		.00	Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 100506	Bnft Confirm y	Reasons		Budgeting Method P	
Notice Type 0003	Waive Timely Ntc Period			Notice Override	
Review Begin Date 10 06	Review End Date 10 07			Strat 2	
Message					
13-note					

APP2

- Finalize the F15 application

## **ADD A NEWBORN – SUSAN NELSON INDEPENDENT STUDY**

**Background** – Ms. Susan Nelson lives with her husband, Ralph, and their two children. She was approved for RSM PgW and her children were approved for RSM Child Medicaid. She phones on 10/5/06 to report that she has given birth to a beautiful baby girl.

Her daughter's name is Donna Sue Nelson and she was born on 10/5/06. Donna is a white female and was enumerated at birth.

Ms. Nelson's F22 AU ID # is **XXXX00189**.

- Use the five-step process to complete this change.
- Add Donna to the budget group of the F22 case.
- Add an F15 case to provide Newborn Medicaid coverage for Donna.
- Complete the interview and process the applications.
- Finalize the F22 application.
- Switch AU ID #s with a peer and finalize the F15 application.

# TMA REVIEW

1. TMA may be the appropriate COA when an AU becomes ineligible for LIM due to one of the following reasons:

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---

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2. The potential time period for TMA eligibility is \_\_\_\_\_. This time period is divided into \_\_\_\_\_ and the \_\_\_\_\_.
3. In order for TMA to be appropriate, the AU must have correctly received LIM for \_\_\_\_ of the last \_\_\_\_\_ months.
4. The AU must have included a child under the age of \_\_\_\_\_.
5. TMA is not the appropriate Medicaid to CMD for a LIM AU that has increased child support income.

**True or False**

## INCREASED INCOME – ANTONIO KLEIN WALK THROUGH

**Background** – On October 5<sup>th</sup>, Mr. Klein calls to report a change. He has received information today that his hourly wage has increased to \$10.00 an hour and he is now working 40 hours a week.

After you congratulate Mr. Klein on his accomplishments, you tell him that you are sending him a form to obtain verification for his case. Mr. Klein states his General Manager, Mr. Roy Nelson, stated he was faxing a copy of the promotion letter. You ask him if there are any other changes such as anyone moving in or out of his home, or any other income changes. He states there are no other changes other than his income.

You check your mail box and there is a fax from Mr. Nelson regarding the increase in pay for Mr. Klein.

Enter the reported change on SUCCESS.



233 Home Depot Lane  
Forsyth, GA 31029  
478-555-1254

To: Antonio Klein

From: Roy Nelson, General Manager *RN*

Date: 10/5/06

RE: Promotion

I am pleased to inform you that you have been promoted to the position of Assistant Department Manager. Your duties for this position are outlined on the attached document.

Commensurate with the duties assigned for this position, your promotion also includes a pay increase. Effective 11/1/06, your hourly rate will increase to \$10.00 per hour and you are scheduled to work 40 hours per week.

Please review the attached duties and contact my office no later than 10/7/06 to discuss your acceptance of this position.

Congratulations and we look forward to working with you in your new position as Department Manager.

## AMEN

- Select R
- Enter LIM AU ID #

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection R		
AU ID	XXXX00197	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 0019		
0019 UPDATE COMPLETED SUCCESSFULLY		

## ADDR

- Access NARR to enter documentation
- Fastpath to ERN2

**ERN2**

- Update representative amount and verification field
- Access ADT to enter documentation
- Fastpath to DONE

```
CHANGE                      EARNED INCOME 2 - ERN2                      ERN2 01
Month 11 06                                     01

Client Name ANTONIO      KLEIN                      Client ID XXXX00292

Employer Name Walmart

                Avg Hrs 40      Freq wk      Day Week Pd TH      Extra Pay

Del

  Amt 1   V   Amt 2   V   Amt 3   V   Amt 4   V   Extra   V
  400.00  LE

----- Work Expenses -----
      Type Amount   Freq V      Type Amount   Freq V

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
      15-lett                      16-evnc                      23-alau      24-del

More Jobs
```

**ELIG – 11/06**

- If correct, confirm the data

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										ELIG	A
Month 11 06										01	
AU ID XXXX00197		Prog MA	Prog Type F	Med COA F07							
Confirm Y											
AU Stat	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---					
Stat	Reasons	Date	Date	Date	Date	Type	End Date				
A		100506	100206	100106							
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
ANTONI	KLE	SE	OT	Y	RE	A 100506		100206			
TISHA	KLE	SP	OT	Y	RE	A 100506		100206			
KARMEN	KLE	CH	OT	Y	RE	A 100506		100206			
CHARLE	KLE	CH	OT	Y	RE	A 100506		100206			
Message											

**CAFI – 11/06**

- Review the POE end date
- If correct, confirm the data

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI										CAFI	A	
Month 11 06												
AU ID XXXX00197		Prog MA	Prog Type F	Med COA F07								
Resources												
								Standard - 30 1/3		.00		
Resource Limit				.00	Dependent Care					.00		
Total Resources				.00	Net Earned Income					.00		
Gross Income Test								Net Unearned Income		.00		
Gross Income Limit				.00	Deemed Income					.00		
Gross Earned Income				.00	Allocated Income					.00		
Net Unearned Income				.00	Net Income					.00		
Deemed Income				.00	Grant Amount					.00		
Allocated Income				.00	Recoupment Amount					.00		
Total Gross Income				.00	Benefit Amount					.00		
Net Income Test								Previous Benefit		.00		
Net Income Limit				.00	Spenddown Amount							
Gross Earned Income				.00	Medical Expense Amt							
Self Employ Work Exp				.00	Net Spenddown Amt							
Bnft Eff Date 100506		Bnft	Confirm Y	Reasons				Budgeting Method P				
Notice Type 0003		Waive Timely Ntc Period				Notice Override						
Review Begin Date 09 06		Review End Date 04 07				Strat 2						
Message												
13-note												

**DONE**

- Commit to the database

**AMEN**

- Select R

**ADDR**

- Fastpath to MISC

**MISC**

- Enter Y in COA Correct field to confirm the Medicaid Extended Start Date
- Access ADT to enter documentation
- Fastpath to DONE

CHANGE	AU NON-FINANCIAL MISCELLANEOUS - MISC										MISC	A			
Month 11 06	5991		10 05 06												
HOH Name ANTONIO		KLEIN		Client ID XXXX00292											
AU ID XXXX00197		Prog MA													
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								
												11 06	Y		
-----	Review	-----	Auto	Lump	Sum							Delay	QMB	RSM	
Compl	Mand	Last	Reasgn	Remain							Rsn	Ovr	Elig		
Std		Type	Ovr	Amount											
			Y												
Sched Interview		QC		Penalty	End Date										
Del	Unit Number		179502	Inquiry	Date	10 05 06	Load ID								
Next Review A		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					

```

UPDATE                                REMARKS - REMA                                REMA
                                           01
***** TMA/F07 *****
10/05/2006 12:35 PM Phase II Training 555-555-5555
For F07, months of eligibility : 11/06 to : 10/07
Document reason for LIM ineligibility: INCREASED WAGES - AR NOW EARNS
$10/HR @ 40 HRS/WK

More

MESSAGE

13-bott
    
```

**ELIG – 11/06**

- If correct, confirm the data

```

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

AU ID XXXX00197    Prog MA    Prog Type F    Med COA F07
Confirm Y

AU    AU Status    AU Stat    Appl    Begin    Pd Thru    ---Penalty---
Stat    Reasons    Date    Date    Date    Date    Type    End Date
A                                100506    100206    100106

-----
First Last Rel V Mand Finl --Stat-- Rsn Appl Begin Pd Thru Penalty
Name Name Incl Resp Date Date Date Date Date T Date
ANTONI KLE SE OT Y RE A 100506 100206
TISHA KLE SP OT Y RE A 100506 100206
KARMEN KLE CH OT Y RE A 100506 100206
CHARLE KLE CH OT Y RE A 100506 100206

Message
    
```

CAFI – 11/06

- Review the POE end date
- If correct, confirm the data

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	A
Month 11 06					
AU ID XXXX00197	Prog MA	Prog Type F	Med COA F07		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income		.00	Allocated Income	.00	
Net Unearned Income		.00	Net Income	.00	
Deemed Income		.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income		.00	Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit		.00	Spenddown Amount		
Gross Earned Income		.00	Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 100506	Bnft Confirm Y	Reasons		Budgeting Method P	
Notice Type 0003		Waive Timely Ntc Period		Notice Override	
Review Begin Date 11 06		Review End Date 10 07		Strat 2	
Message					
13-note					

## INCREASED INCOME – KAREN NELSON INDEPENDENT STUDY

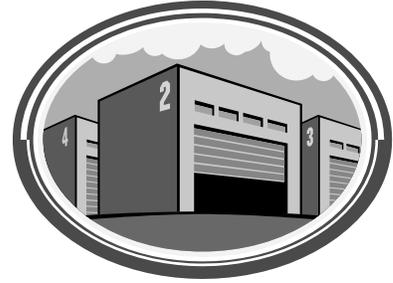
**Background** – Ms. Nelson calls to report a change on October 5<sup>th</sup>. She has received information today that Brooks Self Storage has finished reorganizing and is promoting her to a manager position.

After you congratulate Ms. Nelson on her accomplishments, you tell her that you are sending her a form to obtain verification for her case. Ms. Nelson states her supervisor, Ms. Joan Smith, stated she would fax a signed letter regarding this change. You ask her if there are any other changes such as anyone moving in or out of her home, any other income such as child support, or any changes in child care expenses. She states there are no other changes other than her income. She will continue to pay childcare costs of \$10 per week to Little Rascals for Joey.

You check your mail box and there is a fax from Ms. Smith regarding Ms. Nelson's promotion.

Enter the reported change on SUCCESS.

Brooks Self Storage  
367 Lakeside Drive  
Macon, GA 30211  
478-466-3211



October 5, 2006

To Whom It May Concern:

Karen Nelson has been promoted to manager of our store. She will begin this position on 11/1/06 and she will earn \$550.00 per week. This is a full-time position and Ms. Nelson will work 40 hours per week.

If you have any questions, feel free to call.

Sincerely,

*Joan Smith*

Joan Smith  
General Manager

## QUARTERLY REPORT FORM

**SUCCESS sends the customer the following letter to explain their TMA eligibility:**

INQUIRY	NOTICE CONTENT - NCON	NCON
---------	-----------------------	------

Client Name GEORGIA C CUSTOMER Client ID 010101010

0032 -NOTICE OF ELIGIBILITY FOR EXTENDED MEDICAID BENEFITS

You are eligible to receive Medicaid for 6 months under the Transitional Medical Assistance Program, from 11/01/0X through 04/30/0X. Medicaid will continue for the persons listed below:

GEORGIA C CUSTOMER 010101010P  
STATE CUSTOMER 20202020P

You may be eligible to receive 6 additional months of Medicaid under this program, from 05/01/0X through 10/31/0X. If so, a report form will be mailed to you in 01/0X and must be returned by 02/05/0X. On this form you must report your family's gross earnings and child care cost for the first 3 months that you received Transitional Medical Assistance. You may either complete the report form or call your caseworker to report this information. If you do not report by the date shown above, you and your family may not receive the additional months of Medicaid benefits.

NOTE: Your eligibility for Transitional Medical Assistance will end if any of the following situations occurs:

- your family moves out of state
- there is no longer a child under age 18 in your home
- a court determines that you committed fraud during any one of the last six months you received TANF.

**INFORMATION ABOUT TRANSITIONAL CHILD CARE**  
You may be eligible to receive assistance to help pay your child care cost. To see if you are eligible, contact your caseworker for an application form for the Transitional Child Care program. If you do not have child care costs now, you may apply for help with child care when you start paying this cost.

**The first QRF is sent by SUCCESS in the third month of TMA eligibility and due back by the 5<sup>th</sup> of the fourth month:**

INQUIRY	NOTICE CONTENT - NCON	NCON
Client Name GEORGIA C CUSTOMER	Client ID 010101010	
0058 - NOTICE OF TRANSITIONAL MEDICAL ASSISTANCE		
You are receiving Medicaid under the Transitional Medical Assistance program. This entitles you to free Medicaid services just as you received under Low Income Medicaid.		
To continue receiving Medicaid, you must meet certain requirements. Failure to provide the information requested below by the due date may STOP your Medicaid benefits.		
You may be eligible for an additional six months extension of Transitional Medical Assistance 05/01/0X through 10/31/0X.		
For each month listed on the attached report form, you MUST report your family's gross earnings and child care cost BUT you do not have to provide proof of this information. You MAY complete the attached report form OR call your caseworker and verbally report this information to her/him. 0058 QRF Form was sent to AU 121212121 on 1/15/0X.		

**SUCCESS sends the following notice if the QRF is not returned or information is not entered on SUCCESS by the 5th of the following month:**

INQUIRY                      NOTICE CONTENT - NCON                      NCON

Client Name GEORGIA C CUSTOMER                      Client ID 010101010

0053 - NOTICE OF TERMINATION  
DUE TO NON-RECEIPT OF QRF    AU 121212121

As a Medicaid recipient under the Transitional Medical Assistance program, you are required to complete and return a form called a QRF every 3 months. A QRF is a Quarterly Report Form that collects information about your income and child care expenses.

We did not receive a QRF from you this month, so your benefits will be terminated on 02/28/0X. A second QRF is being sent to you in another envelope. Please complete it and return it to your County Department of Family Children Service office as soon as possible if you have not already done so.

If you fail to provide the above information by 02/21/0X, your Transitional Medical Assistance will be TERMINATED effective 04/30/0X. Let your caseworker know if you had a reason for not reporting this information on time.

Peachcare for Kids offers medical assistance similar to Medicaid. Children under age of 19 may be eligible for Peachcare for Kids, please call 1-877-GAPEACH (427-3224) for application information.

**The following notice is sent once the QRF is completed in SUCCESS:**

INQUIRY                      NOTICE CONTENT - NCON                      NCON

Client Name GEORGIA C CUSTOMER                      Client ID 010101010

1034 - REVIEW RESULTS                      AU 121212121

We have completed our review of your case on 02/17/0X and determined that you are still eligible for benefits. Your period of eligibility is from the first day of 05/0X to the last day of 10/0X. At the end of that period we will once again review your case.

You are eligible for MEDICAID. If you are on a medical spenddown, we cannot pay for your medical care until your spenddown is met. A separate notice will tell you about your spenddown.

You are required to report changes to us within ten days of the change. A change in your situation may result in a change in the amount of your benefit or in your eligibility.

## QRF UPDATE – ANTONIO KLEIN WALK THROUGH

**Background** – Mr. Antonio Klein’s LIM case trickled to TMA effective 11/06. A Quarterly Report Form was mailed to Mr. Klein on 1/15 with a due date of 2/5/07. Mr. Klein returned his first QRF on 2/4/07.

Review the earned income and childcare sections of Mr. Klein’s QRF and enter the information in SUCCESS.

<b>A. NAME OF PERSON WHO WORKED:</b>						Antonio Klein					
<b>EMPLOYER:</b>						Home Depot					
<b>NAME OF PERSON WHO PAID CHILD CARE:</b>						N/A					
<b>CHILD CARE PROVIDER:</b>											
<b>IS THE PERSON WHO WORKED A FULL TIME STUDENT?</b>						NO					
<b>IF YES, WHERE IS THIS PERSON IN SCHOOL?</b>											
<b>MONTH OF NOVEMBER 2006</b>					<b>MONTH OF DECEMBER 2006</b>						
<b>EARNINGS</b>			<b>CHILD</b>	<b>CARE</b>	<b>EARNINGS</b>			<b>CHILD</b>	<b>CARE</b>		
<b>DATE PAID</b>	<b>GROSS PAY</b>	<b>TIPS</b>	<b>COSTS</b>		<b>DATE PAID</b>	<b>GROSS PAY</b>	<b>TIPS</b>	<b>COSTS</b>			
11/6/2006	400	0	11/6/2006	0	12/4/2006	400	0	12/4/2006	0		
11/13/2006	400	0	11/13/2006	0	12/11/2006	400	0	12/11/2006	0		
11/20/2006	400	0	11/20/2006	0	12/18/2006	400	0	12/18/2006	0		
11/27/2006	400	0	11/27/2006	0	12/23/2006	400	0	12/23/2006	0		
<b>MONTH OF JANUARY 2007</b>					<b>SIGNATURE OF EMPLOYER</b> <i>Roy Nelson</i> <hr/> <b>PHONE</b> 478-555-1254 <hr/> <b>SIGNATURE OF PERSON PROVIDING CHILD CARE</b> <hr/> <b>PHONE</b> <hr/>						
<b>EARNINGS</b>			<b>CHILD</b>	<b>CARE</b>							
<b>DATE PAID</b>	<b>GROSS PAY</b>	<b>TIPS</b>	<b>COSTS</b>								
1/2/2007	400	0	1/2/2007	0							
1/9/2007	400	0	1/9/2007	0							
1/16/2007	400	0	1/16/2007	0							
1/23/2007	400	0	1/23/2007	0							
1/30/2007	400	0	1/30/2007	0							

**AMEN**

- Select S
- Enter Mr. Klein's TMA AU ID #

**TMAI**

- Enter 2/4/07 to indicate the date the QRF was received
- Enter C to indicate the QRF was returned completed
- Enter the gross wages earned for the months listed
- Enter QR as the verification code
- Enter childcare costs as reported on the QRF; verified by AR's statement
- Press ENTER

```
QRF CHNGE                                TMA INCOME - TMAI                                TMAI    A
Month 02 07

HOH Name ANTONIO          KLEIN          Client ID XXXX00292
AU ID XXXX00197

      Date      QRF      QRF      Unemployed      RSN QRF
      QRF      Status     Good     Good Cause     Incomplete
      Received   Code     Cause
      ?         ?

      QRF Months  Gross Inc  V   Dep Care  V

      01 07      ?
      12 06      ?
      11 06      ?

Message 0013 01
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
```

QRF CHNGE		TMA INCOME - TMAI			TMAI	A
Month 02 07						
HOH Name ANTONIO		KLEIN		Client ID XXXX00292		
AU ID XXXX00197						
Date	QRF	QRF	Unemployed	RSN	QRF	
QRF	Status	Good	Good Cause	Incomplete		
Received	Code	Cause				
02 04 07	C					
QRF Months	Gross Inc	V	Dep Care	V		
01 07	2000.00	qr	0	cs		
12 06	1600.00	qr	0	cs		
11 06	1600.00	qr	0	cs		
Message 0013 01						
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"						

## QRF UPDATE – KAREN NELSON INDEPENDENT STUDY

**Background** – Ms. Karen Nelson’s LIM case trickled to TMA effective 11/06. A Quarterly Report Form was mailed to Ms. Nelson on 1/15 with a due date of 2/5/07. Ms. Nelson returned her first QRF on 2/4/07.

Review the earned income and childcare sections of Ms. Nelson’s QRF and enter the information in SUCCESS.

<b>A. NAME OF PERSON WHO WORKED:</b>					Karen Nelson				
<b>EMPLOYER:</b>					Brooks Self Storage				
<b>NAME OF PERSON WHO PAID CHILD CARE:</b>					Karen Nelson				
<b>CHILD CARE PROVIDER:</b>					Little Rascals				
<b>IS THE PERSON WHO WORKED A FULL TIME STUDENT?</b>					NO				
<b>IF YES, WHERE IS THIS PERSON IN SCHOOL?</b>									
<b>MONTH OF NOVEMBER 2006</b>					<b>MONTH OF DECEMBER 2006</b>				
<b>EARNINGS</b>			<b>CHILD</b>	<b>CARE</b>	<b>EARNINGS</b>			<b>CHILD</b>	<b>CARE</b>
<b>DATE PAID</b>	<b>GROSS PAY</b>	<b>TIPS</b>	<b>COSTS</b>		<b>DATE PAID</b>	<b>GROSS PAY</b>	<b>TIPS</b>	<b>COSTS</b>	
11/6/2006	550	0	11/6/2006	10	12/4/2006	550	0	12/4/2006	10
11/13/2006	550	0	11/13/2006	10	12/11/2006	550	0	12/11/2006	10
11/20/2006	550	0	11/20/2006	10	12/18/2006	550	0	12/18/2006	10
11/27/2006	550	0	11/27/2006	10	12/23/2006	550	0	12/23/2006	10
<b>MONTH OF JANUARY 2007</b>					<b>SIGNATURE OF EMPLOYER</b> <i>Joan Smith</i>  <b>PHONE</b>  <b>SIGNATURE OF PERSON PROVIDING CHILD CARE</b> <hr/> <b>PHONE</b> <hr/>				
<b>EARNINGS</b>			<b>CHILD</b>	<b>CARE</b>					
<b>DATE PAID</b>	<b>GROSS PAY</b>	<b>TIPS</b>	<b>COSTS</b>						
1/2/2007	550	0	1/2/2007	10					
1/9/2007	550	0	1/9/2007	10					
1/16/2007	550	0	1/16/2007	10					
1/23/2007	550	0	1/23/2007	10					
1/30/2007	550	0	1/30/2007	10					

TMAI

- Enter the data from QRF submitted on 2/4/07

QRF CHNGE		TMA INCOME - TMAI			TMAI	A
Month 02 07						
HOH Name KAREN		NELSON		Client ID XXXX00024		
AU ID XXXX00025						
Date	QRF	QRF	Unemployed	RSN	QRF	
QRF	Status	Good	Good Cause	Incomplete		
Received	Code	Cause				
_____	_____					
QRF Months	Gross Inc	V	Dep Care	V		
01 07	_____	___	_____	___		
12 06	_____	___	_____	___		
11 06	_____	___	_____	___		
Message 0013 01						
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"						

TMAI - 2/07

QRF CHNGE	TMA INCOME - TMAI				TMAI	A
Month 02 07						
HOH Name KAREN	NELSON		Client ID XXXX00024			
AU ID XXXX00025						
Date	QRF	QRF	Unemployed	RSN QRF		
QRF	Status	Good	Good Cause	Incomplete		
Received	Code	Cause				
02 04 07	C					
QRF Months	Gross Inc	V	Dep Care	V		
01 07	2750.00	qr	50.00	cs		
12 06	2200.00	qr	40.00	cs		
11 06	2200.00	qr	40.00	cs		
Message 0013 01						
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"						

## INCREASED INCOME – ALLISON ARROYO WALK THROUGH

### DOCUMENT THE CHANGE

**Background** – Ms. Allison Arroyo lives with her husband, Carlos, their three year old daughter, Andrea and their newborn son, Emanuel. Allison, Andrea and Emanuel are receiving Medicaid.

Ms. Arroyo calls on 10/5/06 to report that her husband has gotten a job. He was hired on 9/7/06 by Parker Construction Company. He earns \$11.25 per hour and works 40 hours per week. He received his first check on 9/18/06.

When asked about childcare, Ms. Arroyo states that she will continue to send Andrea to Children's Friends. They charge her \$65/week. Since Emanuel is still a newborn, her mother, Mary Henderson, has agreed to take care of him at no charge.

Document, request verification and act on this change. The trainer will walk through this process.

#### STEP ONE

Access the case to document the change reported by Ms. Arroyo. Request any needed verification and create an alert to track the due date.

#### STEP TWO

Once the verification is returned, update the documentation and enter the required data. Complete any required CMDs.

## DOCUMENT THE CHANGE

### AMEN

- Select R
- Enter any AU ID # for Ms. Arroyo

### ADDR

- Access NARR to enter documentation
- Press PF15 to access the Letters submenu

### FMEN

- Select A to generate a letter
- Enter C173 in the Letter Type field

### LDTL

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

### LETT

- Indicate that wage verification is requested for Carlos Arroyo
- Press ENTER through the letter screens

## **LDTL**

- Press PF14 to mail the letter

## **FMEN**

- Select D to view the letter
- Press ENTER

## **LSUM**

- Enter Y in the Select field to view the letter
- Press PF3 to return to ADDR

## **ADDR**

- Fastpath to CARE

## **CARE**

- Access REMA to enter documentation
- Fastpath to DONE

## **ERRO**

- Address any unresolved errors

## **DONE**

- Commit to database

## AMEN

- Press PF3 to return to the Main Menu

## MAIN MENU

- Select D
- Press ENTER

## DMEN

- Select A
- Delete AU ID number
- Press ENTER

## ALWG

- Enter your caseload ID number
- Enter Allison Arroyo's AU ID number XXXX00190
- Enter an alert code between 450 – 489
- Enter message text as follows:  
    "Verification of income due  
    Carlos Arroyo"
- Enter 10/05/06 as the display date
- Enter 10/15/06 as the due date
- Press ENTER

## INCREASED INCOME – SUSAN NELSON INDEPENDENT STUDY

### DOCUMENT THE CHANGE

**Background** – Ms. Susan Nelson was recently approved for RSM PG for herself; RSM Child Medicaid for her children, Brenda and Marcus; and Newborn Medicaid for her daughter, Donna. Her household also includes her husband, Ralph.

Ms. Nelson phones on 10/5/06 to report that she has received a raise in pay. She is employed by Blind Willies and will now earn \$20.00 per hour at 40 hours per week. This raise is effective on 11/1/06.

Ms. Nelson states that her husband will continue to take care of the children while she works.

Her AU ID # is **XXXX00189**.

#### Your Assignment

- Access the case to document the reported change and request verification.
- Send a verification checklist using the Letters submenu.
- Create an alert to track the verification due date.

## DECREASED INCOME – JUDY COLLINS WALK THROUGH

### DOCUMENT THE CHANGE

**Background** – Ms. Judy Collins and her son, Kyle, receive RSM. She is now four months pregnant and calls on 10/5/06 to report that she has been having complications with her pregnancy. She is still employed by Azalealand Nursing Home, but will be unable to work her normal schedule. Her doctor has decreased her hours to only 10 per week. Ms. Collins will continue to earn \$5.85 per hour.

Her mother, Stacey Hall, will continue to provide free child care services for her grandson, Kyle.

Ms. Collins's F22 AU ID # is **XXXX00187**.

#### STEP ONE

Complete a trial budget to determine eligibility for LIM. Then access the case to document the reported change and request verification. Create an alert to track the verification due date.

#### STEP TWO

Once the requested verification is returned, access the case again to process the change.

## STEP ONE

### AMEN

- Select E

### TBUD

- Enter MA in Program field
- Enter AH in Living Arrangement field
- Enter 02 in AU/BG size field
- Enter F01 in Medicaid COA field
- Enter 58.50 in Earned Income Client 1 field
- Enter WK in Frequency field and EI in EI Type field
- Enter N in 30+1/3 field and 30 field
- Press ENTER

TRIALBUD	TRIAL BUDGET - TBUD										TBUD	
Prog <b>MA</b>	Liv Arr <b>AH</b>	AU/BG Size <b>02</b>	Med COA <b>F01</b>	FS/ABD Pgm Type								Waiver Type
UP/PE UCB Amt				RSM Child Age								
NH Perdiem Rate				ABD Spouse Fin Resp								
EARNED (EI) AND UNEARNED (UI) INCOME										Ex Pay Frq EI Type		
EI Client 1	<b>58.50</b>					<b>WK</b>	<b>EI</b>					
30+1/3 <b>N</b>	<b>30 N</b>	SE Exp	ABD Work Exp				DepCare					
EI Client 2												
30+1/3	<b>30</b>	SE Exp	ABD Work Exp				DepCare					
AU Monthly UI Type/Amt												
ABD Sps Mo UI Type/Amt												
DEEMOR												
EI Amt	UI Amt	IRS Dep									Deduct Amt	
FS EXPENSES	Med Exp	CS Paid										
Rent/Mortg	SUA Type	Act Util									Ph Std	
RESOURCES												
Liq Type/Amt												
Motor Veh Use/FMV/Encumb												
Real Prop Use/FMV/Encumb												
Other Type/FMV/Encumb												
Message 0013	0002											

**TBCA**

- Review to determine eligibility for F01
- Press ENTER to return to AMEN

INQUIRY	CASH/MA	FINANCIAL ELIGIBILITY - TBCA	TBCA
	(TRIAL BUDGET)		
	Prog MA	Med COA F01	
Resources		Net Income Test (cont)	
Resource Limit	1000.00	Self Employ Work Exp	.00
Total Resources	.00	Standard 10 1/3	90.00
Gross Income Test		Dependent Care	.00
Gross Income Limit	658.60	Net Earned Income	163.49
Gross Earned Income	253.49	Net Unearned Income	.00
Net Unearned Income	.00	Deemed Income	.00
Deemed Income	.00	Allocated Income	.00
Allocated Income	.00	Net Income	163.00
Total Gross Income	253.49	Grant Amount	.00
Net Income Test		Benefit Amount	.00
Net Income Limit	356.00	Spenddown Amt	.00
Gross Earned Income	253.49		
		Reasons	
Message			

**AMEN**

- Select R
- Enter the F22 AU ID #

**ADDR**

- Access NARR to document the reported change and request for verification
- Press PF15 to access the Letters submenu

**FMEN**

- Select A to generate a letter
- Enter C173 in the Letter Type field

**LDTL**

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

**LETT**

- Indicate that wage verification is requested for Judy Collins
- Press ENTER through the letter screens

**LDTL**

- Press PF14 to mail the letter

**FMEN**

- Select D to view the letter
- Press ENTER

## **LSUM**

- Enter Y in the Select field
- Press ENTER
- Press PF3 to return to ADDR

## **ADDR**

- Press ENTER

## **STAT A – F22**

- Access REMA to enter documentation regarding potential eligibility for LIM
- LIM application mailed to AR on 10/5/06
- Fastpath to CARE

## **CARE**

- Access REMA to enter documentation
- Fastpath to DONE

## **ERRO**

- Address any unresolved errors

**ELIG A – F22**

- Confirm the data

**CAFI A – F22**

- Confirm the data

**ELIG B – P01**

- Confirm the data

**CAFI B – P01**

- Confirm the data

**DONE**

- Commit to database

**AMEN**

- Press PF3 to return to the Main Menu

**MAIN MENU**

- Select D
- Press ENTER

## DMEN

- Select A
- Delete AU ID number
- Press ENTER

## ALWG

- Enter your caseload ID number
- Enter Judy Collins's AU ID number XXXX00187
- Enter an alert code between 450 – 489
- Enter message text as follows:  
    "Verification of income due  
    Judy Collins"
- Enter 10/05/06 as the display date
- Enter 10/15/06 as the due date
- Press ENTER

## INCREASED INCOME – ALLISON ARROYO WALK THROUGH

### PROCESS THE CHANGE

**Background** – Ms. Arroyo reported a change in her AU's income on 10/5/06. Verification of the new income was requested with a due date of 10/15/06. Ms. Arroyo returned the requested verification on 10/7/06. She provided copies of her husband's last four check stubs and a statement from his employer.

Carefully review the verification provided. Access the alerts list to enter the data and process the change.



10/5/06

To Whom It May Concern:

Carlos Arroyo began working for us on 9/7/06. His first paycheck was received on 9/18/06. If you have any questions you may call our Payroll Department and speak with Peggy Rogers.

Sincerely,  
*Mark Wade*  
General Contractor

**Parker Construction Company**

Period End Date:	<b>9/28/2006</b>	Employee Name	<b>Carlos Arroyo</b>	Employee ID	<b>1465789</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>40</b>
Hourly Rate	<b>\$11.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$10.35</b>	Federal Income Tax	<b>\$18.00</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$2.03</b>	State Tax	<b>\$10.35</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$450.00</b>
Total Taxes and Regular Deductions	<b>\$40.73</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$40.73</b>
Pay Date	<b>10/2/2006</b>			<b>Net Pay</b>	<b>\$409.28</b>

**Parker Construction Company**

Period End Date:	<b>10/5/2006</b>	Employee Name	<b>Carlos Arroyo</b>	Employee ID	<b>1465789</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>35</b>
Hourly Rate	<b>\$11.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$10.35</b>	Federal Income Tax	<b>\$18.00</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$2.03</b>	State Tax	<b>\$10.35</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$450.00</b>
Total Taxes and Regular Deductions	<b>\$40.73</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$40.73</b>
Pay Date	<b>10/9/2006</b>			<b>Net Pay</b>	<b>\$409.28</b>

**Parker Construction Company**

Period End Date:	<b>9/21/06</b>	Employee Name	<b>Carlos Arroyo</b>	Employee ID	<b>1465789</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>40</b>
Hourly Rate	<b>\$11.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$10.35</b>	Federal Income Tax	<b>\$18.00</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$2.03</b>	State Tax	<b>\$10.35</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$450.00</b>
Total Taxes and Regular Deductions	<b>\$40.73</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$40.73</b>
Pay Date	<b>9/25/06</b>			<b>Net Pay</b>	<b>\$409.28</b>

**Parker Construction Company**

Period End Date:	<b>9/14/06</b>	Employee Name	<b>Carlos Arroyo</b>	Employee ID	<b>1465789</b>
Tax Status	<b>2</b>	Federal Allowance (From W-4)	<b>4</b>	Hours Worked	<b>40</b>
Hourly Rate	<b>\$11.25</b>	Overtime Rate	<b>\$0.00</b>	Sick Hours	<b>0</b>
Social Security Tax	<b>\$10.35</b>	Federal Income Tax	<b>\$18.00</b>	Vacation Hours	<b>0</b>
Medicare Tax	<b>\$2.03</b>	State Tax	<b>\$10.35</b>	Overtime Hours	<b>0</b>
Insurance Deduction	<b>\$0.00</b>	Other Regular Deduction	<b>\$0.00</b>	Gross Pay	<b>\$450.00</b>
Total Taxes and Regular Deductions	<b>\$40.73</b>	Other Deduction	<b>\$0.00</b>	Total Taxes and Deductions	<b>\$40.73</b>
Pay Date	<b>9/18/06</b>			<b>Net Pay</b>	<b>\$409.28</b>

## **MAIN MENU**

- Select D
- Press ENTER

## **DMEN**

- Select B
- Press ENTER

## **ALPR**

- Press ENTER until Ms. Arroyo's alert appears
- Enter R next to the alert for Carlos Arroyo
- Press PF15 to access AMEN

## **ADDR**

- Access NARR to document receipt of verification
- Fastpath to ERN1 for Carlos

## **ERN1 – Carlos Arroyo**

- Enter employer information
- Access ADT to enter documentation

**ERN2 – Carlos Arroyo**

- Enter wage information
- Access ADT to enter documentation
- Fastpath to DONE

**ELIG A – F22**

- Case trickled to F99 Medically Needy Spenddown
- Do not confirm
- Press ENTER

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

AU ID XXXX00190   Prog MA   Prog Type F   Med COA F99
Confirm

AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat  Reasons     Date      Date   Date    Date     Type  End Date
M     347          100506   100206 100106

-----
First  Last  Rel V  Mand Finl  --Stat-- Rsn   Appl  Begin  Pd Thru  Penalty
Name  Name                               Date   Date   Date   Date   Date   T  Date
ALLISO ARR  SE OT  Y   RP  A 100506 347 100206 100106
CARLOS ARR  SP OT  Y   RP  A 100506 347 100206 100106
ANDREA ARR  CH OT  Y   RE  A 100506 347 100206 100106
EMANUE ARR  CH OT  Y   NM  A 100506 347 100506 100106

Message
```

CAFI A – F22

- Ensure earnings are calculated correctly
- If correct, fastpath back to STAT A

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI				CAFI	A
Month 11 06						
AU ID XXXX00190	Prog MA	Prog Type F	Med COA F99			
			Net Income Test (cont)			
Resources			Standard - 30 1/3	180.00		
Resource Limit	4100.00		Dependent Care	175.00		
Total Resources	.00		Net Earned Income	2808.27		
Gross Income Test			Net Unearned Income	.00		
Gross Income Limit	.00		Deemed Income	.00		
Gross Earned Income	3163.27		Allocated Income	.00		
Net Unearned Income	.00		Net Income	2808.00		
Deemed Income	.00		Grant Amount	.00		
Allocated Income	.00		Recoupment Amount	.00		
Total Gross Income	3163.27		Benefit Amount	.00		
Net Income Test			Previous Benefit	.00		
Net Income Limit	375.00		Spenddown Amount	2433.00		
Gross Earned Income	3163.27		Medical Expense Amt	.00		
Self Employ Work Exp	.00		Net Spenddown Amt	2433.00		
Bnft Eff Date 101506	Bnft Confirm	Reasons 308 302 324			Budgeting Method P	
Notice Type 0024	Waive Timely Ntc Period				Notice Override	
Review Begin Date 10 06	Review End Date 04 07				Strat 3	
Message 1572	2115					
1572 VERIFY RESOURCES SINCE AU HAS TRICKLED FROM RSM.						
13-note						

**STAT A – F22**

- Enter 518 in AU Status Reasons field
- Access ADT to enter documentation regarding the closure
- PeachCare for Kids application mailed to AR on 10/7/06
- Fastpath to DONE

CHANGE		ASSISTANCE STATUS - STAT						STAT	A		
Month	11 06	8991	10 05	06			01				
AU ID	XXXX00190	Prog MA	Prog Type F	Prev ABD Type	Med COA F22	Claim N					
CO	044	LO 049	Load ID 1798	Conversion Date							
AU Stat	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---	Appeal				
	Reasons	Date	Date	Date	Date	Type End Date	Ind				
A	<b>518</b>	100206	100206	100106							
First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ALLISO	ARR	SE OT	Y	RP	A 100206		100206	100106			
CARLOS	ARR	SP OT	Y	RP	A 100206	220	100206	100106			
ANDREA	ARR	CH OT	Y	RE	A 100206		100206	100106			
EMANUE	ARR	CH OT	Y	RP	A 100506		100506	100106			
Message											
			20-rmen			22-alau(arch)			23-alau(curr)		

**ERRO**

- Address any unresolved errors

ELIG A – F22

- If correct, confirm the data

CHANGE										NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										ELIG		A
Month 11 06																				01		
AU ID XXXX00190					Prog MA		Prog Type F			Med COA F22												
Confirm Y																						
AU		AU Status		AU Stat		Appl		Begin		Pd Thru		---Penalty---										
Stat		Reasons		Date		Date		Date		Date		Type		End Date								
C		518		100506		100206		100106		10312006												
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									
ALLISO	ARR	SE	OT	Y	RP	C 100506		518	100206	100106	10312006											
CARLOS	ARR	SP	OT	Y	RP	C 100506		518	100206	100106	10312006											
ANDREA	ARR	CH	OT	Y	RE	C 100506		518	100206	100106	10312006											
EMANUE	ARR	CH	OT	Y	RP	C 100506		518	100506	100106	10312006											
Message 2092 01																						
2092 REVIEW PREGNANCY TERMINATION DATE																						

CAFI A – F22

- If correct, confirm the data

CHANGE										CASH/MA FINANCIAL ELIGIBILITY - CAFI										CAFI		A
Month 11 06																						
AU ID XXXX00190					Prog MA		Prog Type F			Med COA F22												
Resources										Net Income Test (cont)												
Resource Limit										.00		Standard - 30 1/3										.00
Total Resources										.00		Dependent Care										.00
Gross Income Test										.00		Net Earned Income										.00
Gross Income Limit										.00		Net Unearned Income										.00
Gross Earned Income										.00		Deemed Income										.00
Net Unearned Income										.00		Allocated Income										.00
Deemed Income										.00		Net Income										.00
Allocated Income										.00		Grant Amount										.00
Total Gross Income										.00		Recoupment Amount										.00
Net Income Test										.00		Benefit Amount										.00
Net Income Limit										.00		Previous Benefit										.00
Gross Earned Income										.00		Spnddown Amount										.00
Self Employ Work Exp										.00		Medical Expense Amt										.00
Self Employ Work Exp										.00		Net Spnddown Amt										.00
Bnft Eff Date 101506					Bnft		Confirm Y			Reasons 518					Budgeting Method P							
Notice Type 0007					Waive		Timely Ntc Period			Notice Override												
Review Begin Date 10 06					Review		End Date 04 07			Strat 2												
Message																						
13-note																						

**ELIG B – P01**

- If correct, confirm the data

CHANGE	NON-FINANCIAL ELIGIBILITY RESULTS - ELIG							ELIG	B	
Month 11 06	8991 10 05 06							01		
AU ID XXXX00191	Prog MA	Prog Type P	Med COA P01							
Confirm Y										
AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---				
Stat	Reasons	Date	Date	Date	Date	Type	End Date			
A		100206	100206	100106						
-----										
First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLISO	ARR	SE OT	Y	RE	A 100206		100206	100106		
CARLOS	ARR	SP OT	Y	RP	A 100206		100206	100106		
ANDREA	ARR	CH OT	Y	RP	A 100206		100206	100106		
Message										

**CAFI B – P01**

- If correct, confirm the data

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI							CAFI	B
Month 11 06	8991 10 05 06								
AU ID XXXX00191	Prog MA	Prog Type P	Med COA P01						
Net Income Test (cont)									
Resources	Standard - 30 1/3							.00	
Resource Limit	Dependent Care							.00	
Total Resources	Net Earned Income							.00	
Gross Income Test	Net Unearned Income							.00	
Gross Income Limit	Deemed Income							.00	
Gross Earned Income	Allocated Income							.00	
Net Unearned Income	Net Income							.00	
Deemed Income	Grant Amount							.00	
Allocated Income	Recoupment Amount							.00	
Total Gross Income	Benefit Amount							.00	
Net Income Test	Previous Benefit							.00	
Net Income Limit	Spendedown Amount								
Gross Earned Income	Medical Expense Amt								
Self Employ Work Exp	Net Spendedown Amt								
Bnft Eff Date 100206	Bnft Confirm Y	Reasons					Budgeting Method P		
Notice Type 0011	Waive Timely Ntc Period					Notice Override			
Review Begin Date 10 06	Review End Date 99 99					Strat 2			
Message									
13-note									

**ELIG C – F15**

- If correct, confirm the data

CHANGE										NON-FINANCIAL ELIGIBILITY RESULTS - ELIG		ELIG	C
Month 11 06										9991	10 05 06	01	
AU ID XXXXXXXXX		Prog MA		Prog Type F		Med COA F15							
Confirm Y													
AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---							
Stat	Reasons	Date	Date	Date	Date	Type	End Date						
A		100506	100206	100106									
-----													
First	Last	Rel V	Mand	Finl	--Stat--	Rsn	Appl	Begin	Pd Thru	Penalty			
Name	Name		Incl	Resp	Date		Date	Date	Date	T	Date		
ALLISO	ARR	SE	OT	N	NM	A	100506	100206					
CARLOS	ARR	SP	OT	N	NM	A	100506	100206					
ANDREA	ARR	CH	OT	N	NM	A	100506	100206					
EMANUE	ARR	CH	OT	Y	RE	A	100506	100206	100106				
Message													

**CAFI C – F15**

- If correct, confirm the data

CHANGE										CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	C
Month 11 06										9991	10 05 06		
AU ID XXXXXXXXX		Prog MA		Prog Type F		Med COA F15							
Net Income Test (cont)													
Resources							Standard - 30 1/3				.00		
Resource Limit							.00		Dependent Care		.00		
Total Resources							.00		Net Earned Income		.00		
Gross Income Test									Net Unearned Income		.00		
Gross Income Limit							.00		Deemed Income		.00		
Gross Earned Income							.00		Allocated Income		.00		
Net Unearned Income							.00		Net Income		.00		
Deemed Income							.00		Grant Amount		.00		
Allocated Income							.00		Recoupment Amount		.00		
Total Gross Income							.00		Benefit Amount		.00		
Net Income Test									Previous Benefit		.00		
Net Income Limit							.00		Spendeddown Amount				
Gross Earned Income							.00		Medical Expense Amt				
Self Employ Work Exp							.00		Net Spendeddown Amt				
Bnft Eff Date 100506		Bnft		Confirm Y		Reasons				Budgeting Method P			
Notice Type 0003				Waive		Timely Ntc Period				Notice Override			
Review Begin Date 10 06				Review		End Date 10 07				Strat 2			
Message													
13-note													

## INCREASED INCOME – SUSAN NELSON INDEPENDENT STUDY

### PROCESS THE CHANGE

**Background** – Ms. Nelson reported a change in her AU's income on 10/5/06. Verification of the new income was requested with a due date of 10/15/06. Ms. Nelson returned the requested verification on 10/8/06. She provided a statement from her employer, Blind Willies, verifying her new income.

#### Your Assignment

- Carefully review the verification provided
- Access the alerts list to enter the data and process the change
- Do not confirm the F22 if it trickles to F99
- Close the F22 and mail a PeachCare for Kids application to Ms. Nelson
- Complete the change and confirm the data

10/8/06

To Whom It May Concern:

Ms. Susan Nelson will begin to earn \$800/week effective 11/1/06 due to her promotion as Supervisor. She will earn \$20.00 per hour at 40 hours per week.

*Max Williams, Owner*

809 Crestline Way  
Atlanta, GA 30303  
404-555-1114



**Blind Willies**

## DECREASED INCOME – JUDY COLLINS WALK THROUGH

### PROCESS THE CHANGE

**Background** – Ms. Judy Collins reported a change in her AU's income on 10/5/06. Verification of the change was requested with a due date of 10/15/06. Ms. Collins provides the requested verification on 10/6/06 via fax.

#### Your Assignment

Access the case from AMEN to process the change.



**Ms. Collins provides a statement from her employer on 10/6/06 verifying that her hours have been reduced to 10 hrs/wk based on information provided by her physician.**

#### **AMEN**

- Select R

#### **ADDR**

- Access NARR to update documentation regarding receipt of verification
- Fastpath to ERN2 for Judy Collins

#### **ERN2 – Judy Collins**

- Access EVNC

#### **EVNC – Judy Collins**

- Remove wage information using the END key
- Press ENTER to return to ERN2

**ERN2 – Judy Collins**

- Update wage data based on verification provided by employer
- Access ADT to enter documentation
- Fastpath to DONE

**ELIG A – F22**

- If correct, confirm the data

**CAFI A – F22**

- If correct, confirm the data

**ELIG A – P01**

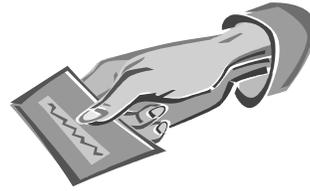
- If correct, confirm the data

**CAFI A – P01**

- If correct, confirm the data

**DONE**

- Commit to the database



# Proof of Medicaid Coverage

062 SUCCESS Notification

The Medicaid Card

Form 962

SUCCESS-issued Temporary Medicaid Card

## TEMPORARY MEDICAID CARD – SUSAN NELSON WALK THROUGH

**Background** – Ms. Susan Nelson calls today to tell you she has a post-natal appointment and has not yet received her Medicaid card. You are able to locate her case information by using her SSN in the screening process.

Her P01 AU ID # is **XXXX00188**.

- Print a temporary Medicaid card to give to Ms. Nelson.

### MAIN MENU

- Select K
- Enter the Printer ID
- Press ENTER

```
*****
**      W E L C O M E   T O   T H E      **
***          G E O R G I A          ***
***          T R A I N I N G          ***
***          S U C C E S S          ***
**          S Y S T E M          **
*****

                Selection  K
                Printer ID  $ZBA
                System Date  10 05 06
                Load ID     XXXX

A. Assistance Unit/Client   H. Security                O. File Inquiry
B. Supporting Units         I. Parameters              P. Vendor Files
C. Employment Services     J. Mass Mod                Q. Text
D. Alerts                  K. Financial Mgmt Iss     R. Benefit Error
E. Scheduling              L. Lifetime Limit         S. AU/Client Misc
F. Letters                 M. Benefit History        U. Register IV-D Case
G. Electronic Mail (EMC2)  N. Quality Control

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

**KMEN**

- Select J
- Press ENTER
- Enter the AU ID #
- Press ENTER

FINANCIAL MANAGEMENT ISSUANCE SUBMENU - KMEN		KMEN
Selection <b>J</b>		
A. AU Pull/Hold Inquiry	AU ID	
B. AU Pull/Hold Update		
C. Issuance Request Inquiry	AU ID	
D. DMP Issuance Request Update		
E. Food Stamp Issn Request Update		
F. Stop/Cancel/Reissue Request	AU ID	Iss Num
	Inst Type	Iss Dt
G. Stop/Cancel/Reis Approval Inq		
H. Stop/Cancel/Reis Approval Upd	Iss Num	Approval Stat
I. Mass Cancel/Reissue Request	Instrument Type	
J. MA ID Replacement	AU ID <b>XXXX00188</b>	
Message 0013		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		

**MAID**

- Review the information for accuracy
- Press ENTER to print the Medicaid card

UPDATE	MA ID REPLACEMENT - MAID	MAID
AU ID XXXX00188		
NELSON	SUSAN	
9019	CRESTLINE	WAY
ATLANTA	GA 30303 0000	
MA ID Coverage Begin Date 10 01 06		
MA ID Coverage End Date 10 31 06		
First Day Liability .00		
Message		

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
Division of Family and Children Services

TEMPORARY MEDICAID CERTIFICATION

DEKALB County Department of Family and Children Services

This document is issued as proof that the persons listed below have been determined by the Department of Family And Children Services to be Medicaid eligible for the period 10/01/06 to 10/31/06. This document has been issued because the original Medicaid card has been reported as lost or stolen, and it serves as proof of Medicaid Eligibility.

Medically Needy First Day Liability:

MEDICAID ELIGIBLE PERSONS	MEDICAID ID NUMBER
SUSAN NELSON	758000279P

IMPORTANT INFORMATION ON MANAGED CARE:

----- This document does not contain managed care information normally found on the regular Medicaid card. If medical services are rendered on a "fee for service" basis by a provider to an individual who has been enrolled in managed care, the provider rendering the service may have Medicaid reimbursement for the service denied by the Department of Medical Assistance. For more information on whether the individuals listed on this document are enrolled in managed care, call (800) 766-4456

DFCS Caseworkers Load Number: 1219

Telephone Number: (404) 370-5000

Date Issued: 10/05/06

# Summary of SUCCESS Procedures

## Initials

**O** – to interview the customer

**P** – to add verification, new or terminated income

**Q** – to finalize the case and issue benefits, if approved

## 3 Months Prior

**5** – to copy the financial and non-financial information to the prior month

**R** – to update income to actual amounts

**6** – to finalize the case and issue benefits, if approved

## Add a Person

**K** – to place the individual in existing cases

**O** – to add the financial and non-financial information for the new person

**P** – to process verification, new or terminated income for the new person

**Q** – to finalize the case action and issue benefits for that individual, if approved

## Add a Program

**L** – to add the new program to the head of household's list of existing AUs

**O** – to add the non-financial and financial information for the new program

**P** – to add verification, new or terminated income for the new program

**Q** – to finalize the new program and issue benefits, if approved

## Review

**B** – to locate the client ID number

**N** – to inform SUCCESS that the Review process has begun

**R** – to update the financial and non-financial information and complete the Review

# Capstone Exercise

## Christina Norton

### PART TWO

Ms. Christina Norton came in on 10/5/06 for her initial application interview. At the interview she mentioned that she was not feeling well. She calls on the afternoon of 10/5/06 to report that she gave birth after leaving your office. She now has a healthy, beautiful baby boy named Troy. Troy is a non-ethnic, black male weighing 7 lbs 3 oz. Ms. Norton states that the hospital filed the necessary forms for a social security number for Troy.

### Your Assignment

- Add Troy to the RSM Child Budget Group
- Add a Newborn Medicaid case for Troy
- Complete the interview and code each STAT screen correctly
- Process the applications
- Finalize the add a person
- Switch AU ID#s with a peer and finalize the Newborn Medicaid

**Georgia Department of Human Resources  
Division of Family and Children Services**



**FAMILY MEDICAID  
SUCCESS TRAINING**

**COMBINATION CASES**

## Objectives for Combination Cases

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

- complete a combination Food Stamp and LIM application
- process combination Food Stamps and Family Medicaid Reviews in SUCCESS
- document appropriate SUCCESS screens
- incorporate good interviewing skills in a Review interview
- align Food Stamps and Medicaid Reviews

---

## FOOD STAMP/LIM APPLICATION – ANNE DAILY ADD A PROGRAM WALK THROUGH

**Background** – Ms. Daily is a single mother and lives with her children, Tammy and Richard. Ms. Daily applied for Food Stamps on 10/2/06. While she is waiting for her initial interview to determine eligibility for Food Stamps on 10/5/06, she decides to apply for Medicaid as well. Her application for Medicaid was received today, but has not yet been registered.

During the interview, Ms. Daily provides all required verification and signs all required forms including the Declaration of Citizenship form attesting to her children's identity. Thoroughly document Ms. Daily's circumstances while completing her eligibility interview for both programs.

- Her SSN is 626-66-XXXX.
- Review the Form 94 prior to beginning the initial application interview.
- Screen Ms. Daily's SSN to obtain her Food Stamp AU ID #.
- Add the LIM program to her pending Food Stamp case.
- Complete the interview, process the application months, and finalize her Food Stamp and LIM applications using the data from the interview.
- The trainer will walk through the screening and Add A Program processes and provide any additional information.

# SCREEN

## AMEN

- Select A to access the Client Registration System

## CRS

- Enter Ms. Daily's SSN
- Press ENTER

```
HRRS0010          CLIENT REGISTRATION SYSTEM          CICS V2          10/05/2006
                   NAME/SSN INQUIRY                   09:23:30
L NAME              F NAME              M NAME              SFX
SSN1 626 66 XXXX   DOB (MM DD YYYY)     +/-              SEX              MORE

RACE (Y/N)? : BLACK OR AFRICAN AMERICAN          WHITE          ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER          AMERICAN INDIAN/ALASKAN NATIVE
ETHNICITY (L/N)? : HISPANIC/LATINO
SEL CL ID   E CTY L NAME              F NAME              MI DOB   SX RCE   SSN   A

F1-HELP  F2-REFSH  F3-EXIT  F7-UP  F8-DOWN  F9-CLT DET  F11-CLT PART  F12-RETN
```

CRS

- Enter Y next to Ms. Daily's name
- Press PF11 to view Client Participation data

```
HRRS0010          CLIENT REGISTRATION SYSTEM      CICSV2      10/05/2006
                   NAME/SSN INQUIRY                09:23:30
L NAME              F NAME              M NAME      SFX
SSN1 626 66 XXXX   DOB (MM DD YYYY)      +/-        SEX        MORE

RACE (Y/N)? : BLACK OR AFRICAN AMERICAN      WHITE      ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER      AMERICAN INDIAN/ALASKAN NATIVE
ETHNICITY (L/N)? : HISPANIC/LATINO
SEL CL ID   E CTY L NAME              F NAME      MI DOB   SX RCE  SSN  A
Y XXXX00243 044 DAILY                  ANNE        11231972 F  W 62666XXXX

F1-HELP  F2-REFSH  F3-EXIT  F7-UP  F8-DOWN  F9-CLT DET  F11-CLT PART  F12-RETN
```

### Client Participation History

- Write down Ms. Daily's Food Stamp AU ID #\*
- Press PF3 to return to AMEN

HRRS0020	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006								
	CLIENT PARTICIPATION HISTORY		09:27:11								
CLIENT DAILY	ANNE	ID XXXX00243	MORE: N								
S	CASE ID	CTY	OFC	PGM	TYPE	RL	STAT	BEGIN	END	H	COMMENTS
	XXXX00172	044	049	FS	S	SE	P	10 02 2006	99 99 9999		DAILY A
F1	F3	F7	F8	F12							
HELP	EXIT	SCR UP	SCR DN	SELECT							

**\*You may copy and paste the AU number to AMEN**

## ADD A PROGRAM

### AMEN

- Select L to begin the Add A Program process
- Enter Ms. Daily's Food Stamp AU ID #
- Press ENTER

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection L		
AU ID <b>xxxx00172</b>	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		

**NAME**

- Information is pre-populated
- Press ENTER

ADDPROGRM	APPLICANT NAME AND ADDRESS - NAME						NAME
CO 044 LO 049 Load ID 0800	Client ID 000000072 Prev CO/LO 044 / 049						
HOH F Name ANNE	MI	L Name DAILY				Suf	
Primary Language	Visually Impaired	Hearing Impaired	Public Housing	Serial Number	Census Tract	Voter Reg	
E	N	N	Z			N	
Residential Address							
Address Line 1							
Street	Number	Dir	Name	Type	City	Dir	Apt
	2640		LINCOLN	BLVD			
City	ATLANTA		ST	GA	Zip	30303	Phone 404 656 1200
Mailing Address							
Address Line 1							
Street	Number	Dir	Name	Type	City	Dir	Apt
			SAME				
City			ST		Zip		
Message							
18-tbud							

**KIND**

- Enter Y in the Select field next to AFDC Related Medicaid
- Press ENTER

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

**CIRC**

- Requests Prior Medicaid coverage
- Has dependent children
- Press ENTER

ADDPROGRAM	HOUSEHOLD CIRCUMSTANCES - CIRC	CIRC
Monthly Income (FS)		
Earnings Types/Amts		
Unearned Types/Amts		
Liquid Resources (FS)		
Resource Types/Amts		
Current Rent/Mortgage/Utilities (FS)		
Select:		
Anyone > 18 who formerly recvd SSI	Y	Any Unpaid Medical Bills Prior Month
Medicare Entitlement		Community-Based Waiver
Nursing Home		Hospital
Migrant/Seasonal Farmworker		Resident Battered Woman Shelter
Y MA needed for adult with dep child		Refugee
		Authorized Rep
Message		
		18-tbud

**MEMB – Anne Daily**

- Information is pre-populated
- Press ENTER

ADDPGRAM	HOUSEHOLD MEMBER - MEMB	MEMB 01
Client ID XXXX00243	Del	01
F Name ANNE	MI	L Name DAILY
Relationship SE	DOB (MM DD YYYY) 11 23 1972	V CS Sex F
SSA/SSN Appl For	SSN1 626 66 XXXX	V CS Race: B W A N P Ethnic: N
Preg N	Due Date	N Y N N N
Alternate Names	F Name	MI L Name Suf
		More Names
SSN	V	Additional SSNs
SSN	V	SSN V
		More SSNs
		More Members Y
Message		

**MEMB – Tammy Daily**

- Information is pre-populated
- Press ENTER

ADDPGRAM	HOUSEHOLD MEMBER - MEMB	MEMB 02
Client ID XXXX00244	Del	01
F Name TAMMY	MI	L Name DAILY
Relationship CH	DOB (MM DD YYYY) 12 24 1988	V CS Sex F
SSA/SSN Appl For	SSN1 627 66 XXXX	V CS Race: B W A N P Ethnic: N
Preg N	Due Date	N Y N N N
Alternate Names	F Name	MI L Name Suf
		More Names
SSN	V	Additional SSNs
SSN	V	SSN V
		More SSNs
		More Members
Message		
	18-tbud	24-del

### MEMB – Richard Daily

- Information is pre-populated
- Press ENTER

ADDPROGRM	HOUSEHOLD MEMBER - MEMB	MEMB 02					
Client ID XXXX00245	Del	01					
F Name RICHARD	MI	L Name DAILY	Suf				
Relationship CH	DOB (MM DD YYYY) 09 23 1993	V CS	Sex M				
SSA/SSN Appl For	SSN1 628 66 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
				More SSNs			
				More Members			
Message							
				18-tbud			24-del

**INCH**

- Enter Y next to F01
- The application date is 10/05/06
- Press PF4 to bypass warning message regarding printing an AFA

```
ADDPROGRM                INFORMED CHOICE - INCH                INCH

HOH Name ANNE            DAILY                Client ID XXXX00243
Indicate/add all programs the head of household wishes to apply for

  Ind      Program          Med COA          AU ID
  Y        MA MED ASST      F01

TANF 2P Able Bodied      All FS Applicants receive AF, RF, SSI
                          Appl Date 10 05 06

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
                          18-tbud                20-afa
```

**REDI**

- No appointment will be scheduled
- Press PF4 to return to AMEN

ADDPROGRM	REGISTRATION DISPOSITION - REDI	REDI
HOH Name ANNE	DAILY	Client ID XXXX00243
Withdrawal?		
Sched Interview	Unit Type 01	Unit Supv 0989
	Inquiry Date 10 05 06	Load ID 1796
	Appt Date ?	Appt Type MNT
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

## INTERVIEW

### AMEN

- Enter O to begin the interview process
- Write down the LIM AU ID #
- Press ENTER

### ADDR

- Compare the information provided on the Form 94
- Residential County Code is 044
- Access NARR to enter documentation
- Press PF4 to bypass warning message

### STAT A – F01

- Review Form 94 to determine who is applying for Medicaid
- Access ADT to enter documentation

**STAT B – FS**

- Ms. Daily is applying for everyone to receive Food Stamp benefits
- Access ADT to enter documentation
- There are no other HH members
- Identity is verified by GA Driver’s License

```

INTERVIEW          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          STAT   B
Month 11 06                               01

AU ID XXXX00172   Prog FS      Prog Type F      Med COA
Confirm

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

-----
First  Last  Rel V  Mand Finl  --Stat-- Rsn   Appl   Begin  Pd Thru  Penalty
Name   Name                               Date    Date   Date   Date   T   Date
ANNE   DAI   SE  OT   Y   PN   A 100506  100206
TAMMY  DAI   CH  OT   Y   PN   A 100506  100206
RICHAR DAI   CH  OT   Y   PN   A 100506  100206

Message
    
```

```

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

More

MESSAGE
0019 UPDATE COMPLETED SUCCESSFULLY
13-bott
    
```

**DEM1 – Anne Daily**

- Ensure SSN and Date of Birth were entered correctly at registration
- Never been married
- Lives at home
- Does not receive SSI

**DEM2 – Anne Daily**

- U.S. Citizen; verified by birth certificate
- Completed 12<sup>th</sup> grade; verified by AR's statement
- Agrees to cooperate with TPL
- Access ADT to enter documentation

**DEM3 – Anne Daily**

- No data to enter

**DEM1 – Tammy Daily**

- Never been married
- Lives at home
- Does not receive SSI
- Deprived due to the absence of one parent
- Access REMA to enter documentation
- Her father is Sam Watson and he does not pay child support nor provide any healthcare insurance

**DEM2 – Tammy Daily**

- U.S. Citizen; verified by birth certificate\*
- Identity verified by GA Driver’s License
- Fulltime student; verified by AR’s statement
- Completed 11<sup>th</sup> grade; verified by AR’s statement
- Healthcheck referral made on 10/5/06
- Access ADT to enter documentation

```

INTERVIEW          CLIENT DEMOGRAPHIC 2 - DEM2          DEM2 03
Month 11 06          0002 06 01 06

Client Name TAMMY          DAILY          Client ID XXXX00244

Citiz V  Student V  High Grade V  Striker  ---Immunization --  Law -Health Chk -
      Stat      Completed      Stat      Curr GCse Due Dt  Brkr Ref  Date
  C  BC      FT  CS      11      CS  N                                Y  100506

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

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

Non-Custodial Parent?  V

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

\*Note: The code for verification of Citizenship in the production region is GM.

### ALAS – Tammy Daily

- Attends Jordan High School
- Graduation Date is 05/07

INTERVIEW	ALIENS AND STUDENTS - ALAS	ALAS 01							
Month 11 02									
Client Name	TAMMY	DAILY	Client ID	XXXX00244					
		Permanent							
Citiz	Elig V	Doc	Spons	Country	Entry Date	INS	--	Emergency Med	---
	Stat	Type	Alien	of Origin	(MM YYYY)	Number	Ind	Beg Dt	End Dt
	C								
INS Auth To Work	Refugee Resettlement Agency								
Student Educ	School Name	Dep Care	Grad Date	Meals	20 Hr/Wk				
Status Level		Respon	(MM YY)	Provided	Work Rqmt				
FT	SE	JORDAN HIGH	05 07						
School Attend Cd									
Message									

### DEM3 – Tammy Daily

- No data to enter

**DEM1 – Richard Daily**

- Lives at home
- Does not receive SSI
- Deprived due to absence of one parent
- Access REMA to enter documentation
- His father is Pete Roberts and he does not pay child support nor provide any healthcare insurance

**DEM2 – Richard Daily**

- U.S. Citizen; verified by birth certificate\*
- Identity verified by Declaration of Citizenship
- Fulltime student; verified by AR's statement
- Completed 7<sup>th</sup> grade; verified by AR's statement
- Healthcheck referral made on 10/5/06
- Access ADT to enter documentation

INTERVIEW Month 11 06	CLIENT DEMOGRAPHIC 2 - DEM2 0002 06 01 06	DEM2 03
Client Name RICHARD	DAILY	Client ID XXXX00245
Citiz V C	Student V BC	High Grade V 07
Striker N	---Immunization Curr	Law -Health Chk - Brkr Ref Date Y 100506
TPL Coop	V Entitlmnt	----- Medicare ----- Claim Num
N	Disab Type	Disability / Incapacity ----- Approval Begin Date End Date Source (MM YYYY) (MM YYYY)
Joint SSI/FS Stat	Vet Stat	Military Serv Num
N	Death Date	TANF Cap Parent Ctr End Date
Non-Custodial Parent?	V	----- TANF Cap Child ----- Parnt ID Rcv Mo Cncpt GCse
Message 0013 0013 REQUIRED FIELDS ARE IDENTIFIED BY "?" 15-lett		
22-tp1 23-alau		

\*Note: The code for verification of Citizenship in the production region is GM.

**ALAS – Richard Daily**

- Attends Jordan Middle School
- Graduation Date is 05/11

INTERVIEW	ALIENS AND STUDENTS - ALAS	ALAS 01						
Month 11 02								
Client Name	RICHARD DAILY	Client ID XXXX00245						
	Permanent							
Citiz	Elig V	Doc Spons Country	Entry Date	INS	--	Emergency Med	---	
	Stat	Type Alien	of Origin	(MM YYYY)	Number	Ind	Beg Dt	End Dt
	C							
INS Auth To Work	Refugee Resettlement Agency							
Student Status	Educ Level	School Name	Dep Care Respon	Grad Date (MM YY)	Meals Provided	20 Hr/Wk	Work Rqmt	
	FT	SE	JORDAN MIDDLE	05 11				
School Attend Cd								
Message								

**DEM3 – Richard Daily**

- No data to enter

**FSME**

- Ms. Daily's AU members are not eligible to receive the excess medical deduction
- Press ENTER through all FSME screens

INTERVIEW		FOOD STAMP MEDICAL EXPENSES - FSME					FSME 01	
Month 11 06							01	
Client Name ANNE		DAILY			Client ID XXXX00243			
Del	Freq	Pro. Num Of Mths	Type	Amt	V	Date Incurred	TPL Amt	Prorated Amount
Provider Name								
Provider Name								
Provider Name								
Provider Name								
Provider Name								
Provider Name								
Message								
15-lett			17-mo<		18-mo>		24-del	

**APID – Sam Watson**

- Absent parent has not returned home
- The absent parent is Sam Watson
- He is the acknowledged, natural father of Tammy
- Has no legal relationship or paternity for Richard
- Ms. Daily agrees to cooperate with OCSS

**APAD – Sam Watson**

- Lives at 100 Comer Avenue in Columbus, GA 31805
- No phone number

**APDE – Sam Watson**

- Not married to Ms. Daily
- Born 11/25/70; birthplace unknown
- White male, 6'2" tall
- Black hair, brown eyes, weighs 200 pounds

**APEM – Sam Watson**

- Employment history unknown

**APCO – Sam Watson**

- Not court ordered to pay child support
- Fastpath back to APID A

**APID – Sam Watson**

- Enter Y in the More APs field
- Press ENTER

**APID – Pete Roberts**

- Has not returned home
- Has no legal relationship or paternity for Tammy
- He is the acknowledged, natural father of Richard
- Ms. Daily agrees to cooperate with OCSS

**APAD – Pete Roberts**

- Addresses unknown

**APDE – Pete Roberts**

- Not married to Ms. Daily
- Date of birth and birthplace are unknown; approximate age is 32
- White male, 6' tall
- Black hair, brown eyes, weighs 180 pounds

**APEM – Pete Roberts**

- Employment history unknown

**APCO – Pete Roberts**

- Not court ordered to pay child support

**RES1 – Anne Daily**

- Cash of \$15

**RES2 – Anne Daily**

- No data to enter

**RES3 – Anne Daily**

- No data to enter

**TRAN – Anne Daily**

- No data to enter

**RES1, RES2, RES3 and TRAN – Tammy and Richard Daily**

- They do not have any liquid nor non-liquid resources

**ERN1 – Anne Daily**

- Employed by Kmart located at 827 MLK Blvd., Atlanta, GA 30303
- Job not obtained through Applicant Job Search
- Phone number is unknown
- Began on 10/4/06; anticipates receiving first check on 10/18/06
- Enter N in LIM SON Override field
- Access ADT to enter documentation
- Clearinghouse screens viewed; no discrepancies noted

**ERN2 – Anne Daily**

- Works an average of 20 hours per week
- Paid weekly on Tuesdays
- Earns \$5.85 per hour
- Determine representative amount
- Verification of wages requested
- Access ADT to enter documentation
- Press PF4 to bypass warning message regarding verification field

**DEAL – Anne Daily**

- No data to enter

**CARE – Anne Daily**

- Incurs no childcare costs
- Her mother, Catherine Daily, takes care of Richard after school at no charge
- Access ADT to enter documentation

**ERN1 – Tammy Daily**

- Is not employed
- Access ADT to enter documentation
- Clearinghouse screens viewed; no discrepancies noted

**ERN2 – Tammy Daily**

- No data to enter

**DEAL – Tammy Daily**

- No data to enter

**CARE – Tammy Daily**

- No data to enter

**ERN1, ERN2, DEAL and CARE – Richard Daily**

- No data to enter

**UINC – Anne, Tammy and Richard Daily**

- AU members have no unearned income
- Clearinghouse screens viewed; no discrepancies

**WORK – Anne Daily**

- Determine Ms. Daily's E&T status

```
INTERVIEW          WORK REGISTRATION/PARTICIPATION - WORK          WORK 01
Month 11 06                0098   04 30 06

Client Name ANNE                DAILY                Client ID XXXX00243

-----Employment Services-----                - Applicant Job Search -
Exempt          Partic      Number      Comp  Supp  DA/PE  Non-Partic  AJS Start
Reason Stat V   Date          Offns      Req  Work          Reason      Date
CA
FS          MR   CS

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

Message

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

**WORK – Tammy and Richard Daily**

- SUCCESS determined E&T status
- Ensure codes are correct
- AR's statement accepted

**SHEL – Anne Daily**

- Heats with gas
- Determine SUA type; verified by AR's statement
- Rent is \$250 per month
- Verification of rent amount requested; leave verification field blank
- Landlord is Bob Turner of 584 Lincoln Blvd., Atlanta, GA
- Access ADT to enter documentation
- Press PF4 to bypass warning regarding verification field

INTERVIEW			SHELTER EXPENSES - SHEL			SHEL 01		
Month 11 06								
Client Name ANNE			DAILY			Client ID XXXX00243		
Primary	Receive	Public	SUA	Number	Phone			
Heat/Cool	LIHEAP	Housing/Exc	Type	V	Sharing	STD		
G	N	N	HC	CS				
Expense Type	Amt	V	Expense Type	Amt	V			
Rent	250.00	?	Mortgage					
Taxes			Insurance					
Gas			Electric					
Sewer			Water					
Disaster Repair			Garbage					
Other Fuel			Oil					
Other Housing								
Landlord Name	BOB	TURNER	Phone					
Address	584 LINCOLN BLVD	City	ATLANTA	ST	GA	Zip		
Message								
15-lett								

UPDATE	REMARKS - REMA	REMA
--------	----------------	------

```
***** 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(X) Mortg( ) Insur( ) Taxes( ) Lot Rent( )
: VERIFICATION OF RENT REQUESTED
Calc if other than monthly:
Included in mortg? Insurance( ) Taxes( ) If none, explain:
UTILITY EXPENSE incurred by DWELLING? Y/N(Y) Included in Rent? Y/N(N)
If none, explain: GAS HEAT; COOLS WITH FANS
DWELLING IS ELIGIBLE for Utility Deduction based on;
(X)H/C SUA based on, Heating(X) 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:
( )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 – F01

- Override Auto Reassign

MISC B – FS

- Review Form 354
- Press PF8 to view trial eligibility budget
- Determine AU's net income and liquid resources
- Compare net income and resources to paid expenses as reported on Form 354
- Access ADT to enter documentation regarding Management
- Determine AU's Reporting Requirement

```

INTERVIEW          AU NON-FINANCIAL MISCELLANEOUS - MISC          MISC    B
Month 11 06                6991  10 05 06

HOH Name ANNE          DAILY          Client ID XXXX00243
AU ID XXXX00172      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
      E
                                U

----- Review ----- Auto   Lump Sum          Delay  QMB  RSM
Compl  Mand  Last  Reasgn  Remain          Rsn  Ovr  Elig
      Std  Type  Ovr   Amount          Ovr
      Y

Sched Interview          QC Penalty End Date
Del   Unit Number 179602   Inquiry Date 10 05 06   Load ID XXXX
Next Review S          Appt Date 10 02 06   Appt Type
Appt Begin Time (HH:MM) 02 : 00
Appt End Time (HH:MM) 03 : 00          Appt Letter Print Location B
L Name/Appt Remarks  DAILY/FS INTAKE

Message

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

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	250.00	Monthly	Not paid yet	Me
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	42.00	Monthly	Not paid yet	Me
b. Gas	20.00	Monthly	Not paid yet	Me
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage	Included in rent			
e. Garbage	Included in rent			
f. Telephone	35.00	Monthly	Due at end of month	Me
<b>SUBTOTAL</b>	<b>347.00</b>			
Medical Expense	300.00	Not paid	Haven't paid yet	No one
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)	50.00	Monthly	10/3/06	Mother
Other				
<b>TOTAL</b>	<b>697.00</b>			

EXPEDITED?     Yes     No

1. Does anyone pay any of these bills or any other household bills for you?     Yes     No  
 Was living and eating with my mother. I recently moved to my own apartment after getting a job. My mother bought me a bus pass to get to work each day.  
 If yes, who pays the bills?  
 What bills are paid?    Bus pass

2. Do you share the costs of monthly bills with anyone?     Yes     No  
 If yes, who?    I have to pay for everything now  
 What costs?

3. Comments / Documentation    I need help buying food and paying my medical bills.

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

F. J. Case Manager  
Signature (Case Manager)

10/5/06  
Date

COUNTY: DFCS Training	CASE NUMBER: XXXX00172
-----------------------	------------------------

**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 checked="" type="checkbox"/> Yes <input 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.) Yes No

Real Home/Home Place Property Yes 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.
Cash	N/A	\$15.00	N/A

**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	<b>\$117/wk</b>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$50</b>	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.

Anne Daily  
Signature

10/5/06  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

F. J. Case Manager  
Case Manager

10/5/06  
Date

UPDATE	REMARKS - REMA	REMA
		01
***** 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>397.00</u>	
Available net income	: <u>405.66 + 15 liquid resources</u>	
Mgmt met?	Y/N ( <b>Y</b> )	
If no, explain discrepancies: <u>MS. DAILY RECENTLY MOVED AND GOT A NEW JOB.</u>		
<u>SHE ANTICIPATES MONTHLY EXPENSES TALLING 397/MONTH. HER NET INCOME IS</u>		
<u>SUFFICIENT TO MEET HER MONTHLY EXPENSES.</u>		
:		
:		
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.		
(X) 6 Month-SRR Explained and Form 339 given.		
		More
MESSAGE		
13-bott		

**ERRO**

- Address any unresolved errors

**VERF A – F01**

- Press ENTER

**VERF B – FS**

- Press ENTER

**DONE**

- Complete Form 173 to request needed verification
- Access NARR to enter documentation regarding request for verification
- Press ENTER to commit to the database

**Georgia Department of Human Resources  
VERIFICATION CHECKLIST**

\_\_\_\_\_ County Department of Family and Children Services

\_\_\_\_\_ Case Number

\_\_\_\_\_ Case Manager / Caseload

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ Date

The items checked below must be received by \_\_\_\_\_ (Due Date). If you cannot get the requested information and / or need more time, contact your case manager by phone or mail by \_\_\_\_\_ (Due Date). Your case manager may give you more time and may be able to help you get the information you need. Bring in or mail the items checked below or we will be unable to determine eligibility for an individual or the entire assistance unit.

TANF	Medicaid	FS		TANF	Medicaid	FS	
			Check stubs or statement from employer for:				Name and address of any person(s) giving you any child support, alimony, or any other contribution.
			Birth certificate / proof of citizenship/ proof of age for:				Address, social security number, phone number, and other information about the absent parent(s).
			Social Security card / application for:			NA	Proof you have applied for:
			Bank account statement – no more than 30 days old.				Statement from physician or health department to verify pregnancy and due date.
	NA	NA	Immunization Form 3231 for:				Letter of Award for Social Security, SSI, Veterans benefits, unemployment benefits, worker's compensation for:
			Other: HIPAA Form				Other:

Bring in or mail proof of items checked below or we will not use the expense as a deduction in Food Stamps, and we may not be able to determine your eligibility for TANF, Food Stamps, or Medicaid.

TANF	Medicaid	FS		TANF	Medicaid	FS	
	NA		Proof of rent /mortgage payment.		NA		Proof of the amount of your gas, electric, telephone and other utility bills.
	NA		Proof of homeowner's insurance / property taxes.				Written statement of child care expenses for:
			Medical bills on which you still owe – physician, prescription drugs, health insurance premium, hospitalization.		NA		Proof of the legal obligation and the amount of child support paid to someone not in your home.
			Proof of the amount your insurance paid on your medical bills.	NA		NA	Other: Declaration of Citizenship Third Party Liability

## PROCESS

**Background** – Ms. Daily returned the requested verification on 10/14/06.

- Update each application month to reflect the information provided on the attached verification.
- Remember to enter actual wages for the application month of 10/06 as Ms. Daily had new income that was not received for a full month.
- The trainer will walk through this process and provide any additional information.

**VERIFICATION OF EARNED  
INCOME**(Verificación de ingreso ganado)

Date/Fecha: 10/5/06

Recipient Name: Anne Daily  
(Nombre del Recibidor)

Employer Name: Kmart  
(Nombre del Patrón o de la Compañía)

Case Name: Anne Daily  
(Nombre del Caso)

Employer Address: 827 MEX St  
(Dirección del Patrón o de la Compañía)

Case Number: ~~xxxx~~00613 and ~~xxxx~~00172  
(Número del Caso)

Atlanta, GA 30303

Social Security Number: 626 66 ~~xxxx~~  
(Número de Seguro Social)

The above named individual is an applicant/recipient of assistance in this county. Regulations require verification of all household income. (El individuo nombrado arriba es un solicitante/recibidor de asistencia en este condado. Reglamentos requieren verificación de todo el ingreso del hogar.)

Please complete the earnings statement on the reverse side. (Favor de llenar la declaración de ingresos al dorso.)

Your assistance is appreciated. (Le agradecemos su asistencia.)

Sincerely,  
(Atentamente)

Case Manager 555-555-5555  
Case Manager/Phone Number  
Nombre del Trabajador Social / Número de

Teléfono

I hereby authorize my employer to furnish complete information about my earnings to the Training  
County Department of Family and Children Services. (Por este medio autorizo a mi empleador a proveerle al Departamento de Servicios Para Familias y Niños del Condado de \_\_\_\_\_ información completa sobre mis ingresos.)

Anne Daily  
Signature or Mark  
(Firma o Marca)

If signed by an "X", person who witnesses the mark signs below. (Si ha firmado con una "X", la persona que testifica la marca debe firmar abajo.)

\_\_\_\_\_  
Signature of Witness  
(Firma del Testigo)

I. a) Name and address of employee on employer's record. (*Nombre y dirección del empleado como Aparece en el expediente del empleador.*)

Kmart 876 MLK Blvd., Atlanta, GA 30303

b) Beginning date of employment. (*Fecha en que comenzó a trabajar*) 10/4/06

Date of first pay (*Fecha del primer día de pago*) \_\_\_\_\_

c) Employee is paid: Weekly Every Two Weeks Monthly Twice a Month  
(*El empleado recibe pago*) (*Semanal*) (*Cada Dos Semanas*) (*Mensual*) (*Dos Veces al Mes*)

d) Day of the week paid if pay is received weekly or every two weeks. (*Favor de marcar el día de la semana que recibe su pago si le pagan semanalmente o cada dos semanas.*)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
(*Lunes*) (*Martes*) (*Miércoles*) (*Jueves*) (*Viernes*) (*Sábado*) (*Domingo*)

e) Hourly rate (*Pago por hora*) \$5.85

f) Number of hours worked per week (*Número de horas de trabajo por semana*) 20

II. PLEASE COMPLETE FOR LAST All WEEKS

(*FAVOR DE LLENAR PARA LAS ÚLTIMAS SEMANAS*)

Period End Date ( <i>Fecha Final del Período</i> )	Date Pay Received ( <i>Fecha de Recibir Pago</i> )	Hours Worked ( <i>Horas Trabajadas</i> )	Gross Earning* ( <i>Ingresos Brutos*</i> )	Tips ( <i>Propinas</i> )
1) 10/18 will be	her first pay check	20	\$117.00 gross	
2)				
3)				
4)				
5)				
6)				

\*Do NOT include advance EITC payments in Gross Earnings

(\*No incluye pagos de EITC adelantado en Ingresos Brutos)

III. a) Do you anticipate a change in pay? Yes  No   
(*¿Anticipa usted un cambio en pago?*) (*Si*) (*No*)

If yes, what change do you anticipate? (*En caso afirmativo, ¿qué cambio anticipa?*)

When? (*¿Cuándo?*) \_\_\_\_\_

b) If the person is no longer employed, provide reason for termination/separation. (*Si la persona ya no trabaja con usted, dé la razón por la terminación / separación.*) \_\_\_\_\_

Last date of employment (*Última fecha de empleo*) \_\_\_\_\_

Date of last pay (*Última fecha de pago*) \_\_\_\_\_

Date completed (*Fecha completada*) \_\_\_\_\_

Jimmy Stewart  
Signature of Employer (Firma del Patrón)  
Supervisor  
Title (*Título*)  
404-555-9515  
Phone Number (*Número Telefónico*)

An equal Opportunity Employer  
(*Un Empleador de Oportunidad de Igualdad*)

## AGREEMENT TO LEASE

This agreement is entered into, effective as of 10/1/06, between Anne Daily, of 2640 Lincoln Blvd, Atlanta, Fulton County, GA, referred to as "prospective lessor," and Bob Turner, of 584 Lincoln Blvd, Atlanta, Fulton County, GA, referred to as "prospective lessee."

### RECITALS

- A. Prospective lessor is the owner of real property that will shortly be available for lease.
- B. Prospective lessee desires to lease residential property for her personal use.
- C. The parties desire to establish an agreement to ensure a future lease of the residential property described in this agreement.

In consideration of the matters described above, and of the mutual benefits and obligations set forth in this agreement, the parties agree as follows:

### SECTION ONE SUBJECT OF LEASE

Prospective lessor shall enter into a written lease agreement with prospective lessee on or before 10/1/06, by which prospective lessor shall lease to prospective lessee the residential property owned by prospective lessor located at 2640 Lincoln Blvd, Atlanta, Fulton County, GA, for prospective lessee and her family to occupy and use as their residence.

### SECTION TWO TERM OF LEASE

The premises shall be leased to prospective lessee for a period of 1 year from 10/1/06. Prospective lessee shall have the option to renew the lease for 1 additional period of equal duration, on giving 30 days' written notice to prospective lessor of her intent to exercise that option at least 30 days prior to the expiration of the lease. Any additional extensions of the initial lease agreement or any new lease agreement shall be at the option of prospective lessor.

### SECTION THREE MONTHLY RENTAL

Prospective lessee shall pay \$250.00 per month as the monthly rental for the term of the lease with the first payment due on or before 10/31/06, and subsequent payments on the 20th day of each succeeding month. This rental payment shall be subject to renegotiation by the parties at any time either of the parties exercises the option to renew the lease under the provisions of any subsequent lease agreement.

### SECTION FOUR TAXES AND UTILITIES

- D. Prospective lessor shall be liable for the payment of all real property taxes assessed against the residential premises and shall pay the costs incurred for water and sewer services.
- E. Prospective lessee shall be liable for all personal property taxes and all remaining utility charges, including gas, electricity, sanitation, and telephone.

### SECTION FIVE REPAIRS

- F. Prospective lessee shall make all repairs on the premises, except where repairs are necessitated by structural damage, after advising prospective lessor of the necessity for such repairs.

G. Prospective lessor shall reimburse prospective lessee for the costs of all material required by the repairs made by prospective lessee.

H. Prospective lessor shall be responsible for making all structural repairs at her own expense.

**SECTION SIX  
LIQUIDATED DAMAGES**

Prospective lessee shall pay prospective lessor \$0 as liquidated damages for the refusal or failure by prospective lessee to execute a subsequent lease agreement in accordance with the terms of this agreement. The parties acknowledge that a failure to execute that lease will result in damages being suffered by prospective lessor, the extent of which cannot be estimated or determined.

**SECTION SEVEN  
GOVERNING LAW**

It is agreed that this agreement shall be governed by, construed, and enforced in accordance with the laws of the State of Georgia.

**SECTION EIGHT  
ATTORNEY FEES**

In the event that any action is filed in relation to this agreement, the unsuccessful party in the action shall pay to the successful party, in addition to all the sums that either party may be called on to pay, a reasonable sum for the successful party's attorney fees.

**SECTION NINE  
ENTIRE AGREEMENT**

This agreement shall constitute the entire agreement between the parties. Any prior understanding or representation of any kind preceding the date of this agreement shall not be binding upon either party except to the extent incorporated in this agreement.

**SECTION TEN  
MODIFICATION OF AGREEMENT**

Any modification of this agreement or additional obligation assumed by either party in connection with this agreement shall be binding only if evidenced in a writing signed by each party or an authorized representative of each party.

**SECTION ELEVEN  
PARAGRAPH HEADINGS**

The titles to the paragraphs of this agreement are solely for the convenience of the parties and shall not be used to explain, modify, simplify, or aid in the interpretation of the provisions of this agreement.

*Anne Daily 9/30/06*

*Bob Turner 9/30/06*

*From the Desk*



*Catherine Daily*

10/6/06

This is to certify that I, Catherine Daily, purchased a bus pass for my daughter on 10/3/06 from the bus company. The bus pass cost \$50.00 for one month's access. I do not anticipate making this purchase again now that Anne has found a job. She will be responsible for buying her own bus passes.

If additional information is needed, please feel free to phone me at 404-555-9200.

Thank you,  
*Catherine Daily*

**AMEN**

- Select P to begin processing the applications

**APP1**

- Select 10/06 to update information

**ADDR**

- Access NARR to update documentation regarding receipt of requested verification
- Fastpath to ERN1 for Anne Daily
- Press PF4 to bypass warning message

**ERN1 – Anne Daily**

- Update employer address and phone number
- Press PF9 to update documentation

**ERN2 – Anne Daily**

- Update frequency code
- Update actual wages for 10/06
- Press PF9 to update documentation regarding receipt of Form 809
- Fastpath to UINC for Anne Daily

CHANGE	EARNED INCOME 2 - ERN2				ERN2 01				
Month 10 06					01				
Client Name ANNE	DAILY			Client ID XXXX00243					
Employer Name KMART									
		Avg Hrs	20	Freq	AC	Day Week Pd	TU	Extra Pay	
Del									
Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
117.00	WF	117.00	WF						
----- Work Expenses -----									
Type	Amount	Freq	V	Type	Amount	Freq	V		
								More Jobs	
Message 0013									
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"									
15-lett				16-evnc		23-alau		24-del	

### **UINC – Anne Daily**

- Received vendor payment – other; one time only on 10/1/06 worth \$50; verified by letter
- Access REMA to enter documentation
- Fastpath to SHEL

### **SHEL – Anne Daily**

- Enter verification of rent amount
- Press PF9 to update documentation regarding receipt of verification
- Fastpath to DONE

### **DONE**

- Commit to database

### **APP1**

- Select 11/06 to update information

### **ADDR**

- Fastpath to ERN1 for Anne Daily

### **ERN1 – Anne Daily**

- Update employer address and phone number

### **ERN2 – Anne Daily**

- Update income verification field
- Fastpath to SHEL for Anne Daily

### **SHEL – Anne Daily**

- Update rent verification field
- Fastpath to DONE

### **DONE**

- Commit to database

### **APP1**

- Return to AMEN

## FINALIZE LIM APPLICATION

### AMEN

- Select Q
- Enter LIM AU ID #

### APP2

- Press ENTER

### ELIG 10/06 – F01

- If correct, confirm the data

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

AU ID XXXXXXXXX   Prog MA   Prog Type F   Med COA F01
Confirm Y

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat  Reasons     Date      Date   Date    Date     Type  End Date
  A                                100506  100506  100106

-----
First  Last  Rel V  Mand Finl  --Stat--  Rsn   Appl   Begin  Pd Thru  Penalty
Name  Name                               Date      Date   Date   Date   Date   T  Date
ANNE  DAI   SE OT  Y   RE  A  100506  100506  100106
TAMMY DAI   CH OT  Y   RE  A  100506  100506  100106
RICHAR DAI   CH OT  Y   RE  A  100506  100506  100106

Message
```

CAFI 10/06 – F01

- If correct, confirm the data

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI				CAFI	A
Month 10 06					
AU ID	XXXX00613	Prog MA	Prog Type F	Med COA	F01
Net Income Test (cont)					
Resources			Standard - 30 1/3		90.00
Resource Limit	1000.00		Dependent Care		.00
Total Resources	15.00		Net Earned Income		144.00
Gross Income Test			Net Unearned Income		.00
Gross Income Limit	784.40		Deemed Income		.00
Gross Earned Income	234.00		Allocated Income		.00
Net Unearned Income	.00		Net Income		144.00
Deemed Income	.00		Grant Amount		.00
Allocated Income	.00		Recoupment Amount		.00
Total Gross Income	234.00		Benefit Amount		.00
Net Income Test			Previous Benefit		.00
Net Income Limit	424.00		Spenddown Amount		
Gross Earned Income	234.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date	100506	Bnft Confirm Y	Reasons		Budgeting Method P
Notice Type	0003	Waive Timely Ntc Period			Notice Override
Review Begin Date	10 06	Review End Date	04 07		Strat 2
Message					
13-note					

ELIG 11/06 – F01

- If correct, confirm the data

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG										ELIG	A
Month 11 06											
01											
AU ID	XXXXXXXXXX										
Confirm	Y										
AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---					
Stat	Reasons	Date	Date	Date	Date	Type	End Date				
A		100506	100506	100106							
-----											
First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
ANNE	DAI	SE OT	Y	RE	A 100506		100506	100106			
TAMMY	DAI	CH OT	Y	RE	A 100506		100506	100106			
RICHAR	DAI	CH OT	Y	RE	A 100506		100506	100106			
Message											

**CAFI 11/06 – F01**

- Update Review End Date to coincide with FS Review End Date
- If correct, confirm the data

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 06					
AU ID XXXX00613	Prog MA	Prog Type F	Med COA F01		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit	1000.00		Dependent Care	.00	
Total Resources	15.00		Net Earned Income	416.99	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	784.40		Deemed Income	.00	
Gross Earned Income	506.99		Allocated Income	.00	
Net Unearned Income	.00		Net Income	417.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	506.99		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	424.00		Spenddown Amount		
Gross Earned Income	506.99		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 100506	Bnft Confirm Y		Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Ntc Period			Notice Override	
Review Begin Date 10 06	Review End Date 03 07			Strat 2	
13-note					

**APP2**

- Finalize the LIM application

## FINALIZE FS APPLICATION

### AMEN

- Select Q
- Enter FS AU ID #

### APP2

- Press ENTER

### ELIG 10/06 – FS

- If correct, confirm the data

FINALIZE		NON-FINANCIAL ELIGIBILITY RESULTS - ELIG					ELIG	A	
Month 10 06							01		
AU ID XXXX00172		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		100506	100206	100206					
-----									
First	Last	Rel V	Mand Finl	--Stat--	Rsn	Appl	Begin	Pd Thru	Penalty
Name	Name		Incl Resp	Date		Date	Date	Date	T Date
ANNE	DAI	SE OT	Y RE	A	100506	100206	100206		
TAMMY	DAI	CH OT	Y RE	A	100506	100206	100206		
RICHAR	DAI	CH OT	Y RE	A	100506	100206	100206		
Message									

FSFI 10/06 – FS

- If correct, confirm the data

FINALIZE		FOOD STAMP FINANCIAL ELIGIBILITY - FSFI				FSFI	B
Month 10 06							
AU ID	XXXX00172	Prog	FS	Prog	Type	S	
Resources				Income Test (cont)			
Resources Limit		2000.00	Excess	Shelter		400.00	
Total Resources		15.00	Medical	Deduction		.00	
Income Test				Dep Care Deduction			
Gross Income Standard	1744.00		Child	Support	Ded	.00	
Gross Count Earned	234.00		Adjusted	Net	Income	.00	
Self Employ Expenses	.00		Net	Income	Standard	1341.00	
Earned Income Deductn	46.80		Thrifty	Food	Plan	399.00	
Net Earned Income	187.20		Allotment	Amount		399.00	
Gross Count Unearned	.00		Recoupment	Amount		.00	
TANF / Refugee	.00		Benefit	Amount		385.00	
Standard Deduction	134.00		Previous	Benefit		385.00	
Bnft Eff Date	100506	Bnft Confirm	Y	Reasons		Budgeting Method	P
Notice Type	0003	Waive Timely	Notice	Period		Notice Override	
Review Begin Dt	10 06	Review End Dt	03 07	Strat	3	Issue Type	
Message							
13-note							

ELIG 11/06 – FS

- If correct, confirm the data

FINALIZE		NON-FINANCIAL ELIGIBILITY RESULTS - ELIG						ELIG	A
Month 11 06									
AU ID	XXXX00172	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		100506	100206	100206					
First Name	Last Name	Rel	V	Mand	Finl	--Stat--	Rsn	Appl	
				Incl	Resp	Date		Date	
ANNE	DAI	SE	OT	Y	RE	A 100506		100206	
TAMMY	DAI	CH	OT	Y	RE	A 100506		100206	
RICHAR	DAI	CH	OT	Y	RE	A 100506		100206	
-----									
Begin	Pd Thru	Penalty							
Date	Date	Date	Date	T Date					
100206	100206								
100206	100206								
100206	100206								
Message									

**FSFI 11/06 – FS**

- If correct, confirm the data

FINALIZE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID XXXX00172	Prog FS	Prog Type S		
Resources		Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	400.00	
Total Resources	15.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	1744.00	Child Support Ded	.00	
Gross Count Earned	506.99	Adjusted Net Income	.00	
Self Employ Expenses	.00	Net Income Standard	1341.00	
Earned Income Deductn	101.39	Thrifty Food Plan	399.00	
Net Earned Income	405.60	Allotment Amount	399.00	
Gross Count Unearned	.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	399.00	
Standard Deduction	134.00	Previous Benefit	.00	
Bnft Eff Date 100506	Bnft Confirm Y	Reasons 313	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 10 06	Review End Dt 03 07	Strat 3	Issue Type	
Message				
13-note				

**APP2**

- Finalize the FS application



## PRIOR MONTH MEDICAID

**Background** – Ms. Daily has unpaid medical bills for 8/06 and 9/06. She was not employed during this period. Update her information to reflect her circumstances during the months of August and September.

### AMEN

- Select 5
- Enter LIM AU ID #

### PMCO

- Select appropriate months

### AMEN

- Select R
- Enter benefit month 8/06

### ADDR

- Fastpath to ERN2 for Anne Daily

### **ERN2 – Anne Daily**

- Enter Y to delete earned income data
- Press PF24 to confirm deletion
- Fastpath to DONE

### **DONE**

- Commit to database

### **AMEN**

- Select R
- Enter benefit month 9/06

### **ADDR**

- Fastpath to ERN2 for Anne Daily

### **ERN2 – Anne Daily**

- Enter Y to delete earned income data
- Press PF24 to confirm deletion
- Fastpath to DONE

### **DONE**

- Commit to database

**AMEN**

- Select 6

**FPME**

- Press ENTER

**ELIG 08/06 – F01**

- If correct, confirm the data

```
FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 08 06                                           01

AU ID XXXXXXXXX  Prog MA    Prog Type S    Med COA F01
Confirm Y

  AU   AU Status  AU Stat  Appl  Begin  Pd Thru  ---Penalty---
Stat  Reasons    Date    Date  Date   Date    Type  End Date
  A                   100506  100506  080106  08312006

-----
First Last  Rel V  Mand Finl  --Stat-- Rsn  Appl  Begin  Pd Thru  Penalty
Name  Name                Incl Resp   Date   Date   Date   Date   T  Date
ANNE  DAI   SE OT   Y   RE   A 100506  100506  080106  08312006
TAMMY DAI   CH OT   Y   RE   A 100506  100506  080106  08312006
RICHAR DAI   CH OT   Y   RE   A 100506  100506  080106  08312006

Message
```

CAFI 08/06 – F01

- If correct, confirm the data

FINALIZE		CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 08 06						
AU ID	XXXXXXXXXX	Prog	MA	Prog Type	F	Med COA F01
Net Income Test (cont)						
Resources				Standard - 30 1/3		.00
Resource Limit		1000.00		Dependent Care		.00
Total Resources		15.00		Net Earned Income		.00
Gross Income Test				Net Unearned Income		.00
Gross Income Limit		784.40		Deemed Income		.00
Gross Earned Income		.00		Allocated Income		.00
Net Unearned Income		.00		Net Income		.00
Deemed Income		.00		Grant Amount		.00
Allocated Income		.00		Recoupment Amount		.00
Total Gross Income		.00		Benefit Amount		.00
Net Income Test				Previous Benefit		.00
Net Income Limit		424.00		Spenddown Amount		
Gross Earned Income		.00		Medical Expense Amt		
Self Employ Work Exp		.00		Net Spenddown Amt		
Bnft Eff Date	100506	Bnft Confirm	Y	Reasons		Budgeting Method P
Notice Type	0003	Waive Timely Ntc Period				Notice Override
Review Begin Date	10 06	Review End Date	04 07			Strat 2
13-note						

ELIG 09/06 – F01

- If correct, confirm the data

FINALIZE		NON-FINANCIAL ELIGIBILITY RESULTS - ELIG					ELIG	A
Month 09 06								
AU ID	XXXXXXXXXX	Prog	MA	Prog Type	S	Med COA	F01	
Confirm Y								
AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---		
Stat	Reasons	Date	Date	Date	Date	Type	End Date	
A		100506	100506	090106	09302006			
-----								
First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	
							Begin Date	
							Pd Thru Date	
							Penalty T Date	
ANNE	DAI	SE OT	Y	RE	A 100506		100506 090106 09302006	
TAMMY	DAI	CH OT	Y	RE	A 100506		100506 090106 09302006	
RICHAR	DAI	CH OT	Y	RE	A 100506		100506 090106 09302006	
Message								

CAFI 09/06 – F01

- If correct, confirm the data

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI				CAFI	A
Month 09 06					
AU ID XXXX00613	Prog MA	Prog Type F	Med COA F01		
Net Income Test (cont)					
Resources			Standard - 30 1/3	.00	
Resource Limit	1000.00		Dependent Care	.00	
Total Resources	15.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	784.40		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	424.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 100506	Bnft Confirm Y	Reasons		Budgeting Method P	
Notice Type 0003	Waive Timely Ntc Period			Notice Override	
Review Begin Date 10 06	Review End Date 04 07			Strat 2	
13-note					

FPME

- Finalize the LIM application for the prior months



## **FAMILY MEDICAID REVIEW PROCESS**

- A. SUCCESS selects cases for review at the beginning of the month prior to the Review End Date.
- B. A face-to-face interview is not required for Family Medicaid Reviews.
  - 1. Counties may opt to conduct Standard Reviews.
  - 2. If a county opts for a Standard Review and the A/R misses the appointment, the case cannot be terminated solely due to the missed appointment.
- C. For Alternate reviews, SUCCESS sends a notice with a mail-in review form the month prior to the review end month and sends the FICM an alert.
  - 1. Be sure to code the next review field on the MISC screen to send an alternate mail-in review.
  - 2. When the form is returned, the FICM must initiate the review in SUCCESS and enter the data.
  - 3. If the review is not initiated by the 6<sup>th</sup> of the review month, SUCCESS sends an alert to the FICM and will send a warning notice of closure to the AU.
  - 4. If the mail-in review does not have adequate information, the FICM should try to obtain the information by phone. Follow up with Form 95 or Form 173 if you do not speak with the customer during the call and/or you need verification.
  - 5. When the FICM completes the review on SUCCESS, the next review should be coded as an Alternate Review on MISC.
  - 6. The review SOP is the last work day of the month in which the review is due.

## MITCHELL GREEN – REVIEW REAL PLAY FAMILY INDEPENDENCE CASE MANAGER SCENARIO

**Background** – Mr. Mitchell Green has come in on 10/5/06 for his Food Stamp review due in 10/06. His RSM review is due in 1/07. You will conduct both reviews at the same time.

His FS AU ID # is **XXXX00009**.

His RSM AU ID # is **XXXX00008**.

- Talk with Mr. Green up front to establish a rapport and get an overview of his situation.
- Initiate both reviews and then go through all of the SUCCESS screens to update his information.
- Review all required forms with Mr. Green and obtain his signature.
- The value of Mr. Green's car is \$2300 as verified by NADA.
- Request any needed verification prior to completing his reviews.
- Once verification is received, complete the reviews on the MISC screen and update the Review End Dates so that future reviews will occur within the same month.

## HERMAN HORTON – REVIEW REAL PLAY FAMILY INDEPENDENCE CASE MANAGER SCENARIO

**Background** – Mr. Herman Horton has come in on 10/5/06 for his Food Stamp review due in 10/06. His RSM review is due in 1/07. You will conduct both reviews at the same time.

His FS AU ID # is **XXXX00012**.

His RSM AU ID # is **XXXX00011**.

- Talk with Mr. Horton up front to establish a rapport and get an overview of his situation.
- Initiate both reviews and then go through all of the SUCCESS screens to update his information.
- Review all required forms with Mr. Horton and obtain his signature.
- The value of Mr. Horton's car is \$3300 as verified by NADA.
- Request any needed verification prior to completing his reviews.
- Once verification is received, complete the reviews on the MISC screen and update the Review End Dates so that future reviews will occur within the same month.

**Georgia Department of Human Resources  
Division of Family and Children Services**



**FAMILY MEDICAID  
SUCCESS TRAINING**

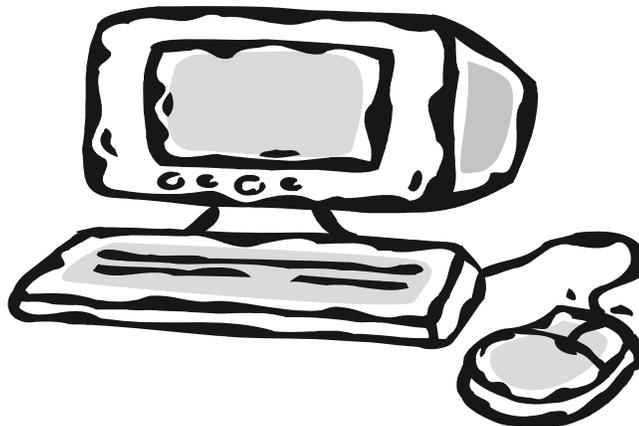
**REFERENCE**

## REFERENCE SECTION

<b>SUCCESS COAs.....</b>	<b>Page 2</b>
<b>2006 Financial Income Limits.....</b>	<b>Page 3</b>
<b>Weekly Planner.....</b>	<b>Page 4</b>
<b>Address Inquiry.....</b>	<b>Page 5</b>
<b>Screening Instructions.....</b>	<b>Page 6</b>
<b>Requesting a Client ID Correction.....</b>	<b>Page 7</b>
<b>Financial Responsibility Codes.....</b>	<b>Page 8</b>
<b>Helpful INFOPAC Reports.....</b>	<b>Page 12</b>
<b>FM SUCCESS Functions Appendix J.....</b>	<b>Page 14</b>
<b>Ask Your Supervisor List.....</b>	<b>Page 24</b>

## SUCCESS FAMILY MEDICAID COA CODES

NEWBORN	F15
LIM	F01
TMA	F07
4 MONTHS CS	F09
RSM Pg	P01
RSM Child	F22
MEDICALLY NEEDY CHILD	F99
MEDICALLY NEEDY PGW	P99



APPENDIX A.2 FAMILY MEDICAID 2006 (effective 02/01/2006)  
2006 INCOME LIMITS

	LIM	LIM	PCK	RSM PgW NB	RSM CHILD 0-1 TMA, WIC	RSM CHILD 1-5	RSM CHILD 6-19	FM-MNIL
BUDGET GROUP (BG) SIZE	GROSS INCOME CEILING (GIC)	STANDARD OF NEED (SON)	235% FEDERAL POVERTY LEVEL	200% FEDERAL POVERTY LEVEL (FPL)	185 % FEDERAL POVERTY LEVEL (FPL)	133% FEDERAL POVERTY LEVEL (FPL)	100 % FEDERAL POVERTY LEVEL (FPL)	FAMILY MEDICAID MNIL
1	\$ 435	235	1920	1634	1511	1087	817	208
2	659	356	2585	2200	2035	1463	1100	317
3	784	424	3252	2767	2560	1840	1384	375
4	925	500	3917	3334	3084	2217	1667	442
5	1060	573	4583	3900	3608	2594	1950	508
6	1149	621	5250	4467	4132	2971	2234	550
7	1243	672	5915	5034	4656	3348	2517	600
8	1319	713	6580	5600	5180	3724	2800	633
9	1389	751	7248	6168	5706	4102	3084	667
10	1487	804	7916	6736	6232	4480	3368	708
11	1591	860	8584	7304	6758	4858	3652	758
12	1635	884	9252	7872	7284	5236	3936	808
(+) PER ADDITION AL BG MEMBER	44	24	668	568	526	378	284	50

2006 RESOURCE LIMITS

LIM RESOURCE LIMIT \$1000 | FM-MN ALLOWABLE MILEAGE REIMBURSEMENT 44.5 CENTS PER MILE

FAMILY MEDICAID MEDICALLY NEEDED (FM-MN) RESOURCE LIMIT											
NUMBER OF INDIVIDUALS IN FM-MN BG											
1	2	3	4	5	6	7	8	9	10	11	12
\$ 2000	4000	4100	4200	4300	4400	4500	4600	4700	4800	4900	5000

(02/20/06)

# Weekly Planner

January						
S	M	T	W	T	F	S
				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

February						
S	M	T	W	T	F	S
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

March						
S	M	T	W	T	F	S
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				

April						
S	M	T	W	T	F	S
			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		

May						
S	M	T	W	T	F	S
					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						

June						
S	M	T	W	T	F	S
	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				

July						
S	M	T	W	T	F	S
			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	

August						
S	M	T	W	T	F	S
						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					

September						
S	M	T	W	T	F	S
		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			

October						
S	M	T	W	T	F	S
				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

November						
S	M	T	W	T	F	S
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					

December						
S	M	T	W	T	F	S
		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		

Clerical support staff has been asked to include the Address Inquiry information with the application paperwork given to the Case Manager. Support staff will only print this information when there is a discrepancy. The support staff will NOT discuss the discrepancy with the customer, but the Case Manager will have to address it with the customer.

It is good case management for Case Managers to use this function when adding a program or completing any other type of application. It can also be done at any time the Case Manager feels the need to do so.



## Address Inquiry for Support Staff

After screening and registering each case, complete an address inquiry on the Head of the Household. The Head of the Household is the person's name in which the case is registered.

**Step 1** - from the AMEN screen select D (Address Inquiry), press ENTER

**Step 2** - on the ADQI screen (Address Inquiry), type the address of the Head of the Household, and press ENTER

**Possible address matches will appear.** If the name in the Head of the Household field (HOH) is someone other than the applicant, screen print the page and attach to the AFA for the Case Manager. DO NOT discuss the results with the applicant. The Case Manager will discuss the address match(es) with the customer.

Note: Most Case Managers only use the Social Security number when screening. However, if no match is found, use the information listed below to complete the screening process:

<b>Procedure – SUCCESS Screening Instructions</b>	
<b>Step</b>	<b>Procedure</b>
	<b>A customer, known or unknown to the agency submits an application for services. A customer is applying to add a NEW person, known or unknown to the agency, to the AU for new or existing services. When interviewing the customer, always ask if they have ever applied for or received benefits or services.</b>
<b>Step 1</b>	From the AMEN screen enter option A Name/Part Inquiry. The Client Registration System Name/SSN Inquiry screen will appear.
<b>Step 2</b>	Then screen by <b>SSN</b> . Press ENTER.
<b>Step 3</b>	Type in the Head of Household's (HOH) information that the customer provided - <b>Last Name, First Name, Sex (U for Unknown can also be used)</b> . Press ENTER. If the customer has used other names, also screen on the other name(s).
<b>Step 4</b>	Repeat steps 2 and 3 for each person listed in the household.
<b>Step 5</b>	<b>If there is one match</b> , check to ensure the information provided on the application is the same as the data in CRS. Screen print and/or document if all data does not match the customer's application.
<b>Step 6</b>	Next, type a Y to the left of the matching client ID and press F11. Screen print and/or document the Client Participation History screen that is displayed for that client ID. Check to see if the customer has any active SUCCESS cases.
<b>Step 7</b>	<b>If there is more than one match</b> , determine which client ID is correct. For details on this process, please refer to the Instructions for Requesting a Client ID Correction. The same information is also included in DFCS Systems County Letter #00-100 dated August 18, 2000. When you have determined which ID is correct, type a Y next to the client ID and press F11. Screen print and/or document the Client Participation History screen that is displayed for that client ID. Repeat this process for each client ID shown. Check for any active SUCCESS cases.
<b>Step 8</b>	<b>If there is a No Matches Found message</b> in the bottom left corner of the screen, there was no match in CRS and the customer must be assigned a new client ID. You cannot assign a new client ID during this inquiry process. In application registration, you would use F8 to move to the last page of the Client Registration System NAME/SSN Clearance screen and then type Y in Assign New Client ID field and press ENTER.

<b>Procedure – Requesting a Client ID Correction</b>	
<b>Step</b>	<b>Procedure</b>
In order for the DFCS Systems Help Desk to correct a client ID, the Case Manager will need to complete the following steps:	
<b>Step 1</b>	Screen on each client that you have determined to have multiple IDs.
<b>Step 2</b>	Determine which client ID is the correct ID and which is erroneous based on the following guidelines: A. SUCCESS active status takes priority over \$STARS active status. B. SUCCESS active status takes priority over closed/denied status. C. Active in Medicaid AU takes priority over Active in non-Medicaid AU. (Exception: If one client ID is in Medicaid COA and the other ID is active in multiple SUCCESS cases, keep the ID in the multiple AUs.) D. Client ID with active claims cases needs to be the correct ID.
<b>Step 3</b>	When the worker has determined an ID is erroneous, confirm that the SSN is in ALTERNATE STATUS.  If the SSN is not in an alternate status, move SSN from primary to alternate in CRS from the DEM1 screen.
<b>Step 4</b>	If both client IDs are in an active status in SUCCESS, then the Case Manager will have to take the following steps: A. Deny client from the case with the erroneous ID. B. Select ADD A PERSON function and match on correct client ID.
<b>Step 5</b>	If the incorrect client ID is active in a \$STARS case, contact your local CSS agent to resolve the discrepancy.
<b>Step 6</b>	When all cases connected to the erroneous client ID are in closed or denied status, send an email to HD.EBT/CRS with the following information. A. On subject line type, ERRONEOUS CLIENT ID. B. In the text of the email, provide all relevant client IDs and indicate which is the correct ID and which is the erroneous ID. C. Include the following client demographic information on all client IDs. - full name (last, first and middle initial) - date of birth - sex - race and ethnicity - SSN, when present
<b>Step 7</b>	For any additional questions, please contact the DFCS Systems Help Desk at (404) 657-3717 (locally), 1-800-241-5072 (toll-free) or email HD.EBT/CRS.

# Financial Responsibility Codes

**SUCCESS Financial Responsibility codes are listed below, including the programs in which they are used and the affect on eligibility and budget group:**

**AL** – Alien Sponsor – TANF and Food Stamps only. Use this code to budget the alien sponsor's income and resources using alien sponsor rules.

**AS** – ABD Medicaid Applicant/Recipient Spouse – ABD Medicaid only. Use this code for an ABD Medicaid applicant's spouse who is applying for/receiving Medicaid in another AU. Also, use this code for an SSI spouse according to program policy guidelines. Do not use this code in a long term care/waiver AU (AU that has a COA of L\*\* or W01).

**IP** – TANF/ARM Ineligible Parent – TANF/ARM only. Use this code for an ineligible parent who is included in a TANF AU or an ARM AU that uses TANF income limits. The system will perform a responsibility budget and deem the remainder from this budget to the AU. In LIM, the total surplus income is deemed to the AU.

**LS** – ABD Medicaid Long Term Care Spouse – ABD Medicaid only. Use this code for an ABD Medicaid applicant's spouse who is residing in long term care in the same nursing home and applying for or receiving Medicaid in another Medicaid AU. Also use this code for the spouse if the Medicaid applicant and his/her spouse both reside at home together and are both applying for Medicaid because they receive home and community based care services, i.e., community care. This code is critical for the correct deeming of resources for the month of admission. Also, this code will tell the system to perform a couple Medicaid CAP budget to determine the applicants' eligibility as a couple living in the same LA-D.

**NA** – ABD Medicaid Non-Applicant Community Spouse - ABD Medicaid only. Use this code for a community (legal) spouse who is not applying for or receiving Medicaid. This tells the system to use spousal impoverishment rules for resource eligibility and patient liability budgeting, using the NA spouse's resources and income entered on the system. Also, use this code in a long term care or waiver AU for the spouse that is a Medicaid A/R in another ABD Medicaid AU that is not long term care/waiver (L\*\* or W01).

**ND** – Food Stamp Non-IPV Disqualified Individual – Food Stamps only. Use this code for an individual who is enumeration sanctioned or an ineligible alien.

**NI** – ABD Medicaid Non-legal Spouse – ABD Medicaid only. Use this code for what is often referred to as an SSI spouse. This is the ABD Medicaid applicant's spouse who fits the SSI definition of marriage (not a legal marriage in Georgia) and who is not a Medicaid applicant or recipient.

**NM** – Non-Member – All programs. Use this code for an individual who will not receive benefits as part of the AU and whose income and resources will not be considered in determining eligibility. This will allow the person to continue to show as part of the client list for the AU so that it is easy to see who is living together in the household.

**NR** – Non-parent Caretaker Relative – TANF and ARM only. Use this code for a non-parent caretaker who wants to have his/her needs included in the budget. The NR individual's income will also be included in the budget for the AU if he/she has a spouse (SR financial responsibility), the spouse's income will be deemed to the AU if any remains after the system completes a responsibility budget. In LIM, no more than \$235 of the surplus income will be deemed to the LIM AU.

**PB** – Parent of Blind or Disabled ABD Medicaid child – ABD Medicaid only. Use this code for the parent of a child applying for an ABD Medicaid COA where parent to child deeming is required by policy, such as SSI Medicaid (S10) and deeming waiver Medicaid (W01 COA with a wavier type code of D). Also, this code is used for the parents for the month a child is admitted to a nursing home or community based care (any LA-D) so that the system will deem a portion of the parents' resources for the month of admission (applies to L\*\* COAs and W01 COA).

**PM** – Parent of a Minor Parent – TANF and ARM only. Use this code for the parent of a minor parent who is requesting TANF or ARM. The system will deem the remainder of the parent's income to the AU if any remains after a responsibility budget is completed. In LIM, no more than \$235 of surplus income will be deemed to the LIM AU.

**PN** – Pending Applicant – All programs. The individual will be included in the AU and his /her income and resources will be included in the eligibility determination.

**RE** – Recipient – All programs. The system converts the PN code to this code after the AU is finalized if the individual is determined to be eligible for assistance.

**RP** – Responsible Person – ARM only, not LIM. Use this code for RSM and ARM Medically Needy. Use this code for individuals such as the spouse of a pregnant woman or an RSM child or parent that is to be included in the budget group only. This code tells the system that the individual is not eligible to receive assistance, but that his/her income needs to be included in the budget group used to determine the AU's financial eligibility.

**SA** – Sanctioned Individual – TANF, ARM and Food Stamps only. Use this code for an individual in the AU who is sanctioned for failure to comply with a program requirement. This tells the system to consider all the individual's income/resources but exclude the sanctioned individual's needs when determining eligibility. For ARM, this code is only allowed for LIM (F01).

**SC** – Spouse of an ARM Child – ARM only (F01, F22,). Use this code for the spouse of an individual who is applying for ARM as a child (not a pregnant woman). The system will deem the remainder of the spouse's income after a responsibility budget is completed. In LIM, this will be no more than the standard of need for one. In RSM, it will be no more than the FPL for one.

**SI** – SSI Child in a TANF/LIM AU – TANF & LIM only. Use this code for the only child in a TANF/LIM AU. This will tell the system to let the parent be an AU of one person. The SSI child's needs and resources/income will not be considered in the TANF/LIM eligibility determination.

**SR** – Spouse of a Non-parent Caretaker Relative – TANF/LIM and ARM only. Use this code only if the non-parent caretaker relative in a TANF/LIM or ARM AU has a spouse living in the home. The system will deem the remainder of the spouse's income to the AU if any remains after a responsibility budget is completed. In LIM, no more than the standard of need for one will be deemed to the AU from the surplus income.

**ST** – Stepparent of a TANF/LIM or ARM Child – TANF/LIM and ARM only. Use this code for a stepparent of children who are included as recipients in a TANF or ARM AU, such as LIM (F01) or ARM Medically Needy Medicaid (F99). The system will deem the remainder of the stepparent's income to the AU if any remains after a responsibility budget is completed. In LIM, no more than the standard of need for one will be deemed.

# HELPFUL INFOPAC REPORTS



## DMF800TI – ACTIVE CASES DUE FOR REVIEW FOR MM/YY

This report is generated monthly for each caseload and is usually available on the 5<sup>th</sup> of every month. The report is listed by county, by Case Manager, and is an alphabetical list of every case due for review in the next month.

### Information on the Report:

AU Number	Last Name	First Name	MI	PGM Type	COA
-----------	-----------	------------	----	----------	-----

- The report does not specify if the review is an alternate or a standard
- The report is sent after the standards have been scheduled by SUCCESS
- S99 cases are not listed on this report

### Ways to use the Report:

- Some Case Managers pull all of their case records that are due for review and put them in a separate file drawer. This way they don't have to search for the record when the AR comes in for the interview.
- To complete their Case Manager Monthly Log, Form 353.
- Have an easy way to figure out how many reviews are due and which ones are combos.
- Compare this list to your SUCCESS schedule screen print and write the first names, COAs and whether it's a combo next to the AU number and last name.
- Compare this report to your SUCCESS schedule to see if any cases were transferred to you between the 1<sup>st</sup> and the 5<sup>th</sup> that have reviews due.

## DMF8051I – CASE MANAGEMENT REPORT

This report is generated monthly for each caseload and is usually available on the 5<sup>th</sup> of every month. The report is listed by county, by Case Manager, and is an alphabetical list of every case in the caseload.

### Information on the Report:

Last Name	First Name	MI	SSN	AU STS	AU Number	PGM Cde	COA	PREV Load	Next REV Date	Next REV Type
-----------	------------	----	-----	-----------	--------------	------------	-----	--------------	------------------	------------------

Cases that were transferred after the report has run, or new applications that were registered after the report has run, will not be on the list even though they are in this caseload.

### Ways to use the Report:

- This report should be spot checked every few months for overdue reviews.
- This report can be used to align reviews in all three programs.
- This report shows which applications are still pending from last month.

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**APPENDIX J**  
**VOLUME II/MA, MT 27 – 07/07**

FAMILY MEDICAID SUCCESS FUNCTIONS

STAT SCREEN – FINANCIAL RESPONSIBILITY CODE

Include all related household members (for example, father of an unborn child, spouse of a non-parent caretaker, etc.) on the STAT screen, including those who are not a part of the AU/BG.

The financial responsibility code must be entered correctly in order for the CAFI and deeming/allocating budgets to be correct.

If during application processing it is determined that an individual(s) originally registered as PN should not/will not be included in the AU/BG, it is necessary to change his/her Financial Responsibility code depending on the case circumstances and relationship. CMD any individuals excluded from the AU.

**Example:** Mom, her spouse, mom's child, and the mutual child of mom's & her spouse apply for LIM. During application processing it is determined that the spouse's income exceeds the LIM limit for an AU of 4. However Mom and her child are potentially LIM eligible. It is necessary to recode spouse as 'ST' to allow for deeming, and recode the mutual child as 'NM'.

If a step-parent is coded as 'ST' in an F22 case, the amount of deemed income will be reflected on the CAFI screen but is correctly excluded from the final budget calculation.

**Example:** Mom, her boyfriend, mom's child, and the mutual child of mom & her boyfriend apply for LIM. During application processing it is determined that the boyfriend's income exceeds LIM limits for an AU of 4. However Mom and her child alone are potentially LIM eligible. It is necessary to recode the boyfriend and the mutual child as 'NM'.

**SSI Recipients**

Adult SSI recipients must be coded as Financial Responsibility 'NM'.

An only child who is a SSI recipient must be coded as 'SI' in order for SUCCESS to issue LIM and TMA to his/her parent(s) or adult caretaker relative.

**Married Minor Living With Parents and Spouse  
(minor does not have a child)**

When a LIM application is made for a minor by his/her parent(s)\*, and the minor is married, and both the minor's parents and spouse live in the home, both the spouse and parent(s) of the minor are financially responsible for the minor. The spouse of the minor must be coded 'SC', which will allow for deeming from the spouse, however the spouse is not included in the LIM AU. The parent(s) of the minor must be coded 'PN', which will include the parent(s) in the LIM AU.

When a RSM application is made for a minor child by his/her parent(s)\*, and the minor is married, and the minor's spouse lives in the home, both the spouse and parent(s) of the minor are financially responsible for the minor. The parent(s) of the minor must be coded 'RP', which will include the parent(s) in the BG. The spouse of the minor must be coded 'SC', which will allow for deeming from the spouse. NOTE: This is the only situation in which deeming applies to RSM. The spouse is included in the RSM BG but NOT the RSM AU, even if s/he is also a minor. Eligibility for the spouse must be determined under a separate AU/BG.

\* non-SSI parent. If the parent IS receiving SSI, refer to 'SSI Parent' in this section.

**Minor Caretaker (living with parents, minor is not married)**

When a LIM application is made for a minor caretaker by his/her parents\*, the parent(s) are financially responsible for the minor caretaker. The parent(s) must be coded 'PN', which will include the parents in the AU.

When a LIM application is made by the parent(s)\* of a minor caretaker for the minor caretaker AND his/her child, and both will be included in the same LIM AU, the minor caretaker's parents must be coded 'PN' because the parent is responsible for the minor caretaker, even though the minor caretaker's parent(s) is not responsible for the minor's child.

When a LIM application is made by a minor caretaker for him/herself and his/her child, and the minor caretaker's parent(s)\* are in the home, the minor caretaker's parent(s) are financially responsible for the minor caretaker. The parent(s) must be coded 'PM', which will allow for deeming, however the parent(s) will not be included in the LIM AU.

When a RSM-child application is made for a minor caretaker by his/her parent(s)\*, the parent(s) are financially responsible for the minor caretaker. The parent(s) must be coded 'RP', which will include the parents in the BG.

When a RSM-child application is made by the parent(s)\* of a minor caretaker for the minor caretaker AND his/her child, and both will be included in the same RSM AU, the minor caretaker's parent(s) must be coded 'RP' because they are responsible for the minor caretaker, even though they are not responsible for the minor caretaker's child.

When a RSM-child application is made by a minor caretaker for him/herself, and his/her parent(s)\* are in the home, the minor caretaker's parents are financially responsible for the minor caretaker and must be coded 'RP'.

When a RSM-child application is made by a minor caretaker for his/her child, and the minor caretaker's parent(s)\* are in the home, the minor caretaker's parents are NOT financially responsible for the minor caretaker's child and, if included on the STAT screen, must be coded 'NM'.

When a RSM-child application is made by a minor caretaker for him/herself AND his/her child, and the minor caretaker's parent(s)\* are in the home, the minor caretaker's parent(s) must be coded 'RP' because they are responsible for the minor caretaker, even though they are not responsible for the minor caretaker's child.

\* non-SSI parent. If the parent IS receiving SSI, refer to 'SSI Parent' in this section.

**Minor Caretaker (living with parents, minor is married)**

When a LIM application is made for a married minor caretaker by his/her parent(s)\*, and the minor's parent(s) and spouse live in the home, both the parent(s) and spouse are financially responsible for the minor. The spouse must be coded 'SC', which will allow for deeming from the spouse, however the spouse is not included in the LIM AU. The parents of the minor must be coded PN, which will include the parents in the LIM AU.

When a LIM application is made by the parent(s)\* of a married minor caretaker for the minor AND his/her child, both the spouse and parents are financially responsible for the minor, and the minor and his/her spouse are responsible for their child. The minor caretaker's parents must be coded 'PN' because the parent is responsible for the minor caretaker, even though the minor caretaker's parents are not responsible for the minor's child. The spouse of the minor caretaker must be coded 'PN' if s/he is the parent of the minor's child. The spouse of the minor caretaker must be coded 'SC' if s/he is NOT the parent of the minor's child.

When a LIM application is made by a minor caretaker for him/herself AND his/her child, and the minor caretaker's parent(s)\* are in the home, the minor caretaker's parent(s) is financially responsible for the minor caretaker. The parent(s) must be coded 'PM', which will allow for deeming, however the parent(s) will not be included in the LIM AU.

When a RSM-child application is made for a married minor caretaker by his/her parent(s)\*, both the spouse and parents of the minor are financially responsible for the minor. The parents of the minor must be coded 'RP', which will include the parents in the RSM BG. The spouse of the minor must be coded 'SC', which will allow for deeming from the spouse. NOTE: This is the only situation in which deeming applies to RSM. The spouse is included in the RSM-child BG but NOT RSM AU, even if s/he is also a minor. Eligibility for the spouse must be determined under a separate AU/BG.

When a RSM-child application made by the parent(s)\* of a married minor caretaker for the minor AND his/her child, and both will be included in the same RSM-child AU, both the spouse and parents of the minor are financially responsible for the minor, and both the minor and his/her spouse are responsible for their child. The parents of the minor parents must be coded 'RP' because they are responsible for the minor, even though they are not responsible for the minor's child. The spouse of the minor caretaker must be coded 'RP' if s/he is the parent of the minor's child. The spouse of the minor caretaker must be coded 'SC' if s/he is NOT the parent of the minor's child. NOTE: This is the only situation in which deeming applies to RSM.

When a RSM application is made by a minor caretaker for his/her child, and the minor caretaker's parent(s)\* are in the home, the minor caretaker's parents are NOT financially responsible for the minor caretaker's child and, if included on the STAT screen, must be coded 'NM'.

When a RSM application is made by a minor caretaker for him/herself, and his/her parent(s)\* are in the home, the minor caretaker's parents are financially responsible for the minor caretaker and must be coded 'RP'.

**Minor Caretaker (living with parents, minor is married) cont.**

When a RSM-child application is made by a minor caretaker (as a child) and his/her child and both are to be included in the same RSM case, the minor caretaker's parent(s)\* must be coded 'RP' because they are responsible for the minor caretaker, even though the minor caretaker's parent(s) s/he is not responsible for the minor caretaker's child.

\* non-SSI parent. If the parent IS receiving SSI, refer to 'SSI Parent' in this section.

**Non-Parent Caretaker and Spouse**

When a LIM application is made for a child by his/her non-parent caretaker, the non-parent caretaker may or may not be included in the LIM AU, at the discretion of the AU. If the non-parent caretaker IS included in the LIM AU, s/he must be coded 'PN'.

If a non-parent caretaker IS included in the LIM AU and s/he is married, the spouse of the non-parent caretaker is financially responsible for his/her spouse and must be coded 'SR', even though s/he is NOT financially responsible for the child. If a non-parent caretaker is NOT included in the LIM AU, the spouse, if included on the STAT screen should be coded 'NM'.

When a RSM application is made for a child by his/her non-parent caretaker, the non-parent caretaker may or may not be included in the RSM BG, at the discretion of the AU. If the non-parent caretaker IS included, s/he must be coded 'RP'.

If a non-parent caretaker IS included in the RSM BG and s/he is married, because the non-parent is included only in the BG and not the AU, deeming is not applicable and the spouse of the non-parent must be coded 'NM'. If the non-parent and his/her spouse have a mutual child included in the RSM AU, both parents must be included in the BG and must be coded 'RP'.

### **Stepparent**

When a LIM application is made for a child by his/her parent, the parent is must be coded 'PN'. If the parent is married to the child's step-parent (someone other than the child's biological or legal parent), the step-parent is legally responsible for his/her spouse and must be coded 'ST' in order for deeming/allocation to occur. If the child's parent and step-parent have a mutual child (half-sibling) included in the LIM AU, both parents must be included in the AU and must be coded 'PN'.

When a RSM application is made for a child by his/her parent, the parent must be coded 'RP'. If the parent is married to someone other than the child's biological or legal parent (step-parent), because parent is included only in the BG and not the AU, deeming is not applicable and the step-parent must be coded 'NM'. If the child's parent and step-parent have a mutual child (half-sibling) included in the RSM AU, both parents must be included in the BG and must be coded RP.

### **SSI Parent**

When a LIM application is made for a child whose parent(s) receive SSI, the SSI parent(s) must be coded 'NM'. If there is no non-SSI parent in the home, and the AU elects to include a non-parent caretaker relative in the AU, the non-parent caretaker must be coded 'PN'. If the non-parent caretaker is married, the spouse must be coded 'SR' because s/he is financially responsible for his/her spouse, even though s/he is NOT financially responsible for the child. If the non-parent caretaker and spouse have a child who is included in the same AU, both the non-parent caretaker and spouse must be coded 'PN'.

When a RSM application is made for a child whose parent(s) receive SSI, the SSI parent(s) must be coded 'NM'. If there is no non-SSI parent in the home, and the AU elects to include a non-parent caretaker relative in the BG, the non-parent caretaker must be coded 'RP'. If the non-parent caretaker is married, because the non-parent caretaker is included only in the BG and not the AU, deeming is not applicable and the spouse must be coded 'NM'.

### **Budgeting of an Ineligible Parent**

Current SUCCESS programming does not allow correct budgeting of income received by ineligible parents in LIM cases. An ineligible parent is defined as a parent who does not meet the citizenship/alienage requirement, or a parent who is unable to verify his/her citizenship/alienage status. Policy states that all surplus income of an ineligible parent once a responsibility budget is completed should be deemed to the AU. However, SUCCESS only deems a maximum of \$235. In these cases, it is necessary to work a manual budget in order to determine if the AU is LIM eligible based on the correct amount of deemed income. The steps for this procedure are as follows:

1. Work a responsibility budget to determine the total income to deem from the ineligible parent. Responsibility budgeting procedures are found in Section 2661, Responsibility Budgeting.
2. If a surplus exists, the total excess income should be deemed to the LIM AU.
3. Complete a manual LIM budget (including the deemed income) using Form 239 to determine if the AU is LIM eligible. If the form 239 is not available locally, it can be printed locally from Appendix F of the TANF manual at [http://www.odis.dhr.state.ga.us/3000\\_fam/3390\\_tanf/MAN3390.doc](http://www.odis.dhr.state.ga.us/3000_fam/3390_tanf/MAN3390.doc)
4. If the AU is LIM eligible, DOCUMENT behind the DEAL screen the total amount of the deemed income that is being included in the LIM budget, and explain that SUCCESS only deems up to \$235.
5. If the AU is ineligible for LIM, complete an RSM budget to determine if the AU is RSM eligible. If so, change the deprivation code for all children in the AU to "N". This will cause the LIM case to trickle to RSM. DOCUMENT that AU is ineligible for LIM due to deemed income, and include total amount of deemed income in the documentation. Worker should also document that deprivation code was changed so case would trickle to RSM.
6. If the AU is ineligible for RSM, deny the case with status code 510, DOCUMENT denial reason behind the STAT screen, and complete a CMD.

### **Budgeting of GAP Child Support**

If an AU is receiving TANF and LIM, and child support is received, it is budgeted as a GAP payment, but only in the TANF case. SUCCESS does not include it in the LIM case. This can result in an AU receiving LIM incorrectly. This situation will only occur if an AU receives both TANF and LIM. In order to ensure that the LIM is approved correctly, a manual budget must be completed. Procedures for this are as follows:

1. Complete a manual LIM budget using Form 239. Include the GAP payment amount in the budget and give the \$50 child support disregard to the GAP amount. If Form 239 is not available locally, it can be printed locally by accessing Appendix F of the TANF policy manual at: [http://www.odis.dhr.state.ga.us/3000\\_fam/3390\\_tanf/MAN3390.doc](http://www.odis.dhr.state.ga.us/3000_fam/3390_tanf/MAN3390.doc).

**Budgeting of GAP Child Support (cont.)**

2. Compare the total countable income on Form 239 to the LIM income limit for the appropriate AU size. If the AU is under the LIM income limit, DOCUMENT the total countable income amount (including the GAP amount) behind the UINC screen.
3. If the AU is over the LIM income limit, DOCUMENT this behind the STAT screen and CMD to the appropriate class of assistance.

**SUCCESS Coding for TMA and 4MCS Cases**

When a LIM case trickles to either TMA or 4MCS, the MISC screen in SUCCESS needs to be correctly coded in order for the AU to receive the correct notice that states they are eligible for extended Medicaid benefits. Correct coding is also required in order for SUCCESS to properly count the number of months that the AU is eligible to receive the extended benefits, and to correctly set the next MA review date. Follow these steps for coding the MISC screen on TMA and 4MCS cases:

1. Code the "Extended Start Dt" field with the 1<sup>st</sup> month that the AU is eligible for TMA or 4MCS. This will automatically set the next review date to the proper month.
2. Code the "MA COA Cor" field with a "Y" so the system will send out the correct notice.

Please note that if the "Y" is not entered within 30 days of the system trickling to TMA or 4MCS, an alert will be generated to remind the worker to review the AU for continued eligibility under this COA. If this field has not been populated with a "Y" when SUCCESS is ready to send the first QRF, it will automatically enter a "Y" in the field. However, the AU will not receive the correct notice of eligibility for extended Medicaid benefits.

**Coding SUCCESS for LIM EMA cases with all undocumented aliens**

Current SUCCESS programming does not allow an EW to process a LIM EMA application if all household members are undocumented aliens. If an EW attempts to process these cases with everything coded correctly, SUCCESS will deny the LIM for having no eligible members. In order to process these cases correctly, specific coding must be completed on the STAT screen. The EW must code one of the children as "SI" in the financial responsibility field on the STAT screen. SUCCESS will read this as having an SSI child in the household, and will allow the LIM EMA to be approved. The EW should thoroughly document behind the STAT screen that this workaround has been done so that anyone reviewing the case knows that the "SI" coded child is not actually an SSI recipient.

### **Closing Medicaid cases when there are less than 10 days left in the month**

If a Medicaid case closure is completed when there are less than ten days left in the month, the adverse action period will go into the following month. This means that Medicaid coverage is actually good through the end of the following month. However, the MHN interface does not recognize this and closes the case out at the end of the month the closure is actually keyed.

**Example:** EW closes Medicaid case on 8/26, adverse action expires in September, meaning coverage is good through 9/30. MHN does not recognize this and ends coverage effective 8/31.

In order to prevent this from happening, EW's should refrain from closing cases during the last 10 days of the month. Instead, they should wait until the first working day that SUCCESS is available in the following month to close the case. This will ensure that the A/R remains active in the MHN system for the correct eligibility period. The steps to complete these closures are as follows:

1. Determine if the adverse action period will expire in the current or ongoing month. EW's should use the SUCCESS critical dates calendar to track the last day they can close a case and have adverse action expire in the same month.
2. If the adverse action period will expire in the following month for a Medicaid closure, the EW should generate an alert to remind him/herself to close the case at the beginning of the following month.
3. On the first working day of the month that SUCCESS is available, close the case, allowing the system to give adverse action. Document thoroughly behind the STAT screen the reason that this procedure was used to close the case.

### **Workarounds for A/Rs who do not verify citizenship/identity**

Due to the changes in Family Medicaid citizenship/identity policy, it is now possible for an a/r to meet the requirements in TANF and/or Food Stamps, but not in Medicaid. If an a/r has not met the citizenship/identity verification requirements for Medicaid, but has met the requirements for TANF and/or Food Stamps, follow the steps below.

1. For a child: **RSM-**If citizenship/identity has not been verified for a child, the child is removed from the AU, however, the child should remain in the BG. For an application, code the child's financial responsibility as "RP". For an active case, the child will need to be removed from the case with a 511 code, and then using the add-a-person function, added back to the case as an "RP".  
**LIM-** If citizenship/identity has not been met in a LIM case the child should be removed from the case using the 511 denial code for the child on the STAT screen.
2. For an adult: **RSM:** An adult does not have to verify citizenship for him/herself in an RSM child case. The adult is coded as "RP".

**Workarounds for A/Rs who do not verify citizenship/identity (cont.)**

**LIM:** If there is one adult in the AU and he/she has not verified citizenship/identity for him/herself, change the deprivation code for all children in the AU to “N” and let the case trickle to F22.

In a two parent LIM case, if one parent does not verify citizenship/identity, the adult not meeting the citizenship/identity criteria is considered an ineligible adult. Normally, this would be done by entering a “U” in the citizenship field on DEM2. However, this is not an option when there are other active cases. The worker must enter a 511 denial code for the adult on the STAT screen. Since this removes the adult’s resources and income from the budget, the worker must complete a responsibility for an ineligible parent (MR 2661) to determine LIM eligibility for the remaining AU members. If the remaining AU members are LIM eligible based on the manual budget, enter the penalized adult’s income as “OA” on the applicable income screen. This step cannot be completed if the AU is receiving TANF. In either situation, a manual budget and documentation of eligibility is required to support LIM eligibility. If based on the manual budget the AU is ineligible for LIM but is still RSM eligible, code the deprivation for all children to “N” so the case trickles to F22 and document thoroughly.

All of the above actions should be thoroughly documented in the DEM2 screen on the ineligible adult/child and on the STAT screen if the 511 denial code is used.



**Georgia Department of Human Resources  
Division of Family and Children Services**



**FAMILY MEDICAID  
SUCCESS TRAINING**

**CLOSING**

## Conclusion

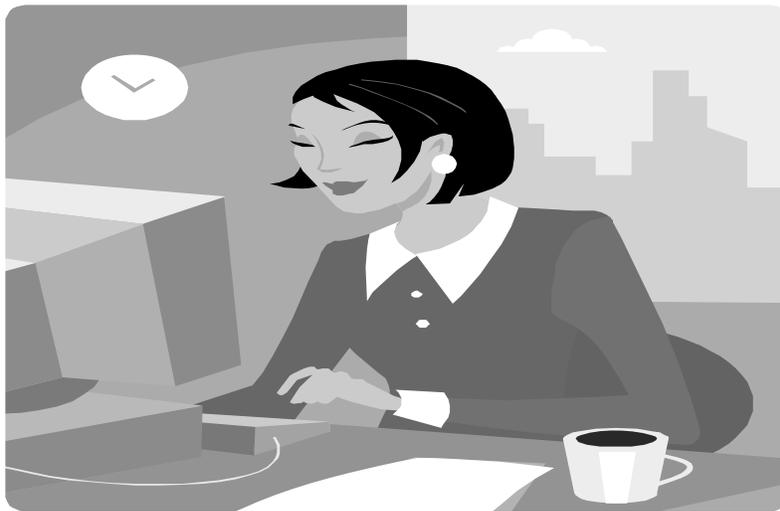
**Now that you have completed training, in your opinion what are the three most important aspects of your job?**

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## **Day Six Objectives**

Your sixth day of training will take place when you return to your county office. There are specific tasks that we encourage you to complete. It is to your advantage to complete these tasks within two weeks of returning to your office.

1. Ask your Supervisor about specific county procedures. Also ask any questions you have written on your Ask Your Supervisor list.
2. Make sure that you have MHN access and are trained in this area.
3. Contact your Community Resource Specialist to obtain a local resource handbook for your area. They should either already have one or can make one for you. This is also part of your networking. Don't forget we began the networking process in your training classes. Obtain contact information from the rest of your training team before you leave class, or at least have everyone's name so you can keep in contact through GroupWise.

**Thank you for being part of the team!  
Congratulations!!!**