SUCCESS DOCUMENTATION STANDARDS FOR ALL MEDICAID PROGRAMS

SUCCESS DOCUMENTATION

Preface

A thorough interview is the cornerstone of accurate casework. However, SUCCESS fields do not always capture all the aspects of an effective interview. It is necessary to DOCUMENT to accurately address all required elements.

The following pages contain guidelines to standardize **basic** documentation in SUCCESS. Basic documentation is the minimal "generic documentation" that is required on all cases. There are, however, no "generic cases". All cases are individual. Basic documentation addresses the elements shared by most cases. Additional documentation is usually required to address the unique aspects of each case.

General Rules

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

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

Examples:

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

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

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

Include additional documentation when required.

Identification

All documentation should start with the date of the action and include the case manager's last name and first initial and caseload number. Revenue Maximization Units should indicate the unit you work for (Rev Max Region V, Rev Max Intake Unit, etc.) A blank line should separate the documentation for each date.

Children in Placement Medicaid

Documentation standards that are applicable to all Medicaid Programs also apply to Children in Placement. While SUCCESS is not programmed for certain COAs for foster or adopted children, all information and standard documentation must be entered when a foster or adopted child is determined to be RSM eligible.

RevMax staff are responsible for following all Medicaid SUCCESS Standardized Documentation for all case actions or contacts for cases in county caseloads when assisting counties in removing a child. Include the date of the action, case manager's last name and first initial, case load number, contact number and reason for the action or change and the actual date of the child's removal from the home.

Documentation for case circumstances, placement episodes, AFDC relatedness criteria and budgeting, removal home circumstances, court orders, reimbursability, and COA determination are in REMA behind the FCAR screen. Reference the FCAR Screen documentation standards for specific information.

A child must be removed from all active or pending cases prior to being placed in RSM Medicaid by Revenue Maximization Regional Centers. If the child is included in pending related cases (Food Stamps, TANF, LIM, RSM, etc.), the county is responsible for removing the child from the case in order for the RevMax MES to register the foster care case on SUCCESS. When a county removes a child from an active or pending TANF, Food Stamp and/or Medicaid case, the county will use code 569 to remove the child and waive Medicaid Adverse Action for the child only to prevent a delay in processing the Foster Care and Medicaid application. Adverse Action is not waived for TANF or Food Stamp cases. The RevMax MES will assist county offices in removing children from active cases when coming into custody.

Manual Tracking, Relative Placement, Continuing Benefits

There are circumstances when a child in care has a IV-E eligibility determination and is tracked manually and not through SUCCESS.

Food Stamp Applications
A Food Stamp application that includes a foster or adopted child may be completed by a county without transferring the Medicaid case from a RevMax caseload. The RevMax case will have the child as HOH, the living arrangement coded as FC and is a child only case. The Food Stamp application may be registered by another county using standard procedures. The living arrangement code will be entered as FC and the MISC screen will have the child coded as "Y" at the Auto Reassign Override.

Adoption Assistance
If during registration screening it is discovered that an Adoption Assistance child is receiving Food Stamps, do not remove the child from the ongoing benefits case, but notify the county worker to code the child's living arrangement as FC and to code the child's

Children in Placement Medicaid (cont'd)

Auto Reassign Override as "Y". RevMax will process the Adoption Assistance Medicaid application.

Relative Home Placement – Reference Section 2848 – Relative Care Placement
If a county DFCS requests closure of a foster or adopted child's case in order to process a relative's pending application for TANF and/or Family Medicaid that will include the foster or adopted child in the AU/BG, MES will complete a CMD on the existing child's case. The MES will code and document SUCCESS with the details of the change in placement, the outcome of the CMD determination and reimbursability. The case will then be transferred in SUCCESS to the county requesting closure following standard transfer procedures.

DFCS Relieved of Legal custody - Reference Section 2848 – Relative Care Placement
When a county requests closure of a foster or adopted child's through Form 227, the RevMax MES will complete a CMD on the existing child's case. The MES will code and document SUCCESS with the details of the change in custody, the change in placement, the new address of the child, outcome of the CMD determination and reimbursability. The case will then be transferred in SUCCESS to the resident county following standard transfer procedures. A "transfer" case record will be created and sent to the county.

Minor Parent Foster Child

A foster child has their child living with him/her in placement and assistance is requested for the minor parent's child. If the child is not in DFCS custody, the minor parent's child is not considered a foster child. The minor parent or the agency may apply for LIM, Newborn or RSM Medicaid for the child. It is preferable for the child to be F15, Newborn Medicaid, if all eligibility criteria for this COA are met. Reference 2162-Low Income Medicaid, Section 2174-Newborn Medicaid and Section 2182-RSM Child for eligibility criteria. Reference Section 2850- Special Considerations for procedures.

If the minor parent's child is approved for any COA, the case is a child only case and the minor parent must be included in the child's case as a Non Member (NM) in SUCCESS. The minor parent's child's case is retained in the same Rev Max caseload as the minor parent foster child. These procedures must be followed to prevent SUCCESS from pulling the minor parent foster child's case into a county caseload with their child.

If the minor parent and his/her child are in an existing active Medicaid case when the minor parent comes into care, code the minor parent as a Non Member in the existing case and transfer to the Rev Max caseload. Complete the IV-E and Medicaid determination for the minor parent foster child per policy and procedures as a child only case.

Narrative Screen

The NARR screen should be documented for all case actions (application, review or change) and indicate what action is occurring. The documentation should include type of contact and/or action being taken. For all interviews, the documentation on NARR should reflect the initial conversation that the case manager conducts with the A/R prior to starting the interview on SUCCESS. Document the name of the person spoken to and that s/he is the best source of information. Document whether face to face, alternate or telephone interview is being completed. Document that A/R or authorized representative was mailed HIPAA form and/or EMA notification form if form was not completed at interview and is not in case record. Document date that a Form 315 was given or mailed for all LO1 cases and WO1 cases over age 55. If a SUCCESS letter template has been used, document the date letter was written, type of letter template (ex. M400), Load ID and name of the worker using the letter template. For Medically Needy, document actions taken and any pertinent information entered on SDME screen. Document validity of QITs, when sent to DCH Legal, when returned & outcome, if applicable. For Supervisory reviews document Supervisor's name, date reviewed, and accuracy of AU, either "No corrections needed" or "Corrections due by mm/dd/yy".

ADDR

CHANGE HOUSEHOLD ADDRESSES - ADDR ADDR 01
Month 11 02 10 19 01

CO LO Load ID Client ID Prev CO/LO
HOH F Name L Name Suf

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

Residential Address
Address Line 1 Line 2
Street Number Dir Name Type City Dir Apt

City ST GA Zip Phone

Mailing Address Del
Address Line 1 Line 2
Street Number Dir Name Type City Dir Apt

City ST GA Zip

Previous Addresses in last 2 years N

Message

15-lett 21-narr 23-alau 24-del

Document:
Questionable mailing address
Directions to A/R home, <u>if needed</u>

AREP

CHANGE AUTHORIZED REPRESENTATIVE - AREP AREP A
Month 11 02 11 05 99 01

HOH Name Client ID

Rep Type R1 Relationship OR Del
F Name L Name
Address Line 1 Line 2 / Apt
City ST GA Zip Phone

Rep Type Relationship Del
F Name MI L Name
Address Line 1 Line 2 / Apt
City ST Zip Phone

Rep Type Relationship Del
F Name MI L Name
Address Line 1 Line 2 / Apt
City ST Zip Phone

More

Message

24-del

Document circumstances related to A/R choice of:
Authorized representative (responsible person) for ABD and why (if not included on NARR screen)

For Children in Placement Document:
For Adoption Assistance children, complete AREP screen for adoptive parents.
For children who move from an approved foster home placement to a relative placement, and custody is removed from DFCS, complete the AREP screen for new relative care placement. Document the relative's name, relationship and address. Details of the move from DFCS custody to a Relative Care Option are documented on REMA behind the FCAR screen.

TMAI

INQUIRY TMA INCOME - TMAI TMAI
Month 09 05

HOH Name Client ID
AU ID

Date QRF Received	QRF Status Code	QRF Good Cause	Unemployed Good Cause	RSN QRF Incomplete
07 05 05	C			

QRF Months	Gross Inc	V	Dep Care	V
06 05	675.68	CS	0.01	CS
05 05	742.65	CS	0.01	CS
04 05	757.59	CS	0.01	CS

Message

Document:
How QRF information was received if QRF was not returned
If QRF was received late or incomplete

STAT

CHANGE ASSISTANCE STATUS - STAT STAT A
Month 11 02 11 05 99 01

AU ID Prog MA Prog Type A Prev ABD Type B Med COA L01 Claim N
CO LO Load ID Conversion Date

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty---- Type	End Date	Appeal Ind
A		120197	112497	112597				

First Name	Last Name	Rel V Incl	Mand Resp	Finl	--Stat--	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Penalty Date
		SE	OT	N	RE	A	120197	112497	112597		

Message

20-rmen 22-alau(arch) 23-alau(curr)

For all Medicaid programs Document:
Name, age, relationship of non-AU members and why they are not included in AU
Unusual and/or financial responsibilities (example: step-parent with a mutual child)
Denials/closures codes entered by EW
Changes in AU (additions and deletion of AU members)
Circumstances and outcome of completing a CMD
Dual eligibility for more than one COA
Trace the relationship of the non-parent grantee relative to the children in the AU
If A/R over CAP, document if QIT is in place and effective date.
If coverage for retroactive months was requested then list what months and the eligibility determination for each of the months. If another AU ID number was used to process the prior months, cross reference this AU ID.
Note:
At application or review it <u>is</u> <u>never</u> <u>acceptable</u> to document:
“client states no change” or “client states no change in AU composition”
“Best Practice”: Document any referrals done on closed/denied cases.

DEM1

CHANGE CLIENT DEMOGRAPHIC 1 - DEM1 DEM1 01
Month 11 02 A574 10 19 01

Client Name Suf Client ID

Alt SSA/SSN SSN Appl SSN1 V More DOB V Sex Race Eth
Name Appl For Date SSNs (MMDDYYYY)
M 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 W A

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 I

Message

15-lett 16-crs 23-alau

For Family Medicaid Document:
Details of any enumeration penalty imposed
Details of deprivation
Any unusual circumstances about Georgia Residency
How pregnancy was verified
If pregnancy was terminated for a reason other than a live birth
Code deprivation field correctly for CSE referral
Form 138 was signed at interview or mailed to A/R (if required)

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

For Children in Placement Document:
If an incorrect deprivation code is entered, document reason and correct deprivation.
Details of deprivation are documented in REMA behind the FCAR screen.

DEM2

CHANGE CLIENT DEMOGRAPHIC 2 - DEM2 DEM2 01
Month 11 02 A574 10 19 01

Client Name Client ID

Citiz V Student V High Grade V Striker ---Immunization -- Law -Health Chk -
Stat Completed Stat Curr GCse Due Dt Brkr Ref Date
C BC NO CS N

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

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 N

Non-Custodial Parent? V

Message
15-lett 22-tpl 23-alau

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

ALAS

CHANGE ALIENS AND STUDENTS - ALAS ALAS 01
Month 11 02 10 19 01

Client Name Client ID

Permanent
Citiz Stat Elig V Type Doc Alien Spons of Origin Country Entry Date (MM YYYY) INS Number -- Emergency Med --- 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
NO

School Attend Cd

Message
15-lett

For all Medicaid programs document:
The 40 qualifying quarters for aliens
Details of form 526 for EMA

For Children in Placement Document:
Alien status if applicable and all known school information

INST

CHANGE INSTITUTION - INST INST 01
Month 11 02 05 03 02 01

Client Name Client ID

D Inst Type	Prov ID	Admission Date	Discharge Date	NH Perdiem	LOC Auth	V	Payment Auth Date	-- Payment -- Term DT	Rsn
NH		08 15 98		106.00	I	DM	05 01 01	05 01 03	L

Diversion Amount	V	Dep/Family Num Gross	Divert Inc	V	Pat Liab Inc Amount	V	Incurr MedExp Amount	V	Inc Prot	- Medicare - Prem Amt	V

Extra Hardship	- HCB Waiver - Type	Slot Date	Deem Wvr Cost Eff	DMA Spcl Wvr Code	Length/ Stay	V	ICD-9 Met	Recon Ind
					Y	NH	25001	N

More Institutions

Message

15-lett 16-pmen 24-del

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

APID

CHANGE ABSENT PARENT IDENTIFICATION - APID APID A
Month 11 02 01

HOH Name Del AP AP Returned Home
AP Name Suf
SSN Seq Num

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

IV-D --- Good Cause Claim --- Referral 130 Form UCB Other Income
Coop Ind Rsn Stat Date Date Date Ind Types

Union/Local
Message

15-lett 20-next ap 23-alau 24-del

For Family Medicaid Document:
Non-cooperation with CSS
Good cause for failure to cooperate
Changes and discrepancies in A/P information and dates any email Form 713 is sent to CSS
If system Form 130 is sent, document date and worker load number
If A/P unknown, explain
If A/P has health insurance for the child(ren) and no CSS referral is made, enter "NOT APPLICABLE" for A/P name and document details

For Children in Placement Document:
Deprivation code must be entered to display the five (5) APID screens required to interface with the $TARS child support system.
Document all known information.

APAD

ABSENT PARENT ADDRESS - APAD APAD A
Month 11 02 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

15-lett 20-next ap 24-del

For Family Medicaid Programs Document:
Changes and date email Form 713 sent to CSS

For Children in Placement Medicaid Document:
All known information

APDE

ABSENT PARENT DEMOGRAPHIC - APDE APDE A
Month 11 02 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
N

DOB Approx ---- Birth Place ---- Sex Race Hgt Hair Eye Wgt
(MMDDYYYY) 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

For Family Medicaid Programs Document:
Changes and date email Form 713 sent to CSS

For Children in Placement Medicaid Document:
All known information

APEM

ABSENT PARENT EMPLOYMENT - APEM APEM A
Month 11 02 01

HOH Name Client ID
AP Name SSN

Primary Employer Delete Occupation
Name Empl Date (MM YY)
Address Line 1 Line 2
City ST Zip Phone

Secondary Employer Delete Occupation
Name Empl Date (MM YY)
Address Line 1 Line 2
City ST Zip Phone

Former Employer Delete Occupation
Name Empl Date (MM YY)
Address Line 1 Line 2
City ST Zip Phone

Message

15-lett 20-next ap 24-del

For Family Medicaid Programs Document:
Changes and date email Form 713 sent to CSS

For Children in Placement Document:
All known information

APCO

ABSENT PARENT COURT ORDER - APCO APCO A
Month 11 02 01

HOH Name Client ID
AP Name SSN

Order Date	Support Obligation	Support Arrears	Freq	Payee Code	Docket Number

Paying Support	Date of Last Pymnt	Last Pymnt Amount	Agency Receiving Payment

15-lett 20-next ap

For Family Medicaid Programs Document:
Changes and date email Form 713 sent to CSS

For Children in Placement Document:
All known information concerning court ordered child support and/or insurance coverage
Copy of insurance card in file

FCAR

CHANGE FOSTER CARE - FCAR FCAR 01
Month 11 02

Client Name Client ID

Date Petition Filed Type of Placement

Date of Court Order/Placement Agreement

Order Wording/Valid Agreement Indicator Elig/AFDC When Removed

Name of Agency/Individual with Placement Responsibility

Date Court Order/Placement Expires

Name of Foster Parent/Placement Source

Message 15-lett

For all Medicaid Programs Document:
Details of home from which child was removed and how the child's eligibility for IV-E eligibility was determined
Reimbursability, status of foster home, court orders and required language, deprivation and child's income
Identify any months of non-reimbursability and explain

For Children in Placement Document:
Initial removal and placement, all additional court orders, placement episodes, changes

The case narrative for all children in placement is REMA behind the FCAR screen. This includes initial placement and application, reviews, subsequent placement episodes and/or changes. All narratives should start with the date of the action, the type of action and include the case manager's last name, first initial and caseload number, Revenue Maximization location and telephone number. A blank line should separate the narrative for each date.
REMA should be a chronological narrative of the case's history.

Initial placement information should include:

- Date entered into custody
- Date of application and SOP
- SSCM's name, county and telephone number
- Initial court order type, date and required language, date order received from SSCM
- "removal from" and "living with" specified relative, removal home information
- Briefly address the AFDC relatedness criteria for age, deprivation, financial need and citizenship/alienage for the eligibility month and address OCSS referral requirements. Alien status verified? Reference Section 2215.
- Current placement and reimbursability
- COA determination and/or CMD
- Follow-ups needed with type and date, any specific information that was unusual and needed for the case. An ALERT will be used as a follow-up to complete information needed.
- 962 requests, document who requested, 962 sent to, date sent, and address
- Date Form 529 sent to county and accounting
- Need for prior months MAO, gaps in Medicaid coverage reinstated and any action taken

All subsequent narratives should include type of action, collateral contact and all information relevant to the action.

RES1

CHANGE RESOURCES 1 - RES1 RES1 01
Month 11 02 10 19 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
	PF	75.61	OT		

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

For all Medicaid Programs Document:
Conversion or disposition of resources at review or interim change, including spousal impoverishment
Explain any unusual activity involving resources and countable value if amount is not readily apparent

For ABD Medicaid Program Document:
Dates of letters, bank statements, etc. used as verification
Potential inheritances
Disposition of previously owned bank accounts or other resources, and potential jointly owned resources at review or interim change
Burial fund exclusions (life insurance, burial contracts, burial funds)
Explain financial instrument used to fund QIT
For Promissory Notes, Loans and Property Agreements explain how the resource amount was calculated

RES2

CHANGE RESOURCES 2 - RES2 RES2 01
Month 11 02 01

Client Name Client ID

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

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

VIN

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

Address City ST Zip

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

Message More

15-lett 23-alau 24-del

For all Medicaid programs Document:
Good faith efforts to sell
Bankruptcy
Conversion or disposition of resources at review or interim change, including spousal impoverishment
Vehicle use if use code is not self explanatory
Joint ownership

For ABD Medicaid programs Document:
Liens
Rebuttal process
Completion of property search the results and any discrepancies
If more than one vehicle, vehicle excluded and reason
Life estate
Disposition of previously owned property
All real property other than homeplace

RES3

CHANGE RESOURCES 3 - RES3 RES3 01
Month 11 02 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 Return V

More

Message

15-lett 24-del

For all Medicaid programs Document:
Details of any resource listed on this screen
Conversion or disposition of resources at review or interim change, including spousal impoverishment

For ABD Medicaid programs Document:
For FBR cases, burial space exclusion if not evident from verification in record
Any amount entered as "OC" due to burial exclusion

TRAN

CHANGE TRANSFER OF RESOURCES - TRAN TRAN 01
Month 11 02 01

Client Name Client ID

Del Ind	Transf Date (MM YY)	Discovery Date (MM YY)	Transferee R'Ship	Resource Type	FMV	V	Amt Rec'd	V

Reason for Transfer | Undue Ind | Hardship Rsn | 1st Mth NH/Wvr MA (MM YY)

More

Message

15-lett 24-del

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

ERN1

CHANGE EARNED INCOME 1 - ERN1 ERN1 01
Month 11 02 01

Client Name Client ID

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

Employer Name AJS Employ
Line 1 Line 2
City ST Zip Phone

Type	Begin Date	First Pay Date	End Date	Late Rpt	SON Ovrd TANF ARM	$30+1/3 Ind Cntr	$30+1/3 End Date	$30 End Date

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

More Jobs

Message

15-lett

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

For Family Medicaid programs Document:
Months of 30 & 1/3

ERN2

EARNED INCOME 2 - ERN2 ERN2 01

Month 11 02 01

Client Name Client ID

Employer Name

Avg Hrs Freq Day Week Pd Extra Pay

Del

Amt 1 V Amt 2 V Amt 3 V Amt 4 V Extra V

---------- Work Expenses ----------

Type Amount Freq V Type Amount Freq V

More Jobs

Message

15-lett 16-evnc 23-alau 24-del

For all Medicaid programs Document:

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

EVNC

CHANGE EARNED VARIABLE INCOME CALCULATION - EVNC EVNC 01
Month 11 02

Client Name Client ID

Del Avg Hours Freq Day Week Pd Extra Pay

PP End Date Pd/Rcvd Date Amount V Repres
MM DD YY

Message

24-del

All documentation should be on the ERN2 screen

DEAL

CHANGE DEEM/ALLOCATE - DEAL DEAL 01
Month 11 02

Client Name Client ID

---------- 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

For all Medicaid programs Document:
Alien sponsor's name and address

For Family Medicaid programs Document:
For deemor budgets: Names of persons counted as IRS dependents
For allocation, who can income be allocated to

For ABD Medicaid programs Document:
Ineligible children and type of income

CARE

CHANGE DEPENDENT CARE EXPENSES - CARE CARE 01
Month 11 02 07 23 02 01

Client Name Client ID

Provider Phone
Address City ST GA Zip
More providers

Del	Extra Dependent Expense				Day of Week Pd		Rsn	EM
Depname	Und2	Freq	Date Pd	Amt	Date Pd	Amt	Date Pd	Extra	V
JONAH	N	BW	04 04 02	50.00					
					PR				

More Dependents For This Provider

Message

15-lett 24-del

For Family Medicaid programs Document:
If AU is eligible for the dependent care deduction and no expense is reported, document childcare arrangements
If subsidized care is being provided
Each child for whom care is being paid should be listed individually on the CARE screen

UINC

CHANGE UNEARNED INCOME - UINC UINC 01
Month 11 02 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

For all Medicaid programs Document:
Date payments will begin and/or terminate
The source and expected duration of any contributions
Reason net instead of gross income is used
Calculation of monthly interest payment or child support payments, if needed
Financial aid for students
Reason for any changes to the auto update
If A/R is receiving RSDI on someone else's account, the name and relationship,
The reason any fluctuating income is not considered representative
Details of application for any other benefits; explanation for not requiring application when potentially eligible.
The results of clearinghouse (UCB/SDX/BENDEX) automatic matches and the resolution of any discrepancies

For ABD Medicaid programs Document:
Dates of award letters, bank statements, etc
Reason for any deductions or exclusions, including for QITs
Potential income based on past work history, spouse, etc
If no income, document potential SSI eligibility
Document receipt of or potential benefits for VA, when application filed with VA, etc.
For Promissory Notes, Loans, and Property Agreements document any resulting countable income and how it was calculated.

For Children in Placement:
See Appendix K, work around for receipt of SSI

PLAW

CHANGE Month 11 02	PUBLIC LAW DISREGARD - PLAW	PLAW 01
Client Name	Client ID	
Client RSDI Claim Number		
Previous SSI/MSS/AABD		
Concurrent & Correct SSI/MSS/AABD		
Date of SSI/MSS/AABD Inelig		
Reason for SSI/MSS/AABD Inelig		
RSDI Initial/Increase Entitlement	V	
COLA Disregard Amt	V	
Message		
15-lett		

For ABD Medicaid programs Document:

How determination was made and why person is eligible
Yearly COLA

ISM1

CHANGE INKIND SUPPORT & MAINTENANCE 1 - ISM1 ISM1 A
Month 11 02

HOH Name AU ID

HH Expense Type	Amt	V	HH Expense Type	Amt	V
Rent			Mortgage		
Electric			Taxes		
Gas			Water		
Sewer			Garbage		
Heating Fuel			Insurance		
Food			Other		

Clients Contrib			Outside Contrib			Inside Contrib		
Type	Amt	V	Type	Amt	V	Type	Amt	V
Food			Food			Food		
Shelter			Shelter			Shelter		
Other						Other		

Number	Sharing	Household	Ownership	Parent/
Food	Shelter	Situation	Rent Lib	Child

Message
15-lett

For ABD Medicaid programs Document:
Details of determination of ISM, including manual budget or "see Form 969 in case record"

MISC

CHANGE AU NON-FINANCIAL MISCELLANEOUS - MISC MISC A
Month 11 02

HOH Name Client ID
AU ID Prog MA

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

----- Review ---- Compl | Mand Std | Last Type | Auto Reasgn Ovr N | Amount | 100% | 133% | 185% | Delay Rsn | QMB Ovr | RSM Elig Ovr

Sched Interview | QC Penalty End Date
Del | Unit Number | Inquiry Date | Load ID
Next Review S | 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

For all Medicaid programs Document:
Why the case is over the SOP (Valid Value is never sufficient)

For Family Medicaid programs Document:
How the first month of TMA was established

For ABD Medicaid programs Document:
QMB override reason