
POLICY TRANSMITTAL NO. 07-57	DATE: OCTOBER 30, 2007
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF LEGISLATIVE RELATIONS AND POLICY

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:65-3-1; 65-3-4; and 65-3-8.

EXPLANATION: **Policy revisions were approved by the Commission and the Governor as required by the Administrative Procedures Act.**

OAC 340:65:3-1 is revised to: (1) establish rules regarding the verification of the lawful presence in the U.S. for persons 14 years of age or older who are applying for state or federal public benefits; (2) amend form names and numbers to reflect changes made to the application forms to address citizenship requirements and to make the forms easier for clients to complete; (3) add comprehensive information by program regarding when an interview is required for an application; and (4) update form numbers.

OAC 340:65-3-4 Instructions to Staff are revised to remove the prohibition against workers reporting undocumented aliens directly to the United States Citizenship and Immigration Services (USCIS).

OAC 340:65-3-8 is revised to: (1) change review form names and numbers for consistency with changes made in 340:65-3-1 as forms were revised to address citizenship requirements and to make the forms easier for clients to complete; (2) add comprehensive information by program regarding when an interview is required for a review/recertification and a signature is required on a review/recertification form; and (3) add clarifying information regarding time frames for when a review/recertification must be completed by program.

Original signed on 10-22-07

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WF # 07-18 (NAP)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following an "OKDHS" number, such as personnel policy at OKDHS:2-1 and personnel rules at OAC 340:2-1. The "340" is the Title number that designates OKDHS as the rulemaking agency; the "2" specifies the Chapter number; and the "1" specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, OKDHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, OKDHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at 405-521-4326.

REMOVE

340:65-3-1

340:65-3-4

340:65-3-8

INSERT

340:65-3-1, pages 1-13, revised 11-1-07

340:65-3-4, pages 1-12, revised 11-1-07

340:65-3-8, pages 1-7, revised 11-1-07

340:65-3-1. Determination of eligibility

Revised 11-1-07

(a) **Eligibility determination.** The determination of eligibility is a continuous process that begins with an application. It includes the final disposition of the application and all subsequent activities related to determining continuing eligibility. ■ 1 The applicant has the right and the responsibility to participate in the eligibility determination and is relied on as the first source of information.

(1) In instances when it is difficult for the applicant to complete the application, someone acting on the applicant's behalf such as an authorized representative or a person with power-of-attorney may complete the application for all programs except Temporary Assistance for Needy Families (TANF). ■ 2

(2) When someone other than the applicant applies on behalf of the applicant, he or she must bring a signed statement from the applicant giving this person permission to act on behalf of the applicant or the applicant must have designated this person as his or her authorized representative on the signed application. ■ 3 The SoonerCare (Medicaid) programs allows others to apply for the applicant without a written designation.

(b) **Application forms.** Application forms used include:

(1) Form 08MP001E, Request for Benefits, Form 08MP002E, Eligibility Information for Benefits, and Form 08MP003E, Responsibilities and Signature for Benefits, to apply for:

(A) food benefits;

(B) State Supplemental Payment (SSP);

(C) Supplemental Security Income-Disabled Children's Program (SSI-DCP);

(D) TANF;

(E) SoonerCare (Medicaid) benefits. Form SC-1, SoonerCare Health Benefits Application, may be used instead for pregnant women and families with children;
or

(F) child care benefits; or

(2) Computer-generated Form 08LH001E, Application for Low Income Home Energy Assistance (Heating), or Form 08LH002E, Application for Low Income Home Energy Assistance – Walk-In, to apply for Low Income Home Energy Assistance Program (LIHEAP).

(c) **Signature requirements.** The applicant, guardian, or someone acting on the applicant's behalf such as an authorized representative or a person with power-of-attorney must sign the application form. TANF applications must be signed by the applicant. If the applicant is living with his or her spouse, both must sign the application form. ■ 4 The applicant may voluntarily withdraw the request for benefits or services either before or after signing the application form. An applicant who is:

(1) eligible for Medicare signs the application using the name on his or her Medicare Health Insurance Benefits (HIB) card; or ■ 5

(2) not eligible for Medicare signs the application using the name shown on his or her Social Security card.

(d) **Interview requirements.** Whether an interview is required varies depending on the program.

(1) Prior to approval for benefits, the applicant must complete a face-to-face interview for the: ■ 2

(A) Food Stamp Program. Exceptions are found at OAC 340:50-3-2(b); or

(B) TANF Program.

(2) A telephone or face-to-face interview is required for the:

(A) Child Care Program;

(B) SSP Program;

(C) SoonerCare (Medicaid) long-term care programs such as Advantage Waiver, nursing home care, or personal care; or

(D) SoonerCare (Medicaid) programs that categorically relate to the aged, blind, and disabled population such as Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Disabled and Working Individuals (QDWI), or Qualified Medicare Beneficiary Plus (QMBP).

(3) An interview is not required prior to approval for SoonerCare (Medicaid) for pregnant women and families with children or LIHEAP benefits.

(e) **Worker responsibilities.** The worker is responsible for: ■ 6

(1) advising the applicant during the application process of the:

(A) Oklahoma Department of Human Services (OKDHS) responsibility for reaching a decision and notifying the applicant of eligibility or ineligibility within the appropriate time limits; ■ 7

(B) applicant's right to request a fair hearing per OAC 340:2-5, either orally or in writing, and be represented at the hearing by any person the applicant chooses. A hearing may be requested when there is a:

(i) delay beyond the established time limits for determining eligibility per OAC 340:65-3-5; or ■ 8

(ii) disagreement with any action taken on the case;

(C) applicant's legal responsibility for reporting all facts pertinent to eligibility;

(D) types of changes the applicant must report within ten calendar days;

(E) penalty for failure to report changes;

(F) information needed to establish eligibility. When requesting information or verification from the applicant, the worker uses Form 08AD092E, Client Contact and Information Request, and gives the applicant at least ten calendar days to respond to the request per OAC 340:65-3-2.1;

(G) assistance provided by OKDHS in establishing eligibility;

(H) permission the applicant gives OKDHS to obtain information from sources other than the applicant by signing the application; and

(I) requirement that the applicant must cooperate with state and federal officials if the applicant's case is selected for a Quality Control review;

(2) collecting information necessary for determining the applicant's initial and continuing eligibility. Information considered verified upon receipt if that information

is not questionable or inconsistent with known facts, and the provider of the information is the primary source of the information, is the:

(A) applicant's statement concerning:

- (i) residency;
- (ii) relationship;
- (iii) age;
- (iv) living in the home of a relative payee;
- (v) minor parent living in the home of a relative;
- (vi) Social Security number (SSN);
- (vii) non-liquid resources;
- (viii) household members;
- (ix) school attendance; and
- (x) third party insurance;

(B) unearned income information obtained through:

- (i) Beneficiary and Earnings Data Exchange System (BENDEX), from the Social Security Administration (SSA);
- (ii) Supplemental Security Income (SSI)/State Data Exchange System (SDX), from SSA;
- (iii) Unemployment Insurance Benefits (UIB), from the Oklahoma Employment Security Commission (OESC);
- (iv) workers' compensation documents from Workers' Compensation Court; and

(C) alien status information obtained through Systematic Alien Verification for Entitlements (SAVE), from the United States Citizenship and Immigration Services (USCIS);

- (3) contacting other persons who may be able to help in establishing eligibility if the applicant is unable to participate in the eligibility determination because of physical or mental disability, inability to speak English, or other difficulties;
- (4) recognizing expressed or implied needs;
- (5) determining whether there is a need for crisis intervention;
- (6) making appropriate referrals;
- (7) ensuring all of the applicant's social services needs are addressed and met; and
- (8) denying the application if sufficient facts are available to substantiate ineligibility. ■ 9

(f) **Requirement for SSN.** ■ 10 A verifiable SSN or application for a SSN is required for every person whose needs are included for food benefits, SSP, SSI-DCP, or TANF benefits. The requirement for a verifiable SSN also applies to all persons whose needs are included for SoonerCare (Medicaid) benefits, except newborn children deemed eligible and aliens who are residing in the United States (U.S.) unlawfully. ■ 11

(1) The worker accepts the applicant's statement to document the SSN unless the information is inconsistent or there are other facts or observations which cause the worker to question the statement. ■ 12

(A) Persons for whom a SSN is required but not available must be referred to the appropriate SSA office for SSN enumeration.

(i) The worker uses Form 08AD101E, SSN Enumeration Referral, to refer persons to the SSA office for a SSN application.

(ii) The return of Form 08AD101E to the human services center (HSC) validates the application(s) or indicates which persons have not provided SSA appropriate original evidence of age, identity, and citizenship. ■ 13

(B) Parents of newborns who participate in Enumeration at Birth (EAB) receive from hospital personnel Form SSA-2853-OP3, Message From Social Security. This receipt form is verification the newborn was enumerated at birth.

(2) The worker denies the application or does not include the person for benefits if the person fails or refuses to furnish or to apply for a SSN.

(A) For TANF purposes, the person's needs are included; however, a 25% payment standard reduction penalty is imposed until an application for or a SSN is provided. ■ 14

(B) For food benefit and SoonerCare (Medicaid) purposes, only the needs of the person for whom a SSN is not provided or applied for are not included. ■ 15

(g) **Citizenship requirement.** All persons who are applying for state or federal public benefits such as child care, food benefits, LIHEAP, SoonerCare (Medicaid), SSP, or TANF must declare whether they are residing in the U.S. lawfully. Initially, the applicant must declare the citizenship or alien status for each household member applying for such benefits on the application form. ■ 16 Citizenship and alien status for persons applying for SoonerCare (Medicaid) benefits is determined using specific program requirements found at OAC 317:35-5-25. The following citizenship requirements are pursuant to Section 71 of Title 56 and Section 20j of Title 74 of the Oklahoma Statutes. Form 08MP022E, Declaration of Citizenship Status, is completed to declare the citizenship or alien status of additional household members who request benefits after certification. The application form and Form 08MP022E contain a statement advising the applicant that fraudulent claims of citizenship or lawful alien status are reported to the U.S. Attorney and may be subject to criminal prosecution.

(1) When the applicant declares that some or all of the household members applying for benefits are aliens, the worker must follow the SAVE procedures described at OAC 340:65-3-4 to determine if the documents provided to verify legal alien status are valid.

(2) The worker also must follow specific program policy regarding citizenship and alien status requirements to determine benefit eligibility found at:

(A) OAC 340:40-7-5 and OAC 340:10-15-1 for child care;

(B) OAC 340:50-5-67 for food benefits; ■ 17

(C) OAC 340:20-1-8, OAC 340:20-1-10, and OAC 340:50-5-67 for LIHEAP;

(D) OAC 317:35-5-25 for SSP; and

(E) OAC 340:10-15-1 for TANF.

(3) Lawful status in the U.S. is considered verified if each person applying for benefits has furnished a SSN or Form 08AD101E from SSA indicating that the person has completed the application to apply for a SSN. OKDHS then through an

automated data exchange transaction attempts to match SSN data exchange information with SSA. ■ 18

(4) When OKDHS is unable to match the SSN with SSA for a person 14 years of age or older who is applying for benefits, that person must sign and have notarized Form 08MP005E, Citizenship Affidavit, attesting to his or her U.S. citizenship or alien status unless lawful status has been verified by a U.S. birth certificate, U.S. passport, or a Certificate of Naturalization. ■ 19

(5) When the person fails or refuses to sign and have notarized Form 08MP005E, benefits are denied or closed for that person. ■ 20

(6) When the worker finds that a person who signed Form 08MP005E attesting to U.S. citizenship or legal alien status made a false claim:

(A) the worker sends to Family Support Services Division (FSSD) any applicable evidence and a memo that includes:

(i) the benefits the person fraudulently applied for or obtained;

(ii) the time frame benefits were received; and

(iii) how the worker knows the claim was false;

(B) staff in FSSD in consultation with staff from the Legal Division review the memo and any evidence provided by the worker; and

(C) when FSSD and Legal Division staff determine the person made a false claim, a complaint is filed with the U.S. Attorney for the applicable district based upon the venue in which the affidavit was executed.

INSTRUCTIONS TO STAFF 340:65-3-1

Revised 11-1-07

- 1. (a) Except for children in the Oklahoma Department of Human Services (OKDHS) or tribal custody whose cases remain in the county of jurisdiction, applicants may apply for and/or receive services in a human services center (HSC) of their choice.**

(b) The extent to which eligibility is determined during the application process varies according to the capabilities of the applicant and the amount of verification that must be supplied.

(c) If the applicant does not have the kinds and sources of information that are acceptable as a basis for establishing eligibility, the worker discusses with the applicant where information may be obtained and an agreement is reached regarding responsibility for further action.

2. (a) The role of the authorized representative is defined in Food Stamp Program rules at OAC 340:50-3-1 and in Child Care Program rules at OAC 340:40-3-1.

(b) Due to the Temporary Assistance for Needy Family (TANF) Program requirement to assess barriers to employment and service needs of the family, the applicant must complete the application. The worker makes a home visit if it is difficult for the applicant to come to the HSC.

3. (a) For the Child Care Program, if this is not possible due to the severe incapacitation of the parent, the other person must provide proof of the parent's inability to apply per OAC 340:40-3-1(a)(3)(E).

(b) For the Food Stamp Program, any responsible household member can apply or designate an authorized representative. If children are living with someone else while the parent is temporarily out of the home, the responsible person they are living with applies based on his or her own eligibility.

4. (a) A signature submitted on Form 08MP001E, Request for Benefits, Form 08MP003E, Responsibilities and Signature for Benefits, or Form 08MA005E, Notification of Needed Medical Services, through e-mail or a fax machine is acceptable to establish a request or application date for the Child Care, Food Stamp, SoonerCare (Medicaid), and TANF programs.

(b) A signature submitted through an imaged document by e-mail or a fax machine is acceptable on an initial application for the Child Care, Food Stamp, SoonerCare (Medicaid), or TANF programs if there is an access issue for an applicant to apply for benefits in person. When an application is e-mailed or faxed and the applicant comes to the office for an interview, the worker obtains an original signature during the interview.

5. In rare situations, an applicant's name may not match with records used to establish Medicare buy-in and/or data exchange.

(1) For initial applications, if an applicant has Medicare, using the name on the Medicare Health Insurance Benefits (HIB) card facilitates matching Medicare records and completing Medicare buy-in activities if the application is approved. If the applicant does not receive Medicare, the worker uses the name on the Social Security card.

(2) If, after certification, the worker determines that the case name does not match the HIB card, it is not necessary for the worker to change the case name to match the HIB card. Instead, the worker may report to the State Buy-in Coordinator in Family Support Services Division any discrepancies between the name shown on Family Assistance/Client Services (FACS) and the name used for Medicare purposes.

6. The worker is also responsible for:

(1) explaining the availability of child care and other OKDHS services such as Early and Periodic Screening, Diagnosis and Treatment (EPSDT), and child support enforcement services which may help the applicant achieve the expected outcomes of self-support and self-sufficiency;

(2) giving applicants with children applying for SoonerCare (Medicaid) or cash assistance for a child under 21 years of age the OKDHS Pub. No. 87-36, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and the OKDHS Pub. No. 91-25, Child Support Enforcement Handbook; and

(3) giving applicants applying for SoonerCare (Medicaid) and a State Supplemental Payment for a child under 18 years of age OKDHS Pub. No. 86-150, Supplemental Security Income (SSI)-Disabled Children's Program.

7. The worker is responsible for determining the month and effective date of the applicant's eligibility or ineligibility. Computer-generated notices are issued based on the reason for the case action. In case of the applicant's death or commitment to a mental health facility, the worker completes a hand-written notice.

8. See OAC 340:2-5 for fair hearing information.

9. Refer to OAC 340:2-5 and OAC 340:65-3-7.

10. The worker informs the person that the Social Security number (SSN) of each person whose needs are included for benefits is used for matching with data

from the Social Security Administration (SSA) on benefits and wages, Oklahoma Employment Security Commission on unemployment benefits and wages, Internal Revenue Services on unearned income, records from Workers' Compensation Court, and other agencies.

11.(a) A SSN is not required for illegal aliens who are eligible for SoonerCare (Medicaid) emergency services described in OAC 317:35-5-25(a)(3) and (4).

(b) There is no SSN requirement for a newborn child deemed eligible for SoonerCare (Medicaid). See OAC 317:35-6-60(4)(B) for additional information on a newborn child deemed eligible.

(c) See OAC 340:40-7-4 for child care benefits.

12.(a) When there are facts or observations which cause the worker to question the statement of an applicant who is applying for or receiving TANF, food benefits, or SoonerCare (Medicaid) benefits, the worker is required only to verify the SSN is valid and that the name and SSN given by the applicant appear on the document used for verification. The worker verifies the SSN by checking the applicant's Social Security card, award letter, W-2 form, or other record that contains the applicant's name and SSN. Documentation in other public assistance case records or the data exchange files may be used. The source of the documentation is entered in FACS Case Notes.

(1) When an initial document used to verify the name and SSN appears to be false or altered, the worker requests a secondary verification document. If the applicant's name and SSN are the same in both documents, the information is accepted and, if all other factors of eligibility are met, the applicant's needs may be included for benefits. Further verification may be required if a discrepancy message is received because the SSN cannot be verified through the SSN enumeration process. See additional information at the OKDHS InfoNet Family Support Services Division Data Exchange and Management Reports Social Security Number Process Web site.

(2) The worker takes appropriate action as described in paragraph (3) of this Instruction when the applicant:

(A) does not provide the initial or secondary verification document;

(B) provides secondary documentation that appears to be false or altered; or

- (C) states he or she is using a name and/or SSN that is not his or hers.
- (2) When the applicant meets any of the conditions described in paragraph (3) of this Instruction, the worker:
- (A) applies a 25% program penalty to the TANF benefits in accordance with OAC 340:10-12-1;
- (B) determines the applicant ineligible for food benefits in accordance with OAC 340:50-5-68; and
- (C) determines the applicant ineligible for SoonerCare (Medicaid) in accordance with OAC 317:35-5-27.
- (b) When the applicant's citizenship status is in question, see (f) of this Section and OAC 340:65-3-4(5).
- 13.(a) To make the referral to SSA for a SSN, the worker uses Form 08AD092E, Client Contact and Information Request, giving the applicant at least ten calendar days to provide proof of applying for a SSN, and Form 08AD101E, SSN Enumeration Referral. The SSA does not assign a SSN to an alien who does not have authorization from the United States Citizenship and Immigration Services (USCIS) to work in the United States unless the alien has a valid non-work reason for needing a SSN. The SSN requirement for receiving benefits or services is a valid non-work reason. When making a referral to SSA for a SSN, the worker indicates the alien status on Form 08AD101E.**
- (1) When the applicant fails to return Form 08AD101E, no further referral is necessary. Appropriate action is taken.
- (2) When Form 08AD101E is returned to the HSC, it shows whether SSA accepted the SSN application.
- (A) If SSA accepted the SSN application, a Social Security card is usually issued within two weeks if the person is younger than one year. It may take up to 14 weeks to issue an original Social Security card for a person who is age one or older. The worker tells the applicant to notify the worker when the Social Security card is received so the SSN may be recorded in the case record.

(B) If SSA did not accept the applicant's SSN application because the applicant:

(i) was unable to provide the required evidence, the worker makes every effort to assist the applicant in obtaining the evidence; or

(ii) failed to cooperate or was not eligible for a SSN, the individual's needs are not included for benefits.

(b) Case Worker Activity (CWA) Report 21 lists the names of recipients who are age one or older, have received benefits for at least 60 days, and have no SSN shown on FACS. Children younger than one year of age who have no SSN shown on FACS are listed on the CWA report after receiving benefits for six months.

(1) The worker must contact recipients listed on the CWA report to determine whether a number has been received.

(2) If the number has not been received, a second request is made to have the SSN returned within ten days.

(3) If the SSN is not received in ten calendar days, the worker takes appropriate negative action.

(4) Initial referrals using Forms 08AD092E and 08AD101E are made for children who were not required to provide a SSN or proof of a SSN application at certification.

14. See OAC 340:10-3-57(g) for TANF benefit reduction as a result of program violation.

15.(a) There is no SSN requirement for a newborn child deemed eligible for SoonerCare (Medicaid). See OAC 317:35-6-60.

(b) For food benefits, when it is determined that failure to provide or apply for a SSN is due to non-cooperation, refer to OAC 340:50-5-68.

16. It is the worker's responsibility to advise the applicant that only the household members applying for benefits must declare whether they are residing in the U.S. lawfully. If the applicant does not wish to state whether other persons living in the household are in the U.S. lawfully, he or she is not required to do

so in order to receive benefits for the household members applying for benefits. The worker must still determine whether the income and resources of the excluded household members must be considered using specific program policy. Who must be considered a household member is found at:

(1) OAC 340:40-7-6 for the Child Care Program;

(2) OAC 340:50-5-1 for the Food Stamp Program;

(3) OAC 340:20-1-10 for the Low Income Home Energy Assistance Program (LIHEAP);

(4) OAC 340:15-1-5 for the State Supplemental Payment (SSP) Program;

(5) OAC 317:35-6-36 and OAC 317:35-7-37 for SoonerCare (Medicaid) Programs for pregnant women and families with children;

(6) OAC 317:35-7-36 for SoonerCare (Medicaid) Programs for persons categorically related to the aged, blind, and disabled; and

(7) OAC 340:10-3-56 for TANF.

17. Only the identity of the applicant must be verified prior to the issue of expedited services per OAC 340:50-11-5. All reasonable efforts are made to verify other eligibility factors prior to issuance of benefits if they can be made during the expedited services time frame.

18. See (e)(2) and Instructions to staff 6 through 11 of this Section and OAC 340:65-3-4(4)(A) and Instructions to staff 9 for information about SSN enumeration and the penalty for not furnishing a verifiable SSN.

19. Notary services must be made available at the HSC office.

20. When benefits for the entire household must be denied or closed, the worker uses the reason code of 31 or 40 from OKDHS Appendix U, Reasons for Negative Case Actions. When the worker is denying or removing one or more persons from the benefits, the worker goes to the Household Tab in the Family Assistance/Client Services (FACS) Interview Notebook and removes the person from the benefit using the reason "failed or refused to provide proof of citizenship."

340:65-3-4. Investigation of eligibility conditions and services planning

Revised 6-1-07

Worker responsibility. The worker is responsible for collecting information necessary for determining the client's eligibility for benefits and ensuring all of the client's social services needs are addressed and met. When verification of information from a source other than the client's statement is necessary, the sources described in this Section are used. ■ 1

(1) **Home visits.** Home visits are necessary for Field Operations Division (FOD), Family Support Services staff to provide services and benefits and to promote safety and stability for families. All home visits must be planned and coordinated to prevent duplication of efforts.

(A) FOD, Adult Protective Services staff may make home visits and client contacts outside normal working hours within policy as outlined in OAC 340:5.

(B) Workers may make home visits or other client contacts outside normal working hours when it is in the best interest of the client and approved by appropriate supervisory personnel. If it is necessary for a worker to have contact with a client outside of normal working hours because of an emergency and the worker's immediate supervisor is not available, authorization must be obtained from the county director or designee prior to the contact. If the immediate supervisor and county director or designee are not available, the worker takes care of the client's emergency need and notifies appropriate supervisory personnel of the situation immediately after returning to duty. Home visits are made when: ■ 2

(i) there is a need to confirm the accuracy of statements and documentation cannot be obtained from other sources;

(ii) an office visit would create a hardship on the household;

(iii) a Temporary Assistance for Needy Families (TANF) case is closed due to failure to cooperate according to OAC 340:10-2-2;

(iv) it is the best method to complete or review the employability plan;

(v) protective services are needed; or

(vi) the worker deems it necessary.

(2) **Collateral sources.** The client's signature on the application for assistance is the necessary authorization for securing required information or verification from collateral sources. If the collateral source requires written authorization before supplying information to the Oklahoma Department of Human Services (OKDHS), Form 08AD060E, Request for Release of Information, is completed. This authorization includes the permission of the client's spouse for information regarding his or her circumstances to be given in connection with the same application, and of the client's parents when the client is a dependent child who is blind or disabled. The worker is responsible for discussing with the client any inconsistent information obtained from collateral sources related to the client's eligibility.

(A) Persons who are contacted for information related to the client's eligibility are advised of how the information is used and the reason it is needed. If the person is unwilling for the client to know his or her identity, the person's name is not recorded in the case record and is not revealed to the client.

(B) When someone contacts OKDHS with information related to the client's eligibility and requests anonymity, that person's name is not recorded in the case record nor revealed to the client.

(3) **Public records.** Sources of information in the form of public records that provide essential information may be obtained without consent from any individual whose transactions are involved.

(4) **Data exchange.** Automated data exchange with other agencies provides benefit, wage, and tax information that is matched with OKDHS records. ■ 3 The worker is responsible for:

(A) reviewing data exchange information at the time of application and review of eligibility. Data exchange information screens available are:

(i) Beneficiary and Earnings Data Exchange System (BENDEX); ■ 4

(ii) Buy-In Data Exchange (BIL); ■ 5

(iii) SSI/State Data Exchange System (SDX); ■ 6

(iv) SSA Beneficiary Earnings Exchange Record (BEER/BWG); ■ 7

(v) New Hire Employee list (NHL); ■ 8

(vi) Social Security Number (SSN) Verification - SSN Enumeration; ■ 9

- (vii) Wage Data Exchange; ■ 10
 - (viii) Unemployment compensation; ■ 11 and
 - (ix) Unearned income report (IEVS-IRS); ■ 12
- (B) initiating appropriate queries; and ■ 13
- (C) resolving data exchange discrepancy messages within 30 days of the date the message is posted on the data exchange inquiry screen. ■ 14
- (5) **Systematic Alien Verification for Entitlement (SAVE).** All applicants and recipients of the TANF, Medicaid, Food Stamp Program, and Child Care Program benefits are required to declare their citizenship status. Persons who declare themselves or their minor child(ren) non-citizens must present documentation of their legal alien status from the United States Citizenship and Immigration Services (USCIS) or other acceptable resource. The status, as determined from the documentation, must be verified through the Alien Status Verification Index (ASVI) maintained by USCIS. ■ 15
- (6) **Workers' compensation.** Family Support Services Division (FSSD) reviews copies of all Workers' Compensation Court documents by matching SSNs with OKDHS records. Any court action that appears to potentially impact eligibility is forwarded to the servicing human services center (HSC) office for clearance. A copy of the document is retained in the case record. ■ 16
- (7) **Vital records verification.** Verification of birth records, when not otherwise available, for persons born in Oklahoma may be secured by sending a completed Form 08AD064E, Division of Vital Records, in duplicate to FSSD Overpayments Section. Form 08AD064E must be retained in OKDHS case files only and not copied for any individual or agency, in accordance with the agreement between OKDHS and the Oklahoma State Department of Health. ■ 17
- (8) **Food stamp disqualification (FSD).** The FSD transaction is used to determine if a client has been disqualified from the Food Stamp Program due to fraud. If a client has been disqualified, the FSD screen shows the date the disqualification began and the length of the disqualification period. ■ 18

INSTRUCTIONS TO STAFF 340:65-3-4

Revised 11-1-07

1. (a) In any program where the client fails to present complete or consistent verification, agreement must be reached between the client and the worker regarding:
 - (1) what questions remain;
 - (2) how the client can resolve or help to resolve the questions; and
 - (3) what actions the worker will take to resolve the questions.
- (b) If the client is unwilling to help resolve the question or permit the worker to seek essential information, the worker is responsible for:
 - (1) discussing the information required for an eligibility determination;
 - (2) informing the client of the consequences for failure to cooperate; and
 - (3) evaluating whether facts have been presented clearly enough for sufficient understanding.
2. The Address Confidentiality Program (ACP) is administered by the Oklahoma Secretary of State to assist victims of domestic violence. The ACP prohibits state agencies from requiring an ACP participant to provide his or her finding address. If the client has an ACP authorization card, no home visit is made. When making referrals, the worker must use the ACP substitute address shown on the ACP authorization card. For more information concerning ACP see <http://www.sos.state.ok.us/>.
3. (a) Data exchange information is obtained by matching the client name, Social Security number (SSN), Social Security claim number, and date of birth from Oklahoma Department of Human Services (OKDHS) records with other state and federal agency records. The results of the match are posted to the Information Management System (IMS) and are viewed by using various transactions. An online description of any IMS transaction is viewed by entering M space and the transaction name. For example, M PY.
 - (b) PY is an index of data exchange information and case data for a particular person.
 - (1) To access, enter PY space and the SSN of the person being queried or enter PY space case number and person code.

(2) PY may also be accessed from the EF page of the PS-2 for the person being queried by typing PY at the bottom of that page and pressing the enter key.

(A) The upper portion of the PY screen lists records from the PS-2 database for the SSN queried.

(B) The middle portion of the screen lists records from the ALFX client database.

(C) The lower portion of the screen lists types of data exchange information available for the person.

(3) The user may also enter the PY transaction code at the bottom of any data exchange screen and return to the PY screen.

(4) Data exchange information is viewed by:

(A) moving the cursor to the line of information desired, typing in the transaction code, and pressing the enter key; or

(B) entering a transaction code and SSN of the person at the top of a blank IMS screen.

(c) DXL is a history screen of all data exchange discrepancy messages found on a particular person. The user may access this screen by entering DXL space SSN. The DXL screen lists the:

(1) type of error;

(2) found date;

(3) resolved date;

(4) system code; and

(5) comparison between case income and income shown on the data exchange system.

4. Beneficiary and Earnings Data Exchange System (BENDEX). BENDEX provides verification of Social Security benefits and Medicare entitlement. To

view, enter BEN space Social Security claim number.

(1) When using BENDEX to verify Social Security benefits drop the cents, if any, from the gross benefit amount in BENDEX Field B08 and use only the whole dollar figure. For example, round \$349.50 to \$349.00. See (2) of this Instruction for dual entitlement information.

(2) Persons dually entitled to Social Security benefits under two claim numbers may receive one check, if the benefits are combined, or two separate checks.

(A) If the person receives a combined benefit, there will be two BENDEX records reflecting an entry of D in Field B14 and the records will be cross referenced in BENDEX Field B15. One record has a payment status code of CP and the other is coded AD.

(B) The benefit issuance process used by the Social Security Administration (SSA) can cause a \$1 or \$2 difference in the actual payment made to a person who receives combined benefits.

(C) When using BENDEX to determine countable income for persons receiving combined benefits:

(i) subtract the gross income on the record with payment status code AD from the gross income on the record with payment status code CP;

(ii) drop the cents, if any;

(iii) drop any cents from the BENDEX record with payment status code AD; and

(iv) add the two whole dollar figures together to determine the correct countable income.

5. Buy-in data exchange (BIL). To view buy-in data for Part A and Part B Medicare, enter BIL space Medicare claim number. See additional information at the OKDHS InfoNet Family Support Services Division Data Exchange and Management Medicare Buy-In Web site.

6. (a) SSI/State Data Exchange System (SDX). The SDX file contains data for

Supplemental Security Income (SSI) applicants and recipients, which is viewed by entering SDX space SSN. When using SDX to verify SSI income, the worker rounds the amount shown to the nearest dollar. For example, 1¢ to 49¢ is rounded down and 50¢ to 99¢ is rounded up.

(b) SDX list (SDL). The SDL transaction is a shortcut that reduces keystrokes and provides a history list of the current and previous SDX records. To view, enter SDL space SSN. To view a particular record, move the cursor to the line of the record date selected, type SDX, and press the enter key.

7. SSA Beneficiary Earnings Exchange Record (BEER/BWG). The SSA earnings record file is accessed through the BENDEX system and is requested on all applicants. This data is from 18 to 24 months old when received. To view, enter BWG space SSN.
8. New Hire Employee list (NHL). This transaction provides information obtained from employers reporting new hires to Oklahoma Employment Security Commission (OESC). The list is in SSN order and is viewed by entering NHL space SSN.
9. SSN enumeration (ENU) transaction. When a client is required to have a SSN, but none is shown on Family Assistance/Client Services (FACS) or is shown, but not verified, ENU sends the client's information for matching with SSA records. SSA returns one of 12 possible messages to indicate the results of the match. The message is posted to ENU, G3, and PY. When the SSN is verified, ENU updates PS-2 block F42 with Y. See detailed information at the OKDHS InfoNet Family Support Services Division Data Exchange and Management Reports Social Security Number Process Web site.
10. Wage Data Exchange (OWG). Information received from OESC is compared to case data. Discrepancies are posted to the G1DX screen. The worker contacts the client or employer to confirm the employment, wages earned, and available medical insurance information on employees and dependents. To view, enter OWG or OWC space SSN.
11. Unemployment Compensation (UIB). A computer match is made weekly of OKDHS cases in active or application status with Unemployment Insurance Benefits (UIB) files. To view, enter UIB space SSN.
12. Unearned Income Report (IEV). Internal Revenue Service (IRS) matched records are viewed by using the IEV transaction. Additional information, such

as the payer's address and a brief explanation of the document type code, are available by using the WGD transaction. Both transactions may also be accessed on any segment line of the PY transaction. A glossary of document code definitions may be viewed on the mailbox transaction IEV.

13. Online query transactions available on IMS for requesting specific types of data on a person are:

(1) Oklahoma Wage Link (OWL). The OWL transaction is an online query with the OESC which lists the last two quarters of employment and current UIB information. This transaction **MUST** be used at initial application and reviews. To request information, enter the transaction OWL space person's SSN;

(2) Quarters covered (QTRC/QTRI). The QTRC transaction is used to query the SSA earnings file for a determination of covered quarters of employment. When requesting the information, enter the transaction QTRC space SSN.

(A) This transaction produces a screen used to enter the identifying information for the person queried.

(B) Once the information is entered, a confirmation screen appears and the enter key is pressed a second time to release the query to Baltimore. Normally, the response is returned in two to three days and displayed on the QTRI screen.

(C) This screen is accessed by entering QTRI space SSN or by using the PY screen. When using PY, move the cursor to the line marked QTR, type in QTR, and press the enter key. This screen displays the number of covered quarters for the person as well as other information.

(D) If information is not returned after three business days, re-initiate the request; and

(3) Third Party Query (TPQYC/TPQYI). Verification of SSI, Social Security cash benefits, and Medicare can be obtained through the automated Third Party Query procedure. This procedure accesses the same file that produces SDX and BENDEX data. A SSA verification record can also be requested by using the TPQYC transaction.

- (A)** To access this online transaction, type TPQYC, space, and case number, enter the SSN when prompted, and confirm the information entered.
- (B)** If no response is received within 48 hours of the request, repeat the process.
- (C)** The TPQYC transaction generates online data which is returned to the requester electronically.
- (i)** Information verified with this procedure is generally the most current since Social Security records can be updated at various times during any given month. Therefore, data on TPQYC responses may or may not agree with data appearing on the SDX or BENDEX file for the same person.
- (ii)** To view the returned data, enter TPQYI space SSN or use the TPQ transaction code while on the PY screen. A detailed explanation of this procedure may be requested from the Family Support Services Division.
- (iii)** When using TPQYC to verify:
- (I)** Social Security benefits, the gross benefit amount is shown as a rounded down whole dollar figure; or
- (II)** SSI income, net amounts are given. This figure is rounded to the nearest dollar. For example, 1¢ to 49¢ is rounded down and 50¢ to 99¢ is rounded up.
- 14.** Data exchange information is routinely compared with OKDHS records. When discrepant information is detected, an automated system of notification posts discrepancy messages to IMS. These messages are accessible by using transactions G1DX, G3, and PY. All discrepancy messages must be cleared using the DXD transaction within 30 days of the error posting.
- (1)** G1DX displays a list of discrepancy messages by human services center (HSC) that is accessed by entering G1DX space HSC office number and location code. A more detailed list is obtained by entering G1DX space, HSC office number, location code, supervisor number, and district number.

(2) G3 displays an expanded message. The user accesses this screen by entering G3 space case number.

(3) DXD is used by the worker to clear the data exchange discrepancy when the information has been documented and appropriate action taken. The user accesses this screen by entering DXD space case number. When the screen appears, the user is prompted to enter his or her SSN, system type, and a reason code representing whether the error caused a reduction, increase, or no change in benefits. After pressing the enter key, confirmation is requested. If Y is selected, the transaction clears the error from G1DX and G3 and posts a resolution date on the DXL screen.

15.(a) The Alien Status Verification Index (ASVI) is accessed through a Web-based online system at <https://www.vis-dhs.com/WebOne/vislogin.aspx?JS=YES> using a Web form. Online responses are returned for the initial verification inquiry and/or the additional verification inquiry. For case documentation, the online verification number or entire verification record is printed and filed in the case record or copied and pasted into FACS Case Notes.

(1) Initial verification responses are returned in three to five seconds. Initial verification is initiated if at least one of the documents in (A) through (J) of this Instruction appears to be valid, is available, and has an A-number of A0000001 through A59999999, A70000000 through A79999999, or A90000000 through A99999999.

(A) I-551;

(B) I-151;

(C) AR-3A;

(D) I-688, I-688A, I-688B;

(E) I-689;

(F) I-766;

(G) I-327;

(H) I-571;

(I) I-181a, less than one year old; or

(J) I-94, endorsed, in a foreign passport, less than one year old.

(2) Additional verification is initiated on the same Web site as the Initial Verification or, manually, by submitting United States Citizenship and Immigration Services (USCIS) Form G-845, Documentation Verification Request. The Web site method is preferred since a response will be returned in three federal business days as opposed to receiving a paper response on Form G-845 within ten business days. Benefits of persons who are otherwise eligible are not delayed, terminated, or reduced due to the non-receipt of a response from USCIS. Additional verification rather than initial is initiated immediately when:

(A) documents that appear counterfeit or altered are presented;

(B) there is no A-number on any document;

(C) an A-number in the A60000000 or A80000000 series appears on any document;

(D) any USCIS fee receipt other than I-689 is presented; or

(E) Form I-181a or I-94 in a foreign passport has the endorsement "Temporary Evidence of Lawful Admission for Permanent Residence" processed more than one year ago.

(b) USCIS is responsible for determining immigration status. The Family Support Services Division (FSSD) reports to USCIS the names and addresses of applicants and/or recipients who are determined to be residing in the U.S. unlawfully.

The worker reports to FSSD the names and addresses of applicants and/or recipients who:

(1) admit illegal aliens are present in the household and present USCIS information that appears to be forged; or

(2) present a formal order of deportation or removal.

16. Any case action taken is documented under Case Notes in FACS.

17. The availability of new birth records within a previous five month period is dependent upon reporting time frames of hospitals, midwives, and birth centers.

18. To display the FSD screen, enter FSD space SSN.

(1) The FSD is indicated on the PY screen so a separate transaction is not necessary if the PY transaction is used first.

(2) When fraud has been determined for the Food Stamp Program or Temporary Assistance for Needy Families (TANF) this information is updated on the FSD screen.

(3) For Food Stamp Program rules, refer to OAC 340:50-15-25 and OAC 340:65-9-4 for TANF Program rules.

340:65-3-8. Determination of continuing eligibility

Revised 11-1-07

(a) Determination of continuing eligibility. Determining continuing eligibility is a process which must be carried out at appropriate intervals. The appropriate interval for reviewing eligibility depends on the type of benefit received. The worker is responsible for:

- (1) advising the recipient at each contact of the recipient's responsibility to report changes within ten calendar days of the date the change becomes known;
- (2) making contacts at unspecified intervals to ensure continuing eligibility;
- (3) synchronizing the review dates for all benefits received by the household whenever possible; ■ 1 and
- (4) determining continuing eligibility.

(b) Eligibility review or recertification forms. Form 08MP001E, Request for Benefits, Form 08MP002E, Eligibility Information for Benefits, and Form 08MP003E, Responsibilities and Signature for Benefits, are used as the review or recertification forms for food benefits, subsidized child care benefits, Temporary Assistance for Needy Families (TANF), State Supplemental Payment (SSP), or SoonerCare (Medicaid) benefits. Other forms that may be used include:

- (1) computer-generated Form 08MA007E, Recertification of Eligibility for SoonerCare Health Benefits, for pregnant women and families with children approved for SoonerCare (Medicaid) benefits;
- (2) computer-generated Form 08MP004E, Benefit Review Report, for persons subject to benefit review. These may include recipients of food, child care, or SoonerCare (Medicaid) benefits; ■ 2 or
- (3) Form 08MA017E, SSI-DCP Service Plan, for children receiving Supplemental Security Income-Disabled Children's Program (SSI-DCP) services per OAC 340:70-8-1.

(c) Signature requirements. The review or recertification form must be signed by the recipient, guardian, or a person acting on the recipient's behalf, such as an authorized representative or a person with power-of-attorney. TANF reviews must be signed by the recipient. If the recipient is living with his or her spouse, both must sign the review

form. The only exception to the signature requirement is for a SoonerCare (Medicaid) review completed over the telephone using Form 08MA007E or Form 08MP004E. ■ 3

(d) Review or recertification time frames. A periodic review or recertification time frame varies depending on the program. ■ 4

(1) The worker completes a review at six month intervals with a:

(A) TANF recipient due to:

(I) protective payments; ■ 5

(II) pending required immunizations;

(III) payment standard reductions because of intentional program violations;

(IV) hardship extension approvals;

(V) earned income;

(VI) a work-eligible person exempt from TANF Work activities because of incapacity; or ■ 6

(VII) a work-eligible person exempt from TANF Work activities to care for an disabled family member living in the household; ■ 6

(B) child care recipient who is receiving child care benefits because of a protective or preventive reason per OAC 340:40-7-8; or

(C) food benefit recipient subject to semi-annual benefit reporting per OAC 340:50-9-5(i).

(2) The worker completes a review or recertification at 12-month intervals with a:

(A) TANF recipient unless an earlier review date is warranted;

(B) State Supplemental Payment (SSP) recipient based on the review of need for SoonerCare (Medicaid);

(C) child receiving SoonerCare (Medicaid) who is in state or tribal custody;

(D) child care recipient unless an earlier review date is warranted per OAC

340:40-9-1;

(E) non-public assistance (non-PA) food benefit household who is subject to semi-annual benefit reporting per OAC 340:50-9-5(i) must complete a recertification form. Non-PA food benefit recipients subject to annual benefit reporting must complete Form 08MP004E in the 11th month of certification; ■ 7
or

(F) SoonerCare (Medicaid) recipient unless benefits are approved for less than 12 months.

(3) The worker completes a food benefit recertification form at 24-month intervals for a non-PA food benefit household who is subject to annual benefit reporting per OAC 340:50-9-5(g).

(e) Interview requirements. Whether an interview is required varies depending on the program. ■ 8

(1) A face-to-face interview is required for the:

(A) Food Stamp Program at recertification. Exceptions are found at OAC 340:50-3-2(b);

(B) TANF Program; or

(C) SSI-DCP service plan review.

(2) A telephone or face-to-face interview is required for the Child Care Program review.

(3) An interview is not required for any of the SoonerCare (Medicaid) programs as long as the review form is complete, including the signature, all required verification provided, and none of the information is questionable. When information is not complete or is questionable, the worker contacts the recipient to obtain needed information. ■ 9

INSTRUCTIONS TO STAFF 340:65-3-8

Revised 11-1-07

- 1. When the recipient is a benefit review reporter, benefits must be synchronized.**
- 2. Benefit review reporters of food, child care, and SoonerCare (Medicaid)**

benefits are described in (1) - (2) of this Instruction.

(1) The recipient's benefit reporting status is computer-determined for each benefit. If applicable, the eligibility notebook on the Family Assistance/Client Services (FACS) system is automatically updated to reflect the recipient's reporter status in the Food Stamps, Social Services, and/or Medical Financial tabs.

(A) For semi-annual reporters, a computer-generated Form 08MP004E, Benefit Review Report, is sent to the recipient in the fifth month of certification.

(B) For annual benefit reporters, a computer-generated Form 08MP004E is sent to the recipient in the 11th month of certification or review.

(2) When Form 08MP004E is returned to the human services center (HSC), the worker determines if it is complete for each benefit and has all required verification.

(A) For each benefit with complete information and all verification, the worker:

(i) processes all changes;

(ii) updates the benefit report action field in the Food Stamps, Social Services, and/or Medical Financial tabs with C; and

(iii) enters the date the action is taken.

(B) If the information for any benefit is incomplete or lacking all required verification, the worker:

(i) updates the benefit report action field in the eligibility notebook on FACS in the Food Stamps, Social Services, and/or Medical Financial tabs with an I indicating an incomplete form; and

(ii) enters the date action is taken.

(C) If Form 08MP004E is not returned to the local HSC office, the benefit report action field remains blank. When this field remains blank or shows an I at negative action deadline, the benefit automatically closes

the next effective date with reason code 36S. If Form 08MP004E is incomplete for one benefit but complete for others, only the benefit with incomplete information is closed.

(D) During the period between negative action deadline and the last day of the 13th month for annual reporters or the last day of the seventh month for semi-annual reporters, the worker may reopen closed benefits when the completed Form 08MP004E and/or required verifications are received.

(i) Any required changes are processed along with the action to reopen benefits using R in the action taken field and 18O in the reason code field. It is also necessary to update the benefit type and status fields for those persons included in the benefit.

(ii) In the event the completed Form 08MP004E and/or required verifications are received in the 14th month or later for annual reporters, or the eighth month or later for semi-annual reporters, the recipient or household must re-apply. If the worker fails to take action in a timely manner and benefits subsequently close, normal reopening processes, using reason code 18A, are used.

(iii) Benefits in reporter status are displayed on CWA Report 17 for tracking purposes the month after Form 08MP004E is sent to the recipient.

(iv) Benefits are no longer displayed on CWA Report 17 when the benefit report action field is updated with C for complete.

(v) If the benefit report action field remains blank or I for incomplete, the benefit remains on CWA Report 17 until the benefits close at negative action deadline.

3. Any additional or substantiating information secured is documented on the review form. No additional information is entered after the recipient signs the review form.

4. (a) For food benefit rules see OAC 340:50-9-5 regarding benefit reviews and OAC 340:50-9-6 regarding recertifications.

(b) For SoonerCare (Medicaid) rules see:

(1) OAC 317:35-6-61 for SoonerCare (Medicaid) benefits for pregnant women and families with children;

(2) OAC 317:35-7-61 for SoonerCare (Medicaid) programs that categorically relate to the aged, blind, and disabled population such as:

(A) State Supplemental Payment (SSP);

(B) Qualified Medicare Beneficiary (QMB);

(C) Specified Low-Income Medicare Beneficiary (SLMB);

(D) Qualified Disabled and Working Individuals (QDWI); or

(E) Qualified Medicare Beneficiary Plus (QMBP);

(3) OAC 317:35-15-7 and OAC 317:35-15-9 for Personal Care;

(4) OAC 317:35-17-12 and OAC 317:35-17-15 for Advantage Waiver; and

(5) OAC 317:35-19-22 and OAC 317:35-19-23 for nursing facility services.

(c) For child care benefit rules see OAC 340:40-9-1;

(d) TANF reviews are completed at 12 month intervals unless an earlier review date is warranted. During the interview the recipient and worker discuss the recipient's current situation and determine what additional facts are needed to determine continued eligibility. In the course of this discussion, agreement is reached as to what additional information must be secured, if any, and whether the recipient or the worker obtains this additional information. For eligibility rules for TANF benefits see OAC 340:10.

(1) If the recipient or recipient's spouse who lives in the home, or the recipient's parents when applicable, refuse to give permission for gathering additional information or substantiation of information when necessary, continued eligibility cannot be established constituting a request for discontinuance of assistance.

(2) If the recipient, or recipient's spouse who lives in the home, or the recipient's parents, when applicable, refuse to sign Form 08AD060E, Request for Release of Information, continued eligibility cannot be

established constituting a request for discontinuance of assistance.

(3) Whenever assistance is discontinued because of refusal to give permission or refusal to sign Form 08AD060E, the situation must be documented in FACS under Case Notes.

(4) The worker updates FACS to show the date the review is completed and any other action being processed. If advance notice of proposed action is necessary, see OAC 340:65-5-1.

- 5.** Refer to OAC 340:65-5-80 for information concerning protective payments in TANF.
- 6.** Refer to OAC 340:10-2-1 for information regarding work eligible individuals.
- 7.** The recertification forms include Form 08MP001E, Request for Benefits, Form 08MP002E, Eligibility Information for Benefits, and Form 08MP003E, Responsibilities and Signature for Benefits.
- 8.** When an interview is required, the worker reviews the variable conditions of eligibility with the recipient. If an interview is not required, the worker evaluates the information contained on the review form and the data exchange screens to determine if changes are needed. If information is questionable, the worker may determine that an interview is needed. Refer to OAC 340:65-3-4 for home visit requirements and information about data exchange screens.
- 9. (a)** When the worker must contact the recipient to determine continued eligibility, the contact can be in person or over the telephone. The worker documents all factors of eligibility and any contact with the recipient in the Family Assistance/Client Services (FACS) Case Notes.

(b) When the recipient receives some benefits that require an interview and some that do not, an interview must be completed for the benefits that require an interview before the review is completed. The worker may complete the review for benefits that do not require an interview before the interview is completed.