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| POLICY TRANSMITTAL NO. 11-09 | DATE: APRIL 29, 2011 |
| FAMILY SUPPORT SERVICES DIVISION | DEPARTMENT OF HUMAN SERVICES OFFICE OF INTERGOVERNMENTAL RELATIONS AND POLICY |

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:65-1-3; 340:65-3, Table of Contents; 65-3-1 through 65-3-2.1; 65-3-4 through 65-3-6; 65-3-8 through 65-3-9; 65-5-1; 65-5-3 through 65-5-6; 340:65-9, Table of Contents; 65-9-1 through 65-9-2; 65-9-4 through 65-9-6; and 65-9-8.

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

OAC 340:65-1-3 Instructions to staff (ITS) is revised to: (1) add information about OKDHSLive; and (2) remove outdated information about imaging and the Address Confidentiality Program.

OAC 340:65-3-1 is amended to: (1) update information regarding applications; (2) add information about the SoonerCare (Medicaid) population now in the Online Enrollment; (3) add information that when a client has lived in Oklahoma less than 12 months, the worker must determine whether the client is receiving benefits in the other state; and (4) add Low Income Home Energy Assistance Program (LIHEAP) to the programs requiring a Social Security number (SSN) for all household members included in the benefit. ITS is revised to: (1) add information about the methods applicants can use to apply for benefits that includes applying online using OKDHSLive; (2) clarify that an electronic signature is acceptable; (3) add information clarifying how to complete Form 08AD092E, Client Contact and Information Request; (4) add information about the Statewide Helpline Card; (5) clarify that Form 08MP022E, Declaration of Citizenship Status, is not required when adding persons to benefits using OKDHSLive; (6) add information regarding postponed interviews for food benefit households eligible for expedited services; and (7) add clarifying information.

OAC 340:65-3-2 is amended to: (1) update language regarding the application process which includes online applications, verbal requests, and Online Enrollment; (2) add information about who can be a payee for LIHEAP; and (3) add clarifying information. ITS is revised to: (1) add information regarding an electronic signature; (2) describe what is considered a hardship in filing a signed application

for food benefits; and (3) clarifying when the payee on a case is changed.

OAC 340:65-3-2.1 is amended to add: (1) information about timeframes for providing verification, scheduling interviews, and application time limits; and (2) clarifying information.

OAC 340:65-3-4 is amended to: (1) add clarifying information regarding data exchange; (2) add LIHEAP to programs using the Systematic Alien Verification for Entitlement (SAVE); (3) update information about birth verification; and (4) add clarifying information. ITS is revised to: (1) update information about the Address Confidentiality Program; (2) add the availability of the Statewide Helpline Numbers publication; and (3) add clarifying information about what to do when a collateral contact requests anonymity.

OAC 340:65-3-5 is amended to: (1) add clarifying information about notices; (2) add expedited service time frame for food benefits; (3) remove application processing time frame for SoonerCare (Medicaid) population in Online Enrollment; and (4) change application time frame for LIHEAP. ITS is updated to add the form used to advise clients of a delay in processing the application.

OAC 340:65-3-6 is amended to state that State Supplemental Payment (SSP) benefits will close but Temporary Assistance to Needy Families (TANF) benefits will not close when the client does not pin the debit card within 90 days. ITS is revised to add clarifying information about debit cards.

OAC 340:65-3-8 is amended to: (1) change the review time frame for subsidized child care benefits from 12 months to six months except for recipients receiving TANF or SSP; (2) remove forms used for review from rules; (3) add notification information; (4) remove interview requirement for most subsidized child care reviews and food benefit recertifications for elderly or disabled households without earned income; (5) add information about eligibility determinations at review or recertification; and (6) reorder information for greater readability. ITS is revised to: (1) remove benefit review information; (2) add methods a client may use to complete a review, including OKDHSLive; (3) add information about an electronic signature; and (4) add clarifying information about conducting interviews.

OAC 340:65-3-9 is amended to add: (1) policy cites; and (2) additional variable conditions of eligibility.

OAC 340:65-5-1 is amended to: (1) add types of changes a client must report; (2) add reasons an advanced notice is not required; (3) add clarifying information about advanced notices and when a hearing is requested; and (4) update terminology. ITS is revised to add: (1) comprehensive policy cites and information for case changes; and (2) clarifying information for TANF household composition changes and how changes made affect food benefits.

OAC 340:65-5-3 is amended to remove TANF and add continued medical benefits to programs that suspend benefits.

OAC 340:65-5-4 ITS is revised to: (1) remove outdated information about mailing benefits; and (2) add clarifying information about suspended benefits.

OAC 340:65-5-5 ITS is revised to update language to current terminology.

OAC 340:65-5-6 ITS is revised to remove outdated language about child care vouchers.

OAC 340:65-9-1 is amended to: (1) differentiate deductions allowed from overpayments for TANF and SSP; (2) update language to current terminology; (3) update forms; and (4) change the length of time for which Oklahoma Department of Human Services (OKDHS) may determine overpayments. ITS is revised to: (1) add information about documentation provided by the Office of Inspector General (OIG); and (2) add information about who determines fraudulent intent for overpayments.

OAC 340:65-9-2 is amended to: (1) update language to current terminology; and (2) update forms used for overpayments classified as fraud.

OAC 340:65-9-4 through 340:65-9-5, and 340:65-9-8 are amended to update language to current terminology.

OAC 340:65-9-6 is amended to: (1) update language to current terminology; and (2) add information that OKDHS does not initiate collection efforts against household members who have filed for bankruptcy.

Original signed on 4-12-11

Mary Stalnaker, Director
Family Support Services Division

Sandra Harrison, Coordinator
Office of Intergovernmental Relations and
Policy

WF # 10-18 (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

INSERT

| | |
|-----------------------------|--|
| 340:65-1-3 | 340:65-1-3, pages 1-7, revised 6-1-11 |
| 340:65-3, Table of Contents | 340:65-3, Table of Contents, 1 page only, revised 6-1-11 |
| 340:65-3-1 | 340:65-3-1, pages 1-16, revised 6-1-11 |
| 340:65-3-2 | 340:65-3-2, pages 1-4, revised 6-1-11 |
| 340:65-3-2.1 | 340:65-3-2.1, pages 1-2, revised 6-1-11 |
| 340:65-3-4 | 340:65-3-4, pages 1-12, revised 6-1-11 |
| 340:65-3-5 | 340:65-3-5, pages 1-4, revised 6-1-11 |
| 340:65-3-6 | 340:65-3-6, pages 1-6, revised 6-1-11 |
| 340:65-3-8 | 340:65-3-8, pages 1-7, revised 6-1-11 |
| 340:65-3-9 | 340:65-3-9, pages 1-4, revised 6-1-11 |
| 340:65-5-1 | 340:65-5-1, pages 1-11, revised 6-1-11 |
| 340:65-5-3 | 340:65-5-3, 1 page only, revised 6-1-11 |
| 340:65-5-4 | 340:65-5-4, 1 page only, revised 6-1-11 |
| 340:65-5-5 | 340:65-5-5, 1 page only, revised 6-1-11 |
| 340:65-5-6 | 340:65-5-6, pages 1-3, revised 6-1-11 |

REMOVE

340:65-9, Table of Contents

340:65-9-1

340:65-9-2

340:65-9-4

340:65-9-5

340:65-9-6

340:65-9-8

INSERT

340:65-9, Table of Contents, 1 page only,
revised 6-1-11

340:65-9-1, pages 1-3, revised 6-1-11

340:65-9-2, pages 1-2, revised 6-1-11

340:65-9-4, pages 1-3, revised 6-1-11

340:65-9-5, 1 page only, revised 6-1-11

340:65-9-6, pages 1-4, revised 6-1-11

340:65-9-8, 1 page only, revised 6-1-11

340:65-1-3. Case records

Revised 6-1-09

The purposes and objectives of the Oklahoma Department of Human Services (OKDHS) are carried out on a case-by-case basis. The decision on each case must be based on facts, be free of error and prejudice, fair to the person, and within the law and OKDHS policy. The case record is the means used by OKDHS to document the factual basis for decisions. ■ 1

INSTRUCTIONS TO STAFF 340:65-1-3Revised 6-1-11

1. (a) **Definition of Family Support Services (FSS) case records.** The case record is an accumulation of material required to document a client's eligibility for and receipt of benefits. The case record includes information in physical working and history records, all imaged documents, and all electronically maintained data associated with the same case number. For legal requirements and audit purposes, OKDHS retains these records for at least three years after all benefits included in the case have expired. Case records may need to be retained longer than three years when legal action requires certain case records be maintained or there is an outstanding debt from an overpayment.

(b) **Family case record maintenance.** A separate physical and/or imaged record for each family case is maintained by the Oklahoma Department of Human Services (OKDHS). The maintenance of the family case record is the responsibility of the worker and supervisor to whom the case is assigned.

(1) **Electronic information is maintained in the Family Assistance/Client Services (FACS), the PS-2 computer systems, and the OKDHS Live database.** The worker uses FACS for processing applications, reviews, and change actions, and FACS Case Notes for case documentation. The FACS system only maintains a record of the most recent information entered into each FACS tab with the exception of FACS Case Notes. When the client completes the application or review using paper forms or with the worker using FACS, the worker must print the original application and review forms and keep paper or imaged versions of them in the case record to document the client's signed statements regarding eligibility at the interview When the client completes the application or review using OKDHS Live, the client signs the application or review electronically. The

information is not printed unless a copy is requested by the client. The data is stored in the OKDHS Live database and may be retrieved as a report when needed. When changes occur after the interview, new forms are not printed unless the client signs the form. FACS Case Notes maintains a history of all recorded notes so it is not necessary to print or image Case Notes.

(A) Case Notes are not shared with the client or anyone outside of OKDHS except when:

- (i) required by a court order, a copy of Case Notes is printed for use in court; and**
- (ii) requested by a client who has requested a hearing, a copy of Case Notes is printed and given to the client.**

(B) It is recommended that the worker enter a Case Note in each FACS tab used to interview the client at the time of the interview giving specific details or verification related to that tab and then enter a general narrative at the point the worker certifies, reviews, or makes a change on the case. Case Notes must:

- (i) describe how eligibility, continuing eligibility, or ineligibility was determined, what verification was used, and how income was calculated;**
- (ii) record all case actions taken and the reason for the action;**
- (iii) record information concerning a client's participation in the Address Confidentiality Program (ACP) administered through the Office of the Attorney General.**
 - (I) No information is recorded about the location of the client's residence.**
 - (II) Any written communications with the client are sent to the ACP address and documented in Case Notes;**
- (iv) record the date of any referral and to what services the client was referred. The worker does not record in FACS Case Notes confidential information.**

(I) When the worker completes a Child Welfare (CW) referral, the worker documents the referral number given by CW Hotline staff when the referral is made. If contacted by CW, the worker documents the date of the contact and any information that affects case benefits such as a change in household composition.

(II) When the worker completes an Adult Protective Services (APS) referral, the worker documents whether the referral was made to APS Hotline staff or completed online. A referral number is not available at the point the referral is made. If contacted by APS, the worker documents the date of the contact and any information that affects case benefits such as a change in household composition;

(v) record all client contacts, whether initiated by the worker or client, and the:

(I) date of the interview;

(II) name of person being interviewed;

(III) location of the interview;

(IV) purpose of the interview; and

(V) information obtained; and

(vi) not include confidential information that is not required to support actions taken by the worker to determine initial or continued eligibility. An example is documenting a medical diagnosis such as human immunodeficiency virus (HIV) in FACS Case Notes when all that is needed is a statement that medical information is in the case record that exempts a person from work registration or supports an incapacity decision.

(2) Unless all case material concerning a specific family case has been imaged or stored in the OKDHSLive database, all printed material is kept in a folder labeled with the case name and number.

(A) A folder is not required for filing applications or other material

associated with the Disaster Supplemental Nutrition Assistance Program (DSNAP). If there is no existing case record, DSNAP material may be filed numerically in an area designated for that purpose.

(B) When the printed material in a case record is out-of-date or the volume of data becomes cumbersome, a history folder is started. The folder tab of the working record is marked Working and the folder tab of the history record is marked History. The working record is not designated as Working until a history record is created.

(C) All printed case material is grouped in sections within the case folder. Appropriate sections must be maintained in the working and history records. The material in each section is arranged chronologically from front to back so it may be read book-wise. Each section is fastened in the upper left hand corner. Material removed from the working record is placed in the corresponding section in the history record.

(D) The worker to whom the case is assigned and his or her supervisor are responsible for determining which sections listed in (i) through (viii) of this Instruction to Staff are appropriate for a specific case and maintaining those sections in the working and history records.

(i) Permanent section. This section is maintained only in the working record and contains material relating to the non-variable factors of eligibility. It includes, but is not limited to, information regarding Social Security numbers, United States Citizenship and Immigration Services cards, birth certificates, and divorce decrees.

(ii) Application and review section.

(I) In the working record, this section contains the most recent application and review forms and all documents that support eligibility decisions made since the last review including all forms, correspondence, and copies of verification required for determining eligibility for the programs for which the client has applied or is receiving benefits.

(II) The history record contains the same information as the working record for earlier time periods with a cover sheet showing the eligibility dates the material covers. If the client has

received benefits for several years, several sections titled application and review section may be found in the history record.

(iii) Employment and training section. All material applicable to participants in the Temporary Assistance for Needy Families (TANF) Work or the Supplemental Nutrition Assistance Program (SNAP) Employment and Training Program is filed in this section. Copies of Flexible Fund authorizations are filed in this section. Various time sheets and letters to the client may be converted to the history record after one year.

(iv) Medical section. When disability, blindness, or incapacity is a factor of eligibility, or when a request is made for personal care, ADvantage Services, nursing care services, or Supplemental Security Income-Disabled Children's Program (SSI-DCP), a medical section is established. This section includes medical reports, medical social summaries, authorization for examinations and equipment, and correspondence between the human services center (HSC) and the Oklahoma Health Care Authority, Level of Care Evaluation Unit. Information may be transferred to the history record when the material is no longer pertinent to the client's eligibility.

(v) Social service section. This section contains information for resolving problems related to all family services. Information pertaining to child or adult protective services, Home and Community-Based Waiver Services (HCBWS), and copies of support services funds authorizations are included in this Section. Information may be transferred to the history record when the material is no longer pertinent.

(vi) Fair hearing section. All material relating to a hearing is maintained in the working record for one year from the hearing decision date and then transferred to the history record.

(vii) Overpayment section. This section contains all information pertaining to overpayments. All material relating to overpayments that have not been paid in full are retained in the working record. The material may be transferred to the history record after the total overpayment is reimbursed.

(viii) **Narrative section.** Narratives created prior to the implementation of FACS Case Notes are retained in this section of the working record.

(ix) **Other sections.** Other sections may be included as the supervisor and worker deem appropriate.

(3) Imaged documents are maintained electronically by case name and number and the date the document was imaged.

(A) After the document is imaged, it is placed in the worker's Inbox on the Family Support Imaging Workflow.

(B) The worker checks his or her Inbox daily to organize imaged documents in specific case records.

(i) The worker completes a packet cover sheet to associate each document with a specific action that is being taken on a case such as a certification, review, or case change.

(ii) The worker also enters information in the detail area, if needed, to describe the document more fully. This helps the worker decide which documents he or she needs to examine further before taking action on the case.

(C) To access imaged documents after they have been removed from the worker's Inbox, staff clicks on Family Support Image Retriever on the computer desktop.

(i) A query criteria screen appears. The more details the worker enters on this screen narrows the search.

(ii) If the worker wants to see all imaged documents available regarding a certain case, entering only the case number is recommended. If the worker wants to only see all imaged applications or reviews in his or her caseload, the worker enters FSS-1 in Form Type, the county code, and the worker number.

(iii) A query results page appears based on criteria entered in the search. To open a document from this page, the worker single clicks on the document icon at the beginning of the row or double clicks

anywhere on the row.

(c) Filing system. The maintenance and operation of the local HSC filing system is the responsibility of the county director or designee.

(d) Information only material. This material includes records of inquiries that are not classified as requests for services and correspondence regarding persons not known to OKDHS. It is filed alphabetically. The earliest material regarding a given person is filed on top, and the reply and subsequent inquiries are attached in chronological order. When there is an existing case record or when one is established, the information only material is filed in that case record.

SUBCHAPTER 3. ELIGIBILITY FOR BENEFITS

Section

- 340:65-3-1. Determination of eligibility
- 340:65-3-2. Definitions
- 340:65-3-2.1 Computing days for providing verification, interview dates, and application time limits
- 340:65-3-3. Processes **[REVOKED]**
- 340:65-3-3.1. Combined Application form **[REVOKED]**
- 340:65-3-4. Investigation of eligibility conditions and services planning
- 340:65-3-5. Application process
- 340:65-3-6. Payment method for TANF and SSP benefits
- 340:65-3-6.1. Electronic Benefits Transfer
- 340:65-3-7. Denial of application
- 340:65-3-8. Determination of continuing eligibility
- 340:65-3-9. Variable conditions of eligibility
- 340:65-3-10. Procedure for periodic determination of eligibility **[REVOKED]**
- 340:65-3-11. Procedure for case changes - medical assistance and financial assistance **[REVOKED]**
- 340:65-3-12. Recording of redetermination of eligibility - SSP and AFDC **[REVOKED]**
- 340:65-3-13. Client's rights **[REVOKED]**

340:65-3-1. Determination of eligibilityRevised 6-1-11

(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 continued 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) **Filing an application.** Each household wishing to apply for the Child Care Subsidy Program, Low Income Home Energy Assistance Program (LIHEAP), SoonerCare (Medicaid) Program, Supplemental Nutrition Assistance Program (SNAP), State Supplemental Payment (SSP), Supplemental Security Income Disabled Children's Program (SSI-DCP), or TANF must complete an application. The applicant may request one or more benefits on the same application with the exception of LIHEAP which is not an ongoing benefit. ■ 4

(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. TANF applications must be signed by the applicant. If the applicant is living with his or her spouse, both must sign the application. ■ 5 The applicant may voluntarily withdraw the request for benefits or services either before or after signing the application. 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 ■ 6

(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:

(A) SNAP. Exceptions are found at OAC 340:50-3-2; **■ 7** or

(B) the TANF Program.

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

(A) Child Care Subsidy 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 the SoonerCare (Medicaid) population in Online Enrollment with the Oklahoma Health Care Authority (OHCA) or LIHEAP benefits. **■ 8**

(e) **Worker responsibilities.** The worker is responsible for: **■ 9**

(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; **■ 10**

(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 **■ 11**

- (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; 12
 - (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); and
 - (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) determining whether the applicant is currently receiving benefits from another state when he or she has lived in Oklahoma less than 12 months; ■ 13
- (5) recognizing expressed or implied needs which includes:
- (A) determining whether there is a need for crisis intervention;
 - (B) addressing the applicant's social services needs; and
 - (C) making appropriate referrals; ■ 14 and
- (6) denying the application if sufficient facts are available to substantiate ineligibility.
■ 15

(f) **Requirement for SSN.** ■ 16 A verifiable SSN or application for a SSN is required for every person whose needs are included for food benefits, SSP, SSI-DCP, LIHEAP, 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. ■ 17

(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. ■ 18

(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. ■ 19

(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. ■ 20

(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. ■ 21

(g) **Citizenship requirement.** All persons who are applying for state or federal public benefits such as child care subsidy, 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. ■ 22 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. ■ 23 The application 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 for child care subsidy benefits;

(B) OAC 340:50-5-67 for food benefits; ■ 24

(C) OAC 340:20-1-8, 340:20-1-10, and 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, through an automated data exchange transaction, attempts to match SSN data exchange information with SSA. ■ 25

(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. Documents acceptable as verification of citizenship for SoonerCare (Medicaid) described at OAC 317:35-5-25 are also acceptable as verification of lawful status. ■ 26

(5) When the person fails or refuses to sign and have notarized Form 08MP005E, benefits are denied or closed for that person. ■ 27

(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) FSSD staff in consultation with Office of General Counsel staff review the memo and any evidence provided by the worker; and

(C) when FSSD and Office of General Counsel 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 6-1-11

- 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 Supplemental Nutrition Assistance Program (SNAP) rules at OAC 340:50-3-1 and in Child Care Subsidy 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 Subsidy 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 SNAP, any responsible household member may 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) Methods the applicant may use to apply for SNAP include:

(1) completing the application electronically by:

(A) accessing www.okdhslive.org; or

(B) getting help from a community partner to complete the application on www.okdhslive.org;

(2) downloading a paper application from www.okdhslive.org and completing, signing, and bringing, mailing, or faxing it to OKDHS; or

(3) going into the local human services center (HSC) to complete the application with a worker using the Family Assistance/Client Services (FACS) system.

(b) Methods the applicant, who is part of the Oklahoma Health Care Authority (OHCA) Online Enrollment population, may use to apply for SoonerCare (Medicaid) include:

(1) completing the application electronically by:

(A) using OHCA Online Enrollment;

(B) accessing www.okdhslive.org; or

(C) getting help from a community partner to complete the application on www.okdhslive.org or OHCA Online Enrollment;

(2) downloading Form SC-1, SoonerCare Health Benefits Application, from OHCA - Forms and Instructions and completing, signing, and mailing it to OHCA or bringing or faxing it to OKDHS; or

(3) going into the local HSC to complete the application with a worker using FACS.

(c) Methods the applicant may use to apply for the Child Care Subsidy Program, SoonerCare (Medicaid) for all populations not in Online Enrollment, State Supplemental Payment, Supplemental Security Income-Disabled Children's Program (SSI-DCP), and TANF include:

(1) downloading Form 08MP001E, Request for Benefits, Form 08MP002E, Eligibility Information for Benefits, and Form 08MP003E, Responsibilities and Signature for Benefits from OKDHS - Forms and Applications for Service and completing, signing, and bringing or mailing them to the local HSC; or

(2) going into the local HSC to complete the application with a worker using FACS.

(d) Methods the applicant may use to apply for the Low Income Home Energy Assistance Program (LIHEAP) include:

(1) downloading Form 08LH002E, Low Income Home Energy Assistance Program (LIHEAP) Walk-In Application, from OKDHS - Forms and Applications for Service and completing, signing, and bringing, mailing, or faxing it to OKDHS; or

(2) going into the local HSC to complete the application with a worker.

- 5. (a) A signature submitted on Form 08MP001E, Request for Benefits, through e-mail or a fax machine is acceptable to establish a request or application date for the Child Care Subsidy Program, SNAP, TANF, and SoonerCare (Medicaid) for those populations not in Online Enrollment. Form 08MA005E, Notification of Needed Medical Services, or the electronic Notification of Date of Services may also preserve the application date for those SoonerCare (Medicaid) populations not in Online Enrollment.**

(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 Subsidy, SNAP, 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.

(c) An electronic signature is considered the same as a pen and ink signature.

6. 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) Once the Medicare buy-in is established, if the worker later 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 (FSSD) any discrepancies between the name shown on Family Assistance/Client Services (FACS) and the name used for Medicare purposes.

7. (a) OAC 340:50-3-2 addresses when a face-to-face interview may be waived due to hardship and when an interview may be postponed and benefits approved for household eligible for expedited services.

(b) Once the applicant has been approved for food benefits, the recertification interview may be completed face-to-face or over the telephone.

8. OKDHS staff take applications but the OHCA rules engine approves SoonerCare (Medicaid) benefits for households that are part of the Online Enrollment population.

9. The worker is also responsible for:

(1) explaining the availability of child care subsidy benefits 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 (SSP) for a child under 18 years of age OKDHS Pub. No. 86-150, Supplemental Security Income (SSI)-Disabled Children's Program.

10. 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.

11. Refer to OAC 340:2-5 for fair hearing information.

12. When the worker completes Form 08AD092E, Client Contact and Information Request, he or she individualizes it and only checks the items required to determine eligibility for that client based on program specific policy. For example, the worker would not check resources when resources are not a factor of eligibility or self-employment when the client did not report that someone in the household was self-employed.

13. When the household has lived in another state(s) within the last 12 months, the household must not be approved for the same type of assistance until the worker contacts the former state(s) to determine if the household is currently receiving assistance from that state(s). When the household is receiving assistance, the worker confirms when it will be terminated. The worker does not approve the household for assistance in Oklahoma for the same month.

(1) Receipt of TANF is limited to 60 months when an adult is included in the benefit. Refer to OAC 340:10-7-1 for further information.

(2) Child care subsidy benefits may be approved for the same month since the benefit is paid to the child care provider instead of the client.

(3) Per OAC 340:50-5-28, residents of shelters for battered women and children may be eligible for additional food benefits.

(4) SoonerCare (Medicaid) may be approved for nursing care in Oklahoma for the same month the person received nursing home care in the other state when the client intends to remain in Oklahoma.

14. To help make appropriate referrals, the worker may give the client the OKDHS Pub. No. 09-454, Statewide Helpline Card, or OKDHS Pub. No. 09-454SV in Spanish.

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

16. 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.

17.(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). Refer to OAC 317:35-6-60(4)(B) for additional information on a newborn child deemed eligible.

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

18. (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.

- (A) 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.
- (B) Further verification may be required if a discrepancy message is received because the SSN cannot be verified through the SSN enumeration process.
- (C) Refer to additional information at the OKDHS InfoNet FSSD Information Privacy and Security Enumeration 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.
- (3) When the applicant meets any of the conditions described in paragraph (2) of this Instruction, the worker:
- (A) applies a 25% program penalty to the TANF benefits per OAC 340:10-12-1;
- (B) determines the applicant ineligible for food benefits per OAC 340:50-5-68; and
- (C) determines the applicant ineligible for SoonerCare (Medicaid) per OAC 317:35-5-27.
- (b) When the applicant's citizenship status is in question, refer to (f) of this Section and OAC 340:65-3-4(5).
- 19.(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 of age. It may take up to 14 weeks to issue an original Social Security card for a person who is one year of age or older. The worker advises 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 person's needs are not included for benefits.

(b) Case Worker Activity (CWA) Report 21 lists the names of recipients who are one year of age 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 calendar 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.

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

21.(a) There is no SSN requirement for a newborn child deemed eligible for SoonerCare (Medicaid). Refer to 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.

22. 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. Persons who must be considered household members are found at:

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

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

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

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

(5) OAC 317:35-6-36 and 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, or disabled; and

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

- 23. Form 08MP022E, Declaration of Citizenship Status, must be completed by the payee for the additional household member prior to benefits being added regardless of the person's age unless the request is made on OKDHSLive. When the additional household member is reported on OKDHSLive, Form 08MP022E is not required as the client declares the citizenship status of the person on the system and electronically signs the request. For persons 14 years of age and older, a data match with SSA must occur or they must meet requirements at (g)(4) of this Section prior to approving the person for benefits.**
- 24. Only the identity of the applicant must be verified prior to the issuance of expedited food benefits per OAC 340:50-11-5. All reasonable efforts are made to verify other eligibility factors prior to issuance of benefits.**
- 25. Refer to (e)(2) and Instructions to staff (ITS) # 6 through 11 of this Section and OAC 340:65-3-4(4)(A) and ITS # 9 for information about SSN enumeration and the penalty for not furnishing a verifiable SSN.**
- 26.(a) Notary services must be made available at the HSC office.**
- (b) When the worker is unable to match the SSN for a person under 14 years of age, benefits may be approved when allowed by the program. Refer to (f) and ITS # 12 in this Section for further information.**
- (c) Benefits are not issued for persons 14 years of age and older until lawful status is verified.**
- 27. 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."**

340:65-3-2. DefinitionsRevised 6-1-11

The following words and terms when used in this Subchapter shall have the following meanings, unless the context clearly indicates otherwise:

"Applicant" means a person who directly or through a person acting responsibly on the applicant's behalf requests a formal determination of eligibility for one or more programs administered by the Family Support Services Division (FSSD) of the Oklahoma Department of Human Services (OKDHS).

"Application process" means the process by which the applicant's request is formalized. The applicant may start the application process with a worker using the Family Assistance/Client Services (FACS) system or by submitting an online or paper application. The application process may require an interview with a worker, either face-to-face or by telephone, depending on the program. Any person who fraudulently represents facts, acts without authority, or exceeds his or her authority to perform a transaction may be prosecuted under all applicable criminal and civil laws.

"Client" means a person who is applying for or receiving services, cash assistance, or other benefits.

"Date of application" means, for: **■ 1**

(A) child care benefit applications, the date the applicant or a person acting on the applicant's behalf completes the child care interview and provides all necessary verification, including the name of the child care provider the applicant wishes to use.

(B) Temporary Assistance for Needy Families (TANF), food benefits, SoonerCare (Medicaid), State Supplemental Payment (SSP), and the Low Income Home Energy Assistance Program (LIHEAP), the date the applicant or a person acting on the applicant's behalf signs the application. If the application is initiated outside of OKDHS, the application date is the date the application is stamped or received electronically in the human services center (HSC). Receipt of Form 08MA005E, Notification of Needed Medical Services, preserves the date of application for SoonerCare (Medicaid) populations not included in Oklahoma Health Care Authority OHCA Online Enrollment per OAC 317:35-6-15(b).

(C) When a verbal request is received prior to the date of signature on the application, the date of the verbal request is entered in red above the signature

date. ■ 2 The date of the verbal request is the date of application for the TANF, SSP, and the SoonerCare (Medicaid) Programs not included in the Online Enrollment. ■ 3

(i) Per OAC 340:50-3-1, a verbal request for food benefits does not preserve the application date. The only exception is when the applicant advises staff a hardship exists that prevents him or her from signing a request on that date. ■ 4

(ii) A verbal request for LIHEAP does not preserve the application date as funding for the program is limited.

(iii) When the verbal request date preserves the application date for a program, it is protected only if the application is signed within 30 calendar days.

(I) If the applicant fails to sign the application within 30 calendar days, no application request is considered made. ■ 5

(II) If the applicant subsequently contacts OKDHS after 30 calendar days and completes the application process, the application date is the date the applicant completes and signs the application.

(D) When the applicant comes to the HSC to request benefits and cannot stay to complete the application with a worker or no appointment times are available that day, OKDHS staff advises the applicant to submit a completed and signed Form 08MP001E, Request for Benefits, to the HSC to preserve the application date. When the applicant does not leave a completed and signed Form 08MP001E at the HSC, an application date is not preserved and an appointment for an interview is not set.

"Inquiry" means a request for information but does not imply a request for assistance.

"Near real-time (NRT) benefit processing" means the application for child care benefits is processed within two business days of receiving verification needed to determine eligibility for assistance.

"Payee" means the person in the household in whose name benefits are issued. The person considered the payee varies depending on the requested programs. The payee may or may not be included in the benefit. ■ 6

(A) For the Child Care Subsidy Program, the payee must be the person responsible for the child for whom benefits are requested. The payee does not have to be related to the child. If the parent of the child is in the home, the parent is considered the payee, per OAC 340:40-3-1(a)(3).

(B) For the TANF Program, the payee must have a certain degree of relationship to the child for whom benefits are requested, per OAC 340:10-3-56 and 340:10-9-1.

(C) For the Supplemental Nutrition Assistance Program (SNAP), the payee may be any responsible adult living in the home. If the only adult living in the home is a non-household or ineligible member, that person is shown as the payee on the case per OAC 340:50-3-1, 340:50-5-5, and 340:50-5-8.1.

(D) For the SoonerCare (Medicaid) Program, the payee is the person for whom benefits are requested or the person responsible for the minor child for whom benefits are requested. The payee does not have to be related to the child. If the parent of the child is in the home, the parent is considered the payee, per OAC 317:35-7-15.

(E) For the SSP Program, the payee is the person for whom benefits are requested. If the person for whom benefits is requested is a minor child, the child is coded as a payee with a guardian. ■ 7

(F) For LIHEAP, the payee may be any responsible adult living in the home. When the household receives other benefits, the payee is the same person shown as payee for the other benefits.

"**Recipient**" means a person who receives services, cash assistance, or other benefits.

INSTRUCTIONS TO STAFF 340:65-3-2

Revised 6-1-11

- 1. The applicant or person acting on the applicant's behalf may sign the application electronically when using OKDHS Live.**
- 2. The worker documents the date of the oral request using Case Notes in the Family Assistance/Client Services (FACS) system.**
- 3. SoonerCare (Medicaid) clients in Online Enrollment cannot be approved for**

medical benefits prior to the date an application is received by the Oklahoma Health Care Authority (OHCA).

4. A hardship exists for food benefits when the household states no one can come to the local human services center (HSC) to file a signed application because of a situation beyond the household's control such as illness, disability, or lack of transportation. The worker must document why the oral request date was used.
5. The worker documents the applicant's contact with the Oklahoma Department of Human Services (OKDHS) in FACS Case Notes. When a case record does not exist, the worker documents the contact as information and referral only.
6. In most instances, once a payee is chosen and the case name and case number established, it is not changed as long as the payee still meets the criteria to be a payee for the household. The worker does not change the payee because a different household member signs the recertification or review unless the household specifically requests a change. Changing the case name and number when it is not necessary can create problems in accessing benefits and in keeping all information about the household together.
7. If the person for whom State Supplemental Payment (SSP) benefit is requested is a minor child, the worker:
 - (1) selects "applicant or recipient with guardian, conservator, or substitute payee" in the "relationship to payee" field of the FACS Interview Notebook Household tab;
 - (2) enters the name of the child's guardian in the "guardian, substitute payee, conservator, authorized representative, other responsible person, or extra address line" field in the FACS Interview Notebook Case Information tab; and
 - (3) selects the indicator of "natural guardian, legal guardian, or other responsible person."

340:65-3-2.1. Counting days for providing verification, interview dates, and application time limits

Revised 6-1-11

When counting days for providing verification, interview dates, and application time limits, the worker does not count the first day in the time period but does count the last day unless the Oklahoma Department of Human Services (OKDHS) is not open for business on that date. When the office is not open on the last day of the time period, the client is given until the next business day to comply with eligibility requirements.

(1) **Providing verification.** When the client must provide information to verify his or her situation before receiving or continuing to receive benefits, the worker gives the client at least ten calendar days to provide needed verification. ■ 1

(2) **Interview date.** When the client must be interviewed, the worker sets the interview date at least ten calendar days in the future unless an earlier date is agreed upon by the worker and the client. When the client appears eligible for expedited services, the interview must be completed as soon as possible not to exceed seven calendar days. ■ 2

(3) **Application time limits.** Refer to OAC 340:65-3-5 for application processing time limits. To be considered timely, the worker must certify or deny an application no later than the last business day of the time limit. When the time limit ends on a day OKDHS is not open for business, the client has until the next business day to comply with eligibility requirements. ■ 3

INSTRUCTIONS TO STAFF 340:65-3-2.1

Issued 6-1-11

1. The worker gives or sends the client Form 08AD092E, Client Contact and Information Request, to advise of needed verification. The worker individualizes the form and only checks the items required to determine eligibility for that client based on program specific policy. For example, the worker does not check resources when resources are not a factor of eligibility or self-employment when the client did not report that someone in the household was self-employed.

(1) When the client fails to provide all or part of the requested verification,

the worker does not send a new Form 08AD092E. If there is further contact with the client, the worker verbally advises what verification is still needed. The worker may also resend the original Form 08AD092E with the verification not provided circled.

(2) When the worker requests verification that was not listed on the original Form 08AD092E, a new Form 08AD092E is mailed giving the client at least ten days to provide the additional information.

(3) The worker documents any client contact in Case Notes in the Family Assistance/Client Services (FACS) system.

2. When an earlier interview date is agreed upon and negative action is taken because the client misses the interview, FACS Case Notes must document when the client agreed to the earlier interview date. For the Supplemental Nutrition Assistance Program (SNAP), when a scheduled interview is missed, the FDENY transaction is used which then issues the Notice of Missed Interview (NOMI).

3. (a) When the client has been given at least ten calendar days to comply with eligibility requirements, the worker may deny the application on or before the last day of the application time limit unless the application cannot be processed timely for one of the reasons given at OAC 340:65-3-5(1)(B). If the client complies with eligibility requirements on the last day of the time limit or, when the time limit ends on a day the Oklahoma Department of Human Services is closed, the first business day after the time limit ends, benefits are approved back to the first day allowed by specific program requirements.

(b) When FDENY is used for SNAP and the last day of the application time limit falls on a day OKDHS is not open, the system waits to deny the application until the next business date. When FDENY is used, the timeliness report shows the application was completed timely.

340:65-3-4. Investigation of eligibility conditions and services planningRevised 6-1-11

The worker is responsible for collecting information necessary for determining the client's eligibility for benefits and addressing the client's social services needs. 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 sometimes necessary for Field Operations Division (FOD) Family Support Services (FSS) 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 (APS) staff may make home visits and client contacts outside normal working hours within policy as outlined in OAC 340:5.

(B) All other FSS 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. 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 for the household;

(iii) a Temporary Assistance for Needy Families (TANF) case is closed due to failure to cooperate per 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 or review 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), the client signs Form 08AD060E, Request for Release of Information, to give authorization. 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 or review 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) The worker advises persons contacted for information related to the client's eligibility 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. ■ 3

(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

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

(4) **Data exchange.** Automated data exchange with other agencies provides benefit, wage, tax information, and verification of Social Security numbers. The information obtained is electronically compared with data stored within OKDHS electronic records to determine if there are discrepancies that need to be addressed Automated data exchange information is also available within the OKDHS system to determine discrepancies. ■ 4 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); ■ 5

(ii) Buy-In Data Exchange (BIL); ■ 6

(iii) Supplemental Security Income (SSI)/State Data Exchange System (SDX); ■ 7

(iv) Social Security Administration (SSA) Beneficiary Earnings Exchange Record (BEER/BWG); ■ 8

(v) New Hire Employee list (NHL); ■ 9

(vi) Social Security Number (SSN) Verification - SSN Enumeration; ■ 10

- (vii) Wage Data Exchange; ■ 11
 - (viii) Unemployment compensation; ■ 12 and
 - (ix) Unearned Income Eligibility Verification System (IEVS) income report (IEVS-IRS) and resource data from the Internal Revenue Service (IRS); ■ 13
- (B) initiating appropriate queries; and ■ 14
- (C) resolving data exchange discrepancy messages within 30 calendar days of the date the message is posted on the data exchange inquiry screen. ■ 15
- (5) **Systematic Alien Verification for Entitlement (SAVE).** All applicants and recipients of the TANF, SoonerCare (Medicaid), Supplemental Nutrition Assistance Program (SNAP), Low Income Home Energy Program (LIHEAP), State Supplemental Payment (SSP), and Child Care Subsidy Program benefits are required to declare their citizenship status. Persons who declare themselves or their minor child non-citizens must present documentation of their legal alien status from the United States Citizenship and Immigration Services (USCIS) or other acceptable source. The status, as determined from the documentation, must be verified through the Alien Status Verification Index (ASVI) maintained by USCIS. ■ 16
- (6) **Workers' compensation.** Family Support Services Division (FSSD) staff 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) for clearance. A copy of the document is retained in the case record. ■ 17
- (7) **Birth verification.** For persons born in Oklahoma, OKDHS has an agreement with the Oklahoma State Department of Health to verify birth electronically for persons with an open SoonerCare (Medicaid) benefit. ■ 18
- (8) **Food stamp disqualification (FSD).** When a client has been disqualified for food benefits due to fraud, the FSD screen shows the date the disqualification began and the length of the disqualification period. ■ 19

INSTRUCTIONS TO STAFF 340:65-3-4

Revised 6-1-11

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. (a) 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, the worker must obtain authorization from the county director or designee prior to the contact, if available. 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.

(b) When social service needs are indicated, it is recommended that the client be given Publication No. 09-454, Statewide Helpline Numbers. There is space on the publication for a worker to enter information about appropriate local resources.

(c) The Address Confidentiality Program (ACP) is administered by the Office of the Attorney General 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 refer to <http://www.oag.state.ok.us/oagweb.nsf/vservices.html>.

3. When a collateral contact requests anonymity, information obtained from the collateral contact cannot be used to reduce or close benefits unless the information is verified by another source.

4. (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.

5. 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. Refer to (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) may 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.

- 6. Buy-in data exchange (BIL).** To view buy-in data for Part A and Part B Medicare, enter BIL space Medicare claim number. Refer to additional information at the OKDHS InfoNet Family Support Services Division (FSSD) Information Privacy and Security Medicare Buy-In Web site.
- 7. (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.
- 8. 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.
- 9. 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.
- 10. 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. Refer to detailed information at the OKDHS InfoNet FSSD Information Privacy and Security Social Security Number Process Web site.

11. 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 the employee and dependents. To view, enter OWG or OWC space SSN.

12. 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.

13. 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.

14. 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. 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, Medicare, and the person's SSN may 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 may 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 may 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 is available on the Family Support Services Division (FSSD) Information Privacy and Security Web page by clicking IMS Transactions and then Special Processes.

(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.

15. 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 calendar 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 number and location code. A more detailed list is obtained by entering G1DX space, HSC 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 after 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 (reason code 7), an increase (reason code 9), or no change in benefits (reason code C). 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.

16.(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 A9999999.

(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 of age; or

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

(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. FSSD reports to USCIS the names and addresses of applicants or recipients who are determined to be residing in the U.S. unlawfully. The worker reports to FSSD the names and addresses of applicants 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.

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

18. The availability of new birth records within a previous five month period is dependent upon reporting time frames of hospitals, midwives, and birth centers. When a data match occurs, the system updates the "citizenship verification" and "citizenship verification date."

19. 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 Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) this information is updated on the FSD screen.

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

340:65-3-5. Application processRevised 6-1-11

Each application is processed by a certification of eligibility or ineligibility unless denied at the applicant's request.

(1) **Application processing time limits.** An application must be processed within certain time limits. Refer to OAC 340:65-3-2.1, when the last day of the time limit falls on a day the Oklahoma Department of Human Services (OKDHS) is not open for business.

(A) When it is not possible to process the application timely, the applicant is notified in writing of the specific reasons for the delay. ■ 1 The applicant is also informed of his or her right to request a fair hearing and the procedures for requesting the hearing. An application is completed timely if the first month's benefits or notice of eligibility or ineligibility is processed within specified time limits. The time limits are:

(i) Temporary Assistance for Needy Families (TANF) - 30 calendar days;

(ii) Title IV-E Foster Care - 30 calendar days;

(iii) Energy Crisis Assistance Program (ECAP) - 48 hours;

(iv) Supplemental Nutrition Assistance Program (SNAP) - 30 calendar days unless the household is eligible for expedited service. When the household is eligible for expedited service, the application must be completed within seven calendar days per OAC 340:50-11-4;

(v) SoonerCare (Medicaid) benefits for:

(I) presumptive eligibility for pregnant women - 5 working days;

(II) persons categorically related to Aid to the Aged - 30 calendar days;

(III) persons categorically related to Aid to the Blind or Disabled - 60 calendar days;

(IV) Optional Tuberculosis (TB) Coverage group - 45 calendar days; and

(V) persons requesting long-term care services - 45 calendar days;

(vi) Diversion Assistance - 7 working days;

(vii) TANF Emergency Assistance - 5 working days;

(viii) Low Income Home Energy Assistance Program (LIHEAP) - 10 calendar days of:

(I) the date of application when all verification is provided at the time of application; or

(II) giving or mailing Form 08AD092E, Client Contact and Information Request, to the applicant requesting needed verification;

(ix) Refugee Medical Assistance - 30 calendar days; and

(x) Child Care subsidy benefits - 2 working days from the date required verification is provided or, if not provided, within 30 calendar days.

(B) An application is not denied when it cannot be processed timely due to: ■ 2

(i) circumstances beyond the control of the applicant which result in failure or delay on the part of the applicant to provide needed information;

(ii) failure or delay on the part of an examining physician to supply needed information;

(iii) failure or delay on the part of the Social Security Administration in making a decision on disability; or

(iv) administrative or other emergency that could not reasonably be controlled by the local human services center (HSC).

(2) **Certification of eligibility for cash assistance.** When all conditions of TANF eligibility are established for the month of application, certification is effective the date of application and benefits are prorated from the date of application. ■ 3 When all conditions of SSP eligibility are established for the month of application, certification is effective from the first day of the month and the SSP is not prorated.

(A) Certification cannot be effective prior to the application date.

(B) When an application is taken for TANF and all other conditions of eligibility are determined prior to a child's entry to the home, the certification date cannot

be prior to the actual date of entry.

(C) A retroactive payment may be authorized for any month eligibility is established. An application denied in error must have payment authorized for the period eligibility is established. The applicant is not penalized if the certification is delayed beyond the time limit for disposition due solely to OKDHS failure to take timely action.

(D) A certification is valid even if a month of ineligibility is determined between application and authorization. An applicant, who is ineligible for the month of application but is eligible for a subsequent month, is certified effective the first day of the subsequent month.

(3) **Certification of ineligibility.** When an applicant is ineligible, a computer-generated notice is sent to the applicant giving the effective date and explaining the reason for ineligibility. If the applicant is dissatisfied with the action taken, the applicant may request a fair hearing within the period of time specified in the notice.

■ 4

(4) **Proration of TANF benefits.** The proration of TANF benefits applies when the applicant is determined eligible during the month of application unless the applicant received a TANF benefit for the previous month and is eligible to be reopened per OAC 340:65-5-6. Certification is effective from the date of application. Proration also applies when a person is added to an existing case. ■ 5 The family is eligible for the full TANF benefit effective the following month if applicable.

(A) For the month of application only, the TANF benefits are prorated from the date of application. The TANF benefits that the recipient would be eligible to receive if proration did not apply must be determined prior to the computation.

■ 6

(B) The formula used to determine the prorated amount is: $31 - \text{application date} \times \text{TANF money benefit} \div 30 = \text{the prorated payment}$. The prorated payment is rounded down to the lower dollar amount.

(i) If the prorated benefit is below \$10, the family is not eligible for a money payment but is eligible for SoonerCare (Medicaid) benefits for the entire month.

(ii) When food benefits are requested in the TANF case for the month the TANF payment is prorated, the food benefit unearned income is automatically updated to show the TANF benefit before proration.

(iii) The notification to the client is computer-generated and shows the amount for the initial month and following month.

INSTRUCTIONS TO STAFF 340:65-3-5

Revised 6-1-11

- 1. The worker sends the applicant Form 08MP039E, Notice to Client of Action Taken, giving the reason for delay.**
- 2. Case Notes in the Family Assistance/Client Services (FACS) system must clearly show what circumstances brought about the delay. For specific food benefit procedures refer to OAC 340:50.**
- 3. Refer to OAC 340:65-3-5(4) for proration of benefits.**
- 4. Refer to OAC 340:2-5 for fair hearing procedures.**
- 5. (a) Food benefits are added per OAC 340:50-9-5(d).**
 - (b) Oklahoma Department of Human Services (OKDHS) Appendix B, Prorated TANF and Food Benefit Payment, may be used to calculate the prorated benefit.**
 - (c) Refer to OAC 340:10-2-2 when the client's Temporary Assistance for Needy Families (TANF) benefit is being reopened after a sanction.**
- 6. Refer to OKDHS Appendix C-1, Schedule of Maximum Income, Resource, and Payment Standards, Schedule IXA.**

340:65-3-6. Payment method for TANF and SSP benefitsRevised 6-1-11

(a) When an applicant applies for Temporary Assistance for Needy Families (TANF) or State Supplemental Payment (SSP) benefits, the worker advises the applicant that these benefits are issued on a debit card. ■ 1

(1) When a debit card has not previously been issued to the applicant, it is issued when benefits are placed in application status or after benefits are approved. ■ 2
When a debit card has previously been issued to the applicant, a new one is not sent. It is activated once benefits are approved. ■ 3

(2) Once the client receives the debit card, he or she must call the customer service telephone number located on the back of the debit card to activate the card and choose a personal identification number (PIN). ■ 4

(3) The client may choose another person to be a secondary cardholder for the benefits. The client must either contact the customer service telephone number located on the back of the debit card to request this or download the alternate cardholder request form from the www.eppicard.com Web site. The client and the secondary cardholder must complete and sign the form and return it to the address on the form before a debit card is issued to the secondary cardholder. After the secondary cardholder receives the debit card, he or she must choose a PIN number before accessing benefits.

(4) When the client advises the Oklahoma Department of Human Services (OKDHS) staff that he or she never received the debit card, the worker checks to see if it was returned as undeliverable. ■ 5

(5) There are certain fees a client may be charged when using a debit card. A list of fees may be found at www.eppicard.com. The client is sent information about fees when a debit card is first issued. The client may access account and transaction information online at www.eppicard.com free of charge at any time.

(6) If the client fails to activate his or her debit card within 90 calendar days, the benefits are expunged and the contractor returns any funds loaded on a debit card to OKDHS. These funds may be reloaded on the client's debit card if he or she pins the debit card and requests from OKDHS reissuance within 365 days of the date of issuance. ■ 6

(A) For SSP, when the client fails to pin the debit card within 90 calendar days and

attempts have been made to urge the client to do so, the worker closes the benefit due to non-cooperation. ■ 7

(B) For TANF, the worker does not close the benefit when the client fails to pin the debit card within 90 calendar days.

(b) When the client prefers to receive benefits through direct deposit, he or she must call the contractor's call center telephone number to request direct deposit. ■ 4 The contractor's staff mails or faxes a direct deposit form to the client to complete and return before benefits are issued by direct deposit. The client may also obtain a direct deposit form by accessing www.eppicard.com and downloading it.

(1) The client must complete the direct deposit form, provide a voided check or a savings account deposit slip, and return them to the address on the form. ■ 8

(2) Once the form is completed and account information confirmed, the contractor has five working days to enter direct deposit information in the system.

(3) Benefits are changed to direct deposit for the next payment due after direct deposit information is entered in the system.

(4) Funds cannot be transferred from a debit card to direct deposit.

(c) The client's cash benefit is deposited in the client's checking or savings account on the first banking day of each month or loaded on the client's debit card on the first day of each month.

(1) The funds are available for withdrawal after deposit.

(2) After the monthly benefit is deposited in the client's account or loaded on the debit card, OKDHS is not responsible if someone other than the payee withdraws the funds. Banking regulations govern withdrawals.

(3) Clients are encouraged to be prudent about giving withdrawal privileges or debit card access to other people.

(d) The client may switch from direct deposit to the debit card or from the debit card to direct deposit by calling the contractor's call center to request the change and following directions given by the contractor's staff.

(e) When problems occur with direct deposit or debit card deposits, procedures for dealing with these problems are detailed in (1) through (5) of this subsection.

(1) When direct deposit cannot be accomplished for a benefit, the contractor's staff attempts to contact the client to obtain current banking information. When the client fails to provide current information or five days elapse without contact, the contractor converts the payment method to a debit card. If the client wishes to receive direct deposit again, the client must complete a new direct deposit form and provide current account information.

(2) If a client reports that a deposit was not made to his or her account or loaded on the debit card, the client reports this to the contractor's call center. The contractor handles any communication with banking institutions or MasterCard and then contacts the client regarding resolution.

(3) Payments may be made by direct deposit or debit card after the death of the payee.

(A) When a payment is made after the death of the payee for which the payee is not eligible, an overpayment may be established against the estate. ■ 9

(B) If there are unused benefits on the debit card at the time of death for which the client was entitled and someone contacts OKDHS to request these benefits, he or she is advised to contact the customer service number located on the back of the client's debit card for assistance. ■ 4

(4) When a cash benefit is closed, the closure action automatically closes out direct deposit or debit card payments.

(A) When the client's cash benefit is closed due to transfer of eligibility to another TANF or SSP case, direct deposit or debit card deposit is automatically transferred to the new case provided the client number of the payee in the closed and new case is the same. ■ 2

(B) When the client's cash benefit is closed and he or she later reapplies and is approved with the same client number, the previously chosen payment method is used to issue the cash benefit. The client must call the contractor's call center to change the payment method.

(5) When the payee for the cash benefit changes for any reason, he or she is assigned a new client number and a debit card is issued if one has not previously been issued for the new client number. The client must call the contractor's call center to set up direct deposit if he or she prefers that payment method. ■ 4 The new payee does not have access to benefits issued prior to the payee change.

INSTRUCTIONS TO STAFF 340:65-3-6**Revised 6-1-11**

1. (a) When the person receiving State Supplemental Payment (SSP) benefits is under 18 years of age and has a legal or natural guardian, the worker codes the case to show that the parent or guardian is the payee instead of the child. This allows the debit card to issue in the name of the legal or natural guardian. In order to do this, the worker must choose in the Household tab of the Family Assistance/Client Services (FACS) Interview Notebook:

- (1) "applicant or recipient with guardian, conservator, or substitute payee" in the "relationship to payee" field for the child;

- (2) "applicant, recipient payee, or head of household" in the "relationship to payee" field for the parent or guardian; and

- (3) "income/resources are not considered for benefit computation" in the "status" field for the parent or guardian.

- (b) When the person coded as the payee on the Temporary Assistance for Needy Families (TANF) benefits is a minor, the minor must be shown as payee for the benefits so the minor's lifetime limit of 60 months receipt of TANF can be tracked. When there is a substitute payee, the worker enters in the FACS Interview Notebook Case Information tab the name of the substitute payee in the "guardian, substitute payee, conservator, authorized representative, other" field and "substitute payee" in the "responsible person, or extra address" field. The substitute payee is the secondary cardholder for the TANF benefits.

2. (a) When the client has never been issued a debit card but has been issued a client number because of previous receipt of TANF, SSP, or another Oklahoma Department of Human Services (OKDHS) benefit, a debit card is mailed when benefits are in application status.

- (1) The client number is the primary unique identifier used for case numbers assigned by OKDHS. This includes case numbers assigned for TANF, SSP, and child support payments issued by the Oklahoma Child Support Services (OCSS).

- (2) The client number may also be called the Client ID (CID), Department Client Number (DCN), or the Recipient ID (RID). If more than one client

number is issued for the same person, the worker opens a Remedy ticket to the Family Support Services Division (FSSD) Help Desk to request help in collapsing the numbers to one client number.

(3) The worker checks whether the client number is the same by entering CMC space case number. The client number is also on the first page of the person's EF screen.

(b) When the applicant has never received benefits before, a client number is not assigned until after benefits are certified. In this instance, a debit card is not mailed until after benefits are approved.

(c) When the debit card is mailed to the client, the contractor, Affiliated Computer Services (ACS), also includes three other collateral documents that are produced by ACS. They are Form ACS-OK-103 "Oklahoma MasterCard Card Terms of Use," Form ACS-OK-M01, "Enjoy the Benefits of Your New Oklahoma Debit MasterCard," and Form ACS-OK-104, "Your Oklahoma Debit MasterCard Card." These forms may be viewed online at www.eppicard.com.

3 (a) If the client no longer has the previously issued debit card, he or she must call ACS Customer Call Center to request a new card at 1-888-401-9843.

(b) The client may receive one free replacement card per calendar year. If the free replacement has already been issued, the client is charged for the card replacement.

(c) The debit card expires every three years. When benefits are active at expiration, a free replacement card is sent.

4. The ACS Customer Call Center number is 1-888-401-9843.

5. (a) The worker checks to see if a debit card returned by entering BN space the case number. If there is an "EW" benefit and the "type issuance" field shows "CR," this means that the client's debit card and payment were returned to OKDHS or the money was expunged from the debit card.

(b) If the card was returned and the client's address has changed, the worker updates the client's address. This action causes the debit card to be reissued to the new address.

(c) If the address has not changed, the client must call ACS to report a lost or

stolen card. ACS must then reissue the debit card.

6. After the client pins his or her debit card, the worker contacts FSSD Help Desk or Temporary Assistance for Needy Families (TANF) Section staff by e-mail to request that benefits be reloaded on the client's debit card. The worker documents in FACS Case Notes why the client states he or she did not pin the debit card.
7. This reduces the amount of unused issued benefits OKDHS must count toward its obligation to comply with a federal mandate not to decrease funds spent on the program each year.
8. When the client's name is not on the voided check or deposit slip, he or she must include proof of identity and a statement authorizing funds to be deposited into someone else's account. If the voided check or deposit slip provided is for a company account, a person's name must be listed in the second address box.
9. The worker codes the case to show the client's date of death. The system then automatically statuses the cardholder as deceased. This allows the Finance Division Electronic Payment Systems (EPS) Unit to formally request ACS expunge any money left in the debit card account that was issued after the client's death and return it to OKDHS. An overpayment is not written even if it is not possible to expunge the benefit.

340:65-3-8. Determination of continuing eligibilityRevised 6-1-11

(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 when possible; ■ 1 and
- (4) determining continuing eligibility.

(b) Review or recertification time frames. The periodic review or recertification time frame varies depending on the program.

(1) A review must be completed at six month intervals with a:

(A) Temporary Assistance for Needy Families (TANF) recipient due to:

(i) pending required immunizations per OAC 340:10-14-1;

(ii) payment standard reductions because of program violations per OAC 340:10-3-57(g);

(iii) hardship extension approvals per OAC 340:10-3-56(a)(2)(E);

(iv) earned income per OAC 340:10-3-31 through 340:10-3-40; or

(v) a work-eligible person exempt from TANF Work activities because of incapacity or to care for a disabled family member living in the household per OAC 340:10-2-1;

(B) child care recipient per OAC 340:40-9-1; or

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

and (j).

(2) A review or recertification must be completed at 12-month intervals, unless an earlier review date is warranted, with a:

(A) TANF recipient;

(B) State Supplemental Payment (SSP) recipient;

(C) child care recipient who is receiving TANF or SSP benefits;

(D) food benefit household subject to an annual review per OAC 340:50-9-5(g) and (h);

(E) food benefit household whose recertification must be completed at 12-months per OAC 340:50-9-6; or

(F) SoonerCare (Medicaid) recipient per OAC 317:35. ■ 2

(3) The worker completes a food benefit recertification at 24 month intervals for households subject to an annual review per OAC 340:50-9-6.

(c) Eligibility review or recertification. The recipient is sent notification when the review or recertification is due for food benefits, subsidized child care benefits, TANF, SSP, or SoonerCare (Medicaid) benefits. The recipient must complete the review or recertification in order to continue receiving benefits. ■ 3

(d) Signature requirements. The recipient, guardian, or a person acting on the recipient's behalf, such as an authorized representative or a person with power-of-attorney must sign the review. TANF reviews must be signed by the recipient. If the recipient is living with his or her spouse, both must sign the review. The only exception to the signature requirement is for a SoonerCare (Medicaid) review completed over the telephone. ■ 4

(e) Interview requirements. Whether an interview is required for a review or recertification varies depending on the program. ■ 5

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

(A) TANF Program; or

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

service plan review per OAC 340:70-8-1.

(2) A telephone or face-to-face interview is required at recertification for households receiving food benefits except for (e)(3)(C) of this Section.

(3) An interview is not required for:

(A) any of the SoonerCare (Medicaid) programs as long as the review 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;

■ 6

(B) the Child Care Subsidy Program reviews unless the child care recipient receives child care benefits because of a protective or preventive reason per OAC 340:40-7-8; or

(C) food benefit households completing a:

(i) review, not a recertification, at six or 12-month intervals; or

(ii) recertification when all household members are elderly or disabled and there is no earned income in the household.

(f) **Eligibility determination.** An eligibility determination is made once the review or recertification is signed, all required information has been provided, an interview, if required, is conducted, and all information evaluated. ■ 7

(1) The eligibility determination may be to:

(A) complete the review without changes;

(B) complete the review with changes; or

(C) close the benefit or benefits. ■ 8

(2) Benefits closed may be reopened when the recipient provides required information by the last day of the month of closure. ■ 9

INSTRUCTIONS TO STAFF 340:65-3-8

Revised 6-1-11

1. Synchronizing review dates for all programs provides better client service as it reduces the number of times the client must complete a review.
2. For SoonerCare (Medicaid) rules, refer to:
 - (1) OAC 317:35-6-61 for SoonerCare (Medicaid) benefits for pregnant women and families with children;
 - (2) OAC 317:35-7-62 for a child in state or tribal custody;
 - (3) OAC 317:35-7-61 for SoonerCare (Medicaid) programs that categorically relate to the aged, blind, or 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); and
 - (E) Qualified Medicare Beneficiary Plus (QMBP);
 - (4) OAC 317:35-15-7 and 317:35-15-9 for Personal Care;
 - (5) OAC 317:35-17-12 and 317:35-17-15 for Advantage Waiver; and
 - (6) OAC 317:35-19-22 and 317:35-19-23 for nursing facility services.
3. Methods the recipient may use to complete the review for the:
 - (1) Supplemental Nutrition Assistance Program (SNAP), Child Care Subsidy Program, and the SoonerCare (Medicaid) population in Oklahoma Health Care Authority (OHCA) Online Enrollment include:
 - (A) completing the review electronically by:
 - (i) accessing www.okdhslive.org; or
 - (ii) getting help from a community partner to access www.okdhslive.org;

- (B) downloading Form 08MP004E, Renew My Benefits, from www.okdhslive.org and completing, signing, and bringing, mailing, or faxing it to OKDHS; or
- (C) going into the local human services center (HSC) to complete the review with a worker using the Family Assistance/Client Services (FACS) system;
- (2) SoonerCare (Medicaid) population in Online Enrollment may also include:
- (A) using OHCA Online Enrollment; or
- (B) downloading Form SC-1, SoonerCare Health Benefits Application from OHCA - Forms and Instructions, and completing, signing, and mailing it to OHCA or bringing or faxing it to OKDHS;
- (3) SNAP recertification, SSP, Temporary Assistance for Needy Families (TANF), or SoonerCare (Medicaid) review for populations not in OHCA Online Enrollment include:
- (A) downloading Form 08MP001E, Request for Benefits, Form 08MP002E, Eligibility Information for Benefits, and Form 08MP003E, Responsibilities and Signature for Benefits from OKDHS - Forms and Applications for Service, and completing, signing, and bringing, mailing, or faxing them to OKDHS; or
- (B) going into the local HSC to complete the review with a worker using the Family Assistance/Client Services (FACS) system;
- (4) SSP and SoonerCare (Medicaid) populations not in Online Enrollment also include downloading Form 08MA001E, Medical Assistance Benefit Review Report, from OKDHS - Forms and Applications for Service and completing, signing, and bringing, mailing, or faxing it to OKDHS; or
- (5) Supplemental Security Income-Disabled Children's Program (SSI-DCP) include the worker and family completing Form 08MA017E, SSI-DCP Service Plan.
4. (a) An electronic signature is considered the same as a pen and ink signature.

(b) No additional information is entered after the recipient signs the review. Additional information is entered in FACS Case Notes.

5. (a) When an interview is required, information discussed with the recipient to determine if changes are needed includes:

(1) information or verification provided by the recipient;

(2) information contained on the data exchange screens, when inconsistent with recipient statement; and

(3) for TANF, the recipient's TANF Work plan.

(b) If information is questionable, contact with collaterals or making a home visit may be advisable. Refer to OAC 340:65-3-4 for home visit requirements and information about data exchange screens.

(c) When the recipient receives some benefits that require an interview and some that do not:

(1) for the benefits that require an interview, the review is not complete until the interview has been conducted; and

(2) for the benefits that do not require an interview, the review may be completed prior to the interview for the other benefits.

6. Attempts to contact the recipient to determine continued eligibility may be in person or over the telephone. FACS Case Notes is documented with all factors of eligibility and any contact with the recipient.

7. (a) Once the recipient completes the review, the information is analyzed to determine for each program benefit:

(1) what changes have occurred;

(2) whether the recipient provided all required verification;

(3) whether an interview, if required, occurred; and

(4) what changes must be made on the system.

(b) The review is complete after:

(1) all review information has been entered in the Interview and Eligibility Notebooks of the Family Assistance/Client Services (FACS);

(2) information contained on the review, in the verification provided, and on data exchange screens have been evaluated for changes;

(3) any additional information has been entered in FACS Case Notes to explain any changes made and how continued eligibility was determined; and

(4) the system is updated.

8. (a) When it's determined that the review is incomplete because the recipient failed to sign the review, did not provide all required verification, or did not complete a required interview, attempts are made to contact the recipient to advise what is lacking. FACS Case Notes are documented with what is lacking and all attempts to obtain needed information.

(b) When the recipient does not provide required information timely, benefits are closed with the next effective date.

9. (a) After closure, benefits may be reopened when the recipient provides the required information by the last day of the month of closure.

(1) Benefits are reopened to the date of closure for SoonerCare (Medicaid) populations not in Online Enrollment, Child Care Subsidy, TANF, and SSP.

(2) For SNAP, benefits are reopened and prorated to the date the recipient provided all required information.

(b) The recipient must reapply when he or she waits until after the last day of the month of closure to provide needed information.

340:65-3-9. Variable conditions of eligibility

Revised 6-1-11

The conditions of eligibility subject to change and review are:

- (1) income and resources; ■ 1
- (2) state residence; ■ 2
- (3) residence in a public institution; ■ 3
- (4) blindness and disability in State Supplemental Payment (SSP) and incapacity in Temporary Assistance for Needy Families (TANF) are based on continuous receipt of a disability payment from the Social Security Administration or decision of the Oklahoma Health Care Authority, Level of Care Evaluation Unit; ■ 4
- (5) concurrent receipt of assistance;
- (6) age; ■ 5
- (7) living in the home of a relative for TANF per OAC 340:10-9-1;
- (8) school attendance for each minor child in TANF per OAC 340:10-13-1;
- (9) immunizations for each minor child receiving TANF per OAC 340:10-14-1;
- (10) deprivation of parental support for TANF per OAC 340:10-10-1 through 340:10-10-7;
- (11) participation in a TANF Work activity for TANF per OAC 340:10-2-1 through 340:10-2-8;
- (12) need for child care per OAC 340:40-7-7 and 340:40-7-8;
- (13) lawful status for non-citizens; ■ 6
- (14) household composition; ■ 7 and
- (15) pursuit of child support.

INSTRUCTIONS TO STAFF 340:65-3-9**Issued 6-1-11****1. The conditions of eligibility of income and resources are reviewed per:**

(1) OAC 340:10-3-26 through 340:10-3-40 regarding income and OAC 340:10-3-1 through 340:10-3-10 regarding resources for the Temporary Assistance for Needy Families (TANF) Program;

(2) OAC 340:15-1-4, 340:15-1-6, and 317:35-7-38 regarding income and OAC 340:15-1-14 and 317:35-7-38 regarding resources for the State Supplemental Payment (SSP) Program;

(3) OAC 340:40-7-10 through 340:40-7-13 regarding income and OAC 340:40-7-5 regarding resources for the Child Care Subsidy Program;

(4) OAC 317:35-5-42 for the populations related to aged, blind, or disabled (ABD) including long term care and OAC 317:35-10-26 for the Online Enrollment population regarding income and OAC 317:35-5-41 through 317:35-5-41.11 for populations related to ABD, OAC 317:35-17-10 and 317:35-19-20 for the long term care population, and OAC 317:35-10-10 for the Online Enrollment population regarding resources for the SoonerCare (Medicaid) Program; and

(5) OAC 340:50-7-22 through 340:50-7-31 regarding income and OAC 340:50-7-1 regarding resources for the Supplemental Nutrition Assistance Program (SNAP).

2. The condition of eligibility of state residence is reviewed per:

(1) OAC 340:10-7-1 for the TANF Program;

(2) OAC 317:35-5-26 for the SSP and SoonerCare (Medicaid) Programs;

(3) OAC 340:40-7-5 for the Child Care Subsidy Program; and

(4) OAC 340:50-5-66 for SNAP.

3. When a recipient becomes a resident of a public institution he or she is not eligible for benefits per:

- (1) OAC 340:65-5-1 for the TANF;
 - (2) OAC 340:15-1-5, 317:35-5-26, and 340:65-5-1 for the SSP Program;
 - (3) OAC 317:35-5-26 for SoonerCare (Medicaid) Program; and
 - (4) OAC 340:50-5-7 for SNAP.
4. The condition of eligibility of blindness, disability, or incapacity is reviewed per:
- (1) OAC 340:15-1-5 and 317:35-5-4 for the SSP Program; and
 - (2) OAC 340:10-10-2 for the TANF Program.
5. The condition of eligibility of age is reviewed per:
- (1) OAC 340:10-15-1 for the TANF Program;
 - (2) OAC 340:15-1-6 for the SSP Program;
 - (3) OAC 340:40-7-3 for the Child Care Subsidy Program; and
 - (4) OAC 340:50-7-31 for SNAP.
6. The condition of eligibility of lawful status for non-citizens is reviewed per:
- (1) OAC 340:10-15-1 and 340:65-3-1 for the TANF Program;
 - (2) OAC 340:65-3-1 and 317:35-5-25 for the SSP Program;
 - (3) OAC 340:40-7-5 and 340:65-3-1 for the Child Care Subsidy Program;
 - (4) OAC 317:35-5-25 for the SoonerCare (Medicaid) Program; and
 - (5) OAC 340:50-5-67 and 340:65-3-1 for SNAP.
7. The condition of eligibility of household composition is reviewed per:
- (1) OAC 340:10-3-56 and 340:10-3-57 for the TANF Program;

(2) OAC 340:15-1-5 and 317:35-7-36 for the SSP Program;

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

(4) OAC 317:35-7-36 for the population related to ABD, OAC 317:35-17-9 and 317:35-19-20 for the long term care population, and OAC 317:35-6-36 for the Online Enrollment population for the SoonerCare (Medicaid) Program; and

(5) OAC 340:50-5-1 through 340:50-5-10.1 for SNAP.

340:65-5-1. Case changes

Revised 6-1-11

(a) The client must report within ten calendar days any changes in his or her circumstances that would result in an increase or decrease in benefits. For the Supplemental Nutrition Assistance Program (SNAP), see OAC 340:50-9-5 for reporting exceptions. ■ 1 The worker gives the client ten calendar days to provide any required proof. The worker promptly acts on changes that increase or decrease benefits or result in benefit closure. To be considered prompt, the change must be made within ten calendar days of the date the change was reported and required proof was received. ■ 2 Failure to report changes timely may result in an overpayment assessment against the client. ■ 3 Examples of changes the client must report include:

(1) household income; ■ 4

(2) household resources; ■ 5

(3) household composition; ■ 6

(4) the client's address or telephone number; ■ 7

(5) legal alien status of non-citizens; ■ 8

(6) insurance coverage; ■ 9

(7) in addition, for the for the Temporary Assistance for Needy Families (TANF) Program:

(A) deprivation of parental support; ■ 10

(B) when the TANF Work activity stops or starts; ■ 11

(C) when a child in the assistance unit stops attending school; ■ 12 and

(8) in addition for the Child Care Subsidy Program: ■ 13

(A) the names of household members in child care;

(B) the reason child care is needed for the Child Care Subsidy Program;

(C) the parent's or caretaker's work or school schedule or any other change affecting the days and hours child care is needed;

(D) the name of the child care facility the child is attending.

(b) After certification, all reported changes, except those reported prior to certification, must be processed by the deadline date shown on Oklahoma Department of Human Services (OKDHS) Appendix B-2, Deadlines for Case Actions, to be effective the first day of the month following the deadline. ■ 1 A computer-generated notice is sent to advise the recipient of any increase or decrease in benefits. Advance notice of adverse action may be required.

(1) Advance notice required - when fraud is not probable. If the reason for the suspension, termination, or reduction is other than one of the items listed under paragraph (3) and there is no indication of probable fraudulent acts on the part of the client, a computer-generated notice is sent to the client.

(A) If advance notice is required, action must be taken by the date shown on Schedule I, of OKDHS Appendix B-2 to be effective on the first day of the following month.

(B) Following the issuance of the advance notice, the recipient may present information to show that the action is incorrect and request reinstatement until the last day of the month of closure. ■ 14

(C) When the client requests a fair hearing regarding the action and wants benefits to be reinstated at the same level until a hearing decision is made, he or she must request the fair hearing within ten calendar days following the issuance of the advance notice. The worker is responsible for explaining to the client that if benefits are continued and the appeal is not decided in the client's favor, he or she will be expected to repay the benefits. ■ 15

(i) If the Office of General Counsel Appeals Unit denies the appeal, benefits are continued through the end of the month in which the final decision on the fair hearing is reached.

(ii) The human services center (HSC) is responsible for taking the action needed to carry out the decision of the Appeals Unit.

(iii) The Appeals Unit sends a letter of decision to the client. ■ 16

(2) **Advance notice required if fraud is probable.** When the suspension, termination, or reduction in benefits is necessary because of probable fraudulent acts on the part of the recipient and the actual facts have been verified, the same policies and procedures as in subparagraph (1) of this Section apply except the advance notice period is five calendar days instead of ten calendar days.

(3) **Advance notice not required.** Advance notice of action is not required if the suspension, termination, or reduction in benefit resulted from:

(A) death of a recipient or Temporary Assistance for Needy Families (TANF) payee when there is not a relative available to serve as a new payee;

(B) transfer from one category of assistance to another without a resulting decrease or interruption in benefits;

(C) benefit reduction because the spouse included in the TANF benefit is being removed and certified for a State Supplemental Payment (SSP) for the aged, blind, or disabled without a resulting decrease in assistance to the family or interruption in assistance;

(D) approval of care in a skilled nursing facility or intermediate care facility;

(E) certification of assistance in another state with no interruption in benefits;

(F) an automatic increase in benefits brought about by federal legislation, such as to all beneficiaries of Social Security, Railroad Retirement, or Veterans' benefits;

(G) admission of the recipient to a public institution where his or her needs are fully supplied;

(H) receipt of a clear written statement signed by the recipient that states he or she no longer wishes assistance or that gives information which requires termination or reduction of assistance and the recipient has indicated in writing that he or she understands this will cause a reduction or termination of his or her benefits;

(I) the recipient's whereabouts being unknown and OKDHS mail directed to him or her has been returned by the post office indicating no known forwarding address. The recipient's benefit must be made available to him or her if his or her whereabouts become known during the payment period covered by the returned benefit;

(J) a TANF child being removed from the home as a result of a judicial determination or voluntarily placed in foster care by the legal guardian for a period in excess of 30 calendar days;

(K) a change in state or federal law that affects all households; or

(L) a reduction in SSP benefits that is necessary to comply with federal law pertaining to maintenance of effort or a state mandate.

INSTRUCTIONS TO STAFF 340:65-5-1

Revised 6-1-11

1. Per OAC 340:50-9-5, changes to food benefits made in months other than the review or recertification month may not affect the benefit amount. The worker processes the change and the system decides whether benefits are increased, decreased, or remain the same.

2. The worker is responsible for updating the applicable Family Assistance/Client Services (FACS) tabs and recording in FACS Case Notes a brief explanation of the action taken and reason for taking the action. In addition to rules in this Section, rules regarding case changes are found at:

(1) OAC 340:40-9-2 for the Child Care Subsidy Program;

(2) OAC 317:35-7-63 for the SoonerCare (Medicaid) Program; and

(3) OAC 340:50-9-5 for the Supplemental Nutrition Assistance Program (SNAP).

3. For rules regarding overpayments, refer to:

(1) OAC 340:65-9 for the Temporary Assistance for Needy Families (TANF) and State Supplemental Payment (SSP) Programs;

(2) OAC 340:40-15 for the Child Care Subsidy Program;

(3) OAC 317:35-13-5 for the SoonerCare (Medicaid) Program; and

(4) OAC 340:50-15 for the SNAP.

4. For rules regarding income, refer to:

- (1) OAC 340:10-3-26 through 340:10-3-40 for the TANF Program;
- (2) OAC 340:15-1-4, 340:15-1-6, and 317:35-7-38 for the SSP Program;
- (3) OAC 340:40-7-10 through 340:40-7-13 for the Child Care Subsidy Program;
- (4) OAC 317:35-5-42 for the populations related to the aged, blind, or disabled (ABD) including long term care and OAC 317:35-10-26 for the Online Enrollment population; and
- (5) OAC 340:50-7-22 through 340:50-7-31 for SNAP.

5. For rules regarding resources, refer to:

- (1) OAC 340:10-3-1 through 340:10-3-10 for the TANF Program;
- (2) OAC 340:15-1-14 and 317:35-7-38 for the SSP Program;
- (3) OAC 340:40-7-5 for the Child Care Subsidy Program;
- (4) OAC 317:35-5-41 through 317:35-5-41.11 for populations related to ABD, OAC 317:35-17-10 and 317:35-19-20 for the long term care population, and OAC 317:35-10-10 for the Online Enrollment population for the SoonerCare (Medicaid) Program; and
- (5) OAC 340:50-7-1 for SNAP.

6. (a) For rules regarding who must, who may, and who cannot be included in household composition to determine the benefit amount, refer to:

- (1) OAC 340:10-3-56 and 340:10-3-57 for the TANF Program;
- (2) OAC 340:15-1-5 and 317:35-7-36 for the SSP Program;
- (3) OAC 340:40-7-6 for the Child Care Subsidy Program;
- (4) OAC 317:35-7-36 for the population related to ABD, OAC 317:35-17-9 and 317:35-19-20 for the long term care population, and OAC 317:35-6-36 for the Online Enrollment population for the SoonerCare (Medicaid) Program; and

(5) OAC 340:50-5-1 through 340:50-5-10.1 for SNAP.

(b) For TANF, when the client requests benefits for an additional person prior to certification, a new application is not needed. When the client requests benefits for an additional person after certification, a new application must be completed.

(1) To evaluate whether the person is eligible, the worker must first determine if the person is required to be a member of the assistance unit per OAC 340:10-3-56.

(A) If the person is required to be a member, the worker is also determining continued eligibility for the rest of the assistance unit.

(B) If the person is not required to be a member or is not eligible to be included in the assistance unit, the client decides whether to include the person. Before making this decision, the worker advises the client whether including the additional person increases or decreases benefits.

(C) After certification, when the client chooses not to include the person or the person is not eligible for another reason, a worker sends Form 08MP039E, Notice to Client of Action Taken, to advise the client of the denial.

(2) When the additional member is eligible, the person is added to the TANF benefit effective the date of request.

(A) If the TANF benefit increases when the person is added, the initial month's supplemental benefits are prorated per OAC 340:65-3-5.

(B) If the additional member must be included and has countable income that reduces the TANF benefit, the reduction is effective the first day of the month following the deadline date on OKDHS Appendix B-2, Schedule I.

(C) When the additional member must be included and the addition of this person causes the assistance unit to no longer be eligible for TANF benefits, the worker closes the TANF benefit effective the first day of the month following the deadline date on OKDHS Appendix B-2, Schedule I.

(3) The worker is responsible for updating the applicable FACS tabs and recording in FACS Case Notes the date the client requested benefits for the additional person, when the person moved into the household, details about the person's eligibility, and how the person affects the benefit amount for the assistance unit.

(c) For TANF, when the client reports that a person included in the assistance unit has left the home, the person's needs are removed effective the first day of the month following the deadline date on OKDHS Appendix B-2, Schedule I. If the reason for removal is death, the removal date is the date of death.

(d) For all programs, when the client reports that a household member's name has changed or it was misspelled, the correct name is updated in FACS after the client provides the person's Social Security card showing the current name.

(e) For TANF, if after certification a different person who is not currently included in the assistance unit asks to be made payee for the TANF benefit, the person must complete a new application and eligibility for the household must be reviewed. FACS Case Notes must include information about why the person is requesting this change, including why the current payee must be removed. The person requesting to be made payee must have a certain degree of relationship to the child for whom benefits are requested per OAC 340:10-3-56 and 340:10-9-1.

(f) For rules regarding who can be payee for programs other than TANF, refer to:

(1) OAC 340:65-3-2 for the SSP Program;

(2) OAC 340:40-3-1 and 340:65-3-2 for the Child Care Subsidy Program;

(3) OAC 317:35-7-15 and 340:65-3-2 for the SoonerCare (Medicaid) Program; and

(4) OAC 340:50-3-1, 340:50-5-5, 340:50-5-8.1, and 340:65-3-2 for SNAP.

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

(1) A client may request a transfer of his or her case record(s) by contacting the HSC that has the client's case or the HSC to which the client is requesting transfer.

(2) If the request for transfer is due to an address change or planned address change, the client must provide his or her new address before a transfer is initiated. **EXCEPTION:** Clients who are participating in the Address Confidentiality Program (ACP) are not required to provide a finding address. Refer to FSS Memo 10-02 regarding the ACP program.

(b) The county director is responsible for developing a plan to ensure HSC staff:

(1) use the appropriate FO transfer folders in Microsoft Outlook for sending messages concerning case transfers;

(2) check the appropriate FO transfer folder for messages a minimum of twice daily every day the office is open, once each:

(A) morning; and

(B) afternoon;

(3) accept the client's request and initiate the transfer of all active cases, pending applications, and closed cases involving Family Support Services Division (FSSD) programs by posting a message in the appropriate FO transfer folder or by phoning a HSC to expedite a transfer and posting a message in the appropriate FO transfer folder.

(A) When posting a message, show the case name, case number, and the name and number of the initiating HSC as the subject. If expedited or emergency services are involved, the message is marked with a high level of importance.

(B) The text of the message must explain that the client is requesting the transfer and, when applicable, include the date of the phone request, the client's phone number, new address, and new supervisor and district numbers;

- (4) give priority to phone requests from HSCs requesting to expedite a case transfer;**
- (5) notify the initiating HSC when a case transfer cannot be completed within two business days of receiving a transfer request;**
- (6) complete the procedures in (A) through (D) of this Instruction when transferring case(s) to another HSC. HSC staff:**
 - (A) update FACS with any changes needed, such as a change of address, or new supervisor and district numbers;**
 - (B) ensure the case record is in order with material filed in the proper section or deleted as appropriate;**
 - (C) prepare a brief summary of what action, if any, is currently needed on the case record; and**
 - (D) mail the case record(s) and post a message in the appropriate FO transfer folder giving the mailing date and any information relevant to the transfer. If the sending office is also the office that initiates the request, the procedures for requesting and sending are combined. The sending or requesting office must not transfer the case(s) until the receiving office has posted an acceptance of the transfer in the appropriate FO transfer folder;**
- (7) complete the procedures in (A) through (B) of this Instruction when transferring cases(s) in from another HSC.**
 - (A) If the receiving office is not the initiating office, the receiving office acknowledges acceptance of the case(s) and provides the supervisor number and district number within two business days of receiving a request by posting a message in the appropriate FO transfer folder.**
 - (B) The receiving office acknowledges receipt of the case(s) by posting a message in the appropriate FO transfer folder; and**
- (8) delete messages in the HSC's own FO transfer folder upon completion of a transfer; and re-enter the effective date of the negative action when transferring a case that is in denied, closed, or suspended status. When a**

case being transferred is a case which has been deleted from the ALFX file, the case number assignment transaction, PS1-B is used.

(c) When more than one number has been assigned to a client:

(1) if no benefits or notices have been issued, the worker denies the application using reason code of "other," combines the cases, and sends an electronic message to the FSSD HelpDesk via Remedy Web requesting cancellation; or

(2) if benefits or notices have been issued, the worker closes the case and combines the two records under the correct case number.

8. For rules regarding legal alien status of non-citizens, refer to:

(1) OAC 340:65-3-1 for all programs;

(2) OAC 340:10-15-1 for the TANF Program;

(3) OAC 340:40-7-5 for the Child Care Subsidy Program;

(4) OAC 340:317:35-5-25 for the SoonerCare (Medicaid) Program; and

(5) OAC 340:50-5-67 for SNAP.

9. For rules regarding insurance coverage, refer to OAC 317:35-5-43 for the TANF, SSP, and SoonerCare (Medicaid) Programs.

10. For rules regarding deprivation for the TANF Program, refer to OAC 340:10-10-1 through 340:10-10-4.

11. For rules regarding TANF Work participation, refer to OAC 340:10-2-1 through 340:10-2-8.

12. For rules regarding school attendance for the TANF Program, refer to OAC 340:13-1.

13. For rules regarding changes for the Child Care Subsidy Program, refer to OAC 340:40-9-2.

14. For rules regarding reopening or reinstating benefits, refer to:

(1) OAC 340:65-5-6 for the TANF and SSP Programs;

(2) OAC 340:40-9-2 for the Child Care Subsidy Program; and

(3) OAC 340:50-9-5 for SNAP.

15. Refer to OAC 340:2-5 for rules regarding fair hearings.

16. If the appeal results in benefit termination, the worker terminates the benefit. A reason code of 69 or "other" is used to prevent issuing a computer-generated notice. The worker is responsible for issuing a notice manually to the client explaining the action taken.

340:65-5-3. Suspension of benefitsRevised 6-1-11

State Supplemental Payment (SSP) or SoonerCare (Medicaid) benefits may be temporarily discontinued by suspension. ■ 1 Suspensions cannot exceed one month. Benefits are not issued on cases in suspended status. Suspensions are appropriate when:

(1) the recipient is ineligible as there are resources available to meet needs for a brief time. If the amount of resources indicates that the recipient will be ineligible for a longer period, the benefit is terminated;

(2) the facts indicate a change or discontinuance of an assistance payment but sufficient evidence for a determination of proper action cannot be obtained in time to change the next month's benefit; or

(3) Form 08TA018E, Continued Medical Benefit Reply Form, is not received timely per OAC 340:10-3-75 for households whose TANF benefit has been closed and SoonerCare (Medicaid) continues.

INSTRUCTIONS TO STAFF 340:65-5-3Revised 6-1-11

1. (a) Temporary Assistance for Needy Families (TANF), food, and child care subsidy benefits are not suspended.

(b) When the worker determines:

(1) after suspension that the recipient is not eligible for the benefit, the worker closes the benefit; or

(2) the recipient remains eligible for the benefit, the worker reopens the benefit and makes any appropriate changes at the same time. The worker uses the F17C process to issue the benefit for the month of suspension and for any supplemental payment that might be due.

340:65-5-4. Resolution of suspensions

Revised 7-1-01

A suspension is resolved by reinstatement or by termination of the benefit. Reinstatement refers to resuming benefits after a suspension. When it is determined the client is eligible for reinstatement, the computer system is updated to show current information. ■ 1

INSTRUCTIONS TO STAFF 340:65-5-4Revised 6-1-11

1. (a) The worker updates the Family Assistance/Client Services (FACS) system and the effective date is the first month for which the benefit is reinstated.

(b) Information Management System (IMS) transaction F17C is used to issue benefits for the current and prior months.

(c) If the suspension results in benefit closure, the worker updates the computer system with the effective date according to the deadline for closures.

(d) If the worker fails to take action to close or reinstate the benefit, the benefit stays in suspended status and does not issue further benefits.

340:65-5-5. Termination of benefit

Revised 7-1-01

A benefit is terminated only at the recipient's request or after ineligibility has been established. ■ 1

INSTRUCTIONS TO STAFF 340:65-5-5Revised 6-1-11

1. The factual basis for the determination of ineligibility is documented in the Family Assistance/Client Services (FACS) system using Case Notes. When a benefit is terminated at the client's request without a reason being given, the worker must make an attempt to determine the reason for the request. Unsuccessful attempts to contact the client are documented in FACS Case Notes. If the client requests termination of the benefit and reveals the reason, the case action can be taken based on the information given by the client. Information obtained is used to determine if an overpayment occurred prior to closure. A determination of overpayment requires submission of a referral as soon as possible.

(1) The worker is responsible for determining the month and effective date of the client's ineligibility. Computer-generated notices are issued based on the reason shown on Oklahoma Department of Human Services (OKDHS) Appendix U, Reasons for Negative Case Action. In case of death or commitment to a mental hospital, a hand written notice is completed.

(2) The worker determines the status of any other benefits and discusses with the client any additional service needs.

340:65-5-6. Reconsideration of administrative action

Revised 6-1-07

(a) Corrective action is required on any administrative action which results in withholding of benefits, an underpayment for which the client was later determined eligible, or an overpayment of benefits the client was not eligible to receive. A reconsideration of the administrative action is required when:

- (1) computer down time prevents action being taken timely;
- (2) policy and procedures were not administered correctly; or
- (3) new or additional information is received within 30 calendar days of the:
 - (A) date action was taken to deny the application; or
 - (B) effective date benefits were terminated. ■ 1

(b) A retroactive payment is authorized to correct an administrative action which resulted in a payment being discontinued, an application denied, or an underpayment. ■ 2

(1) **Payments discontinued for Temporary Assistance for Needy Families (TANF) and State Supplemental Payment (SSP).** When the local human services center (HSC) reconsiders its previous action and finds the payment was discontinued in error, a payment is made for the current month and prior months, provided the amount authorized was improperly discontinued in these months and does not exceed the standard on Oklahoma Department of Human Services (OKDHS) Appendix C-1, Maximum Income, Resource, and Payment Standards.

(2) **Application denied for TANF and SSP.** When an application is denied and local HSC staff subsequently reconsiders its previous action and finds the applicant is eligible, a benefit is issued for whatever period the client is determined eligible but no earlier than the date of application.

(3) **Underpayments determined for TANF and SSP.** When a benefit was issued for less than the amount for which the client was eligible, the worker authorizes an underpayment for whatever period of time that underpayment was made. ■ 2

INSTRUCTIONS TO STAFF 340:65-5-6**Revised 6-1-11****1. (a) An incorrect administrative action occurs when:****(1) an application is denied or a case is closed in error;****(2) there is a failure to complete an application due to:****(A) a delay in receipt of a case record from another office;****(B) a computer input error which prevented the application from achieving active benefit status; or****(C) down time on the computer that prevented input; or****(3) a failure to take appropriate action on an active case prior to the next deadline after a change was reported or discovered.****(b) Adverse action that is not the result of an administrative error is:****(1) failure of a client to provide required verification of information within prearranged time limits causes closure or denial, and new or additional information is received within 30 calendar days from the effective date of the closure or denial. If the information establishes the client's eligibility, a closed case may be reopened or a denied application may be certified and no new application is required. After the 30-day period the client must either reapply or request a hearing according to the hearing policies and procedures;****(2) anticipating eligibility establishes the client to be ineligible, but after closure the client's situation changes, and the client remains eligible. If the client notifies the worker within 30 calendar days of the date of closure, the case is reopened after verification that the reason for ineligibility did not occur. The certification and the review dates remain the same but the effective date is the date the benefits were terminated; or****(3) anticipating eligibility establishes the applicant to be ineligible, but after the denial the applicant's situation changes and the applicant is eligible. If the applicant notifies the worker within 30 calendar days of the date action**

is taken to deny the application, no new application is required and the case is certified after verification that the reason for the denial did not occur.

2. The worker uses Information Management Systems (IMS) transaction:

(1) F17C to issue retroactive or supplemental payments for Temporary Assistance for Needy Families (TANF) or State Supplemental Payments;

(2) F17K to issue retroactive or supplemental payments for the Supported Permanency Program. Refer to OAC 340:10-22-1.

**SUBCHAPTER 9. OVERPAYMENT CLAIMS AND FRAUD IN TEMPORARY
ASSISTANCE FOR NEEDY FAMILIES AND STATE SUPPLEMENTAL PAYMENT
BENEFITS**

Section

- 340:65-9-1. Scope and applicability
- 340:65-9-2. Overpayments by classification
- 340:65-9-3. Procedures for referring overpayments **[REVOKED]**
- 340:65-9-4. Fraud
- 340:65-9-5. Right to appeal
- 340:65-9-6. Development of repayment
- 340:65-9-7. Suspension of collection efforts
- 340:65-9-8. Termination of collection debt

340:65-9-1. Scope and applicabilityRevised 6-1-11

An overpayment claim occurs when a household receives more benefits than it is entitled to receive. Overpayments may be classified as inadvertent household errors (IHE), agency error (AE), willful misrepresentation, or intentional program violation (fraud).

(1) Instances which may result in referral for an overpayment determination include, but are not limited to:

(A) the household:

(i) failed to provide the Oklahoma Department of Human Services (OKDHS) with correct or complete information;

(ii) failed to report changes in its circumstances; or

(iii) elected to receive benefits pending a fair hearing decision, which subsequently found the family ineligible or eligible for fewer benefits; or

(B) the worker:

(i) failed to take prompt action on a change reported by the household;

(ii) incorrectly computed the household's income, deductions, or both; or

(iii) incorrectly authorized issuance of benefits to a household; or

(C) any overissuance discovered as a result of a Quality Control Review.

(2) When the worker determines that an overpayment claim has occurred, he or she documents the circumstances leading to the overpayment and computes the amount of the overpayment. ■ 1

(A) If the client does not report earned income in a timely manner for Temporary Assistance for Needy Families (TANF) overpayment claims, the client is not allowed an earned income deduction.

(B) If the client does not report earned income timely for State Supplemental Payment (SSP) overpayment claims, the client is allowed the earned income

deduction even when the earned income is reported untimely.

(C) Overpayments may cover up to six years prior to the date the overissuance was discovered.

(3) When the worker suspects fraudulent intent but has insufficient information to complete an overpayment, he or she sends Form 19MP019E, Referral Form, to the Office of the Inspector General (OIG). When OIG staff determines that an overpayment occurred, it is sent to the Family Support Services Division (FSSD) Benefit Integrity and Recovery Section (BIRS) where the claim is calculated. ■ 2

(4) Once the overpayment claim has been calculated and notices sent, the overpayment is considered to be established. The establishment of an overpayment claim is made by the worker's supervisor or staff in FSSD BIRS. ■ 3
Notices sent include:

(A) Notification of Overpayment to the client; and

(B) Notification of Overpayment and Form 08OP025E, Chart of Temporary Assistance to Needy Families and State Supplemental Payment Overpayments, to the local human services center (HSC).

(5) The FSSD BIRS staff postpones notification to the client on cases referred for a judicial court decision until after a court decision has been made.

(6) For TANF overpayment claims, OIG staff may make a referral to the Legal Division Appeals Unit for an administrative disqualification hearing.

INSTRUCTIONS TO STAFF 340:65-9-1

Revised 6-1-11

1. (a) When the worker determines that an overpayment claim has occurred, he or she documents the circumstances leading to the overpayment and computes the amount using the Oklahoma Program Integrity (OPI) system within 30 days of discovery. Documentation includes:

(1) the circumstances which caused ineligibility for benefits;

(2) monthly gross income and allowable monthly deductions including date employment began and receipt date of first check.

- (3) unearned income and receipt date of first payment;
 - (4) resources which exceeded allowable standards and amount of highest known resource during the overpayment period;
 - (5) the exact date the worker learned that a possible overpayment occurred, the months there was complete ineligibility, and those months in which there was partial ineligibility; and
 - (6) a specific statement whether the overpayment was a result of household or agency error (AE) per OAC 340:65-9-2.
 - (b) The OPI system retrieves paid benefits information and calculates the overpayment amount based on information provided by the worker.
2. Office of Inspector General (OIG) staff documents the circumstances leading to the overpayment, including income, resources, or other necessary verification, and sends the information to the Family Support Services Division (FSSD) Benefit Integrity and Recovery Section (BIRS) staff who computes the amount using the OPI system.
 3. Prior to completion, the overpayment claim is shown in pending status in OPI. The establishment of an overpayment is made by the worker's supervisor or staff in the FSSD BIRS within the OPI system.
 - (1) The worker and supervisor establish any overpayment under \$500 due to inadvertent household error (IHE) and any AE overpayment regardless of the amount.
 - (2) FSSD BIRS staff establish all overpayments \$500 and over not due to AE, all overpayments referred by OIG, and all overpayments due to fraud after a determination of fraudulent intent has been made by OIG through the judicial system, an administrative disqualification hearing (ADH), or a signed Form 19MP002E, Disqualification Consent Agreement, or Form 08OP002E, Affidavit of Acknowledgement of Indebtedness.
 - (3) OPI forwards pending overpayments that are not established by HSC staff to the FSSD BIRS. FSSD BIRS staff reviews these overpayments and, if appropriate, forwards them for investigation to OIG through the OPI system. Once OIG staff completes the investigation, the overpayment is sent back to the FSSD BIRS through OPI to establish the overpayment.

340:65-9-2. Overpayments by classificationRevised 6-1-11

(a) **Overpayments classified as inadvertent household error (IHE).** An overpayment is classified as an IHE if the overissuance is caused by a misunderstanding or unintended error on the part of the household. Instances of IHE which may result in an overpayment include, but are not limited to, when the household unintentionally:

- (1) fails to provide the Oklahoma Department of Human Services (OKDHS) with correct or complete information;
- (2) fails to report changes in household circumstances; or
- (3) receives benefits or more benefits than it was entitled to receive pending a fair hearing decision.

(b) **Overpayments classified as agency error (AE).** An overpayment is classified as an AE if the overissuance is caused by OKDHS action or failure to take action. Instances of AE which may result in an overpayment include, but are not limited to, when OKDHS staff:

- (1) fails to take prompt action on a change reported by the household;
- (2) incorrectly computes the household's income or deductions, or otherwise assigns an incorrect benefit amount;
- (3) incorrectly issues benefits to a household, including errors caused by overall updates or other system problems; or
- (4) incorrectly applies policy or procedures.

(c) **Overpayments classified as willful misrepresentation.** Overpayments classified as willful misrepresentation result from deliberate concealment of information which, had it been reported, would have initiated case closure or benefit reduction. Willful misrepresentation may be oral or written and may include under reporting of the amount of income or resources or other pertinent information. Debts classified as willful misrepresentation may change in the event they are referred for judicial prosecution or administrative disqualification hearing.

- (1) When the human services center (HSC) receives the Notification of

Overpayment, on debts classified as willful misrepresentation, but not referred to the Office of Inspector General (OIG), the worker contacts the client and requests the client to voluntarily sign Form 08OP002E, Affidavit of Acknowledgment of Indebtedness. If the client refuses to sign Form 08OP002E, his or her eligibility is not affected.

(2) If the client voluntarily signs Form 08OP002E and owns real property other than the declared home property, the worker files the signed form with the county clerk of the county in which the real property is located. Filing Form 08OP002E with the county clerk places a lien on the real property. ■ 1

(d) **Overpayments classified as intentional program violation or fraud.** An overpayment is classified as intentional program violation or fraud when it is determined that a client has intentionally given false information or withheld facts in order to receive benefits. This determination is made by the Office of the Inspector General (OIG) through an administrative disqualification hearing (ADH), signing Form 08OP016E, Administrative Disqualification Hearing Waiver or Form 19MP002E, Disqualification Consent Agreement, or by judicial court decision.

INSTRUCTIONS TO STAFF 340:65-9-2

Revised 6-1-11

1. (a) **Before filing Form 08OP002E, Affidavit of Acknowledgment of Indebtedness with the county clerk's office, the worker checks the legal description of the property to ensure it conforms with the property deed. After filing, the worker sends the original and one copy of the signed Form 08OP002E to the Family Support Services Division (FSSD) Benefit Integrity and Recovery Section (BIRS). The remaining copies are filed in the case record.**

(b) **Refer also to OAC 340:65-9-4 and Instructions to Staff.**

(c) **When the debt is paid in full, the FSSD BIRS or the Legal Division prepares a "Release of State's Lien" and mails it to the appropriate county clerk for filing. The FSSD BIRS mails a copy of the release of lien to the client or other concerned party.**

340:65-9-4. FraudRevised 6-1-11

(a) The term fraud is defined as an intentional false representation of a truth or matter of fact, whether by words or conduct, false or misleading allegations, or concealment of that which should have been disclosed, for the purpose of inducing another to part with something valuable or surrender a legal right. The penalty for fraud is provided in the Oklahoma Social Security Act, Section 185 of Title 56 of the Oklahoma Statutes. Under the statutes, only courts can determine guilt and impose a legal penalty.

(b) The Family Support Services Division (FSSD) Benefit Integrity and Recovery Section (BIRS) staff refers household error overpayments of \$500 or more to the Office of Inspector General (OIG) for a determination of fraud and whether judicial court action is feasible. ■ 1

(c) Workers make a referral directly to OIG using Form 19MP001E, Referral Form, when there is not sufficient information to calculate an overpayment or it involves a state employee or his or her relatives. OIG staff submits their findings to FSSD BIRS for final calculation and establishment of the overpayment.

(1) Overpayments classified as fraud are overpayments that have been referred for judicial prosecution or administrative disqualification hearing and, as a result, have been determined as fraudulent or when the client signs Form 08OP016E, Administrative Disqualification Hearing Waiver, or Form 19MP002E, Disqualification Consent Agreement. Clients with overpayments classified as fraud are subject to the actions described in (A) through (C) of this paragraph.

(A) **Notification.** Program Penalty/Disqualification Notice is sent to the penalized Temporary Assistance for Needy Families (TANF) client. The notice informs the TANF client of a 25% payment standard reduction penalty.

(B) **Penalty period.** A TANF client is penalized with a 25% payment standard reduction for 12 months for the first violation, 24 months for the second violation, and permanently for the third violation.

(C) **Penalty effective date.** The 25% payment standard reduction penalty begins the date shown on the notice. Once the payment standard reduction penalty begins, it runs continuously until the end of the period imposed.

(2) If the case is prosecuted, OIG notifies the human services center (HSC) and the FSSD BIRS of the disposition of the case. If the court finds the client guilty, the

court may order a fine, restitution, imprisonment, or any combination of the three. The Oklahoma Department of Human Services (OKDHS) abides by the court decision. ■ 2

(3) Court-ordered restitution does not relieve the client of any overpayment amount in excess of that judgment.

(A) If the client defaults on court-ordered restitution, the sentence may be accelerated.

(B) If the sentence is accelerated and the client serves a prison term, serving the prison term does not satisfy repayment of the monetary portion of the debt. At that point the debt may be subject to civil prosecution.

(C) The fact that a client is making restitution payments does not relieve the client of the obligation to sign Form 08OP002E, Affidavit of Acknowledgment of Indebtedness. Home property and personal property are exempt from this process. A lien may also be filed on declared real property if Form 08OP002E indicates property is owned. ■ 3

(4) If OIG releases the case without a court decision or Form 08OP016E signed by the client, the FSSD BIRS staff proceeds to collect the debt. In some instances, OIG discovers additional information that affects the overpayment. The OIG gives this information to the FSSD BIRS so staff can adjust the overpayment.

INSTRUCTIONS TO STAFF 340:65-9-4

Revised 6-1-11

- 1. The Family Support Services Division (FSSD) Benefit Integrity and Recovery Section (BIRS) makes referrals to the Office of Inspector General (OIG) using the Oklahoma Program Integrity (OPI) system.**
- 2. (a) Oklahoma Department of Human Services (OKDHS) staff MUST NOT discuss the overpayment with the client until court action is completed or the FSSD BIRS staff notifies the local human services center (HSC) of any action to be taken. Local staff forwards further information or directs client inquiries to the FSSD BIRS or OIG.**
 - (b) The court may stipulate a repayment plan. The repayment plan cannot be renegotiated. The Office of the Inspector General (OIG) staff may refer the case back to the district attorney's office if the client fails to comply with the**

repayment plan.

3. **Filing Form 08OP002E, Affidavit of Acknowledgment of Indebtedness, with the county clerk places a lien on the real property. Before filing Form 08OP002E, the worker checks the legal description of the property to ensure it conforms with the property deed. After filing, the worker sends the original and one copy of Form 08OP002E to the FSSD BIRS. The remaining copies are filed in the case record. In all other situations, if the client voluntarily signs Form 08OP002E, the worker sends the original and one copy of the signed Form 08OP002E to the FSSD BIRS and files the remaining copies in the case record.**

340:65-9-5. Right to appealRevised 6-1-11

If there is a disagreement with the overpayment decision and the client has not signed Form 08OP16E, Administrative Disqualification Hearing Waiver, the household may request a fair hearing within 30 calendar days of the date on the Notification of Overpayment. ■ 1

INSTRUCTIONS TO STAFF 340:65-9-5Revised 6-1-11

- 1. When the client disputes the overpayment decision, the client and worker complete Form 13MP001E, Request for a Fair Hearing. The worker also completes Form 13MP002E, Hearing Summary, and provides all necessary information for the hearing. The Family Support Services Division (FSSD) Benefit Integrity and Recovery Section (BIRS) staff is available as needed. Refer to OAC 340:2-5 for fair hearing procedures.**

340:65-9-6. Development of repaymentRevised 6-1-11

(a) **Repayment of established overpayments.** Households must make repayment on all established overpayments regardless of the reason for the overpayment. Family Support Services Division (FSSD) Benefit Integrity and Recovery Section (BIRS) initiates collection efforts against all adult household members who were included in the benefit at the time the overpayment occurred except members who have filed bankruptcy or are deceased. Collection may be received from two separate households for the same claim. The FSSD BIRS staff sends the client the Notification of Overpayment that explains the acceptable methods of repayment for the debt classification. ■ 1

(b) Repayment options.

(1) **Payment in full.** The client may repay an overpayment in one lump sum by personal check, money order, or cashier's check.

(2) **Monthly payments.** The client may repay an overpayment in regular monthly installments by personal check, money order, or cashier's check.

(3) Benefit reduction.

(A) **Agency error (AE).** The FSSD BIRS staff processes a 10% reduction in the client's monthly allotment.

(B) **Inadvertent household error (IHE), willful misrepresentation.** The FSSD (BIRS) staff processes a 10% reduction in the client's monthly allotment.

(C) **Fraud.** The FSSD BIRS staff processes a 10% reduction in the client's monthly allotment as well as the 25% payment standard reduction penalty for Temporary Assistance for Needy Families (TANF) benefits.

(4) Recoupment.

(A) The recoupment rate cannot be changed unless the overpayment or the benefit received by the client is less than the recoupment amount. If the benefit amount is less than the recoupment amount specified, a benefit is not issued; however, the case remains active and a medical card is issued. The client may request recoupment not be initiated if a fair hearing regarding the overpayment is filed within 30 calendar days of the issuance date of the Notification of

Overpayment.

(B) When recoupment is initiated or terminated, the client is notified by a computer-generated notice of the new benefit amount and its effective date.

INSTRUCTIONS TO STAFF 340:65-9-6**Revised 6-1-11****1. (a) Human services center (HSC) procedures for maintaining cases with established overpayments.**

(1) Upon notification by Family Support Services Division (FSSD) Benefit Integrity and Recovery Section (BIRS) of the establishment of a debt, the case record is marked with "DO NOT DESTROY." The case is maintained in the active case files until the debt is paid in full. Restitution cases are never destroyed.

(2) Until the overpayment is paid in full, the case record must have an **OVERPAYMENT SECTION** in the working case that includes:

(A) a copy of the original referral memorandum or a copy of the Case Comments in the Oklahoma Program Integrity (OPI) system;

(B) Form 08OP025E, Chart of Temporary Assistance to Needy Families and State Supplemental Payment Overpayments;

(C) any documentation and verification used to determine the overpayment; and

(D) completed forms that established the overpayment, including the copy of the Notification of Overpayment, that was sent to the client.

(3) It is recommended that the HSC have a system for identifying Temporary Assistance for Needy Families (TANF) households that are assessed with a payment standard reduction 25% penalty income.

(b) Types of repayment.

(1) **Recoupment.** Recoupment is coded by the OPI system at the time the client is notified of the overpayment. The Notification of Overpayment

advises the client of any change in benefits at the beginning of the recoupment process. The person responsible for repayment is the payee of the case and any other adult who was included in the benefit at the time the overpayment occurred.

(2) Monthly payments. Repayment of an overpayment may be made in one lump sum by personal check, money order, or cashier's check. Payment may be submitted any date after the overpayment is established.

(A) Clients are instructed not to send cash through the mail.

(B) The HSC or FSSD may accept cash if it is impossible for the client to make payments by personal check, money order, or cashier's check.

(C) A receipt is given to the client if cash payment is received.

(D) Any money received is sent to the Oklahoma Department of Human Services Finance Division, P.O. Box 53306, Oklahoma City, OK 73152-9116.

(c) Collection notice. Monthly statements are computer-generated on approximately the 20th day of each month. The information contained on these statements includes:

(1) statement date;

(2) client identification number;

(3) overpayment case number(s);

(4) client name and address;

(5) new overpayment amounts;

(6) itemized payment amount, payment dates, and new overpayment amounts since the last billing cycle;

(7) billing date;

(8) account balance; and

(9) overpayment balances by program.

(d) HSC staff notifies the FSSD BIRS of any address change or case number assignment for a client having an established overpayment.

340:65-9-8. Termination of collection of debtRevised 6-1-11

In the case of repayment in full, the household is notified that the debt has been satisfied by a monthly overpayment account statement showing a zero balance owed.

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INSTRUCTIONS TO STAFF 340:65-9-8Revised 6-1-11**1. (a) Collection statements are suspended:**

(1) when the Family Support Services Division (FSSD) Benefit Integrity and Recovery Section (BIRS) staff is unable to locate any responsible household member;

(2) after the monthly account statement is returned by the United States Postal Service; or

(3) by a decision of FSSD BIRS staff.

(b) When the client requests a fair hearing, BIRS staff enters information in the Oklahoma Program Integrity (OPI) system to suspend all collection activity, including recoupment. If the appeal is found in favor of the client, the Finance Division reimburses any collected direct payments and BIRS staff reimburse any collected recoupment.

(c) Upon notification by FSSD BIRS of the establishment of debt, human services center (HSC) staff labels the case record with "DO NOT DESTROY."

(1) The case is maintained in the active case files until repayment has been made in full. The worker checks the OPI system to determine whether the overpayment has been paid in full before destroying a case record.

(2) When the overpayment has been paid in full, HSC staff pulls the case record, removes the "DO NOT DESTROY" label, and handles the case in the usual manner.