
POLICY TRANSMITTAL NO. 07-17	DATE: APRIL 10, 2007
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF LEGISLATIVE RELATIONS AND POLICY

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:65-3-1.

EXPLANATION: OAC 340:65-3-1 Instructions to Staff #2 is revised to clarify that a faxed signature is acceptable on an application for Child Care, Food Stamp, Medicaid, and Temporary Assistance for Needy Families (TANF) programs.

Original signed on 4-9-07

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WF # 07-F (NAP)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

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

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

REMOVE

340:65-3-1

INSERT

340:65-3-1, pages 1-9, revised 4-1-07

340:65-3-1. Determination of eligibility

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

(b) **Application forms.** A signed application is required to determine initial eligibility for benefits. ■ 2 The client completes:

(1) Form FSS-1, Comprehensive Application and Review, to apply for:

(A) food benefits;

(B) State Supplemental Payment (SSP);

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

(D) Temporary Assistance for Needy Families (TANF); or

(E) Medicaid benefits; or ■ 3

(2) Form FSS-1 or K-2, Application for Child Care Services, to apply for child care benefits.

(c) **Signatures.** The client, guardian, or someone acting on the client's behalf such as an authorized representative or someone with power-of-attorney must sign Form FSS-1 or K-2. For TANF applications, if a client and spouse are living together, both must sign the application form. The client may voluntarily withdraw the request for assistance or services either before or after signing the application form. A client who is:

(1) eligible for Medicare signs the application using the name on his or her Medicare Health Insurance Benefits (HIB) card; or ■ 4

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

(d) **Worker responsibilities.** The worker is responsible for: ■ 5

(1) advising the client during the application process:

(A) of the Oklahoma Department of Human Services (OKDHS) responsibility for reaching a decision and notifying the client of eligibility or ineligibility within the appropriate time limits; ■ 6

(B) of his or her right to request a fair hearing, either orally or in writing, and be represented at the hearing by any person the client chooses if there is a:

(i) delay beyond the established time limits for determining eligibility; or ■ 7

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

(C) of his or her legal responsibility for reporting all facts pertinent to eligibility;

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

(E) of the penalty for failure to report changes;

(F) of information needed to establish eligibility. When requesting information or verification from the client, the worker uses Form ADM-92, County Client Contact and Information Request, and gives the client at least ten calendar days to respond to the request; [OAC 340:65-3-2.1]

(G) of the assistance OKDHS can give in establishing eligibility;

(H) that by signing the application he or she is giving OKDHS permission to obtain information from sources other than the client; and

(I) that he or she must cooperate with state and federal officials if his or her case is selected for a Quality Control review;

(2) collecting information necessary for determining the client'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) client'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) citizenship;
 - (viii) non-liquid resources;
 - (ix) household members;
 - (x) school attendance; and
 - (xi) third party insurance;
- (B) unearned income information obtained through:
- (i) Beneficiary and Earnings Data Exchange System (BENDEX), from the Social Security Administration (SSA);
 - (ii) Supplemental Security Income (SSI)/State Data Exchange System (SDX), from SSA;
 - (iii) Unemployment Insurance Benefits (UIB), from the Oklahoma Employment Security Commission (OESC);
 - (iv) workers' compensation documents from Workers' Compensation Court; and
 - (v) 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 client is unable to participate in the eligibility determination because of physical or mental disability, inability to speak English, or other difficulties;

- (4) recognizing expressed or implied needs;
- (5) determining whether there is a need for crisis intervention;
- (6) making appropriate referrals;
- (7) ensuring all of the client's social services needs are addressed and met; and
- (8) denying the application if sufficient facts are available to substantiate ineligibility.

■ 8

(e) **Requirement for SSN.** ■ 9 A verifiable SSN or application for a SSN is required for every person whose needs are included for food stamp, SSP, SSI-DCP, or TANF benefits. The requirement for a verifiable SSN also applies to all persons whose needs are included for Medicaid benefits, except newborn children deemed eligible and aliens who are residing in the United States unlawfully. ■ 10

(1) The worker accepts the client'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. ■ 11

(A) Persons for whom a SSN is required but not available must be referred to the appropriate SSA office for SSN enumeration. Form ADM-101, SSN Enumeration Referral, is used to refer persons to the SSA office for a SSN application. The return of Form ADM-101 to the human services center validates the application(s) or indicates which persons have not provided to SSA appropriate original evidence of age, identity, and citizenship. ■ 12

(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) An application for assistance is denied or the person's needs are not included 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. ■ 13

(B) For food benefit and Medicaid purposes, only the needs of the person for whom a SSN is not provided or applied for are not included. ■ 14

INSTRUCTIONS TO STAFF 340:65-3-1

1. (a) **Except for children in the Oklahoma Department of Human Services (OKDHS) or tribal custody whose cases remain in the county of jurisdiction, clients may apply for and/or receive services in a human services center 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) **A signature submitted on Form FSS-1, Comprehensive Application and Review, Form PS-1, Request for Services, or Form MS-MA-5, Notification of Needed Medical Services, through e-mail or a fax machine is acceptable to establish a request or application date for the Child Care, Food Stamp, Medicaid, and Temporary Assistance for Needy Families (TANF) programs.**

(b) **A signature submitted through an imaged document by e-mail or a fax machine is acceptable on an initial application for the Child Care, Food Stamp, Medicaid, or TANF programs if there is an access issue for a client to apply for benefits in person. If an application is e-mailed or faxed and the client comes to the office for an interview, the worker obtains an original signature during the interview.**
3. **Form FSS-1 or Form SC-1, SoonerCare Health Benefits Application, may be used as a Medicaid application for children, pregnant women, and adults with minor children.**
4. **In rare situations, a client's name may not match with records used to establish Medicare buy-in and/or data exchange.**

(1) For initial applications, if a client 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 client does not receive Medicare, the name on the Social Security card is used.

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

5. The worker is also responsible for:

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

(2) giving applicants with children applying for Medicaid or cash assistance for children under 21 years of age the "Protect Your Children" pamphlet regarding EPSDT and the "Child Support Enforcement Handbook"; and

(3) giving applicants applying for Medicaid and a State Supplemental Payment for a child under 18 years of age the pamphlet, "Children With Disabilities - SSI-Disabled Children's Program."

6. 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 client's death or commitment to a mental health facility, the worker completes a hand-written notice.

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

8. Refer to OAC 340:2-5 and OAC 340:65-5-1(a)(2).

9. 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.

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

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

11.(a) A SSN is not required for approval of child care benefits. If all factors of eligibility are met but the client appears to be using a SSN that is not his or hers, the worker may approve child care benefits in accordance with OAC 340:40.

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

(1) When an initial document used to verify the name and SSN appears to be false or altered, the worker requests a secondary verification document. If the applicant's name and SSN are the same in both documents, the information is accepted and, if all other factors of eligibility are met, the applicant's needs may be included for benefits. Further verification may be required if a discrepancy message is received because the SSN cannot be verified through the SSN enumeration process. See additional information at: http://s99web01/fssd_dataexch/.

(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;

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 client's SSN application because the client:

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

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

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

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

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

(3) If no SSN is received at the end of the ten days, the appropriate negative action is taken.

(4) Initial referrals using Forms ADM-92 and ADM-101 are made for children who were not required to provide a SSN or proof of a SSN application at certification.

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

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

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