
POLICY TRANSMITTAL NO. 09-18	DATE: MAY 28, 2009
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF LEGISLATIVE RELATIONS AND POLICY

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:65-1, Table of Contents; 65-1-2 through 65-1-3; 65-3-1 through 65-3-2; 65-3-4 through 65-3-6.1; 65-3-8; 340:65-5, Table of Contents; and 65-5-2 through 65-5-3.

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

OAC 340:65-1-2 is revised to: (1) add a legal cite; and (2) update language to current terminology.

OAC 340:65-1-3 and 340:65-3-5 are revised to update language to current terminology and procedures.

OAC 340:65-3-1 is revised to: (1) change the name of the Food Stamp Program to the Supplemental Nutrition Assistance Program (SNAP); (2) remove a policy cite that is no longer applicable; and (3) add other documents that are acceptable as verification of lawful status.

OAC 340:65-3-2 is revised to: (1) add that an interview may be completed face-to-face or by telephone depending on the program; and (2) update language to current terminology.

OAC 340:65-3-4 is revised to: (1) update language to current terminology and procedures; and (2) remove internal procedures from rules.

OAC 340:65-3-6 is revised to: (1) add language that funds expunged from a debit card can be reloaded if requested within 365 days of issuance; and (2) add information about how to handle requests for unused benefits on a debit card at the time of the client's death.

OAC 340:65-3-6.1 Instructions to Staff is revised to: (1) remove language about an automated form being issued when a client does not use food benefits within 90 days as it is no longer issued; (2) clarify that unused benefits can be accessed by the client for 365

days from the issuance date of the benefits; and (3) update language to current terminology regarding SNAP.

OAC 340:65-3-8 is revised to: (1) remove the face-to-face interview requirement for SNAP at recertification; and (2) update language to current terminology.

OAC 340:65-5-2 is revised to add clarifying language regarding the worker's action when a change is reported that affects the amount of the cash benefit being received.

OAC 340:65-5-3 is revised to clarify which benefits administered by Family Support Services Division (FSSD) may be suspended.

Original signed on 4-16-09

Mary Stalnaker, Director
Family Support Services Division

Sandra Harrison, Coordinator
Office of Legislative Relations and Policy

WF # 08-24 (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, Table of Contents	340:65-1, Table of Contents, 1 page only, revised 6-1-09
340:65-1-2	340:65-1-2, pages 1-7, revised 6-1-09
340:65-1-3	340:65-1-3, pages 1-7, revised 6-1-09
340:65-3-1	340:65-3-1, pages 1-14, revised 6-1-09
340:65-3-2	340:65-3-2, pages 1-3, revised 6-1-09
340:65-3-4	340:65-3-4, pages 1-12, revised 6-1-09
340:65-3-5	340:65-3-5, pages 1-4, revised 6-1-09
340:65-3-6	340:65-3-6, pages 1-6, revised 6-1-09
340:65-3-6.1	340:65-3-6.1, pages 1-6, revised 6-1-09
340:65-3-8	340:65-3-8, pages 1-8, revised 6-1-09
340:65-5, Table of Contents	340:65-5, Table of Contents, pages 1-2, revised 6-1-09
340:65-5-2	340:65-5-2, pages 1-2, revised 6-1-09
340:65-5-3	340:65-5-3, 1 page only, revised 6-1-09

SUBCHAPTER 1. GENERAL PROVISIONS

Section

- 340:65-1-1. Purpose
- 340:65-1-2. Confidential nature of case material
- 340:65-1-3. Case Records
- 340:65-1-4. Narrative entries **[REVOKED]**
- 340:65-1-5. Authorization to destroy numbered closed case records
- 340:65-1-6. Authorization to destroy Information and Referral Only material
- 340:65-1-7. Appendices **[REVOKED]**

340:65-1-2. Confidential nature of case materialRevised 6-1-09

(a) **Legal basis.** The Oklahoma Department of Human Services (OKDHS) maintains the confidentiality of all applications, information, and records concerning any applicant or recipient in accordance with the Oklahoma Social Security Act, the Federal Social Security Act, and Section 183 of Title 56 of the Oklahoma State Statutes.

(b) **Custody of records.** All case information including electronic data procured by, or available to, any staff member of OKDHS is the property of OKDHS and is used by staff only in accordance with the provisions of the law and the rules adopted by OKDHS.

(1) **Authority to disclose information.** The county director is responsible for the custody of records in the human services center (HSC) and for their proper use. All requests for information from an OKDHS record are referred to the county director, except in those instances where the request originates within OKDHS in carrying out its regular functions. Staff members of each of the OKDHS operating divisions have access to records of the other divisions so that a mutual exchange of information, on the same family or related to a case under care, may be constructive. ■ 1

(2) **Nature of information to be safeguarded.** Except as provided in this subsection, information which must be safeguarded includes:

(A) names and addresses, including lists;

(B) information contained in an application;

(C) reports of investigations;

(D) medical data which includes, but is not limited to, diagnosis and past history of disease and disability;

(E) correspondence and other records concerning the condition or circumstances of any person from whom or about whom information is obtained, regardless of whether it is recorded;

(F) evaluations of such information;

(G) warrant registers;

(H) all data items available on computer screens. Disclosure to any

unauthorized person is a violation of federal and state agency regulations. Persons considered to be authorized are:

(i) the client;

(ii) the client's authorized representative;

(iii) OKDHS staff;

(iv) authorized volunteers; and

(v) staff of outside agencies with a contract or agreement allowing access to specific data; **■ 2** and

(l) raw tax data which is any written, typed, photocopied, or printout of information from the Income Eligibility Verification System-Internal Revenue Service (IEVS-IRS), Beneficiary and Earnings Data Exchange System (BENDEX), and Beneficiary Earnings Exchange Record (BEER). **■ 3** Raw tax data may include:

(i) the client's name;

(ii) Social Security number;

(iii) Internal Revenue Service (IRS) reporting firm, company, political subdivision;

(iv) state agency account number;

(v) type of income; and

(vi) the amount of income or resource.

(3) **Nature of information to be made available.** General information not identified with any particular person or group of persons, such as total expenditures made, number of recipients, and other statistical information and social data contained in reports or surveys do not fall within the type of material to be safeguarded.

(A) Requested information is released to representatives of agencies which are authorized, by law, to have the information. Information may be released to other agencies only when they give assurance that the:

- (i) confidential character of the information will be preserved;
- (ii) information will be used only for purposes related to the administration of the assistance program and the functioning of the inquiring agency; and
- (iii) standards of protection established by the agency to which information is disclosed are equal to those established by OKDHS, both in regard to the use of the information by the staff and the provision of protective procedures.

(B) Addresses of clients can be disclosed to federal, state, and local law enforcement officers who furnish the client's name, Social Security number, and notify OKDHS that the location or apprehension of the client is within their official duties and that the client is:

- (i) a fugitive felon who is fleeing to avoid prosecution, custody, or confinement after conviction; or
- (ii) violating a condition of probation or parole.

(C) The days and hours a child is approved for the Child Care Subsidy Program can be disclosed to a child care provider.

(D) Upon written request, information used to establish eligibility that is not otherwise protected by law is made available to the client or the client's representative during normal business hours. Confidential information, including the names of persons who have disclosed information about the client without the client's knowledge and the nature or status of pending criminal prosecutions is withheld.

(E) Information obtained by the worker from collateral sources, other than public records or the worker's written evaluation of the client's situation, cannot be made available to the client or to any other person without the consent of the person who gave the information. Prior to a fair hearing, HSC staff is responsible for supplying the client with a copy of the written summary, documents, and other records which HSC staff present at the hearing. [OAC 340:2-5]

(4) Release of information at request of client. If the client or the client's representative requests OKDHS make available to him, her, or to other persons, courts, or agencies, certain information which he or she has given OKDHS regarding himself or herself, it is proper to do so, provided the release is to the designated person and the material is related to the specific subject involved.

(A) A written inquiry from an interested person, accompanied by the client's written permission, is considered sufficient to identify the person as the authorized representative of the client and information may be furnished.

(B) If a letter of inquiry does not conclusively show that the person making inquiry has been asked to obtain such information in behalf of the client, no action is taken without ascertaining the client's wishes in the matter.

(5) Release of information to courts. Information about the client in his or her record is made available in court proceedings only upon subpoena, except upon request by court officials in cases of abandonment and desertion, neglect of children, or restitution when such cases have been referred to the court by OKDHS. In these situation OKDHS staff testimony is limited to material affecting the administration of the public assistance law except when participating in a case requested by the client or the client's representative in which his or her personal interests are at stake.

(A) When an employee of OKDHS is subpoenaed by the court for the purpose of giving testimony based upon OKDHS records, the county director confers with the district attorney (DA) regarding recognition by the court of the right of OKDHS under the law to protect its records, and of the confidential character of information made available to OKDHS in the process of administering assistance.

(B) If there is reason to believe that the court will not respect the confidential character of OKDHS records, the county director communicates immediately with the Legal Division regarding the steps to be taken. ■ 4

(6) Release of information to the DA. Information is released to the DA, as necessary, to carry out OKDHS policy regarding support from an absent parent. In every instance, the relative making application for Temporary Assistance for Needy Families (TANF) is informed of the requirement for obtaining support from an absent parent.

(7) Release of medical information. Medical information paid for by OKDHS is not released, even at the request of the person to whom it pertains, except to another agency to which the person has applied for services with the objective to protect or advance the person's welfare. There is nothing in Oklahoma law or federal law to prevent a physician from releasing medical information to his or her patient or an authorized representative of the patient. The physician, in such instances, is governed by the physician-patient relationship. ■ 5

(A) The OKDHS Legal Division is responsible for determining whether the particular medical information being requested may be released under federal regulations and OKDHS policies. When such clearance has been made, the Legal Division notifies FSSD. FSSD contacts HSC staff regarding the action to take.

(B) Medical information that HSC staff has obtained from the Veterans Administration or from the Social Security Administration cannot be released to anyone outside OKDHS.

(C) When a client requests a hearing on a medical decision, all medical records or reports except for psychological and psychiatric records, which were considered in establishing the medical decision, are provided to the client or authorized representative at a reasonable time before the date of the hearing. Copies of psychological and psychiatric records are not made available unless the release of these records is consented to by the treating physician or practitioner or are ordered released by a court of competent jurisdiction upon a finding that it is in the best interest of a patient.

INSTRUCTIONS TO STAFF 340:65-1-2

Revised 6-1-09

1. Case records must remain in the local human services center (HSC) unless approval is received from the county director to remove a case record to another designated location. The county director may delegate the authority for permission to remove a case record to the worker's supervisor.

(1) Circumstances when it may be permissible to remove a case record include:

(A) staff from another division within the Oklahoma Department of Human Services (OKDHS) requests the case record for use in a criminal or administrative investigation or to review the record for other OKDHS official business;

(B) a court issues a subpoena for the case record to be brought to court; or

(C) the worker receives permission to work offsite at home or another designated location and supervisory staff are aware that the case record has been removed from the HSC.

(2) When permission to remove the case record has been granted, the worker or other designated HSC staff must record on a paper or electronic log that is accessible to the entire office:

(A) the case name;

(B) the case number;

(C) the date the case record was removed from the HSC;

(D) why it was removed;

(E) where the case record can be located while it is out of the HSC; and

(F) the date it is returned to the HSC.

(3) Case records removed from the HSC in order for the worker to work offsite at home or another designated location must be stored in a secure and locked location such as a filing cabinet or lockbox. Prior to permission being given to remove a case record from the HSC for this reason, the supervisor must discuss with the worker how the case record will be safeguarded against confidential information being accessed by others.

(A) To make a decision whether to remove the entire case record or only parts of the record from the HSC, it must be determined:

(i) which documents are necessary to complete the work being performed offsite; and

(ii) how the worker will secure the case record offsite when not in use.

(B) When the entire case record is not removed from the HSC, it must be determined how the worker will ensure documents from different case records are always returned to the correct case record.

2. OKDHS enters into different types of information sharing agreements or contracts with outside agencies. The Family Support Services Division (FSSD) Information Privacy and Security Section maintains such agreements or contracts. HSC staff sends inquiries regarding release of such information

to the FSSD Information Privacy and Security Section or e-mails FSSDSecurity@okdhs.org to determine what, if any, information may be released.

3. Any record containing raw tax data or information must be secured in a storage area, such as a locked desk or file cabinet. At no time is raw tax data left on a desk, file cabinet, work area, or any other location even when the employee is away from the desk or work area for a short period of time.

(1) Provisions of Section 7213 of the Internal Revenue Code (IRC) make willful, unauthorized disclosure of federal returns or return information a felony punishable by a fine not exceeding \$5,000 or imprisonment of not more than five years, or both, together with the costs of prosecution and dismissal from office or discharge from employment.

(2) Provisions of Section 7213A of the IRC, the Taxpayer Browsing Protection Act, make unauthorized inspection of returns or return information a misdemeanor punishable by a fine not exceeding \$1,000 or imprisonment of not more than one year, or both, together with the cost of prosecution and dismissal from office or discharge from employment.

(3) Provisions of Section 7431 of the IRC permit a taxpayer to bring suit for civil damages for unauthorized disclosure of returns or return information in the amount equal to the sum of the greater of \$1,000 for each act or the sum of the actual damages sustained plus the cost of the action.

4. Refer to OKDHS:2-25-10 regarding subpoenaed records.

5. When the HSC receives requests for medical information that is not defined in OAC 340:65-1-2, HSC staff contacts the FSSD Health Related and Medical Services Section (HRMS) and outlines the details of the request. If a legal opinion is necessary, the HRMS supervisor makes a referral to the Legal Division and advises HSC staff of what action to take.

340:65-1-3. Case recordsRevised 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 6-1-09

1. (a) **Definition of Family Support Services Division (FSSD) 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 in the local human services center (HSC). 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) and PS-2 computer systems. 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. Staff 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 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 Oklahoma Secretary of State's office.

(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 on-line. 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, 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 Food Stamp Program (DFSP). If there is no existing case record, DFSP 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, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Children with Special Health Care Needs (CSHCN), 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 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. HSC offices currently using imaging are Oklahoma county A, B, C, G, H, and J, Canadian county A and C, Cleveland county A, B, and C, Pottawatomie, Logan, McClain, and Grady counties. All other HSC offices may view imaged documents when needed.

(A) Prior to sending a document for imaging, the worker makes sure the HSC office number, case number, and worker number are entered in the top right hand corner or other available space on the document and circled for indexing.

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

(C) 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.

(D) 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 office 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.

340:65-3-1. Determination of eligibilityRevised 6-1-09

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

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

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

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

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

(A) food benefits;

(B) State Supplemental Payment (SSP);

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

(D) TANF;

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

(F) child care benefits; or

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

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

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

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

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

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

(A) Supplemental Nutrition Assistance Program (SNAP). Exceptions are found at OAC 340:50-3-2(b); or

(B) TANF Program.

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

(A) Child Care Program;

(B) SSP Program;

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

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

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

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

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

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

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

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

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

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

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

(E) penalty for failure to report changes;

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

(G) assistance provided by OKDHS in establishing eligibility;

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

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

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

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

(A) applicant's statement concerning:

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

(B) unearned income information obtained through:

- (i) Beneficiary and Earnings Data Exchange System (BENDEX), from the Social Security Administration (SSA);
- (ii) Supplemental Security Income (SSI)/State Data Exchange System (SDX), from SSA;
- (iii) Unemployment Insurance Benefits (UIB), from the Oklahoma Employment Security Commission (OESC); 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) recognizing expressed or implied needs;
- (5) determining whether there is a need for crisis intervention;
- (6) making appropriate referrals;
- (7) ensuring all of the applicant's social services needs are addressed and met; and
- (8) denying the application if sufficient facts are available to substantiate ineligibility.

■ 9

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

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

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

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

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

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

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

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

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

(g) **Citizenship requirement.** All persons who are applying for state or federal public benefits such as child care, food benefits, LIHEAP, SoonerCare (Medicaid), SSP, or TANF must declare whether they are residing in the U.S. lawfully. Initially, the applicant must declare the citizenship or alien status for each household member applying for such benefits on the application form. ■ 16 Citizenship and alien status for persons applying for SoonerCare (Medicaid) benefits is determined using specific program requirements found at OAC 317:35-5-25. The following citizenship requirements are pursuant to Section 71 of Title 56 and Section 20j of Title 74 of the Oklahoma Statutes. Form 08MP022E, Declaration of Citizenship Status, is completed to declare the citizenship or alien status of additional household members who request benefits after certification. ■ 17 The application form and Form 08MP022E contain a statement advising the applicant that fraudulent claims of citizenship or lawful alien status are reported to the U.S. Attorney and may be subject to criminal prosecution.

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

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

(A) OAC 340:40-7-5 for child care;

(B) OAC 340:50-5-67 for food benefits; ■ 18

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

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

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

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

automated data exchange transaction attempts to match SSN data exchange information with SSA. ■ 19

(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. ■ 20

(5) When the person fails or refuses to sign and have notarized Form 08MP005E, benefits are denied or closed for that person. ■ 21

(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 Legal Division staff review the memo and any evidence provided by the worker; and

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

INSTRUCTIONS TO STAFF 340:65-3-1

Revised 6-1-09

- 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.

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

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 can apply or designate an authorized representative. If children are living with someone else while the parent is temporarily out of the home, the responsible person they are living with applies based on his or her own eligibility.

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

(b) A signature submitted through an imaged document by e-mail or a fax machine is acceptable on an initial application for the Child Care, 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.

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

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

- (2) 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.

6. The worker is also responsible for:

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

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

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

7. The worker is responsible for determining the month and effective date of the applicant's eligibility or ineligibility. Computer-generated notices are issued based on the reason for the case action. In case of the applicant's death or

commitment to a mental health facility, the worker completes a hand-written notice.

8. See OAC 340:2-5 for fair hearing information.
9. Refer to OAC 340:2-5 and OAC 340:65-3-7.
10. The worker informs the person that the Social Security number (SSN) of each person whose needs are included for benefits is used for matching with data from the Social Security Administration (SSA) on benefits and wages, Oklahoma Employment Security Commission on unemployment benefits and wages, Internal Revenue Services on unearned income, records from Workers' Compensation Court, and other agencies.
11. (a) A SSN is not required for illegal aliens who are eligible for SoonerCare (Medicaid) emergency services described in OAC 317:35-5-25(a)(3) and (4).

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

(c) See OAC 340:40-7-4 for child care benefits.
12. (a) When there are facts or observations which cause the worker to question the statement of an applicant who is applying for or receiving TANF, food benefits, or SoonerCare (Medicaid) benefits, the worker is required only to verify the SSN is valid and that the name and SSN given by the applicant appear on the document used for verification. The worker verifies the SSN by checking the applicant's Social Security card, award letter, W-2 form, or other record that contains the applicant's name and SSN. Documentation in other public assistance case records or the data exchange files may be used. The source of the documentation is entered in FACS Case Notes.

(1) When an initial document used to verify the name and SSN appears to be false or altered, the worker requests a secondary verification document.

(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) See 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 in accordance with OAC 340:10-12-1;

(B) determines the applicant ineligible for food benefits in accordance with OAC 340:50-5-68; and

(C) determines the applicant ineligible for SoonerCare (Medicaid) in accordance with OAC 317:35-5-27.

(b) When the applicant's citizenship status is in question, see (f) of this Section and OAC 340:65-3-4(5).

13.(a) To make the referral to SSA for a SSN, the worker uses Form 08AD092E, Client Contact and Information Request, giving the applicant at least ten calendar days to provide proof of applying for a SSN, and Form 08AD101E, SSN Enumeration Referral. The SSA does not assign a SSN to an alien who does not have authorization from the United States Citizenship and Immigration Services (USCIS) to work in the United States unless the alien has a valid non-work reason for needing a SSN. The SSN requirement for receiving benefits or services is a valid non-work reason. When making a

referral to SSA for a SSN, the worker indicates the alien status on Form 08AD101E.

(1) When the applicant fails to return Form 08AD101E, no further referral is necessary. Appropriate action is taken.

(2) When Form 08AD101E is returned to the HSC, it shows whether SSA accepted the SSN application.

(A) If SSA accepted the SSN application, a Social Security card is usually issued within two weeks if the person is younger than one year. It may take up to 14 weeks to issue an original Social Security card for a person who is age one or older. The worker tells the applicant to notify the worker when the Social Security card is received so the SSN may be recorded in the case record.

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

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

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

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

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

(2) If the number has not been received, a second request is made to have the SSN returned within ten 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.
14. See OAC 340:10-3-57(g) for TANF benefit reduction as a result of program violation.
- 15.(a) There is no SSN requirement for a newborn child deemed eligible for SoonerCare (Medicaid). See OAC 317:35-6-60.
- (b) For food benefits, when it is determined that failure to provide or apply for a SSN is due to non-cooperation, refer to OAC 340:50-5-68.
16. It is the worker's responsibility to advise the applicant that only the household members applying for benefits must declare whether they are residing in the U.S. lawfully. If the applicant does not wish to state whether other persons living in the household are in the U.S. lawfully, he or she is not required to do so in order to receive benefits for the household members applying for benefits. The worker must still determine whether the income and resources of the excluded household members must be considered using specific program policy. 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 OAC 317:35-7-37 for SoonerCare (Medicaid) Programs for pregnant women and families with children;
 - (6) OAC 317:35-7-36 for SoonerCare (Medicaid) Programs for persons categorically related to the aged, blind, or disabled; and
 - (7) OAC 340:10-3-56 for TANF.

- 17. 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. 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.**
- 18. Only the identity of the applicant must be verified prior to the issue of expedited services per OAC 340:50-11-5. All reasonable efforts are made to verify other eligibility factors prior to issuance of benefits if they can be made during the expedited services time frame.**
- 19. See (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.**
- 20. (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. See (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.**
- (d) If at review the "verified SSN" field in the Household tab of FACS does not show a Y or "SSA computer matched" for one or more household members aged 14 or older, those persons must sign Form 08MP005E, Citizenship Affidavit, or provide other proof of lawful status or benefits for those persons must be closed.**
- 21. 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 6-1-09

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 application process may consist of an interview, either face-to-face or by telephone depending on the program, by the worker during which the applicant provides information regarding his or her situation, or a paper application form. 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:

(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, and SoonerCare (Medicaid), the date the applicant or a person acting on the applicant's behalf signs the application form. If the application is initiated outside of OKDHS, the application date is the date the application form is stamped into the human services center (HSC).

(i) If an oral request is received prior to the date of signature on the application, the date of the oral request is entered in red above the signature date. The date of the oral request is the date of application. ■ 1

(ii) When the applicant accepts an appointment to return at a later date to complete and sign the application form, the application date is the date of the original request and is handled the same as an oral request. ■ 2

(iii) The oral request date 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. The applicant's contact with OKDHS is documented in the record or as information and referral only if a record does not exist.

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

(iv) Receipt of Form 08MA005E, Notification of Needed Medical Services, preserves the date of application for medical benefits.

"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.

(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 can be any responsible adult living in the home. If the only adult living in the home is a non-household or ineligible member in accordance with OAC 340:50-3-1, 340:50-5-5, and 340:50-5-8.1, that person is shown as the payee on the case.

(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 State Supplemental Payment (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 person with a guardian. ■ 3

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

INSTRUCTIONS TO STAFF 340:65-3-2

Revised 7-1-07

- 1. The worker documents the date of the oral request using Case Notes in the Family Assistance/Client Services (FACS) system.**
- 2. Exception: See OAC 340:50-11-22 for food benefit application date procedures.**
- 3. 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."**

340:65-3-4. Investigation of eligibility conditions and services planningRevised 6-1-09

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 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) 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 on the household;

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

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

(v) protective services are needed; or

(vi) the worker deems it necessary.

(2) **Collateral sources.** The client's signature on the application for assistance is the necessary authorization for securing required information or verification from collateral sources. If the collateral source requires written authorization before supplying information to the Oklahoma Department of Human Services (OKDHS), Form 08AD060E, Request for Release of Information, is completed. This authorization includes the permission of the client's spouse for information regarding his or her circumstances to be given in connection with the same application and of

the client's parents when the client is a dependent child who is blind or disabled. The worker is responsible for discussing with the client any inconsistent information obtained from collateral sources related to the client's eligibility.

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

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

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

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

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

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

(ii) Buy-In Data Exchange (BIL); ■ 5

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

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

(v) New Hire Employee list (NHL); ■ 8

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

(vii) Wage Data Exchange; ■ 10

(viii) Unemployment compensation; ■ 11 and

(ix) Unearned income report (IEVS-IRS); ■ 12

(B) initiating appropriate queries; and ■ 13

(C) resolving data exchange discrepancy messages within 30 calendar days of the date the message is posted on the data exchange inquiry screen. ■ 14

(5) **Systematic Alien Verification for Entitlement (SAVE).** All applicants and recipients of the TANF, SoonerCare (Medicaid), Supplemental Nutrition Assistance Program (SNAP), and Child Care Subsidy Program benefits are required to declare their citizenship status. Persons who declare themselves or their minor child(ren) non-citizens must present documentation of their legal alien status from the United States Citizenship and Immigration Services (USCIS) or other acceptable resource. The status, as determined from the documentation, must be verified through the Alien Status Verification Index (ASVI) maintained by USCIS. ■ 15

(6) **Workers' compensation.** Family Support Services Division (FSSD) 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. ■ 16

(7) **Vital records verification.** Verification of birth records, when not otherwise available, for persons born in Oklahoma may be secured by sending a completed Form 08AD064E, Division of Vital Records, in duplicate to FSSD Benefit Integrity and Recovery Section. Form 08AD064E must be retained in OKDHS case files only and not copied for any person or agency, in accordance with the agreement between OKDHS and the Oklahoma State Department of Health. ■ 17

(8) **Food stamp disqualification (FSD).** The FSD transaction is used to determine if a client has been disqualified from SNAP due to fraud. If a client has been disqualified, the FSD screen shows the date the disqualification began and the length of the disqualification period. ■ 18

INSTRUCTIONS TO STAFF 340:65-3-4

Revised 6-1-09

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, authorization must be obtained from the county director or designee prior to the contact. If the immediate supervisor and county director or designee are not available, the worker takes care of the client's emergency need and notifies appropriate supervisory personnel of the situation immediately after returning to duty.
 - (b) The Address Confidentiality Program (ACP) is administered by the Oklahoma Secretary of State to assist victims of domestic violence. The ACP prohibits state agencies from requiring an ACP participant to provide his or her finding address. If the client has an ACP authorization card, no home visit is made. When making referrals, the worker must use the ACP substitute address shown on the ACP authorization card. For more information concerning ACP see <http://www.sos.state.ok.us/>.
3. (a) Data exchange information is obtained by matching the client name, Social Security number (SSN), Social Security claim number, and date of birth from Oklahoma Department of Human Services (OKDHS) records with other state and federal agency records. The results of the match are posted to the Information Management System (IMS) and are viewed by using various transactions. An online description of any IMS transaction is viewed by entering M space and the transaction name. For example, M PY.
 - (b) PY is an index of data exchange information and case data for a particular person.

(1) To access, enter PY space and the SSN of the person being queried or enter PY space case number and person code.

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

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

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

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

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

(4) Data exchange information is viewed by:

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

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

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

(1) type of error;

(2) found date;

(3) resolved date;

(4) system code; and

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

4. Beneficiary and Earnings Data Exchange System (BENDEX). BENDEX provides verification of Social Security benefits and Medicare entitlement. To view, enter BEN space Social Security claim number.

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

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

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

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

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

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

(ii) drop the cents, if any;

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

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

5. Buy-in data exchange (BIL). To view buy-in data for Part A and Part B Medicare, enter BIL space Medicare claim number. See additional information at the OKDHS InfoNet Family Support Services Division ([FSSD](#)) [Information Privacy and Security Medicare Buy-In](#) Web site.

6. (a) **SSI/State Data Exchange System (SDX).** The SDX file contains data for Supplemental Security Income (SSI) applicants and recipients, which is viewed by entering SDX space SSN. When using SDX to verify SSI income, the worker rounds the amount shown to the nearest dollar. For example, 1¢ to 49¢ is rounded down and 50¢ to 99¢ is rounded up.

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

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

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

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

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

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

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

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

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

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

- (A) To access this online transaction, type TPQYC, space, and case number, enter the SSN when prompted, and confirm the information entered.
- (B) If no response is received within 48 hours of the request, repeat the process.
- (C) The TPQYC transaction generates online data which is returned to the requester electronically.
- (i) Information verified with this procedure is generally the most current since Social Security records can be updated at various times during any given month. Therefore, data on TPQYC responses may or may not agree with data appearing on the SDX or BENDEX file for the same person.
- (ii) To view the returned data, enter TPQYI space SSN or use the TPQ transaction code while on the PY screen. A detailed explanation of this procedure 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.
14. Data exchange information is routinely compared with OKDHS records. When discrepant information is detected, an automated system of notification posts discrepancy messages to IMS. These messages are accessible by using transactions G1DX, G3, and PY. All discrepancy messages must be cleared using the DXD transaction within 30 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 when the information has been documented and appropriate action taken. The user accesses this screen by entering DXD space case number. When the screen appears, the user is prompted to enter his or her SSN, system type, and a reason code representing whether the error caused a reduction, increase, or no change in benefits. After pressing the enter key, confirmation is requested. If Y is selected, the transaction clears the error from G1DX and G3 and posts a resolution date on the DXL screen.

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

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

(A) I-551;

(B) I-151;

(C) AR-3A;

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

(E) I-689;

(F) I-766;

(G) I-327;

(H) I-571;

- (I) I-181a, less than one year old; or
 - (J) I-94, endorsed, in a foreign passport, less than one year old.
- (2) Additional verification is initiated on the same Web site as the Initial Verification or, manually, by submitting United States Citizenship and Immigration Services (USCIS) Form G-845, Documentation Verification Request. The Web site method is preferred since a response will be returned in three federal business days as opposed to receiving a paper response on Form G-845 within ten business days. Benefits of persons who are otherwise eligible are not delayed, terminated, or reduced due to the non-receipt of a response from USCIS. Additional verification rather than initial is initiated immediately when:
- (A) documents that appear counterfeit or altered are presented;
 - (B) there is no A-number on any document;
 - (C) an A-number in the A60000000 or A80000000 series appears on any document;
 - (D) any USCIS fee receipt other than I-689 is presented; or
 - (E) Form I-181a or I-94 in a foreign passport has the endorsement "Temporary Evidence of Lawful Admission for Permanent Residence" processed more than one year ago.
- (b) USCIS is responsible for determining immigration status. FSSD reports to USCIS the names and addresses of applicants and/or recipients who are determined to be residing in the U.S. unlawfully. The worker reports to FSSD the names and addresses of applicants and/or recipients who:
- (1) admit illegal aliens are present in the household and present USCIS information that appears to be forged; or
 - (2) present a formal order of deportation or removal.

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

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

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

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

(2) When fraud has been determined for the 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 OAC 340:65-9-4 for TANF Program rules.

340:65-3-5. Certification processRevised 6-1-09

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. If near real-time (NRT) benefit processing time frames are used, application processing must be completed within two working days of the date required verification is provided.

(A) When it is not possible to process the application timely, the applicant is notified in writing of the specific reasons for the delay. 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 days;

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

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

(iv) Supplemental Nutrition Assistance Program (SNAP) - 30 days;

(v) SoonerCare (Medicaid) benefits for:

(I) women categorically related to pregnancy related services and persons categorically related to Aid to Families with Dependent Children (AFDC) - 20 days;

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

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

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

(V) Optional Tuberculosis (TB) Coverage group - 45 days;

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

(VII) women categorically related to the Breast and Cervical Cancer Treatment Program – 30 days; and

(VIII) adults categorically related to the Family Planning Waiver Program – 20 days;

(vi) Diversion Assistance - 7 working days;

(vii) TANF Emergency Assistance - 5 working days;

(viii) Low Income Home Energy Assistance Program (LIHEAP) - 30 days;

(ix) Refugee Medical Assistance - 30 days; and

(x) Child Care benefits - 2 working days from the date required verification is provided.

(B) An application is not denied when it cannot be processed timely due to: ■ 1

(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. ■ 2
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 Oklahoma Department of Human Services (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.

■ 3

(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 in accordance with OAC 340:65-5-6. Certification is made effective from the date of application. Proration also applies when a person is added to an existing case. ■ 4 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.

■ 5

(B) The formula used for 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 6-1-09

1. **Case Notes in the Family Assistance/Client Services (FACS) system must clearly show what circumstances brought about the delay. For specific food benefit procedures see OAC 340:50.**
2. **Refer to OAC 340:65-3-5(4) for proration of benefits.**
3. **Refer to OAC 340:2-5 for fair hearing procedures.**
4. (a) **Food benefits for the person are added according to OAC 340:50-9-5(d).**

(b) **Oklahoma Department of Human Services (OKDHS) Appendix B, Prorated TANF and Food Benefit Payment, can be used to calculate the prorated benefit. The appendix is located under Forms on the OKDHS Infonet.**

(c) **See OAC 340:10-2-2 when the client's Temporary Assistance for Needy Families (TANF) benefit is being reopened after a sanction.**
5. **See 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 6-1-09

(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 print 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 was returned as undeliverable. ■ 5

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

(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. The contractor's staff mails or faxes a direct deposit form to the client to complete and return before benefits can be issued by direct deposit. The client can also obtain a direct deposit form by going to the www.eppicard.com Web site and printing it off.

(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.

(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. ■ 7

(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 6-1-09

- 1. (a) When the person receiving State Supplemental Payment (SSP) benefits is under age 18 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 Family Assistance/Client Services (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 can 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 \$4 for the card replacement.

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. 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.

340:65-3-6.1. Electronic Benefits Transfer

Revised 6-1-08

Food and child care benefits are delivered by a statewide Electronic Benefits Transfer (EBT) system. ■ 1

INSTRUCTIONS TO STAFF 340:65-3-6.1Revised 6-1-09**1. (a) Electronic benefits transfer (EBT).**

(1) EBT provides an electronic method to deliver benefits to clients eligible for food and child care benefits. The EBT system credits benefits to the client's food benefit account. It is also a time and attendance tracking and provider payment system for clients receiving child care benefits. EBT provides access to these benefits through the use of a debit card called Access Oklahoma and a personal identification number (PIN).

(2) The county director or designee orders Access Oklahoma cards by calling Affiliated Computer Services (ACS) at 405-947-2743 or 405-947-2700. Cards are sent Federal Express two-day delivery. In emergencies the cards are sent by overnight mail.

(3) All cards must be kept in a secure location. The designated EBT specialist completes Form 10EB001E, Daily Card Count, and Form 10EB002E, Daily Card Issuance Report, each day. These forms are kept for audit and review purposes for a period of three years.

(b) Training. EBT training is provided to clients and designated authorized representatives through the use of videos. The videos are available in English, Spanish, open-caption English, and visually-impaired English. Video tapes are requested from the Finance Division Electronic Payment Systems (EPS) Unit.

(1) Effective training is the best defense against repeated card replacements. County directors are encouraged to monitor EBT training to determine its effectiveness.

(2) Finance Division EPS staff are available to visit human services centers

(HSC) to assist in training new EBT specialists in the use of the Administrative Terminal (AT) system. HSC training of clients may be conducted by any staff member familiar with EBT.

(A) If a client has a particular problem with using his or her EBT card appropriately, the client may be asked to view the video again. See OAC 340:40-10-3 when a client receiving child care benefits misuses an EBT card.

(B) An authorized representative may be designated by the client in writing for the food or child care benefits on the application or review form or by signing a statement to this effect.

(C) To review or enter information concerning an additional card holder, refer to the EBTU transaction by viewing M space EBTU. An authorized representative or additional card holder attends training and is issued his or her own card.

(c) Access Oklahoma card. The EBT specialist issues an Access Oklahoma card to the person whose name appears on the card after the EBT specialist verifies the identity of that person. Government-issued identification with a photograph is best but not required as any method used to identify a person for program purposes is acceptable. The person selects his or her own PIN when an initial or replacement card is issued.

(1) The EBT specialist issues an initial EBT card for food or child care benefits after these benefits are placed in application status and the client views the EBT video.

(2) The EBT specialist issues an initial EBT card for an authorized representative after the worker completes the EBTU transaction and the authorized representative views the EBT video.

(3) Since providers are not paid until the worker approves the application for child care benefits, authorizations must be completed in a timely manner. Child care providers have the right to decline serving children receiving Oklahoma Department of Human Services (OKDHS) child care benefits until an approval is received.

(4) The person whose name appears on the EBT card must be the person who requests a replacement card. OKDHS staff must issue a replacement

card within two business days of the client's request. The two business day time frame starts after the client requests card cancellation and asks HSC staff to issue another card. Replacement cards may take up to one hour before they are activated.

(A) When the EBT card is lost, stolen, or destroyed, the client must go to the local HSC to obtain a replacement card. The EBT specialist only gives the replacement card to the person whose name appears on the EBT card.

(B) When the EBT card is stolen, it is recommended that the client calls ACS Customer Call Center at 1-888-328-6551 to cancel the EBT card before going to the HSC to request a replacement card. When the client goes to the HSC first, the EBT specialist cancels the EBT card through the AT before issuing a new EBT card. When the client calls ACS first, in addition to cancelling the EBT card, ACS staff records:

(i) the reason and circumstances for the request for cancellation and the exact date and time the call is received. This provides a tracking mechanism for any disputes which could arise if the client claims that benefits were taken from the account after the card was reported stolen; and

(ii) what information the client provided to identify himself or herself. The client is frequently asked about the last place he or she used the card, the amount of the purchase, and where he or she usually shops. This further documents the report and assists law enforcement officials in efforts to determine if EBT card trafficking is involved.

(C) For child care benefits, the EBT specialist cancels and replaces the EBT card for the client or authorized representative. If the authorized representative has been deactivated on EBTU, the client must designate an authorized representative in writing again before the EBT specialist issues a replacement card.

(D) The county director may require a client receiving food benefits, except a client who returns an unusable card, to view the training video again before the EBT specialist issues a replacement card.

(i) Cards that are demagnetized or in an unusable condition are

replaced the day the cards are returned to the HSC.

(ii) Cards reported as demagnetized or unusable that are not returned to the HSC are replaced within two business days.

(E) When the client requests a replacement card but leaves prior to receiving the printed card and does not return before the end of the business day, the EBT specialist destroys and logs the card that same day on Form 10EB002E. A new card is issued when the client returns to the HSC.

(d) Food benefit issuance. Regular roll food benefits are issued on the 1st day of the month.

(1) OKDHS sends emergency food benefits to ACS on-line when the case is certified.

(2) OKDHS sends regular roll benefits to ACS after deadline each month.

(3) Benefits for cases certified during the 1-1 period between deadline and the first of the following month are sent the night of certification for the month of certification. Benefits for the next month are not sent until the night of the first working day of the month.

(4) When benefits are sent to ACS, the status block on the BN screen changes from T to Z. Refer to the BN transaction by entering M space BN. When benefits are posted by ACS, the status block changes to P.

(e) Payee change. When the payee changes on a case, the worker determines whether to give the new payee access to the current account balance before the change is made.

(1) When the new payee needs access to the balance in the food benefit account, he or she must be shown as the authorized representative first on the Family Assistance/Client Services (FACS) system and then on the EBTU screen.

(2) A card must be issued to the authorized representative. FACS is then updated to show the new payee.

(3) Once the old benefits are depleted, the new payee is removed as the authorized representative and another card is issued.

(4) As soon as an authorized representative is removed from FACS, his or her card is deactivated automatically.

(5) A payee removed from a case is able to access past benefits in the EBT account that have not been used as long as his or her card is active.

(f) Food benefits not used within the last 90 calendar days. Food benefits which have not been used within the last 90 calendar days are considered stale benefits. The client may have access to these benefits for 365 days from the issuance date of the benefits.

(g) Expunged benefits. OKDHS expunges food benefits that have not been accessed by the household within 365 days. Expunged benefits may be reloaded if requested within 365 days of the date of issuance. Request for reloading is made by contacting the FSSD Supplemental Nutrition Assistance Program (SNAP) Section.

(1) If an account needs to be reactivated, the local HSC EBT specialist must contact the Finance Division EPS Unit.

(2) The worker updates FACS Case Notes to explain why benefits were not used when originally issued.

(h) Out-of-state moves. The Access Oklahoma card may be used to access food benefits in most states. Most major retailers accept the Access Oklahoma card.

(1) If a client notifies the worker he or she is moving or has moved to another state, the worker informs the client to use the Access Oklahoma card in Oklahoma before leaving the state or contact the state agency where he or she has moved to locate a retailer that will accept the Access Oklahoma card.

(2) The worker may contact the Finance Division EPS Unit to assist the household in locating a retailer that accepts the Access Oklahoma card.

(i) Separation of duties. Federal regulations require a separation of duties between persons who certify benefits, issue EBT cards, and have access to the EBT AT. This protects employees from any appearance of inappropriate conduct in benefit issuance.

(1) If the HSC does not have sufficient staff to maintain a separation of duties for these tasks, the Finance Division EPS Unit may provide Off-Site EBT specialists (OSS) to assist in card issuance.

(2) To implement this process, the county director must contact the Finance Division EPS Unit director to make the request.

(3) The county director is notified of the approval decision. A description of responsibilities and instructions for the EBT specialists and OSS is provided along with the name and phone number of the OSS assigned. EBT specialists:

(A) continue to train clients, authorized representatives, and additional card holders;

(B) operate the EBT AT with inquiry only access;

(C) maintain card inventory records;

(D) operate the embosser; and

(E) assist in PIN selection.

(j) Timely reporting of changes. The worker must explain to clients the necessity of reporting timely changes of address and shelter expense so the correct amount of benefits are issued. In addition to updating computer fields when a change of address or shelter expense is reported, the worker must also update the FACS Case Notes to record reported changes to ensure the provision of services to clients and case accuracy.

340:65-3-8. Determination of continuing eligibilityRevised 6-1-09

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

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

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

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

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

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

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

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

(A) TANF recipient due to:

(i) pending required immunizations;

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

(iii) hardship extension approvals;

(iv) earned income;

(v) a work-eligible person exempt from TANF Work activities because of incapacity; or ■ 5

(vi) a work-eligible person exempt from TANF Work activities to care for a disabled family member living in the household; ■ 5

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

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

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

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

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

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

(D) child care recipient unless an earlier review date is warranted per OAC 340:40-9-1;

(E) food benefit household who is subject to semi-annual benefit reporting per OAC 340:50-9-5(i). The food benefit household must complete a recertification using Forms 08MP001E, 08MP002E, and 08MP003E;

(F) food benefit recipients subject to annual benefit reporting must complete Form 08MP004E in the 11th month of certification; ■ 6 or

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

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

(e) **Interview requirements.** Whether an interview is required for a review or recertification varies depending on the program. ■ 7

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

(A) TANF Program; or

(B) SSI-DCP service plan review.

(2) A telephone or face-to-face interview is required for the Child Care Subsidy Program review and the Supplemental Nutrition Assistance Program (SNAP) recertification.

(3) An interview is not required for any of the SoonerCare (Medicaid) programs as long as the review form is complete, including the signature, all required verification provided, and none of the information is questionable. When information is not complete or is questionable, the worker contacts the recipient to obtain needed information. ■ 8

INSTRUCTIONS TO STAFF 340:65-3-8

Revised 6-1-09

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

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

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

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

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

(A) When Form 08MP004E is returned with complete information and all verification for Child Care and/or SoonerCare (Medicaid), the worker processes all changes and updates the review date field in the Child Care and/or Medical General tabs.

(B) When Form 08MP004E is returned with complete information and all verification for food benefits, the worker updates the benefit report action field with C and enters the date the action is taken in the SNAP tab.

(C) If the information is incomplete or lacking all required verification for food benefits, the worker updates the benefit report action field with an I indicating an incomplete form and enters the date action is taken in the SNAP tab. If the information is incomplete or lacking all required verification for Child Care and/or SoonerCare (Medicaid), the worker records what is still needed in FACS Case Notes.

(D) If Form 08MP004E is not returned to the local HSC, the benefit report action field remains blank for food benefits and the review date is not updated in the Child Care and/or Medical General tabs.

(i) When the benefit report action field remains blank or shows an I at negative action deadline, the food benefit automatically closes the next effective date with reason code 36S.

(ii) When the review date is not updated for child care and/or the Medical General tab, the child care and/or SoonerCare (Medicaid) benefit automatically closes the next effective date with reason code 36S.

(iii) If Form 08MP004E is incomplete for one benefit but complete for others, only the benefit with incomplete information is closed.

(E) For SoonerCare (Medicaid) or Child Care annual reporters, the worker may reopen closed benefits when the completed Form 08MP004E and/or required verifications are received between negative action deadline and the last day of the 13th month.

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

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

(F) For food benefit reporters, the worker may reopen closed benefits when the completed Form 08MP004E and/or required verifications are received between and including negative action deadline and the last day of the 6th month for semi-annual food benefit reporters or the last day of the 12th month for annual food benefit reporters.

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

(ii) In the event the completed Form 08MP004E and/or required verifications are received in the 7th month or later for food benefit semi-annual reporters or the 13th month for annual food benefit

reporters, the recipient or household must re-apply. If the worker fails to take action in a timely manner and benefits subsequently close, normal reopening processes, using reason code 18A, are used.

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

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

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

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

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

(b) For SoonerCare (Medicaid) rules see:

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

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

(A) State Supplemental Payment (SSP);

(B) Qualified Medicare Beneficiary (QMB);

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

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

(E) Qualified Medicare Beneficiary Plus (QMBP);

- (3) OAC 317:35-15-7 and OAC 317:35-15-9 for Personal Care;**
 - (4) OAC 317:35-17-12 and OAC 317:35-17-15 for Advantage Waiver; and**
 - (5) OAC 317:35-19-22 and OAC 317:35-19-23 for nursing facility services.**
- (c) For child care benefit rules see OAC 340:40-9-1;**
- (d) TANF reviews are completed at 12 month intervals unless an earlier review date is warranted. During the interview the recipient and worker discuss the recipient's current situation and determine what additional facts are needed to determine continued eligibility. In the course of this discussion, agreement is reached as to what additional information must be secured, if any, and whether the recipient or the worker obtains this additional information. For eligibility rules for TANF benefits see OAC 340:10.**
- (1) If the recipient or recipient's spouse who lives in the home, or the recipient's parents when applicable, refuse to give permission for gathering additional information or substantiation of information when necessary, continued eligibility cannot be established constituting a request for discontinuance of assistance.**
 - (2) If the recipient, or recipient's spouse who lives in the home, or the recipient's parents, when applicable, refuse to sign Form 08AD060E, Request for Release of Information, continued eligibility cannot be established constituting a request for discontinuance of assistance.**
 - (3) Whenever assistance is discontinued because of refusal to give permission or refusal to sign Form 08AD060E, the situation must be documented in FACS under Case Notes.**
 - (4) The worker updates FACS to show the date the review is completed and any other action being processed. If advance notice of proposed action is necessary, see OAC 340:65-5-1.**
- 5. Refer to OAC 340:10-2-1 for information regarding work eligible persons.**
- 6. The recertification forms include Form 08MP001E, Request for Benefits, Form 08MP002E, Eligibility Information for Benefits, and Form 08MP003E, Responsibilities and Signature for Benefits.**

7. When an interview is required, the worker reviews the variable conditions of eligibility with the recipient. If an interview is not required, the worker evaluates the information contained on the review form and the data exchange screens to determine if changes are needed. If information is questionable, the worker may determine that an interview is needed. Refer to OAC 340:65-3-4 for home visit requirements and information about data exchange screens.
8. (a) When the worker must contact the recipient to determine continued eligibility, the contact can be in person or over the telephone. The worker documents all factors of eligibility and any contact with the recipient in FACS Case Notes.
- (b) When the recipient receives some benefits that require an interview and some that do not, an interview must be completed for the benefits that require an interview before the review is completed. The worker may complete the review for benefits that do not require an interview before the interview is completed.

SUBCHAPTER 5. PROCEDURES RELATING TO CASE CHANGES**PART 1. GENERAL PROVISIONS**

Section

- 340:65-5-1. Case changes
- 340:65-5-2. Change of cash benefits
- 340:65-5-3. Suspension of benefits
- 340:65-5-4. Resolution of suspensions
- 340:65-5-5. Termination of benefit
- 340:65-5-6. Reconsideration of administrative action

PART 3. PROCEDURES FOR HANDLING WARRANTS IN SPECIAL CIRCUMSTANCES

- 340:65-5-15. Non-receipt of benefits issued by warrant
- 340:65-5-16. Warrant issued after recipient's death
- 340:65-5-17. Warrant cashed in error
- 340:65-5-18. Warrant returned as undeliverable
- 340:65-5-19. Warrants canceled by statute of limitation
- 340:65-5-20. Payment to estate of deceased recipient
- 340:65-5-21. Payment for Temporary Assistance for Needy Families when the payee is no longer available to endorse the warrant **[REVOKED]**

PART 5. OVERPAYMENTS [REVOKED]

- 340:65-5-35. Definition **[REVOKED]**
- 340:65-5-36. Inadvertent client error **[REVOKED]**
- 340:65-5-37. Willful misrepresentation **[REVOKED]**
- 340:65-5-38. Fraud **[REVOKED]**
- 340:65-5-39. Agency error**[REVOKED]**
- 340:65-5-40. Department's responsibility for diligence **[REVOKED]**
- 340:65-5-41. Client reporting responsibilities **[REVOKED]**
- 340:65-5-42. Overpayment recovery **[REVOKED]**
- 340:65-5-43. Overpayments referred to the Office of Inspector General (OIG) **[REVOKED]**
- 340:65-5-44. Special procedures for overpayments classified as willful misrepresentation**[REVOKED]**

PART 7. GUARDIANSHIPS, CONSERVATORSHIPS, AND SUBSTITUTE PAYEES

- 340:65-5-60. Circumstances under which a guardian or conservator may be needed
- 340:65-5-61. Responsibilities of guardians or conservators
- 340:65-5-62. Change in name
- 340:65-5-63. Natural guardianships
- 340:65-5-64. Legal guardianships
- 340:65-5-65. Conservatorships
- 340:65-5-66. Substitute payee for the TANF Program

PART 9. PROTECTIVE PAYMENTS IN TANF [REVOKED]

- 340:65-5-80. Purpose and conditions **[REVOKED]**
- 340:65-5-81. Money mismanagement **[REVOKED]**
- 340:65-5-82. Refusal to participate in employment and training **[REVOKED]**
- 340:65-5-83. Refusal to assign support rights to the Department **[REVOKED]**
- 340:65-5-84. Failure to cooperate in obtaining child support **[REVOKED]**
- 340:65-5-85. Selection and responsibilities of the protective payee **[REVOKED]**
- 340:65-5-86. AFDC payment in the name of the payee **[REVOKED]**
- 340:65-5-87. Right to a fair hearing **[REVOKED]**

340:65-5-2. Change of cash benefitsRevised 6-1-09

When a change occurs in the recipient's situation that increases or decreases the cash benefit, the worker makes the change for the next possible effective date shown on Oklahoma Department of Human Services (OKDHS) Appendix B-2, Deadlines for Case Actions. ■ 1

(1) When the change increases the cash benefit, the worker determines whether a supplemental benefit is due. If one is due, the worker issues the supplement within ten calendar days of the date the change was reported.

(2) When the change decreases the cash benefit, the worker evaluates whether prior benefits have been properly issued. When benefits were issued in error, the worker completes an overpayment in accordance with rules at OAC 340:65-9.

INSTRUCTIONS TO STAFF 340:65-5-2Revised 6-1-09

1. (a) The worker uses rules at OAC 340:50-9 for changes affecting food benefits and rules at OAC 340:40-9 for changes affecting child care benefits.

(b) See OAC 340:65-5-6 for information regarding corrective action.

(c) The worker discusses with the recipient why benefits are changing and the basis for the decision. The worker documents in the Family Assistance/Client Services (FACS) system Case Notes:

(1) what change was reported;

(2) how the change affects the client's benefits;

(3) what was discussed with the client regarding the change;

(4) whether the client is due a supplemental benefit and if so, how much and for which months;

(5) whether the client was overpaid and if so, how much and for which months; and

(6) the date the worker takes action.

340:65-5-3. Suspension of benefitsRevised 6-1-09

Temporary Assistance for Needy Families (TANF), 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; or
- (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.

INSTRUCTIONS TO STAFF 340:65-5-3Revised 6-1-09

1. **(a)** Food and child care 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.