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POLICY TRANSMITTAL NO. 06-20	DATE: JUNE 30, 2006
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF PLANNING, POLICY & RESEARCH

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TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:65-3-1; 65-3-2; and 65-5-1.

EXPLANATION: 340:65-3-1 is revised to require a verifiable Social Security number (SSN) for persons required to provide a SSN. Instructions to Staff are revised to include directions for verifying the SSN when the client's statement is questionable.

340:65-3-2 and 340:65-5-1 are revised to clarify existing rules.

Original signed on 6-7-06

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Mary Stalnaker, Director  
Family Support Services Division

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WF # 05-25 (DT)

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## **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 a “DHS” number, such as personnel policy at DHS:2-1 and personnel rules at OAC 340:2-1. The “340” is the Title number that designates DHS 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, DHS 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, DHS: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) 521-3611.

### **REMOVE**

340:65-3-1

340:65-3-2

340:65-5-1

### **INSERT**

340:65-3-1, pages 1-9, revised 7-1-06

340:65-3-2, pages 1-2, revised 7-1-06

340:65-5-1, pages 1-7, revised 7-1-06

**340:65-3-1. Determination of eligibility**

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

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

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

(A) food benefits;

(B) State Supplemental Payment (SSP);

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

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

(E) Medicaid benefits; or ■ 3

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

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

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

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

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

(1) advising the client during the application process:

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

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

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

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

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

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

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

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

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

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

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

(2) collecting information necessary for determining the client's initial and continuing eligibility. Information considered verified upon receipt if that information is not questionable or inconsistent with known facts, and the provider of the information is the primary source of the information, is the:

(A) client's statement concerning:

(i) residency;

(ii) relationship;

(iii) age;

- (iv) living in the home of a relative payee;
  - (v) minor parent living in the home of a relative;
  - (vi) Social Security number (SSN);
  - (vii) citizenship;
  - (viii) non-liquid resources;
  - (ix) household members;
  - (x) school attendance; and
  - (xi) third party insurance;
- (B) unearned income information obtained through:
- (i) Beneficiary and Earnings Data Exchange System (BENDEX), from the Social Security Administration (SSA);
  - (ii) Supplemental Security Income (SSI)/State Data Exchange System (SDX), from SSA;
  - (iii) Unemployment Insurance Benefits (UIB), from the Oklahoma Employment Security Commission (OESC);
  - (iv) workers' compensation documents from Workers' Compensation Court; and
  - (v) alien status information obtained through Systematic Alien Verification for Entitlements (SAVE), from the United States Citizenship and Immigration Services (USCIS);
- (3) contacting other persons who may be able to help in establishing eligibility if the client is unable to participate in the eligibility determination because of physical or mental disability, inability to speak English, or other difficulties;
- (4) recognizing expressed or implied needs;
- (5) determining whether there is a need for crisis intervention;

- (6) making appropriate referrals;
- (7) ensuring all of the client's social services needs are addressed and met; and
- (8) denying the application if sufficient facts are available to substantiate ineligibility. ■ 8

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

- (1) The worker accepts the client's statement to document the SSN unless the information is inconsistent or there are other facts or observations which cause the worker to question the statement. ■ 11

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

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

- (2) An application for assistance is denied or the person's needs are not included for benefits if the person fails or refuses to furnish or to apply for a SSN.

(A) For TANF purposes, the person's needs are included; however, a 25% payment standard reduction penalty is imposed until an application for or a SSN is provided. ■ 13

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

**INSTRUCTIONS TO STAFF**

1. (a) Except for children in the Oklahoma Department of Human Services (OKDHS) or tribal custody whose cases remain in the county of jurisdiction, clients may apply for and/or receive services in a human services center of their choice.  
  
(b) The extent to which eligibility is determined during the application process varies according to the capabilities of the applicant and the amount of verification that must be supplied.  
  
(c) If the applicant does not have the kinds and sources of information that are acceptable as a basis for establishing eligibility, the worker discusses with the applicant where information may be obtained and an agreement is reached regarding responsibility for further action.
2. (a) An original signature is required on an initial application. A signature submitted through e-mail or a fax machine is not acceptable as an original signature.  
  
(b) An original signature is not required on:
  - (1) Form FSS-1, Comprehensive Application and Review, to register an application. If an applicant later fails to provide an original signature, the worker denies the application;
  - (2) Form PS-1, Request for Services, to register an application. If the applicant fails to complete an application form and provide an original signature, the worker denies the application; or
  - (3) Form MS-MA-5, Notification of Needed Medical Services, to register a Medicaid application. If an applicant fails to complete an application form and provide an original signature, the worker denies the application.
3. Form FSS-1 or Form SC-1, SoonerCare Health Benefits Application, may be used as a Medicaid application for children, pregnant women, and adults with minor children.
4. In rare situations, a client's name may not match with records used to establish Medicare buy-in and/or data exchange.

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

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

5. The worker is also responsible for:

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

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

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

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

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

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

9. The worker informs the person that the Social Security number (SSN) of each person whose needs are included for benefits is used for matching with data from the Social Security Administration (SSA) on benefits and wages,

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

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

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

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

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

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

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

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

**(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 client ineligible for Medicaid in accordance with OAC 317:35-5-27.**

**(c) When the applicant's citizenship status is in question, see OAC 340:65-3-4(5).**

12.(a) To make the referral to SSA for a SSN, the worker uses Form ADM-92, County Client Contact and Information Request, giving the client at least ten days to provide proof of applying for a SSN, and Form ADM-101, 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 ADM-101.

(1) When the client fails to return Form ADM-101, no further referral is necessary. Appropriate action is taken.

(2) When Form ADM-101 is returned to the human services center, 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 client 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 client's SSN application because the client:**

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

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

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

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

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

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

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

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

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

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



### SUBCHAPTER 3. ELIGIBILITY FOR BENEFITS

#### 340:65-3-2. Definitions

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 someone acting responsibly on his or her behalf requests a formal determination of eligibility for one or more programs.

**"Application process"** means the process by which the applicant's request is formalized. It can consist of a face-to-face interview 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 someone acting on his or her 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) and Medicaid, the date the applicant or someone acting on his or her behalf signs the application form. If the application is initiated outside of Oklahoma Department of Human Services (OKDHS), the application date is the date the application form is stamped into the human services center.

(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. ■ 1  
The date of the oral request is the date of application.

(ii) Care must be taken to protect the application date for an applicant who accepts an appointment to return at a later date to complete and sign the application form. In this instance 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. If the individual fails to sign the application within 30 calendar days, no application request is considered made. The individual's contact with OKDHS is documented in the record or as information and referral only if a record does not exist. If the individual subsequently contacts OKDHS after the 30 calendar days and completes the application process, the application date is the date the application is completed and signed.

(iv) Form MS-MA-5, Notification of Needed Medical Services, is an 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 applications for assistance are processed within two working days of receiving verification needed to determine eligibility for assistance.

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

### **INSTRUCTIONS TO STAFF**

1. The date of the oral request is documented 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.

## PART 1. GENERAL PROVISIONS

### 340:65-5-1. Case changes ■ 1 & 2

All changes, except applications and certifications, must be processed by the deadline to be effective the first day of the month following the deadline. ■ 3 A computer-generated notice is sent to advise the recipient of any increase or decrease in benefits. Advance notice of adverse action may be required.

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

(A) If advance notice is required, action must be taken by the date shown on Schedule I, of Oklahoma Department of Human Services (OKDHS) Appendix B2, Deadlines for Case Actions, to be effective on the first day of the following month.

(B) The recipient has ten calendar days following the issuance of the advance notice to present information to show that the action is incorrect.

(C) If the recipient requests a fair hearing during the ten-day period, he or she can request continuation or reinstatement of benefits at the same level during the period of the fair hearing. The worker is responsible for explaining to the client that if benefits are continued and the appeal is not decided in the client's favor, he or she will be expected to repay the benefits. If the Appeals Committee denies the appeal, benefits are continued through the end of the month in which the final decision on the fair hearing is reached. The human services center is responsible for taking the action needed to carry out the decision of the Appeals Committee. The Appeals Committee sends a letter of decision to the client. ■ 4

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

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

- (A) death of a recipient or Temporary Assistance for Needy Families (TANF) payee when there is not a relative available to serve as a new payee;
- (B) transfer from one category of assistance to another without a resulting decrease or interruption in assistance payments;
- (C) benefit reduction because the spouse included in the TANF benefit is being removed and certified for a State Supplemental Payment for the aged, blind, or disabled without a resulting decrease in assistance to the family or interruption in assistance;
- (D) approval of care in a skilled nursing facility or intermediate care facility;
- (E) certification of assistance in another state with no interruption in the assistance payment;
- (F) an automatic increase in benefits brought about by federal legislation, such as to all beneficiaries of Social Security, Railroad Retirement, or Veterans' benefits;
- (G) admission of the recipient to a public institution where his or her needs are fully supplied;
- (H) receipt of a clear written statement signed by the recipient that states he or she no longer wishes assistance or that gives information which requires termination or reduction of assistance and the recipient has indicated in writing that he or she understands this will cause a reduction or termination of his or her assistance payment;
- (I) the recipient's whereabouts being unknown and OKDHS mail directed to him or her has been returned by the post office indicating no known forwarding address. The recipient's benefit must be made available to him or her if his or her whereabouts become known during the payment period covered by the returned benefit; or
- (J) a TANF child being removed from the home as a result of a judicial determination or voluntarily placed in foster care by the legal guardian for a period in excess of 30 days.

**INSTRUCTIONS TO STAFF**

1. (a) The worker is responsible for updating the Family Assistance/Client Services (FACS) system if there is a change in the client's circumstances such as change of address, change in benefit level, change in number of people, change in name, or any other change that affects the status of the case.

(b) All actions are taken by updating FACS and recording in FACS Case Notes a brief explanation of the action taken and reason for taking the action. It is the worker's responsibility to discuss with the client each change in circumstance affecting the client. When there is a reported change or a question regarding information, the worker promptly completes a re-evaluation of the situation after securing the necessary facts. When the client reports a change that results in a change in the benefit level, the worker promptly makes the change in accordance with applicable policy and procedures. For the worker's action to be considered prompt, it must be taken within ten calendar days of the date the change was reported.

(1) Change prior to certification.

(A) Additional person. If, following the filing of the original application but prior to certification, assistance is requested for an additional person, the person is added to the application form, with documentation and eligibility verifications updated on all appropriate forms and FACS. The date the person moves into the assistance unit must be documented to ensure the correct benefit amount is authorized for the assistance unit. See OAC 340:65-3-5.

(B) Person removed. If, prior to certification, a person is removed from the group for which an application was originally made, the person's name is crossed off the original application form with a notation to show removal date and the reason for removal. The appropriate changes are entered on FACS.

(2) Change after certification.

(A) Temporary Assistance for Needy Families (TANF) additional person. When an additional person who becomes part of the TANF assistance unit after certification requests assistance, Form FSS-1, Comprehensive Application and Review, is completed.

(i) If the additional person is required to be a member of the assistance unit, in accordance with OAC 340:10-3-56, eligibility for the assistance unit must be determined beginning the date he or she became a member of the assistance unit. See OAC 340:65-3-5.

(ii) If the additional person is not required to be a member of the assistance unit, only the eligibility of the additional person must be established. If the additional person is eligible, he or she is included as a part of the assistance unit. If the case continues eligible after adding the additional person, update the appropriate changes on FACS.

(iii) The additional person who is being added to an existing case is considered an applicant and, if eligibility is established, the initial month's supplemental benefits are prorated.

(B) Needs removed. If an individual is removed from an assistance unit after certification, the individual's needs are removed the next effective date. If the reason for removal is death, the removal date is the date of death.

(C) Change in name, same person. If a change in name or spelling of name is indicated for an individual in any category, the correct name is updated on FACS. An entry is made in Case Notes showing the reason for the change of name.

(D) Change in TANF payee. If after certification a different person becomes the payee who is not currently in the TANF assistance unit, refer to (2)(A) of this Instruction.

(E) An increase in benefits is authorized as soon as the necessary facts are secured.

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

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

**(2) If the request for transfer is due to an address change or planned address change, the client must provide his or her new address before a transfer is initiated. EXCEPTION: Clients who are participating in the Address Confidentiality Program are not required to provide a residence address.**

**(b) Human services center plan. The county director is responsible for developing a plan to ensure human services center staff:**

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

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

**(A) morning; and**

**(B) afternoon;**

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

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

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

**(4) give priority to phone requests from human services center offices requesting to expedite a case transfer;**

**(5) notify the initiating human services center when a case transfer cannot be completed within two business days of receiving a transfer request;**

**(6) complete the procedures in (A) through (D) of this Instruction when transferring case(s) to another human services center. Human services center staff:**

**(A) update FACS with any changes needed, such as a change of address, or new supervisor and district numbers;**

**(B) ensure the case record is in order with material filed in the proper section or deleted as appropriate;**

**(C) prepare a brief summary of what action, if any, is currently needed on the case record; and**

**(D) mail the case record(s) and post a message in the appropriate FO transfer folder giving the mailing date and any information relevant to the transfer. If the sending office is also the office that initiates the request, the procedures for requesting and sending are combined. The sending or requesting office must not transfer the case(s) until the receiving office has posted an acceptance of the transfer in the appropriate FO transfer folder;**

**(7) complete the procedures in (A) through (B) of this Instruction when transferring cases(s) in from another human services center.**

**(A) If the receiving office is not the initiating office, the receiving office acknowledges acceptance of the case(s) and provides the supervisor number and district number within two business days of receiving a request by posting a message in the appropriate FO transfer folder.**

**(B) The receiving office acknowledges receipt of the case(s) by posting a message in the appropriate FO transfer folder; and**

**(8) delete messages in the human services center's own FO transfer folder upon completion of a transfer; and re-enter the effective date of the negative action when transferring a case that is in denied, closed, or suspended status. When a case being transferred is a case which has been deleted from the ALFX file, the case number assignment transaction, PS1-B is used.**

**(c) Cancellation of case number. When more than one number has been assigned to a client:**

**(1) if no benefits or notices have been issued, the worker denies the application using reason code other, combines the cases, and sends an electronic message to the Systems Design, Development and Support Unit, Family Support Services Division (FSSD), State Office, requesting cancellation; or**

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

- 3. OKDHS Appendix B-2, Deadlines for Case Actions, is the deadline schedule for case changes. To view the appendix online, select Forms, Multiple Programs folder, OKDHS AP-B-2 on the OKDHS InfoNet home page.**
- 4. If the appeal results in benefit termination, the worker terminates the benefit. A reason code of other is used to prevent issuing a computer-generated notice. The worker is responsible for issuing a notice manually to the client explaining the action taken.**