POLICY TRANSMITTAL NO. 07-10	DATE: MAY 25, 2007
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF LEGISLATIVE RELATIONS AND POLICY

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:65-3-4; 65-3-8; and 65-5-6.

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

OAC 340:65-3-4 is revised to: (1) clarify existing rules; (2) replace obsolete language; and (3) reflect current form numbers.

OAC 340:65-3-8 is revised to: (1) add information about when Temporary Assistance for Needy Families (TANF) reviews are due every six months; (2) change information regarding benefit reporter households; (3) replace obsolete language; and (4) reflect current form numbers.

OAC340:65-5-6 is revised to clarify existing rules and replace obsolete language.

Original signed on 4-5-07

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WF # 06-16 (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**
340:65-3-4	340:65-3-4, pages 1-11, revised 6-1-07
340:65-3-8	340;65-3-8, pages 1-5, revised 6-1-07
340:65-5-6	340:65-5-6, pages 1-3, revised 6-1-07

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

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

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

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

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

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

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

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

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

(v) protective services are needed; or

(vi) the worker deems it necessary.

(2) **Collateral sources.** The client's signature on the application for assistance is

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

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

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

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

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

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

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

(ii) Buy-In Data Exchange (BIL); ■ 5

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

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

(v) New Hire Employee list (NHL); ■ 8

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

(vii) Wage Data Exchange; ■ 10

(viii) Unemployment compensation; ■ 11 and

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

(B) initiating appropriate queries; and ■ 13

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

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

(6) **Workers' compensation.** Family Support Services Division (FSSD) reviews copies of all Workers' Compensation Court documents by matching SSNs with OKDHS records. Any court action that appears to potentially impact eligibility is forwarded to the servicing human services center (HSC) office for clearance. A copy of the document is retained in the case record. ■ 16

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

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

INSTRUCTIONS TO STAFF 340:65-3-4

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 them; and

(3) what actions the worker will take to resolve them.

(b) If the client is unwilling to help resolve the question or permit the worker to seek essential information, the worker is responsible for:

(1) discussing the information required for an eligibility determination;

(2) informing the client of the consequences for failure to cooperate; and

(3) evaluating whether facts have been presented clearly enough for sufficient understanding.

2. **The Address Confidentiality Program (ACP), which is administered by the Oklahoma Secretary of State, was implemented in January 2003 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. To access, enter PY space and the SSN of the person being queried or enter PY space case number and person code. 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. The upper portion of the PY screen lists records from the PS-2 database for the SSN queried. The middle portion of the screen lists records from the ALFX client database. The lower

portion of the screen lists types of data exchange information available for the person. The user may also enter the PY transaction code at the bottom of any data exchange screen and return to the PY screen. Data exchange information is viewed by:

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

(2) 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 DXL screen lists the type of error, found date, resolved date, system code, and a comparison between case income and income shown on the data exchange system. <u>The user may access this screen</u> by entering DXL space SSN.

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) <u>Persons</u> dually entitled to Social Security benefits under two claim numbers may receive one check, if the benefits are combined, or two separate checks. 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. 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. When using BENDEX to determine countable income for persons receiving combined benefits, subtract the gross income on the record with payment status code AD from the gross income on the record with payment status code CP. Drop the cents, if any. Drop any cents from the BENDEX record with payment status code AD. 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: http://s99web01/fssd_dataexch/MedicareBuy-In/medicare_buy-in.htm.

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, <u>the worker rounds</u> the amount shown to the nearest dollar.

(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 twelve 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: http://s99web01/fssd_dataexch/.

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. This transaction produces a screen used to enter the identifying information for the person queried. Once the information is entered, a confirmation screen appears and the enter key is pressed a second time to release the query to Baltimore. Normally, the response is returned in two to three days and displayed on the QTRI screen. 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. 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. To access this online transaction, type TPQYC, space, and case number, enter the SSN when prompted, and confirm the information entered. If no response is received within 48 hours of the request, repeat the process. The TPQYC transaction generates online data which is returned to the requester electronically. 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. To view the returned data, enter TPQYI space SSN or use the TPQ transaction code while on the PY screen. A detailed explanation of this procedure may be requested from the Family Support Services Division. When using TPQYC to verify:

(A) Social Security benefits, the gross benefit amount is shown as a rounded down whole dollar figure; or

(B) SSI income, net amounts are given. This figure is rounded to the nearest dollar. For example, 1¢ to 49¢ is rounded down and 50¢ to 99¢ is rounded up.

14. Data exchange information is routinely compared with OKDHS records. When discrepant information is detected, an automated system of notification posts discrepancy messages to IMS. These messages are accessible by using transactions G1DX, G3, and PY. All discrepancy messages must be cleared using the DXD transaction within 30 days of the error posting.

(1) G1DX displays a list of discrepancy messages <u>by human services center (HSC)</u> that is accessed by entering G1DX space <u>HSC</u> office number and location code. A more detailed list is obtained by entering G1DX space<u>, HSC</u> office number, location code, supervisor number, and district number.

(2) G3 displays an expanded message. <u>The user accesses this screen</u> 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 <u>user accesses this</u> 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://.vis-dhs.com/WebOne/ using a Web form. Online responses are returned for the initial verification inquiry and/or the

additional verification inquiry. For case documentation, the online verification number or entire verification record is printed and filed in the case record or copied and pasted into FACS Case Notes.

(1) Initial verification responses are returned in three to five seconds. Initial verification is initiated if at least one of the documents in (A) through (J) of this Instruction appears to be valid, is available, and has an A-number of A0000001 through A59999999, A70000000 through A79999999, or A90000000 through A9999999.

(A) I-551;

(B) I-151;

(C) AR-3A;

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

(E) I-689;

(F) I-766;

(G) I-327;

(H) I-571;

(I) I-181a, less than one year 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 <u>business</u> days. Benefits of persons who are otherwise eligible are not delayed, terminated, or reduced due to the non-receipt of a response from USCIS. Additional verification rather than initial is initiated immediately when:

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

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

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

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

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

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

(1) The worker does not report:

(A) applicants and/or recipients who are undocumented and appear to be residing in the U.S. unlawfully; or

(B) individuals who are not applicants or recipients who are not required to declare their citizenship status.

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

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

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

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

17. Availability of new birth records, births 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. The FSD is indicated on the PY screen so a separate transaction is not necessary if the PY transaction is used first. When fraud has been determined for the Food Stamp Program or

Temporary Assistance for Needy Families (TANF) this information is updated on the FSD screen. For program procedures refer to OAC 340:50-15-25 for Food Stamps and OAC 340:65-9-4 for TANF.

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

Eligibility determination is a continuing process which must be carried out at appropriate intervals. The appropriate interval for reviewing eligibility depends on the type(s) of benefit(s) received. ■ 1 An eligibility review may be scheduled to synchronize with other benefit reviews. ■ 2 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; and

(3) determining continuing eligibility.

(A) A periodic review of eligibility is completed at 12-month intervals for:

(i) a Temporary Assistance for Needy Families (TANF) recipient except when six-month intervals are required due to:

(I) protective payments; ■ 3

(II) pending required immunizations;

(III) payment standard reductions due to intentional program violations;

(IV) hardship extension approvals;

(V) earned income;

(VI) work-eligible individual exempt from TANF Work activities due to incapacity; or ■ 4

(VII) work-eligible individual exempt from TANF Work activities due to caring for an disabled family member living in the household; ■ 4

(ii) a State Supplemental Payment (SSP) recipient based on the review of need for Health Benefits;

(iii) a child in state or tribal custody;

(iv) child care benefits except when: ■ 5

(I) there is an expected or reported change in the days and hours child care is needed;

(II) there is an anticipated change in income; or

(III) protective or preventive child care is approved; ■ 6

(v) a non-public assistance (non-PA) food benefit household, unless the household contains an able-bodied adult without dependents who is not meeting work requirements or is not otherwise exempt, or all adult household members are elderly or disabled with no earned income. A benefit review is completed at six-month intervals by sending Form 08MP004E, Benefit Review Report, to the household in the fifth month of certification; and ■ 7

(vi) Health Benefits recipients except those who are approved for less than 12 months. A benefit review is completed at 12-month intervals by sending Form 08MP004E, to the recipient in the 11th month of certification. ■ 8

(B) A periodic review of eligibility is completed at 24-month intervals for a non-PA food benefit household with all adult members elderly or disabled with no earned income. A benefit review is completed at 12-month intervals by sending Form 08MP004E to the household in the 11th month of certification. ■ 9

INSTRUCTIONS TO STAFF 340:65-3-8

1. **For food benefit rules see OAC 340:50-9-6. For Health Benefits rules see OAC 317:35-6. For Child Care Program rules see OAC 340:40-9-1.**

2. **(a) Benefit reviews of food stamp, child care, and Health Benefits recipients who are benefit reporters are described in (1) - (2) of this Instruction.**

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

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

   (B) For annual benefit reporters, a computer-generated Form 08MP004E is sent to the recipient annually.

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

(A) For each benefit with complete information and all verification, the worker processes all changes, updates the benefit report action field in the Food Stamps, Social Services, and/or Medical Financial tabs with C, and enters the date the action is taken.

(B) If the information for any benefit is incomplete or lacking all required verification, the worker updates the benefit report action field in the eligibility notebook on FACS in the Food Stamps, Social Services, and/or Medical Financial tabs with an I indicating an incomplete form, and enters the date action is taken.

(C) If Form 08MP004E is not returned to the local HSC office, the benefit report action field remains blank. When this field remains blank or shows an I at negative action deadline, the benefit automatically closes the next effective date with reason code 36S. If Form 08MP004E is incomplete for one benefit but complete for others, only the benefit with incomplete information is closed.

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

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

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

(iii) Benefits in reporter status are displayed on CWA Report 17 for

tracking purposes the month after Form 08MP004E is sent to the client.

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

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

(b) Reviews of Temporary Assistance for Needy Families (TANF), State Supplemental Payment (SSP), and child care recipients who are not benefit reporters.

(1) During the month in which the periodic review is due, or in one of the two preceding months, the worker has at least one interview with the recipient to review the variable conditions of eligibility. The guidelines regarding requirements of periodic review vary with specific programs. Refer to OAC 340:65-3-4 for home visit requirements.

(A) For TANF, the worker completes Form 08MP001E, Comprehensive Application and Review, as a part of the review of eligibility. For child care recipients, Form 08MP001E or Form 08CC002E, Application for Child Care Services, is used. For SSP, Form 08MP001E or Form 08MP004E is used. Any additional or substantiating information secured is documented on the form. No additional information is entered after the recipient signs the review form.

(B) The client and worker determine what additional facts are needed. 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.

(i) 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.

(ii) 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.

(iii) 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.

(D) 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.

3. Refer to OAC 340:65-5-80 for information concerning protective payments in TANF.

4. Refer to OAC 340:10-2-1 for information regarding work eligible individuals.

5. Refer to OAC 340:40-9-1 for information concerning child care reviews.

6. Refer to OAC 340:40-7-8(e) for information concerning protective or preventive child care.

7. Refer to OAC 340:50-9-5(i) for information concerning semi-annual reporting households.

8. The certification period for Health Benefits recipients who are benefit reporters is shown as 12 or 98.

9. Refer to OAC 340:50-9-5(g) for information concerning annual reporting households.

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

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

(1) computer down time prevents action being taken timely;

(2) policy and procedures were not administered correctly; or

(3) new or additional information is received within 30 calendar days of the:

(A) date action was taken to deny the application; or

(B) effective date benefits were terminated. ■ 1

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

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

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

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

INSTRUCTIONS TO STAFF 340:65-5-6

1. (a) An incorrect administrative action occurs when:

(1) an application is denied or a case is closed in error;

(2) there is a failure to complete an application due to:

(A) a delay in receipt of a case record from another office;

(B) a computer input error which prevented the application from achieving active benefit status; or

(C) down time on the computer that prevented input; or

(3) a failure to take appropriate action on an active case prior to the next deadline after a change was reported or discovered.

(b) Adverse action that is not the result of an administrative error is:

(1) failure of a client to provide required verification of information within prearranged time limits causes closure or denial, and new or additional information is received within 30 calendar days from the effective date of the closure or denial. If the information establishes the client's eligibility, a closed case may be reopened or a denied application may be certified and no new application is required. After the 30-day period the client must either reapply or request a hearing according to the hearing policies and procedures;

(2) anticipating eligibility establishes the client to be ineligible, but after closure the client's situation changes, and the client remains eligible. If the client notifies the worker within 30 calendar days of the date of closure, the case is reopened after verification that the reason for ineligibility did not occur. The certification date and the redetermination date remain the same but the effective date is the date the benefits were terminated; or

(3) anticipating eligibility establishes the applicant to be ineligible, but after the denial the applicant's situation changes and the applicant is eligible. If the applicant notifies the worker within 30 calendar days of the date action is taken to deny the application, no new application is required and the case is certified after verification that the reason for the denial did not occur.

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

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

(2) F17V to issue retroactive or supplemental child vouchers. See OAC 340:10-3-56(K); or

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