TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:65-1-2; 65-1-3; 65-3-1; 65-3-2.1; 65-3-4; 65-3-7 through 65-3-8; and 65-5-1.

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

340:65-1-2 is amended to add detailed information regarding practices for safeguarding case information and raw tax data.

340:65-1-3 Instructions to staff (ITS) are amended to: (1) add and update case transfer procedures; (2) update terminology; and (2) add clarifying information.

340:65-3-1 is amended to: (1) add clarifying information regarding the applicant's right to apply in the human services center of his or her choice and how this impacts Temporary Assistance for Needy Families (TANF) Work activities; and (2) reorganize citizenship information for greater clarity. ITS are amended to: (1) update information about OKDHSLive!; (2) add clarifying information regarding applications taken outside of the county of residence; and (3) update terminology.

340:65-3-2.1 ITS are amended to clarify: (1) worker responsibility to specify the verification requested based on the household's circumstances; (2) steps taken when the household fails to provide all verification requested or new verification is needed; and (3) documentation requirements.

340:65-3-4 is amended to: (1) reorganize and add additional information regarding collateral contacts; (2) change the time frame for resolving data exchange discrepancy messages; and (3) add policy citation.

340:65-3-7 is amended to: (1) reorganize information regarding denials; and (2) provide more information about denial process and fair hearing rights.
340:65-3-8 is amended to: (1) remove incorrect information regarding signatures for SoonerCare (Medicaid) reviews; and (2) update terminology.

340:65-5-1 is amended to reorganize and update information regarding notices and fair hearing procedures. ITS are amended to: (1) remove case transfer procedures; (2) update terminology; and (3) provide clarifying information.

Original signed 4-25-12
Mary Stalnaker, Director
Family Support Services Division

Sandra Harrison, Chief Administrative Officer
Administrative Services

WF # 11-15 (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.

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340:65-1-2. Confidential nature of case material

Revised 7-1-12

(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.

(2) Safeguarding of case information. Case information must be safeguarded in accordance with OAC 340:1-1-20, OKDHS:2-41-15, OKDHS:2-45, OKDHS:115-3-2, and as provided in this subsection. The county director or delegated custodian of records is responsible for ensuring compliance with the applicable rules when the records are located in a HSC or any alternate work location. Alternate work locations as defined in OKDHS:2-1-301 must have the capacity for safeguarding case information. If an alternate work location cannot meet safeguarding standards, case information cannot be received, stored or processed at that location.

(A) Practices for safeguarding information include:

(i) secure physical storage of records in locked buildings, rooms and containers;

(ii) secure storage and care of OKDHS owned electronic equipment;

(iii) controlled or restricted access to areas containing case information;

(iv) case information:
(I) must be secured in a storage area when an employee is not present, such as in a desk or file cabinet;

(II) may not be stored on any electronic device or storage media that is not the property of OKDHS;

(III) may not be sent outside the agency via e-mail unless it is encrypted;

(v) raw tax data which includes 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):

(I) must be secured in a storage area, such as a locked desk or file cabinet;

(II) may not be viewed or stored on any electronic device that is not the property of OKDHS or the State of Oklahoma;

(III) may not be printed or maintained in a non-electronic format;

(IV) may not be sent via e-mail; and

(V) may not be transmitted via fax; and

(vi) reasonable privacy or restricted viewing of electronic data visible on computer screens or mobile devices.

(B) Information which must be safeguarded includes:

(i) names and addresses, including lists;

(ii) information contained in an application;

(iii) reports of investigations;

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

(v) 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;

(vi) evaluations of such information;

(vii) warrant registers;

(viii) 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; and

(ix) 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 situations, 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. ■ 11

(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.

(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 7-1-12

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. (a) Refer to OKDHS:115-3-2 for information about the county director's
responsibility to safeguard records and the confidentiality of client information and to be alert to possible compromises of security and conflicts of interest.

(b) OKDHS:115-3-2 also includes information about employee responsibility to complete Form 09042E, Securing and Assigning Sensitive Case Records, when they, members of their household, relatives, or other persons whose circumstances are considered sensitive in nature apply for or receive benefits or services from the same HSC where the employee works.

3. Refer to OKDHS:2-1-301 for information regarding the authority to inspect alternate work locations.

4. Refer to OKDHS:2-41-15(l) for information regarding the safeguarding of mobile equipment.

5. Controlled access includes the implementation of practices to identify staff accessing areas where case information is located. Refer to OKDHS:2-21-113 for rules concerning the display of identification badges in OKDHS facilities.

6. Information is not left on a desk, file cabinet, work area, or any other location when the employee is away from the desk or work area.

7. (a) OKDHS staff may send email communications to a client who has voluntarily provided his or her email address to OKDHS when the communication does not contain confidential information such as personal health, adult protective services (APS), child welfare (CW), alcohol or drug treatment, or mental health information.

(b) Per Health Insurance Portability and Accountability Act (HIPAA) rules at OAC 340:2, OKDHS must protect health information using data security rules for encryption per OKDHS:2-41-15 when transmitting OKDHS data over the Internet.

(c) Email communication does not take the place of written communications required by law or policy such as:

(1) providing official written notice of benefit actions taken on the client's case; or

(2) the requirement to send Form 08AD092E, Client Contact and Information Request, to advise a client of an interview time or verification
(d) Some examples of appropriate email communication include, but are not limited to, sending an email to:

1. request the client call the worker to arrange an interview time or answer questions;

2. advise the client that incomplete verification was received or additional verification is required; or

3. respond to an email received from a recognized client account.

(e) The worker retains a copy of the email communication in the case record or records the content and date of the communication in FACS Case Notes. When a response is needed within a certain time frame, the time frame is clearly stated in the email.

8. 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.

9. Raw tax data is viewed on the PS2 eligibility system through the IEV and BWG
transactions, this information should not be printed unless authorized by legal staff.

10. 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 emails FSSDSecurity@okdhs.org to determine what, if any, information may be released.

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

12. 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 records

Revised 6-1-09

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

INSTRUCTIONS TO STAFF 340:65-1-3

Revised 7-1-12

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

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

(1) Electronic information is maintained in the Family Assistance/Client Services (FACS), the PS-2 computer systems, and the OKDHSLive! database. The worker uses FACS for processing applications, reviews, and change actions, and FACS Case Notes for case documentation. The FACS system only maintains a record of the most recent information entered into each FACS tab with the exception of FACS Case Notes. When the client completes the application or review using paper forms or with the worker using FACS, the worker must print the original application and review forms and keep paper or imaged versions of them in the case record to document the client's signed statements regarding eligibility at the interview. When the client completes the application, certification renewal, or review using OKDHSLive!, the client signs the application.
certification renewal, or review electronically. The information is not printed unless a copy is requested by the client. The data is stored in the OKDHSLive! database and may be retrieved as a report when needed. When changes occur after the interview, new forms are not printed unless the client signs the form. FACS Case Notes maintains a history of all recorded notes so it is not necessary to print or image Case Notes.

(A) Case Notes are not given to 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; or

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

(i) describe how eligibility, continuing eligibility, or ineligibility was determined, what verification was used, and how income was calculated;

(ii) record all case actions taken and the reason for the action;

(iii) record information concerning a client’s participation in the Address Confidentiality Program (ACP) administered through the Office of the Attorney General.

(I) No information is recorded about the location of the client's residence.

(II) Any written communications with the client are sent to the ACP address and documented in Case Notes;

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

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

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

   (I) date of the interview;

   (II) name of person being interviewed;

   (III) location of the interview;

   (IV) purpose of the interview; and

   (V) information obtained; and

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

(2) Unless all case material concerning a specific family case has been imaged or stored in the OKDHSLive! database, all printed material is kept in a folder labeled with the case name and number.
(A) A folder is not required for filing applications or other material associated with the Disaster Supplemental Nutrition Assistance Program (DSNAP). If there is no existing case record, DSNAP material may be filed numerically in an area designated for that purpose.

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

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

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

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

(ii) Application and review section.

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

(II) The history record contains the same information as the working record for earlier time periods with a cover sheet
showing the eligibility dates the material covers. If the client has received benefits for several years, several sections titled application and review section may be found in the history record.

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

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

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

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

(vii) Overpayment section. This section contains all information pertaining to overpayments. All material relating to overpayments that have not been paid in full are retained in the working record. The material may be transferred to the history record after the total overpayment is reimbursed.
(viii) Narrative section. Narratives created prior to the implementation of FACS Case Notes are retained in this section of the working record.

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

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

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

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

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

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

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

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

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

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

(e) Transfer of case records. The county director is responsible for developing procedures to ensure the transfer of case records is handled with the least disruption for the client.

(1) The client may request a transfer of his or her case record(s) from the OKDHS office that has the client’s case record (the sending OKDHS office) or the OKDHS office to which the client is requesting transfer (the receiving OKDHS office).

   (A) The client must provide his or her new address before a transfer is initiated. Proof of the new address is not required.

   (B) Clients participating in the ACP are not required to provide a finding address. Refer to FSS Memo 10-02 regarding the ACP program.

(2) Priority must be given to case transfers when there is a pending application for benefits or staff in an OKDHS office calls to expedite a transfer request for another reason.

   (A) When the client applied for benefits in the sending OKDHS office and all information needed to process the application has been provided, the worker in the sending OKDHS office certifies or denies the benefits prior to transferring the case record. If all information has not been provided, the worker updates the appropriate FACS tabs with information provided at application, documents in case notes why the application cannot be processed, and expedites transfer of the case record.
(B) When the client applies for benefits in the receiving OKDHS office, the sending OKDHS office expedites transfer of the case record. The receiving OKDHS office does not put benefits in application status until the case record has been received. Otherwise the sending OKDHS office staff may delay sending the case record because he or she is looking for the application.

(3) Staff responsible for case transfers in the sending OKDHS office notifies the worker of record of the transfer request and the need to:

(A) complete any pending action on the case;

(B) update FACS tabs and case notes with any changes needed, such as a change of address, or new supervisor and district numbers;

(C) ensure the paper working case record is in order with material filed in the proper section or deleted as appropriate; and

(D) send to Files all imaged documents and packets in Workflow.

(4) Case records may be made up entirely of paper or imaged documents or a combination of the two.

(A) Prior to transferring a paper case record, staff ensures the working record is in order with material filed in the proper section or deleted as appropriate.

(B) Prior to transferring an imaged case record, staff sends to Files all imaged documents and packets in Workflow and places a green out card in the paper record to indicate portions of the case record have been imaged.

(C) When the entire case record has been imaged, staff in the sending OKDHS office notifies the receiving OKDHS office via email that the entire case record has been imaged. The receiving OKDHS office places a green out card in Files to indicate that the entire record is imaged. If necessary, staff in the receiving OKDHS office constructs a paper case record.

(D) When the receiving OKDHS office receives a paper case record and some of the documents are needed to complete an application, review,
or change action, the worker images those documents when appropriate. Typically, the appropriate forms and documents imaged as the "working file" include:

(i) the current application;

(ii) the most recent application or review;

(iii) all supporting documents collected for the last year; and

(iv) any documents included in the permanent section.

(5) Staff responsible for case transfers must use the appropriate FO transfer folders in Microsoft Outlook to send messages concerning case transfers and check the appropriate FO transfer folder for messages a minimum of twice daily, once each morning and afternoon. A message is sent to:

(A) 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. Staff may also phone the OKDHS office to expedite a transfer. When posting a message:

(i) show the case name, case number, and the name and number of the initiating OKDHS office as the subject. If expedited or emergency services are involved, the message is marked with a high level of importance; and

(ii) 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;

(B) notify the initiating OKDHS office when a case transfer cannot be completed within two business days of receiving a transfer request;

(C) notify the receiving OKDHS office when the entire case record has been imaged;

(D) notify the transferring OKDHS office that a case has been accepted.
If the receiving OKDHS office did not initiate the transfer request, the receiving OKDHS office acknowledges acceptance of the case and provides the supervisor number and district number within two business days of receiving a request;

(E) notify the receiving OKDHS office that the case record has been sent. The message includes the mailing date and any information relevant to the transfer; and

(ii) notify the sending OKDHS office when the case record is received.

(6) The sending OKDHS office must not transfer the case until the receiving OKDHS office has posted an acceptance of the transfer in the appropriate FO transfer folder.

(7) To transfer a case that is in denied, closed, or suspended status, staff must re-enter the effective date of the negative action. 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.

(8) After the transfer is complete, the person responsible for transfers deletes messages in the OKDHS office’s own FO transfer folder.
340:65-3-1. Determination of eligibility

Revised 7-1-12

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

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

2 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 allow others to apply for the applicant without a written designation.

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

1 The applicant may apply for benefits in the human services center (HSC) of his or her choice. This also applies when someone living in a different county applies on behalf of the applicant at the HSC in his or her own county instead of the county in which the applicant lives.

2 When the applicant applies for TANF benefits in a county in which he or she does not live, the applicant's TANF Work activities are assigned in the county which the applicant states creates the least barrier to participation.

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

1. eligible for Medicare signs the application using the name on his or her Medicare Health Insurance Benefits (HIB) card; or
2. not eligible for Medicare signs the application using the name shown on his or her Social Security card.

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

1. Prior to approval for benefits, the applicant must complete a face-to-face interview for:
   (A) SNAP. Exceptions are found at OAC 340:50-3-2; or
   (B) the TANF Program.
2. A telephone or face-to-face interview is required for the:
   (A) Child Care Subsidy Program;
   (B) SSP Program;
   (C) SoonerCare (Medicaid) long-term care programs such as Advantage Waiver, nursing home care, or personal care; or
   (D) SoonerCare (Medicaid) programs that categorically relate to the aged, blind, and disabled population such as Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Disabled and Working Individuals (QDWI), or Qualified Medicare Beneficiary Plus (QMBP).

3. An interview is not required prior to approval for the SoonerCare (Medicaid) population in Online Enrollment with the Oklahoma Health Care Authority (OHCA) or LIHEAP benefits.

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

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;  

(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  
   (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) determining whether the applicant is currently receiving benefits from another state when he or she has lived in Oklahoma less than 12 months; ■ 15

(5) recognizing expressed or implied needs which includes:
(A) determining whether there is a need for crisis intervention;

(B) addressing the applicant's social services needs; and

(C) making appropriate referrals;  ■ 16 and

(6) denying the application if sufficient facts are available to substantiate ineligibility. ■ 17

(f) Requirement for SSN. ■ 18 A verifiable SSN or application for a SSN is required for every person whose needs are included for food benefits, SSP, SSI-DCP, LIHEAP, or TANF benefits. The requirement for a verifiable SSN also applies to all persons whose needs are included for SoonerCare (Medicaid) benefits, except newborn children deemed eligible and aliens who are residing in the United States (U.S.) unlawfully. ■ 19

(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. ■ 20

(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 OKDHS validates the application(s) or indicates which persons have not provided SSA appropriate original evidence of age, identity, and citizenship. ■ 21

(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. ■ 22
(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. ■ 23

(g) Citizenship requirement. All persons applying for state or federal public benefits such as child care subsidy, food benefits, LIHEAP, SoonerCare (Medicaid), SSP, or TANF must declare the citizenship or alien status for each household member applying for such benefits on the application or review. ■ 24 When the payee requests benefits for additional household members between application and review, the payee completes and signs Form 08MP022E, Declaration of Citizenship Status, to declare the citizenship or alien status of the additional household members. ■ 25 Citizenship and alien status for persons applying for SoonerCare (Medicaid) benefits is determined using specific program requirements found at OAC 317:35-5-25.

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

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

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

(B) OAC 340:50-5-67 for food benefits; ■ 26

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

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

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

(3) The citizenship requirements at (g)(3)(A) through (C) and (g)(4) of this Section are pursuant to Section 71 of Title 56 and Section 20j of Title 74 of the Oklahoma Statutes.

(A) Lawful status in the U.S. is considered verified if each person applying for benefits has furnished a SSN or Form 08AD101E from SSA indicating that the person has completed the application to apply for a SSN. OKDHS, through an automated data exchange transaction, attempts to match SSN data exchange information with SSA. ■ 27
(B) Prior to receiving benefits, 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:

(i) sign and have notarized Form 08MP005E, Citizenship Affidavit, attesting to his or her U.S. citizenship or alien status; or

(ii) provide 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. ■ 28

(C) When the person fails or refuses to sign and have notarized Form 08MP005E or provide one of the documents described at (g)(3)B)(ii) of this Section, benefits are denied or closed for that person. ■ 29

(4) The application, review, 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.

(5) When the worker finds that a person who signed Form 08MP005E attesting to U.S. citizenship or legal alien status made a false claim:

(A) the worker sends to Family Support Services Division (FSSD) any applicable evidence and a memo that includes:

(i) the benefits the person fraudulently applied for or obtained;

(ii) the time frame benefits were received; and

(iii) how the worker knows the claim was false;

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

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

INSTRUCTIONS TO STAFF 340:65-3-1

Revised 7-1-12
1. (a) Except for children in the Oklahoma Department of Human Services (OKDHS) or tribal custody whose cases remain in the county of jurisdiction, applicants may apply for and/or receive services in a human services center (HSC) of their choice.

(b) The extent to which eligibility is determined during the application process varies according to the capabilities of the applicant and the amount of verification that must be supplied.

(c) If the applicant does not have the kinds and sources of information that are acceptable as a basis for establishing eligibility, the worker discusses with the applicant where information may be obtained and an agreement is reached regarding responsibility for further action.

2. (a) The role of the authorized representative is defined in Supplemental Nutrition Assistance Program (SNAP) rules at OAC 340:50-3-1 and in Child Care Subsidy Program rules at OAC 340:40-3-1.

(b) Due to the Temporary Assistance for Needy Family (TANF) Program requirement to assess barriers to employment and service needs of the family, the applicant must complete the application. The worker makes a home visit if it is difficult for the applicant to come to the HSC.

3. (a) For the Child Care Subsidy Program, if due to the severe incapacitation of the parent permission cannot be obtained, the other person applying must provide proof of the parent's inability to apply per OAC 340:40-3-1(a)(3)(E).

(b) For SNAP, any responsible household member may apply or designate an authorized representative. If children are living with someone else while the parent is temporarily out of the home, the responsible person they are living with applies based on his or her own eligibility.

4. (a) Methods the applicant may use to apply for SNAP and Child Care Subsidy Program include:

   (1) completing the application electronically by:

      (A) accessing www.okdhslive.org; or

      (B) getting help from OKDHS or a community partner to complete the application on www.okdhslive.org;
(2) downloading a paper application from OKDHS - Forms and Applications for Service and completing, signing, and bringing, mailing, or faxing it to OKDHS; or

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

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

(1) completing the application electronically by:

(A) using OHCA Online Enrollment;

(B) accessing www.okdhslive.org; or

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

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

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

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

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

(2) going into the local HSC to complete the application with a worker using FACS.
(d) Methods the applicant may use to apply for the Low Income Home Energy Assistance Program (LIHEAP) include:

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

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

5. (a) In the case of long term care applications, the nursing home may prefer the application be handled locally, but the needs of the applicant take precedence.

(b) Cases for children in OKDHS or tribal custody must remain in the county of jurisdiction.

6. (a) When the applicant applies for TANF in a county other than the one in which he or she lives, the worker and applicant determine together whether the applicant is best served by referring him or her to TANF Work activities in the county of residence or in the county in which he or she applied. Determining factors may include the availability of:

(1) services which best fit the applicant's skills and abilities;

(2) transportation;

(3) appropriate child care; or

(4) where the applicant's support network is located.

(b) When indicated, workers in both counties confer to develop the most appropriate TANF Work plan for the applicant.

7. (a) A signature submitted on Form 08MP001E, Request for Benefits, through email or a fax machine is acceptable to establish a request or application date for the Child Care Subsidy Program, SNAP, TANF, and SoonerCare (Medicaid). Form 08MA005E, Notification of Needed Medical Services, may also preserve the application date for those SoonerCare (Medicaid) populations not in Online Enrollment.
(b) A signature submitted through an imaged document by email or a fax machine is acceptable on an initial application for the Child Care Subsidy, SNAP, SoonerCare (Medicaid), or TANF Programs if there is an access issue for an applicant to apply for benefits in person. When an application is emailed or faxed and the applicant comes to the office for an interview, the worker obtains an original signature during the interview.

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

8. 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.

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

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

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

11. The worker is also responsible for:

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

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

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

12. 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.

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

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

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

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

(2) Child care subsidy benefits may be approved for the same month since the benefit is paid to the child care provider instead of the client.
(3) Per OAC 340:50-5-28, residents of shelters for battered women and children may be eligible for additional food benefits.

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

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

17. Refer to OAC 340:2-5 for fair hearing information and OAC 340:65-3-7 for denial information.

18. 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.

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

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

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

20. (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 the name and SSN given by the applicant appear on the document used for verification. The worker verifies the SSN by checking the applicant's Social Security card, award letter, W-2 form, or other record that contains the applicant's name and SSN. Documentation in other public assistance case records or the data exchange files may be used. The source of the documentation is entered in FACS Case Notes.
(1) When an initial document used to verify the name and SSN appears to be false or altered, the worker requests a secondary verification document.

(A) If the applicant's name and SSN are the same in both documents, the information is accepted and, if all other factors of eligibility are met, the applicant's needs may be included for benefits.

(B) Further verification may be required if a discrepancy message is received because the SSN cannot be verified through the SSN enumeration process.

(C) Refer to additional information at the OKDHS InfoNet FSSD Information Privacy and Security Enumeration Process website.

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

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

(B) provides secondary documentation that appears to be false or altered; or

(C) states he or she is using a name and/or SSN that is not his or hers.

(3) When the applicant meets any of the conditions described in paragraph (2) of this Instruction, the worker:

(A) applies a 25% program penalty to the TANF benefits per OAC 340:10-12-1;

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

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

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

21. (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 (U.S.) 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 OKDHS, it shows whether SSA accepted the SSN application.

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

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

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

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

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

(1) The worker must contact recipients listed on the CWA report to determine whether a number has been received.
(2) If the number has not been received, a second request is made to have the SSN returned within ten calendar days.

(3) If the SSN is not received in ten calendar days, the worker takes appropriate negative action.

(4) Initial referrals using Forms 08AD092E and 08AD101E are made for children who were not required to provide a SSN or proof of a SSN application at certification.

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

23. (a) There is no SSN requirement for a newborn child deemed eligible for SoonerCare (Medicaid). Refer to OAC 317:35-6-60.

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

24. It is the worker's responsibility to advise the applicant that only the household members applying for benefits must declare their citizenship or alien status. If the applicant does not wish to state whether other persons living in the household are U.S. citizens, 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 SNAP;

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

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

(5) OAC 317:35-6-36 and 317:35-7-37 for SoonerCare (Medicaid) Programs for pregnant women and families with children;
(6) OAC 317:35-7-36 for SoonerCare (Medicaid) Programs for persons categorically related to the aged, blind, or disabled; and

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

25. Form 08MP022E, Declaration of Citizenship Status, must be completed by the payee for the additional household member prior to benefits being added regardless of the person's age unless the request is made on OKDHSLive!. When the additional household member is reported on OKDHSLive!, Form 08MP022E is not required as the client declares the citizenship status of the person on the system and electronically signs the request. For persons 14 years of age and older, a data match with SSA must occur or they must meet requirements at (g)(3) of this Section prior to approving the person for benefits.

26. Only the identity of the applicant must be verified prior to the issuance of expedited food benefits per OAC 340:50-11-5. All reasonable efforts are made to verify other eligibility factors prior to issuance of benefits.

27. Refer to (e)(2) and Instructions to Staff (ITS) # 6 through 11 of this Section and OAC 340:65-3-4(4)(A) and ITS # 9 for information about SSN enumeration and the penalty for not furnishing a verifiable SSN.

28. (a) Notary services must be made available at the HSC office.

   (b) When the worker is unable to match the SSN for a person under 14 years of age, benefits may be approved when allowed by the program. Refer to (f) and ITS # 12 in this Section for further information.

   (c) Benefits are not issued for persons 14 years of age and older until lawful status is verified.

29. When benefits for the entire household must be denied or closed, the worker uses the reason code 31 or 40 from OKDHS Appendix U, Reasons for Negative Benefit 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."
340:65-3-2.1. Counting days for providing verification, interview dates, and application time limits

Revised 6-1-11

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

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

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

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

INSTRUCTIONS TO STAFF 340:65-3-2.1

Revised 7-1-12

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

(1) When the client fails to provide all or part of the requested verification, the worker does not send a new Form 08AD092E.
(2) When the worker requests verification that was not listed on the original Form 08AD092E, he or she must provide a new Form 08AD092E giving the client at least ten days to provide the additional information.

(3) When the client contacts the worker to check on the status of the application, the worker verbally advises the client of any required verification still needed and what is the 30th calendar date following the application date. The worker may also resend the original Form 08AD092E with the verification not provided circled when there is a reasonable period of time for the client to receive the form and respond.

(4) In order to provide better customer service when time permits, the worker may initiate a call to the client to advise him or her of still needed verification and what is the 30th calendar date following the application date. The worker does not resend the original Form 08AD092E unless he or she is first able to explain why it is being sent and there is a reasonable period of time for the client to receive the form and respond. Per OAC 340:65-1-2 Instructions to staff #7, an email reminder may also be sent.

(5) The worker must record all face-to-face, verbal, and written client contacts in Family Assistance/Client Services (FACS) Case Notes including:

(A) the date of the contact;

(B) whether the contact was face-to-face, verbal, or in writing;

(C) whether the contact was worker or client initiated; and

(D) when verbal:

(i) any information provided by the client regarding eligibility;

(ii) what the worker advised the client regarding outstanding verification, if applicable;

(iii) whether the worker resent the original Form 08AD092E or sent a new Form 08AD092E requesting additional verification; and

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

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

(b) When FDENY is used for SNAP and the last day of the application time limit falls on a day OKDHS is not open, the system waits to deny the application until the next business date. When FDENY is used, the timeliness report shows the application was completed timely.
340:65-3-4. Investigation of eligibility conditions and services planning

Revised 7-1-12

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

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

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

   (B) All other FSS workers may make home visits or other client contacts outside normal working hours when it is in the best interest of the client and approved by appropriate supervisory personnel. Home visits are made when: ■ 2

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

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

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

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

      (v) protective services are needed; or

      (vi) the worker deems it necessary.

(2) **Collateral contact.** A collateral contact is a verbal confirmation of a household's circumstances by a person outside the household. The collateral contact may be made either in person or over the phone.

   (A) The acceptability of a collateral contact is not restricted to a particular person, but may be anyone that can be expected to provide an accurate third party verification of the household's statement. Examples of acceptable
collateral contacts are:

(i) employers;

(ii) agencies, businesses, or community action groups;

(iii) migrant service agencies;

(iv) neighbors of the household;

(v) landlords; or

(vi) other persons outside the household.

(B) The client's signature on the application or review is the necessary authorization for securing required information or verification from collateral contacts. This authorization includes the permission of the client's spouse for information regarding his or her circumstances to be given in connection with the same application or review and of the client's parents when the client is a dependent child who is blind or disabled.

(i) If the collateral contact requires written authorization before supplying information to the Oklahoma Department of Human Services (OKDHS), the client signs Form 08AD060E, Request for Release of Information, to give authorization.

(ii) When information is needed regarding another adult household member, that person may need to sign Form 08AD060E before the collateral contact agrees to release information for another adult household member.

(C) The worker advises persons contacted for information related to the client's eligibility of how the information is used and the reason it is needed. If the person is unwilling for the client to know his or her identity, the person's name is not recorded in the case record and is not revealed to the client.

(D) 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.

(E) The worker is responsible for discussing with the client any inconsistent information obtained from collateral contacts related to the client's eligibility. The client is given the opportunity to clear up conflicting information when possible.
(3) Public records. Sources of information in the form of public records that provide essential information may be obtained without consent from any person whose transactions are involved.

(4) Data exchange. Automated data exchange with other agencies provides benefit, wage, tax information, and verification of Social Security numbers. The information obtained is electronically compared with data stored within OKDHS electronic records to determine if there are discrepancies that need to be addressed. Automated data exchange information is also available within the OKDHS system to determine discrepancies. Refer to OAC 340:65-1-2 for information regarding practices for safeguarding case information and raw tax data. 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);
   (ii) Buy-In Data Exchange (BIL);
   (iii) Supplemental Security Income (SSI)/State Data Exchange System (SDX);
   (iv) Social Security Administration (SSA) Beneficiary Earnings Exchange Record (BEER/BWG);
   (v) New Hire Employee list (NHL);
   (vi) Social Security Number (SSN) Verification - SSN Enumeration;
   (vii) Wage Data Exchange;
   (viii) Unemployment compensation;
   (ix) Unearned Income Eligibility Verification System (IEVS) income report (IEVS-IRS) and resource data from the Internal Revenue Service (IRS);

(B) initiating appropriate queries; and
(C) resolving data exchange discrepancy messages within 45 calendar days of the date the message is posted on the data exchange inquiry screen. ■ 15

(5) **Systematic Alien Verification for Entitlement (SAVE).** All applicants and recipients of the TANF, SoonerCare (Medicaid), Supplemental Nutrition Assistance Program (SNAP), Low Income Home Energy Assistance Program (LIHEAP), State Supplemental Payment (SSP), and Child Care Subsidy Program benefits are required to declare their citizenship status. Persons who declare themselves or their minor child non-citizens must present documentation of their legal alien status from the United States Citizenship and Immigration Services (USCIS) or other acceptable source. The status, as determined from the documentation, must be verified through the Alien Status Verification Index (ASVI) maintained by USCIS. ■ 16

(6) **Workers’ compensation.** Family Support Services Division (FSSD) staff reviews copies of all Workers’ Compensation Court documents by matching SSNs with OKDHS records. Any court action that appears to potentially impact eligibility is forwarded to the servicing OKDHS office for clearance. A copy of the document is retained in the case record. ■ 17

(7) **Birth verification.** For persons born in Oklahoma, OKDHS has an agreement with the Oklahoma State Department of Health to verify birth electronically for persons with an open SoonerCare (Medicaid) benefit. ■ 18

(8) **Food stamp disqualification (FSD).** When a client has been disqualified for food benefits due to fraud, the FSD screen shows the date the disqualification began and the length of the disqualification period. ■ 19

**INSTRUCTIONS TO STAFF 340:65-3-4**

Revised 7-1-12

1. (a) In any program where the client fails to present complete or consistent verification, agreement must be reached between the client and the worker regarding:

   (1) what questions remain;

   (2) how the client can resolve or help to resolve the questions; and

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

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

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

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

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

2. (a) If it is necessary for a worker to have contact with a client outside of normal working hours because of an emergency and the worker's immediate supervisor is not available, the worker must obtain authorization from the county director or designee prior to the contact, if available. If the immediate supervisor and county director or designee are not available, the worker takes care of the client's emergency need and notifies appropriate supervisory personnel of the situation as soon as possible.

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

(c) The Address Confidentiality Program (ACP) is administered by the Office of the Attorney General to assist victims of domestic violence. The ACP prohibits state agencies from requiring an ACP participant to provide his or her finding address. If the client has an ACP authorization card, no home visit is made. When making referrals, the worker must use the ACP substitute address shown on the ACP authorization card. For more information concerning ACP refer to http://www.oag.state.ok.us/oagweb.nsf/vservices.html.

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

4. (a) The worker documents in the Family Assistance/Client Services (FACS) Case Notes information obtained from collateral contacts and the client's explanation regarding inconsistencies.

(b) When the client cannot be contacted to explain inconsistencies, the worker documents in FACS Case Notes what attempts were made.
5. (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.


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

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

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

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

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

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

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

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


8. (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.

9. 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.

10. 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.

11. SSN enumeration (ENU) transaction. When a client is required to have a SSN, but none is shown on Family Assistance/Client Services (FACS) or is shown, but not verified, ENU sends the client's information for matching with SSA records. SSA returns one of 12 possible messages to indicate the results of the match. The message is posted to ENU, G3, and PY. When the SSN is verified, ENU updates PS-2 block F42 with Y. Refer to detailed information at the OKDHS InfoNet FSSD Information Privacy and Security Social Security Number Process website.
12. Wage Data Exchange (OWG). Information received from OESC is compared to case data. Discrepancies are posted to the G1DX screen. The worker contacts the client or employer to confirm the employment, wages earned, and available medical insurance information on the employee and dependents. To view, enter OWG or OWC space SSN.

13. 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.

14. 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.

15. 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) The worker enters identifying information about the person on the screen and presses enter.

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

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

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

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

(A) To access this online transaction, type TPQYC, space, and case number, enter the SSN when prompted, and confirm the information entered.

(B) If no response is received within 48 hours of the request, repeat the process.

(C) The TPQYC transaction generates online data which is returned to the requester electronically.

(i) Information verified with this procedure is generally the most current since Social Security records may be updated at various times during any given month. Therefore, data on TPQYC responses may or may not agree with data appearing on the SDX or BENDEX file for the same person.

(ii) To view the returned data, enter TPQYI space SSN or use the TPQ transaction code while on the PY screen. A detailed explanation of this procedure is available on the Family Support Services Division (FSSD) Information Privacy and Security Web page by clicking IMS Transactions and then Special Processes.

(iii) When using TPQYC to verify:

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

(II) SSI income, net amounts are given. This figure is rounded to the nearest dollar. For example, 1¢ to 49¢ is rounded down and 50¢ to 99¢ is rounded up.
16. 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 45 calendar days of the error posting.

(1) G1DX displays a list of discrepancy messages by OKDHS office that is accessed by entering G1DX space OKDHS office number and location code. A more detailed list is obtained by entering G1DX space, OKDHS office number, location code, supervisor number, and district number.

(2) G3 displays an expanded message. The user accesses this screen by entering G3 space case number.

(3) DXD is used by the worker to clear the data exchange discrepancy after the information has been documented and appropriate action taken. The user accesses this screen by entering DXD space case number. When the screen appears, the user is prompted to enter his or her SSN, system type, and a reason code representing whether the error caused a reduction (reason code 7), an increase (reason code 9), or no change in benefits (reason code C). After pressing the enter key, confirmation is requested. If Y is selected, the transaction clears the error from G1DX and G3 and posts a resolution date on the DXL screen.

17.(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 A00000001 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 of age; or

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

(2) Additional verification is initiated on the same website as the Initial Verification or, manually, by submitting United States Citizenship and Immigration Services (USCIS) Form G-845, Documentation Verification Request. The website method is preferred since a response will be returned in three federal business days as opposed to receiving a paper response on Form G-845 within ten business days. Benefits of persons who are otherwise eligible are not delayed, terminated, or reduced due to the non-receipt of a response from USCIS. Additional verification rather than initial is initiated immediately when:

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

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

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

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

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

(b) USCIS is responsible for determining immigration status. FSSD reports to USCIS the names and addresses of applicants or recipients who are
determined to be residing in the U.S. unlawfully. The worker reports to FSSD the names and addresses of applicants or recipients who:

1. admit illegal aliens are present in the household and present USCIS information that appears to be forged; or

2. present a formal order of deportation or removal.

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

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

20. 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.

340:65-3-7. Denial of application

Revised 7-1-12

If the applicant is unwilling to cooperate in establishing eligibility or if eligibility cannot be established, the worker denies the application. A computer-generated notice of denial is sent to the applicant or his or her representative. In case of an applicant's death, the worker sends a letter to the applicant's authorized representative or nearest relative.

1. Refer to OAC 340:65-3-2 for the definition of what constitutes an application for each program.

2. Before denying an application with incomplete verification, the worker must provide the applicant Form 08AD092E, Client Contact and Information Request, giving at least ten calendar days to provide the missing verification. When the applicant requests assistance in obtaining verification, the worker must assist the applicant.

3. When an applicant verbally asks to withdraw his or her application before eligibility is determined, the worker asks the applicant to put the request for withdrawal in writing. The worker denies the application based on the reason given by the applicant.

4. When the worker is unable to locate the applicant to complete the application, he or she denies the application.

5. The applicant may request a fair hearing within the specified time of the notice when he or she disagrees with the action taken. Refer to OAC 340:2-5 for fair hearing procedures.

INSTRUCTIONS TO STAFF 340:65-3-7

Issued 7-1-12

1. The worker refers to Appendix U, Reasons for Negative Benefit Actions, to choose the most appropriate reason for denial.

2. (a) The worker denies the application whether or not the applicant puts the denial request in writing.

   (b) The worker documents in Family Assistance/Client Services case notes the:

      (1) date the applicant verbally requests denial of the application;
(2) reason given; and

(3) worker’s request to put the denial request in writing.

3. The worker denies the application for this reason when there are indications the applicant does not live at the address given. Possible indications include being notified by the post office that mail is undeliverable, attempting to verbally contact the client and the telephone number given has been disconnected, or attempting to make a home visit and the residence appears to be vacant. The worker records in FACS case notes why he or she denied the application for this reason.

Revised 7-1-12

(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 his or her responsibility to report changes within ten calendar days of the date the change becomes known;

(2) making contacts at unspecified intervals to ensure continuing eligibility;

(3) synchronizing the review dates for all benefits received by the household when possible; ■ 1 and

(4) determining continuing eligibility.

(b) **Review or Supplemental Nutrition Assistance Program (SNAP) certification renewal time frames.** The periodic review or SNAP certification renewal time frame varies depending on the program.

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

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

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

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

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

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

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

   (B) child care recipient per OAC 340:40-9-1; or
(C) food benefit recipient subject to a semi-annual review per OAC 340:50-9-5(i) and (j).

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

(A) TANF recipient;

(B) State Supplemental Payment (SSP) recipient;

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

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

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

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

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

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

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

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

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

(A) TANF Program; or

(B) Supplemental Security Income-Disabled Children's Program SSI-DCP service plan review per OAC 340:70-8-1.
(2) A telephone or face-to-face interview is required at SNAP certification renewal except for (e)(3)(C) of this Section.

(3) An interview is not required for:

(A) any of the SoonerCare (Medicaid) programs as long as the review is complete, including the signature, all required verification provided, and none of the information is questionable. When information is not complete or is questionable, the worker contacts the recipient to obtain needed information; 6

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

(C) food benefit households completing a:

(i) review, not a SNAP certification renewal, at six or 12-month intervals; or

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

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

(1) The eligibility determination may be to:

(A) complete the review without changes;

(B) complete the review with changes; or

(C) close the benefit or benefits. 8

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

INSTRUCTIONS TO STAFF 340:65-3-8

Revised 7-1-12

1. Synchronizing review dates for all programs provides better client service as it
reduces the number of times the client must complete a review.

2. For SoonerCare (Medicaid) rules, refer to:

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

   (2) OAC 317:35-7-62 for a child in state or tribal custody;

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

       (A) State Supplemental Payment (SSP);

       (B) Qualified Medicare Beneficiary (QMB);

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

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

       (E) Qualified Medicare Beneficiary Plus (QMBP);

   (4) OAC 317:35-15-7 and 317:35-15-9 for Personal Care;

   (5) OAC 317:35-17-12 and 317:35-17-15 for Advantage Waiver; and


3. Methods the recipient may use to submit the review, benefit renewal, or Supplemental Nutrition Assistance Program (SNAP) certification renewal for the:

   (1) SNAP, Child Care Subsidy Program, and the SoonerCare (Medicaid) population in Oklahoma Health Care Authority (OHCA) Online Enrollment include:

       (A) completing the review, benefit renewal, or SNAP certification renewal electronically, when available, by:

           (i) accessing www.okdhslive.org; or
(ii) getting help from OKDHS or a community partner to access www.okdhslive.org;

(B) downloading Form 08MP004E, Renew My Benefits, from OKDHS - Forms and Applications for Service and completing, signing, and bringing, mailing, or faxing it to OKDHS; or

(C) going into the local human services center (HSC) or another HSC more convenient for the client to complete the review or benefit renewal with a worker using the Family Assistance/Client Services (FACS) system;

(2) SoonerCare (Medicaid) population in Online Enrollment may also include:

(A) using OHCA Online Enrollment; or

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

(3) SNAP certification renewal, SSP, Temporary Assistance for Needy Families (TANF), or SoonerCare (Medicaid) review for populations not in OHCA Online Enrollment include:

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

(B) going into the local HSC to complete the review with a worker using the Family Assistance/Client Services (FACS) system;

(4) SSP and SoonerCare (Medicaid) populations not in Online Enrollment also include downloading Form 08MA001E, Medical Assistance Benefit Review Report, from OKDHS - Forms and Applications for Service and completing, signing, and bringing, mailing, or faxing it to OKDHS; or

(5) Supplemental Security Income-Disabled Children's Program (SSI-DCP) include the worker and family completing Form 08MA017E, SSI-DCP
Service Plan.

4. (a) An electronic signature is considered the same as a pen and ink signature.
(b) No additional information is entered after the recipient signs the review. Additional information is entered in FACS Case Notes.

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

(1) information or verification provided by the recipient;

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

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

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

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

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

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

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

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

(1) what changes have occurred;

(2) whether the recipient provided all required verification;
(3) whether an interview, if required, occurred; and

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

(b) The review, benefit renewal, or SNAP certification renewal is complete after:

(1) information contained on the review, benefit renewal, or SNAP certification renewal, in the verification provided, and on data exchange screens have been evaluated for changes;

(2) all review information, including changes, have been entered in the Interview and Eligibility Notebooks of the Family Assistance/Client Services (FACS);

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

(4) the system is updated using instructions found on the Family Support Services Division (FSSD) Application Development and Operations (ADO) Infonet web page under Systems Help for FACS and OKDHSLive!.

(5) CWA reports are available to help workers track the status of pending reviews, benefit renewals, or SNAP certification renewals. Information regarding each CWA report is available on the FSSD Business Knowledge and User Support Infonet web page under CWA and ACES Reports.

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

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

9. (a) After closure, benefits may be reopened when the recipient provides the required information by the last day of the month of closure.
(1) Benefits are reopened to the date of closure for SoonerCare (Medicaid) populations not in Online Enrollment, Child Care Subsidy, TANF, and SSP.

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

(b) The recipient must reapply when he or she waits until after the last day of the month of closure to provide needed information.
340:65-5-1. Case changes

Revised 7-1-12

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

(1) household income; ■ 4

(2) household resources; ■ 5

(3) household composition; ■ 6

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

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

(6) insurance coverage; ■ 9

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

(A) deprivation of parental support; ■ 10

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

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

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

(A) names of household members in child care;

(B) reason child care is needed for the Child Care Subsidy Program;
(C) the parent's or caretaker's work or school schedule or any other change affecting the days and hours child care is needed; and

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

(b) After certification, all reported changes, except those reported prior to certification, must be processed by deadline dates shown on Oklahoma Department of Human Services (OKDHS) Appendix B-2, Deadlines for Case Actions, to be effective the first day of the month following the deadline.

(1) A computer-generated notice is sent to advise the client of any increase or decrease in benefits. A computer-generated notice is not sent when the action taken does not affect the benefit level.

(2) Advance notice is required when the action taken reduces, closes, or suspends benefits for a reason other than those listed under (b)(3) of this Section. When advance notice is required, deadline dates shown in OKDHS Appendix B-2, Schedule I apply.

(3) When advance notice is not required, deadline dates shown in OKDHS Appendix B-2, Schedule II apply. Advance notice of action is not required when the action taken does not suspend, close, or reduce benefits, or is because of:

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

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

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

(D) approval of care in an intermediate care facility;

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

(F) an automatic increase in benefits brought about by federal legislation, such as to all beneficiaries of Social Security, Railroad Retirement, or Veterans' benefits;
(G) admission of the client to a public institution where his or her needs are fully supplied;

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

(I) the client's whereabouts being unknown and OKDHS mail directed to him or her has been returned by the post office indicating no known forwarding address;

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

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

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

(c) Following the issuance of a notice, the client may present information to show the action is incorrect and request benefits be reinstated at the previous benefit level until the last calendar day of the month of closure. ■ 14

(1) When information shows the client remains eligible at the previous benefit level, the worker restores benefits to the previous benefit level.

(2) When information shows the client remains eligible at an increased benefit level, benefits are increased based on specific program rules. ■ 14

(3) When benefits were closed or suspended and information provided shows the client remains eligible, but at a reduced benefit level, benefits are reopened using current eligibility information. ■ 15

(4) When benefits were reduced and information provided shows the client is eligible, but at a reduced level than the last action taken, the worker reduces benefits further using deadline dates shown in OKDHS Appendix B-2, Schedule I.

(d) When the client requests a fair hearing at the same time he or she requests benefits be reinstated, or requests a hearing at a later date, the worker follows fair hearing procedures described at OAC 340:2-5 and explains if benefits are continued and the appeal is not decided in the client's favor, he or she is expected to repay the benefits.
(1) When the client requests a fair hearing within ten calendar days following the issuance date of the notice and requests benefits be reinstated at the same benefit level pending the outcome of the hearing, the worker reopens benefits at the same benefit level.

(2) When the client requests a fair hearing regarding the action more than ten calendar days following the issuance date of the notice, the worker does not restore benefits unless information provided shows the client remains eligible at the previous benefit level or if the hearing is decided in the client's favor. \[16\]

(3) Per OAC 340:2-5, the OKDHS Appeals Unit makes a decision regarding the fair hearing and sends a letter of decision to the client.

   (A) The worker is responsible for taking the action needed to carry out the decision of the OKDHS Appeals Unit. \[17\]

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

INSTRUCTIONS TO STAFF 340:65-5-1

Revised 7-1-12

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

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

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

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

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

3. For rules regarding overpayments, refer to:
(1) OAC 340:65-9 for the Temporary Assistance for Needy Families (TANF) and State Supplemental Payment (SSP) Programs;

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

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

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

4. For rules regarding income, refer to:

(1) OAC 340:10-3-26 through 340:10-3-40 for the TANF Program;

(2) OAC 340:15-1-4, 340:15-1-6, and 317:35-7-38 for the SSP Program;

(3) OAC 340:40-7-10 through 340:40-7-13 for the Child Care Subsidy Program;

(4) OAC 317:35-5-42 for the populations related to the aged, blind, or disabled (ABD) including long term care and OAC 317:35-10-26 for the Online Enrollment population; and

(5) OAC 340:50-7-22 through 340:50-7-31 for SNAP.

5. For rules regarding resources, refer to:

(1) OAC 340:10-3-1 through 340:10-3-10 for the TANF Program;

(2) OAC 340:15-1-14 and 317:35-7-38 for the SSP Program;

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

(4) OAC 317:35-5-41 through 317:35-5-41.11 for populations related to ABD, OAC 317:35-17-10 and 317:35-19-20 for the long term care population, and OAC 317:35-10-10 for the Online Enrollment population for the SoonerCare (Medicaid) Program; and

(5) OAC 340:50-7-1 for SNAP.

6. (a) For rules regarding who must, who may, and who cannot be included in household composition to determine the benefit amount, refer to:
(1) OAC 340:10-3-56 and 340:10-3-57 for the TANF Program;

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

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

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

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

(b) For TANF, when the client requests benefits for an additional person prior to certification, a new application is not needed. The client must complete a new application when he or she requests benefits for an additional person after certification.

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

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

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

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

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

(A) If the TANF benefit increases when the person is added, the initial month's supplemental benefits are prorated per OAC 340:65-3-5.
(B) If the additional member must be included and has countable income that reduces the TANF benefit, the reduction is effective the first day of the month following the deadline date on Oklahoma Department of Human Services (OKDHS) Appendix B-2, Schedule I.

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

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

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

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

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

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

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

(2) OAC 340:40-3-1 and 340:65-3-2 for the Child Care Subsidy Program;
(3) OAC 317:35-7-15 and 340:65-3-2 for the SoonerCare (Medicaid) Program; and

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

7. When the client moves to another county, refer to OAC 340:65-1-3 Instructions to Staff #1(e) for transfer procedures.

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

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

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

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

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

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

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

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


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

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

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

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

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

(3) OAC 340:50-9-5 for SNAP.
15. Using current eligibility information means negative action notice time frames do not apply and benefits are not required to be reopened at the same benefit level.

16. If the client's benefit is reopened or reinstated without a gap in benefits, attach a cover letter to the fair hearing request giving this information to the OKDHS Appeals Unit per OAC 340:2-5-64, Instructions to Staff #3. The OKDHS Appeals Unit will dismiss the fair hearing request.

17. If the appeal is not decided in the client's favor and results in benefit reduction or closure, the worker uses reason code 69 or "other" to prevent issuing a computer-generated notice giving the client fair hearing rights. The worker issues a notice manually to the client explaining the action taken.