

**Georgia Department of Human Resources**  
*Division of Family and Children Services*

**Family Medicaid**  
**SUCCESS Training**

**INTRODUCTION**

# OUTLINE

- I. INTRODUCTION
- II. TRAINING INFORMATION
- III. EXPECTATIONS
- IV. STAGES IN SKILL DEVELOPMENT
- V. REVIEW OF SUCCESS

# OBJECTIVES

By the end of this section, you should know:

- how Phase II training will be organized
- what support materials are available to help you
- how to sign on to the SUCCESS system
- become reacquainted with the navigating in SUCCESS

# Outline of Family Medicaid SUCCESS Training

## **Day One**

Introduction to SUCCESS  
LIM

## **Day Two**

TMA  
RSM

## **Day Three**

RSM

## **Day Four**

EMA  
Replace MA Notice  
Skill Demonstration  
Closing

## SUCCESS Template for Standard PC Keyboard

RESET	CLEAR
-------	-------

Annotate PF 1-12 keys. Cut on dotted lines. Fold each piece in half lengthwise. Align over keys and tape to keyboard.

1	2	3	4	5	6	7	8	9	10	11	12
shift 13	14	15	16	17	18	19	20	21	22	23	24
shift											

### EXERCISE

Use your SUCCESS User Manual in section 1.1 to complete the template for the PF keys that remain the same all the time on your SUCCESS keyboard.

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**EDUCATION AND TRAINING SERVICES SECTION**  
**OFFICE OF FAMILY INDEPENDENCE**  
**SOCIAL SERVICES**  
**TRAINING PROGRAMS**  
**CLASSROOM STANDARDS, EXPECTATIONS**  
**AND ATTENDANCE POLICY**

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As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in the Office of Family Independence (OFI) and Social Services training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping;
- personal attacks, use of offensive language, argumentativeness, or excessive talking;
- use of the Internet for reasons other than classroom activity;
- eating or drinking while in the computer lab;
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training.

The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee's leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee's leave request. The trainer/facilitator **will NOT** approve any leave.

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave.

The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave, or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: [OFItraining@dhr.state.ga.us](mailto:OFItraining@dhr.state.ga.us)
- For attendance at any Social Services training e-mail: [SStraining@dhr.state.ga.us](mailto:SStraining@dhr.state.ga.us)

I \_\_\_\_\_ have read and understand the Classroom Standards, Expectations and Attendance Policy for OFI and Social Services training programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# SUCCESS Computer Labs

In an effort to keep the computer equipment in good working condition, the following rules apply:

- Please **do not** change the home page for the internet.
- Please **do not** surf the web while in class.
- Please **do not** download any kind of information to the computers. This includes screen savers.
- Please **do not** eat or drink in the computer labs.
- Please remove all disks before shutting down the computers.
- Please shut down each computer at the end of each day.
- Please **do not** place stickers or post it notes of any kind on the computers, monitors or printers.
- Please **do not** write in pencil, pen, marker or otherwise on the computers, monitors, printers or desks.

**Georgia Department of Human Resources**  
*Division of Family and Children Services*

**Family Medicaid**  
**SUCCESS Training**

**Low Income Medicaid**

## Outline

- I. Introduction
- II. Karen Nelson – LIM Initial Application Walk Through
- III. Anthony King – LIM Initial Application Independent Study
- IV. Karen Nelson – LIM Prior Months Walk Through
- V. Anthony King – LIM Prior Months Independent Study
- VI. Jane Smith – Review Notice
- VII. LIM/SUCCESS Review

## **OBJECTIVES**

By the end of this section, you should know:

how to use information from the Form 94 to determine eligibility.

how to enter basic information at Intake for a LIM application.

how to enter information on the Absent Parent screens.

how to process Prior Months on SUCCESS.

the information contained on the notification sent to the AU after the case is finalized.



Georgia Department of Human Resources

**INCOME, RESOURCES and DAYCARE**

List all income received by persons on page 1 of this application. Be sure to show the amount before deductions. Attach an extra sheet if necessary. We will decide, based on the type of Medicaid, whose income must be counted and whose may be excluded. **If you are applying for Children Only or Pregnant Woman Medicaid, you do not have to complete the Resources/Vehicles sections below.**

Income	Gross Amount per Pay Check (amount before deductions)	How Often? (weekly, every 2-weeks, monthly, etc.?)	Name of Person Receiving	Resources	Amount in Account/Value	Who Owns Resource?
Wages/Earnings	128.75	weekly	KAREN	Cash	\$ 5.00	KAREN
Current Employer:	BLOOM'S	SELF STORAGE		Checking Account	\$ 78.00	KAREN
Wages/Earnings				Savings Account	\$ 50.00	JOEY
Current Employer:				Credit Union		
Social Security Income/SSI				401K/Retirement Account		
Worker's Compensation				Other		
Pensions or Retirement Benefits				<b>Vehicle(s):</b> Cars, trucks, motorcycles (licensed)		
Child Support/Contributions	100.00	monthly	LISA	Make	Model	Year
Unemployment Benefits				TOYOTA	CAROLLA	1990
Other Income, please specify:						

Do you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work?

Name of Parent who works	Name of child or adult cared for	Name of care provider	Amount of Payment	How Often? (weekly, 2-weeks, monthly, etc)
KAREN NELSON	JOEY		\$ 10.00	weekly

If you are applying for Medicaid for children and one or both of their parents are not in the home, please provide the following information:

Child's Name	Absent Parent's Name (Mother/Father)	Do they have Medical Coverage on the Child? Yes/No	If Yes to Medical Coverage, please list name of insurance company & group number
LISA NELSON	AUGUSTINE JOHNSON	No	
JOEY NELSON	KENNETH BAKER	No	

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I understand that this information may need to be verified to determine eligibility. I understand wage and salary information supplied by the Georgia Department of Labor may be obtained to verify and determine eligibility for Medicaid. I agree to assign to the state all rights to medical support and third party support payments (hospital and medical benefits).

I understand that I must report changes in my income and circumstances within ten (10) days of becoming aware of the change.  
Signature of Self, Parent or Guardian (Required): Green Nelson Date: 10/16/96

**I. INTRODUCTION**

**II. KAREN NELSON - LIM INITIAL APPLICATION / WALK THROUGH**

**A. Karen Nelson: Interview**

**Background:**

- Karen Nelson's Form 94 was received in the county office 10/16/96. Her application was screened and registered upon receipt.
- Review Ms. Nelson's Form 94 before beginning her eligibility determination.
- Ms. Nelson has attached copies of her family's birth certificates
- Select "O" from the AMEN menu and enter Ms. Nelson's AU ID number.

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ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection 0

AU ID **468164118**

Screen ID

Benefit Month (MM YY)

Client ID

As Of Date

Notice Type

- |                        |                            |                                |
|------------------------|----------------------------|--------------------------------|
| A. Name/Part Inquiry   | J. Registration            | R. Interim/Hist Change         |
| B. AU/Client Inquiry   | K. Add A Person            | S. QRF Change                  |
| D. Address Inquiry     | L. Add A Program           | Y. Spndwn Med Expnse Update    |
| E. Trial Budget        | M. Reinstatement           | Z. Spndwn Med Expnse Inquiry   |
| F. Trial Eligibility   | N. Initiate Review         | 1. Spndwn Authorizati on       |
| G. Batch Print Request | O. Interview               | 5. Pri or Medi cai d Copy      |
| H. Notice History      | P. Process Appl Months     | 6. Final ize Pri or Medi cai d |
| I. SPA Inquiry         | Q. Final ize Appl icati on |                                |

Message 0021  
0021 CANCELLATI ON COMPLETED SUCCESSFULLY

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**ADDR for Karen Nelson**

Information from Registration is pre-populated. Check Ms. Nelson's Form 94 to be sure this information is correct.

INTERVIEW	HOUSEHOLD ADDRESSES - ADDR						ADDR 01
Month 11 96	0071 10 16 96						
CO 049 LO 049 Load ID 1700	Client ID 771006042		Prev CO/LO				
HOH F Name KAREN	MI A	L Name NELSON		Suf			
Auth Rep N	Prim Lang E	Voter Reg N	Visually Impaired N	Hearing Impaired N	Public Hsng/Rent Subsidy N	Serial Number	Census Tract
Residential Address							
Address Line 1		Line 2					
Street Number	Dir	Name	Type	City Dir	Apt		
578		CHARTER ST GA	BLVD				
City		MACON		Zip	31210	Phone 478 458 1187	
Mailing Address							
Address Line 1		Line 2					
Street Number	Dir	Name	Type	City Dir	Apt		
		SAME					
City		ST		Zip			
1884 STREET NAME NOT FOUND IN ZIP CODE AREA				Message 1884	1881		
15-lett				21-narr	23-al au	24-del	

**NARR for Karen Nelson**

- Basic information about who is applying for Medicaid, any need for prior months, and how the HIPPA form was addressed should be documented on the Narrative screen
- Document the following on the NARR.

"Ms. Nelson is applying for Medicaid for herself, her daughter Lisa and son Joey. F94 received 10/16/96. She is requesting prior month coverage for August and September. HIPAA form mailed to Ms. Nelson 10/16/96."



**DEM1 for Karen Nelson**

- Review Ms. Nelson's date of birth on Form 94 to verify information was keyed correctly at Registration. The SSN will vary due to the training region.
- Review Form 94 for pregnancy of anyone in the AU.
- Telephone call to Ms. Nelson confirms she has never been married and she lives in the home.

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INTERVIEW	CLIENT DEMOGRAPHIC 1 - DEM1						DEM1 01			
Month 11 96			1001	10	16	96				
Client Name	KAREN		NELSON		Suf		Client ID 771006042			
Alt	SSA/SSN	SSN Appl	SSN1	V	More	DOB	V	Sex	Race	Eth
Name	Appl For	Date			SSNs	(MM DD YYYY)				
			555 01 1003	CS		06 02 1972	CS	F	B	N
GA	Marital	Living	RSM	Min Par	Boarder	Amt Paid	--	Family Planning	--	
Res	Status	Arrngmt	Ad/Ch	/LA	Num Meals	for Meals	Referral	Date		
Y	N	AH					Y			
Concurr	SSI	Depri v	V	Prenatal	Care	-----	Pregnant	-----	FTC	
Out of St	Recip			Ind	Good Cse	Term/Due	Term/Due	V	Num V	Code
CA FS MA						Code	Date		Exp	
N N N	N									

Message

15-l ett

16-crs

23-al au

**DEM2 for Karen Nelson**

- Review Form 94 for citizenship.
- Review Form 94 for third party resources.

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INTERVIEW          CLIENT DEMOGRAPHIC 2 - DEM2          DEM2 01
Month 11 96          1001  10 16 96

Client Name KAREN          NELSON          Client ID 771006042

Citiz V Student V High Grade V Striker ---Immunization -- Law -Health Chk -
  C   BC   Stat   Completed   Stat   Curr GCse Due Dt   Brkr Ref   Date
                                     N

TPL  TPL  V  ----- Medi care -----  ----- Di sability / Incapaci ty -----
  Coop  Enti tl mnt  Cl ai m Num  Disab Approval Begin Date End Date
  N   C   CS  Type  Source  (MM YYYY)  (MM YYYY)

Joint Vet  Military  Death  AFDC Cap Parent ----- AFDC Cap Child ----
SSI/FS Stat  Serv Num  Date  Ctr  End Date  Parnt ID Rcv Mo Cncpt GCse
  N

Non-Custodi al Parent?  V
  
```

Message

15-l ett

22-tpl 23-al au

**REMA behind DEM2 for Karen Nelson**

- Basic information documented behind DEM2 is the availability of TPL, details of non-cooperation with TPL, date Form 285 sent to DMA if appropriate, HIPP referral and Health Check Program Referral if applicable.
- F9 and document the following on REMA:  
 "Copy of birth certificate in CR"  
 "Per F94 A/R does not have TPR. A/R statement accepted."

**PRCO for Karen Nelson**

- The PRCO is an AFDC/TANF screen.
- Enter "N" in the Ind fields and 10/16/96 in the date fields.
- This is not a required Family Medicaid screen.

**DEM3 for Karen Nelson**

- DEM 3 is an AFDC/TANF and Food Stamp screen
- Ms. Nelson has no IPV penalties.

---

INTERVIEW CLIENT DEMOGRAPHIC 3 - DEM3 DEM3 01  
Month 11 96

Client Name Karen Nelson Client ID 770116042

----- IPV -----			----- IPV -----			----- IPV -----		
Pgm Type	Ctr	Eff Date	Pgm Type	Ctr	Eff Date	Pgm Type	Ctr	Eff Date
FS			FS			FS		
FS			FS			FS		
AF/RF								

----- TANF SANCTIONS -----			
Del	Start Date	End Date	Del
	Sanction #1		Sanction #2
			99 99

----- TANF STRIKES -----				- Lifetime Limit -	
Del	Reason	Compl Date	Del	Ctr	Hrdshp Reas
	Strike #1		Strike #2		

Message

15-l ett

23-al au 24-del

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**DEM4 for Karen Nelson**

- Ms Nelson does not claim to be a victim of domestic violence. This is an AFDC screen.
- Due to the training region, enter "N" in the Assess Ind field.

**DEM1 for Lisa Nelson**

- Review Lisa's date of birth on Form 94 to verify information was keyed correctly at Registration. The SSN will vary due to the training region.
- Locate the information on Form 94 about Lisa's father.

INTERVIEW Month 11 96			CLIENT DEMOGRAPHIC 1 - DEM1 1001 10 16 96				DEM1 02			
Client Name LISA			NELSON		Suf	Client ID 701013222				Remarks
Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V	Sex	Race	Eth
			379 75 8876	CS		03 19 1990	CS	F	B	N
GA Res Y	Marital Status N	Living Arrngmt AH	RSM Ad/Ch	Min Par /LA	Boarder Num Meals	Amt Paid for Meals	-- Family Referral	Planning	-- Date	
Concurr Out of CA N	SSI Recip N	Depri v A	V CS	Prenatal Care Ind Good Cse	----- Term/Due Code	Pregnant Term/Due Date	----- V Num V Exp	FTC Code		

Message

15-l ett

16-crs

23-al au

**REMA behind DEM1 for Lisa Nelson**

- Document details of deprivation.
- Per telephone conversation Ms. Nelson states Lawrence Johnson is the father of Lisa. He is employed but does not provide medical coverage for Lisa. However, he does pay child support. Mr. Johnson can be contacted by phone (678 291-6700).
- F9 and document the following on the REMA screen:

"Ms. Nelson states Lawrence Johnson is the father of Lisa. He does not provide medical coverage. He pays \$100.00 per month Child Support. See AP screens for employment."

"T/C 10/16/96 to Lawrence Johnson verifies that he pays \$100 per month child support to Ms. Nelson for Lisa."





**DEM1 for Joey Nelson**

- Review Joey's SSN and date of birth on Form 94 to verify information was keyed correctly at Registration.
- Locate the information about Joey's father on Form 94.

INTERVIEW		CLIENT DEMOGRAPHIC 1 - DEM1						DEM1 03		
Month 11 96		1001 10 16 96						Remarks		
Client Name JOEY		NELSON				Suf	Client ID 732013064			
Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V	Sex	Race	Eth
			319 74 8885	CS		10 25 1994	CS	M	B	N
GA Res	Marital Status	Living Arrngmt	RSM Ad/Ch	Min Par /LA	Boarder Num Meals	Amt Paid for Meals	-- Family Planning Referral	-- Date		
Y	N	AH								
Concurr Out of CA	SSI Recip	Depri v	V	Prenatal Care Ind	Good Cse	----- Term/Due Code	Pregnant Term/Due Date	----- V Num V Exp	FTC Code	
N N N	N	A	CS							

Message

15-l ett

16-crs

23-al au

**REMA behind DEM1 for Joey Nelson**

- Per telephone call Ms. Nelson states Kenneth Baker is the father of Joey. She has not seen him in one year. She does not know where he lives or if he is employed. He does not pay child support.
- F9 and document the following on the REMA screen:

"Ms. Nelson states Kenneth Baker is the father of Joey. She has not had contact with him in over a year. She states he does not send child support. She does not know if he is employed."

**DEM2 for Joey Nelson**

- Review Form 94 for Joey's citizenship.
- Per telephone call Ms. Nelson states Joey is current in his immunization series. His next due date is February 1997.
- Ms. Nelson states she would like Joey to participate in the Health Check program. F9 and document the following:

"Health Check offered to Ms. Nelson for Joey 10/16/96. Ms. Nelson accepted the program and was referred to the health department."

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INTERVIEW	CLIENT DEMOGRAPHIC 2 - DEM2	DEM2 03							
Month 11 96	1001 10 16 96								
Client Name JOEY	NELSON	Client ID 732013064							
Citiz V	Student V	High Grade V	Striker	---Immunization --	Law -Health Chk -				
C	BC	Stat	Stat	Curr GCse Due Dt	Brkr Ref Date				
		Completed	N	Y	02 97 Y 10 16 96				
TPL	TPL	V	-----	Medicare	-----	-----	Disability / Incapacity	-----	
	Coop		Entitl mnt	Claim Num		Di sab	Approval	Begin Date	End Date
N						Type	Source	(MM YYYY)	(MM YYYY)
Joint	Vet	Military	Death	AFDC	Cap Parent	-----	AFDC	Cap Child	----
SSI/FS	Stat	Serv Num	Date	Ctr	End Date	Parnt ID Rcv Mo	Cncpt	GCse	
N									
Non-Custodial Parent?		V							
Message									
		15-l ett					22-tpl	23-al au	

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**DEM3 for Joey Nelson**

- DEM 3 is an AFDC/TANF and Food Stamp screen
- Joey has no IPV penalties.



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**APAD for Lawrence Johnson**

- Ms. Nelson states Mr. Johnson lives at 123 Thomas Drive, Macon, Georgia. She does not know his zip code.

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INTERVIEW  
Month 11 96

ABSENT PARENT ADDRESS-APAD

APID A  
01

HOH Name **KAREN NELSON**

Client ID 770116042

AP Name **LAWRENCE JOHNSON**

Curr Addr Line 1 **123 THOMAS DR**

Line 2

City **MACON**

ST **GA** Zip

Phone **678 291-6700**

Date at Address

Prev Addr Line 1\_

Line 2

City

ST Zip

Phone

Date at Address

AP's Father  
Street

City

Delete  
ST Zip

AP's Mother  
Maiden  
Street

City

Delete  
ST Zip

Message

15-lett 20-next ap

24-del

**APDE for Lawrence Johnson**

- Ms. Nelson states she and Mr. Johnson were never married.
- Ms. Nelson states Mr. Johnson was born in Macon Georgia on May 15, 1970.
- Mr. Johnson is African American, has black hair, brown eyes, is 6'2" and weighs approximately 200 pounds.

INTERVIEW  
Month 11 96

ABSENT PARENT DEMOGRAPHIC-APDE

APDE A  
01 More

HOH Name **KAREN NELSON**

Client ID 770116042

AP Name **LAWRENCE JOHNSON**

-----Marital Information-----  
Stat Date City ST Rel HOH To AP Drvr Lic License Plate  
ST ST Number  
**FR**

DOB Approx ----Birth Place--- Sex Race Hgt Hair Eye Wgt  
(MM DD YYYY) Age City ST Inches Color Color Lbs  
**05 15 1970 26 MACON GA M B 74 B N 200**

-----Military Information-----  
Stat ID Num Branch Entry Dt Exit Dt Allotment Pay Allotment Recip

-----Incarceration Information-----  
Cd Release Dt Sentence Lgth Min Confine Institution  
Yr Mo Yr Mo

Message

15-lett 20-next ap

**APEM for Lawrence Johnson**

- Ms. Nelson states Mr. Johnson is a painter and is employed at Wallace Management located on Barnett St, Macon, Georgia.
- Ms. Nelson states he began working at Wallace Management in January of 1995.

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INTERVIEW  
Month 11 96

ABSENT PARENT EMPLOYMENT-APEM

APEM A  
01

HOH Name **KAREN NELSON**  
AP Name **LAWRENCE JOHNSON**

Client ID 770116042

Primary Employer Delete  
Name **WALLACE MANAGEMENT**  
Address Line 1 **BARNETT ST**  
City **MACON**

Occupation PAINTER  
Empl Date (MM YY) **01 95**  
Line 2  
ST **GA** Zip\_ Phone

Secondary Employer Delete  
Name  
Address Line 1  
City ST

Occupation  
Empl Date (MM YY)  
Line 2  
Zip Phone

Former Employer Delete  
Name  
Address Line 1  
City ST

Occupation  
Empl Date (MM YY)  
Line 2  
Zip Phone

Message

15-lett 20-next ap

24-del

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**APCO for Lawrence Johnson**

- Ms. Nelson states Mr. Johnson is not court ordered to pay child support.
- Fast path back to the APID screen.

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INTERVIEW  
Month 11 96

ABSENT PARENT COURT ORDER-APCO

**APID A**  
01



HOH Name **KAREN NELSON**  
AP Name **LAWRENCE JOHNSON**

Client ID 770116042  
SSN

Order Date	Support Obligation	Support Arrears	Freq	Payee Code	Docket Number
------------	--------------------	-----------------	------	------------	---------------

Paying Support	Date of Last Pymnt	Last Pymnt Amount	Agency Receiving Payment
----------------	--------------------	-------------------	--------------------------

Message

15-lett      20-next ap

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**APAD for Kenneth Baker**

- Ms. Nelson states she does not know Mr. Baker's address or his parent's address.

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INTERVIEW  
Month 11 96

ABSENT PARENT ADDRESS-APAD

APID A  
01

HOH Name **KAREN NELSON**

Client ID 770116042

AP Name **KENNETH BAKER**

Curr Addr Line 1 **UNKNOWN**

Line 2

City

ST

Zip

Phone

Date at Address

Prev Addr Line 1\_

Line 2

City

ST

Zip

Phone

Date at Address

AP's Father

Street

City

Delete

ST

Zip

AP's Mother

Maiden

Street

City

Delete

ST

Zip

Message

15-lett 20-next ap

24-del

**APDE for Kenneth Baker**

- Ms. Nelson states she and Mr. Baker were never married.
- Mr. Baker is 32 years old but Ms. Nelson states she does not know his date of birth.
- Ms. Nelson states he is African American with black hair, brown eyes, six feet tall and weighs approximately 180 pounds.

INTERVIEW  
Month 11 96

ABSENT PARENT DEMOGRAPHIC-APDE

APDE A  
01 More

HOH Name **KAREN NELSON**  
AP Name **KENNETH BAKER**

Client ID 770116042

-----Marital Information-----  
Stat Date City ST Rel HOH To AP Drvr Lic License Plate  
ST ST Number  
**FR**

DOB (MM DD YYYY) Approx Age Birth Place City ST Sex Race Hgt Inches Hair Color Eye Color Wgt Lbs  
**32 MACON GA M B 72 B N 180**

-----Military Information-----  
Stat ID Num Branch Entry Dt Exit Dt Allotment Pay Allotment Recip

-----Incarceration Information-----  
Cd Release Dt Sentence Yr Lgth Mo Min Yr Confine Mo Institution

Message

15-lett 20-next ap



---

**APCO for Kenneth Baker**

➤ Ms. Nelson states Mr. Baker is not court ordered to pay child support.

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INTERVIEW  
Month 11 96

ABSENT PARENT COURT ORDER-APCO

APCO A  
01

HOH Name **KAREN NELSON**  
AP Name **KENNETH BAKER**

Client ID 770116042

SSN

Order Date	Support Obligation	Support Arrears	Freq	Payee Code	Docket Number
------------	--------------------	-----------------	------	------------	---------------

Paying Support	Date of Last Pymnt	Last Pymnt Amount	Agency Receiving Payment
----------------	--------------------	-------------------	--------------------------

Message

15-lett

20-next ap

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**ERN1 for Karen Nelson**

- Review Form 94 for Ms. Nelson' employment information.
- Per telephone call Ms. Nelson began to work at Brooks Self-Storage on 09/01/95 and received her first pay check on 09/08/95. The address is 367 Lakeside Drive, Macon, Ga., 30211, phone number 912-466-3211.
- Complete the ERN1 screen for Ms. Nelson.

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INTERVIEW          EARNED INCOME 1 - ERN1          ERN1 01
Month 11 96                                     01

Client Name KAREN          NELSON          Client ID 770116042

Do you have any of the following: wages, self employment, commissions/tips,
roomer/boarder income, rent, mortgage payment, sick pay, work program, JTPA,
Job Corps, training allowance, use/sale of personal property, or other income?

Employer Name BROOKS SELF-STORAGE          AJS Employ N
Line 1 367 LAKESIDE DRIVE          Line 2
City MACON          ST GA          Zip 30211          Phone 912 466 3211
Type      Begin      First      End      Late      SON      $30+1/3      $30+1/3      $30
EI      09 01 95      09 08 95      Date      Rpt      Ovr      Ind Cntr      End Date      End Date
           N      AFDC Y      Y      1
           ARM      N

           Num of      ABD Stdnt      AFDC Student      -----JTPA-----
           Bords      Excl      Ind Cnt      Ind Cnt      Excl

More Jobs

Message 1943          5107
1943 NO W-4 DATA AVAILABLE FOR DISPLAY
15-l ett
    
```

**REMA behind ERN1 for Karen Nelson**

- Document Ms. Nelson's employment and her availability of the \$30 and 1/3 deduction.
- F9 and document the following on the REMA screen:

“Ms. Nelson is currently employed at Brooks Self-Storage since 9/1/95. Copies of wage stubs attached to F94 verify the following earnings:

10/13 - \$128.75  
 10/06 - \$128.75  
 09/29 - \$128.75  
 09/22 - \$128.75

She needs the \$30 and 1/3 deduction to be eligible. No discrepancies in Clearinghouse.”

**EXAMPLE OF ERN1 SCREEN IN PRODUCTION REGION**

INQUIRY	EARNED INCOME 1 - ERN1	ERN1 01
Month 03 06	03 01 06	01
Client Name MARY	JONES	Client ID 770116043
Do you have any of the following: wages, self employment, commissions/tips, roomer/boarder income, rent, mortgage payment, sick pay, work program, JTPA, Job Corps, training allowance, use/sale of personal property, or other income?		
Employer Name WALMART		AJS Employ N
Line 1 810 SAMS STREET	Line 2	
City SHELLY	ST GA Zip 30211	Phone 229 418 4444
Begin	First	End
Type	Date	Pay Date
EI	02 05 05	02 15 05
	Late	SON
	Rpt	Ovrd
	N	TANF
	LIM N	Y 1
	RSM	Y 2
	Num of	ABD Stdnt
	Bordrs	Excl
	AFDC Student	Ind Cnt
	Ind Cnt	Ind Cnt
	Excl	Excl
		-----JTPA----
		More Jobs
Message		
	15-lett	



**CARE for Karen Nelson**

- Review Form 94 for childcare information.

---

INTERVIEW	DEPENDENT CARE EXPENSES - CARE	CARE 01
Month 11 96		01
Client Name KAREN	NELSON	Client ID 770116042
Provider LITTLE RASCALS		Phone 912 475 8202
Address 145 HARPER STREET	City MACON	ST GA Zip
		More providers
Del	Extra Dependent Expense	Day of Week Pd FR Rsn EM
Depname Und2 Freq Date Pd Amt	Date Pd	Amt Date Pd Extra V
JOEY Y WK 10 01 96 10		
		CS

Message More Dependents For This Provider

15-l ett 24-del

- 
- Per telephone call to Ms. Nelson she states the provider is Little Rascals located at 145 Harper Street, Macon Ga. The phone number is 912-475-8202. She pays weekly on Fridays for Joey. Lisa stays at a friend's house after school at no charge.
  - Complete the CARE screen for Ms. Nelson.

**REMA behind the CARE screen**

- F9 and document the following on the REMA screen:  
"Ms. Nelson states Little Rascals is the childcare provider for Joey. The address is 145 Harper Street, Macon, phone number 912-475-8202. Lisa goes to a friend's house after school at no charge. A/R statement accepted."



**WORK for Karen Nelson**

- Code Ms. Nelson's WORK screen due to the training region
- Ms. Nelson is exempt due to employment. Enter exempt reason "OT".

INTERVIEW                      WORK REGISTRATION/PARTICIPATION - WORK                      WORK 01  
 Month 11 96

Client Name KAREN                                      NELSON                                      Client ID 770116042

----- Employment Services -----				- Applicant Job Search -		
Exempt	Partic	Number	Supp	DA/PE	Non-Partic	AJS Start
Reason	Stat	Date	Offenses	Work	Reason	Date
CA	OT	NI	10	16	96	
FS						

-- FS ABAWD Non-Compliance --			
High School	Non-compliance	Cure Dates	
Grad/GED	Bnft mth/yr	Start	End
Y	1		
	2		
	3		

Message

16-phme                                      17-mo <18-mo>                                      23-alau

**WORK for Lisa and Joey**

- Lisa and Joey are exempt from work due to age.





---

**DONE for Karen Nelson**

- This screen indicates that the Family Medicaid case is pending and that there is no outstanding verification

---

INTERVIEW	SESSION SUMMARY -	DONE
Month 11 96		DONE 01
		Narr

AU ID	Prog	Med COA	Elig Req	- Status - Code	- Benefit - Amt	-- Cfi rm	Outstanding Veri fi cations
969544313	MA		N	P			

Message 0428 0759  
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

---

---

## B. KAREN NELSON: PROCESSING APPLICATION MONTHS

1. "P" processing is required to let SUCCESS know if there is any information that was not entered in the interview. If so, that information must be entered now for each application month. All information entered in the interview effected both the application month 10/96 and the ongoing month 11/96. In the "P" process we are able to enter information which is specific to each month separately.
2. Since there is no pending verification for Ms. Nelson's case we are ready to process her case.

### Karen Nelson: Process Application Months

- Process the application months.
- Select "P" from AMEN to begin the process and press Enter.

---

ASST STANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selecti on p		Client ID
AU ID	9695443163	As Of Date
Screen ID		Notice Type
Benefit Month (MM YY)		
A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorizati on
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message 0543  
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE

---



---

**ADDR for Karen Nelson**

- There are no changes to update. Fast path to DONE

**DONE**

- Press Enter to commit.

**APP1**

- Now that we have processed 10/96 we are ready to finalize.
- Press F13 to return to AMEN.

**C. KAREN NELSON: FINALIZE THE APPLICATION**

- Finalize the application.
- Select "Q" from AMEN and press Enter.

---

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
	Selection Q	
AU ID 969544313	Client ID	
Screen ID	As Of Date	
Benefit Month (MM YY)	Notice Type	
A. Name/Part Inquiry	J. Registration	R. Interim/Hi st Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorizati on
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message 1012  
1012 RETURN FROM APP1 COMPLETED SUCCESSFULLY

---





**CAFI – F01 for 10/96**

- Check to be sure the correct Resources and Income have been budgeted for 10/96.
- If the budget is correct for 10/96, enter “Y” to confirm.

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 10 96					
AU ID 969544313	Prog MA	Prog Type F	Med COA F01 ←		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	265.97	
Resource Limit	1000.00		Dependent Care	43.33	
Total Resources	133.00		Net Earned Income	248.61	
Gross Income Test			Net Unearned Income	50.00	
Gross Income Limit	784.00		Deemed Income	.00	
Gross Earned Income	557.91		Allocated Income	.00	
Net Unearned Income	50.00		Net Income	299.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	607.91		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	424.00		Spenddown Amount		
Gross Earned Income	557.91		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 04 97		Strat 2		
Message					

13-note



**CAFI for 11/96**

- Check to be sure the correct Resources and Income have been budgeted for 11/96.
- If the budget is correct for 11/96, enter "Y" to confirm.

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 96					
AU ID 969544313	Prog MA	Prog Type F	Med COA F01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	265.97	
Resource Limit	1000.00		Dependent Care	43.33	
Total Resources	133.00		Net Earned Income	248.61	
Gross Income Test			Net Unearned Income	50.00	
Gross Income Limit	784.00		Deemed Income	.00	
Gross Earned Income	557.91		Allocated Income	.00	
Net Unearned Income	50.00		Net Income	299.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	607.91		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	424.00		Spenddown Amount		
Gross Earned Income	557.91		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 04 97		Strat 2		
Message					

13-note



1 Georgia Department of Human Resources

**MEDICAID APPLICATION**

FOR COUNTY USE ONLY:  
Date Received in County Dept  
10/16/96

We will consider this application without regard to race, color, sex, age, disability, religion, national origin or political belief.

Check block(s) that apply to you:  
 Pregnant Woman  
 Child(ren) Only - RSM  
 Families w/Children - LIM

PLEASE NOTE: A Face to Face interview is not required for Medicaid applications. Please answer all questions as completely and accurately as possible. If you cannot understand or complete this application, please notify DFCS staff and assistance will be provided free of charge.

Your Name: (Please Print) **ANTHONY** M.I. **KINGS** Today's Date: **10/16/96**  
 Mailing Address: **449 SIMPSON STREET** City: **ATLANTA** State: **GA** Zip Code: **30345**  
 Residence Address (if different from Mailing Address): **SAME** Phone Number(s): **404-578-9287** E-mail Address: **NONE**

Please list all persons living with you for whom you want Medicaid. List yourself if you want Medicaid for yourself.

First Name	MI	Last Name	Suffix (Jr.)	Race	Sex M/F	Date of Birth	Relationship to You	Social Security Number	Is this Person a U.S. Citizen? (Y/N) (you may qualify for Medicaid even if you answer No)	Does the Father of this child live in your home? (Y/N)	Does the Mother of this child live in your home? (Y/N)
ANTHONY		KING		W	M	5/15/66	SELF	612987341	Y		
TREY		KING		W	M	8/21/89	SON	8752248734	Y	Y	N
DION		KING		W	M	11/22/93	SON	3765682244	Y	Y	N

Please list all persons living with you for whom you DON'T want Medicaid. List yourself if you don't want Medicaid. You do not have to provide a SSN or immigration status information for any person who is not asking for Medicaid. If provided, we will use the SSN for computer matches with other agencies and it may help us process your child's application. We will NOT share your information with the Department of Homeland Security (formerly the INS).


Is anyone in the household pregnant?  Yes  No If yes, who is pregnant?  
 Do you have any unpaid medical bills from the past three months?  Yes  No If yes, which months? August and September  
 Does anyone in your household have Health Insurance?  Yes  No If yes, list Insurance Company and policy number below:

Georgia Department of Human Resources

**INCOME, RESOURCES and DAYCARE**

List all income received by persons on page 1 of this application. Be sure to show the amount before deductions. Attach an extra sheet if necessary. We will decide, based on the type of Medicaid, whose income must be counted and whose may be excluded. If you are applying for Children Only or Pregnant Woman Medicaid, you do not have to complete the Resources/Vehicles sections below.

Income	Gross Amount per Pay Check (amount before deductions)	How Often? (weekly, every 2-weeks, monthly, etc.?)	Name of Person Receiving	Resources	Amount in Account/Value	Who Owns Resource?
Wages/Earnings	130.00	weekly	ANTHONY KING	Cash	\$ 20.00	ANTHONY
Current Employer:	ACE HARDWARE			Checking Account	\$ 215.00	ANTHONY
Wages/Earnings				Savings Account	\$ 90	DION
Current Employer:				Credit Union		
Social Security Income/SSI				401K/Retirement Account		
Worker's Compensation				Other		
Pensions or Retirement Benefits				Vehicle(s): Cars, trucks, motorcycles (licensed)		
Child Support/Contributions	125.00	monthly	TREY	Make	Model	Year
Unemployment Benefits				FORD	Escort	1992
Other Income, please specify:						

Do you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work?

Name of Parent who works	Name of child or adult cared for	Name of care provider	Amount of Payment	How Often? (weekly, 2-weeks, monthly, etc)
ANTHONY KING	DION	KINDER CARE	\$ 15.00	weekly

If you are applying for Medicaid for children and one or both of their parents are not in the home, please provide the following information:

Child's Name	Absent Parent's Name (Mother/Father)	Do they have Medical Coverage on the Child? Yes/No	If Yes to Medical Coverage, please list name of insurance company & group number
TREY	ANITA MOORE	NO	
DION	CRYSTAL HARRIS	NO	

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I understand that this information may need to be verified to determine eligibility. I understand wage and salary information supplied by the Georgia Department of Labor may be obtained to verify and determine eligibility for Medicaid. I agree to assign to the state all rights to medical support and third party support payments (hospital and medical benefits).

I understand that I must report changes in my income and circumstances within ten (10) days of becoming aware of the change.

Signature of Self, Parent or Guardian (Required): Anthony King Date: 10/16/96

---

### III. ANTHONY KING – LIM INITIAL APPLICATION INDEPENDENT STUDY

#### Background

- Anthony King's Form 94 was received in the county office 10/16/96. His application was screened and registered upon receipt.
- Review Mr. King's Form 94 before beginning his eligibility determination. He has attached copies of birth certificates for his family members. A telephone call is made to Mr. King to clarify additional information.

#### Your Assignment

- Complete the interview, process the application months, and finalize the case using the data that follows.
- Request assistance from the trainer if needed.

#### STEP 1 Interview

##### ADDR

- Select "O"
- Enter the AU ID #
- Press enter

##### NARR

- F21 to document Mr. King's application.
- Be sure to begin with the date and type of contact; end with first initial, last name and worker ID.
- Press enter to return to ADDR
- F4 past the incorrect address warning message

##### STAT A (LIM)

- Client's statement accepted for verification of relationship (Use code OT)
- All persons are included in the case
- All persons are applicants

### **DEM1 for Anthony**

- Never married
- Lives at home
- Does not receive SSI

### **DEM2 for Anthony**

- Mr. King is a U.S. citizen based on his birth certificate
- Mr. King agrees to cooperate with TPL

### **PRCO for Anthony**

- The PRCO is an AFDC/TANF screen.
- Enter "N" in the Ind fields and 10/16/96 in the date fields.

### **DEM3 for Anthony**

- The A/R has no IPV penalties

### **DEM4 for Anthony**

- Due to the training region, enter "N" in the Assess Ind field.

### **DEM1 for Trey**

- Trey lives at home with his father
- He does not receive SSI
- Anita Moore is the mother of Trey. She is employed but does not provide medical coverage for Trey. She pays \$125 per month in child support.

### **DEM2 for Trey**

- Trey is a citizen according to his birth certificate
- Trey is a full-time student in the second grade according to Mr. King
- Mr. King was mailed the Health Check information packet on 10/16/96. He states he would like Health Check services for Trey.

### **ALAS for Trey**

- Trey attends Stevenson Elementary School

### **DEM3 for Trey**

- The A/R has no IPV penalties

### **DEM1 for Dion**

- Dion lives at home with his father
- Crystal Harris is the mother of Dion. She is unemployed and does not pay any child support.

### **DEM2 for Dion**

- Dion is a citizen according to his birth certificate
- Dion is current in his immunization series. His next due date is February 1997.
- Mr. King was mailed the Health Check information packet on 10/16/96. He states he would like Health Check services for Dion.

### **DEM3 for Dion**

- The A/R has no IPV penalties

### **APID for Anita Moore**

- Anita Moore is the mother of Trey
- Mr. King and Ms. Moore were never married

### **APAD for Anita Moore**

- Ms. Moore lives at 367 Turner Avenue, Atlanta Ga.

### **APDE for Anita Moore**

- Ms. Moore's date of birth is 11/22/70. She is Caucasian, has brown hair, blue eyes, 5' 6" and weighs approximately 140 pounds.

### **APEM for Anita Moore**

- Ms. Moore has been employed, as a cashier, at Walmart on Cobb Parkway, Atlanta, Ga. Since October 1994

### **APCO for Anita Moore**

- Ms. Moore is not court ordered to pay child support

### **Fast path to the APID A screen**

- Enter "Y" in the More APs field

### **APID for Crystal Harris**

- Crystal Harris is the mother of Dion
- Mr. King and Ms. Harris were never married

### **APAD for Crystal Harris**

- Mr. King states he does not know Ms. Harris's address or her parents address

### **APDE for Crystal Harris**

- Mr. King states he does not know Ms. Harris's birth date but that she is 24 years old
- Ms. Harris is Caucasian with blond hair, brown eyes, approximately 5' 2" and 130 pounds

---

**APEM for Crystal Harris**

- Mr. King does not know if Ms. Harris is employed

**APCO for Crystal Harris**

- Ms. Harris is not court ordered to pay child support

**RES1 for Anthony**

- Review Form 94 for any Resources
- Mr. King states his checking account is at Wachovia. He does not know his account number
- He states he has \$20 cash

**RES2 for Anthony**

- Mr. King has a 1992 Ford Escort that he is using for all his transportation needs
- The NADA value of his car is \$4500; he does not owe anything on the car. (Do not use the "SE" or "DA" use codes as this does not work correctly in the training region.)

**RES3 for Anthony**

- none

**TRAN for Anthony**

- not applicable

**RES1, RES2, RES3, TRAN for Trey**

- none

**RES1 for Dion**

- Dion has \$90 in his savings account at Wachovia according to Mr. King's statement; he does not know the account number

**RES2 RES3, TRAN for Dion**

- none

**ERN1 for Anthony**

- Mr. King states he works at ACE Hardware, 48 Ponce De Leon St in Atlanta, GA 30501. He states he began working May 1, 1992 and received his first pay check on May 15, 1992.

**ERN2 for Anthony**

- Mr. King states he works 20 hours per week and earns \$6.50 per hour. He is paid weekly on Fridays.
- His gross pay from each of his four check stubs provided is \$130 per week.

**CARE for Anthony**

- Mr. King pays daycare for Dion and receives subsidized care. He pays every Wednesday.
- Refer to Form 94.

**DEAL for Anthony**

- none

**ERN1 for Trey**

- None

**DEAL for Trey**

- None

**CARE for Trey**

- none

**ERN1 for Dion**

- none

**DEAL for Dion**

- none

**CARE for Dion**

- none

**UINC for Anthony**

- none

**UINC for Trey**

- Review Form 94 for unearned income for Trey
- Trey receives child support directly from his mother Anita Moore
- Ms. Moore's written statement verifies that she pays \$125 per month in direct child support
- For training purposes enter \$75 as the child support amount

**UINC for Dion**

- none

**WORK for Anthony**

- For training region purposes code Mr. King as exempt due to "other".

**WORK for Trey**

- none

**WORK for Dion**

- none

**MISC**

- none

**ERRO**

- Ignore Clearinghouse errors
- Correct all non-Clearinghouse errors (ask trainers for help if needed)

**DONE**

- press enter to return to AMEN and commit to the data base.

**STEP 2 Processing Interview Months**

**AMEN**

- Select P

**APP1**

- select 10/96 benefit month

**ADDR**

- fast path to DONE

**DONE**

- press enter to commit to data base

**APP1**

- PF13 back to AMEN (it is not necessary to select 11/96 as we have no changes for the ongoing month).

**STEP 3 Finalize**

**AMEN**

- select Q

**APP2**

- SUCCESS selects for you the first month to finalize.
- press enter

**ELIG for 10/96**

- Review screen to be sure the correct persons are included as recipients and the case is active
- enter "Y" to confirm

**CAFI for 10/96**

- review screen to be sure the budget is correct
- compare your budget to the one in your *Participant Manual*
- enter “Y” to confirm

**ELIG for 11/96**

- review screen to be sure the correct persons are included as recipients and the case is active
- enter “Y” to confirm

**CAFI for 11/96**

- review screen to be sure the budget is correct
- compare your budget to the one in the *Participant Manual*
- enter “Y” to confirm

**APP2**

- enter “Y” to finalize case

**ELIG -F01 for 10/96**

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 10 96 01

AU ID 969544313 Prog MA Prog Type F Med COA F01 ←  
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	----- Penalty -----	-----
A		101696	101696	100196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ANTH	KIN	SE	OT	Y	RE	A 101696		101696	100196		
TREY	KIN	CH	OT	Y	RE	A 101696		101696	100196		
DION	KIN	CH	OT	Y	RE	A 101696		101696	100196		

Message

**CAFI - F01 for 10/96**

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A

Month 10 96  
AU ID 969544313 Prog MA Prog Type F Med COA F01 ←

Resources		Standard - 30 1/3		267.77
Resource Limit	1000.00	Dependent Care		64.99
Total Resources	325.00	Net Earned Income		230.56
Gross Income Test		Net Unearned Income		75.00
Gross Income Limit	784.00	Deemed Income		.00
Gross Earned Income	563.32	Allocated Income		.00
Net Unearned Income	75.00	Net Income		306.00
Deemed Income	.00	Grant Amount		.00
Allocated Income	.00	Recoupment Amount		.00
Total Gross Income	638.32	Benefit Amount		.00
Net Income Test		Previous Benefit		.00
Net Income Limit	424.00	Spenddown Amount		
Gross Earned Income	563.32	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A	
Notice Type 0003	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 96	Review End Date 04 97		Strat 2	

Message

13-note

**ELIG F01 for 11/96**

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 11 96 01

AU ID 969544313 Prog MA Prog Type F Med COA F01 ←  
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Type	Penalty End Date
A		101696	101696	100196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	Stat Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ANTH	KIN	SE	OT	Y	RE	A 101696		101696	100196		
TREY	KIN	CH	OT	Y	RE	A 101696		101696	100196		
DION	KIN	CH	OT	Y	RE	A 101696		101696	100196		

Message

**CAFI for 11/96**

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A  
Month 11 96

AU ID 969544313 Prog MA Prog Type F Med COA F01 ←

		Net Income Test (cont)	
Resources		Standard - 30 1/3	267.77
Resource Limit	1000.00	Dependent Care	64.99
Total Resources	325.00	Net Earned Income	230.56
Gross Income Test		Net Unearned Income	75.00
Gross Income Limit	784.00	Deemed Income	.00
Gross Earned Income	563.32	Allocated Income	.00
Net Unearned Income	75.00	Net Income	306.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	638.32	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	424.00	Spenddown Amount	
Gross Earned Income	563.32	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A
Notice Type 0003	Waive Timely Ntc Period		Notice Override
Review Begin Date 10 96	Review End Date 04 97		Strat 2

Message

13-note

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#### IV. KAREN NELSON - LIM PRIOR MONTHS WALK THROUGH

- Ms. Nelson has applied for and has been approved for LIM for herself and her two children.
- Review Form 94 to determine if the AU has unpaid medical bills for any prior months.
- Process Karen Nelson's prior medical expenses. Use the screens and data that follow. The trainer will walk you through any new screens/procedures

#### AMEN

- Select 5 on AMEN and enter Karen Nelson's LIM AU ID number

#### PMCO for Karen Nelson

- Ms. Nelson would like Medicaid for 8/96 and 9/96
- Enter "Y" for 8/96 and 9/96

---

UPDATE	PRIOR MEDICAID COPY - PMCO		PMCO
	1071 10 16 96		
HOH Name KAREN	NELSON	Client ID 771006042	
	AU ID 969544313	Appl Date 10 16 96	
Apply	Benefit Month	AU Stat	Med COA
	07 96		
Y	08 96		
Y	09 96		

Message 0963  
0963 PLEASE SELECT RETRO MONTH(S) FOR DATA COPY

---



**ERN2 for Ms. Nelson 8/96**

- Per Ms. Nelson's check stubs she earned \$128.75 per week in August

08/01 - \$128.75  
08/08 - \$128.75  
08/15 - \$128.75  
08/22 - \$128.75  
08/29 - \$128.75

- Change the frequency code to Actual
- Enter the actual earned income for August

---

CHANGE Month 08 96 EARNED INCOME 2 - ERN2 ERN2 01 01

Client Name KAREN NELSON Client ID 771006042

Employer Name BROOKS SELF-STORAGE

Avg Hrs 025 Freq AC Day Week Pd SA Extra Pay

Del

Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
128.75	CH	128.75	CH	128.75	CH	128.75	CH	128.75	CH
----- Work Expenses -----									
	Type	Amount	Freq	V	Type	Amount	Freq	V	

Message 0013  
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"  
15-lett

More Jobs

16-evnc 23-al au 24-del

---

**CARE FOR Ms. Nelson 8/96**

- Per telephone call Ms. Nelson states she paid \$10 per week for child care in August. Refer to Weekly Planner for number of weeks paid in August
- Change frequency code to Actual
- Enter the actual monthly amount of child care paid
- Fast path to DONE
- Correct any errors on ERRO
- Commit to database

```

INTERVIEW CARE 01 DEPENDENT CARE EXPENSES - CARE
Month 08 96 01
Client Name KAREN NELSON Client ID 770116042
Provider LITTLE RASCALS Phone 912 475 8202
Address 145 HARPER STREET City MACON ST GA Zip
Del Extra Dependent Expense Day of Week Pd FR More providers Rsn EM
Depname Und2 Freq Date Pd Amt Date Pd Amt Date Pd Extra V
JOEY Y AC 10 01 96 40
CS
  
```

Message More Dependents For This Provider

15-l ett 24-del



**ERN2 for Ms. Nelson 9/96**

- Per Ms. Nelson's check stubs she earned \$128.75 per week in September.

09/05 - \$128.75  
09/12 - \$128.75  
09/19 - \$128.75  
09/26 - \$128.75

- Change the frequency code to Actual
- Enter the actual earned income for September

---

CHANGE EARNED INCOME 2 - ERN2 ERN2 01  
Month 09 96 01

Client Name KAREN NELSON Client ID 771006042

Employer Name BROOKS SELF-STORAGE

Avg Hrs 025 Freq AC Day Week Pd SA Extra Pay

Del

Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
128.75	CH	128.75	CH	128.75	CH	128.75	CH		
----- Work Expenses -----									
	Type	Amount	Freq	V	Type	Amount	Freq	V	

More Jobs

Message 0013  
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"  
15-lett

16-evnc

---

**CARE FOR Ms. Nelson 9/96**

- Per telephone call Ms. Nelson states she paid \$10 per week for child care in September. Refer to Weekly Planner for number of weeks paid in September.
- Change frequency code to Actual
- Enter the actual monthly amount of child care paid
- Fast path to DONE
- Correct errors on ERRO
- Commit to database

```

INTERVIEW          CARE 01          DEPENDENT CARE EXPENSES - CARE
Month 09 96                               01
Client Name KAREN          NELSON          Client ID 770116042
Provider LITTLE RASCALS          Phone 912 475 8202
Address 145 HARPER STREET          City MACON          ST GA Zip
Del          Extra Dependent Expense          Day of Week Pd FR          Rsn EM
More providers
Depname Und2 Freq Date Pd Amt          Date Pd          Amt          Date Pd          Extra V
JOEY      Y    AC 10 01 96 40

```

CS

More Dependents For This Provider

Message

15-l ett

24-del





**CAFI for 8/96**

- check to be sure the correct income has been budgeted for 8/96
- if the budget is correct for 8/96, enter "Y" to confirm

FINALIZE		CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 08 96					
AU ID 752373318	Prog MA	Prog Type F	Med COA F01	←	
		Net Income Test (cont)			
Resources		Standard - 30 1/3	294.58		
Resource Limit	1000 .00	Dependent Care	40.00		
Total Resources	133.00	Net Earned Income	309.17		
Gross Income Test		Net Unearned Income	50.00		
Gross Income Limit	784.00	Deemed Income	.00		
Gross Earned Income	643.75	Allocated Income	.00		
Net Unearned Income	50.00	Net Income	359.00		
Deemed Income	.00	Grant Amount	.00		
Allocated Income	.00	Recoupment Amount	.00		
Total Gross Income	693.75	Benefit Amount	.00		
Net Income Test		Previous Benefit	.00		
Net Income Limit	424.00	Spenddown Amount			
Gross Earned Income	643.75	Medical Expense Amt			
Self Employ Work Exp	.00	Net Spenddown Amt			
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0004	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 99 99		Strat		
Message					

13-note

**ELIG for 9/96**

- Check non-financial eligibility results
- Enter "Y" to confirm if it is correct

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 09 96 01

AU ID 752373318 Prog MA Prog Type F Med COA F01 ←  
 Confirm Y

AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---	Penalty	---
Stat	Reasons	Date	Date	Date	Date	Type	End Date	
A		101696	101696	090196	09301996			

First	Last	Rel	V	Mand	Finl	--	Stat	--	Rsn	Appl	Begin	Pd Thru	Penalty
Name	Name			Incl	Resp		Date			Date	Date	Date	T Date
KAREN	NEL	SE	OT	Y	RE	A	101696			101696	100196		
LISA	NEL	CH	OT	Y	RE	A	101696			101696	100196		
JOEY	NEL	CH	OT	Y	RE	A	101696			101696	100196		

Message

**CAFI for 9/96**

- check to be sure the correct income has been budgeted for 9/96
- if the budget is correct for 9/96, enter "Y" to confirm

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 09 96					
AU ID 752373318	Prog MA	Prog Type F	Med COA F01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	251.66	
Resource Limit	1000 .00		Dependent Care	40.00	
Total Resources	133.00		Net Earned Income	223.34	
Gross Income Test			Net Unearned Income	50.00	
Gross Income Limit	784.00		Deemed Income	.00	
Gross Earned Income	515.00		Allocated Income	.00	
Net Unearned Income	50.00		Net Income	273.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	565.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	424.00		Spenddown Amount		
Gross Earned Income	515.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons		Budgeting Method A	
Notice Type 0004	Waive Timely Ntc Period			Notice Override	
Review Begin Date 10 96	Review End Date 99 99			Strat	
Message					

13-note



## V. ANTHONY KING – LIM PRIOR MONTHS INDEPENDENT STUDY

### Background

- Mr. King has applied for and been approved for LIM for himself and his two children.
- Review Form 94 to determine if the AU has unpaid medical bills for any prior months.

### Your Assignment

- Using the Form 94 and verification received process the request for prior months Medicaid.

### 3 months prior for 8/96 AND 9/96

- Mr. King provides the following actual pay check stubs for 8/96 and 9/96:

August		September	
Pay Date	Amount	Pay Date	Amount
8/5/96	115.86	9/2/96	125.68
8/12/96	120.95	9/9/96	105.92
8/19/96	131.68	9/16/96	130.86
8/26/96	126.59	9/23/96	126.95
		9/30/96	100.00

- Mr. King paid \$15.00 per week for childcare on Wednesdays.
- Check your budgets with the budgets in the Participant Manual.
- Ask the trainer for help if needed.



**CAFI for 8/96 for Anthony King**

- check to be sure the correct income has been budgeted for 8/96
- if the budget is correct for 8/96, enter "Y" to confirm

---

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 08 96					
AU ID 752373318	Prog MA	Prog Type F	Med COA F01	←	
Resources			Net Income Test (cont)		
Resource Limit	1000 .00		Standard - 30 1/3	245.02	
Total Resources	325.00		Dependent Care	60.00	
Gross Income Test			Net Earned Income	190.06	
Gross Income Limit	784.00		Net Unearned Income	75.00	
Gross Earned Income	495.08		Deemed Income	.00	
Net Unearned Income	75.00		Allocated Income	.00	
Deemed Income	.00		Net Income	265.00	
Allocated Income	.00		Grant Amount	.00	
Total Gross Income	570.08		Recoupment Amount	.00	
Net Income Test			Benefit Amount	.00	
Net Income Limit	424.00		Previous Benefit	.00	
Gross Earned Income	495.08		Spenddown Amount		
Self Employ Work Exp	.00		Medical Expense Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Net Spenddown Amt		
Notice Type 0004	Waive Timely Ntc Period		Budgeting Method A		
Review Begin Date 10 96	Review End Date 99 99		Notice Override		
Message			Strat		

.13-note

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**CAFI for 9/96 for Anthony King**

- check to be sure the correct income has been budgeted for 9/96
- if the budget is correct for 9/96, enter "Y" to confirm

FINALIZE		CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 09 96						
AU ID 752373318	Prog MA	Prog Type F	Med COA	F01	←	
Resources		Net Income Test (cont)				
Resource Limit	1000 .00	Standard - 30 1/3		276.47		
Total Resources	325.00	Dependent Care		75.00		
Gross Income Test		Net Earned Income		237.94		
Gross Income Limit	784.00	Net Unearned Income		75.00		
Gross Earned Income	589.41	Deemed Income		.00		
Net Unearned Income	75.00	Allocated Income		.00		
Deemed Income	.00	Net Income		313.00		
Allocated Income	.00	Grant Amount		.00		
Total Gross Income	664.41	Recoupment Amount		.00		
Net Income Test		Benefit Amount		.00		
Net Income Limit	424.00	Previous Benefit		.00		
Gross Earned Income	589.41	Spenddown Amount				
Self Employ Work Exp	.00	Medical Expense Amt				
Bnft Eff Date 101696	Bnft Confirm Y	Reasons		Budgeting Method A		
Notice Type 0004	Waive Timely Ntc Period			Notice Override		
Review Begin Date 10 96	Review End Date 99 99			Strat		
Message						

.13-note

## VI. JANE SMITH - REVIEW NOTICE

### Background

- You have completed an intake application on Karen Nelson and Anthony King. In over- night batch processing SUCCESS would send a notice to Ms. Nelson and Mr. King and issue initial benefits. In the training region we are unable look up the notice history for Ms. Nelson or Mr. King since the date is always 10/16/96. However we can look at a notice and the benefit history for a similar case, Jane Smith.

### Your Assignment

- Look up and review the notice and benefit history for Jane Smith.

### Notice History

#### MAIN Menu

- select A

#### AMEN

- select H and enter AU# 000038026

#### NHIS

- select the notice
- Press ENTER

#### NCON

- read the entire notice (press enter to scroll forward)
- PF3 to return to AMEN

## VII. LIM/SUCCESS REVIEW

# OUTLINE

- I. INTRODUCTION
- II. KAREN NELSON – INCREASE INCOME WALK THROUGH
- III. ANTHONY KING – INCREASE INCOME INDEPENDENT STUDY
- IV. KAREN NELSON – QRF UPDATE
- V. ANTHONY KING – QRF UPDATE

# OBJECTIVES

By the end of this section, you should know:

- how to process a reported change in income
- how to accurately code the MISC screen when an AU is eligible for TMA
- how to enter the information reported by a QRF

---

# TMA REVIEW

1. When an AU becomes ineligible for LIM due to \_\_\_\_\_,  
\_\_\_\_\_, or  
\_\_\_\_\_ TMA may be the appropriate  
COA.
2. The potential time period for TMA is \_\_\_\_\_  
which is divided into the \_\_\_\_\_  
and the \_\_\_\_\_.
3. In order for TMA to be appropriate, the AU must have  
correctly received  
\_\_\_\_\_  
\_\_\_\_\_.
4. The AU must include a child under the age of \_\_\_\_\_.

## I. INTRODUCTION

## II. KAREN NELSON – INCREASE INCOME WALK THROUGH

**Change Reported**

### **Background:**

- Ms. Nelson calls to report a change.
- Document the change on SUCCESS per Ms. Nelson's report and request verification using Form 95.

### **AMEN**

- Select "R" from the AMEN screen and enter Ms. Nelson's AU ID number.

### **ADDR**

- F21 to access the NARR screen and document the change based on the information Ms. Nelson provides.
- Fast path to ERN1

### **ERN1**

- F9 and document the reported change on the REMA screen
- Fast path to DONE

**Verification Provided**

### **Background:**

- Ms. Nelson provides the requested verification of her wages on 10/16/96

## **AMEN**

- Select "R" from the AMEN screen and enter Ms. Nelson's AU ID number.
- Fast path to ERN1

## **ERN1**

- Document receipt of letter from employer

## **ERN2**

- Update the amount of earnings
- F9 and document on REMA
- Fast path to MISC



**ELIG for Ms. Nelson – F01**

- Check AU status and COA. Ms. Nelson is now ineligible for LIM.
- If the Non-Financial screen is correct enter “Y” to confirm.

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 11 96 01

AU ID 969544313 Prog MA Prog Type F Med COA F01 ←  
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
D	308	101696	101696	100196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	Stat Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
KARE	NEL	SE	OT	Y	RE	D 101696	308	101696	100196		
LISA	NEL	CH	OT	Y	RE	D 101696	308	101696	100196		
JOEY	NEL	CH	OT	Y	RE	D 101696	308	101696	100196		

Message

**CAFI for Ms. Nelson – F01**

- Check to be sure the correct amount of income is budgeted for 11/96.
- Ms. Nelson is now over the GIC for LIM.
- If the budget is correct, enter “Y” to confirm.

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	A
Month 11 96					
AU ID 969544313	Prog MA	Prog Type F	Med COA F01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	1000.00		Dependent Care	.00	
Total Resources	133.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	50.00	
Gross Income Limit	784.00		Deemed Income	.00	
Gross Earned Income	866.66		Allocated Income	.00	
Net Unearned Income	50.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	916.66		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	866.66		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons 308		Budgeting Method P	
Notice Type 0005	Waive Timely Ntc Period			Notice Override	
Review Begin Date 10 96	Review End Date 11 96			Strat 2	
Message					

13-note

**ELIG for Ms. Nelson – F07**

- Check AU status and COA. Ms. Nelson is now eligible for TMA.
- If the Non-Financial screen is correct enter “Y” to confirm.

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 11 96 01

AU ID 605262611 Prog MA Prog Type F Med COA F07 ←  
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Type	Penalty End Date
A		101696	110196	110196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	Stat	Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
KAREN	NEL	SE	OT	Y	RE	A	101696		110196	110196		
LISA	NEL	CH	OT	Y	RE	A	101696		110196	110196		
JOEY	NEL	CH	OT	Y	RE	A	101696		110196	110196		

Message

**CAFI for Ms. Nelson – F07**

- There is no budgeting for TMA.
- If the budget is correct enter “Y” to confirm.

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 96					
AU ID 605262611	Prog MA	Prog Type F	Med COA F07 ←		
Resources			Net Income Test (cont)		
Resource Limit	.00		Standard - 30 1/3	.00	
Total Resources	.00		Dependent Care	.00	
Gross Income Test			Net Earned Income	.00	
Gross Income Limit	.00		Net Unearned Income	.00	
Gross Earned Income	.00		Deemed Income	.00	
Net Unearned Income	.00		Allocated Income	.00	
Deemed Income	.00		Net Income	.00	
Allocated Income	.00		Grant Amount	.00	
Total Gross Income	.00		Recoupment Amount	.00	
Net Income Test			Benefit Amount	.00	
Net Income Limit	.00		Previous Benefit	.00	
Gross Earned Income	.00		Spenddown Amount		
Self Employ Work Exp	.00		Medical Expense Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method Q		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 11 96	Review End Date 10 97		Strat 3		
Message					

13-note

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### III. ANTHONY KING – INCREASE INCOME INDEPENDENT STUDY

<b>Change Reported</b>
------------------------

#### **Background:**

- Mr. King calls to report a change.
- Document the change on SUCCESS per Mr. King's report and request any necessary verification.

#### **AMEN**

- Select "R" from the AMEN screen and enter Mr. King's AU ID number.

#### **ADDR**

- F21 and document the change based on the information Mr. King provides.
- Fast path to ERN1

#### **ERN1**

- F9 and document the reported change on the REMA screen

<b>Verification Provided</b>
------------------------------

#### **Background:**

- Mr. King provides a letter from his employer verifying increased wages on 10/16/96

## **AMEN**

- Select “R” from the AMEN screen and enter Mr. King’s AU ID number.
- Fast path to ERN1

## **ERN1**

- F9 and document receipt of letter from employer

## **ERN2**

- Update the amount of earnings
- F9 and document on REMA
- Fast path to MISC

## **MISC**

- In the production region 11/96 would be coded in the “Extended Start Dt” field
- In the production region “Y” would be coded in the “MA COA Cor” field

## **DONE**

- Press enter to commit to database



**CAFI for Mr. King – F01**

- Check to be sure the correct amount of income is budgeted for 11/96
- If the budget is correct enter “Y” to confirm

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 96					
AU ID 789623354	Prog MA	Prog Type F	Med COA F01		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	1000.00		Dependent Care	.00	
Total Resources	325.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	75.00	
Gross Income Limit	784.00		Deemed Income	.00	
Gross Earned Income	909.99		Allocated Income	.00	
Net Unearned Income	75.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	984.99		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	909.99		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons 308		Budgeting Method P	
Notice Type 0005	Waive Timely Ntc Period			Notice Override	
Review Begin Date 10 96	Review End Date 11 96			Strat 2	
Message					

13-note



**CAFI for Mr. King – F07**

- Check to be sure the correct amount of income is budgeted for 11/96
- If the budget is correct enter “Y” to confirm

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 96					
AU ID 895523714	Prog MA	Prog Type F	Med COA	F07	
		Net Income Test (cont)			
Resources		Standard - 30 1/3		.00	
Resource Limit	.00	Dependent Care		.00	
Total Resources	.00	Net Earned Income		.00	
Gross Income Test		Net Unearned Income		.00	
Gross Income Limit	.00	Deemed Income		.00	
Gross Earned Income	.00	Allocated Income		.00	
Net Unearned Income	.00	Net Income		.00	
Deemed Income	.00	Grant Amount		.00	
Allocated Income	.00	Recoupment Amount		.00	
Total Gross Income	.00	Benefit Amount		.00	
Net Income Test		Previous Benefit		.00	
Net Income Limit	.00	Spenddown Amount			
Gross Earned Income	.00	Medical Expense Amt			
Self Employ Work Exp	.00	Net Spenddown Amt			
Bnft Eff Date 101696	Bnft Confirm Y	Reasons		Budgeting Method Q	
Notice Type 0003	Waive Timely Ntc Period			Notice Override	
Review Begin Date 11 96	Review End Date 10 97			Strat 3	
Message					

13-note

#### IV. KAREN NESLON – QRF UPDATE

- Ms. Nelson returns her first QRF 2/4/97.
- The wages are verified by check stubs attached to the QRF.
- Review the earned income and child care portion of Ms. Nelson's QRF.
- Select "S" from the AMEN menu and enter AU ID number **XXXX47353**

A. Name of person who worked: Karen Nelson  
 Employer: Brooks Self Storage  
 Name of person who paid child care: Karen Nelson  
 Child care provider: Little Rascals  
 Is the person who worked a full time student? ( ) Yes (  ) No  
 If yes, where is this person in school? \_\_\_\_\_

Month of November 1996						Month of December 1996				
Earnings			Child Care Costs			Earnings			Child Care Costs	
Date Paid	Gross Pay	Tips	Date Paid	Amount	Date Paid	Gross Pay	Tips	Date Paid	Amount	
11/7	\$200.00		11/6	\$10.00	12/5	\$200.00		12/4	\$10.00	
11/14	\$200.00		11/13	\$10.00	12/12	\$200.00		12/11	\$10.00	
11/21	\$200.00		11/20	\$10.00	12/19	\$200.00		12/18	\$10.00	
11/28	\$200.00		11/27	\$10.00	12/26	\$200.00		12/25	\$10.00	

Month of January 1997					Signature of Employer:	
Earnings			Child Care Costs		_____	
Date Paid	Gross Pay	Tips	Date Paid	Amount	Phone Number:	_____
1/3	\$200.00		1/2	\$10.00	Signature of person providing child care:	_____
1/10	\$200.00		1/9	\$10.00	_____	_____
1/17	\$200.00		1/16	\$10.00	Phone Number:	_____
1/24	\$200.00		1/23	\$10.00	_____	_____
1/31	\$200.00		1/30	\$10.00	_____	_____

**TMAI – KAREN NELSON**

- Enter the date Ms. Nelson’s QRF was received. Due to training region limitations enter 10/4/96.
- Enter the QRF Status code.
- Enter the gross income for each month per the QRF and the verification code.
- Enter the dependent care paid each month per the QRF and the verification code.
- Fast path to DONE

QRF CHNGE		TMA INCOME - TMAI			TMAI	A
Month 11 96						
HOH Name		KAREN NELSON		Client ID 771006042		
AU ID 605262611						
Date QRF Received	QRF Status Code	QRF Good Cause	Unemployed Good Cause	RSN QRF Incomplete		
<b>10 04 96</b>	<b>C</b>					
QRF Months	Gross Inc	V	Dep Care	V		
<b>09 96</b>	<b>1000.00</b>	<b>CH</b>	<b>50.00</b>	<b>CS</b>		
<b>08 96</b>	<b>800.00</b>	<b>CH</b>	<b>40.00</b>	<b>CS</b>		
<b>07 96</b>	<b>800.00</b>	<b>CH</b>	<b>40.00</b>	<b>CS</b>		

Message

## V. ANTHONY KING – QRF UPDATE

### AMEN

- Mr. King returns his first QRF on 2/3/97
- The wages are verified by check stubs attached to the QRF.
- Review the earned income and child care portion of Mr. King's QRF
- Select S from the AMEN menu and enter AU ID number **XXXX47353**

A. Name of person who worked: Anthony King

Employer: Ace Hardware

Name of person who paid child care: Anthony King

Child care provider: Kinder Care

Is the person who worked a full time student? ( ) Yes (  ) No

If yes, where is this person in school? \_\_\_\_\_

Month of November 1996					Month of December 1996				
Earnings			Child Care Costs		Earnings			Child Care Costs	
Date Paid	Gross Pay	Tips	Date Paid	Amount	Date Paid	Gross Pay	Tips	Date Paid	Amount
11/6	\$210.00		11/6	\$15.00	12/4	\$210.00		12/4	\$15.00
11/13	\$210.00		11/13	\$15.00	12/11	\$210.00		12/11	\$15.00
11/20	\$210.00		11/20	\$15.00	12/18	\$210.00		12/18	\$15.00
11/27	\$210.00		11/27	\$15.00	12/25	\$210.00		12/25	\$15.00

Month of January 1997					Signature of Employer:	
Earnings			Child Care Costs		_____	
Date Paid	Gross Pay	Tips	Date Paid	Amount	Phone Number:	_____
1/2	\$210.00		1/2	\$15.00	Signature of person providing child care:	_____
1/9	\$210.00		1/9	\$15.00	_____	
1/16	\$210.00		1/16	\$15.00	Phone Number:	_____
1/23	\$210.00		1/23	\$15.00		
1/30	\$210.00		1/30	\$15.00		

---

## TMAI

- Enter the date Mr. King's QRF was received. Due to training region limitations enter 10/3/96.
- 
- Enter the QRF status code
  
- Enter the gross income and child care reported for each month
  
- Check your TMAI screen by comparing your data to the TMAI screen below

## TMAI – ANTHONY KING

---

QRF CHNGE		TMA INCOME - TMAI		TMAI	A
Month 11 96					
HOH Name	ANTHONY	KING		Client ID	760123489
AU ID	895523714				
Date QRF Received	QRF Status Code	QRF Good Cause	Unemployed Good Cause	RSN QRF Incomplete	
<b>10 03 96</b>	<b>C</b>				
QRF Months	Gross Inc	V	Dep Care	V	
<b>09 96</b>	<b>1050.00</b>	<b>CH</b>	<b>75.00</b>	<b>CS</b>	
<b>08 96</b>	<b>840.00</b>	<b>CH</b>	<b>60.00</b>	<b>CS</b>	
<b>07 96</b>	<b>840.00</b>	<b>CH</b>	<b>60.00</b>	<b>CS</b>	

Message

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**Georgia Department of Human Resources**

*Division of Family and Children Services*

# **Family Medicaid**

**SUCCESS Training**

**RSM / Newborn Medicaid**

# OUTLINE

- I. Introduction**
- II. Judy Collins - Initial Application Walk Through**
- III. Judy Collins – Prior Month Walk Through**
- IV. Susan Nelson – Prior Month Independent Study**
- V. Allison Arroya – Add a Newborn Walk Through**
- VI. Susan Nelson – Add a Newborn Independent Study**
- VII. Allison Arroya – Increased Income Walk Through**
- VIII. Susan nelson – Increased Income Independent Study**
- IX. Judy Collins – Decreased income Independent Study**
- X. RSM Review Process**

# OBJECTIVES

Participants will:

have a basic knowledge of the RSM Medicaid COAs in SUCCESS

be able to identify screens and fields specific to RSM in SUCCESS

be able to complete an RSM Intake using SUCCESS

be able to complete an RSM Prior Month using SUCCESS

be able to process Newborn Medicaid using SUCCESS

have a basic knowledge of the RSM Review process on SUCCESS

## **I. Introduction**

## **II. Judy Collins – Initial Application Walk Through**

### **Background:**

- The AU consists of Judy Collins and her two-year-old son, Kyle. Ms. Collins is three months pregnant and does not have health insurance available where she works. She has also requested three months prior Medicaid. Ms. Collins applies for Medicaid for herself and her son.
- The application has been registered. You will now process Judy Collins' applications. Use the screens and data that follow. The trainer will walk you through any new procedures and/or screens that arise.

### **A. Interview**

- Select "O" from the AMEN menu and press Enter.

### **ADDR**

- Information from Registration is pre-populated. Remember to check to be sure that this information is correct.
- F21 to access NARR.

### **NARR**

- Read the background carefully for information to be entered for Judy on NARR.
- Document Ms. Collins' background information.

### **STAT A**

- Kyle is the only person in the F22 AU (Financial Responsibility code is "PN")
- Judy is included in the budget group. (Financial Responsibility Code is "RP")
- Judy states that there are no other household members.

**STAT B P01**

- Judy is the only one included in the P01 AU (Financial Responsibility Code is "PN")
- Kyle will be included in the budget group along with the unborn. We do not list the unborn on the STAT screen. (Financial Responsibility Code is "RP")

**DEM1 for Judy**

- Judy is legally separated from her husband
- Enter "N" in the family planning field
- Judy is not receiving SSI
- Her due date is 3/12/97; she is expecting one baby, both verified by a letter from her doctor.

INTERVIEW		CLIENT DEMOGRAPHIC 1 - DEM1				DEM1 01				
Month 11 96		0098 04 15 96								
Client Name Judy		Collins		Suf		Client ID 170444436				
Alt	SSA/SSN	SSN Appl	SSN1	V	More	DOB	V	Sex	Race	Eth
Name	Appl For	Date			SSNs	(MM DD YYYY)				
			114 11 1704	CA		05 28 1970	BC	F	W	N
GA	Marital	Living	RSM	Min Par	Boarder	Amt Paid	-- Family Planning --			
Res	Status	Arrngmt	Ad/Ch	/LA	Num Meals	for Meals	Referral	Date		
Y	<b>S</b>	<b>AH</b>					<b>N</b>	<b>10 16 96</b>		
Concurr	SSI	Depriv	V	Prenatal Care	----- Pregnant -----		FTC			
Out of St	Recip			Ind Good Cse	Term/Due	Term/Due	V	Num	V	Code
CA FS MA					Code	Date		Exp		
N N N	<b>N</b>				<b>D</b>	<b>03 12 97</b>	<b>DO</b>	<b>1</b>	<b>DO</b>	

Message 0013  
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

15-lett

16-crs

23-alau



**DEM1 for Kyle**

- Kyle lives in the home.
- Kyle is an RSM child

INTERVIEW Month 11 96	CLIENT DEMOGRAPHIC 1 - DEM1 0098 04 15 96						DEM1 02
Client Name Kyle	Collins		Suf	Client ID 170423599			
Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V Sex Race Eth
			114 12 1704	CA		12 31 1994	BC M W N
GA Res Y	Marital Status N	Living Arrngmt <b>AH</b>	RSM Ad/Ch <b>C</b>	Min Par /LA	Boarder Num Meals	Amt Paid for Meals	-- Family Planning Referral Date
Concurr Out of St CA	SSI Recip FS MA	Depriv	V	Prenatal Care Ind Good Cse	----- Term/Due Code	Pregnant Term/Due Date	----- Num V Exp
N N N	<b>N</b>						FTC Code

Message 0013

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

15-lett

16-crs

23-alau



### **RES1 for Judy**

- Judy has a checking account with Moneybags Memorial with \$15 in it. Her statement is accepted as verification.

### **RES2 for Judy**

- Judy has a 1987 Chevrolet Camaro valued at \$1500. Verified by the NADA book
- She still owes \$700 on the car, verified by her loan payment book
- There are no other resources for the AU

### **ERN1 for Judy**

- Judy works at Azalealand Nursing Home Inc., at 2040 Colonial Drive, Savannah, Georgia 31406 as a LPN. Phone is 912-954-2752
- She began on 8/27/96 and received her first check 9/4/96
- Enter "N" for late report
- There is no other earned income for this AU
- Press ENTER to go to ERN2

### **ERN2 for Judy**

- Judy Collins' income varies from week to week. She has been working at a nursing home approximately 40 hours per week. She is paid on weekly on Fridays.
- No data to be entered on this screen, it will be entered on EVNC.

### EVNC for Judy

- A/R provides the following 4 consecutive check stubs for verification. A/R states all checks are representative except for the 10/10 check because Kyle was sick and Judy had to take care of him that week.
- PF9 to Document the following:  
“Judy provides the following pay stubs. She states all are representative except the 10/10 check because Judy had to take care of Kyle, who was sick that week.” Document why not used.

Pay End Date	Pay Received Date	Amount	Verif	Repres?
9/12/96	9/19/96	195.42	CH	Y
9/19/96	9/26/96	200.50	CH	Y
9/26/96	10/3/96	199.50	CH	Y
10/3/96	10/10/96	101.54	CH	N

### CARE for Judy

- Judy’s mom keeps Kyle at no charge while Judy works
- PF9 to enter a remark

## MISC

- Review MISC to be sure the next Review is coded as an alternate review.

## ERRO

- You should have no errors you need to deal with.

## DONE

- Press ENTER to commit your interview to the database.

## B. Process Application Months

- There are no changes to be made to either 10/96 or 11/96 during the “P” processing of application months. *But remember, you must go into 10/96 as final edits are needed.* Select 10/96 and press ENTER at ADDR, fast path to DONE, press ENTER to commit, then, PF13 on APP1 to return to AMEN.

## C. Finalize Applications

- When you finalize, you must finalize each application separately.

## APP2 for Judy Collins RSM Child

- 10/96 is pre-selected
- press ENTER to process 10/96



**CAFI F22 10/96**

- check to be sure the correct income has been budgeted for 10/96
- if the budget is correct for 10/96, enter "Y" to confirm

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 10 96					
AU ID 652373318	Prog MA	Prog Type F	Med COA F22 ←		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	703.88	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	793.88		Allocated Income	.00	
Net Unearned Income	.00		Net Income	704.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1396.00		Spenddown Amount		
Gross Earned Income	793.88		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 04 97		Strat 2		
Message					

13-note



**CAFI F22 for 11/96**

- check to be sure the correct income has been budgeted for 11/96
- if the budget is correct for 11/96, enter "Y" to confirm

FINALIZE		CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 11 96					
AU ID 652373318	Prog MA	Prog Type F	Med COA F22	←	
Net Income Test (cont)					
Resources			Standard - 30 1/3	90.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	703.88	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	793.88		Allocated Income	.00	
Net Unearned Income	.00		Net Income	704.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1396.00		Spenddown Amount		
Gross Earned Income	793.88		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 04 97		Strat 2		
Message					

13-note

**APP2 for RSM Child**

- Finalize the case by entering "Y" and pressing enter

**D. Finalize the Pregnant Woman RSM Case**

- Enter "Q" at AMEN and enter the P01 AU ID #
- Follow the same procedures to finalize the Pregnant Woman case as you did the RSM Child case.

**APP2 for P01**

- SUCCESS pre-selects the historical month.
- Press ENTER to process 10/96.

**P01 ELIG for 10/96**

- check to make sure the correct individuals are included in the RSM Pregnant Woman AU and Budget Group for 10/96.
- if the non-financial screen is correct, enter "Y" to confirm

FINALIZE		NON-FINANCIAL ELIGIBILITY RESULTS - ELIG						ELIG	A		
Month 10 96								01			
AU ID 752373318		Prog MA	Prog Type P		Med COA P01		←				
Confirm Y											
AU	AU Status	AU Stat	Appl	Begin	Pd Thru	--- Penalty ---					
Stat	Reasons	Date	Date	Date	Date	Type	End Date				
A		101696	101696	100196							
-----											
First	Last	Rel	V	Mand	Finl	-- Stat --	Rsn	Appl	Begin	Pd Thru	Penalty
Name	Name			Incl	Resp	Date		Date	Date	Date	T Date
JUDY	COL	SE	OT	Y	RE	A 101696		101696	100196		
KYLE	COL	CH	OT	Y	RP	A 101696		101696	100196		

Message

**P01 CAFI for 10/96**

- check to be sure the correct income has been budgeted for 11/96
- if the budget is correct for 10/96, enter "Y" to confirm

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 10 96					
AU ID 752373318	Prog MA	Prog Type P	Med COA P01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	703.88	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	793.88		Allocated Income	.00	
Net Unearned Income	.00		Net Income	704.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1941.00		Spenddown Amount		
Gross Earned Income	793.88		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 99 99		Strat 2		
Message					

13-note



**P01 CAFI for 11/96**

- check to be sure the correct income has been budgeted for 11/96
- if the budget is correct for 11/96, enter “Y” to confirm

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 96					
AU ID 752373318	Prog MA	Prog Type P	Med COA P01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	703.88	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	793.88		Allocated Income	.00	
Net Unearned Income	.00		Net Income	704.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1941.00		Spenddown Amount		
Gross Earned Income	793.88		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 99 99		Strat 2		
Message					

.13-note

**APP2 for P01**

- Finalize the case by entering “Y” and pressing enter

### I. III. Judy Collins – Prior Month Walk Through

#### Background

- Judy Collins has applied for and is receiving RSM for herself and her son. Judy has requested Medicaid for the prior months of August and September for herself. She has no unpaid bills for Kyle. Judy verifies that she was not paid in 8/96. She provides a statement from her mom that her mother paid her rent and utility bills directly to the vendor in 8/96. She provides her actual check stubs for 9/96.
- Process Judy Collins' prior Medicaid expenses. Use the screens and data that follow. The trainer will walk you through any new screens and/or procedures.

#### AMEN

- Select 5 on AMEN, enter Judy's P01 AU ID #

#### PMCO for Judy Collins

- Judy wants Medicaid for 8/96 and 9/96

---

UPDATE	PRIOR MEDICAID COPY - PMCO	PMCO	
	1071 10 16 96		
HOH Name JUDY	COLLINS	Client ID 170244436	
	AU ID 949463012	Appl Date 10 16 96	
Apply	Benefit Month	AU Stat	Med COA
	07 96		
Y	08 96		
Y	09 96		

Message 0963

0963 PLEASE SELECT RETRO MONTH(S) FOR DATA COPY

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---

## Updating Prior Months' Data for 8/96

- Select option "R"
  - Enter "8/96" in the Benefit Month field
- 

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection R

AU ID xxxxxxxxx

Client ID

Screen ID

As Of Date

Benefit Month (MM YY) **08 96**

Notice Type

- |                        |                         |                             |
|------------------------|-------------------------|-----------------------------|
| A. Name/Part Inquiry   | J. Registration         | R. Interim/Hist Change      |
| B. AU/Client Inquiry   | K. Add A Person         | S. QRF Change               |
| D. Address Inquiry     | L. Add A Program        | Y. Spndwn Med Expnse Update |
| E. Trial Budget        | M. Reinstatement        | Z. Spndwn Med Expnse Inquir |
| F. Trial Eligibility   | N. Initiate Review      | 1. Spndwn Authorization     |
| G. Batch Print Request | O. Interview            | 5. Prior Medicaid Copy      |
| H. Notice History      | P. Process Appl Months  | 6. Finalize Prior Medicaid  |
| I. SPA Inquiry         | Q. Finalize Application |                             |

Message 0013

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

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## ERN1 for Judy

- Judy began work at Azalealand Nursing Home in 8/96 but did not get her first paycheck until 9/96.

## ERN2 for Judy

- Enter Y in the DEL field and press PF24
- Fast path to DONE

## DONE

- Press enter to commit to the data base

## Updating Prior Months' Data for 9/96

- Enter 9/96 as the historical month
- Fast path to ERN2 for Judy

**ERN2 for JUDY 9/96**

- PF16 to EVNC

**EVNC**

- Delete wage information by pressing the “END” key in each field.
- Press “Enter”

**ERN2 for Judy**

- She worked 40 hours per week paid on Friday
- Enter **ACTUAL** for the frequency code
- She received the following paychecks in 9/96.

Date Paid	Amount
9/5/96	189.75
9/12/96	202.86
9/19/96	195.42
9/26/96	200.50

CHANGE EARNED INCOME 2 - ERN2 ERN2 01  
Month 09 96 01

Client Name JUDY COLLINS Client ID 170444436

Employer Name AZALEALAND NURSING HOME, INC.

Avg Hrs **040** Freq **AC** Day Week Pd **FR** Extra Pay

Del

Amt 1 V Amt 2 V Amt 3 V Amt 4 V Extra V  
**189.75 CH 202.86 CH 195.42 CH 200.50 CH**

----- Work Expenses -----  
Type Amount Freq V Type Amount Freq V

More Jobs

Message 0013

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

15-lett 16-evnc 23-alau 24-del





**CAFI for 8/96**

- check to be sure the correct income has been budgeted for 8/96
- if the budget is correct for 8/96, enter "Y" to confirm

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 08 96					
AU ID 752373318	Prog MA	Prog Type P	Med COA P01		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1941.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0004	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 99 99		Strat		
Message					

13-note



**CAFI for 9/96**

- check to be sure the correct income has been budgeted for 9/96
- if the budget is correct for 9/96, enter "Y" to confirm

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 09 96					
AU ID 752373318	Prog MA	Prog Type P	Med COA P01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	698.53	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	788.53		Allocated Income	.00	
Net Unearned Income	.00		Net Income	699.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1941.00		Spenddown Amount		
Gross Earned Income	788.53		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons		Budgeting Method A	
Notice Type 0004	Waive Timely Ntc Period			Notice Override	
Review Begin Date 10 96	Review End Date 99 99			Strat 1	
Message					

.13-note



## II. IV. Susan Nelson - Prior Month Independent Study

### Background

- Susan Nelson was approved today for RSM PG for herself, RSM child for her two children and Food Stamps for everyone in her household, which includes the children and her spouse, Ralph. She needs Medicaid for unpaid medical bills for herself for 8/96 and 9/96.

### Your Assignment

- Process the request for prior months Medicaid

### 3 months prior for 9/96

- Susan provides the following actual pay checks for 8/96 and 9/96 for Ralph from Blind Willies:

August		September	
Pay Date	Amount	Pay Date	Amount
8/5/96	345.25	9/2/96	345.87
8/12/96	351.36	9/9/96	350.64
8/19/96	350.00	9/16/96	342.90
8/26/96	347.85	9/23/96	350.00
		9/30/96	349.54

- Be sure to check your budgets with the one in the *Participant's Manual* and ask a trainer for help if needed.



**Prior Month CAFI 8/96**

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FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 08 96				
AU ID 788483801	Prog MA	Prog Type P	Med COA P01	←
			Net Income Test (cont)	
Resources			Standard - 30 1/3	90.00
Resource Limit	.00		Dependent Care	.00
Total Resources	.00		Net Earned Income	1304.46
Gross Income Test			Net Unearned Income	.00
Gross Income Limit	.00		Deemed Income	.00
Gross Earned Income	1394.46		Allocated Income	.00
Net Unearned Income	.00		Net Income	1304.00
Deemed Income	.00		Grant Amount	.00
Allocated Income	.00		Recoupment Amount	.00
Total Gross Income	.00		Benefit Amount	.00
Net Income Test			Previous Benefit	.00
Net Income Limit	2731.00		Spenddown Amount	
Gross Earned Income	1394.46		Medical Expense Amt	
Self Employ Work Exp	.00		Net Spenddown Amt	
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A	
Notice Type 0004	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 96	Review End Date 99 99		Strat 2	
Message				

13-note

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**Prior Month CAFI 9/96**

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 09 96					
AU ID 788483801	Prog MA	Prog Type P	Med COA P01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	1648.95	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	1738.95		Allocated Income	.00	
Net Unearned Income	.00		Net Income	1649.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	2731.00		Spenddown Amount		
Gross Earned Income	1738.95		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0004	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 99 99		Strat 2		
Message					

13-note

### **III. V. Allison Arroyo – Add a Newborn Walk Through**

#### **Background**

- The household members are a pregnant mother, Allison Arroyo, her spouse, Carlos Arroyo, and their three-year-old child, Andrea. Allison receives RSM PgW Medicaid and Andrea receives RSM Child Medicaid. The mother calls you on 10/16/96 to tell you that she has had her baby, Emanuel, on 10/15/96.
- Add the newborn to the existing RSM AUs; add his own Newborn MA AU. Use the screens and data that follow. The trainer will assist you as necessary.

#### **AMEN**

- Select K for Add-A-Person and enter Allison Arroyo's F22 AU ID #.

#### **NAME for Allison Arroyo**

- No information can be changed on this screen. Press ENTER to continue.

#### **MEMB for Emanuel Arroyo**

- Date of Birth is 10/15/96, verified by mother's statement.
- Is a white male
- Was enumerated at birth.

#### **NAME/SSN Clearance for Emanuel Arroyo**

- Assign a new client ID for Emanuel.

#### **INCH for Allison Arroyo**

- Select the RSM Child
- Application date is 10/16/96
- PF4 past the warning message (you do not need to print an AFA)

#### **REDI for Allison Arroyo**

- Do not schedule an appointment
- PF4 past the warning message back to AMEN

**AMEN for Allison Arroyo**

- Select L for Add a Program and enter the AU ID

**NAME for Allison Arroyo**

- No input is allowed

**KIND for Allison Arroyo**

- Select AFDC Related Medicaid for the new MA program

**CIRC for Allison Arroyo**

- No input required, press Enter to continue

**MEMB for Allison Arroyo**

- You cannot delete any members during registration
- Delete Allison's pregnancy information



---

## Interview for the New Program and New Person

### AMEN

- Select 0 and press Enter

### ADDR

- PF21 to document the following remark:
- Be sure to date; indicate type of contact, name and worker ID.  
“A/R reports baby, Emanuel Arroyo, born on 10/15/96. F15 case added. Emanuel added to F22 as RP”

### STAT A (F15)

- Emanuel’s financial responsibility code is PN
- Everyone else’s will be NM

### STAT B (F22)

- Emanuel’s financial responsibility code will be RP

### STAT C (PO1)

- Emanuel is not being added to this case

### DEM1 for Allison Arroyo

- Allison Arroyo’s pregnancy terminate 10/15/96
- Look up the valid value for the Term/Due code and enter the termination date. Allison’s statement is accepted as verification
- Delete number expected and verification

**Note:** Ms. Arroyo is a US citizen.

### DEM1 for Emanuel

- Enter 10/15/96 as the SSN application date
- Emanuel lives at home
- Enter C for RSM child
- Emanuel does not receive SSI

### DEM2 for Emanuel

- Emanuel is a citizen
- Enter “Y” for Health Check
- Fast path to DONE



**CAFI for F22**

- Enter Y to confirm

INTERVIEW	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	B
Month 11 96					
AU ID 101134407	Prog MA	Prog Type F	Med COA F22		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	710.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	800.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	710.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1396.00		Spenddown Amount		
Gross Earned Income	800.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 093096	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0011	Waive Timely Ntc Period		Notice Override		
Review Begin Date 09 96	Review End Date 03 97		Strat 2		
Message					

13-note



**F15 CAFI for 10/96**

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 10 96					
AU ID 103384905	Prog MA	Prog Type F	Med COA F15	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 10 97		Strat 2		
Message					

13-note

**F15 ELIG for 11/96**

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 11 96 01

AU ID 103384905 Prog MA Prog Type F Med COA F15 ←  
Confirm Y

AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---	Penalty	---
Stat	Reasons	Date	Date	Date	Date	Type	End Date	
A		101696	101596	100196				

First	Last	Rel	V	Mand	Finl	--	Stat	--	Rsn	Appl	Begin	Pd Thru	Penalty
Name	Name			Incl	Resp		Date			Date	Date	Date	T Date
ALLIS	ARR	SE	OT	N	NM		A 101696			101596			
CARL	ARR	SP	OT	N	NM		A 101696			101596			
ANDR	ARR	CH	OT	N	NM		A 101696			101596			
EMAN	ARR	CH	OT	Y	RE		A 101696			101596	100196		

Message

**F15 CAFI for 11/96**

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 96					
AU ID 103384905	Prog MA	Prog Type F	Med COA F15		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 10 97		Strat 2		
Message					

13-note

**F22 ELIG for 10/96**

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 10 96 0098 09 30 96 01

AU ID XXXX34407 Prog MA Prog Type F Med COA F22 ←  
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date
A		093096	090196	090196			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLIS	ARR	SE BC	Y	RP	A 093096		090196	090196		
CARL	ARR	SP BC	Y	RP	A 093096		090196	090196		
ANDR	ARR	CH BC	Y	RE	A 093096		090196	090196		
EMAN	ARR	CH OT	Y	RP	A 101696		101596	100196		

Message

**F22 CAFI for 10/96**

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A  
Month 10 96

AU ID XXXX34407 Prog MA Prog Type F Med COA F22 ←

Resources	Net Income Test (cont)
Resource Limit	Standard - 30 1/3 90.00
Total Resources	Dependent Care .00
Gross Income Test	Net Earned Income 310.00
Gross Income Limit	Net Unearned Income .00
Gross Earned Income 400.00	Deemed Income .00
Net Unearned Income .00	Allocated Income .00
Deemed Income .00	Net Income 310.00
Allocated Income .00	Grant Amount .00
Total Gross Income .00	Recoupment Amount .00
Net Income Test	Benefit Amount .00
Net Income Limit 1963.00	Previous Benefit .00
Gross Earned Income 400.00	Spenddown Amount
Self Employ Work Exp .00	Medical Expense Amt
Bnft Eff Date 093096	Net Spenddown Amt
Notice Type	Bnft Confirm Y Reasons 324 Budgeting Method A
Review Begin Date 09 96	Waive Timely Ntc Period Notice Override
Message	Review End Date 03 97 Strat 2

13-note

**F22 ELIG for 11/96**

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 11 96 0098 09 30 96 01

AU ID XXXX34407 Prog MA Prog Type F Med COA F22 ←  
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date
A		093096	090196	090196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLIS	ARR	SE	BC	Y	RP	A 093096		090196	090196		
CARL	ARR	SP	BC	Y	RP	A 093096		090196	090196		
ANDR	ARR	CH	BC	Y	RE	A 093096		090196	090196		
EMAN	ARR	CH	OT	Y	RP	A 101696		101596	100196		

Message

**F22 CAFI for 11/96**

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A

Month 11 96

AU ID XXXX34407 Prog MA Prog Type F Med COA F22 ←

Net Income Test (cont)

Resources		Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	310.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	400.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	310.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	1680.00	Spenddown Amount	
Gross Earned Income	400.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 093096 Bnft Confirm Y Reasons 324 Budgeting Method A  
 Notice Type 0011 Waive Timely Ntc Period Notice Override  
 Review Begin Date 09 96 Review End Date 03 97 Strat 2

Message

13-note

IV.

## **VI. Susan Nelson – Add a Newborn Independent Study**

### **Background**

- Susan Nelson was just approved for RSM PG for herself and RSM child for her two children in her household which includes her spouse, Ralph. You have processed her request for prior month Medicaid. Now she calls on 10/16/96 to report she had her baby, Donna Sue, a white female, on 10/15/96.

### **Your Assignment**

- Process Add-a-Person to add Donna to the F22 case
- Add Newborn Medicaid as a new program
- Complete the O&P functions for both registrations
- Use a different RACF ID and complete the Q function for these registrations
- Don't forget to check the budgets. If you find an error, ask your trainer to help you.

**Add a person/ Add Newborn Program**

**F15 ELIG for 10/96**

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 10 96 01

AU ID 100471119 Prog MA Prog Type F Med COA F15 ←  
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date
A		101696	101596	100196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	N	NM	A 101696		101596			
RALPH	NEL	SP	OT	N	NM	A 101696		101596			
MARCUS	NEL	CH	OT	N	NM	A 101696		101596			
BRENDA	NEL	CH	OT	N	NM	A 101696		101596			
DONNA	NEL	CH	OT	Y	RE	A 101696		101596	100196		

Message

**F15 CAFI for 10/96**

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A  
Month 10 96

AU ID 100471119 Prog MA Prog Type F Med COA F15 ←

Resources	Standard - 30 1/3	Dependent Care	Net Earned Income	Net Unearned Income	Deemed Income	Allocated Income	Net Income	Grant Amount	Recoupment Amount	Benefit Amount	Previous Benefit	Spenddown Amount	Medical Expense Amt	Net Spenddown Amt
Resource Limit	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00			
Total Resources	.00													
Gross Income Test														
Gross Income Limit	.00													
Gross Earned Income	.00													
Net Unearned Income	.00													
Deemed Income	.00													
Allocated Income	.00													
Total Gross Income	.00													
Net Income Test														
Net Income Limit	.00													
Gross Earned Income	.00													
Self Employ Work Exp	.00													
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A											
Notice Type 0003	Waive Timely Ntc Period		Notice Override											
Review Begin Date 10 96	Review End Date 10 97		Strat 2											

Message

\_13-note

**F15 ELIG for 11/96**

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 11 96 01

AU ID 100471119 Prog MA Prog Type F Med COA F15 ←  
Confirm Y

AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---	Penalty	---
Stat	Reasons	Date	Date	Date	Date	Type	End Date	
A		101696	101596	100196				

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat --	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	N	NM	A	101696	101596			
RALPH	NEL	SP	OT	N	NM	A	101696	101596			
MARCUS	NEL	CH	OT	N	NM	A	101696	101596			
BRENDA	NEL	CH	OT	N	NM	A	101696	101596			
DONNA	NEL	CH	OT	Y	RE	A	101696	101596	100196		

Message

**F15 CAFI for 11/96**

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A  
Month 11 96

AU ID 100471119 Prog MA Prog Type F Med COA F15 ←

Resources		Net Income Test (cont)	
Resource Limit	.00	Standard - 30 1/3	.00
Total Resources	.00	Dependent Care	.00
Gross Income Test		Net Earned Income	.00
Gross Income Limit	.00	Net Unearned Income	.00
Gross Earned Income	.00	Deemed Income	.00
Net Unearned Income	.00	Allocated Income	.00
Deemed Income	.00	Net Income	.00
Allocated Income	.00	Grant Amount	.00
Total Gross Income	.00	Recoupment Amount	.00
Net Income Test		Benefit Amount	.00
Net Income Limit	.00	Previous Benefit	.00
Gross Earned Income	.00	Spenddown Amount	
Self Employ Work Exp	.00	Medical Expense Amt	
Net Spenddown Amt			
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A
Notice Type 0003	Waive Timely Ntc Period		Notice Override
Review Begin Date 10 96	Review End Date 10 97		Strat 2

Message

13-note

**F22 ELIG for 10/96**

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 10 96 4981 10 16 96 01

AU ID 893164118 Prog MA Prog Type F Med COA F22 ←  
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date
A		101696	100196	100196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	A 101696		100196	100196		
RALPH	NEL	SP	OT	Y	RP	A 101696		100196	100196		
MARCUS	NEL	CH	OT	Y	RE	A 101696		100196	100196		
BRENDA	NEL	CH	OT	Y	RE	A 101696		100196	100196		
DONNA	NEL	CH	OT	Y	RP	A 101696		101696	100196		

Message

**F22 CAFI for 10/96**

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A

Month 10 96

AU ID 893164118 Prog MA Prog Type F Med COA F22 ←

Resources	Net Income Test (cont)
Resource Limit	Standard - 30 1/3 90.00
Total Resources	Dependent Care .00
Gross Income Test	Net Earned Income 1263.00
Gross Income Limit	Net Unearned Income .00
Gross Earned Income 1353.00	Deemed Income .00
Net Unearned Income .00	Allocated Income .00
Deemed Income .00	Net Income 1263.00
Allocated Income .00	Grant Amount .00
Total Gross Income .00	Recoupment Amount .00
Net Income Test	Benefit Amount .00
Net Income Limit 1690.00	Previous Benefit .00
Gross Earned Income 1353.00	Spenddown Amount
Self Employ Work Exp .00	Medical Expense Amt
Bnft Eff Date 101696	Net Spenddown Amt
Notice Type 0003	Bnft Confirm Y Reasons Budgeting Method A
Review Begin Date 10 96	Waive Timely Ntc Period Notice Override
	Review End Date 04 97 Strat 2

Message

13-note

**F22 ELIG for 11/96**

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 11 96 4981 10 16 96 01

AU ID 893164118 Prog MA Prog Type F Med COA F22 ←  
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date
A		101696	100196	100196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	A 101696		100196	100196		
RALPH	NEL	SP	OT	Y	RP	A 101696		100196	100196		
MARCUS	NEL	CH	OT	Y	RE	A 101696		100196	100196		
BRENDA	NEL	CH	OT	Y	RE	A 101696		100196	100196		
DONNA	NEL	CH	OT	Y	RP	A 101696		101696	100196		

Message

**F22 CAFI for 11/96**

FINALIZE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A  
Month 11 96

AU ID 893164118 Prog MA Prog Type F Med COA F22 ←

Resources	Standard - 30 1/3	90.00
Resource Limit	.00	Dependent Care .00
Total Resources	.00	Net Earned Income 1263.00
Gross Income Test		Net Unearned Income .00
Gross Income Limit	.00	Deemed Income .00
Gross Earned Income	1353.00	Allocated Income .00
Net Unearned Income	.00	Net Income 1263.00
Deemed Income	.00	Grant Amount .00
Allocated Income	.00	Recoupment Amount .00
Total Gross Income	.00	Benefit Amount .00
Net Income Test		Previous Benefit .00
Net Income Limit	1476.00	Spenddown Amount
Gross Earned Income	1353.00	Medical Expense Amt
Self Employ Work Exp	.00	Net Spenddown Amt

Bnft Eff Date 101696 Bnft Confirm Y Reasons Budgeting Method A  
Notice Type 0003 Waive Timely Ntc Period Notice Override  
Review Begin Date 10 96 Review End Date 04 97 Strat 2

Message

13-note

V.

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## Summary of SUCCESS Procedures

### Initials

- O – to interview the customer
- P – to add verification, new or terminated income
- Q – to make case active and issue benefits

### 3 Months Prior

- 5 – to copy the financial and non-financial information to the prior month
- R – to update income to actual amounts
- 6 – to make case active and issue benefits

### Add a Person

- K – to place the individual in existing cases
- O – to add the financial and non-financial information for the new person
- P – to process verification, new or terminated income for the new person
- Q – to make the person active in the case and issue benefits for that individual

### Add a Program

- L – to add the new program to the head of households list of Aus
- O – to add the non-financial and financial information for the new program
- P – to add verification, new or terminated income for the new program
- Q – to make the case active and issue benefits for the new program

### Review

- B – to get the new client id
- N – to tell SUCCESS that the review process has begun
- R – to update the financial and non-financial information and complete the Review

## **VII. Allison Arroyo – Increased Income Walk Through**

### **Background**

- The A/R is Allison Arroyo, a mother, with her husband, Carlos, and their three-year-old child Andrea, and a newborn, Emanuel. Allison, Andrea and Emanuel are receiving Medicaid. Allison calls on 10/16/96 to tell you that Carlos has gotten a promotion on 10/10/96. He is now working 40 hours per week at \$11.25 per hour.

### **STEP ONE**

- Access the case to document the change reported by Mr. Arroyo. Then request any verification needed to complete the change.
- PF9 to document the following: “A/R called 10/16/96 to report that Carlos is now working full time. He will be working an average of 40 hours per week at \$11.25 per hour. Timely report; verification of wages requested.”

### **STEP TWO**

- Once the verification has been received, use the following data and screens to make the necessary updates to the case. Complete any required CMDs. The trainer will walk you through new procedures and assist you if you run into any difficulties.

### **AMEN**

- Select R and enter any of Allison’s AU ID #.

### **ADDR**

- F21 to access NARR and document the reported change
- Fast path to ERN2 for Carlos

**ERN2 for Carlos**

- Carlos was working 20 hours per week at \$5 per hour. He is now working 40 hours per week at \$11.25 per hour.
- PF9 to document the following: "Verification of wages received. Representative pay is \$450/wk. Copies of check stubs in CR"

CHANGE Month 11 96	EARNED INCOME 2 - ERN2	<b>DONE 02</b> 01 Remarks
Client Name CARLOS	ARROYO	Client ID XXXX62468
Employer Name JOSEPH AND SONS CONSTRUCTION		

	Avg Hrs <b>040</b>	Freq <b>WK</b>	Day Week Pd <b>FR</b>	Extra Pay
--	--------------------	----------------	-----------------------	-----------

Del

Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
<b>450.00</b>	<b>CH</b>								

----- Work Expenses -----  
 Type Amount Freq V Type Amount Freq V

Message	More Jobs
0019 UPDATE COMPLETED SUCCESSFULLY	
15-lett	16-evnc
23-alau	24-del

**ELIG-P01 for Allison Arroyo**

- Confirm the results

**CAFI-P01 for Allison Arroyo**

- Confirm results





**CAFI F22**

- Enter Y to confirm

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CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI A
Month 11 96				
AU ID 100134407	Prog MA	Prog Type F	Med COA F22 ←	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	.00	
Resource Limit	.00	Dependent Care	.00	
Total Resources	.00	Net Earned Income	.00	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	.00	Deemed Income	.00	
Gross Earned Income	.00	Allocated Income	.00	
Net Unearned Income	.00	Net Income	.00	
Deemed Income	.00	Grant Amount	.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	.00	Benefit Amount	.00	
Net Income Test		Previous Benefit	.00	
Net Income Limit	.00	Spenddown Amount		
Gross Earned Income	.00	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons 518	Budgeting Method A	
Notice Type 0007	Waive Timely Ntc Period		Notice Override	
Review Begin Date 09 96	Review End Date 03 97		Strat 2	
Message				

13-note

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**ELIG PO1**

- Enter Y to confirm

CHANGE                      NON-FINANCIAL ELIGIBILITY RESULTS - ELIG      ELIG    B  
Month 11 96                      0098 09 30 96                      01

AU ID 100144407    Prog MA            Prog Type P            Med COA P01 ←

Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
A		093096	090196	090196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLIS	ARR	SE	BC	Y	RE	A 093096		090196	090196		
CARL	ARR	SP	BC	Y	RP	A 093096		090196	090196		
ANDR	ARR	CH	BC	Y	RP	A 093096		090196	090196		

Message

**CAFI P01**

- Enter Y to confirm

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	B
Month 11 96		1001	10 16 96		
AU ID 100144407	Prog MA	Prog Type P	Med COA P01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 093096	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0011	Waive Timely Ntc Period		Notice Override		
Review Begin Date 09 96	Review End Date 99 99		Strat 2		
Message					

\_13-note

**ELIG F15**

- Enter Y to confirm

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG C  
Month 11 96 3981 10 16 96 01

AU ID 689122410 Prog MA Prog Type F Med COA F15 ←  
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
A		101696	101596	100196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
ALLIS	ARR	SE	OT	N	NM	A 101696		101596			
CARL	ARR	SP	OT	N	NM	A 101696		101596			
ANDR	ARR	CH	OT	N	NM	A 101696		101596			
EMAN	ARR	CH	OT	Y	RE	A 101696		101596	100196		

Message

**CAFI for F15**

- Enter Y to confirm

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	C
Month 11 96		3981	10 16 96		
AU ID 689122410	Prog MA	Prog Type F	Med COA F15	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 10 97		Strat 2		
Message					

13-note

## **VIII. Susan Nelson – Increased Income Independent Study**

### **Background**

- Susan Nelson was just approved for RSM PG for herself and RSM child. Her household also includes her spouse, Ralph. You have processed her request for prior months Medicaid and added her newborn to the existing cases as well as adding a Newborn (F15) Medicaid case. Now Susan calls to report Ralph has received a raise in pay to \$15.00 per hour effective immediately. He continues to work 40 hours per week. The first paycheck affected will be 10/28/96.

### **Your Assignment**

- Document the reported change and request verification
- A/R provides a statement from his employer verifying the raise
- Once verification is received, process the increased income change
- Do not confirm an F99 case
- Check your budgets carefully and ask a trainer for help if needed.

**F15 ELIG for 11/96**

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
Month 11 96 2001 10 16 96 01

AU ID 396272514 Prog MA Prog Type F Med COA F15  
Confirm y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	Penalty End Date
A		101696	101696	100196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	Stat Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	NM	A 101696		101696			
MARCUS	NEL	CH	OT	Y	NM	A 101696		101696			
RALPH	NEL	SP	OT	Y	NM	A 101696		101696			
DONNA	NEL	CH	OT	Y	RE	A 101696		101696	100196		
BRENDA	NEL	CH	OT	Y	NM	A 101696		101696			

Message

**F15 CAFI for 11/96**

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI A  
Month 11 96 2001 10 16 96

AU ID 396272514 Prog MA Prog Type F Med COA F15  
Net Income Test (cont)

Resources		Standard - 30 1/3	.00
Resource Limit	.00	Dependent Care	.00
Total Resources	.00	Net Earned Income	.00
Gross Income Test		Net Unearned Income	.00
Gross Income Limit	.00	Deemed Income	.00
Gross Earned Income	.00	Allocated Income	.00
Net Unearned Income	.00	Net Income	.00
Deemed Income	.00	Grant Amount	.00
Allocated Income	.00	Recoupment Amount	.00
Total Gross Income	.00	Benefit Amount	.00
Net Income Test		Previous Benefit	.00
Net Income Limit	.00	Spenddown Amount	
Gross Earned Income	.00	Medical Expense Amt	
Self Employ Work Exp	.00	Net Spenddown Amt	

Bnft Eff Date 101696 Bnft Confirm y Reasons Budgeting Method A  
Notice Type 0003 Waive Timely Ntc Period Notice Override  
Review Begin Date 10 96 Review End Date 10 97 Strat 2

Message

13-note

**P01 ELIG for 11/96**

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG B  
Month 11 96 7581 10 16 96 01

AU ID 213131514 Prog MA Prog Type F Med COA P01  
Confirm y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date
A		101696	101696	100196			

First Name	Last Name	Rel	V	Mand	Finl	-- Stat --	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RE	A	101696	100196	100196		
MARCUS	NEL	CH	OT	Y	RP	A	101696	100196	100196		
RALPH	NEL	SP	OT	Y	RP	A	101696	100196	100196		
BRENDA	NEL	CH	OT	Y	RP	A	101696	100196	100196		

Message

**P01 CAFI for 11/96**

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI B  
Month 11 96

AU ID 213131514 Prog MA Prog Type P Med COA P01

Resource	Amount	Resource	Amount
Resources		Net Income Test (cont)	
Resource Limit	.00	Standard - 30 1/3	90.00
Total Resources	.00	Dependent Care	.00
Gross Income Test		Net Earned Income	2310.00
Gross Income Limit	.00	Net Unearned Income	.00
Gross Earned Income	2400.00	Deemed Income	.00
Net Unearned Income	.00	Allocated Income	.00
Deemed Income	.00	Net Income	2310.00
Allocated Income	.00	Grant Amount	.00
Total Gross Income	.00	Recoupment Amount	.00
Net Income Test		Benefit Amount	.00
Net Income Limit	2731.00	Previous Benefit	.00
Gross Earned Income	2400.00	Spenddown Amount	
Self Employ Work Exp	.00	Medical Expense Amt	
Bnft Eff Date 101696	Bnft Confirm y	Net Spenddown Amt	
Notice Type 0003	Reasons	Budgeting Method A	
Review Begin Date 10 96	Waive Timely Ntc Period	Notice Override	
	Review End Date 12 96	Strat 2	

Message

13-note

**F22 Tricked to F99 Elig for 11/96**

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C  
Month 11 96 01

AU ID 313131514 Prog MA Prog Type F Med COA F99  
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date
M	347	101696	101696	100196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	A 101696	347	101696	100196		
MARCUS	NEL	CH	OT	Y	RE	A 101696	347	101696	100196		
RALPH	NEL	SP	OT	Y	RP	A 101696	347	101696	100196		
DONNA	NEL	CH	OT	Y	RP	A 101696	347	101696	100196		
BRENDA	NEL	CH	OT	Y	RE	A 101696	347	101696	100196		

Message

**STAT for 11/96**

CHANGE ASSISTANCE STATUS - STAT STAT C  
Month 11 96 7581 10 16 96 01

AU ID 313131514 Prog MA Prog Type F Prev ABD Type Med COA F22 Claim N  
CO 049 LO 049 Load ID 1856 Conversion Date

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date	Appeal Ind
A	518	101696	101696	100196				

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	A 101696		101696	100196		
MARCUS	NEL	CH	OT	Y	RE	A 101696		101696	100196		
RALPH	NEL	SP	OT	Y	RP	A 101696		101696	100196		
DONNA	NEL	CH	OT	Y	RP	A 101696		101696	100196		
BRENDA	NEL	CH	OT	Y	RE	A 101696		101696	100196		

Message

20-rmen 22-alau(arch) 23-alau(curr)

**F22 Elig for 11/96**

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG C  
Month 11 96 01

AU ID 313131514 Prog MA Prog Type F Med COA F22  
Confirm y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	Penalty Type	End Date
D	518	101696	100196	100196			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
SUSAN	NEL	SE	OT	Y	RP	D 101696	518	100196			
MARCUS	NEL	CH	OT	Y	RE	D 101696	518	100196			
RALPH	NEL	SP	OT	Y	RP	D 101696	518	100196			
DONNA	NEL	CH	OT	Y	RP	D 101696	518	100196			
BRENDA	NEL	CH	OT	Y	RE	D 101696	518	101696			

Message

**F22 CAFI for 11/96**

CHANGE CASH/MA FINANCIAL ELIGIBILITY - CAFI CAFI C  
Month 11 96

AU ID 313131514 Prog MA Prog Type F Med COA F22

Resources	Net Income Test (cont)
Resource Limit .00	Standard - 30 1/3 .00
Total Resources .00	Dependent Care .00
Gross Income Test	Net Earned Income .00
Gross Income Limit .00	Net Unearned Income .00
Gross Earned Income .00	Deemed Income .00
Net Unearned Income .00	Allocated Income .00
Deemed Income .00	Net Income .00
Allocated Income .00	Grant Amount .00
Total Gross Income .00	Recoupment Amount .00
Net Income Test	Benefit Amount .00
Net Income Limit .00	Previous Benefit .00
Gross Earned Income .00	Spenddown Amount
Self Employ Work Exp .00	Medical Expense Amt
	Net Spenddown Amt

Bnft Eff Date 101696 Bnft Confirm y Reasons 518 Budgeting Method A  
Notice Type 0005 Waive Timely Ntc Period Notice Override  
Review Begin Date 10 96 Review End Date 04 97 Strat 2

Message

13-note

## IX. Judy Collins – Decreased Income Walk Through

### Background:

- The A/Rs are a mother, Judy, and her two-year-old son, Kyle. The mother is now five months pregnant and does not have health insurance available. She calls to report that she has been having complications and will be unable to work her normal work schedule. She will begin working 20 hours per week and continue to earn \$5.15 per hour.

### Step One

- Access the case to document the change and request verification
- PF9 to document the following: “A/R called 10/16/96 to report that Judy is now working part time. She will be working an average of 20 hours per week at \$5.15 per hour. Timely report, verification requested.  $20 \times \$5.15 = \$103$  per week Representative Pay.”

### Step Two

- Once verification is received, access the case again to update Ms. Collins’s wages.
- Use the following data and screens to make the necessary updates to the case. Complete any required CMDs. The trainer will walk you through new procedures and assist you if you have difficulties.

### AMEN

- Select R and enter any of Judy’s AU ID #s.

### ADDR

- Fast path to ERN2 for Judy

**ERN2 for Judy**

- Judy was working 35 to 40 hours per week at \$5.15 per hour. She is now working 20 hours per week at \$5.15 per hour.
- F16 to EVNC
- Delete wage information by pressing the "End" key in each field
- Press Enter
- Enter Ms. Collins new hours and representative amount
- PF9 to document the following: "Ms. Collins provided a statement from her employer verifying the decreased wages. Copy of letter in CR."
- F8 to access the trial budget

---

CHANGE EARNED INCOME 2 - ERN2 **DONE 02**  
 Month 11 96 01  
 Remarks

Client Name JUDY COLLINS Client ID XXXXXXXX

Employer Name AZALEALAND NURSING HOME, INC

Avg Hrs **020** Freq **WK** Day Week Pd **FR** Extra Pay

Del

Amt 1 V Amt 2 V Amt 3 V Amt 4 V Extra V  
**103.00 LE**

----- Work Expenses -----  
 Type Amount Freq V Type Amount Freq V

Message  
 0019 UPDATE COMPLETED SUCCESSFULLY  
 15-lett

More Jobs

16-evnc 23-alau 24-del

---

**STAT for F22**

- PF9 to REMA and enter the following remark: "New earned income is below the GIL. AU is eligible for LIM. Application mailed."
- Fast path to DONE

**ERRO**

- No errors that need to be dealt with press ENTER.



**CAFI F22**

- Enter Y to confirm

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CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI A
Month 11 96				
AU ID 652373318	Prog MA	Prog Type F	Med COA F22 ←	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	90.00	
Resource Limit	.00	Dependent Care	.00	
Total Resources	.00	Net Earned Income	356.32	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	.00	Deemed Income	.00	
Gross Earned Income	446.32	Allocated Income	.00	
Net Unearned Income	.00	Net Income	356.00	
Deemed Income	.00	Grant Amount	.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	.00	Benefit Amount	.00	
Net Income Test		Previous Benefit	.00	
Net Income Limit	1396.00	Spenddown Amount		
Gross Earned Income	446.32	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons 518	Budgeting Method A	
Notice Type 0007	Waive Timely Ntc Period		Notice Override	
Review Begin Date 09 96	Review End Date 03 97		Strat 2	
Message				

13-note

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**ELIG PO1**

- Enter Y to confirm

CHANGE                      NON-FINANCIAL ELIGIBILITY RESULTS - ELIG      ELIG    B  
Month 11 96                      0098 09 30 96                      01

AU ID 752373318    Prog MA            Prog Type P            Med COA P01            ←

Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	--- Penalty --- Type	End Date
A			101696	101696			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	-- Stat -- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
JUDY	COL	SE	OT	Y	RE	101696		101696	101696		
KYLE	COL	CH	OT	Y	RP	101696		101696	101696		

Message

**CAFI P01**

- Enter Y to confirm

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	B
Month 11 96		1001	10 16 96		
AU ID 752373318	Prog MA	Prog Type P	Med COA P01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 093096	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0011	Waive Timely Ntc Period		Notice Override		
Review Begin Date 09 96	Review End Date 99 99		Strat 2		
Message					

\_13-note

## X. RSM Review Process

- A. SUCCESS selects cases for review the beginning of the month prior to the review end.
- B. A face-to-face interview is not required for RSM Reviews.
  - 1. Counties may opt to conduct Standard Reviews.
  - 2. If a county opts for a Standard Review and the A/R misses the appointment, the case cannot be terminated solely due to the missed appointment.
- C. For Alternate reviews, SUCCESS sends a notice with a mail-in review form the month prior to the review end month and sends the FICM an alert.
  - 1. Be sure to code the next review field on the MISC screen to send an alternate mail-in review.
  - 2. When the form is returned, the FICM must initiate the review in SUCCESS and enter the data.
  - 3. If the review is not initiated by the 6<sup>th</sup> of the review month, SUCCESS sends an alert to the FICM **and will send a warning notice of closure to the AU.**
  - 4. If the mail-in review does not have adequate information, the FICM should try to obtain the information by phone.
  - 5. When the FICM completes the review on SUCCESS, the next review should be coded as an Alternate Review on MISC.
  - 6. The review SOP is the last work day of the month in which the review is due.

# OUTLINE

- I. INTRODUCTION
- II. INID KRUSHEV – EMA APPLICATION WALK THROUGH
- III. ELAINE D’AGOSTINO – EMA APPLCATION INDEPENDENT STUDY

# OBJECTIVES

By the end of this section, you should know:

- how to process an EMA application on SUCCESS .
- how to correctly enter information from Form 526 on the ALAS screen.

Georgia Department of Human Resources

**MEDICAID APPLICATION**

We will consider this application without regard to race, color, sex, age, disability, religion, national origin or political belief.

FOR COUNTY USE ONLY:  
Date Received in County Dept

1/9/16/96

Pregnant Woman

Check block(s) that  Child(ren) Only - RSM

apply to you:  Families w/Children - LIM

PLEASE NOTE: A Face to Face interview is not required for Medicaid applications. Please answer all questions as completely and accurately as possible. If you cannot understand or complete this application, please notify DFCS staff and assistance will be provided free of charge.

Your Name: (Please Print) FIRST NAME INID M.I.  Last Name: KRUSHEV Today's Date: 10/16/96  
 Mailing Address: 181 OAK LANE City: DECATUR State: GA Zip Code: 30030  
 Residence Address (if different from Mailing Address): SAME Phone Number(s): 404-565-7788 E-mail Address: NONE

Please list all persons living with you for whom you want Medicaid. List yourself if you want Medicaid for yourself.

First Name	MI	Last Name	Suffix (Jr.)	Race	Sex M/F	Date of Birth	Relationship to You	Social Security Number	Is this Person a U.S. Citizen? (Y/N) (you may qualify for Medicaid even if you answer No)	Does the Father of this child live in your home? (Y/N)	Does the Mother of this child live in your home? (Y/N)
INID		KRUSHEV		W	F	12/5/80	SELF		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please list all persons living with you for whom you DON'T want Medicaid. List yourself if you don't want Medicaid. You do not have to provide a SSN or immigration status information for any person who is not asking for Medicaid. If provided, we will use the SSN for computer matches with other agencies and it may help us process your child's application. We will NOT share your information with the Department of Homeland Security (formerly the INS).

BRETTA		KRUSHEV		W	F	8/21/61	MOTHER		<input checked="" type="checkbox"/>		

Is anyone in the household pregnant?  Yes  No If yes, who is pregnant? ME Due Date: 5/19/97 Please attach verification of pregnancy if available.  
 Do you have any unpaid medical bills from the past three months?  Yes  No If yes, which months?  
 Does anyone in your household have Health Insurance?  Yes  No If yes, list Insurance Company and policy number below:

Georgia Department of Human Resources

**INCOME, RESOURCES and DAYCARE**

List all income received by persons on page 1 of this application. Be sure to show the amount before deductions. Attach an extra sheet if necessary. We will decide, based on the type of Medicaid, whose income must be counted and whose may be excluded. **If you are applying for Children Only or Pregnant Woman Medicaid, you do not have to complete the Resources/Vehicles sections below.**

Income	Gross Amount per Pay Check (amount before deductions)	How Often? (weekly, every 2-weeks, monthly, etc.?)	Name of Person Receiving	Resources	Amount in Account/Value	Who Owns Resource?
Wages/Earnings	0			Cash	0	
Current Employer:				Checking Account		
Wages/Earnings				Savings Account		
Current Employer:				Credit Union		
Social Security Income/SSI				401K/Retirement Account		
Worker's Compensation				Other		
Pensions or Retirement Benefits						
Child Support/Contributions						
Unemployment Benefits						
Other Income, please specify:						

Vehicle(s): Cars, trucks, motorcycles (licensed)

Name of Parent who works	Name of child or adult cared for	Name of care provider	Amount of Payment	How Often? (weekly, 2-weeks, monthly, etc)

If you are applying for Medicaid for children and one or both of their parents are not in the home, please provide the following information:	
Child's Name	Do they have Medical Coverage on the Child? Yes/No

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I understand that this information may need to be verified to determine eligibility. I understand wage and salary information supplied by the Georgia Department of Labor may be obtained to verify and determine eligibility for Medicaid. I agree to assign to the state all rights to medical support and third party support payments (hospital and medical benefits).

I understand that I must report changes in my income and circumstances within ten (10) days of becoming aware of the change.  
Signature of Self, Parent or Guardian (Required): Andi Krushen Date: 10/16/96

PHYSICIAN'S STATEMENT  
FOR  
EMERGENCY MEDICAL ASSISTANCE

Patient's Name: David Krushev DOB: 12/05/80  
Patient's Address: 181 Oak Lane  
Decatur, Ga. 30030  
Patient's Telephone #: 404 565 7755

Individuals who do not meet Medicaid citizenship/alienage requirements may be eligible for Emergency Medical Assistance (EMA). EMA provides payment for the treatment of emergency when such care and services are necessary for the treatment of an emergency medical condition of the alien, provided such care and services are not related to either an organ transplant procedure or routine prenatal or postpartum care. An emergency is defined as:

"Acute symptoms" of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part"

The individual will have to be determined eligible for Emergency Medical Assistance under one of the Department's existing regular Medicaid coverage groups:

- Aged, blind or disabled;
- Pregnant women;
- Children under 19 years of age; or
- Parents in families with very low income.

This form should be completed and signed by the provider after the Emergency has occurred. Forms containing future dates of service are invalid.

I provided EMERGENCY medical services on 10/02/96 through  
(Date of onset)  
10/14/96 for the individual listed above.  
(Not to exceed 30 days from condition onset date)

Grady Health Care Systems  
(Provider's Name)

[Signature]  
(Provider or Authorized Designee's Signature)

80 Jesse Hill Jr. Drive  
(Provider's Address)

10/15/96  
(Date)

Notification of Eligibility –  
Emergency Medicaid Assistance Program

Important information:

You have applied for Emergency Medicaid Assistance (EMA) benefits. If you are determined to be eligible, you will receive an approval letter which includes your Medicaid certification for the dates Medicaid coverage was granted for the emergency service(s). The dates of certification were determined during the eligibility process from information provided by your attending medical provider. It is important to note that final determination of whether a medical service meets the definition of emergency care is made by the Georgia Medical Care Foundation (GMCF).

Emergency services are those that are:

- Medically necessary, and
- Result from the sudden onset of a health condition with acute symptoms, and
- Which, in the absence of immediate medical attention, are reasonably likely to result in at least one of the following:
  - Placing the individuals health in serious jeopardy, or
  - Serious impairment to bodily functions, or
  - Serious dysfunction of any bodily organ or part.

Only services that fully meet the federal definition of an emergency medical condition will be covered beginning January 1, 2006. Not all services that are medically necessary meet this definition. Certain types of care provided to chronically ill persons are beyond the intent of federal law and are not considered emergency services. Such care includes alternate level of care in a hospital, nursing facility services, home care and personal care.

Only emergency services determined to meet the Federal definition of an emergency as determined by GMCF are covered. Any services provided after the emergency condition is stabilized are not payable. Your provider can bill you for services which are not determined to be emergencies.

All the information that I have provided is true and complete as far as I know.

By signing this form below, I acknowledge that I understand that only those claims which meet the Federal definition of an Emergency as determined by the Georgia Medical Care Foundation may be paid by the Medicaid program.

*Inid Krusher*

Signature

*October 16, 1996*

Date

## **I. INTRODUCTION**

## **II. INID KRUSHEV – EMA APPLICATION WALK THROUGH**

### **Background:**

- Ms. Krushev is pregnant and applies for Medicaid. Her Form 94 and Form 526 were received in the county 10/16/96. Her application was screened and registered upon receipt.
- Review Ms. Krushev's Forms 94 and 526 before beginning her eligibility determination

### **STEP 1 – INTERVIEW**

#### **AMEN**

- Select "O" form the AMEN menu and enter Ms. Krushev's AU ID number

#### **ADDR**

- Review Form 94 and the ADDR screen to make sure the information is correct
- F21 and document the NARR screen

#### **STAT**

- Complete the STAT screen for Ms. Krushev
- F9 to document that Ms. Krushev lives at home with her mother

#### **DEM1**

- Code Ms. Krushev's "SSA/SSN Appl For" field as "G"
- Telephone call to Ms. Krushev verifies she has never been married
- Review Ms. Krushev's Form 94 for pregnancy
- Code Ms. Krushev's pregnancy information in the "Pregnant " fields

---

## DEM2

- Code Ms. Krushev's citizenship/alienage status as "U" in the "Citiz" field
- Code "Y" in the Health Check field
- Code "C" in the TPL field
- F9 to document Ms. Krushev is an undocumented alien and is applying for Medicaid through EMA.

## ALAS

- F1 on the "Country of Origin" field. Ms. Krushev is from Moscow, Russia. Enter the appropriate code for Ms. Krushev

---

INTERVIEW Month 11 96	ALIENS AND STUDENTS - ALAS 1001 10 16 96	ALAS 01
Client Name INID	KRUSHEV	Client ID 754632215
Citiz Elig V Stat	Doc Spons Type Alien	Country of Origin
U		RU
	Permanent Entry Date (MM YYYY)	INS Number
		-- Emergency Med --- Ind Beg Dt End Dt
	Refugee Resettlement Agency	
Student Educ Status Level	School Name	Dep Care Respon
		Grad Date (MM YY)
		Meals 20 Hr/Wk Provi ded

Message 0013  
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"  
15-lett

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## RES1 THROUGH MISC SCREENS

- Review Form 94 for any reported Resources or Income
- Press enter until the Done screen
- Enter to commit

---

## STEP 2 – PROCESS INTERVIEW MONTHS

### AMEN

- Process the application months
- Select “P” from the AMEN menu and press Enter

### APP1

- Enter “Y” to select 10/96 and press enter

### ADDR

- Fast path to ALAS to enter EMA service dates

### ALAS

- F9 to document DMA-Form 526 received and the coverage dates
- Enter “Y” in the “Ind” field
- 
- Enter the coverage dates for Ms. Krushev per her DMA- Form 526
- 
- Fast path to DONE

---

CHANGE	ALIENS AND STUDENTS - ALAS						ALAS 01		
Month 10 96	1001		10 16 96						
Client Name	INID	KRUSHEV			Client ID	754632215			
Citiz	Elig V	Doc	Spons	Country	Permanent	-- Emergency Med ---			
	Stat	Type	Alien	of Origin	Entry Date	INS	Ind	Beg Dt	End Dt
U				RU	(MM YYYY)	Number	Y	10 02 96	10 14 96
Refugee Resettlement Agency									
Student	Educ	School	Name	Dep Care	Grad Date	Meals	20 Hr/Wk		
Status	Level			Respon	(MM YY)	Provided			

Message 0013  
0013 REQUIRED FIELDS ARE IDENTIFIED BY “?”  
15-lett

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## ALAS SCREEN IN THE PRODUCTION REGION EXAMPLE

- The ALAS screen in the production region allows up the three lines for the coverage period Beg Dt and End Dt fields.

---

CHANGE	ALIENS AND STUDENTS - ALAS					ALAS 01			
Month 10 96	1001	10	28	96					
Client Name	MARIA	GOMEZ	Client ID	333258945					
Citiz	Elig V	Doc Spons	Country	Permanent	INS	--	Emergency	Med	---
U	Stat	Type Alien	of Origin	Entry Date	Number	Ind	Beg Dt	End Dt	
			CA	(MM YYYY)		Y	10 02 96	10 02 96	
							10 05 96	10 05 96	
							10 15 96	10 25 96	
		Refugee Resettlement Agency							
Student	Educ	School	Name	Dep Care	Grad Date	Meals	20 Hr/Wk		
Status	Level			Respon	(MM YY)	Provided			

Message 0013  
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"  
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## DONE

- Press enter to commit

## APP1

- Now that we have processed 10/96 we are ready to finalize
- Press F13 to return to AMEN

---

## STEP 3 – FINALIZE APPLICATION

### AMEN

- Finalize the application
- Select “Q” from the AMEN screen and press Enter

### APP2

- 10/96 is preselected
- Press Enter to process 10/96

### ELIG for 10/96

- Check to make sure Ms. Krushev’s status is correct
- If the Non-Financial screen is correct, enter “Y” and confirm

---

```
FINALIZE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG  ELIG  A
Month 10 96                                     01

AU ID 854463297   Prog MA      Prog Type P      Med COA P01 ←
Confirm Y

  AU      AU Status   AU Stat   Appl   Begin   Pd Thru   ----- Penalty -----
  Stat    Reasons     Date      Date   Date    Date     Type      End Date
  A                                     101696  101696  101596

-----
First  Last  Rel  V  Mand Finl  -- Stat --  Rsn  Appl  Begin  Pd Thru  Penalty
Name  Name                                     Date   Date   Date    Date
INID  KRU  SE  OT  Y  RE  A  101696  101696  100296
```

Message

---

**CAFI for 10/96**

➤ If the budget is correct for 10/96, enter "Y" to confirm

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 10 96					
AU ID 854463297	Prog MA	Prog Type P	Med COA P01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income		.00	Allocated Income	.00	
Net Unearned Income		.00	Net Income	.00	
Deemed Income		.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income		.00	Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit		1547.00	Spenddown Amount		
Gross Earned Income		.00	Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 99 99		Strat 1		
Message					

13-note



**CAFI for 11/96**

➤ If the budget is correct for 11/96, enter "Y" to confirm

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 96					
AU ID 854463297	Prog MA	Prog Type P	Med COA P01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit	.00		Dependent Care	.00	
Total Resources	.00		Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit	.00		Deemed Income	.00	
Gross Earned Income	.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	.00		Spenddown Amount		
Gross Earned Income	.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons 245	Budgeting Method A		
Notice Type 0005	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 11 96		Strat 2		
Message					

13-note

Georgia Department of Human Resources

**MEDICAID APPLICATION**

We will consider this application without regard to race, color, sex, age, disability, religion, national origin or political belief.

FOR COUNTY USE ONLY:  
Date Received in County Dept: 10/16/96

- Check block(s) that apply to you:
- Pregnant Woman
  - Child(ren) Only – RSM
  - Families w/Children – LIM

PLEASE NOTE: A Face to Face interview is not required for Medicaid applications. Please answer all questions as completely and accurately as possible. If you cannot understand or complete this application, please notify DFCS staff and assistance will be provided free of charge.

Your Name: (Please Print) FIRST NAME ELAINE M.I. D' AGOSTINO Last Name: D' AGOSTINO Today's Date: 10/16/96

Mailing Address: 969 PARKER PL City: STOCKBRIDGE State: GA Zip Code: 30236

Residence Address (if different from Mailing Address): SAME Phone Number(s): 770-481-4841 E-mail Address: NONE

Please list all persons living with you for whom you want Medicaid. List yourself if you want Medicaid for yourself.

First Name	MI	Last Name	Suffix (Jr.)	Race	Sex M/F	Date of Birth	Relationship to You	Social Security Number	Is this Person a U.S. Citizen? (Y/N) (you may qualify for Medicaid even if you answer No)	Does the Father of this child live in your home? (Y/N)	Does the Mother of this child live in your home? (Y/N)
ELAINE		D'AGOSTINO		H	F	10/21/74	SELF		✓	✓	✓

Please list all persons living with you for whom you DON'T want Medicaid. List yourself if you don't want Medicaid. You do not have to provide a SSN or immigration status information for any person who is not asking for Medicaid. If provided, we will use the SSN for computer matches with other agencies and it may help us process your child's application. We will NOT share your information with the Department of Homeland Security (formerly the INS).


Is anyone in the household pregnant?  Yes  No If yes, who is pregnant? ELAINE Due Date: 11/21/97 Please attach verification of pregnancy if available.  
 Do you have any unpaid medical bills from the past three months?  Yes  No If yes, which months?  
 Does anyone in your household have Health Insurance?  Yes  No If yes, list Insurance Company and policy number below:

Georgia Department of Human Resources

**INCOME, RESOURCES and DAYCARE**

List all income received by persons on page 1 of this application. Be sure to show the amount before deductions. Attach an extra sheet if necessary. We will decide, based on the type of Medicaid, whose income must be counted and whose may be excluded. **If you are applying for Children Only or Pregnant Woman Medicaid, you do not have to complete the Resources/Vehicles sections below.**

Income	Gross Amount per Pay Check (amount before deductions)	How Often? (weekly, every 2-weeks, monthly, etc.?)	Name of Person Receiving	Resources	Amount in Account/Value	Who Owns Resource?
Wages/Earnings	0			Cash	0	
Current Employer:				Checking Account		
Wages/Earnings				Savings Account		
Current Employer:				Credit Union		
Social Security Income/SSI				401K/Retirement Account		
Worker's Compensation				Other		
Pensions or Retirement Benefits				<b>Vehicle(s):</b> Cars, trucks, motorcycles (licensed)		
Child Support/Contributions				Make	Model	Year
Unemployment Benefits						Amount Owed?
Other Income, please specify:						

Do you pay for childcare (or care for an adult who cannot care for himself/herself) so that someone in your household can work?

Name of Parent who works	Name of child or adult cared for	Name of care provider	Amount of Payment	How Often? (weekly, 2-weeks, monthly, etc)

If you are applying for Medicaid for children and one or both of their parents are not in the home, please provide the following information:

Child's Name	Absent Parent's Name (Mother/Father)	Do they have Medical Coverage on the Child? Yes/No	If Yes to Medical Coverage, please list name of insurance company & group number

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I understand that this information may need to be verified to determine eligibility. I understand wage and salary information supplied by the Georgia Department of Labor may be obtained to verify and determine eligibility for Medicaid. I agree to assign to the state all rights to medical support and third party support payments (hospital and medical benefits).

I understand that I must report changes in my income and circumstances within ten (10) days of becoming aware of the change.

Signature of Self, Parent or Guardian (Required): Elaine D'Agostino Date: 10/16/96

### III. ELAINE D'AGOSTINO – EMA APPLICATION INDEPENDENT STUDY

#### Background:

- Ms. D'Agostino is pregnant and applies for Medicaid. Her Form 94 and Form 526 were received in the county 10/16/96. Her application was screened and registered upon receipt.
- Review Ms. D'Agostino's Forms 94 and 526 before beginning her eligibility determination.
- Process her application and finalize her application.
- Be sure to address her ALAS screen with the information from her Form 526. Ms. D'Agostino is from Monterey, Mexico.
- Compare your ELIG and CAFI screens to the screens in your Participant Manual.

PHYSICIAN'S STATEMENT  
FOR  
EMERGENCY MEDICAL ASSISTANCE

Patient's Name: Elaine D'Agostino DOB: 10/12/74  
Patient's Address: 969 Parker Place  
Stockbridge Ga. 30236  
Patient's Telephone #: 770 481 4841

Individuals who do not meet Medicaid citizenship/alienage requirements may be eligible for Emergency Medical Assistance (EMA). EMA provides payment for the treatment of emergency when such care and services are necessary for the treatment of an emergency medical condition of the alien, provided such care and services are not related to either an organ transplant procedure or routine prenatal or postpartum care. An emergency is defined as:

“Acute symptoms” of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part”

The individual will have to be determined eligible for Emergency Medical Assistance under one of the Department's existing regular Medicaid coverage groups:

- Aged, blind or disabled;
- Pregnant women;
- Children under 19 years of age; or
- Parents in families with very low income.

This form should be completed and signed by the provider after the Emergency has occurred. Forms containing future dates of service are invalid.

I provided EMERGENCY medical services on 10/14/96 through  
10/14/96 for the individual listed above.  
(Date of onset)  
(Not to exceed 30 days from condition onset date)

Grady Health Care Systems  
(Provider's Name)

  
(Provider or Authorized Designee's Signature)

80 Jesse Hill Jr.  
(Provider's Address)

10/15/96  
(Date)

Notification of Eligibility –  
Emergency Medicaid Assistance Program

Important information:

You have applied for Emergency Medicaid Assistance (EMA) benefits. If you are determined to be eligible, you will receive an approval letter which includes your Medicaid certification for the dates Medicaid coverage was granted for the emergency service(s). The dates of certification were determined during the eligibility process from information provided by your attending medical provider. It is important to note that final determination of whether a medical service meets the definition of emergency care is made by the Georgia Medical Care Foundation (GMCF).

Emergency services are those that are:

- Medically necessary, and
- Result from the sudden onset of a health condition with acute symptoms, and
- Which, in the absence of immediate medical attention, are reasonably likely to result in at least one of the following:
  - Placing the individuals health in serious jeopardy, or
  - Serious impairment to bodily functions, or
  - Serious dysfunction of any bodily organ or part.

Only services that fully meet the federal definition of an emergency medical condition will be covered beginning January 1, 2006. Not all services that are medically necessary meet this definition. Certain types of care provided to chronically ill persons are beyond the intent of federal law and are not considered emergency services. Such care includes alternate level of care in a hospital, nursing facility services, home care and personal care.

Only emergency services determined to meet the Federal definition of an emergency as determined by GMCF are covered. Any services provided after the emergency condition is stabilized are not payable. Your provider can bill you for services which are not determined to be emergencies.

All the information that I have provided is true and complete as far as I know.

By signing this form below, I acknowledge that I understand that only those claims which meet the Federal definition of an Emergency as determined by the Georgia Medical Care Foundation may be paid by the Medicaid program.

  
Signature

  
Date



**CAFI for 10/96**

➤ If the budget is correct for 10/96, enter "Y" to confirm

FINALIZE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	A
Month 10 96					
AU ID 779865332	Prog MA	Prog Type P	Med COA P01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income		.00	Allocated Income	.00	
Net Unearned Income		.00	Net Income	.00	
Deemed Income		.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income		.00	Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1547.00		Spenddown Amount		
Gross Earned Income		.00	Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 99 99		Strat 1		
Message					

13-note



**CAFI for 11/96**

➤ If the budget is correct for 11/96, enter "Y" to confirm

FINALIZE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	A
Month 11 96					
AU ID 779865332	Prog MA	Prog Type P	Med COA P01	←	
			Net Income Test (cont)		
Resources			Standard - 30 1/3	.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income		.00	Allocated Income	.00	
Net Unearned Income		.00	Net Income	.00	
Deemed Income		.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income		.00	Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit		.00	Spenddown Amount		
Gross Earned Income		.00	Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc Period		Notice Override		
Review Begin Date 10 96	Review End Date 99 99		Strat 2		
Message					

13-note

**Georgia Department of Human Resources**

*Division of Family and Children Services*

# **Family Medicaid**

## **SUCCESS Training**

### **Replace a MA Notice**

# Objective

- Participants will be able to replace a Medicaid Eligibility Notice using SUCCESS.

## Replace an MA Eligibility Notice – Jane Smith

### Background

- The A/Rs are a mother, father, and one child receiving TANF/LIM and FS.
- The mother calls you to report that her purse was stolen and she lost their Medicaid cards. Her child is sick and needs immediate medical attention.
- Request an MA ID replacement eligibility notice. Use the screens and data that follow. The Trainer will assist you as necessary.

### YMEN

- Select option K to access the Financial Management Issuance Submenu, KMEN.
- Enter your station's printer ID in the Printer ID field.

```
*****  
**      WELCOME TO THE      **  
***          GEORGIA          ***  
***          TRAINING         ***  
***          SUCCESS          ***  
**          SYSTEM           **  
*****
```

```
Selection  K  
Printer ID  >Z20  
System Date 10 16 96  
Load ID     XXXX
```

A. Assistance Unit/Client	H. Security	O. File Inquiry
B. Supporting Units	I. Parameters	P. Vendor Files
C. PEACH	J. Mass Mod	Q. Text
D. Alerts	K. Financial Mgmt Iss	R. Benefit Error
E. Scheduling		S. AU/Client Misc
F. Letters	M. Benefit History	
G. Electronic Mail (EMC2)	N. Quality Control	U. Register IV-D Case

Message 0013  
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

---

## KMEN for Jane Smith

- Select J for MA ID replacement and type the TANF AU ID #

---

### FINANCIAL MANAGEMENT ISSUANCE SUBMENU - KMEN      KMEN

	Selection J		
A. AU Pull/Hold Inquiry	AU ID		
B. AU Pull/Hold Update			
C. Issuance Request Inquiry	AU ID		
D. DMP Issuance Request Update			
E. Food Stamp Issn Request Update			
F. Stop/Cancel/Reissue Request	AU ID Inst Type	Iss Num Iss Dt	
G. Stop/Cancel/Reis Approval Inq			
H. Stop/Cancel/Reis Approval Upd	Iss Num	Approval Stat	
I. Mass Cancel/Reissue Request	Instrument Type		
J. MA ID Replacement	AU ID XXXX38026		

Message 0013  
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

---

**Note : In the county, you will use the MA ID. For proof of eligibility in historical months that will not transmit electronically, you will need to complete Form 962.**

**If Form 962 is necessary, annotate Form 962 "Please enter manually, cannot transmit via SUCCESS" and forward the form to the MultiHealth Network (MHN) Customer Information Center (CIC).**

**Refer to Appendix C in the Medicaid policy manual for the CIC mailing address.**



**Family Medicaid SUCCESS Skill Demonstration Checklist**

Your participant completed a SUCCESS skill demonstration which incorporated the following six actions in a Family Medicaid application. Feedback of your participant's performance is provided below:

SUCCESS ACTION	YES	NO
Correctly coded the P01 and F22 STAT screens at intake		
Correctly entered income for the application and ongoing months		
Selected the correct month for Three Months Prior Medicaid		
Entered the correct amount of income for the Prior Month		
Correctly added a newborn to the F22 Budget Group		
Correctly added a F15 Medicaid case		
Correctly coded the F15 STAT screen		

**ADDITIONAL COMMENTS:**

# **Ruth Cummings**

## **FM SUCCESS Skill Demonstration**

Instructions and Key

---

**FM SUCCESS Skill Demonstration  
Ruth Cummings  
Key**

**Feedback for the SUCCESS Skill Demonstration**

The skill demonstration will be evaluated based upon the following seven actions:

1. Correctly coded the P01 and P22 STAT screens at intake
2. Correctly entered income for the application and ongoing months
3. Selected the correct month for Three Months Prior Medicaid
4. Entered the correct amount of income for the Prior Month
5. Correctly added a newborn to the F22 Budget Group
6. Correctly added an F15 Medicaid case
7. Correctly coded the F15 STAT screen

These seven actions can be checked for correctness on the ELIG and CAFI screens that will be turned in by the participants.

**The Skill Demonstration is divided into 3 parts. In Part I participants will be expected to O,P,Q an AU with P01 and F22 cases.**

**In Part II, Medicaid eligibility will need to be determined for the prior month of 7/96 in the P01 case.**

**In Part III the same AU reports the birth of a child. Participants will be expected to add the newborn to the BG for the existing F22 case and add the F15 case.**

**Once the participants have completed all three parts of the skill demonstration, it will then be turned in to the trainer.**

---

**Procedures for feedback to the Participants – Part I**

1. Compare the turned in P01 and F22 ELIG and CAFE screens for 10/96 and 11/96 and the P01 ELIG and CAFI screens for 07/96 to the ELIG and CAFI Keys for Part I.
2. Compare the turned in F22 and F15 ELIG and CAFI screens for 10/96 and 11/96 to the ELIG and CAFI screens for Part II.
2. Circle the codes or figures that are incorrect.
3. Pass the screens back out to the class.
4. Review the seven actions that were accessed, going over in detail what they should have done.
5. Instruct participants to review their cases and ask the trainers if they are not sure what they did wrong.
6. Take the screens prints back up once the class has had an opportunity to review their cases and ask questions.

**Procedures for Feedback to the County**

1. Complete the chart on the evaluation form.
2. Check **YES** on the evaluation form if the number representing the action is correct on the budget.
3. Check **NO** on the evaluation form if the number representing the action is NOT correct.
4. There is space provided below each action for additional clarification when NO is checked. State specifically what was not done correctly. For example if the participant did not code an AU member as RP on the STAT screen state what incorrect code they entered. The trainer may need to access the screen on SUCCESS to determine what caused a particular error.
5. Remember to access the cases by Friday afternoon of the week the Skill Demonstration is given as the case will be wiped out each weekend with the weekly SUCCESS refresh.
6. There is space provided at the end of the chart for any additional comments the trainer feels is necessary.

**Family Medicaid SUCCESS Skill Demonstration**

Your participant completed a SUCCESS skill demonstration which incorporated the following six actions in a Family Medicaid application. Feedback of your participant's performance is provided below:

SUCCESS ACTION	YES	NO
Correctly coded the P01 and F22 STAT screens at intake		
Correctly entered income for the application and ongoing months		
Selected the correct month for Three Months Prior Medicaid		
Entered the correct amount of income for the Prior Month		
Correctly added a newborn to the F22 Budget Group		
Correctly added a F15 Medicaid case		
Correctly coded the F15 STAT screen		

**ADDITIONAL COMMENTS:**

# FM SUCCESS Part I Screen Prints

Page: 1 Document Name: untitled

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 10 96 01

AU ID 298323115 Prog MA Prog Type F Med COA F22  
 Confirm y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	100196			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RUTH	CUM	SE OT	Y	RP	A 101696		101696	100196		
TOM	CUM	CH OT	Y	RE	A 101696		101696	100196		

1

Message

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 10 96					
AU ID 298323115	Prog MA	Prog Type F	Med COA F22		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	870.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income		960.00	Allocated Income	.00	
Net Unearned Income		.00	Net Income	870.00	
Deemed Income	2	.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income		.00	Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit		1396.00	Spenddown Amount		
Gross Earned Income		960.00	Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm	Reasons	Budgeting Method A		
Notice Type 0003	Waive Timely Ntc	Period	Notice Override		
Review Begin Date 10 96	Review End Date 04 97		Strat 2		
Message					
13-note					

Page: 1 Document Name: untitled

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 11 96 01

AU ID 298323115 Prog MA Prog Type F Med COA F22  
 Confirm y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	100196			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RUTH	CUM	SE OT	Y	RP	A 101696		101696	100196		
TOM	CUM	CH OT	Y	RE	A 101696		101696	100196		

3

Message

Date: 8/15/2005 Time: 11:46:26 AM

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 96					
AU ID 298323115	Prog MA	Prog Type F	Med COA F22		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	870.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income		960.00	Allocated Income	.00	
Net Unearned Income		.00	Net Income	870.00	
Deemed Income	4	.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income		.00	Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit		1396.00	Spenddown Amount		
Gross Earned Income		960.00	Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm y	Reasons		Budgeting Method A	
Notice Type 0003	Waive Timely Ntc	Period		Notice Override	
Review Begin Date 10 96	Review End Date 04 97			Strat 2	
Message					
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FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 10 96 01

AU ID 900323115 Prog MA Prog Type P Med COA P01  
 Confirm y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	100196			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RUTH	CUM	SE OT	Y	RE	A		101696	100196		
TOM	CUM	CH OT	Y	RP	A		101696	100196		

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Message

Date: 8/15/2005 Time: 11:48:39 AM

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 10 96					
AU ID 900323115	Prog MA	Prog Type P	Med COA P01		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	870.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income		960.00	Allocated Income	.00	
Net Unearned Income		.00	Net Income	870.00	
Deemed Income		.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income		.00	Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit		1941.00	Spenddown Amount		
Gross Earned Income		960.00	Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft	Confirm y	Reasons	Budgeting Method A	
Notice Type 0003		Waive Timely Ntc	Period	Notice Override	
Review Begin Date 10 96		Review End Date 99 99		Strat 2	
Message					
13-note					

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FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 11 96 01

AU ID 900323115 Prog MA Prog Type P Med COA P01  
 Confirm y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	100196			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RUTH	CUM	SE OT	Y	RE	A 101696		101696	100196		
TOM	CUM	CH OT	Y	RP	A 101696		101696	100196		

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Message

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 96					
AU ID 900323115	Prog MA	Prog Type P	Med COA P01		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	870.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income		960.00	Allocated Income	.00	
Net Unearned Income		.00	Net Income	870.00	
Deemed Income		.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income		.00	Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit		1941.00	Spenddown Amount		
Gross Earned Income		960.00	Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft	Confirm y	Reasons	Budgeting Method A	
Notice Type 0003		Waive Timely Ntc	Period	Notice Override	
Review Begin Date 10 96		Review End Date 99 99		Strat 2	
Message					
13-note					

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FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 07 96 9 01

AU ID 900323115 Prog MA Prog Type P Med COA P01  
 Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	070196	07311996		

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RUTH	CUM	SE OT	Y	RE	A 101696		101696	070196	07311996	
TOM	CUM	CH OT	Y	RP	A 101696		101696	070196	07311996	

Message

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FINALIZE	CASH/MA	FINANCIAL ELIGIBILITY - CAFI	CAFI	A
Month 07 96				
AU ID 900323115	Prog MA	Prog Type P	Med COA	P01
			Net Income Test (cont)	
Resources			Standard - 30 1/3	90.00
Resource Limit	.00		Dependent Care	.00
Total Resources	.00		Net Earned Income	1282.00
Gross Income Test			Net Unearned Income	.00
Gross Income Limit	.00		Deemed Income	.00
Gross Earned Income	1372.00		Allocated Income	.00
Net Unearned Income	.00		Net Income	1282.00
Deemed Income	.00		Grant Amount	.00
Allocated Income	.00		Recoupment Amount	.00
Total Gross Income	.00		Benefit Amount	.00
Net Income Test			Previous Benefit	.00
Net Income Limit	1941.00		Spenddown Amount	
Gross Earned Income	1372.00		Medical Expense Amt	
Self Employ Work Exp	.00		Net Spenddown Amt	
Bnft Eff Date 101696	Bnft Confirm y	Reasons	Budgeting Method A	
Notice Type 0004	Waive Timely Ntc Period		Notice Override	
Review Begin Date 10 96	Review End Date 99 99		Strat 1	
Message				

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# **FM SUCCESS Part II Screen Prints**

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FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 10 96 4591 10 16 96 01

AU ID 298323115 Prog MA Prog Type F Med COA F22  
 Confirm y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	100196			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RUTH	CUM	SE OT	Y	RP	A	101696	101696	100196		
TOM	CUM	CH OT	Y	RE	A	101696	101696	100196		
SHARON	CUM	CH OT	Y	RP	A	101696	101696	100196		

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Message

FINALIZE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 10 96					
AU ID 298323115	Prog MA	Prog Type F	Med COA F22		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	870.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income		960.00	Allocated Income	.00	
Net Unearned Income		.00	Net Income	870.00	
Deemed Income		.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income		.00	Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit		1680.00	Spenddown Amount		
Gross Earned Income		960.00	Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 101696	Bnft	Confirm y	Reasons	Budgeting Method A	
Notice Type 0003		Waive Timely Ntc	Period	Notice Override	
Review Begin Date 10 96		Review End Date 04 97		Strat 2	
Message					
13-note					

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FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 11 96 4591 10 16 96 01

AU ID 298323115 Prog MA Prog Type F Med COA F22  
 Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	100196			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RUTH	CUM	SE OT	Y	RP	A 101696		101696	100196		
TOM	CUM	CH OT	Y	RE	A 101696		101696	100196		
SHARON	CUM	CH OT	Y	RP	A 101696		101696	100196		

Message

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CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI			CAFI	A
Month 11 96					
AU ID 298323115	Prog MA	Prog Type F	Med COA F22		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	870.00	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income	960.00		Allocated Income	.00	
Net Unearned Income	.00		Net Income	870.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	.00		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1680.00		Spenddown Amount		
Gross Earned Income	960.00		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 101696	Bnft Confirm	Reasons	Budgeting Method A		
Notice Type	Waive Timely Ntc	Period	Notice Override		
Review Begin Date 10 96	Review End Date 04 97		Strat 2		
Message					
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FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 10 96 01

AU ID 211310215 Prog MA Prog Type F Med COA F15 **13**  
 Confirm y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	100196			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RUTH	CUM	SE OT	Y	<b>NM</b>	A 101696		101696			
TOM	CUM	CH OT	Y	<b>NM</b>	A 101696		101696			
SHARON	CUM	CH OT	Y	<b>RE</b>	A 101696		101696	100196		

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Message

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FINALIZE          CASH/MA FINANCIAL ELIGIBILITY - CAFI          CAFI    A
Month 10 96
AU ID 211310215  Prog MA    Prog Type F      Med COA  F15
Net Income Test (cont)
Resources
  Resource Limit          .00  Standard - 30 1/3          .00
  Total Resources        .00  Dependent Care            .00
Gross Income Test
  Gross Income Limit     .00  Net Earned Income         .00
  Gross Earned Income    .00  Net Unearned Income       .00
  Net Unearned Income    .00  Deemed Income             .00
  Deemed Income         .00  Allocated Income         .00
  Allocated Income      .00  Net Income                .00
Total Gross Income      .00  Grant Amount              .00
Net Income Test        .00  Recoupment Amount         .00
  Net Income Limit       .00  Benefit Amount            .00
  Gross Earned Income    .00  Previous Benefit          .00
  Self Employ Work Exp   .00  Spenddown Amount         .00
  Medical Expense Amt   .00  Net Spenddown Amt        .00
Bnft Eff Date 101696  Bnft Confirm y  Reasons          Budgeting Method A
Notice Type 0003      Waive Timely Ntc Period  Notice Override
Review Begin Date 10 96  Review End Date 02 97  Strat 2
Message
  
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FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 11 96 01

AU ID 211310215 Prog MA Prog Type F Med COA F15  
 Confirm y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	100196			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RUTH	CUM	SE OT	Y	NM	A 101696		101696	101696		
TOM	CUM	CH OT	Y	NM	A 101696		101696	101696		
SHARON	CUM	CH OT	Y	RE	A 101696		101696	100196		

Message

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FINALIZE	CASH/MA	FINANCIAL	ELIGIBILITY	-	CAFI	CAFI	A
Month 11 96							
AU ID 211310215	Prog MA	Prog Type F	Med COA	F15			
			Net Income Test (cont)				
Resources			Standard - 30 1/3		.00		
Resource Limit		.00	Dependent Care		.00		
Total Resources		.00	Net Earned Income		.00		
Gross Income Test			Net Unearned Income		.00		
Gross Income Limit		.00	Deemed Income		.00		
Gross Earned Income		.00	Allocated Income		.00		
Net Unearned Income		.00	Net Income		.00		
Deemed Income		.00	Grant Amount		.00		
Allocated Income		.00	Recoupment Amount		.00		
Total Gross Income		.00	Benefit Amount		.00		
Net Income Test			Previous Benefit		.00		
Net Income Limit		.00	Spenddown Amount				
Gross Earned Income		.00	Medical Expense Amt				
Self Employ Work Exp		.00	Net Spenddown Amt				
Bnft Eff Date 101696	Bnft	Confirm y	Reasons			Budgeting Method A	
Notice Type 0003		Waive	Timely Ntc Period			Notice Override	
Review Begin Date 10 96		Review	End Date 02 97			Strat 2	
Message							

13-note

AU ID # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Ruth Cummings

## FM SUCCESS Skill Demonstration

Name \_\_\_\_\_

Date \_\_\_\_\_

County \_\_\_\_\_

---

## FM SUCCESS Skill Demonstration: Ruth Cummings

Read the instructions carefully. Once you have completed the entire Skill Demonstration, turn it in to your trainer. You have 1 ½ hours.

### Part I: Initial Determination

Read the following scenario carefully and complete the application for Ms. Cummings on SUCCESS allowing her family the most comprehensive coverage given the circumstances.

As you finalize your case(s), make a screen print of each of the ELIG and CAFI screens. Process and finalize Ms. Cummings' Intake.

### Background

In an office visit on 10/16/96, Ms. Ruth Cummings applies for Medicaid for herself and her child Tom. They have never received Medicaid before. Ms. Cummings is pregnant and her EDD is 2/24/97, both verified by doctor's statement. Ms. Cummings is employed at Waffle House. She is paid on Fridays. Ms. Cummings does not have any health insurance available for herself or Tom.

### Demographics: Ruth Cummings

Address: 250 Main Street, Atlanta, GA 30344, 404-656-4418

DOB: 5/14/66

SS#:117-11-XXXX (Do not customize)

Does not receive SSI

Is a U.S. Citizen – verified by her certified birth certificate which was viewed by FICM

Provides her Georgia Driver's License to verify identity

Signs a Declaration of Citizenship for the AU

Lives in the home

Has never been married

"N" – not interested in a referral for family planning

---

**Tom Cummings**

DOB 11/8/94

SS# 117-12-XXXX (Do not customize)

Does not receive SSI

Is a U.S. Citizen – verified by his certified birth certificate which was viewed by FICM

Doctor records verify his identity

Lives in the home

**Income**

Ms. Cummings is employed at Waffle House on 875 Buford Highway, Atlanta, GA. She began working on 3/12/95 and received her first paycheck on 3/19/95. She earns \$6.00 per hour and works approximately 40 hours per week. Ms. Cummings provides the following check stubs to verify her earnings and states they are representative of what she is now earning:

10/09 - \$240	09/25 - \$240
10/02 - \$240	09/18 - \$240

**Part II: Prior Month(s) Determination**

Ms. Cummings states she received medical service on 7/12/96 when she had her pregnancy test. She reports her earnings below.

July:

7/3	-	\$245
7/10	-	\$294
7/17	-	\$266
7/24	-	\$280
7/31	-	\$287

As you finalize your case, make a screen print of the ELIG and CAFI screens.

### **Part III – Change – Assistance Unit Update**

Ms. Cummings calls on 10/16/96 to report she had her baby, Sharon Cummings, on 10/16/96. Sharon is a black female and was enumerated at birth. Ms. Cummings is still employed at Waffle House. She is currently on paid leave but she plans to return to work in six weeks.

- A. Add Sharon to the existing AU(s).**
  
- B. Add Sharon to the appropriate COA.**

**As you have FINALIZE your case, make a screen print of each of the ELIG and CAFI screens.**

**Attach all ELIG and CAFI prints to the Skills Demonstration and turn in to the trainer.**