Case Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EIS/ARIES CANO DESK GUIDE**

Checklist - Before Processing Application/Review:

[ ]  Check CLPM for other Programs

[ ]  Check Alerts

[ ]  Review CANOs

[ ]  Review CASS Screen

*[ ] Check Direct Deposit on EBDD (for previous cases)*

***NOTE: This is only a desk reference. See ADMIN MS 109 for additional guidance.***

***ARIES specific guidelines are listed on page 8.***

|  |  |  |  |
| --- | --- | --- | --- |
| SUBJECT | CANO FORMAT | POLICY PROMPTS | ET NOTES |
| RECORD TITLE | * This field is mandatory. Ensure the title matches the action and purpose of the CANO.

 * For application and reapplication, include the name of the program(s), date of application, and action taken (pend, approved or denied).

 * Refer to MS 109-9A for additional guidance on CANO Titles.

 * Example: FS/ME App – 07/05/11 – Approved

  | For TA: * Tribal TANF? Ensure copy of application is forwarded to Native entity as required.
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **APP DATE & BSD:** | * This section is for documenting application and benefit start dates, and offering other programs that the applicant did not check on the application.
* Document if a copy of the application and other documents were submitted to an NFAP agency.
* Omit documenting the application and benefit start dates if the dates are the same. If the dates are different, explain based on specific program rules and requirements why the application date and benefit start date are different.
* Exception: CAMA and Medicaid application, recertification and reviews – the difference with the app date and BSD do not need to be documented for these situations.
* Example: BSD – 11/25/11 (reason why it is different); informed PI about other DPA programs available for the household, but PI declined to apply.
 |  |  |
| **INTERVIEW DATE:** | * If interview is conducted by phone, document who participated in the interview, and if they verified their identity using their date of birth and last four digits of the SSN.
* Document if the interview was completed by a fee agent, as well as the date the interview took place.
* Document if interpreter service was offered and used.
* If interpreter service was offered but the client refused, document this action.
* If interpreter service was used, document the type of interpretation provided such as telephonic with DPA contracted service, or in-person.
* If the service was in-person, document the name of the interpreter and relation to the applicant (e.g., family member, third party, state employee, etc.).
 | * Ask client if a new Quest card is needed.
 |  |
| **R&R:** | * Document if rights and responsibilities were discussed and understood. If no interview is required, omit documenting R&R.
* If the interview was conducted by a fee agent, document that fee agent has discussed rights and responsibilities to the client and given the client a copy of the Rights and Responsibilities form (GEN 51) as indicated in the fee agent checklist.
 | * Release of Information
* Change Reporting Requirements
* Fraud Penalty Warnings

For TA: * Explain Child Support Assignment
* Work First Expectations & Referral to ESS/CM.
 |  |
| **HHC/ROPD:**  | * Document relationship as it pertains to specific program(s) – name and relationship of persons in the household.
* Document non-MFU persons in the household. If there are people in the home who are not on EIS or the application, list who and why they are not included, regardless of their relationship to the household. A reviewer should be able to look at the CANO and EIS and tell exactly who lives in the home and their relationship to the members of the participating household.
* If there is alien in the household, check ASVS. Document Alien entry date, alien number and I-551 number if available. If there is an alien sponsor, please document that in this section as well.
* Document student status if it affects eligibility.
* Document individuals in household who are considered responsible for the care of the applicant (GA/CAMA).
* Document if there is someone in the household who is disqualified, the reason for the disqualification and the dates of disqualification. Reference the appropriate CANO relevant to the disqualification.
* Address drug or fleeing felon issues, felony conviction dates and how it was verified. Identify how the drug felon has complied and met one of the conditions to be eligible for FS and TA. Document what proof was used to verify when a drug felon is found eligible to receive FS and TA benefits.
* If there is an absent parent, shared custody and the child moves between the homes on a regular basis, document if applicant/PI has custody of the child more than 50% of the time. Whenever possible, verification from the other parent of where the child is expected to be living should also be documented (TA MS 711-6B).
* Document what permanent documents were used to prove identity and relationship/kinship to PI or specified relatives, how the documents were obtained and verified.
* Create a separate CANO when POA and guardians are assigned.
 | For TA:* Confirm relationship to child(ren) - BC or confirmed through CSSD?
* AK Vital Stats when applicable.
* Absent parent (Gen 53), step parent (obtain info),
* Minor Parent (obtain info both adults), 3rd trimester. Father in the home (obtain info).
* Statement of relationship when an NR male is HH and father’s name not on child(ren)’s BC
* Custody?
* Fleeing Felon?

For APA: * Age >65yrs?
* Wall between APA 452-10A & TA 758-6
* SVES match can be used for ID & Citizenship

For MAGI ME:* For each person in the household, indicate if they are either a:
* tax filer
* tax dependent, or
* non-filer
* Indicate who is claiming whom.
* Capture tax dependents who are not in the household.
 |  |
| **ADDRESS AND TELEPHONE** | * Document address (physical and mailing address) or telephone (home, cell, work or message number) only if the information on the ADDR screen is different from what is written on the application or recertification, or if an explanation is needed.
* Document how residency was verified.
* Document that applicant stated they are currently residing and intends to stay in Alaska.
 | Enter the interview date and next interview date (month and year) on the ADDR screen. If applicant has a second language, enter this information on ADDR.For TA, APA/IA, FS and SB:* Payee? (APA14)
* Authorized Rep?
 |  |
| PRIOR SUPPORT:  | * Write a summary of the household’s means of family support before applying for assistance and what has changed (job, income, resources, etc.)? Provide details about income or resources in the appropriate section as required.
* Did the household receive TANF in Alaska or from other states (include Tribal TANF)? Was the household living in a exempt village
* If the HH is new to the state: What brought them to AK? Were they receiving benefits in the prior state? If yes, contact the state and verify. Did a job end? If yes, when did it end, why did it end? Is the member eligible for UIB from that state? How did they pay for their travel to Alaska?
* Document if IPV status in another state was checked in eDRS on all adult applicants and newly added adult members before approving Food Stamp benefits.
 | For TA:* Hand count TABH screen months for TLIP.
* Hand count earned income “y” indicator on TAIH screen.
 |  |
| WORK REQUIREMENTS /DISABILITY/ PENALTIES | * Document penalty information. Document intent to cure penalty date and referred to partner agency for resolution. Also, document if anything else such a penalty, job-quit, barrier, good cause, or exemption needs further explanation or clarification.
* If eDRS is checked and there is any violation found, identify the household member, what state the violation occurred in, the type of violation, and the penalty period.
* Document TA-10 and disability date if necessary.
* Med11, AD-2, date of SSI application, DDS referrals or decisions, SSI or SS-DS
* Determination of incapacity status
* Document that IA reimbursement process was explained to client and the date the IAR was received and signed.

 * Document ABAWD participation for each household; including details if a member has regained FS eligibility ABAWD participation.

 * Document any countable ABAWD months used within the 36 month period

 * Document any exemption from ABAWD participation
 | For TA: * Connect EIS & CMS via the WORK screen
* SEPA “IN”, WORK screen, JOMO – for each adult (for ex: if “IC” temporarily use Y in volunteer code to connect EIS to CMS). JOMO in “JB”- “OP” current month.
* Explain work activities/meet w/ ESS.
* Explain penalties for non-coop.
* Use most accurate coding on WORK screen (“C” vs. “E”)
* Explain 2P seasonal reduction timeframes and 60 month time limit.
 |  |
| RESOURCES | * Document information that is not clearly identified on EIS. If information reported on the application differs from what is entered on EIS, provide further explanation or clarification in CANO. For reviews/recertifications, address any changes that have occurred from the last determination.
* Was there any transfer of assets
* Review liquid and non-liquid resources
* Are there any individuals in the HH who are considered responsible for the care of the applicant (GA/CAMA)? Their resources should be documented.
* Examples of information to document:
1. If someone in the household owns Native dividends, document the owner’s name, number of shares, and the name of the corporation issuing the dividends.
2. If someone in the household has a change of bank accounts, please document the owner of the account, as well as the account number if possible. It is not necessary to document changes in bank account balance because this information is reflected on the FIAC screen. However, if the account closed or a new account is opened, this information must be documented.
3. If someone in the household owns a vehicle, the value of the vehicle does not need to be documented because this information is reflected on the VEHI screen. However, if the vehicle was sold and the household obtained a new vehicle, this information must be documented.
 | For TA/FS:* Resources at time of interview?

For APA and APA-related Medicaid:* First moment of the month? APA11?

For stand-alone APA-related Medicaid:* List resources as no EIS screen sequence exists for them.

Reminder: resources do not count for MAGI Medicaid or Senior Benefits |  |
| **STUDENT STATUS** | * Household members receiving school loans, scholarships, and grants
* Document if there is a post-secondary education – name, date of graduation, and if they are eligible student or not, and an explanation.
* Document if the household includes an 18 or 19 yr old high school student – name and date of graduation.
* Document if there are children under 18 who are working and not attending school (income is countable).
 | For TA: * Confirm school enrollment for minor parent(s) in the home.
 |  |
| INCOME   | * This is a critical portion of the CANO and documentation must be complete and detailed. Document the type of income, how it was verified, and the calculation (actuals, averages, and conversion factors) used to determine eligibility and benefit amount.
* For job end information, document the end date, reason, ending income (last pay) and how it was verified. Document good cause or penalty if needed.
* Types of income to document:
* Unearned income - source and amount
* Earned income - employer name and phone number; calculation of prospective income; regular/temporary; part-time/full time; seasonal
* Self employment income - seasonal or annual; income and expenses as allowed (50% or actual)
* Alien sponsor income information
* Document any development of Income such as pursuit of other income such as UIB, SSI, retirement, etc.
* Document any relevant information found in DOL, NSTAR, and SOLQ
* Make sure to also document the following:
* Fluctuating income
* Changes in pay rates
* Changes in hours
* Excluded income
* Include the following items in the documentation:
* Client’s Name
* Pay period ends
* Pay date
* Gross Pay/Tips
* Hours
* Gross Y-T-D
* How income was verified
* Document collateral contacts made and attempted.
 | For IA: * Disability determination
* SSI or DDS? If SSI income standard, sign and route the IAR agreement to SSI.

For APA: * Over income/medical needs
* Trust handouts

For APA/ME* Was SLMB considered?

For MAGI Medicaid:* Also include pre-tax payroll deductions under earned income.
* Document if 10% reasonable compatibility is used for income verification.
* Self-employment 50% business expense allowance does not apply. Use pretax deductions instead. Refer to MAGI MS 821 for more information.
 |  |
| **DEMH:**  | * Document information that is not clearly identified in EIS or on the applications. If information reported on application differs from what is entered on EIS or hard copy verification, provide further explanation or clarification on CANO.
* Household expenses (rent, mortgage, child care, child support paid, medical expenses for SPECAT members, utilities, taxes, insurance)
* Emergent need for GA
* Heating/Energy Assistance (allow as SUD deduction)
* Homeless shelter deduction (code DEMH screen with OE AT)
* Document collateral contacts made and attempted, and reason why.
 | * Are expenses shared? Be sure to reduce allowable shelter deductions by GA or in-kind income amounts.
 |  |
| **MED:**  | * Document only if there is TPL/TPR, private insurance. Refer to MS 109-9H for additional guidance on documenting TPL/TPR
* Document request for retroactive Medicaid coverage.
* Check previous medical insurance coverage. Provide further explanation or clarification if there is an issue.
* If pregnant, indicate estimated due date
* SLMB, QMB
* Medicare Buy-In
* CAMA criteria met / MED 11
 | * Update: MERE & MERI
* When ending insurance segment document e-mail sent to TPL-DMA
* CANO diary dates when state only determination.
* Continuous Med for individuals under 19 years of age.
 |  |
| **CC:**  | * Document collaterals made and attempted in the specific subject area. For example, employers that were contacted to verify income must be documented in the income section. Collateral contacts made to landlords must be documented in the DEMH section.
* For this section, only document collaterals that are not included elsewhere. For example, if you called a neighbor or relative to verify general household information and it doesn’t fit in any of the specific sections, document it here.
 |  |  |
| **ACTION:** | * Document what type of action was taken (i.e., authorize, deny, pend).
* If the case is pended, you have the option of documenting the information needed.
* Document cert-thru dates. Explain if the cert-thru date is out of the ordinary.
* Document the benefit month(s) authorized.
* Documenting issuance code is optional.
* Document notices that were sent.
 | For MAGI Medicaid:Refer all ineligible household members to the FFM. |  |

**ARIES CASE NOTE GUIDELINES**

This is a quick reference for documenting actions and decisions in ARIES relating to the household’s application or recertification. The option to enter case notes will be available on the right column of each ARIES screen under CASE INFO.

General guidelines:

* Every case action taken in ARIES should have a CANO. This includes intake, redetermination, changes, and working pended items. Another caseworker should be able to quickly understand what is happening in a case without having to do a lot of research.
* For initial intake or a renewal, use the CANO title “Benefit Start Date” and follow the CANO Desk Guide above to create a full case note.
* If a change is reported, enter a case note under the appropriate case note category. If multiple changes are being reported, use the “Report of Change” category to document the changes in one case note.
* If a Help Desk ticket is assigned to the case, document the ticket number and the reason for the ticket. If the case is being moved into EIS, the EIS case number must be documented as well.

*Checklist – Before Passing the Case Out of Caseload*

*[ ]  Check CASS*

*[ ]  Check/delete Alerts*

*[ ]  Check benefit history or authorization through current month*

*[ ]  Review notices on NOHS*

*[ ]  Clear NORE*

*[ ]  CARC to appropriate caseload*