

# ADMINISTRATIVE PROCEDURES MANUAL

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**NOTICES**

Clear communication with clients is an important part of our day-to-day business. EIS notices are our primary tools for written communication. Notices must be informative, meaningful, and clearly written. The message and tone of our notices must also be consistent with the other communications we have with clients.

Notices provide clients with general program information and information about actions taken by the caseworker on an application or ongoing case. They also are used to inform individuals about specific eligibility or work requirements and disqualification or penalty information.

All notices must be “adequate.” Some notices must also be “timely.” The policies for “adequate” and “timely” notice requirements are found in the program manuals.

A record of all EIS notices sent to a client is maintained on the EIS Notice History. All notices are part of the official case record.

**A. REQUIRED NOTICE CONTENTS**

Each applicant or recipient must be informed in writing of the following at the time of application and any time a negative action will be taken on their case:

- Their right to a hearing,
- How they can request a hearing,
- The availability of any free legal services in the area,
- Their right to represent themselves or be represented by others,
- The conditions under which assistance may continue if a hearing is requested, and
- The obligation to repay continued benefits if the action is upheld.

This information is on the back of the notice stock used for all EIS notices.

**B. NOTICE OF DECISION ON APPLICATION**

Applicants must receive written notice of the decision made on their application. This notice must give the reasons for the decision and cite the program policy manual section(s) supporting that decision.

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**C. NOTICE OF ACTION TAKEN**

Recipients must receive a written notice of any action taken on their case. Notices must state what action is planned and when the action is effective, and cite the policy manual section(s) supporting the action.

**D. NOTICE OF WORK REQUIREMENTS**

Each individual who is subject to a work requirement must receive written notice of the specific requirement he or she must meet. This notice must tell them what action is required of them, when it is required and the consequences of not meeting the requirement. The notice must also cite the program policy manual section(s) supporting the action.

**E. WHO MAY RECEIVE COPIES OF NOTICES**

Copies of notices may be sent to recipients, their authorized representative, the legal guardian, or anyone to whom the client has, in writing, authorized a release of information. Additionally, copies of notices may be sent to agencies or individuals directly involved in the administration of a public assistance program. For example: cost-of-care notices may be sent to care providers, and copies of PASS II Child Care notices may be sent to Day Care Local Administrators. Refer to manual section 100-3 for information on confidentiality requirements.

**F. THE NOTICE SALUTATION**

EIS notice salutations are addressed to either the Primary Information person or the individual being notified of work requirements. If the caseworker feels it would enhance communication they may change this to the first name of the individual to whom the notice is sent.

The salutation should be changed in some specific situations. As an example, "Estate of John Doe" would be appropriate for a notice sent on the case of a deceased individual.

**G. RECOMMENDATIONS FOR FREE FORM COMMENTS**

- **Completeness:** All required and free-form information entered on a notice must be complete and clear enough so that anyone reading the notice will understand what action is being taken on the case and the reasons for that action.
- **Spelling and grammar:** Re-read notices before sending them to ensure they are accurate and correct.

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- **Sentence length:** Sentences should be short with a maximum length of no more than two lines.
- **Writing Style:** Write text in an active voice rather than passive voice.
- **Words:** Use simple words. The following chart gives some examples of possible substitutions.

<b>Instead of:</b>	<b>Use:</b>	<b>Instead of:</b>	<b>Use:</b>
verification	proof	submit/provide	give
discontinue	stop	beginning	start
additional	more	excess	over
increase	go up	decrease	go down
effective	as of	contain	have
Advise	tell	required	needed
determine	find	obtain/receive	get

- **Acronyms and shorthand:** Avoid the use of acronyms such as ATAP for Temporary Assistance, and abbreviations such as “thru” for “through.”
- **Use of the word ”YOU”:** Avoid beginning sentences with “you” whenever possible, especially in adverse situations.

*Example: Use “We did not receive” instead of “You did not give us....”*

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### HOW EIS NOTICES WORK

EIS automatically generates several informational notices to the client when an application is approved and in other specific situations (such as notification of school meal eligibility, which is sent to eligible households just before the beginning of each school year). EIS also generates others to clients automatically in the following circumstances:

- When a Food Stamp certification periods expires;
- When a program review is due; and
- When requests for services are denied by EIS.

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Other notices must be requested by the caseworker. Each notice has a specific message about eligibility or work requirements. There also is a general correspondence notice available that is an entirely free-form document.

#### A. EIS NOTICE NUMBERING

The following charts explain the lettering and numbering system for EIS notices:

Prefix Letter	Program	Prefix Letter	Program
A	AFDC	O	PFD HH
C	Temporary Assistance/FS Combined	P	APA
D	Denali KidCare	Q	APA/FS Combined
E	Food Stamp E&T	R	General Relief
F	Food Stamps	S	Medicaid/FS Combined
G	CAMA	T	Title IV-E
J	Temporary Assistance Work Activities	W	Temporary Assistance
M	Medicaid	X	EIS Generated
N	Any Program	Z	EIS Generated - Denali KidCare

Series	Action/Type	Series	Action/Type
001	Info/Special	500	Reopen
100	Approvals	600	Suspend
200	Denials	700	Changes
300	Pended	800	Reviews
400	Closures	900	Claims

#### B. EIS NOTICE LISTING

The following is a listing of EIS notices. The program prefix letter, number, and title identify these notices to enable the caseworker to select and generate the proper EIS notice. The EIS notices automatically generated by the system, although listed, cannot be generated by caseworkers

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C100	ATAP/FS Approved – One Month Only	
C102	ATAP/FS Application Approved	
C112	TA/FS Denied 1st Month Approved 2nd Month	
C200	TA/FS Application Denied - No Interview	
C201	ATAP/FS Denied - Failure to Provide	
C207	ATAP/FS Denied - Over Income	
C208	ATAP/FS Denied - Over Resource	
C213	ATAP/FS Denied - Other Reasons	
C301	TA/FS App Pended - Information Needed	
C325	TA and FS Review – Interview Needed	
C401	ATAP/FS Closed - Failure to Provide	
C407	ATAP/FS Closed - Over Income	
C408	ATAP/FS Closed - Resources	
C413	TA and FS Closed - Other Reasons	
C501	TA/FS Reopened - Closed in Error	
C502	TA/FS Benefits Continued Pending Fair Hearing	
C503	TA/FS Suspension Ends - Cases Reopened Benefits Restored – Suspension Ends	
C504	Change in Benefits/FS Refigured - Fair Hearing Pending	
C601	TA/FS Benefits Suspended	
C701	ATAP/FS Benefit Amounts Change Change in Benefits	
C702	No Change In Benefits	
C840	Eligibility Review Completed Eligibility Review Completed	
D001	Medicaid Referral for Adults	
D002	TEFRA Referral	
D003	Caseworker Introduction Letter	
D007	Request for Social Security Number	
D011	Denali KidCare / General Correspondence	
D014	Denali KidCare Information	
D101	Denali KidCare for Children Approved	
D102	Pregnant Woman Coverage Approved	

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D103	Retroactive Denali KidCare Approved	
D104	Denali KidCare Approved – 2nd Month	
D105	Pregnant Woman Coverage Approved 2nd Mo.	
D106	Emergency Medical Treatment Approved	
D107	Retroactive Pregnant Women Coverage	
D108	Denali KidCare Newborn Coverage Approved	

D201	Denali KidCare Denied/Info Not Received	
D213	Denali KidCare Denied	<i>Multiple Reasons</i>
D214	Denali KidCare Denied / Insurance Stopped	
D215	Denali KidCare Denied – Other Insurance	
D216	Denali KidCare Good Cause Request Denied	
D221	Retroactive Denali KidCare Denied	

D301	Denali KidCare/Request for Information	
D303	Renewal Pended – Information Needed	
D304	Request Info for Retroactive Coverage	
D310	Information for Hardship Determination	
D350	Request for Health Insurance Information	
D360	Denali KidCare – Request for CSED Forms	

D402	Denali KidCare Ending – No Renewal	
D403	Denali KidCare Ends – Child Turns Age 19	
D410	Denali KidCare Renewal Rec'd – Case Closed	
D413	Denali KidCare Coverage Ending	<i>Multiple Reasons</i>
D414	Denali KidCare Ends / Insurance Stopped	
D415	Denali KidCare Ends – Other Insurance	
D419	Denali KidCare Ends/Individual Deceased	

D501	Erroneous Discontinuance	
D502	Fair Hearing Request – Benefits Continue	

D702	Change to Pregnant Woman Coverage	
D703	Change – Child Turns Age 19	
D705	Postpartum Coverage Approved	
D740	Denali KidCare Lock-In Notification	<i>First Health Staff Use Only</i>

D802	Denali KidCare Renewal Approved	
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E001	E&T Case Manager Introduction Letter	
E005	E&T Job Information Letter	
E011	E&T General Correspondence Letter	
E012	E&T Medical Information	

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E013	E&T Job Referral Letter	
E014	E&T Agency Referral Letter	
E015	E&T Supportive Service Letter	

E101	1st Letter - E&T Assessment	
E102	E&T Assessment Second Appointment Letter	
E103	E&T Volunteer – Assessment Interview	
E105	Employment and Training Appointment Ltr.	
E106	E&T Program - Anchorage	
E107	E&T Program – Fairbanks	
E108	E&T Program – Kenai	
E109	E&T Program - Mat-Su	
E110	E&T Program – Juneau	

E201	E&T Show “Good Cause” Notice	
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E414	E&T Case Closure Notice	
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F000	FS Application -- Missed Interview	
F007	Request for Social Security Number	
F010	Member Disqualified - No SSN Provided	

F100	FS Approved - One Month Only	
F101	Expedited Food Stamps Approved	
F102	Food Stamp Application Approved	
F103	FS Recertification Application Approved	
F104	Food Stamps Quarterly Issuance	
F105	Exp FS/Info Needed - 2 Months Issued	<i>Exp. App Received After the 15th</i>
F106	Expedited FS Approved - 2 Months Issued	<i>Exp. App Received After the 15th</i>
F111	FS CE Food Application Approved	
F112	FS Approved - Starting Second Month	
F190	Open FS And PFD HH – Initial Month	

F200	Food Stamps Denied - No Interview	
F201	Food Stamps Denied - Failure to Provide	
F204	FS Denied - Resident of an Institution	
F205	Food Stamps Denied - Ineligible Alien	
F207	Food Stamps Denied - Over Income	
F208	Food Stamps Denied - Over Resource	
F210	FS Recertification Denied	
F211	FS Recert Denied - Failed to Provide	
F213	Food Stamps Denied - Other Reasons	
F223	FS Denied - Work/School Status	
F290	FS Denied First Month - Open PFD HH	

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F291	FS Denied Second Month - Open PFD HH	
F301	Food Stamps Pended - Information Needed	<i>Application Pending</i>
F304	FS Recert Pended - Information Needed	
F325	FS Recertification – Interview Needed	
F331	Household Member(s) Must Be Added to FS	
F401	Food Stamps Closed - Failure to Provide	
F402	FS Closed - Non-Cooperation with QC	
F405	Food Stamps Closed - Ineligible Alien	
F407	Food Stamps Closed - Over Income	
F408	Food Stamps Closed - Over Resource	
F413	Food Stamps Closed - Other Reasons	
F416	Case Closed – No PFD Info Provided	
F417	Case Closed – Incomplete PFD Information	
F430	FS Closed - Failure to Provide/ Expedited	
F433	Food Stamps Closed - Job Quit	
F434	FS Closed - One Person Household Student	<i>Only HH Member Inelig. Student</i>
F437	FS Case Closed – Work Requirements	
F501	Food Stamp Case Closed in Error	
F502	Aid Paid Pending Fair Hearing	
F503	FS Suspension Ends - Case Reopened	
F593	Food Stamps Restart Following Suspension	
F601	Food Stamp Case Suspended	
F690	Food Stamps Suspended Due to PFD	
F691	FS Suspended - Resources/Open PFD HH	
F692	Categorically Elig/Zero FS - Open PFD HH	
F701	Food Stamp Benefit Amount Changes	
F702	No Change in Food Stamp Benefit	
F703	Food Stamp Supplemental Benefits	
F705	FS Decreased - Member Ineligible Alien	
F708	Member Disqualified - Work Requirements	
F709	Work Programs Disqualification Ends	
F711	Food Stamp CE Benefit Changes	
F713	FS Benefit Decreased by 25%	
F721	FS Benefits Change - Housing Costs	
F780	HH Member Disqualified Due to Job Quit	
F787	Food Stamp Penalty Notice	
F790	FS Decreased Due to PFD	
F801	Food Stamp Recertification Due	

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F901	Request Payment-Client Error-Open Case	
F902	Request Payment-Client Error-Closed Case	
F903	Request Payment-Client Error-Open-OF	
F904	Request Payment-Client Error-Closed-OF	
F905	Request Payment-Agency Error-Open Case	
F906	Request Payment-Agency Error-Closed Case	
F907	Request Payment-Agency Error-Open-OF	
F908	Request Payment-Agency Error-Closed-OF	
F909	Second Notice-Client Error-L500	<i>Claim less than \$500</i>
F910	Second Notice-Client Error - M500	<i>Claim more than \$500</i>
F911	Third Notice-Client Error	
F912	Request Payment-CL-Open Case-FH Decision	
F917	Second Notice-Agency Error-Closed Case	
F918	Third Notice-Agency Error-Closed Case	
F943	Request Payment-Fraud-Open FS Case	
F950	Disqualification Notice-Waiver Signed	
F951	FS Fraud Disqualification-Waiver Signed	
F952	FS Fraud Disqualification – Hearing	
F954	Disqualification Notice – IPV	

G101	SeniorCare Approval and Drug Card	
G102	CAMA Application Approved	
G103	SeniorCare Approval - \$1000 Drug Benefit	

G201	SeniorCare Denied – Failure to Provide	
G205	SeniorCare Denied – Over Income	
G206	SeniorCare Denial – Over Resource	
G207	CAMA Denied – Over Income	
G208	CAMA Denied – Resources	
G212	SeniorCare Denied – Other Reasons	
G213	CAMA Denied – Other Reasons	

G301	CAMA Pended – Information Needed	
G302	SeniorCare – Request for Information	

G401	SeniorCare Closed	
G411	SeniorCare Closed – Long Term Care	
G413	CAMA Closed – Other Reasons	

G740	CAMA Closed – Other Reasons CAMA Lock-In Notification	
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G801	CAMA Application Due	
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J001	Case Manager Introduction	
J005	Employment Information	
J011	JOBS General Correspondence	
J013	Referral for Job Opening	
J014	Partner Agency Referral	
J016	Self Sufficiency Plan Appointment	
J017	Work Activity Assignment	
J090	Case Review Meeting Notice	
J091	60th Month Time Limit Meeting Notice	
J092	Request to Continue on Extension	
J093	Continued Extension Meeting Notice	
J099	ATAP-FSSP Appointment Required	

J102	ATAP – FSSP Required	
J107	Extra Services Available for You	<i>Post Employment Services</i>
J108	Planning for Better Employment	<i>Post Employment Services</i>

J201	Problem Solving Meeting	
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J414	Closure Letter	
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M001	Rights and Choices for Waiver Recipients	
M002	MQT Trust Referral	
M003	No Cost of Care Due	
M005	Notice to Transfer Resources to Spouse	
M006	Application for Other Benefits	
M007	Request for Social Security Number	
M012	Long Term Care Caseworker Introduction	
M060	Child Support Cooperation Statement	
M061	Child Support - Good Cause Allowed	
M062	Child Support – Good Cause Not Allowed	

M100	Medicaid Approved - One Month Only	
M102	Medicaid Application Approved	
M103	Retroactive Medicaid Approved	
M106	Emergency Medical Treatment Approved	
M107	Family Medicaid Approved	
M108	Newborn Medicaid Approved	
M110	Medicaid Approved - QMB Coverage	
M111	Special Medicaid Coupon	<i>APA Blindness or Disability Exam, or HCB Medicaid Waiver Assessment</i>

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M112	Medicaid Approval – Waiver Services	
M113	Specified Low Income Medicare Benefit	
M114	Medicaid Approved 2nd Month	
M115	Working Disabled Medicaid Approved	
M118	Back-Dated Medicaid Approved	
M120	Cost of Care / LTC Facility	
M121	Medicaid Approved – LTC Facility	
M122	CCMC Waiver Svcs Approved - Child on DKC	
M123	CCMC Waiver Services Approved	
M124	MRDD Waiver Svcs Approved – Child on DKC	
M130	Cost of Care / Waiver	
M131	APD Waiver Services Approved	
M132	MRDD Waiver Services Approved	
M133	Older Alaskan Waiver Services Approved	
M136	Breast/Cervical Cancer Medicaid Approved	
M140	APA Medicaid – Qualified Income Trust	
M141	Medicaid – Special Needs or Pooled Trust	
M142	Medicaid Trust Information – LTC	
M143	Special Needs or Pooled Trust Info	
M144	Miller Trust Information - APA	

M200	Medicaid Denied - Application Process	
M201	Medicaid Denied - Failure to Provide	
M206	Medicaid Denied - Income Over 185% Limit	
M207	Medicaid Denied - Over Income	
M208	Medicaid Denied - Over Resource	
M213	Medicaid Denied - Other Reasons	
M216	Medicaid Denied – No Eligible Category	
M221	Retroactive Medicaid Denied	

M301	Medicaid Pended - Information Needed	
M302	Medicaid Held for a Disability Decision	
M303	Incomplete Medicaid Review – Info Needed	
M304	Retro-Med Pended - Information Needed	
M305	Pend New Waiver Application	
M306	Medicaid – Residency Information Needed	
M320	Information Needed – TEFRA	
M321	Pend Waiver Start – Child on DKC	
M322	Pend TEFRA – Disabled Child Denied DKC	
M350	Request Medical Insurance Information	
M351	Waiver and/or DDS Approval Needed	

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M401	Medicaid Closed - Failure to Provide	
M402	Failure to Complete Medicaid Review	
M406	Medicaid Closed - Income Over 185% Limit	
M407	Medicaid Closed - Over Income	
M408	Medicaid Closed - Over Resource	
M410	Medicaid Review Received – Case Closed	
M413	Medicaid Closed - Other Reasons	
M419	Medicaid Stops - Client Deceased	
M420	Breast/Cervical Cancer Medicaid Closure	
M454	Transitional Med Report Not Received	
M455	Transitional Medicaid Report Incomplete	
M456	Transitional Medicaid Closes	
M463	Refused Other Possible Benefits	

M501	Erroneous Discontinuance	
M502	Fair Hearing Requested - Benefits Continue	

M601	Medicaid Suspended	
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M700	Post 4M Medicaid Begins	
M701	Medicaid Benefits Change	
M702	Transitional Medicaid Begins	
M703	Medicaid Changes to Denali KidCare	
M704	Change to Working Disabled Medicaid	
M715	Cost of Care Change	
M716	Long Term Care Ends – Medicaid Continues	
M720	Waiver Closed – Living in LTC Facility	
M721	Pend Waiver Application–AP Med to Waiver	
M723	Medicaid Transfer of Asset Declaration	
M740	Medicaid Lock-In Notification	<i>First Health Staff Use Only</i>

M801	Medicaid Review Due	
M802	Medicaid Review Approved	
M803	Transitional Medicaid Report Due	
M805	SLMB Medicare Review Approved	
M850	Transitional Medicaid Approved	<i>Report Received/Eligible</i>

M901	Working Disabled Medicaid - Premiums Due	<i>DHCS Staff Use Only</i>
M902	Working Disabled - Premium Increase	<i>DHCS Staff Use Only</i>
M903	Working Disabled - Premium Decrease	<i>DHCS Staff Use Only</i>
M904	Working Disabled - Premiums Overdue	<i>DHCS Staff Use Only</i>
M905	Working Disabled Medicaid - Premiums End	<i>DHCS Staff Use Only</i>

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M906	Working Disabled Medicaid - Refund Due	<i>DHCS Staff Use Only</i>
M910	Medicaid – Request Repayment Plan	
M911	Medicaid – Second Request Repayment Plan	
M912	Medicaid – Third Request Repayment Plan	
M915	Medicaid – Fair Hearing Continued Benefits	
M920	Medicaid Claims: Payment Overdue	
M921	Medicaid Claims: Second Payment Overdue	
M923	Medicaid Claims: Third Payment Overdue	
M926	Change in Medicaid Repayment Plan	
M930	Medicaid – Receipt of Payment	
M931	Medicaid – Account Paid in Full	
M940	Medicaid – Noncompliance Setup Repayment	
M941	Med – 2 <sup>nd</sup> Noncompliance Setup Repayment	
M950	Medicaid Disqualification - Noncompliance	

N000	Application Received - Interview Needed	
N002	Case Worker Introduction	
N003	Expenses Exceed Income Letter	
N005	Employment Information on New Job	
N008	Change of Address - Information Needed	
N011	General Correspondence	
N012	Information About Reporting Changes	
N014	Medicaid Information Letter	
N016	Unreported Income	
N017	Unreported Resources	
N018	Public Assistance Application Received	
N020	Request for Information	
N027	Information Hotline Announcement	
N036	Release of Information	
N042	Action Taken on Direct Deposit	
N043	Quest Card Returned - Undeliverable	
N045	Out of State Use of Benefits	
N046	Alaska Quest Card Questions	
N047	Welcome to Direct Deposit	

N920	Public Assistance Claim: Payment Overdue	
N921	Second Notice: PA Claim Payment Overdue	
N925	Public Assistance – Request Repayment Plan	
N930	Receipt of Payment	
N931	Public Assistance Account Paid in Full	
N940	Fraud Repayment - Benefit Reduction	
N941	Fraud Repayment - Cash Payment	
N942	Fraud Account: Payment Overdue	
N955	Fraud Disqualification - Closed Case	

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N970	Change in Payment Method - Fraud	
O490	Closure PFD/FS Hold Harmless	
P021	Authorization for Reimbursement Needed	
P065	APA Client Turns 65	
P100	APA Approved - One Month Only	
P101	APA Personal Needs Approved	
P102	APA Application Approved	
P103	APA 1st Month - Cost of Care 2nd Month	
P105	IA Approved – APA Held	
P112	APA Approved – Starting 2nd Month	
P200	APA Denied – Application Process	
P201	APA Denied – Failure to Provide	
P207	APA Denied – Over Income	
P208	APA Denied – Over Resource	
P213	APA Denied – Other Reasons	
P216	APA/Med Denied - IA Continues	
P301	APA Pended – Information Needed	
P302	APA Held For A Disability Decision	<i>State-Only Disability Decision</i>
P303	Incomplete APA/Med Review – Info Needed	
P304	APA Held – IA Denied	
P401	APA Closed – Failure to Provide Information	
P402	Failure to Complete APA Review	
P404	IA Closed – Failure to Apply for SSI	
P407	APA Closed – Over Income	
P408	APA Closed – Over Resource	
P411	APA Closes / LTC Medicaid Review Begins	
P413	APA Closed – Other Reasons	
P416	APA/Med Denied - Interim Assistance Ends	<i>Client May Appeal SSI Decision</i>
P417	SSI Appeal Denied	
P418	SSI Denial - No Appeal Pending	
P419	APA/Medicaid Stops - Client Deceased	
P501	Erroneous Discontinuance	
P502	Fair Hearing Requested - Aid Continues	
P503	Reopen Interim Assistance	
P601	APA Suspended - One Month Only	<i>Medicaid Continues</i>
P602	Suspended One Month - Information Needed	<i>Medicaid Continues</i>

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P603	APA/Medicaid Suspended	
P701	APA Benefit Amount Changes	
P703	APA Supplemental Benefits	
P709	Interim Assistance Ends - APA Begins	
P710	APA Decrease – SSI Long Term Care Facility	
P712	APA Decrease – Assisted Living Home	
P713	APA Decrease – SSI Replacement Ends	
P715	Change to No Cost of Care Liability	
P716	SSI Application Required	
P801	APA Review Application Due	
P802	APA Review Completed - No Change	
P900	Interim Assistance Repayment - SSI Refund	
P901	Request Payment - Client Error - Open Case	
P902	Request Payment-Client Error-Closed Case	
P903	Second Notice - Client Error - Closed Case	
P904	Third Notice - Client Error - Closed Case	
P905	Request Payment - Agency Error - Open Case	
P906	Second Notice - Agency Error - Open Case	
P907	Third Notice - Agency Error - Open Case	
P908	Request Payment - Agency Error - Closed Case	
P909	Second Notice - Agency Error - Closed case	
P910	Third Notice - Agency Error - Closed Case	
P926	Change in APA Repayment Plan	
Q100	APA/FS Approved - One Month Only	
Q102	APA/FS Application Approved	
Q105	Interim Assistance Approved - APA Held	
Q112	APA Approved - Starting 2nd Month	
Q200	APA/FS Denied - Application Process	
Q201	APA/FS Denied - Failure to Provide	
Q207	APA/FS Denied - Over Income	
Q208	APA/FS Denied - Over Resource	
Q213	APA/FS Denied - Other Reasons	
Q301	APA/FS Pended - Information Needed	
Q401	APA/FS Case Closed – Missing Information	
Q407	APA/FS Closed – Over Income	
Q408	APA/FS Closed – Over Resource	
Q413	APA/FS Closed – Other Reasons	

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Q501	APA/FS Reopened – Closed in Error	
Q502	APA/FS Continued Pending Fair Hearing	
Q701	APA/FS Benefit Amounts Change	
R102	GRA Application Approved	
R104	Diversion Application Approved	
R105	GRA Application Approved – Burial	
R106	GRA Approved – High School Student	
R207	GRA Denied – Over Income	
R208	GRA Denied – Over Resource	
R211	Diversion Denied	
R213	GRA Denied – Other Reasons	
R301	GRA Pended – Information Needed	
R302	Diversion Information Needed	
R413	GRA Closed – Other Reasons	
R703	Additional Diversion Payment	
S102	Food Stamp/Medicaid Application Approved	
S112	FS/MED Approved Starting Second Month	
S200	FS/MED Application Denied – No Interview	
S201	FS/MED Denied – Failure to Provide	
S207	FS/MED Application Denied – Over Income	
S208	FS/MED Denied – Over Resource	
S213	FS/MED Denied – Other Reasons	
S301	FS/MED App Pended – Information Needed	
S401	FS/MED Closed – Failure to Provide	
S407	FS/MED Closed – Over Income	
S408	FS/MED Closed – Over Resource	
S413	FS/MED Closed – Other Reasons	
S501	FS/MED Reopened – Closed in Error	
S701	FS/MED Change in Benefits	

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S702	FS/MED No Change in Benefits	
S840	FS/MED Eligibility Review Completed	
T011	General Correspondence	<i>Title IV-E</i>
T102	Title IV-E Approval IV-E Foster Care and Medicaid Approved	<i>Foster Care, VPA, Adoption Assistance</i>
T201	Title IV-E Foster Care Denial	
T301	Additional Information Required IV-E Fost Care – More Information Req'd	<i>Title IV-E Foster Care</i>
T401	Title IV-E Foster Care Ends	<i>Other Reasons</i>
T404	Title IV-E F. C. Continue, s - Medicaid Ends – Out State	<i>Residency</i>
T405	IV-E Adoption Assist Continues - Med End – Out of States	<i>Residency</i>
T803	Title IV-E Foster Care & Medicaid Review Approved	
T804	Title IV-E Foster Care Review Approved – Out of State	<i>Title IV-E Foster Care Child Placed Out-of-State, No Alaska Medicaid</i>
W002	School Verification Letter	
W004	Medical Information Needed	
W006	Possible Unemployment Benefits	
W011	Self-Sufficiency Plan Required	
W012	Referral for Self Sufficiency Planning	
W017	Self-Sufficiency Plan Changed	
W018	Volunteer Work Activity	
W019	Referral for Case Management Services	
W020	Good Cause Allowed	<i>Work Activities</i>
W021	Good Cause Not Allowed	<i>Work Activities</i>
W028	Child Support Pass-Through Payment	
W040	Temporary Assistance Review Due	<i>1<sup>ST</sup> Notice</i>
W041	Temporary Assistance Review – 2 <sup>nd</sup> Notice	<i>2<sup>ND</sup> Notice</i>
W050	Child Support Assignment Information	
W060	Child Support Cooperation Statement	
W061	Child Support – Good Cause Allowed	
W062	Child Support – Good Cause Not Allowed	
W066	Seasonal Benefit Reduction Waiver	
W080	Work, Time Limits, and Assistance	

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W081	Tribal Family Assistance Program Info	
W100	Temporary Assistance Approved One Month	<i>Approve 1<sup>st</sup> Month Only</i>
W102	Temporary Assistance Approved	
W105	Assistance Approved With Penalty	
W110	Temporary Assistance Approval/Job Quit	
W112	Temporary Assistance Approved – 2 <sup>nd</sup> Month	
W150	PASS II Child Care Referral	<i>Referral to Local Administrator</i>
W180	ATAP Approved – Minor Parent	
W191	Temporary Assistance Extension Approved	<i>Applicant</i>
W192	Temporary Assistance Extension Approved	<i>On-going case</i>
W200	ATAP Denied – Application Process	
W201	ATAP Denied – Failure to Provide	
W203	Assistance Denied – Work Refusal, Reduction	
W206	ATAP Denied – Income Over 185% Limit	
W207	ATAP Denied – Over Income	
W208	ATAP Denied – Over Resource	
W210	ATAP Denied – Deemed Income	
W213	ATAP Denied – Other Reasons	
W215	ATAP Denied – 60 Months	
W216	ATAP Denied – No Eligible Child	
W260	ATAP Denied – Striker	
W270	ATAP Denied – Resource Transfer	
W280	ATAP Denied – Minor’s Living Arrangement	
W301	ATAP Pended – Information Needed	
W303	Incomplete TA Review – Information Needed	
W305	Application Held – Work Activity	
W325	TA Review – Interview Needed	
W331	Information Needed to Add Person	
W380	ATAP Pended – Minor’s Living Arrangement	
W381	ATAP Pended – Information Needed	<i>Possible ASAP</i>
W401	ATAP Closed – Failure to Provide	
W402	Failure to Complete ATAP Review	
W403	ATAP Case Closed – Work Refusal	
W404	ATAP Closed – Increased Penalty	
W406	ATAP Closed – Income Over 185% Limit	
W407	ATAP Closed – Over Income	
W408	ATAP Closed – Over Resource	
W410	ATAP Closed – Deemed Income	
W413	ATAP Closed – Other Reasons	
W415	Temporary Assistance Ends-60 Months Used	<i>Does not meet criteria</i>
W416	Case Closed – Noncompliance on Extension	

## ADMINISTRATIVE PROCEDURES MANUAL

W417	Case Closed – Extension Not Continued	
W418	Temporary Assistance Ends-60 Months Used	<i>Not enough information</i>
W419	Case Closed – Time Limit Extension Ends	
W426	ATAP Closed – No Eligible Child	
W427	Case Closed – Child Support Income	
W429	ATAP Closed – Excess Income	
W439	Temp. Assistance Closed-Person Not Added	<i>MFU Members Not Applied For</i>
W450	PASS II Child Care Assistance Ends	
W463	Refused Unemployment Benefits	
W470	ATAP Closed – Resource Transfer	
W480	ATAP Closed – Minor’s Living Arrangement	
W481	Transfer of Temporary Assistance Case	

W501	Erroneous Discontinuance	
W502	Temporary Assistance – Fair Hearing	
W503	ATAP Suspension Ends – Case Reopened	

W601	Temporary Assistance Payment Stopped	
W602	Job Start Earnings Begin	
W603	ATAP Stops – Refuse Cash	

W700	ATAP Benefit Increases – 1/2004 Change	
W701	Temporary Assistance – Change in Payment	
W702	No Change in Temporary Assistance	
W703	Additional Temporary Assistance	
W704	Seasonal Benefit Reduction Replaced	
W705	Temporary Assistance Payment Decrease	
W706	Benefit Change – New Penalty Amount	
W708	Cooperation With Child Support	
W709	Benefit Decrease – Child Support Penalty	<i>Non-Coop CSED/Protective Payee</i>
W712	Seasonal Benefit Decrease	<i>2 Parent Families</i>
W713	ATAP Reduced – Minor School Attendance	
W714	ATAP Increases – Earned Income Deductions	
W725	TA Benefits Change – Shelter Costs	
W780	ATAP Benefit Decrease Due to Penalty	
W781	ATAP Penalty Amount Increases	
W783	ATAP Member Loses Work Exemption	
W784	ATAP Work Requirements Exemption	
W785	Request For Payee	
W786	Temporary Assistance Penalty Ends	
W787	Work or Plan Penalty	
W788	Refusal to Work Penalty	
W789	Self-Sufficiency Plan Needed	
W790	Change In Work Requirement	

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W801	Temporary Assistance Special Review	
W840	Temporary Assistance Review Completed	<i>Review Approval</i>
W901	ATAP Overpayment/Request Repayment Plan Request PMT-Benefit Reduction-Open Case	<i>ATAP Open Case</i>
W902	ATAP Overpayment/Request Repayment Plan Request Payment-Client Error-Closed Case	<i>ATAP Closed Case – 1<sup>st</sup> Notice</i>
W903	Request Payment-Agency Error-Closed Case	
W909	ATAP Overpayment/Request Repayment Plan Second Notice – Agency Error-Closed Case	<i>ATAP Closed Case – 2<sup>nd</sup> Notice</i>
W911	ATAP Overpayment/Request Repayment Plan Third Notice – Agency Error-Closed Case	<i>ATAP Closed Case – 3<sup>rd</sup> Notice</i>
W913	ATAP Overpayment/Request Repayment Plan Final Notice—Agency Error-Closed Case	<i>ATAP Closed Case – 4<sup>th</sup> Notice Overpayment over \$1000</i>
W950	IPV Disqualification – Open Case	
W951	IPV Disqualification – Case Closure	
X004	Food Stamp Recertification	
X005	Medicaid Review Application Due	
X006	APA Review Application Due	
X007	IV-E Child in Custody – Review Due	
X008	APA Review Due – Second Notice	
X009	Medicaid Review Due – Second Notice	
X010	Failure to Participate in ATAP Interview	
X011	Failure to Participate in a FS Interview	
X012	Pregnancy Medicaid Coverage Ending	
X013	4 <sup>th</sup> Month Trans Med Report Due	<i>1<sup>st</sup> Report</i>
X014	Transitional Medicaid Report Due	<i>2<sup>nd</sup>/3<sup>rd</sup> Report</i>
X015	Transitional Medicaid Case Closes	<i>End of 12 Months</i>
X016	4 <sup>th</sup> Month Trans Med Report Not Received	<i>1<sup>st</sup> Report</i>
X017	Trans Med Report Not Received	<i>2<sup>nd</sup>/3<sup>rd</sup> Report</i>
X019	Medicaid Information Letter	
X020	No GRA Interview	
X021	No CAMA Interview	
X022	No APA Interview	
X023	No Medicaid Interview	
X024	Newborn Medicaid Coverage Ends	
X025	CAMA Application Due	
X027	CAMA Recipient Notice	
X028	Child Support Pass-Through Payment	
X030	Family Medicaid Review Due	
X032	Private Health Care Information	
X034	SeniorCare Review Due	
X035	SeniorCare Review Due – Second Notice	
X040	Temporary Assistance Review Due	<i>1<sup>st</sup> Notice</i>

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X041	Temporary Assistance Review – 2 <sup>nd</sup> Notice	<i>2<sup>ND</sup> Notice</i>
X050 X050	Free School Meals/Direct Certification	
X055	Information About the WIC Program	
X064	Decrease in APA Benefits – COLA Increase	
X066	Seasonal Benefit Reduction Waiver	
X067	Seasonal Benefit Decrease	
X071	ATAP Benefits – No Activity for 60 Days	
X073	Food Stamps – No Activity for 60 Days	
X074	ATAP Benefits – No Activity for 90 Days	
X075	Food Stamps-No Activity for 180 Days	
X080	Work, Time Limits, and Assistance	
X081	Tribal Family Assistance Program Info	
X082	<b>**Important Time Limit Notice**</b>	
X083	Native Family Assistance Program Info.	
X085	Partner Agency Referral	
X102	Change in Certification Period	
X690	Food Stamps Suspended Due to PFD	
X715	New Reporting Rules for Food Stamps	
X790	Food Stamps Decreased Due to PFD	
Z009	Denali KidCare Renewal Due – 2 <sup>nd</sup> Notice	
Z010	Denali KidCare Temporary Card Notice	
Z012	Pregnant Woman Coverage Ending	
Z014	Denali KidCare Information	<i>Information Letter</i>
Z018	Denali KidCare Renewal Form Due	
Z024	Denali KidCare – Newborn Coverage Ending	
Z403	Denali KidCare Ends – Child Turns Age 19	
Z802	Denali KidCare Renewal Approved	