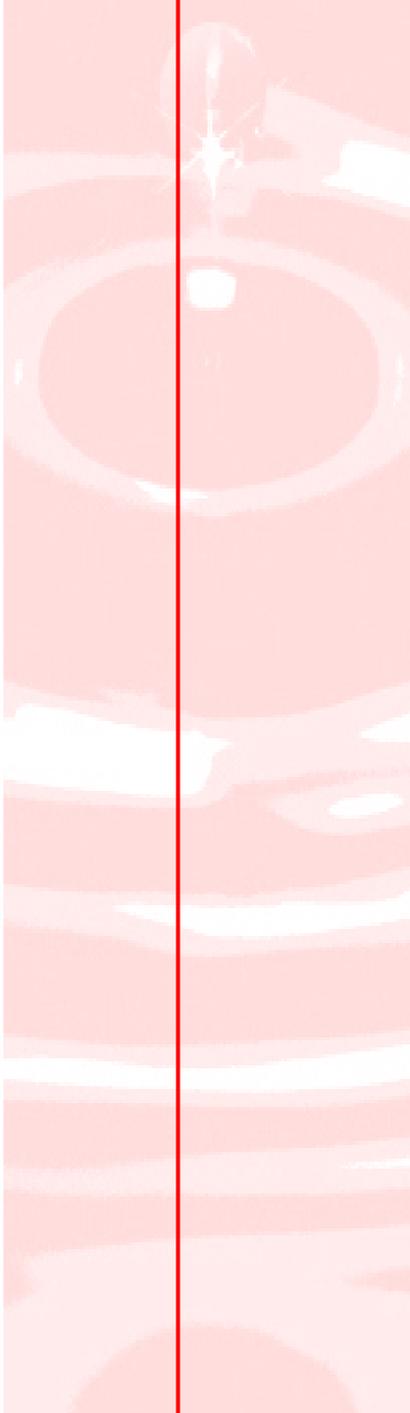# Statewide

Process Management

Guide

Standard Operating Procedures for Successful Implementation

Revised March 14, 2016

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INTRODUCTION

This Process Management Guide provides staff with an overview of their role in process management, the duties and responsibilities associated with their role, and instructions on performing these duties to ensure adequate staffing, resources, and quality of work. The essential practices and principles of the LEAN process are outlined in a way that should allow the necessary operational flexibility as it applies to different offices while assuring consistency across the state in regard to the quality and transferability of the work product.

In process management, work is divided by specific functions. Depending on the job class, staff are initially assigned to a specific area and subsequently rotated into other functional areas. The roles are first classified as either clerical or eligibility and then further divided by functions assigned to each job class. The instructions outlined in this manual will assist staff in understanding the responsibilities and tasks required in each functional area allowing them to work more efficiently, maintain flexibility and accountability in their work, and meet accuracy requirements.

One of the essential guiding principles of LEAN is first contact resolution. This principle applies to all job classes, and simply put it means that when engaging a client, provide all the service you possibly can within your capability before moving on to the next task. In clerical terms, this means answering questions to the best of your ability, ensuring that the client is routed properly according to their needs and that they have everything necessary to facilitate their interview or meeting with an eligibility worker. In eligibility terms, this means working a case to the point of approval, pend, or denial.

Do not pass on work. Touch it once.

I. CLERICAL

GENERAL GUIDELINES

Office assistants (OAs) perform a variety of functions in support of administrative and program operations and work flow processes. These functions may include:

- Walk-in customers
- Lobby flow
- Incoming calls
- Document management
- File Control/Filing
- Birth verifications and requests
- Supplies
- Machines and equipment
- Beginning and end of the day duties
- Application registration
- Transfer of documents to other offices/regions
- Appointment Scheduling
- Printing Field coupons / Reprint of Notices
- Reissuing Medicaid cards

Specific duties assigned to each function are outlined in the following sections.

Most often, the first point of contact between a client and the agency is with an OA. Acting on LEAN principles, OAs are expected to assist clients to the fullest extent of their ability whenever making contact. If a client's needs are able to be resolved without the involvement of an eligibility worker, it is incumbent upon the OA to provide any assistance that will meet that objective.

Assisting a client to the fullest extent includes but is not limited to:

- Printing manual Medicaid coupons

- Accepting and routing verifications

- Issuing EBT cards

- Copying and date stamping original documents

- Answering questions from clients

- Screening applications

- Updating the ADDR screen and setting alerts in EIS

- Update the address in ARIES and set a custom task

A. Walk-in Customer Service

1. Maintain lobby flow

Navigators are in charge of the flow of the lobby. They greet customers as they arrive in the office and ask specific questions to identify how to quickly meet their needs.

- Check the lobby traffic regularly.

- Notify the Daily Process Manager when bottlenecks occur.

2. Identify client's needs

Determine if a client is applying for new benefits, recertifying/reviewing, or needs other assistance.

a) If a client needs an interview:

- Ask them if they would prefer to wait for an in-person interview or be called for a phone interview the next business day by a specified time.

- Schedule an interview if the client requests one.

b) If a client has arrived for a scheduled interview:
- Notify appropriate staff according to local office procedure.

c) If a client does not need an interview, is reporting a change, dropping off information, or has a question:
- Assist clients to the fullest extent of your training.
- Accept paperwork and route it to the appropriate functional unit.
- Refer the client to an eligibility technician if needed.

B. Incoming Calls

When answering incoming calls, staff must assist callers to the fullest extent of their ability and route calls appropriately if they are unable to resolve a client's request. Clients can be in EIS, ARIES or both so staff needs to check both systems.   To decrease the volume of returned mail, staff will ask clients to verify their current mailing address. This question can also serve as a way to identify the caller.

> *Examples:*
>
> *If there is an ongoing Medicaid case in EIS and the caller is reporting that someone in the household is pregnant and wants to apply for Pregnant Woman (PR) Medicaid, the OA will transfer the call to an ET, and the ET will register and process the Medicaid case in ARIES.*
>
> *If a client is reporting the birth of her baby after her PR Medicaid auto-closed, the OA will transfer the call to an ET. The ET will register and process the Medicaid case in ARIES.*
>
> *If there is an ongoing case in EIS and PI requested to add new household members in the case, the OA will transfer the ROC to the ET. The ET will register and process the Medicaid case in ARIES or EIS based on type of Medicaid.*

C. Address Changes

1. If the client's address is correct, no action is necessary.

2. If the client's address is incorrect in EIS, take the following actions:

   - Update the address screen for all programs for the PI except the programs listed below (check CLPM for all available programs under the PI's name and make sure ANI cases are also updated; ANI cases do not appear on the CLPM).

     Exceptions: Do not change the address on the following programs:
     - *Senior Benefits – set alert for SB (FSO 030)*
     - *Long Term Care – set alert for LTC (FSO 070)*

- ○ *CITC – set alert for CITC ET (FSO 090)*
- ○ *OCS – email new address information directly to assigned OCS ET (FSO 060)*

- Enter a CANO following the Statewide CANO Guidelines in EIS

- Set an alert (ETAL) following the SPMG process to the assigned functional team. This team will complete the eligibility follow-up.

3. If the client's address is incorrect in ARIES, take the following steps:

- Refer to the ARIES Online User Guide on steps to change an address.

- To ensure that an address change was accurately captured, select the blue history arrows in the lower left hand corner of the address record. This will navigate from the most current address, in descending order, to the earliest known address.

- If a household reports they have lost their residence address and are now homeless, change their Residence Address record to reflect "Homeless" in *Address Line 1.* If necessary, create a Mailing Address record to ensure the household receives correspondence.

- If a household has an existing mailing address, and reports they are now receiving mail at their current residence address, change their Mailing Address record to reflect the same address information as their Residence Address record. .

D. Document Management

1. Document Collection

- ○ Retrieve incoming documents from the drop box, team emails, pouches, fax machines and scan into scan folders throughout the day.

2. **Sorting incoming documents**
   o Date stamp all the documents, in the margin or in area that does not have written information
   o Determine if a case exists in EIS, ARIES or both. Set an ETAL in EIS and/or custom task in ARIES if documents are received for cases that exists in EIS and ARIES.
   Case in EIS:
   o Set ETAL/Custom Task and attach CLPM/CAP2 or Create Task Page and Case-Search Summary Page
   o The due date is the date the ETAL is set
      Standard alert verbiage:
   "MMDDYY ROC 083"
   Example alert verbiage: 103115 Income statement was received in 083 (* This alert/task means the Gambell Office received a ROC on 10/31/15.)

   Case in ARIES:
   o Set Custom Task and attach Create Task page and Case – Search Summary page
   o The due date is the date the Task is set.
   o Standard task verbiage: "MM/DD/YY APPFSO"
   o Assign the Custom Task to the home office that received the document and the team that will work it.
      Example: If a document is received in Bethel for a case that is Pended in Kenai the task will be assigned to Bethel Pend. After it is worked it will be sent to Kenai for merging into the casefile.
3. **Returned Mail**
   The guidance for processing returned mail is documented in the Administrative Procedures Manual and the same procedure applies for cases in ARIES. The following additional guidance also applies:

   • To notify clients and request a current mailing address, send a general correspondence in ARIES using the notice language in N020 as indicated in Admin MS 103-4, or N011.

   Note: if the case is already in closed status, it is not necessary to send a pend notice to request for an updated address.

- Create a Case Note in ARIES and use the heading 'Returned Mail/Loss of Contact'. Document that the returned mail was received and include any information provided by the post office.

E. Application/Recertification/Review Registration

Applications received may be on a variety of methods based on the specific program criteria. The forms must meet the criteria listed below:

- An application/recertification/review may be submitted on a GEN 50B, Gen 50C, GEN 72, GEN 149, DKC applications, Tribal applications, and online applications from the Self Service Portal (also known as the SSP) or the Federally Facilitated Market Place (also known as the FFM.

  o The SSP and FFM application can only be used for Medicaid categories, including APA related Medicaid but they cannot be used for other programs.

- Applications may also be submitted by telephone for Medicaid. Refer to Addendum J for guidance on accepting applications for Medicaid by telephone

- If an application is submitted by an Authorized Representative without the client's signature, we should Pend the application. We need to request a signature from the client or proof of legal guardianship or power of attorney authorizing the representative access. All correspondence should be sent to the applicant and DPA should only release information to the applicant until the requested information is received.

- Register applications/recertification/reviews before forwarding these documents to the appropriate unit.

1. Application Registration

Registering applications will primarily be the responsibility of the Clerical unit. However, ETs are still expected to add any new program to an existing registration as long as that ET did not register the existing program.

Notes:

The Clerical unit will need to check the date of application to ensure the application is active (i.e., FS and Medicaid have different time frames for client submission of verification).

The Clerical unit may be unable to register all applications and recertification/reviews at all times. This must not delay the process of interviewing clients. Refer to the General Guidelines of the Eligibility section for additional information about the ETs responsibility in registering applications.

If the household submitted a DKC application or renewal form to apply for MAGI Medicaid, register all persons on the application but do not list the adults as requesting benefits unless they have specifically requested benefits.

Registering Applications in EIS:
- All programs except MAGI Medicaid are registered in EIS.
- If the MAGI case in ARIES has a helpdesk ticket that cannot be resolved and the client has an immediate need, process the case in EIS
- During application registration, the OAs will register clients to the EIS case based on case/program numbering criteria.
- Applications will be registered according to First Contact Resolution.
- Schedule interview as required, notify client and CANO appointment
- If application is registered in error send ticket to Help Desk https://dpasysops.dhss.alaska.gov/HelpDesk/zDeleteApp.aspx and register correctly.

Registering Applications in ARIES:
- All MAGI Medicaid will be registered in ARIES

- Client has an existing profile in EIS:
    - If an applicant has an existing profile in EIS but the newly submitted application shows a new name for the same person, staff must first confirm that the applicant is the same person as the client in EIS. Once the information has been confirmed, use new name as the name in ARIES and in EIS. Create the existing name in EIS and ARIES as an alias. If the client is in person, the OA will attempt to get verification from the client of the name change.

- Applications will be registered according to First Contact Resolution

- No interview is required

- If application is registered incorrectly

    o Delete pending correspondence

    o Mark the Complete Intake task as Complete using the Completion Reason "No Action Needed."

    o Bring the Register Application – Summary page immediately to an ET for Application Withdrawal.

- During application registration, the OAs will:

    o Register all individuals listed on the application that have all demographic information listed
        - Full name
        - SSN
        - DOB
        - Citizenship
        - Alien information

    o If the OA does not register all individuals listed on the application, the OA will print on the front of the application "Not all household members were registered" prior to scanning into a folder.

    o For FFM and SSP applications, the OA will register all individuals during Initiate Online Application. If an electronic application will not download correctly, the OA will follow the above listed process for a paper, in person or telephonic application.

- If there are multiple families on the application, the OA will register the PI and at Data Collection the ET will determine which household members needs to be included and not included in the case. This adds more work for the ET and has the potential for errors if the ET doesn't update the program request to show the individuals added to the case as requesting aid

- If there are multiple families on the application, the OA will register the PI and at Data Collection the ET will determine which household members needs to be included and not included in the case.
  Notes:
  The electronic submission date on the SSP application is considered as the application received date. The benefit start day is either the first of the month or the adjusted benefit start day depending on the case situation (e.g., household received benefits during the month of application). The ET will determine the adjusted benefit start date during Data Collection.

  Include the full FFM number (20 digits) as indicated on the FFM application in the task inbox. The FFM number is also on the front page of the FFM application form (top and bottom of the page). Staff may also cut and paste the FFM ID from one screen to another to eliminate room for error.

- Print the Register Application - Summary page and attach to the paper application.

  Note: When an application is received from the SSP / FFM, there will be system generated task assigned to the clerical unit. The task will provide a link to the application. . The OA will print the PDF and attached the Application Summary page.

OTHER SITUATIONS:

1. **A client brings in a copy of their SSP/FFM application to a DPA office:**

- The OA/ET will do a search in ARIES to determine which office the SSP/FFM was initially assigned.

- Go to Task Inbox and clear all searchable fields.

- Enter the SSP/FFM number; from here the OA/ET will be able to determine where the SSP/FFM was assigned.

- The OA/ET will reassign the task to the office where the client walked-in.

- The ET will process the SSP/FFM application to completion.

- Once the application is approved, pended or denied, it will be sent to the home office.

- A copy of the SSP/FFM application must be filed in the case file. Shred any duplicates.

2. **A client called about their SSP/FFM application that is assigned to another office:**

- If a client calls to inquire about their application, the OA/ET will reassign the task in ARIES to their office.

- The ET will process the SSP/FFM application to completion.

- Once the application is approved, pended or denied, it will be sent to the home office.

3. **The SSP cannot be located in ARIES:**

   If a client claims that they have submitted an application through the Self-Service Portal search Tasks by client name. If it still cannot be located in ARIES, the OA/ET will send an email to the Help Desk.

4. **An FFM or SSP application is received and there is an existing duplicate application:**

   Duplicate application is defined as exactly the same application or application with the same SSP or FFM number.

   When an OA researches an FFM or SSP application and confirms that a duplicate application has already been registered for the same household in the same month, the duplicate application may be shredded.

5. **An FFM or SSP application is received and there is an existing application for the household that has already been processed:**

If a new application is received (GEN 50C, SSP or FFM, or a GEN 72 - if used as an application) and there is an existing application in ARIES that has already been processed. Register the application and associate to the ongoing case following the rules for case association and assign the task to the Maintenance Team to work the new application. If a client contacts another office, First Contact Resolution should be followed and the FCR office would then assume processing of all applications received from the client.

Note: If a task has already been created prior to creating the custom task, the OA could reassign that task to the Maintenance Team.

a. Scheduling an interview:

- An interview is not required for MAGI Medicaid.
- If an interview is required for other programs:
  - Schedule the interview on the appropriate calendar.
  - Write a CANO stating that the applicant was given a copy of the letter or the Appointment-plus auto generated notice (see Addendum F) that informs the client of the time and date of their interview.
  - Print the CLPM and CAP2, attach to the application.
  - CARC and route the application to the appropriate office or team.

b. Screening for APA-Related Medicaid and Registering in EIS/ARIES:

OAs will screen all applications and register MAGI Medicaid cases in ARIES. In addition there are times when it will be necessary to register APA-related Medicaid in EIS and an interview will need to be scheduled.

- If the applicant is 65 years old or older, Medicaid will be registered in EIS and an interview will be scheduled.

Note: ARIES will indicate the client's age at registration.

- If the applicant indicates that they are disabled, the application will also be registered in EIS and an interview will be scheduled.

  - FFM and SSP applications have a question about 'disability'. If the applicant answers 'yes' to the disability question, Medicaid would

need to be registered in EIS. If this is an FFM application, it will also need to be registered in ARIES with final determination identified in a response to the FFM.

- o The Gen50C has a question that relates to disability. If the applicant marks 'yes' to that question, Medicaid would need to be registered in EIS.

  Note: The question related to disability is in several areas of the GEN 50C. Ensure to review this question for each person in the household.

- o If a client indicates in any application that they are receiving Social Security benefits we would assume that APA related Medicaid is possible and Medicaid would need to be registered in EIS. If questionable, the OA will double check with a lead or supervisor.

- Attach the Appointment Sheet, CLPM/CAP2 for the EIS case (following the case numbering guidelines in the Admin Manual) and the Register Application - Summary from ARIES to the application, and forward to the appropriate staging area based on office processes.

- Set an ETAL on the Medicaid case in EIS stating the ARIES Application Number and the office that has the application following current SPMG examples.

- If an APA-Related Medicaid application is received and there are other household members, make sure that MAGI Medicaid is also considered for these members.

c. **Confidential Cases**

Clerical staff do not have the ability to mark the case as confidential as this action is done in Data Collection. If clerical identifies a case as a confidential case follow the steps below:

- Set a custom task for the supervisor for Data Collection - Intake.

- Custom task must state, "Intake to a confidential worker for processing."

2. Registering Recertification/Reviews

Registering recertification/reviews will primarily be the responsibility of the Clerical unit. However, ETs are still expected to add any new program to an existing registration as long as that ET did not register the existing program.

Note:
The Clerical unit will need to check the date of application to ensure the case is active (i.e., FS and Medicaid have different time frames).

The Clerical unit may be unable to register all recertification/reviews at all times. This must not delay the process of interviewing clients. Refer to the General Guidelines of the Eligibility section for additional information about the ETs responsibility in registering recertification/reviews.

a. Case in EIS

- If a Gen 72 is received in the office for programs that are due for recertification/reviews:

  o Clerical will either RERE or MIRE depending on the programs as required

  o Clerical will check the RERE screen if an interview is needed.

  o If an interview is needed, clerical will set the interview as follow:
    - Schedule the interview on the appropriate calendar.
    - Write a CANO stating that the client was given a copy of the counter notice or the Appointment-plus auto generated notice (see Addendum F) that informs the client of the time and date of their interview.
    - If the GEN 72 was mailed-in/dropped-off, send a notice through EIS to inform the client of the interview time and place.
    - Print the CLPM and CAP2, and attach to the GEN 72.
    - CARC and route the GEN 72 to the appropriate office or team.

b. MAGI Medicaid Case in ARIES

- Print the Case-Search Summary page.
- Set a task by selecting: Renewal packet received; complete review.

- Set the task due date as the date the packet was received. (This is the only Task where you can back date the Due Date to the actual date the review was received)
- Assign to the appropriate team/office.
- Print the Create Task page and Case - Search Summary page with the identified case number, attach to packet and deliver to appropriate team. To print the Create Task page, go to Create Task and hit 'print' before 'submit'.

3. Transferring an Application or Recertification/Review to another Office

If an application or recertification/review needs to be transferred to another office, the document must be scanned or faxed the same day. The office that receives the GEN 50 will screen it for expedite FS and register the programs before it is sent to the assigned office. The receiving office will also determine which staff will be assigned to screen the application or recertification/review for expedited services.

F. File Control
1. Filing
Clerical staff will maintain all files in a central filing area, which includes all active and closed cases.

2. Creating Permanent Files
Eligibility and clerical staff may create permanent files. Follow the guidelines in Administrative Procedure MS 103-1 for case file organization procedures.
Note: when filing documents for cases that are in ARIES, make sure the label reflects the ARIES case number.

3. Creating Temporary Files
A temporary file is created when another file exists (that is not archived) within DPA.
- OAs will create temporary files in folders that will be clearly identified as temporary files.
- All temporary files will be combined with the original file once it is returned or located.

- If the case is new and pended it will be placed in the type of folder designated by the region to signal that no other file exists.

Note: when filing documents for cases that are in ARIES, make sure the label reflects the ARIES case number.

4. Monitoring File Requests
- Monitor file request and deliver files to appropriate staging areas.
- If the file is out of the office or delayed for some reason, notify the requesting ET.

Note: Some of the procedures in regard to monitoring file requests may vary depending upon the office.

5. Handling File Requests from Outside the Region
Refer to the Administrative Procedures Manual, section 103-7 for information on transferring files.

6. Collecting Files
Office assistants will make regular sweeps of the office to pick up files as assigned.
Note: This procedure may not apply in some offices.

7. Creating New Files and File Volumes
Refer to the Administrative Procedures Manual, section 103-1E & F for instructions on purging and creating case file volumes.
Note: when filing documents for cases that are in ARIES, make sure the label reflects the ARIES case number.

8. Reconciling or Pulling Closed Cases from Open File Cabinets
Closed Cases in EIS:
- The Clerical unit will utilize the EIS caseload report and Document Direct EIS Denial/Closure Report to identify closed files monthly.
- Pull closed files and move them to the closed file area.
- Organize closed files by closure month, then by alphabetical order.

Note: Closed Cases in ARIES - The procedure for pulling and moving closed files to the closed file area is the same for ARIES cases. However, management is still looking into

the process of pulling a report of closed ARIES cases. Additional information will be provided at a later date. Currently, the Workload Management Tool gives the user the ability to search for closed cases by office and case status date (date the case closed). The current closed cases report lists persons not just cases, so staff will need to review and ensure every person the on the case is closed.

9. Archiving Files
   - The Clerical unit is responsible for pulling and maintaining closed files and pulling files that are due to be archived. *Refer to the Administrative Procedures Manual, section 103-6 for instruction on sending files to Archives.*

G. Print Field Coupons / Reprint Correspondence & MIMI (Medical Insurance Manual Issuance)

1. Clerical unit is responsible for printing field coupons for Medical Insurance if requested by clients.
   Note: OCS ETs normally print Medicaid coupons for foster parents. However, if the Medicaid case is in ARIES, OCS ETS currently do not have the ability to print the coupons. If a child receiving Medicaid is placed into state-custody, the OCS ET will notify the DPA functional team or caseworker via email. In the same email, the OCS ET will also request for a copy of the coupon if the child's Medicaid case is in ARIES. If this situation occurs, the DPA staff member who received the request will attempt to send the coupon to the OCS ET right away by fax or scan/email.
2. In ARIES, the clerical unit is also responsible for reprinting correspondence (Local Print) when the client requests a copy in person. If a client calls and requests a copy of the correspondence, the OA will resend the correspondence to Central Print to be mailed out.
   Note: Eligibility notices cannot be printed using local print.

H. Re-issue Medicaid Cards

1. Clerical unit is responsible for reissuing Medicaid cards when a client calls to report a loss of card.

I. Task Management in ARIES

1. When sorting tasks in ARIES, clerical staff need to sort by status to determine which tasks are still open and waiting to be processed.

II. ELIGIBILITY

GENERAL GUIDELINES:

Eligibility staff may be assigned to any functional area to ensure efficient and accurate delivery of benefits. The functional areas are:

- Question and Answer
- Intake
- Maintenance Interview
- Pend
- Report of Change

Based on the number of clients waiting, for an interview or assistance (both face-to-face or by phone), the Daily Process Manager (DPM) will determine the need to complete a "push" or "call bus" whenever needed. Push or call bus occurs when additional staff are needed at the front counter to assist customers during busy or peak hours. The bus call purpose is to meet the expectation of same day service. All available staff is expected to participate when asked. In most circumstances this will be the priority and focus of everyone's work at that time.

Eligibility workers, regardless of the functional unit to which they are assigned, are expected to process their work to the fullest extent possible as defined below:

- Ensure that all information and documents are reviewed, including interfaces. If an application or recertification/review needs to be transferred to another office, the document must be scanned the same day. In ARIES, continue to view interfaces as you normally do. Integration of interfaces in ARIES is scheduled for Release 2. Refer to ARIES Guide for information about checking interfaces for Medicaid clients in ARIES without EIS involvement.

- The ET working the case will ensure the correct expedite status is applied to each Food Stamp case.

- ET's will attempt to contact clients ("cold calls") prior to a scheduled interview appointment time.

- Enter all information in EIS and ARIES. Ensure to log-in to ARIES using the following URL: https://myaries.alaska.gov/. When typing information in ARIES

(e.g., case notes or free-form text in notices), use sentence case. Do not use all lower case or UPPER case.

- Ensure there is not a duplicate application existing in ARIES and EIS for the same client(s).

  If the application in EIS has already been processed, leave the Medicaid case EIS and withdraw the application in ARIES as "registered in error". The Medicaid case in EIS will be transferred to ARIES at recertification.

  If processing an application in ARIES and there is already an existing application registered in EIS which is unprocessed, follow current procedure for requesting Helpdesk delete the application in EIS.

  Notes:
  If the application had already been processed in EIS and benefits have been issued, SysOps will not be able to delete the application.

  Also, if the Medicaid application in EIS was received prior to the Medicaid application in ARIES, the ET will need to use the received date of the older application and apply the appropriate benefit start date. The 12-month certification period will also be applied using the received date of the older application. If the client reported any new information in the current application and eligibility is redetermined, a new 12-month certification period may be applied.

- Determine eligibility (approve/deny/pend) for all related case numbers.

- Refer all individuals that have had their Medicaid denied or closed to the FFM. The referral will be done in ARIES. The only exception to this is if the individual is deceased.

- If absent parent information is received, but the EIS TA and EIS ME cases are pended, the CSSD information will be tracked and entered in EIS upon approval of the case. ARIES parent information may be entered at the time of data collection. If DPA obtains a copy of the out-of-state birth certificate, it must be provided to CSSD.

- If there is a pended IA case, the ET will CANO the date an Interim Assistance Reimbursement (IAR) form is signed and received from the client. If IA benefits are pended for receipt of completed AD-2, the ET must attach copies of the GEN 150 (Authorization for Release of Protected Health Information) form to the pend notice. The originals will be secured in the case file.

- Vigorously pursue obtaining the verification needed to determine eligibility.

  Note: "Vigorously pursue" means that the ET will make one attempt to all possible resources to obtain the verification.

- Create a case note.

- Process alerts, tasks, and/or emails:

  o Each case action must include a case note and EIS/ARIES entry.

  o In EIS - ETs must review, take action on, and clear alerts as appropriate. If an alert is created in EIS for a case that is available in ARIES (e.g., to alert caseworkers about an existing application in ARIES for the household), staff need to ensure the alert is acted on before deleting.

  o If open cases exists in both ARIES and EIS:
    - Reference the ARIES case by entering a case note and alert in EIS
    - Reference the EIS case by entering a case note with the description "other" in ARIES.

  o If a help desk ticket was submitted for the case in ARIES, an alert (custom task) must also be created to reference the ticket number.

    Example alert verbiage:
    Help Desk ticket AKHD 1035

  o When registering or processing a case that belongs to another office, ETs need to set an alert which will indicate the location where the case is currently being processed. Include the application number, and the office number and caseload. The due date is the date the application is registered.

    Example alert:
    ARIES ME T#00000000 077-5-55

  o In ARIES - ETs must review, take action on, and mark each task as complete when appropriate.

- ET must review and take action on emails as appropriate. When appropriate, the ET will move the e-mail message to the functional unit's 1-year Archive folder.

- If an alert, task, or e-mail generates a pend action, the ET will vigorously attempt to get the required information.

  Note: "Vigorously pursue" means that the ET will make one attempt to all possible resources to obtain the verification.

- Penalty requests are required to be acted upon no longer than one day from the date of the request.

- Assign to the appropriate functional unit.

- Send the appropriate notice(s)/correspondence(s).

- Create or update the case file.

  - Prior to denying a case, the ET should pull and review the case file. There may be information available in the file that could allow the ET to process the case.

  - If a case is processed without the case file, the ET will print, place a checkmark, and initial a paper copy of the current CLPM/CAP2, and/or Case - Search Summary screen in ARIES and send the documents to the office where the case file is located.

  - If the case file was obtained, forward the case to the central filing area with all paperwork properly secured in the file. Print current CLPM/CAP2 and secure in section 6 of case file.

  - In ARIES, print the Case Search Summary page and place in the case file.

  - After processing a Medicaid application in ARIES, print the Case Summary page to place on top of the application (either in section 5 or section 6). This corresponds with the benefit authorization screens and CLPM/CAP2 that staff will print and file if the case is worked in EIS.

- ETs will not work another case until they have processed the case to the fullest extent possible.

   Note: All reviews/recertification will be registered by the Clerical unit whenever possible. In instances when the Clerical unit is unable to register a case or program, an ET will register the review/application in EIS and/or ARIES. When this situation occurs, the same ET is not permitted to authorize benefits for the case once it is ready to process. However, ETs are allowed to add a program to an existing EIS registration (if they did not register the existing registered program) in APMA.

A. QUESTION AND ANSWER (Q&A)

The navigator will direct clients with questions to the Q&A staff. ET's assigned to the Q&A function will assist clients in-person or over the phone with questions about their case. When Q&A ETs are assisting clients, they will not assist another client until they have reviewed all information and have processed the case to the fullest extent possible. This would include completing work in both the EIS and ARIES systems. This does not generally include the processing of initial applications and recertification/reviews.

The duties of eligibility staff assigned to Q&A are outlined as follows:

1. Providing Answers And Referrals

- Answer client questions and refer them to community resources if appropriate.

- Direct clients to the proper application for services:

  - FS/TA/APA/GA/GM – program must have paper applications/reviews or recertification; to include mail-in or drop off/faxed/scanned GEN50C or GEN72.

  - ADLTC Medicaid – application can be made via Self Service Portal (SSP), Federally Facilitated Marketplace (FFM), or hard copy.

  - MAGI Medicaid – application can be made via Self Service Portal (SSP), Federally Facilitated Marketplace (FFM), hard copy, in person, or by phone (when available).

  - LTC – Med 4

  - Heating Assistance – HAP application

  - Senior Benefits – Senior Benefits application

- Research and identify client questions regarding their case in both EIS and ARIES.

- Identify the next steps for the client or resolve the issue.

2. **Assisting Clients, Reviewing Documents and Verification Submitted**

    - Provide information to clients from EIS and ARIES (i.e., benefit print outs, DE-25, EBT, etc.)

    - Review and date stamp all documents that clients are submitting or returning as verification.

    - Determine if the documents meet the needed requirements for appropriate programs in EIS and ARIES.

    - Document the information whether verbal or hard copy in a CANO and process the case to the fullest extent possible in EIS and ARIES.

    - Attach a case summary screen:
      o EIS - print CLPM and CAP2.
      o ARIES – print the Application Search Summary Screen for an application, or the Case Search Summary Screen screen for ongoing cases.

      o *Note: If a case is processed without the case file, the ET will print, place a checkmark, and initial a paper copy of the current CLPM/CAP2, and/or Case - Search Summary screen in ARIES.*

      If the case file was obtained, forward the case file to the central filing area, with all the paperwork properly and include a current CLPM/CAP2 in section 6 of file. In ARIES, print the Case Search Summary screen and place in the case file.

    - Forward the documents to the appropriate office and unit or to the file.

- If additional information is necessary, remind the client of what information is needed, the due date, and pursue the information, if possible.

- If the original pend notice was incomplete and additional information is needed, re-pend the case in EIS and ARIES.

- If a pend due date needs to be extended, a new correspondence/notice needs to be generated.
  - EIS – generate a new notice with needed items addressed and set new pend due date and set an alert.

  - ARIES – Set a new pend due date, Re-run eligibility to generate the new correspondence and enter appropriate information within 'Notes from Your Worker' free form area. Make sure to hit "Central Print" to ensure that any text entered in the free from areas is printed when the correspondence gets mailed to the client.

B. INTAKE

Eligibility technicians assigned to the intake function are responsible for ensuring all applications are processed and eligibility determinations are made in an expeditious manner. Intake workers are responsible for monitoring the scheduling system to ensure applications are processed.

1. **Managing the Intake Schedule**

    - Each office designee will monitor the scheduling system for walk-in and scheduled appointments.

    - ETs will update the scheduling system to reflect that they have taken an appointment.

    - Intake ETs will handle phone calls as assigned.

    - ETs should check their ARIES assigned tasks frequently throughout the day for necessary actions.

2. **Reviewing and Registering the Application**

    - If an ET receives an unregistered application, they must have another ET or OA register it.

      Note:
      Staff do need to register Medicaid applications in both ARIES and EIS including applications from clients not known to EIS. Most staff now have access to ARIES and will be able to check both systems to see if an application or case exists for the client. Most interfaces are also available in ARIES except for PFD and SSI income information. Clients do not have to be known to EIS in order to check the PFD interface. We receive a 'dump' of all PFD records and populate them in EIS. Workers can check this info even if the client is new to DPA. To check SSI income, use Document Direct.

- In EIS, ETs are allowed to use APMA to add a program to a registration if they did not register the existing program(s).

  Note: In situations where there are separate households listed in the application (e.g., two non-related adults with their own children and no common children or roommate situation), the ET can register a new case number for the other household member(s).

- If an ET is moving a case in ARIES from EIS and there is already an existing case in EIS in received, pend and open status, the ET may register the application in ARIES and authorize benefits for the same case.

  Note: For applications in received status - if an application has already been registered in EIS and needs to be worked in ARIES, the ET may register and process the application in ARIES as long as another person registered the case in EIS.

3. **Processing Intake**

- The ET will obtain the application/file prior to processing the application. If the file is not available, proceed with processing.

- If the client does not attend a required interview, the ET will deny the application for all the programs the client applied for (except Food Stamps).

- When the ET receives an ARIES task for an intake application, the ET will check EIS for existing EIS history.

- Interfaces in ARIES and EIS that were used to determine eligibility needs to be printed and filed in the case file. Refer to Administrative Procedure MS 103 for additional information about Case Files.

  Note: Information pulled from ARIES interfaces may only be used to determine eligibility for Medicaid.

- If the applicant has other programs in another office (home office), work the case to completion (approved, pend or deny). Once an action is taken,

the case will be sent to the home office. Print the CAP2, CLPM, and ARIES case summary and give to OA for reassignment of ARIES case/tasks.

Notes:

Refer to Addendum B and Administrative Procedure MS 104-1 for additional information about First Contact Resolution to properly assist clients and address their needs the first time they made contact with any DPA office regardless of the where the client resides or their case is assigned.

o If the case has been identified a confidential during intake, the ET will mark the case as confidential during Data Collection. This ensures all ARIES generated tasks assigned to the team supervisor. The supervisor will assign the task to the appropriate ET for processing.

Confidential cases can be seen by any worker. However, the special characteristic of a confidential case is that all tasks that are created for the case first get assigned to the team supervisor. The team supervisor can then reassign the task to the appropriate team or user.

Also, once a case is marked confidential, the task can only been seen by a supervisor. If someone tries to look it up it will not show up unless the supervisor has assigned the task to them. If the supervisor assigns the confidential task to another user, it will show up in their inbox.

o If the application is pended, a task will automatically be generated in ARIES if the verification documents have not been received within the due date.

Note: If an alert needs to be created in EIS, set the due date as the actual date the information is due. Include the ARIES application case number in the alert.

o In EIS – print CAP2/CLPM or in ARIES – print the Create Task page and Case - Search Summary for filing or routing. To print the Create Task page, go to Create Task and click 'print' before 'submit'.

- o Intake workers are responsible for denying applications within the 30-day timeframe.

- o If a case is processed without the case file, the ET will print, place a checkmark, and initial a paper copy of the current CLPM/CAP2, and/or Case - Search Summary screen in ARIES.

  If the case file was obtained, forward the case to the central filing area with the paperwork properly secured in the file. In ARIES, print the Case Search Summary page and place in case file

4. Processing Phone Applications

- When an ET receives a telephone call for MAGI application directly, the ET will register the application to case creation and process through data collection to the fullest extent possible. Pend the case for required information using Verification Checklists and send the Case Summary correspondence for needed signature. The ET is not permitted to authorize benefits on a case they have registered.

- When an ET receives a registered MAGI telephone application from the OA staff, the ET will confirm household information is complete and process the application to case creation. The ET will complete data collection to the fullest extent possible. The case will be pended for required information using Verification Checklists and send the Case Summary correspondence for needed signature. *Refer to Addendum J for additional information about handling phone applications for Medicaid.*

5. Processing FFM and SSP Applications

- a) The FFM/SSP application cannot be used as an identifiable application for any program other than Medicaid. An interview is required for Medicaid categories other than MAGI and additional information will be needed (such as resource information and required forms).

- b) The signature requirements are different for APA related Medicaid and the applicant must sign the application (and spouse needs to sign if they

would like to use the same application form). Reference ADLTC MS 520A and APA MS 410-2.

c) The information provided in the FFM or SSP is considered a report of change for all other programs.

d) An FFM or SSP application is received and there is an existing Medicaid case open in EIS:

- The OA will set an alert in EIS (under the existing Medicaid case). The alert will state that an application was received, the office that received the application and the received date. The due date is the date the alert is entered.

- The FFM or SSP application will be considered a review.

- The ET will register the case in ARIES and redetermine eligibility for the household.

e) An FFM or SSP application is received and there is an existing Medicaid case open in ARIES:

- The FFM or SSP application will be considered a review.

- Register the application and associate to the ongoing case following the rules for case association and assign the task to the Maintenance Team to work the new application. If there are multiple applications, register and associate all clients on all of the applications following the rules for application registration (do not submit) and set appropriate custom task.

- The ET will look at a potential change in circumstance or household members whose needs may not have been included.

- The ET will do a "redetermination" in ARIES.

- The ET will mark the task as complete when the application has been reviewed.

f) An FFM or SSP application is received and there is no open case in either EIS or ARIES:

- The FFM or SSP application is considered a new application and will be registered in ARIES.

Note: If an FFM or SSP application is submitted this month and an action was also taken in ARIES this month, ETs do not have to process the FFM or SSP application __only if__ there is no new information provided by the client that affects eligibility.

g) APA-Related Medicaid has been determined for a household member in the FFM application:

If the applicant applied for Medicaid through the FFM and APA-Related Medicaid was determined for a household member, the APA-Related will be processed in EIS. In addition, all the client information needs to be entered in ARIES to provide the APA-Related Medicaid determination response to the FFM. Complete the Person Demographics and Income pages in order to respond to the FFM. In the FFM referral enter the EIS case start date and enter Yes for Non-MAGI Eligible.

Note: If the applicant applied for Medicaid using a GEN 50C or through the SSP, the information about the APA-Related Medicaid does not need to be entered in ARIES at this time. Additional information will be provided to staff at a later time to transfer these cases into ARIES.

h) An FFM or SSP application is received and there is an existing duplicate application:

Duplicate application is defined as exactly the same application or application with the same SSP or FFM number.

When an ET researches an FFM or SSP application and confirms that a duplicate application has already been registered for the same household in the same month, the duplicate application may be shredded.

i) An FFM or SSP application is received and there an existing application for the household that has been processed:

If a new application is received (GEN 50C, SSP or FFM, or a GEN 72 - if used as an application) and there is already an existing application in

ARIES that has been processed, register the application and associate to the ongoing case following the rules for case association and assign the task to the Maintenance Team to work the new application

j) An FFM or SSP application is received and there an existing application for the household that has not been processed.

Scenario: Client submitted an application on 11/14; application is registered but has not been processed. The household submitted another application in July and it also has not been processed.

Action Needed: If 11/14 application has not been processed, the ET needs to first process the application received in July and make a determination.

- If the application is approved:

  - Use the 11/14 application as a report of change, and process any changes, if any.

  - Register the application and associate to the ongoing case following the rules for case association and assign the task to the Maintenance Team to work the new application as a report of change.

- If the application is denied:

  - Process the 11/14 application and make a determination.

Note: If the application received in July is assigned to another office, the ET will request a copy of that application or print it, if accessible in ARIES. Make sure to follow First Contact Resolution guidelines when requesting the application.

C. MAINTENANCE INTERVIEW

Eligibility Technicians assigned to the maintenance interview function are responsible for ensuring all recertification/reviews that require an interview are processed and eligibility determinations are made in an expeditious manner.

1. Processing Recertification and Reviews

- Expedite FS reapplications will be identified and processed in the office received whenever possible. Refer to Addendum B for additional guidance.

- If a new program has been requested on the Gen 72, the ET will call the client to see if they want to apply for the new program.
  - o If the client wants to apply for the new program, the ET will:
    - Register the program or request for service, as needed for a case in EIS (register the MAGI Medicaid in ARIES).
    - Complete the interview (interview not required for MAGI Medicaid).
    - Pursue any required verification.
    - Pend for all items needed including the Gen 50C application, if necessary (a GEN 50 C is not required for MAGI Medicaid).

  - o If the client does not want to apply for the new program, the ET will:
    - CANO the contact in EIS for all programs except MAGI Medicaid.
    - Process the recertification/review for other programs.
    - Register MAGI Medicaid in ARIES
    - Pend for written withdrawal

  - o If the ET is unable to reach a client, the ET will:
    - CANO the contact in EIS for all programs except MAGI Medicaid.
    - Schedule an interview appointment (interview not required for MAGI Medicaid).
    - Send the appropriate appointment notice (N000 or F000).
    - Mail an application for applicable programs.
    - Register MAGI Medicaid in ARIES (a GEN 50C is not required).

- The ET will review all open programs and process the cases, including the MAGI Medicaid in ARIES.

- Recertification for Medicaid will be processed in ARIES. However, if there is not enough information to make a determination, the ET must:

  o Roll the Medicaid benefits in EIS and send an N020 to request the information needed to determine eligibility. Enter a CANO to document that the Medicaid case is also registered and pended in ARIES.

  o Register a Medicaid case in ARIES and pend it for the information needed. Go to the Pending Correspondence page (select View Pending correspondence and enter case number; hit search) and delete all pending notices. Enter a case note (choose 'Other') and document that the Medicaid case in EIS is still open and rolling – reference the case number.

  o If the household fails to provide the information, the ET will:

    – Close the Medicaid case in EIS following adverse action rules. Send a closure notice in EIS and enter a case note to document the closure.

    – Deny the application in ARIES and go to the Pending Correspondence page to delete all pending notices. Enter a case note to document that closure notice was sent in EIS – reference the EIS case number.

  o If the household provides the information, the ET will:

    – Close the Medicaid case in EIS following adverse action rules. ETs do not need to send a closure notice in EIS.

    – Process the application in ARIES and determine eligibility including sending a notice of approval. Check the program request date to be the month after the last issued month in EIS.

- If a program in EIS is denied or closed and all remaining programs are set to close at the end of the month, the ET will carc the case to the appropriate closed CARC (9-99) for each site.

- If MAGI Medicaid is denied or closed refer to FFM (Federally Facilitated Marketplace).

- If the required information or verification is not available with the recertification/review, the ET will make at least one attempt to contact the client.

- If an ET is unable to complete a case action in EIS, the ET will pend the case and set an alert (if an alert is not automatically generated).

- If an ET is unable to complete a case action in ARIES, the system will pend the case when eligibility is run, send the notice and generate the task if the verification documents have not been received within the due date.

o If a case is processed without the case file, the ET will print, place a checkmark, and initial a paper copy of the current CLPM/CAP2, and/or Case - Search Summary screen in ARIES.

   If the case file was obtained, forward the case to the central filing area with the paperwork properly secured in the file. In ARIES, print the Case Search Summary page and place in case file

- If an interview is required and the client is available, the ET will conduct the interview and process the case to the fullest extent possible.

- If an interview is required but the client is not available or unable to complete the interview, schedule an appointment according to standard scheduling procedure and CANO the action.

- If the client contacts the office for an interview:
  o Complete the interview at the time the client first calls and process the case to the fullest extent possible.
  o If unable to conduct the interview, schedule a telephone appointment.

2. Managing 30-Day Denials (this section is not applicable to MAGI Medicaid)

- The maintenance interview workers are responsible for pulling and denying recertification/reviews within the 30-day timeframe.

- Use the Unacted-Pend Report to ensure denials are done within acceptable timeframes.

- Any work services-related penalty requests from partner agencies are required to be acted on no longer than one day from the date of the request.

- Refer to Addendum D for additional information on Work Services Referral.

3. Making Courtesy Calls

Whenever possible, ETs will make courtesy calls to clients due to recertify one month prior to their recertification/review due date. ET's will remind clients of the requirement and inform them that they will be called for an interview once their paperwork is received.

Note: *If clerical staffing resources allow, OAs may also be asked to perform this task.*

D. PEND

Eligibility Technicians assigned to the pend function are responsible for ensuring all applications and cases in pend status are reviewed and processed within acceptable timeframes in EIS and ARIES.

1. Processing Documents, E-mails, Alerts, Tasks, and Phone Calls

- Process the information on the day it is received.

- Match all the documents together (if other items have been received on the case).

- Vigorously pursue any required verification prior to taking an action on the case.

  Note: "Vigorously pursue" means that the ET will make one attempt to all possible resources to obtain the verification.

- If the original pend notice was incomplete and additional information is needed, re-pend the case.
  - EIS – generate a new notice with needed items addressed, set new pend due date and set an alert.
  - ARIES – ensure all information received or needed from the client is entered into data collection and then re-run eligibility determination to generate new correspondence and set a new pend due date.

- If pend due date needs to be extended, a new correspondence/notice needs to be generated.
  - EIS – generate a new notice with needed items addressed and set new pend due date and set an alert.
  - ARIES – set a new pend due date and then re-run eligibility determination to generate new correspondence.

  Notes:

Reasonable- opportunity pend due dates cannot be extended.

- o If a case is processed without the case file, the ET will print, place a checkmark, and initial a paper copy of the current CLPM/CAP2, and/or Case - Search Summary screen in ARIES.

  If the case file was obtained, forward the case to the central filing area with the paperwork properly secured in the file. In ARIES, print the Case Search Summary page and place in case file

- Clear alerts, complete tasks and archive e-mails once they are processed.

  Notes:

  Do not clear alerts or complete tasks until all associated actions have been taken.

  If working a case in ARIES and there is also an open program in EIS, make reference to the ARIES case by entering a case note and an alert in EIS.

  If working a case in EIS and there is also an open program in ARIES, make reference to the EIS case by entering a case note in ARIES.

- Any work services-related penalty requests from partner agencies are required to be acted on no longer than one day from the date of the request.
- Refer to Addendum D for additional information on Work Services Referral.

Note: Once action has been completed, the ET will move the e-mail message to the functional unit's 1-year Archive folder.

2. **Handling Long-Term Pend (Including IA)**

- If an application is pended for an extended period (including Interim Assistance applications), and there are open programs attached to the case, the ET will carc the case to the correct caseload (2-26).

- If an application is pended for an extended period (including Interim Assistance applications) and there are no open programs attached to the case or the attached programs are pended, the processing ET will carc the case to the correct caseload (4-46) for monitoring and processing.

3. **Handling Denied Cases for Failure to Provide – Information Provided Within 30/60/90 Days**

- If a non-MAGI Medicaid application or recertification has been denied for failure to provide and the client provided the information within the 30/60-day timeframe, the pend unit is responsible for processing the case.

- If a MAGI Medicaid application has been denied for failure to provide and the client provided the information within the 30-day or 90-day timeframe, the pend unit is responsible for processing the case.

  Note: Refer to your manuals regarding timeframe differences for accepting late verifications (i.e., individual programs and application versus recertification/review status).

E.   REPORT OF CHANGE

Eligibility Technicians assigned to the report of change function are responsible for ensuring that ongoing eligibility is determined for recipients when an interview is not required or needed. ETs assigned to this function will also handle reports of change, alerts, penalties, and other duties as assigned.

1. Processing Reports of Change for Medicaid

   a) If a report of change is received on a Medicaid case and the change affects eligibility, ETs need to process the case in ARIES.

   Note: There is not a need to contact the household to find out if other changes that have occurred or check interfaces unless the ROC results in a renewal. If it does, the ET must determine if other changes have occurred and check all the interfaces because the CEP will be extended. Refer to Policy's clarification in regards to establishing a new renewal period.

   When a reported change results in a change in eligibility (such as a change in household composition) a new 12-month renewal period may be granted to the household. Although policy has provided guidance that staff can establish a new renewal period when there is a change in household income, staff need to use prudent judgment in deciding whether to do this every time the household income changes. If the household's Medicaid eligibility remains unchanged when a household experiences a change in income, there is no need to establish a new renewal period. However, if the change in income affects the household's Medicaid eligibility in some way (such as ending or beginning eligibility, or changing the Medicaid subtype for one or more household members) it would be appropriate to establish a new renewal period.

   If the report of change ends the parent(s)' Medicaid eligibility but the children continue to receive Medicaid based on continuous eligibility period (CEP), the ET must attempt to renew Medicaid at the end of a certification period regardless of if a renewal is received or not. The parent's eligibility will only be determined if the parent(s) requested Medicaid on the renewal form.

   b) If the ROC does not affect eligibility (e.g., address change or no change in HH composition), continue processing in EIS until recertification is received.

2. **Processing Recertification and Reviews**

- If a new program has been requested on the Gen 72, the ET will call the client to see if they want to apply for the new program:

  o If the client wants to apply for the new program, the ET will:
    - Register the program or request for service, as needed.
    - If the new program is MAGI Medicaid, register this program in ARIES.

      Note: All reviews/recertification will be registered by the Clerical unit whenever possible. In instances when the Clerical unit is unable to register a case or program, an ET will register the review/application in EIS and/or ARIES. When this situation occurs, the same ET is not permitted to authorize benefits for the case once it is ready to process. ETs are also allowed to add a program to an existing EIS registration (if they did not register the existing registered program) in APMA.

    - Complete the interview (interview is not required for MAGI Medicaid).
    - Pursue any required verification.
    - Pend for all items needed including the Gen 50C application, if necessary (a GEN 50C is not required for MAGI Medicaid).

  o If the client does not want to apply for the new program, the ET will:
    - CANO the contact in EIS for all programs except MAGI Medicaid.
    - Process the recertification/review for other programs.
    - Register MAGI Medicaid in ARIES
    - Pend for written withdrawal

  o If the ET is unable to reach a client, the ET will
    - CANO the attempted contact in EIS for all programs except MAGI Medicaid.
    - Schedule an interview appointment (interview is not required for MAGI Medicaid).
    - Send the appropriate appointment notice (N000 or F000).
    - Mail an application for applicable programs.
    - Register MAGI Medicaid in ARIES (a GEN 50c is not required)

- The ET will process the case for the programs needing a recertification/review, including the MAGI Medicaid in ARIES.

- If a program in EIS is denied or closed and all remaining programs are set to close at the end of the month, the ET will carc the case to the appropriate closed CARC (9-99) for each site.

- If MAGI Medicaid in EIS is denied or closed, and referral to the FFM has been completed in ARIES for all household members, CARC the MAGI Medicaid case to FSO-9-99.

- If MAGI Medicaid in EIS is denied or closed, and referral to the FFM has *not* been made, CARC the MAGI Medicaid case to FSO-5-59.

- If the required information or verification is not available with the recertification/review, the ET will make at least one attempt to contact the client.

- If an ET is unable to complete a case action in EIS, the ET will pend the case and set an alert (if an alert is not automatically generated).

- If an ET is unable to complete a case action in ARIES, the system will pend the case when eligibility is run. Send the notice and generate the task.

3. **Processing MAGI Medicaid Review where hard-copy form was not received**

- If information is available electronically and we have enough to determine eligibility, we can process the case.
- If the second review packet is not received within specified timeframes and there is not enough information to determine eligibility the case will be closed.
- MAGI Medicaid cases in EIS will have the case closed on the MIBW screen as failed to review program. Delete the generated notice.

- MAGI Medicaid cases in ARIES will be redetermined in the ARIES system:
    - Use the case mode: **Redetermination-Recertification**
    - The renewal date will be **the date the ET is starting the electronic review** of eligibility.
    - Electronic information <u>can be obtained</u>:
        - Input the income information, run eligibility and have the system, approve/close based on information available.
        - If the case fails/closes, delete the correspondence.
    - Electronic information is <u>not able</u> to be obtained:
        - On the Program Request – Details page enter Program withdrawal/denial/closure reason as Agency Error, use a withdrawal/denial/closure date that allows for adverse action, run eligibility and delete the correspondence.

    - Enter a case note in EIS or ARIES identifying the electronic information could not be obtained to verify continued eligibility and case was closed.

- If a case is processed without the hard file, the ET will print, place a checkmark, and initial the current CLPM/CAP2 in EIS, and/or Case - Search Summary screen in ARIES.

- If the hard file was obtained, forward the case to the central filing area with the paperwork properly secured in the file. In ARIES, print the Case Search Summary page and place in case file

4. **Processing Documents, E-mails, Alerts, and Phone Calls in EIS**

- Process the information on the day it is received.

- Match all the documents together (if other items have been received on the case).

- Vigorously pursue any required verification prior to taking an action on the case.

Note: "Vigorously pursue" means that the ET will make one attempt to all possible resources to obtain the verification.

- If the original pend notice was incomplete and additional information is needed, re-pend the case.

- Clear alerts in EIS once processed.

- Move e-mail to 1 year archive folder once they are processed. Any work services-related penalty requests from partner agencies are required to be acted on no longer than one day from the date of the request.

- Refer to Addendum D for additional information on Work Services Referral.

5. **Processing Documents, E-mails, Tasks, and Phone Calls in ARIES**

- Process the information on the day it is received.
   - o Match all the documents together (if other items have been received on the case).
   - o A report of change may allow a redetermination of eligibility and new certification period.
     - Select Case Change workflow for address changes that do not include any additional changes (this will not give new certification period.
     - Select redetermination-recertification workflow as appropriate for all other changes (this will allow for a new certification period.
   - o Vigorously pursue any required verification prior to taking an action on the case.
     Note: "Vigorously pursue" means that the ET will make one attempt to all possible resources to obtain the verification.
   - o If the original pend notice was incomplete and additional information is needed, re-pend the case. Set a new pend due date, re-run eligibility to generate the new correspondence and enter appropriate information in "Notes from Your Worker" free-form area. Make sure to hit "Central

Print" to ensure that any text entered in the free from areas is printed when the correspondence gets mailed to the client.

- o Mark Task complete in ARIES once they are processed.
- o Move e-mail to 1 year archive folder once they are processed.

- Any Address Change Task in ARIES needs to be a priority and have eligibility re-run within one business day to ensure correspondence is sent to the updated address.

6. Making Courtesy Calls

Whenever possible, ETs will make courtesy calls to clients due to recertify one month prior to their recertification/review due date. ET's will remind clients of the requirement and inform them that they will be called for an interview once their paperwork is received.

Note: If clerical staffing resources allow, OAs may also be asked to perform this task.

7. Handling Reports of Change from OCS Eligibility Staff

a. OCS child is released from custody and returns home:

1. The OCS eligibility technician will close the 060 Medicaid case and notify the appropriate DPA office.

   Note: A new application is not required in this situation to continue the child's CEP from the OCS Medicaid. If the ET has been made aware that a child in custody is going back to their family, the ET may complete a review based on the report of change of a new household member (FM MS 5725). This would provide a new 12 month certification for the household. No matter what final determination is made, the child must be given the remainder of their CEP that was previously authorized.

2. The DPA Office must establish a separate Medicaid case for the remainder of the child's Continuous Eligibility Period (CEP), as follows:

   - If there is an existing Medicaid case to which the child will return (for example, an ongoing MAGI case), the child must be added to that case for the remainder of the child's existing CEP.

- If there is no existing case to which the child will return, the ET will establish a MAGI Medicaid case:

  - If the ET has enough information to determine the child's MAGI eligibility and the child **is** eligible under MAGI rules, a new 12-month CEP may be established; or

  - If the ET does not have enough information to determine the child's eligibility under MAGI rules, a MAGI Medicaid case must be established for the remainder of the child's existing CEP.

3. Once the child's CEP ends, the child's eligibility must be redetermined under MAGI Medicaid rules. If and when the child's Medicaid eligibility ends, the child should be referred to the FFM.

b. Child is placed in state-custody and foster parents need a copy of the Medicaid coupon:

OCS ETs normally print Medicaid coupons for foster parents. However, if the Medicaid case is in ARIES, OCS ETS currently do not have the ability to print the coupons. If a child receiving Medicaid is placed into state-custody, the OCS ET will notify the DPA functional team or caseworker via email. In the same email, the OCS ET will also request for a copy of the coupon if the child's Medicaid case is in ARIES. If this situation occurs, the DPA staff member who received the request will attempt to send the coupon to the OCS ET right away by fax or scan/email.

8. **This change is for <u>MAGI Medicaid only</u> as The Affordable Care Act regulations have specific language that we believe allows this policy change. It does not apply to the aged, blind, and disabled Medicaid categories. We apologize for missing that detail in this broadcast.**

BROADCAST TO ALL DPA STAFF

FROM THE POLICY AND PROGRAM DEVELOPMENT TEAM

MAGI Medicaid Certification Period and Continuous Eligibility Period Policy Change

As part of the continuing effort to make policy changes that have a positive impact on field processing, effective today a new Certification Period and Continuous Eligibility Period (CEP) for children will start the month a <u>renewal</u> is worked rather than the first of the month after the end of the previously approved period.

Example: A renewal is received 1/5/15 for 2/15 benefits. The Medicaid renewal is being worked 5/10/15 (the Medicaid benefits have been rolling) and the Eligibility Technician checks all of the interfaces. The income showing in DOL is within 10% compatibility of what the client reported on the renewal form. There are no other changes. The Certification Period for the family and the CEP for the children will both be 5/15 – 4/16 because all of the required interfaces have been checked and the household has been determined eligible as of 5/15.

It is important to remember that if household submits income verification (such as paystubs) with the renewal form, we should use the hard copy verification they provided, even if we are working the renewal late. We should not be pursuing more current income verification unless the client reported a change.

The previous policy would have required the Certification Period and CEP for all cases to begin the month the case should have been worked. This policy change should reduce case processing time and hopefully help with the over-all backlog.

This policy change is specific only to the <u>start</u> date of the Certification Period and Continuous Eligibility Period when a renewal is processed. There have been no other changes made to the Certification Period or Continuous Eligibility Period policy in Family Medicaid manual sections 5005, 5005-7, 5007, and 5220.

Please be aware that previous policy clarifications regarding this subject are no longer valid and the Medicaid 12-Month Continuous Eligibility FAQ posted on DPAweb under Policy Guidance has not yet been updated to reflect this change.

III. LEADERSHIP

GENERAL GUIDELINES
The responsibilities of Leadership in Process Management include overseeing and monitoring the different functional areas:

- Daily Process Monitoring
- Administrative Support
- Questions and Answers
- Intake Interviewing
- Maintenance Interviewing
- Report-of-Change
- Pend/Verification

Leadership subscribes to the guiding principles that all functional areas are equally important and that resources are to be adjusted based on workload demands and adherence to program and policy guidelines. Many of the duties described above can be specific to functional units, but may be allocated wherever the need arises.

Workload Management
Work with team members to set production goals that ensure timely completion of the necessary work, the minimal pending of cases and the pursuit of required verification to complete cases.

1. Organize of the team's workload, monitor progress throughout the day, and assign work based on available staff resources.

2. Check the unacted report daily and routinely monitor appropriate reports for timeliness and accuracy.

3. Request assistance from other teams through the Daily Process Manager (DPM) as needed to ensure support and coverage.

4. Ensure alerts and penalty requests are processed timely.

5. Monitor unit emails.

6. Identify and monitor ready to work cases; ensure timely action, etc.

7. Monitoring denials to be completed daily.

8. Ensure all work not completed daily is returned to the "to be worked" area at the end of the day.

9. Respond to staff questions.

10. Respond to client inquiries.

11. Check workload and timeframes at the end of the day to plan for workload distribution the next day.

12. Ensure case reviews are complete according to SPMG Addendum G.

Communication and Planning
1. Participate in the team meetings. Staffing, resources, team timeliness, collaborative solutions, and other important topics will be discussed. Follow-up emails will be sent to the appropriate staff.

2. Communicate current production information as defined by each region or office.

3. Conduct routine check-in with teams to identify and assess what processes are working and what areas need improvement.

Team Support
Provide support to team workers which include:

1. In-depth and on-going training of functional team members in LEAN processes.

2. Leadership will complete random process checks. If corrections are needed; the work and checklist will be returned and discussed with the worker immediately and corrections completed.

Daily Process Manager
The Daily Process Manager (DPM) is responsible for monitoring workflow and making staff adjustments to respond to daily work demands within the office.

1. Ongoing monitoring of workflow.

2. Point of contact for all staff to report bottlenecks or necessary workflow adjustments.

3. Liaison between functional unit leaders to address staffing adjustments

ADDENDUM A

Alaska SnapAppointment COLOR CODING

A committee which includes representatives from various offices statewide, decided on the color coding to use for scheduling appointments in SnapAppointment.

Note: Not all offices use Appointment-plus. This color coding is only for offices using Appointment-plus.

Color	Appointment Type	Description
Green	Scheduled appointment	This is the default color when an appointment is finalized in the system.
Orange	Waiting for an interview	Indicates the client is waiting for either a scheduled interview or is in the lobby for a walk-in interview. This may be either a phone or in person interview.
Red	No show	Indicates that a client was not available for a scheduled interview.
Blue	Completed interview	Indicates the interview has been completed.
Fuchsia	Waiting over 30 minutes	Indicates a client has been waiting for their interview for over 30 minutes. This could be an in person or phone interview.

ADDENDUM B

DISTANCE DELIVERY/FIRST CONTACT RESOLUTION

Refer to Administrative Procedure MS 104-1 for additional information about First Contact Resolution to properly assist clients and address their needs the first time they made contact with any DPA office regardless of the where the client resides or their case is assigned.

- First Resolution Representatives and Contact Numbers:

  The list of First Contact Resolution representatives and phone numbers for each office is available under ET Resources (First Contact Resolution – Office Representatives): http://dpaweb.hss.state.ak.us/files/pdfs/FirstContactResolutionOfficeReps.pdf

- HAP, LTC or SB applications still need to be processed in the respective specialized office:
  o Long-Term Care applications will be assigned to (070)
  o Senior Benefits applications will be assigned to (030)

  Example: An LTC application is received at the Muldoon Office. The application will be assigned to 070 and transferred to the LTC Office.

  o Forward document(s) to the assigned office either by fax or scan/e-mail the same day. With the exception of rural offices with bandwidth issues (such as Bethel and Nome), applications, recertification and other documents must be sent or transferred to another office via scan/email. For rural offices with bandwidth issues, please send information by fax.

    When sending documents by scan/email or fax, the subject line must include the PI's EIS and/or ARIES case number(s) and first eight letters of their last name.

    Example subject line verbiage:

    05050505/30000222 Johnson – if has cases in ARIES and EIS numbers use both

- Except for Central Region, applications and recertification must be sent to the office control clerk's email address. For Central, please use the following addresses:

  HSS DPA Senior Benefits Scan Documents (dpasenben.scan@alaska.gov)
  HSS DPA Mat-Su Scan Documents (dpamatsu.scan@alaska.gov)
  HSS DPA Muldoon Scan Documents (dpamuldoon.scan@alaska.gov)
  HSS DPA Gambell Scan Documents (dpagambell.scan@alaska.gov)

- Other documents such as reports of change, proof of eligibility or verification must be sent to the appropriate functional team mailbox.

  Note: See DPA homepage for team e-mail addresses and FAX numbers

- Original documents must be kept in the originating office for 90 days from the date the documents were received in the originating office. If the office that originally receives the application, recertification, or other documents takes action on the case, staff will print, place a checkmark, and initial a paper copy of the current CLPM/CAP2, and/or Case - Search Summary screen in ARIES. Staff will batch the work to be mailed (if action was taken and the information has already been acted on, it is not necessary to scan/e-mail).

ADDENDUM C

OPENING CMS ACTIVITY AT TIME OF TA APPLICATION

Eligibility staff will use the following procedure to open CMS for the Work Services case manager.

ETs are required to open the JOMO screen for each adult included in the Temporary Assistance case (for a one-parent or two-parent household) by the time the applicant leaves the ET's office or at the time the ET is making or attempting to make the first cold call. If an interview is scheduled, the ET will open the JOMO screen within one day of the date the customer applied.

A. ALL CASES

- Code the SEPA screen with the appropriate participation code (IN, DF, DI, DJ, or PA).

- Use NEXT command to open the WORK Screen and put an X next to the participating adult in the household.

- Continue coding the WORK screen. If there is an exemption reason, code the correct exemption reason code in the WA exempt reason column.

    Note: Even if a customer is exempt from work activities, they are not exempt from case management and completing a Family Self Sufficiency Plan. The customer needs to be referred to case management.

- On cases with a work exemption, change the Voluntary code from "N" to "Y", this will open the JOMO screen which then reads into the CMS system for case manager availability.

- The EIS system will move forward to the FIAC screen in the application sequence.

- Go to the bottom of the FIAC screen and NEXT back to the WORK screen.

- There are two ways to check to see if the JOMO screen opened:
    o Put a "J" next to the adult in the household and hit enter. This will take the ET to the JOMO screen.

- o Go to the bottom of the WORK screen and put the client number that corresponds to the adult in the household. Next to JOMO. This will take the ET to the JOMO screen if the case has been opened for case management.

- When the JOMO screen opens ensure the information corresponds to the month and program needed.
  - o The program should show as **JB.**
  - o The month should show as the **application month.** If the month does not correspond to the application month, change the start date at the top right hand portion of the screen to the current date.
  - o The status should show as OP.

- NEXT to CARC and enter the correct contractor CARC.

  Note: If the case is a BA exempt case and a "Y" was entered into the voluntary field, go back to the WORK screen and change the "Y" code to an "N" code. This will ensure the BA exemption counter correctly captures the BA exemption months used. Also, if there are issues in getting the JOMO screen opened, the ET must contact the supervisor for help.

Two-Parent households:
- ETs may need to go to the WORK screen a few times to get JOMO screens opened for both parents.
- Put an X next to both adults (sometimes it will only open one of the parents during this process).
- Follow the information as for ALL CASES.
- Repeat this process for each parent in the household.

B. **MINOR PARENT CASES:**
- To open and code JOMO for minor parent cases, follow the same procedure used for ALL CASES.

- Minor Parents **will always** need the Voluntary coding on the WORK screen turned to "Y", as EIS will automatically exemption them as a child. Even if the WA exemption "CH" is deleted, the system defaults back to this coding and

will not accept the change, so the only way to get the referral is to mark the Minor Parent as Voluntary.

C. ANI CASES
- Adults in ANI cases <u>are not</u> referred for Work Services and the JOMO screen would not be opened.

- ANI cases may be a relative applying for TA for the child only and the relative's needs are not included; or when one (AI) or both (2P) Parent(s) are on SSI or APA (IA is not considered APA).

  Note: These adults are not coded "IN" on the case and SEPA coding for their participation would be "OU".

D. INELIGIBLE ALIEN CASE:
- Ineligible alien clients have the option to volunteer to participate in work and case management. If they volunteer to participate, the following steps will need to occur.

- To open and code JOMO for ineligible alien cases, code the SEPA screen participation for the ineligible alien as "IN".

- Follow the same procedure used for ALL CASES.

- After all steps have been taken, NEXT back to the SEPA screen and change the client's coding to "PA".

E. ANI CASES CONVERTED TO AI CASES
- For ANI cases that are converted to AI, the JOMO must be opened effective the date the adult is added or included in the TA case.

- To open and code JOMO for these adults, follow the same procedure used for ALL CASES.
- If the case will not open using the month the adult is added to the TA, the ET may need to go to the current "calendar" month in EIS and open the JOMO for that month.

- The ET will go to the JOMO and adjust the start date to coincide with the date the customer is being added to the case.

- Ensure the CANO title identifies that an adult is added to the TA case.

Note: If there are issues in getting the JOMO opened, the ET must contact the supervisor to help move through this item.

F. ADDING 2ND PARENT TO EXISTING 1-PARENT HOUSEHOLD

- The JOMO screen needs to be opened effective the date of the client being added to the TA case participation.

- To open and code JOMO for these adults, follow the same procedure used for ALL CASES.

- If the case will not open using the month the client is added to the TA, the ET may need to go to the current "calendar" month in EIS and open the JOMO in that month.

- The ET will go to the JOMO and adjust the start date to coincide with the date the client is being added to the case.

Note: If there are issues in getting the JOMO opened, the ET must contact the supervisor to help move through this item.

- Ensure the CANO title identifies that a second parent is added to the TA case.

- Set an alert for the current case manager and follow the same procedure used for ALL CASES.

- Next to CARC and enter current contracted case manager's or grantee CARC.

ADDENDUM D

WORK SERVICES/CASE MANAGEMENT PROCESS

The following process was developed to improve efficiency of initial employment assessment referrals

1. **In person or telephonic TA Applicant**

   - The Clerical unit distributes the DPA Initial Tracking Tool (ITT) and Employment Planning Information (EPI) form to all TA applicants (one ITT and EPI form for each adult) at the time that they request a TA application. When a client applies for TA, the OA will accept and register the TA application immediately.

   - The assigned ET will complete the following steps to refer applicant(s) to a Work Services case manager.
     - Register the open TA applicant's EIS participation.
     - Code the WORK screen.
     - Check the JOMO screen to ensure it is in OP status for all adults in the household.
     - Review the ITT and make a determination of Work First or Families First.
       - If telephonic – ask the client the questions on the ITT
       - If unable to reach the client staff member will determine if the client has been on assistance for 3 or more years or has a current TA10
         - If "YES" to these items send to Families First; and
         - If "NO" to these items send to Work First.
       - Document in CANO if client was referred to Work First or Families First track.
     - Carc all JAS/CMS customers to the correct Work Services agency. Refer to the table below to confirm the client's referral to the correct region and CARC.
     - Fax CLPM/CAP2 to the appropriate Work Services agency.
     - Send the appropriate Work Services referral notice to households:
       - W012 (Referral for Self-Sufficiency Planning) when a TA application is either in received or pend status.
       - W019 (Referral for Case Management Services) when a TA application has been approved, or if the case is ongoing such as a transfer to another office.
     - Place original ITT in the basket to be sent to Work Services Policy by the 1st and 15^{th,}

Note: Refer to Addendum C for additional information on opening CMS activity at TA application.

- During the interview, the ET needs to remind applicants that they are required to complete the EPI form for their Work Services intake and bring it with them to the meeting.

  Note: ETs are not required to collect the EPI form from applicants.

- The ET will explain to the applicant(s) that if they do not see the Work Services staff for assessment and they are found eligible for Temporary Assistance, the benefit amount may be reduced due to a penalty.

2. **Applicant or ongoing customer that has already been referred to contractor/grantee**

   - The client will be instructed to contact the designated contractor/grantee

   - If an ET closes/denies a TA case and then reopens the case, the ET needs to notify the current work services case manager that the case has been reopened. ET will set a C alert, "TA reopened eff date."

Work Services Agencies

- The current listing of Work Services agencies is posted on the DPAweb under Quicklinks – Work Services Office Contacts: http://dpaweb.hss.state.ak.us/files/pdfs/AK_DPA_WS_Office_Contacts.pdf
- This listing identifies the names of the Work First and Families First agencies, CARC information, addresses, contact persons, phone numbers including fax, and the service area.

Native Family Assistance Program (NFAP) Agencies

- For a current list of agencies, refer to the NFAP Guide on DPAweb under Program Policy and Procedure Manuals: *http://dpaweb.hss.state.ak.us/node/15*.

ADDENDUM E

CASELOAD NUMBERING STANDARDS

All regions have a consistent method of assigning case record control numbers (CARC) and program record controls.   The Program record controls are set to allow for a better management of program specific criteria and types of ccase. This includes identifying partner agency cases and office assignments.   This document is also located at the following hyperlink in a more condensed format:
H:\SD&T Shared\Job Aids\Final\CARC Job Aid Final(v3).doc

Case Record Control (CARC) Job Aid

This document is designed to assist learners in appropriately assigning cases to the correct Case Record Control (CARC) number. The CARC format in EIS includes the Field Service Office, the Functional Unit, and the Program (0XX-X-XX). The CARC is a unique identifier to locate case files and route the work to the appropriate office and team.

The first part of the CARC is identified by the **Field Service Office** (FSO) the case is assigned to. Cases assigned to 015, 030, 060, and 090 cannot be reassigned to another FSO.

Field Service Office	
Bethel - 051	Kodiak - 080
CFU I - 082	Kotzebue - 047
CFU II - 071	Long Term Care - 070
Fairbanks – 041/043	Muldoon - 084
Gambell - 083	Nome - 046
Homer - 075	Senior Benefits - 030
Juneau - 020	Sitka - 022
Kenai - 076	Wasilla - 077
Ketchikan - 023	

 The second identifier in the CARC is the **Unit Number**. The Unit Number is a one digit number that identifies the unit a case is assigned to within an office. Usually this one digit is also repeated as the first number of a 2 digit caseload number.

Unit Name	Unit #
Intake	1 – 1X
Report of Change	2 – 2X

Maintenance Interview	3 – 3X
Pend	4 – 4X
Cases in Review	7 - XX
Confidential Cases	8 - XX
Control Clerk	9 - 99
Gambell – out of region applications	1 - 83

Finally, the last identifier of a CARC is the program identifier; this is the last number of the "**Caseload**" Field.

Program(s)	Program Identifier
FS/ME/GA	1
ME	2
APA/ME	3
TA	4
TA/APA	5
CLOSED CARCs	
Identifies all closed cases except MAGI ME.	0XX-9-99
MAGI ME Denied/Closed	0XX-5-59

Example: Note in the example below, the case is assigned to the Kotzebue Office's Report of Change Unit, and includes an APA program. Here is how we were able to determine the case's location.

```
EIS CARC                    CASE RECORD CONTROL              100413 14:44
                                                             GONZO!! F
CASE NAME: STEPCOMMON , MOM                 CASE NUMBER: 26978926

   FULL SERVICE OFFICE: 047      UNIT: 2    CASELOAD:              23
```

The caseload is defined by the type of program. 1-11 includes all programs for Intake. Refer to the Statewide Process Management Guide (SPMG) Addendum E. Here are some examples.

	083 -1-11 Intake application received at Gambell Office
Examples	051-2-22 Ongoing FS and ME case at Bethel Office
	076-3-34 Scheduled TA review with interview at Kenai Office
	041-4-43 APA case is pended at the Fairbanks Office

Program CARC Guide

The **DKC** CARC guide deviates from the regular CARC instructions. These are examples provided concerning DKC, since there is no longer a DKC caseload. There are still some DKC cases in existence. The rules that determined Medicaid eligibility for the DKC program have been replaced with MAGI Medicaid eligibility rules.

Denali Kid Care (DKC) Caseload numbering in EIS.		
Field Service Office	DKC FSO #	DKC Caseload #
Bethel	072	51
Coastal Field 1 (CFU I)	072	82
Coastal Field 2 (CFU II)	072	71
Denali Kid Care	072	See SPMG
Fairbanks	072	91
Gambell	072	83
Homer	072	75
Juneau	072	20
Kenai	072	76
Ketchikan	072	40
Kodiak	072	80
Mat-Su	072	77
Muldoon	072	84
Nome	072	47
Sitka	072	27

Instructions:
- When a DKC case is matched up with an open program in another office, the unit number will be the same unit number as assigned to the open program.
- The caseload ID number will USUALLY correspond to the FSO number.

Example:
1. DKC casefile sent to Bethel to match up with an open FS/ME/APA case: 051-2-23.

```
FULL SERVICE OFFICE: 051     UNIT: 2     CASELOAD:          23
```

2. The CARC for the DKC case becomes 072-2-51.

```
FULL SERVICE OFFICE: 072     UNIT: 2     CASELOAD:          51
```

3. Do NOT change the FS/ME/APA CARC to match the DKC CARC!

Program CARC Guide

Able Bodied Adults Without Dependents (ABAWD)			
It is important to identify individuals eligible for food stamps under the Able Bodied Adults Without Dependents (ABAWD) rules by utilizing the specialized unit and caseload of **6-64** for each approved ABAWD case**.** The Pend CARC for ABAWD is **6-41**. When a FS ABAWD case is combined with other programs, all cases attached to the FS HH will be Carc'd to 6-64. Here are some examples:			
FSO	Unit	Caseload	
083	6	64	ABAWD application in the Gambell FSO.
070	6	41	ABAWD application pended in Intake.

MAGI Medicaid cases may have to be registered in EIS. All MAGI CARCs share the same unit identifier of "5." There are five caseload identifiers for MAGI Medicaid.		
54	MAGI Pended	041-5-54; MAGI Medicaid pended at Fairbanks FSO.
55	MAGI Approved	083-5-55; MAGI Medicaid approved at Gambell FSO.
56	MAGI Former Foster Care	077-5-56; MAGI Medicaid for former foster care recipient at Mat-Su FSO.
57	MAGI 2101 (f) Kids	023-5-57; MAGI Medicaid for 2101 (f) kid in Ketchikan FSO.
59	MAGI Denied or Closed	046-5-59 MAGI Medicaid denied or closed at Nome FSO.

Important Note on Hospital Presumptive Eligibility (HPE) Caseload Numbering in EIS			
It is extremely important that all HPE cases are registered and assigned to the new Field Service Office (FSO) # 015, which is specific to the HPE Program. The assigned Unit number will correlate to the designated Region in which the application is being processed. The Caseload number will reflect the specific hospital which approved and submitted the HPE application. The Full Service Office (FSO) processing the HPE approved application will be listed in the "FILE LOCATION" field (3 digits) on the CARC screen. This will identify which field office processed the HPE application and has the case file.			
FSO #	Unit (Region where the hospital is located) #	Caseload (Hospital)	Examples & Interpretations
015	1 = Central	01 = Alaska Regional	015 1- 01 HPE Central Application from Alaska Regional
015	2 = Matsu	03 = Providence Seward Medical & Care Center	015 2-03 HPE Mat-Su Application from Providence Seward Medical

015	3 = Northern	07 = Fairbanks Memorial Hospital	015 3-07 HPE Northern Application from Fairbanks Memorial
015	4 = Coastal	08 = Bristol Bay Area Health Corp. (Kanakanak)	015 4-08 HPE Coastal Application from Kanakanak Hospital
015	5 = Southeast	10 = Sitka Community Hospital	015 5-10 HPE Southeast Application from Sitka Community Hospital
For a complete list of Hospitals:	http://dpaweb.hss.state.ak.us/files/pdfs/Approved%20Hospital%20List%20(HPE).pdf		

Partner Agency FSO Guide

There are outside agencies that provide services to DPA with specific FSOs. Case numbers assigned to these FSOs **should not be used** when registering clients for DPA programs. These agencies have programs with special requirements established in order for clients to participate in their respective programs.

Office	FSO
Office of Children Services (OCS) SSI Child in OCS custody/Title IV-E	060
Cook Inlet Tribal Council (CITC), NFAP	090

Clients are required to participate in Work Services when a household has applied for or is receiving benefits in the Alaska Temporary Assistance Program (ATAP). The household is referred to either the Work First or Families First track based on the outcome of the Initial Tracking Tool (ITT). The case is assigned to the CARC of the provider for the appropriate track in region in which the client lives. Please refer to the most updated lists of these CARCs. The CARCs can be located on the DPAweb under the Quicklinks Section, by clicking on the "Work Services Office Contacts" link.

Work Services Central Region		
Office Name	Work First CARC	Families First CARC
Alaska Family Services (Mat-Su)	N/A	917-9-97
DPA WS Aleutians	960-9-97	959-9-97
DPA WS Mat-Su	916-9-97	N/A
DPA WS Homer	960-9-97	959-9-97
Nine Star	906-9-97	905-9-97
DPA WS Kenai	987-9-97	986-9-97
DPA WS Kodiak	960-9-97	959-9-97

DPA WS Nome	907-9-97	909-9-97
DPA WS Seward	960-9-97	959-9-97
DPA WS Valdez	960-9-97	959-9-97

Work Services Northern Region		
Office Name	Work First CARC	Families First CARC
DPA WS Barrow	947-9-97	946-9-97
DPA WS Fairbanks	990-9-97	989-9-97

Work Services Southeast Region		
Office Name	Work First CARC	Families First CARC
Center for Community (Juneau)	975-9-97	974-1-97
Center for Community (Ketchikan)	975-9-97	974-1-97
Center for Community (Sitka)	975-9-97	974-9-97
Metlakatla Indian Community	955-9-97	954-9-97

ADDENDUM F

NEXT DAY APPOINTMENT LETTERS

Gambell Office: 269-6559 or 888-876-2477
Fax: 269-6520

Appointment Confirmation

Since you were unable to stay for an in-person interview today we will contact you by phone to complete your required interview.

We may try to contact you by telephone earlier than your scheduled time.
Please contact our office if you do not hear from our office by your scheduled phone interview time.
An interview must be completed before we can determine if you are eligible for assistance. Your application may be denied if you do not attend your phone interview.

Please contact our office if you cannot keep this appointment.

Appointment Information
Client	George Jefferson
Program/Time	60 Min
Program Types	FS
	CAMA
Date	Thursday, December 12, 2012
Time	9:00am
With	4- Maintenance scheduled (083)
Notes	
None	

Contact Information
George Jefferson
Phone Interview
AK
Phone:

State of Alaska
Department of Health and Social Services
Division of Public Assistance
<Insert Address>
<Insert Address>
<Insert Phone Numbers>
<Insert Fax Numbers>

Welcome to the Division of Public Assistance

Since you were unable to stay for an in-person interview today, we will be contacting you by phone to complete your required interview. Your scheduled telephone interview is at:

Date: _____   **Time:** _____   (*See **important note** below*)

Important Note

In an effort to process your case as soon as possible we may contact you before your scheduled interview time.

We may call you at any time during our office hours (8 am to 5 pm).

If we are unable to reach you early we will call you at your scheduled interview time as indicated above.

Please contact us right away if you have any questions or if you miss your scheduled interview time. Thank you for your cooperation.

Best contact number: _____   Signature: _____

ADDENDUM G

CASE REVIEW PROCESS

ETs, supervisors and case reviewers will have cases reviewed as part of the normal course of business. Case reviews are to be considered as part of the offices daily work, "today's work today". Case reviews provide valuable information on policy gaps, training needs, provides a measurement of a region, site, team, reviewer and ET's policy and procedure knowledge, and as a benchmark of the customer service provided.

Supervisors, Reviewers and ETs will use the following procedures when reviewing and/or responding to cases under review.

- All supervisors and eligibility staff have access to the Case Review System (CRS), and will check the CRS twice a day (morning and afternoon) to ensure that all reviews are responded to within one (1) working day.
- All supervisors will follow the Second Party Review process for completing case reviews in ARIES.

1. **Second Party Review**

- Supervisors will monitor the Second Party Review tasks in their queue and assign it to appropriate case reviewers/lead workers for review purpose.

- If a case reviewer/lead worker completes the required review and determines that additional action is needed for a case, a 'Return for Correction' task will be tagged to the Case number and assigned to the ET processing the case.

2. **Case Reviewers**

- Case Reviewers will complete reviews as identified in the Statewide Case Review Guide.

- All Case Reviewers will have a Review CARC assigned. Peer Reviewers will not have individual Reviewer CARC's assigned. Peer Reviewers with case reviews that need an action taken will take the review to their supervisor or lead worker, and the supervisor/lead worker will CARC the file to their Review CARC prior to delivery to ET.

- Regional Case Reviewers (RCR's) will request the case files needed for reviews per their regional process.

  Note: Different methods for requesting case files has been set up in various offices, depending upon office size, staffing, technology, and case file location.

- To ensure journey level workers are not overloaded with case reviews, no worker will receive more than two (2) error cases in any one day.   Reviewers (and supervisors and/or lead workers) will need to monitor the Case Review System to ensure that an ET has not already been given 2 error reviews on any given day.

- All Learners in CORE or the APA plug-in training will have cases reviewed during or immediately following case processing, this may mean receiving several error reviews in a single day.   With this additional review criteria, Reviewers will ensure Learners are given time to respond and take corrective action on all case reviews within the required 1 day response time limit.

- If after the Case Reviewer has completed the review, it is determined that the case needs additional action, the Reviewer will CARC the case to their Case Reviewer CARC, and route the file directly to the ET if necessary.

- The Case Reviewer will actively monitor all information coming into their Case Reviewer CARC and distribute it to the appropriate ET within one (1) working day. In some instances, this may mean faxing or scanning information to the ET in a distance delivery model. If a file needs to be returned to an ET, the Reviewer will CARC the file to the Reviewer's review CARC and put a routing slip directing the file be routed to the ET under Review. A routing slip will be attached to the reviewed file even if the file is being mailed to another office

- The Case Reviewer completing the case review is responsible for follow up of the case review within one (1) working day of the ET "responding" to the review. The Reviewer/Supervisor/Lead worker (based on regional processes) will check to ensure all actions were taken - EIS screens updated, case notes completed, notices sent, and copies of GEN 95's viewed (hard copies of Gen 95's must be in the file) and if no other actions are needed the case reviewer will close the review.

- Reviewers/Supervisors/Lead workers will monitor the case review queue to ensure ET's are acting on and responding to case reviews timely. If the case reviews are not responded to timely, the Reviewer (if they are not the Supervisor)

will email the Supervisor to request support in getting the action taken on the case review.

- If a region is helping out another region and a case error is discovered, the region who owns the case will fix the error. After fixing the error, send an email to the ET's supervisor to provide information about the error and an explanation of what occurred.

3. ET's under review:

- ET's will respond to all case review within one (1) working day of the Reviewer assigning it to "needs response".

  Note: In distance delivery it will take more than one day to get the file back to an office, so the expectation is that the ET will take action on the file within one (1) working day of the file being received in the office. Administrative staff will review the CARC of all incoming files, if a file is carc'd to a Reviewer's review CARC, the staff member will route the file to the ET identified on the routing slip.

- *ET's will respond to policy discrepancies listed in the case review with an* explanation of what was done to make the case correct, and/or why the case was correct as originally processed. The ET will ensure that all EIS screens are updated, case notes are complete, notices have been sent, and copies of GEN 95's with attached screens are in the file.

  Note: Face to face or phone contact with the Reviewer is the preferred method of communication when a review is being discussed.   Active discussions should not be done by using email or the comments section of the review form. If the Reviewer is not available, take the review to the Supervisor for discussion of case actions. If after discussion the ET is in disagreement with the review finding, the ET will respond including the program manual section(s) that supports the original eligibility decision.

- ET's will have a "case review" file basket in their work area, and can hold the reviewed file for one (1) working day to correct the case, or to pend the case for additional information.

  - Once the case corrections have been made (for those cases that can be processed/corrected), the ET will return to case file to the Reviewer for case check and review closure.

In a distance delivery model: ET will make the corrections and fax/scan the information used to correct the case, as well as any Gen95 with benefit screen prints to the Reviewer/Supervisor/Lead worker (based on regional processes), it is not necessary to send the file back to the Reviewer. The Case Reviewer will use the CANO and the additional information received to check that all corrections were completed.

o If the information needed cannot be gathered telephonically within one (1) working day, the ET will pend the case on EIS and in the Case Review System. The Case Review System pend date will allow adequate time for the client to submit the requested information and the agency to distribute information to the Case Reviewer for disbursement to the appropriate ET.

o If the case is pended for additional information, the case file will be returned to Clerical, using the correct protocols for case file returns. The case file will remain carc'd to the Case Reviewer until the requested information has been received and case correction completed.

4. Supervisors:

- Supervisors will build time into the ET's workday for responding to case reviews.

   Note: It is an ET's responsibility to let his supervisor know that additional time is needed to complete the case review corrections.

- Supervisors will monitor the case review queue to ensure ET's are acting on and responding to case reviews timely and appropriately.

ADDENDUM H

PROCESSING CHECKLIST

Date: _____   ET Reviewed: _____

Reviewer: _____   Case #: _____

PROCESSING CHECKLIST

1. Were all documents received date stamped?	Yes ☐	No ☐	
2. Was the case carc'd to the appropriate unit?	Yes ☐	No ☐	
3. Was the case processed for expedite as appropriate?	Yes ☐	No ☐	N/A ☐
4. Was an appointment scheduled?	Yes ☐	No ☐	N/A ☐
5. Was the correct appointment notice sent?	Yes ☐	No ☐	N/A ☐
6. Was JOMO participation opened (TA only)?	Yes ☐	No ☐	N/A ☐
7. Was an ITT completed (TA only)?	Yes ☐	No ☐	N/A ☐
8. Was the correct referral notice sent (W019/WO12)?	Yes ☐	No ☐	N/A ☐
9. Did the ET conduct an interview as necessary?	Yes ☐	No ☐	N/A ☐
10. Did the ET move the interview to their individual schedule?	Yes ☐	No ☐	N/A ☐
(offices using outlook do not do this.)			
11. Did the ET obtain the case file?	Yes ☐	No ☐	N/A ☐
12. Did the ET register the initial application and authorize the benefit?	Yes ☐	No ☐	N/A ☐
(MED, SLMB, QMB, LTC, DKC, TA, APA etc…)			
13. Did the ET review all related programs and align dates?	Yes ☐	No ☐	N/A ☐
14. Are the application received and benefit start dates correct?	Yes ☐	No ☐	N/A ☐
15. Did the ET check, verify and/or print interfaces as required?	Yes ☐	No ☐	
16. Did the ET review prior CANOs and Notices?	Yes ☐	No ☐	
17. Did the ET check alerts/tasks, take correct action and delete alerts?	Yes ☐	No ☐	
18. Did the ET complete all screens in EIS and ARIES?	Yes ☐	No ☐	
19. Did the ET follow the statewide CANO format?	Yes ☐	No ☐	
20. Were separate CANO's entered as appropriate?	Yes ☐	No ☐	N/A ☐
21. Did the ET make at least one attempt to gather necessary verification?	Yes ☐	No ☐	N/A ☐
22. Did the ET authorize, deny or pend all related programs upon			
completion of action?	Yes ☐	No ☐	N/A ☐
23. Was a PEND alert set?	Yes ☐	No ☐	N/A ☐
24. Was the case hard pended on EIS?	Yes ☐	No ☐	N/A ☐
25. Was all of the pended information accounted for or necessary?	Yes ☐	No ☐	N/A ☐
26. Did the ET set an ETAL if the budget could not be worked?	Yes ☐	No ☐	N/A ☐
27. Did the ET send the correct notices & referrals, following due process?	Yes ☐	No ☐	N/A ☐
28. If the ET had the file, were all documents secured in the correct section?	Yes ☐	No ☐	N/A ☐
29. Were applicable notification emails sent?	Yes ☐	No ☐	N/A ☐
30. Did the ET print and attach a current CLPM and CAP2, or ARIES Summary			
to the file/documents?	Yes ☐	No ☐	
31. Was the MAGI denial referred to the FFM?	Yes ☐	No ☐	N/A ☐

| P a g e

ADDENDUM I

GUIDELINES FOR UTILIZING THE UNACTED REPORT

The Unacted Report is a report accessed through document direct that shows how many days have passed since receiving each application or recertification in a given CARC. This report is utilized to more effectively monitor and manage the workload. Below you will find instructions on **who** accesses the report, **when** to access the report, **how** to access the report and **what** to do with the report once pulled.

A) Who

Dependent upon office structure, the Unacted Report will be checked by a person or persons assigned to it. Generally the Office Manager, Daily Process Manager or their Designee will be checking the report, as well as each team or unit leader. For instance, in a larger office the Pend Team Supervisor may only be responsible to check the report specific to the Pend Team, but in a smaller office the entire office's report may be monitored by a single designee.

B) When

The Unacted Report for each office needs to be checked daily by its designee(s). This person is responsible for making sure applications and reviews are being worked within timeframes and that the appropriate action is being taken with those cases. It is important that the person responsible for checking this report does so at the start of the day to ensure appropriate attention and distribution of priority cases on that same day.

C) How

The Unacted Report is accessed through Document Direct. This can be found listed under "Quicklinks" at http://dpaweb.hss.state.ak.us/. Once on the Document Direct site, follow the file path ViewDirect for zOS Server -> Report -> UNACTED REPORT then navigate to the latest date and find the appropriate office. You will need to sign in with your EIS login to access these reports. Once you have brought up the report for your office, you can use the next page or previous page icons to navigate, or use the page icon with a target to navigate to a specific page number.

D) What

Using the information on the Unacted Report, a supervisor can better identify cases that need immediate attention due to the length of time since receipt, having had the wrong action taken, or having been sorted into the wrong CARC. Depending on which CARC is being reviewed, the guidelines for when to check the action take on a case in EIS and what needs to happen with that case changes. Check the action taken in EIS in each of the following circumstances:

- **1 Intake**
  - When a case is over 10 days old to ensure that it has been scheduled for interview
  - When the case status is anything other than "RE"
  - When a case with the "FS EX" column flagged "Y" is 4 or more days old

- **2 ROC**
  - When an application is 10 or more days old
  - When a recertification is 10 or more days old

- **3 Maintenance Interview**
  - When any case is 10 or more days old

- **4 Pend**
  - When any case is 10 or more days old
  - Check LTP cases every calendar month & CANO that check

- **9 Closed**
  - Check any case showing up in 9-99 & 5-59 and take action appropriately

- **30 Day Denials**
  - Utilize 1-11 to be aware of 30 day denials for the week

In general, once a case is looked up for any of the above reasons, it will need some sort of action taken. That action may be that it needs to move to a more appropriate CARC, new notices sent, be scheduled for an interview, etc… Once the person reviewing the unacted report identifies what action needs to be taken,

the case needs to be worked by them or assigned as priority work. By following up on these cases and being proactive with the Unacted Report, offices are able to more efficiently manage their workload, reducing the work hours spent in correcting cases that "slipped through the cracks".

It is important to know that the unacted report is only as good as the registrations that are made by staff. Appropriate management of the workload hinges on individuals registering cases doing so correctly and taking all actions (scheduling interviews, registering the case, or assigning/changing carc).

ADDENDUM J

PHONE APPLICATION PROCESS FOR MEDICAID

According to the Affordable Care Act that became effective January, 1st 2014, the State of Alaska is required by regulation to accept MAGI Medicaid applications over the telephone. When a caller makes a request to apply for Medicaid, the application must be taken immediately. It cannot be scheduled for a later time.

Note: This does not apply to APA-related Medicaid or any other programs

- If a client calls and requests to apply for Medicaid, follow the script:

    Phone Script:

    Caller: I would like to apply for Medicaid (or benefits).

    Worker: We have one application for all of our programs. If you are interested in applying for Medical Assistance only, you may apply electronically by logging onto MyAlaska at https://my.alaska.gov/, download a paper application at http://dpaweb.hss.state.ak.us/e-forms/pdf/Gen50c.pdf or we can send you a paper application by mail – this completed application can be mailed or brought to any of our offices, come into any of our offices to apply in person, or we can take your application over the phone.

    However, if you are interested in applying for other programs as well, you will need to complete a paper application and return it to one of our offices.

- If the client states that they wish to apply for Medicaid by phone and an office assistant (OA) answers the call, the OA must take the applicant's information over the telephone immediately, register the application in ARIES, and transfer the caller directly to an eligibility technician (ET) as soon as the registration is completed. The ET must process through data collection to the fullest extent possible.

Note: In instances when the Clerical unit is unable to register the Medicaid application submitted by phone, an ET will register the application in ARIES. When this situation occurs, the same ET is not permitted to authorize benefits for the case once it is ready to process.

- The ET must process the case while the caller remains on the telephone. Remember that an interview is not required for MAGI Medicaid. This is a telephonic application only.

- Upon completing the data collection entry into ARIES, the ET must give the caller a preliminary determination of eligibility and inform the caller of the steps they will need to take.

- If the application is approved, the ET will:
  o Pend the case for signature, and
  o Send the applicant the Case Summary Correspondence which includes the Statement of Truth for the applicant to sign.

- If the case requires pending for other reasons or is denied, the ET will follow the usual procedures and send the appropriate correspondence.

- If the applicant is an established client, the ET must consult EIS to determine whether the information received during the telephone application affects other programs and process all programs according to First Contact Resolution practices as outlined in the Administrative Procedures Manual section 104-1.

ADDENDUM K

Scanning User Guide

The scanning guide provides a consistent statewide process for staging work online instead of utilizing paper in buckets throughout offices. This electronic storage will enable staff to more easily locate paperwork allowing staff to provide a more efficient statewide processing of benefits following First Contact Resolution (FCR).

A concise file naming convention and use of five folders ensures consistency of electronic document storage across offices. Reports, Tasks and ETALs are available and used by supervisors and managers to assign the work. Once work is assigned, ETs will locate documents in the DPA Scan Drive ("Z" Drive) by searching for the case number and/or client's last name.

The DPA Scanning Process can be located at this weblink:

http://dpaweb.hss.state.ak.us/files/pdfs/DPA-Scanning-Process.pdf