AUTOMATED BENEFIT CALCULATION SYSTEM

Iowa Department
of Human Services

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Overview

The Automated Benefit Calculation (ABC) system is a computer system designed to:

♦ Gather and store information about the Department's income maintenance programs clients.

♦ Calculate benefit levels.

♦ Enable issuance of benefits.

♦ Generate IowaCare cards.

♦ Issue client notices and forms.

♦ Generate various management reports to assist in program administration.

♦ Pass information to other systems.

The ABC system stores information about individuals and cases as separate records. The system uses a unique number to identify an individual. This number is called the state identification number (SID). The system uses another unique number to identify the case. The SID number and case number connect the record of the individual to the record of the case.

DHS income maintenance staff enter source information into the system. Staff are then able to update most information using "real time processing" of data input into the system. This means that data that is input and confirmed into the system is processed at the time the data is confirmed and a *Notice of Decision* or a calculation result preview is available immediately after confirmation of input data.

However, certain data does require the use of "batch processing." This means data input will be processed at night. Updated information appears the next day on screen as well as on notices and other documents. When information is not updated, Worker Action Report screens (WARs) display this and other information. If fatal WARs are not corrected and transactions confirmed, the transactions will be purged after three days.

Once information is in the system, it is usually not necessary to resubmit the same information. The screens display data as updated by the system. Some documents are printed and delivered to the local offices by a courier service. Others are stored electronically.

Definitions

"**ABC**" means the Automated Benefit Calculation system.

"**ABC cutoff**" means the last day when data can be entered for a certain system month's cycle. ABC cutoff is the last day in a calendar month that data can be entered to cause a change for the next calendar month's eligibility or benefit level. This day is always the sixth working day before the end of the calendar month.

"**Adequate notice**" is a written notice that informs the household of:

♦ An action the Department is taking,
♦ The reason for the action,
♦ When it is effective,
♦ The administrative rule reference,
♦ The *Employees' Manual* reference by chapter number and subheading,
♦ The household's right to a fair hearing, and
♦ How the household can request continuing assistance when it requests a hearing.

See program policy chapters for information on notice requirements for each program.

"**APP1**" means the option used to "pend" an application for SSI-related Medicaid. This is an automated action prompted by updates to the State Data Exchange System.

"**Batch processing**" is a sequential processing of transactions (entries) against the master file data that is performed while the system is "off-line."

"**BCW1**" means the Benefit Calculation Worksheet screens for case information.

"**BCW2**" means the Benefit Calculation Worksheet screens for individual income information.

"**Benefit data**" are income and deduction financial data entered on BCW1 or BCW2 screens. Benefit data are used for certain eligibility tests and benefit level determination for Family Investment Program (FIP), Refugee Cash Assistance, and Food Assistance. For facility client participation calculations, benefit income includes Veterans Affairs aid and attendance, Miller trust vendor payments, and some insurance payments.

"**Benefit month**" is the month for which you intend to determine or change benefits (e.g., Food Assistance, grants, Medicaid, or facility assistance). Enter the benefit month on the BCW screen with the data to be used for that month. NOTE: Timely notice requirements may cause the actual benefit month to be the month after the month you entered.

"**Case**" for ABC is a set of program and individual data.

"**Case number**" is an identifier comprised of a six-character serial number, a two-character FBU number, a one-character code, and a one-character check digit. If no case number is entered, the system assigns the next sequential serial number.

"**Check digit**" is the last character of a case or state identification number. Check digits are system-generated based on a mathematical calculation of the other numbers. The check digit helps prevent entry of invalid numbers.

"**Considered**" means counted for purposes of determining income or need of the eligible household.

"**Current system month**" is the month that is most often aligned with the current calendar month. The current system month begins after ABC cutoff in one month and ends with ABC cutoff in the next month. Example:

> The current system month of January begins the day after December's ABC cutoff and ends the day of ABC cutoff in January.

"**Edits**" are the system comparison of entered data to master file data and to established system criteria. The comparison may discover elements that need to be adjusted before entries update the system.

"**Eligibility data**" are the income and deduction financial data entered for the eligibility determination.

"**FBU**" means "family budget unit." This is a two-digit portion of the case number that follows the serial number. It is used to distinguish certain kinds of cases.

"**IABC**" means the screens used to enter or display data on Iowa's Automated Benefit Calculation system.

"**Income data**" are the countable earned and unearned income amounts, deduction and diversion codes and amounts, and indicators for the use of income and deductions, entered on BCW1 or BCW2. BCW data are stored with the state identification number of a person.

"**Input**" is entry of data to be processed.

"**Mainframe**" is the centralized computer application system that stores software and data for ABC and other application systems.

"**Matching**" is the automated exchange of data of case and individual files with other files or other agencies.

"**Master file**" is the file of updated information used in a computer system. It provides information to be used by the programming and can be updated and maintained to reflect the results of the processing operation.

"**Next system month**" is the month after the current system month. The next system month begins after ABC cutoff and ends with ABC cutoff in the next month.

In the current system month of January, the "next system month" is February.

"**NOD**" means the *Notice of Decision*, forms 470-0485 or 470-4085(S), or their manual versions.

"**On line**" is direct communication with the central processing unit of the computer.

"**Output**" is the result of data processing.

"**Prior month**" is a month before the current system month. Prior months' data is entered on certain applications and some retroactive Medicaid requests. See program policy chapters for specific coding by programs.

"**Public assistance**" refers to Family Investment Program (FIP) and Refugee Cash Assistance (RCA).

"**Real time processing**" is the process that provides immediate feedback to the IM worker as a result of case actions and, when appropriate, a *Notice of Decision* and calculation is immediately available to preview to verify expected results from those actions.

"**Report form**" is the form required by a particular program for periodic reporting. Report forms include the *Review/Recertification Eligibility Document* (RRED) and the *Transitional Medicaid Notice of Decision/Quarterly Income Report*.

"**RRED**" is the *Review/Recertification Eligibility Document*, form 470-2881 or its manual or Spanish-language versions.

"**Rolling**" refers to entries in program sections of the "turnaround document" (TD) screens that generate duplicate or related entries in the program section on TD03. "Rolling" is also used to describe the way in which income and deduction records are maintained from one system month to the next.

"**Serial number**" means the first group of six characters in a case number.

"**State ID**" or "**SID**" is the unique state identification number DHS assigns to each person.

"**System month**" means the period used for processing. A system month begins after ABC cutoff in one month and ends with ABC cutoff in the next month.

"**Tickler**" is a system-generated or worker-recorded reminder. ABC ticklers are displayed on ABC's Worker Action Report (WAR) screens.

"**Timely notice**" is the adequate notice sent to a participant at least ten calendar days before the effective date of adverse action. See program policy chapters for specific information on timely notice by program.

"**TD**" means a turnaround document or screen.

"**TM**" refers to the Transitional Medicaid coverage group.

"**Transaction**" is the set of entries from one screen or screen section. Transactions waiting for processing are listed on the TXNS screen.

"**Update**" means to modify a master file with entries according to a specified procedure.

"**User ID**" is the name or code assigned to each user for accountability and security purposes.

"**WAR**" means Worker Action Report sent by the ABC system. See 14-B-Appendix, WORKER ACTION MESSAGES, for additional information and a listing of current ABC WAR messages.

"**WIFS**" means warnings, informational, fatal, and summary messages. WIFS are E-mail messages sent by the MEPD billing system, the Medicaid eligibility system, the *hawk-i* referral system, and the ABC system to inform the IM worker that action may be needed to be taken on the designated system.

ABC System's Cyclical Month

Although transactions are processed daily, the ABC system operates according to the dates of the monthly cycle. The cyclical month begins after ABC cutoff of one calendar month and ends, except for some calendar month-end processes, with ABC cutoff of the following month.

Critical days in the cyclical month and the system-generated forms are discussed in the remainder of this section. The subheadings in this section are arranged in order that these system dates occur.

The ABC System Dates chart is distributed annually with the dates of the cycle. ABC users refer to the chart daily to make appropriate entries, be aware of system-generated runs, and meet system deadlines. Example:

2014 ABC SYSTEM DATES

IFPN Review Mail (1)	**RRED Mail (2)**	**RRED Due Date (3)**	**Recoupment (4)**
November 26, 2013	November 27, 2013	December 5, 2013	December 19, 2013
December 27, 2013	December 30, 2013	January 6, 2014	January 16, 2014
January 29, 2014	January 30, 2014	February 5, 2014	February 14, 2014
February 26, 2014	February 27, 2014	March 5, 2014	March 19, 2014
March 27, 2014	March 28, 2014	April 7, 2014	April 17, 2014
April 28, 2014	April 29, 2014	May 5, 2014	May 19, 2014
May 29, 2014	May 30, 2014	June 5, 2014	June 18, 2014
June 26, 2014	June 27, 2014	July 7, 2014	July 17, 2014
July 29, 2014	July 30, 2014	August 5, 2014	August 19, 2014
August 28, 2014	August 29, 2014	September 5, 2014	September 18, 2014
September 26, 2014	September 29, 2014	October 6, 2014	October 17, 2014
October 29, 2014	October 30, 2014	November 5, 2014	November 18, 2014
November 25, 2014	November 26, 2014	December 5, 2014	December 18, 2014
December 29, 2014	December 30, 2014	January 5, 2015	January 16, 2015
January 29, 2015	January 30, 2015	February 5, 2015	February 16, 2015

Timely Notice (5)	**MN/SSI-Related Med Review Mail (6)**	**ABC Cut-off (7)**	**Pending Release and Check Write (8)**
December 20, 2013 *	December 21, 2013 *	December 23, 2013	December 24, 2013
January 17, 2014	January 21, 2014	January 24, 2014	January 27, 2014
February 17, 2014	February 18, 2014	February 21, 2014	February 24, 2014
March 20, 2014	March 21, 2014	March 24, 2014	March 25, 2014
April 18, 2014 *	April 19, 2014 *	April 23, 2014	April 24, 2014
May 20, 2014	May 21, 2014	May 22, 2014	May 23, 2014
June 19, 2014	June 20, 2014	June 23, 2014	June 24, 2014
July 18, 2014	July 21, 2014	July 24, 2014	July 25, 2014
August 20, 2014	August 21, 2014	August 22, 2014	August 25, 2014
September 19, 2014 *	September 20, 2014 *	September 23, 2014	September 24, 2014
October 20, 2014	October 21, 2014	October 24, 2014	October 27, 2014
November 19, 2014	November 20, 2014	November 19, 2014	November 20, 2014
December 19, 2014 *	December 20, 2014 *	December 23, 2014	December 24, 2014
January 20, 2015	January 21, 2015	January 23, 2015	January 26, 2015
February 17, 2015	February 18, 2015	February 20, 2015	February 23, 2015

Check Mail (9) ***
December 31, 2013
January 31, 2014
February 28, 2014
April 1, 2014
May 1, 2014
May 31, 2014 **
July 1, 2014
August 1, 2014
August 30, 2014 **
October 1, 2014
October 31, 2014
December 1, 2014
December 31, 2014
January 31, 2015 **
February 28, 2015 **

*   Denotes a Saturday mailing of documents created in Friday night's processing.

**   Denotes a Saturday mailing of documents created before Friday night that must be held and mailed on Saturday so clients receive them at the right time.

***   Direct Deposit FIP is available on the first working day of the month; EAC FIP is available by noon on the first calendar day of the month.

RC-0052 (Rev. 11/13)

ABC SYSTEM USERS

SUBJECT: ABC SYSTEM DATES

1. The date IFPN reviews are mailed.

2. The date in-cycle RREDs are mailed.

3. The due date for in-cycle RREDs.

4. Recoupment transactions are processed.

5. The last day to enter transactions requiring timely notice without having them pend until after ABC cutoff, to be effective for the second future calendar month. This includes medical cancellations and transactions entered with these actions.

6. The date zero spenddown MN/SSI-related Medicaid reviews are mailed.

7. The cutoff date for regular transactions to affect the next month. Automatic cancellations due to expiration of FA or MN are processed to be effective for the next calendar month. Income and resource records are "rolled forward." Automatic changes (ending sanction and disqualification periods, cancellations for FIP age 19) are processed right after cutoff to be effective for the second future calendar month.

8. The date transactions that were pended for timely notice are released to be effective for the second future calendar month (the new "next" system month). This date is the first of the new system month in which data are both entered and processed. Date checks are written.

9. The date regular monthly FIP and State Supplementary Assistance checks other than RCF (and Medicaid cards) are mailed.

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For the current year's version of the chart *ABC SYSTEM DATES*, RC-0052, see the DHS Intranet eForms web page.

IFPN, RRED and TM Report Form Mailing

For cases active after ABC cutoff, the following forms are printed based on system master file data as of ABC cutoff:

♦ *Family Planning Medicaid Review*, which is used for the annual recertification of the Iowa Family Planning Network. (See the DHS Intranet eForms web page for a sample of this form.)

♦ *Review/Recertification Eligibility Document* (RRED), which is the review form for public assistance and FMAP and the Food Assistance recertification form. See Review/Recertification Eligibility Document, Form 470-2881 or 470-2881(S) for more information.

♦ *Transitional Medicaid Notice of Decision/Quarterly Income Reports*, the quarterly report form. See Transitional Medicaid Notice of Decision/Quarterly Income Report, Form 470-2663 or 470-2663(S) for more information.

The *Family Planning Medical Review*, form 470-4071, is mailed the first day before
| RRED mail. The RRED and Transitional Medicaid forms are mailed on the second day before the end of the calendar month.

EXCEPTION: If this date is a holiday or a Sunday, the mailing date is the first workday before this date.

RRED Due Date

RREDs sent in the regular cycle are to be returned by the fifth calendar date of the month following the month of mailing. If this date falls on a weekend or a state or federal holiday, the due date is the next workday.

Transitional Medicaid Quarterly Report Reminder Mailing

Transitional Medicaid Quarterly Report Reminder letters are mailed on the 12th calendar day of the month so that recipients will receive the reminder letter on or before the 15th of the month. See 6-Appendix, Transitional Medicaid Quarterly Report Reminder, Form 470-2716 and 470-2716(S), for samples.

Recoupment Day

"Recoupment day" is usually the last workday before timely notice day. The automatic processes on recoupment are ABC actions to:

♦ Begin or change reductions in benefits for recoupment of overpayments or overissuances.

♦ Generate Food Assistance calculations that have not yet been done for child support income records.

Notices of Decision are generated and mailed after recoupment for cases with benefits affected by these processes. Forms generated from the recoupment run are identified with "RECP" printed on the forms.

Timely Notice Day

"Timely notice day" is the last workday that entries can be made in order for timely notice to be given before the first day of the next calendar month. Timely notice day is the workday immediately before the last mailing date for notices in the month that allows for the timely notice period. It allows ten calendar days to pass between that mailing date and the first day of the next calendar month.

Cancellations are system-generated for FIP and FMAP-related Medicaid cases that were required to return a complete RRED and failed to do so by timely notice.

Coding on each worker-entered transaction indicates whether timely notice is required if the data entered result in an adverse action. If timely notice is indicated, the system determines if timely notice can be given for the next calendar month.

If timely notice day has passed and policy requires timely notice, the entire transaction is pended to become effective for the second following month. Messages on the WAR1 and WAR2 screens alert you that the transaction was pended. The transactions that are pended are processed on pending release day.

You may change a pended transaction by deleting ALL transactions on the case and creating all appropriate transactions. This may require two steps if you need to enter the negative Medicaid transaction.

Medicaid Review Mailing

The *Medicaid Review*, form 470-3118 or 470-3118(S), is generated for Medically Needy cases with zero spenddown and SSI-related Medicaid cases that have reviews due the following month and is mailed the day following "timely notice day." See Medicaid Review, 470-3118 or 470-3118(S) for more information.

ABC Cutoff Day

"ABC cutoff day" is the sixth working day before the end of the calendar month. After ABC cutoff and before the end of the calendar month, system entries to change benefits on ongoing cases affect the second future calendar month.

ABC cutoff allows time for preparation and mailing of benefits, RREDs, TM Quarterly Reports, and identification cards. Various reports and printouts are processed and distributed after ABC cutoff.

At ABC cutoff, the system performs these actions that affect cases:

♦ Food Assistance cancellation when the certification period expires with the current calendar month.

♦ IowaCare cancellation when the certification period expires with the current calendar month.

♦ Medicaid cancellation when system-tracked extended medical eligibility period or Medically Needy certification period ends with the current calendar month.

♦ "Rolling" of income and resource data to the working area of the system for the new "next system month."

♦ Transfer of summary income data from the previous system month to the history area of the system. (This history area is not accessible to system users.)

♦ Change of the person's status code when a Food Assistance disqualification period will expire with the coming month. This causes recalculation of benefits for the new "next system month."

♦ FIP cancellation for the new "next system month" of children who will be 19 years old on or after the second day of the coming month and before the second day of the new "next system month."

♦ Medicaid cancellation when the program has been in an automatic redetermination aid type for two months.

♦ Change of the person's status from 'R' to 'N' when the lump-sum period of ineligibility has ended.

♦ Medicaid actions when children or adults ages reach program milestones.

♦ Aid type changes due to ages of the participants or other case data.

NOTE: Before February 23, 2006, the ABC system deleted cases that had been canceled or denied from all programs for two years (except for cases that were sanctioned, disqualified, or closed due to lump-sum income).

Pending Release Day

Transactions that were pended because timely notice was required are held until the first workday of the new system month after the system month in which they were entered. The transactions are then released and processed as though they had been entered on that day.

Pended transactions affect all entries made with the pending transaction or while the case is in pended status except for transactions made in Section II on the TD01 screen. Transactions made in Section II on the TD01 screen will process while a case is pending.

The phone number, located in Section I on the TD01 screen, also processes while the case is pending but will appear to be pended. When you view the master file, you will see that the phone number has been changed to the number you entered.

Output of System-Generated Actions

The ABC system creates output based on the worker-generated or system-generated transactions for the specified program run. The chart below identifies the name of the processing run job, the output produced from that run, and gives information on what is displayed on the output. An asterisk (*) indicates output not accessible to users.

OUTPUT OF SYSTEM-GENERATED ACTIONS	
Job Run	**Output From Job Run**
Daily Run	*Notices of Decision* generated from the daily run are printed with "DALY" on the lower left portion of the form. The three-digit notice reason codes are printed by the word "DALY."
	CALC results sheets from the daily run are printed with "DALY" on the upper RIGHT portion of the sheet.
	CASE *
	Earnings Letters
	IND *
	RREDs: "DALY" is printed on these.
	SSI Reminder Letters
	TD *
	Transitional Medicaid Quarterly Reports
	TXNS
	WARs
Buy-In Run	*Notices of Decision* generated from the system-generated run are printed with "BUYIN" on the lower LEFT portion of the form (for facility cases or if Food Assistance benefits change).
	TDs
LBP Run	*Notices of Decision* generated from the limited benefit plan run are printed with "LBP" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "LBP."
Month-End Run (with ABC cutoff)	*Notices of Decision* generated from the month end run are printed with "MEND" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "MEND."
	Certification expirations
	Food Assistance
	IowaCare
	Medically Needy
	WARs

Job Run	Output From Job Run
Recalculation for Mass Program Changes	*Notices of Decision* generated from the system-generated run are printed with "MASS" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "MASS." CALC results sheets
Recoupment Run	*Notices of Decision* generated from the recoupment run are printed with "RECP" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "RECP." CALC result sheets CASE & IND * IND * TD * TXNS WARs
SANC Run (after month end but before the next daily processing)	Activation people whose disqualification is over Annual issuance history report Automatic cancellation Cancellation of extended Medicaid Cancellation of FIP "over-age" child Removal of person records due to death Resetting of good cause for the next month *Notices of Decision* generated right after the month-end run but before the next daily processing are printed with "SANC" on the lower LEFT portion of the NOD. The three digit notice reason codes are printed by the word "SANC." CALC results sheets CASE IND * TD * TXNS WARs
TM Reminder Run	TM Reminder letters are generated.

System Preparation and Processing Of Data

The following sections explain how the system treats:

♦ Case numbers and state identification numbers
♦ Entry on multiple screens
♦ Entry reasons
♦ Status codes
♦ Individual records
♦ Applications
♦ Rolling data to TD03

Case Numbers and State ID Numbers

Case numbers are kept on the master file permanently. (Before February 23, 2006, the ABC system deleted cases that were canceled or denied for all programs after two years.) Dropped case information can be viewed on the DCAS screen. See 14-B(4), DROPPED CASES ON-LINE DISPLAY.

The individual records are retained in the state identification (ID) portion of the file. The original state ID number is retained. Do not reuse a case number that comes up without data on TD01.

Reuse the case number only if:

♦ The case name is that of the applicant, and
♦ That person is shown on TD07.

The ABC system currently has the following limits:

♦ A person (identified by the state ID number) can be associated with only **six cases** and;

♦ A specific case can only have **16** people associated with it.

You will get a fatal WAR if adding a person to a case exceeds either limit.

Entry on Multiple Screens

If a change requires the entry of data on more than one screen, you must enter all related data, so that the data are processed as one action. This same rule applies to each month included in the approval of an application.

When income and deduction data from BCW2 are not entered with the program and individual data for an application, the ABC system assumes that there are no income or deductions to be considered for the benefit month. Enter data on resource screens (RSCF, RSCA, RSCM, or RSCS), and child support screens (ICSC, REFER1 and REFER2) as appropriate.

Entry Reasons

Entries to the ABC system on the TD01, TD02, TD03, TD04, TD05, BCW1, and BCW2 screens require entry reason codes. These codes describe the reason for preparing the entries and determine whether timely notice considerations apply. See 14-B-Appendix for valid codes for each entry reason field.

If entry reason "G" is used and a transaction is pended, **all** data entered on the system at the same time (except data entered in Section II on the TD01 screen) are pended, even if other entry reasons indicate that the data entered must take effect immediately. See Pending Release Day for instructions.

The "one time" entry reason ("P") is the exception; it will not pend. The "send notice only" reason ("R") is not compatible with any other entry reasons. It must be entered separately.

Status Codes

"Status" codes indicate the condition of a program, or a person's condition on a program. These conditions include:

♦ Active
♦ Not active
♦ Sanctioned
♦ Suspended
♦ Pended

A person's program status on TD03 specifies the person's program participation, by case. See 14-B-Appendix for lists of the status codes and their meanings for each program.

Status codes are used in conjunction with entry reasons. Status codes of "A," "B," or "C" are usually used with entry reasons "A," "B," or "C," respectively.

Individual Records

Each person who applies for or is considered for benefits has a single record in the ABC system, regardless of the number of cases with which the person is associated. This "individual" record contains the following information about a person:

♦ Identifying data, including name, date of birth, sex, religious beliefs, social security number, and state identification number.

♦ Status on programs for which the person is considered

♦ Earned and unearned income.

♦ Deductions.

♦ Demographic data.

Because there is a single individual record, entry of demographic and BCW data potentially affects **all** cases that a person is associated with. **Exception:** The person number (PER) code and the relationship (REL) code are case-specific.

Entry of income data on the BCW screens for the person's state identification number updates the person's income record as directed by the program indicator (PI), eligibility/benefit indicator (E/B), and benefit month (BEN MO) fields. Income data are program-specific.

Individual records are removed after notice coding indicates that a person has died. The state ID record is retained. If the notice coding was entered in error, the person can be added back to the case as a new person using the person's original state ID number.

By program, individual income records are not rolled forward after:

♦ The person has been closed for two months or
♦ The person has been denied in the month.

Applications

When a program application is required for eligibility decisions, entry reasons "E" or "A" must be entered. Enter approval decisions with status code "A" for applications. When an eligibility decision does not require a program application, entry reason "C" is entered with a status code of "C."

Rolling to TD03

Rolling of data from the program sections to the program sections for people in TD03 occurs when the system can determine which people are affected by a program action. The data that roll are status codes, dates, and (when a program is opened, reopened, or closed) notice reason codes.

Approval entries roll to people previously coded as pended in the program individual status fields. Negative entries roll to people previously coded as active or pended in the program individual status fields.

Eligibility Determination and Benefit Calculation

In order to perform eligibility and benefit calculation, the ABC system needs information about the income and resources to be considered, the people to be considered, and the months affected by these entries. Calculations occur when income, resources, need, or deductions are changed by worker entries or by system-generated actions.

The system does not perform every calculation needed to determine eligibility and benefits for every program. Workers must do some calculations required to determine benefit amounts or amounts of countable income and deductions to be entered in the ABC system. Workers shall:

♦ Determine the amounts of:

- Client participation for subsequent facility placements in the same month.
- Countable self-employment income.
- Monthly case deductions.
- Monthly countable income from lump-sum income.
- Reimbursable medical transportation expenses.
- Special allowances.
- State Supplementary Assistance grants.

♦ Determine amounts owed by the client. (You can compute the benefits that should have been granted for Food Assistance on the Scratch Pad system if before the current system month.)

♦ Determine the amounts of income and deductions to be attributed to the eligible Food Assistance household of people ineligible because of their citizen or alien status or because they failed to provide or apply for a social security number without good cause.

♦ Determine the amounts of income attributable to the self-supporting parent or legal guardian of an unmarried specified relative under age 18 from the spouse of the parent or guardian.

♦ Determine eligibility for:

  • Food Assistance emergency service.
  • Child Care Assistance.
  • Title IV-E financial participation.
  • Medicaid expanded specified low-income Medicare beneficiary (E-SLMB) cases.
  • Medicaid qualified disabled working people (QDWP) cases.
  • Medicaid qualified Medicare beneficiary (QMB) cases.
  • Medicaid specified low-income Medicare beneficiary (SLMB) cases.
  • SSI-related Medicaid for people who are ineligible for SSI or State Supplementary Assistance due to specific circumstances. (See 8-F, People Ineligible for SSI (or SSA).)

♦ Determine eligibility and benefit amounts for months earlier than those the system will calculate.

♦ Determine eligibility and countable income for a married couple sharing the same room of a facility when both are eligible for Medicaid. (The system can calculate client participation based on countable income.)

♦ Determine eligibility and spenddown amounts of Medically Needy cases.

♦ Determine Food Assistance emergency service eligibility.

♦ Determine income eligibility for MEPD using form 470-3686, *MEPD Income Worksheet*.

♦ Determine income eligibility for Medicaid for Kids with Special Needs using form 470-4632, *Medicaid for Kids with Special Needs Income Worksheet*.

♦ Determine the disqualification period for divesting of resources.

♦ Determine the remaining transitional Medicaid months if the 12-month cycle has been interrupted by an incorrect cancellation.

♦ Do the Food Assistance 165% test to determine household composition when an elderly and disabled person buys and fixes food with others. See 7-C, Elderly Members Who Are Disabled.

♦ Re-examine the work transition period for Medicaid eligibility.

Except as noted above, the ABC system determines financial eligibility, benefit level, and client participation using countable income, countable resources, household members' status codes, and fund codes.

The individual's program status code and the unborn code on TD03 determine household size for some Medicaid coverage groups. When the system completes the financial eligibility determination, it changes the worker-entered active status code to a denied or canceled status if countable income or resources exceed program limits.

Coding may also indicate that the worker's approval decision is to be accepted without calculation. Worker entry to deny eligibility usually reflects worker decisions on nonfinancial eligibility factors.

The following sections explain:

♦ What individuals are considered for ABC calculations
♦ What months are affected by system calculations
♦ System calculations related to resources
♦ System calculations related to income
♦ System outputs for calculation results

Individuals Considered

To calculate financial eligibility, benefit level, and client participation, the ABC system requires information on individuals. Every person whose income or presence is considered and every person who is counted as part of the assistance unit must have an individual record for the program.

The program indicator determines for which program the income and deductions are to be used. The program indicators are:

A   FIP
B   Food Assistance
C   Medical Assistance
D   Facility, State Supplementary Assistance, or Waiver

The person's status codes for all programs and the person's fund code for Medicaid, State Supplementary Assistance, facility, and waiver services are used when determining whether the person is:

♦ Part of the assistance unit or
♦ Part of the unit which has income and deductions considered for eligibility determination or benefit calculations.

Months Affected by Entries

Different months are affected by entries for an application than for an ongoing case. NOTE: For Food Assistance, financial calculations are not done for months past the Food Assistance end certification month or the Food Assistance limit date.

Case Approvals

The first month for which an application is processed is determined by the worker-entered eligibility date in the program section of the TD screens. BCW1 Food Assistance deduction entries are required for each month in the application process that includes Food Assistance. BCW2 screens are required for each month with income.

BCW, RSCF, RSCA, RSCM, and RSCS screens may be entered for two prior system months, the current system month, and the next system month. For facility cases, only one prior system month entry is allowed.

Additional prior-month BCW screens may be entered for FMAP-related retroactive Medicaid to a maximum of four months earlier than the worker-entered program eligibility date. Program policy allows three months-retroactive Medicaid from the application date. The fourth month referred to here is the month of application when the eligibility date is in a different (later) month.

BCW1 special allowance entries are not attached to a particular benefit month and affect the months in the application process as appropriate to their one-time or ongoing designation.

Ongoing Cases

The first month affected by TD screen program section entries and entries to remove individuals is the next system month, unless timely notice requirements delay the effective date. The first month affected by TD screen entries to add a person is determined by the start date entered by the worker.

BCW1 special allowance entries affect the current system month or the next system months as specified by coding in the first position of the type fields. The first month affected by BCW1 Food Assistance deduction entries, BCW2 income entries, RSCF Food Assistance resource entries, and RSCA FIP resource entries, is the month entered in the benefit month fields, unless timely notice requirements delay the effective date.

For ongoing cases, the benefit month entered on the RSCF, RSCA, RSCM, RSCS, BCW1 and BCW2 screens are the "current system month" or the "next system month." For BCW1 and BCW2 screens, "future month" entry is allowed.

Resource (RSC) Records

Resource records are required on approvals, reinstatements and reopening, so they must be entered if not present. After subtracting the monthly income from the liquid resource amounts, enter countable Food Assistance resources on RSCF, FIP resources on RSCA, Medicaid resources on RSCM, and facility, State Supplementary Assistance, and waiver resources on RSCS.

RSCF, RSCA, RSCM, and RSCS data can be entered either when the program is pended or when it is approved. Data can be changed in the same way as income and deductions on ongoing cases. Resources are rolled forward in the same way as BCW1 and BCW2 records. RSC records are case-specific, not individual-specific.

The system allows entry of resource months on an application from the program positive date month through the next system month, with a maximum of four months. Ongoing programs are allowed entry of the current and next system month's resource records.

Error messages are produced for:

♦ Too few months
♦ Too many months
♦ Months outside those allowed

The system compares the total resource amounts to the program resource limits, before income testing. Resource tests are not done for the Food Assistance program for months past the Food Assistance end certification month or the Food Assistance limit date, whichever is earlier.

Income Records

Enter income on the BCW2 screens for each individual by benefit month. The system holds the amounts on the individual master file for BCW1 and BCW2.

Grants as Income

The ABC system uses the system-calculated FIP or Refugee Cash Assistance grant, except for special allowances, as income in Food Assistance calculations. Changes in grant amount, including grant cancellations, cause calculation of Food Assistance benefits in the same day's processing.

When the FIP program has data coded in the TD02 FIP LIMIT DT field, the FIP grant will not be used for Food Assistance benefit calculation beyond the month coded in the TD02 FIP LIMIT DT field.

Maximum for Deductions

The Food Assistance calculation allows only the applicable maximums when worker-entered deductions exceed these maximums. Therefore, workers should enter all allowable expenses without reference to maximum or minimum amounts. The exception is the child care deduction.

The Food Assistance and medical calculations also cannot determine the maximum child or disabled adult care amount. Therefore, enter the allowable child care expense or the maximum expense, whichever is less.

Calculation Results

The system generates form 470-0485 or 470-0485(S), *Notice of Decision*, when:

♦   Applications are approved or denied.
♦   Programs are canceled.
♦   Programs are reinstated.
♦   Benefit amounts are changed by worker entries or system action.

When a prior or current month fails the income or resource tests, but there is ongoing program eligibility, the word "denied" is used in the notice of decision grid.

A calculation result is printed when:

♦   Applications are approved or denied.
♦   Programs are canceled.
♦   Programs are reinstated.
♦   Benefit amounts are changed by worker entries or system action.
♦   The income or resource tests for a month result in ineligibility for the program for that month.

See Output of System-Generated Actions for information on the job runs that may produce a calculation result.

BCW Processing

When an application has been processed with income or deduction entries, the working area of the system has income data as entered for:

♦   Prior system months,
♦   The current system month, and
♦   The next system month.

When ABC cutoff processing is complete, the income or deduction data for the prior system months and the former "current system month" are no longer displayed or used by the system. The income data from the former "next system month" are copied to the new "next system month" and retained for the new "current system month." This process occurs for all BCW income and deduction records. Example:

A June application is approved before ABC cutoff in July. The case has income and deductions for all months in the application process (June through August). When the application processing is complete, the working area of the ABC system has individual BCW records for June (a prior month), July (current month) and August ("next month").

Processing at July ABC cutoff copies and relabels these BCW records as follows:

July Records

In July Month End Process:

To History Area

| June Prior Month | July Current Month | August Next Month |

After July Month End

August Records

| August Current Month | September Next Month |
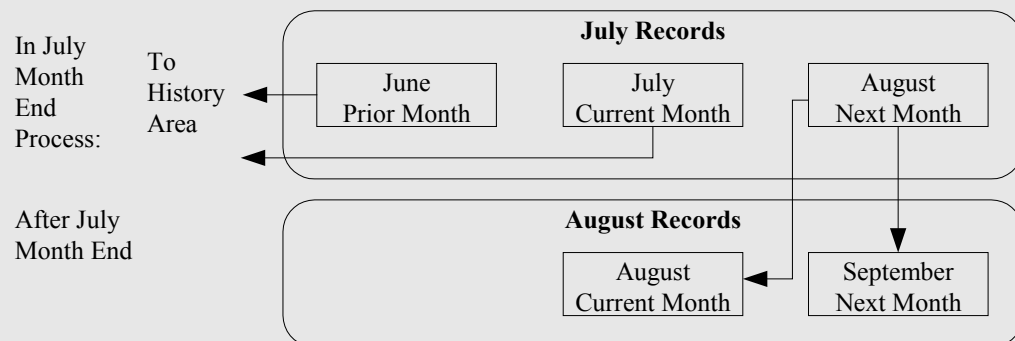
BCW1 Food Assistance deductions are included in this process. BCW1 special allowance data are not included in this process but remain for the case, until removed by a worker entry.

When a person has been closed for a program for two months or a person is denied for a program during the system month, the person's income and deduction records for that program are not rolled forward to create a new "next system month" record. Example:

Person A is canceled effective March 1st and Person B is denied in April. The diagram shows what happens to the income and deduction records.

March Records
for Person A and Person B

March Month-End Process: To History Area   March Current Month   April Next Month

April Records
for Person A and Person B

April Month-End Process: To History Area   April Current Month   (No May record created because Person A was closed for two months and Person B was denied this month.)

Result After April Cutoff:

May Records

No records for the program

Unless you make specific BCW entries for the next month, the BCW records for both the current month and the next system month are updated when:

♦ BCW entries are made to recalculate "current system month," or

♦ BCW1 entries are made to:

  • Determine eligibility for the Transition Medicaid Coverage program, or
  • Recalculate the Transition Medicaid coverage program that was canceled in error.

The following chart summarizes the entries required to create or change BCW1 Food Assistance deductions and BCW2 income and deduction records. The months are system months.

Action	BCW1 Food Assistance Deductions	BCW2 Income and Deductions
Application processing	Each month in the application process, from the positive date through current month and next month, for a **maximum** of four months.	Each month with income in the application process, from the positive date through current month and next month. If retroactive medical is applicable, up to four months before the positive date, making a **maximum** of four months without retroactive, eight months with retroactive.
Change to an ongoing case with BCWs	Next system month.	Next system month.
Recalculation of current month	Current month only, if current month and next month deductions are the same. Current month and next month, if the deductions for the two months are different.	Current month only, if current month and next month income are the same. Current month and next month, if the income for the two months is different.
Recording reported change	Enter a "future month" BCW.	Enter a "future month" BCW.

The system limits the number of BCW records to 24 per state ID number and the number of BCW records per case to 40. NOTE: The "E" E/B indicator record and the "B" E/B indicator record for each applicable program each count as one record.

Automated Notices

The ABC system provides automated generation of client notices with messages to advise applicants or recipients of their current status or of pending changes to assistance. These include forms 470-0485 and 470-0485(S), *Notice of Decision*, issued to approve, deny, change, cancel, or reinstate assistance.

These notices provide applicants and recipients with "adequate notice" or "timely notice" of case actions. (See Adequate vs. Timely Notice.) The ABC system cannot generate a *Notice of Decision* in some situations. Instructions in case action chapters specify when a manually prepared notice is necessary.

In most situations, the ABC system generates a *Notice of Decision* based on the worker's entry of one or more three-digit codes in the reason code fields on the TD screens or the CASE RSN field on BCW screens. The system can also generate a *Notice of Decision* without entry of a notice code. (See Generation of Notices.)

The ABC system also prints notices for the EBT system, the Family Planning Waiver (FPW) system, and the managed health care system, including health maintenance organizations (HMOs) and MediPASS. EBT notices are listed in 14-B-Appendix. Managed health care notices are discussed in 14-C. Family planning waiver notices are discussed in 14-C(1).

Notices are produced during the nightly batch run and dated with the anticipated mailing date. They are mailed from central office.

The envelopes in which notices are mailed carry this message: *"Keep this envelope for proof of mailing date. You may need it later if you file an appeal."* Notices are mailed on the date printed on the notice, if possible. When circumstances prevent mailing on that date, the envelope message serves to protect clients' appeal rights.

Generation of Notices

In nearly all cases, the ABC system automatically generates notices. Generally, notices are generated as the result of specific combinations of aid types, entry reasons, status codes, and notice reason codes.

Generic reason message codes may be entered on any program line. Other notice reason codes may be entered only on those program lines for which they are designated. These distinctions are noted in the list of messages in 14-B-Appendix, NOTICE CODES.

Only two notice reason codes per program may be entered on a program line (on TD02 for Food Assistance and FIP or on TD05 for Medicaid and State Supplementary Assistance). When two notice reasons are entered, the system places the conjunction "and" between the two messages.

Only one reason code may be entered on BCW screens. When a reason code is entered at the person level (on the TD03 screen), the person's first name is inserted at the beginning of the reason message if the message has space for a name.

A notice is generated whenever you make entries on the TD or BCW screens that approve, deny, change, cancel, or reinstate assistance.

To prevent generation of a notice, enter "000" in the notice reason field (or, for facility cases, enter "X" in the facility indicator (FI) field).

Notices can also be produced automatically by the system. Entry of TD or BCW screen data nearly always results in a notice being generated. You may need to make an entry to prevent a notice from being generated.

For certain combinations of entry reason and status codes, the reason field entry is edited to prevent incomplete notices. The following table summarizes the results of this validation process.

If entry reason and status are…			and reason entry is…	the result is…
A or C	with	M	Blank	Error
B	with	B	Invalid code	Error
G, or H	with	E	000	No notice is issued.
G or H	with	I	Valid code	The notice is issued as coded.
G, H, M, or N	with	N		
R	with	blank	Blank	Error
			Invalid code	Error
			000	Error
			Valid code	The notice is issued as coded.

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Automated Notices
Notice Content

Notice Content

Messages for the *Notice of Decision* are made up of:

♦ Primary header
♦ Notice reason or
♦ Stand alone notice statements

Any single *Notice of Decision* may contain one primary header and three case-specific messages for each program. The notice may also contain one person-specific message per person per program. This may result in a multiple-page notice. Messages inform the client of additional pages of the same notice.

The primary headers are created by either:

♦ Worker-entered notice reason codes, or
♦ Other worker-entered codes on TD or RSC or BCW screens, or
♦ System programming codes that determine the headers that appear on the notice.

There are seven categories of primary headers:

♦ Approval
♦ Denial
♦ Change
♦ Cancellation
♦ Reinstatement
♦ Miscellaneous (codes 100-through 199).

The notice reason is the end of a completed approval, denial, change, cancellation, or reinstatement message. The worker or the system chooses which notice reason will appear. Worker choices are entered on TD or BCW screens. Usually worker-entered and system-determined messages are printed on the same notice.

| Employees' manual and administrative rule citations are attached to the notice reason. When you enter a multiple-program notice reason code, the system generates the correct citation, based on the program. (See 14-B-Appendix, NOTICE CODES, for the text of all ABC notice messages.)

For application and reinstatement decisions, a benefits grid is used to communicate decisions on current and prior months in the application or reinstatement process. Another grid lists household members and indicates program information.

The benefits grid lists the months in the application or reinstatement process that had a benefit decision. The approval decision for each month is displayed as the benefit amount or, for Medicaid, "approved." All denied decisions are displayed as "denied."

A printout shows the calculation used to establish eligibility, ineligibility, or the benefit level for the next (ongoing) month. Computations displayed on the right hand side of the *Notice* are for either the next (ongoing) month or for the month which caused a denial decision. The computation is labeled with the applicable month and year. Messages on the notice direct the applicant or participant to the calculation.

Adequate vs. Timely Notice

Automated notices have system-determined effective dates. These dates are based on the date on which entries are made causing changes on a case, and the actions taken.

For an ongoing program, the effective date printed on the notice is the first day of the following system month, except when:

♦ A recipient of public assistance or residential care has died, or
♦ A recipient or member has moved from a medical or residential facility.

Notices are printed with the anticipated mailing date of the notice. Actions requiring timely notice must be entered into the system at least one work day before the month's ten-day notice date in order to be effective for the following month. The last day to make entries that require timely notice effective the following month is called "timely notice day." The following table illustrates the time limits to consider:

Length of Month	10-Day Notice Day	Timely Notice Day
28	18	17
29	19	18
30	20	19
31	21	20

Intervening weekends and holidays sometimes lengthen the time required. Refer to *ABC System Dates Chart*, form RC-0052, for current timely notice dates. See the DHS Intranet eForms web page.

When entry reason "G" (change requiring timely notice) is used after timely notice day, the system holds all changes entered with the transaction until the first day of the next system month. At that time, a notice regarding the pending action is generated with the applicable effective date.

The system will not accept most changes during this pending period. It will accept an address change, or a phone number change on TD01. Workers can delete all transactions pended for timely notice.

Medicaid cancellations are always pended for timely notice when entered after timely notice day and before ABC cutoff, regardless of the entry reason used. See Pending Release Day for additional information.

When Medicaid cancellations would result from other actions entered after timely notice day, the system generates a notice regarding all the changes other than medical cancellations, effective for the first of the following month. A Worker Action Report (WAR) message informs the worker of the pended medical action.

The system holds Medicaid changes to be effective the first of the second following month until the first day of the next system month. Once the first working day of the next system month has passed, a notice regarding the pended Medicaid action is generated.

Quality Assurance

The Quality Assurance Unit is part of the Division of Data Management. Its function is to provide support for users of automated systems. Quality Assurance works closely with the Systems and Programming Bureaus and the Operations Unit in ensuring use of correct operating procedures in day-to-day use of the system. Quality Assurance staff:

♦ Process user identification actions
♦ Handle microfiche
♦ Work with electronic benefit transfer transactions
♦ Cross-reference state identification numbers
♦ Handle returned warrants and IowaCare cards
♦ Work with for Medicaid for employed people with disabilities premiums

NOTE: For Food Assistance cases, the Division of Fiscal Management performs many of these functions instead of Quality Assurance.

When updates to the medical eligibility system are needed, contact Quality Assurance by using the *Request for Special Update*, form 470-0397.

When updates to the facility system are needed, contact the SPIRS Service Help Desk.

Entries Restricted to Quality Assurance

Only Quality Assurance shall input certain items into the ABC system. Instructions for these are as follows:

♦ **Cancellation of warrants**. Use form 470-0271, *Quality Assurance Transmittal*, to request cancellation of a warrant. If a client returns a warrant to the local office, attach the yellow copy of form 470-0009, *Official Receipt*, and send both forms to Quality Assurance. See 6-Appendix, Quality Assurance Transmittal, Form 470-0271, for a form sample and instructions.

♦ **One-time special allowance exceeding $1,800**. To request the allowance, attach a memo with case and income information to form 470-0271, *Quality Assurance Transmittal*. Do not enter any more information on the case until the information for the special allowance transaction is updated on ABC and reviewed. See 6-Appendix, Quality Assurance Transmittal, Form 470-0271, for a form sample and instructions.

♦ **State ID cross-reference**. Send form 470-0271, *Quality Assurance Transmittal*, to request cross-referencing of state identification numbers. See 6-Appendix, Quality Assurance Transmittal, Form 470-0271, for a form sample and instructions.

♦ **Changes to Medicaid eligibility file (SSNI)**. To correct Medicaid data for current and past months, including coverage codes, or to add months for which a client was eligible for Medicaid, send form 470-0397, *Request for Special Update*, to Quality Assurance. See 6-Appendix, Request for Special Update, Form 470-0397.

♦ Certain updates to **electronic benefit transfer records**. (See 14-J, *EPPIC™ ELECTRONIC BENEFITS TRANSFER SYSTEM*.)

♦ **Premium payments** for Medicaid for employed people with disabilities.

♦ Certain updates to **managed health care cases**.

♦ Certain updates to the **facility systems**.

♦ **Refund issuance** for Medicaid for employed people with disabilities cases.

Returned Warrants

Warrants that the Postal Service finds undeliverable are usually returned to Quality Assurance. (In certain counties, the Postal Service returns them directly to the local office.)

Quality Assurance checks the ABC system to determine if a new address has been entered. If so, the warrant is immediately remailed to the new address unless it is an out of state. Warrants are not mailed to an out-of-state address unless the IM worker either specifies this in TD01 INFO field or sends an e-mail to Quality Assurance. Please note in month and year of the warrant to be remailed.

When the address is not different from that on the warrant, Quality Assurance sends a message to the worker indicating that the warrant has been returned. The worker needs to determine the client's status.

♦ When the warrant is to be remailed to the **same** address, call or send a memo to Quality Assurance.

♦ When the mailing address has changed, enter the new address into the ABC system immediately. Quality Assurance checks each morning for address changes on returned warrants. A new address will result in the warrant being remailed.

Quality Assurance will not send a warrant to a different address based on a phone call or memo. The address must be on the system. Quality Assurance staff confirm phone calls or letters from recipients regarding warrants with the worker before acting on warrants.

Missing Warrants

Do not attempt contact with Quality Assurance regarding the whereabouts of unreceived warrants until the **seventh working day** after scheduled mailing of the warrant. EXCEPTION: When there is definite evidence that the warrant has been stolen, make "Stop Payment" requests immediately.

When contacting Quality Assurance about a missing warrant, specify whether it is a monthly or daily issuance. "Monthly" means a warrant authorized before cutoff date for the following month. "Daily" means a warrant authorized for immediate payment before cutoff date for the following month.

NOTE: Entries for warrants (new approvals and reinstatements) after cutoff for the next month are not issued immediately, but are held to be released for printing the first working day of the next month and mailed the second working day of the month. For a daily issuance, give Quality Assurance the date of the corresponding *Notice of Decision*.

Only the Department of Revenue can issue duplicate or replacement warrants. See 23-E, *ISSUANCE OF DUPLICATE OR REPLACEMENT WARRANTS*, for more information on the procedures to follow when a warrant is reported lost or stolen.

"Pulled" Warrants

Quality Assurance will "pull" a warrant for foster care maintenance cases after cutoff based on a phone call up until noon of the first working day of the month.

FIP and other income maintenance warrants are not "pulled" after cutoff except upon authorization from the Division of Field Operations Support. This authorization is granted only in emergencies or when it is established that policy was followed but due to administrative error or computer malfunction, an incorrect warrant is being issued.

System-Generated Forms

The following forms are generated by ABC system processes. See 6-Appendix for sample forms and detailed instructions.

Lost Form Request, 470-0272

When certain system-generated forms are not received or are received and misplaced, it is possible to obtain replacements. A replacement document has the sequence number of the last document.

Use form 470-0272, *Lost Form Request*, to request replacement forms from the
MMIS Medically Needy subsystem. If screens LF01 and IEV2 are not available, you
can also use this form to request forms from:

♦ The Income and Eligibility Verification System (IEVS).
♦ The ABC system.

Medicaid Review, 470-3118 or 470-3118(S)

The ABC system generates form 470-3118 or 470-3118(S), *Medicaid Review*, for
review or recertification of SSI-related Medicaid, Medically Needy with zero
spenddown, or State Supplementary Assistance. The forms are system-generated
on cases in designated aid types that have reviews due the following month.

The forms are mailed the day following timely notice and have a due date of ten
days after the mailing date. The ABC system displays code "S" in the ADULT MED
SENT field on the BH01 screen to indicate that a form was sent. The system
automatically removes the "S" code after timely notice the following month (the
month the review was due.)

You may also prompt the system to issue the form or issue it manually. The form
contains instructions for completion and informs clients of their rights and
responsibilities. For samples and instructions, see 6-Appendix, *Medicaid Review,
Form 470-3118, 470-3118(S), 470-3118(M), or 470-3118(MS)*.

Notice of Automatic Computer Action or Posting, 470-0273

The ABC system sometimes generates form 470-0273, *Notice of Automatic
Computer Action or Posting*, when the system modifies case information or
processing without an entry from the worker. Retention information is printed on
the bottom of the form. The form may have child support or Food Assistance
information.

Notice of Decision, 470-0485 or 470-0485(S)

The ABC system generates form 470-0485 or 470-0485(S), *Notice of Decision*, to
approve, deny, change, cancel, or reinstate assistance. The system-generated
version is a laser-printed document completed from the ABC database. The
completed form contains the heading and title, address, notice language, and
appeal rights.

See Automated Notices for more information about how the notice is generated
and its contents. For samples and instructions, see 6-Appendix, Notice of
Decision, Form 470-0485, 470-0485(S), 470-0486 or 470-0486(S).

Review/Recertification Eligibility Document, 470-2881 or 470-2881(S)

The ABC system generates form 470-2881 or 470-2881(S), *Review/Recertification
Eligibility Document* (RRED), for use as:

♦ An application for subsequent certification for Food Assistance, and
♦ The review document for participants of FIP, Refugee Cash Assistance, and
   FMAP-related Medicaid.

You may also prompt the system to issue the form or issue it manually. The form
contains instructions for completion and informs clients of their rights and
responsibilities. For samples and instructions, see 6-Appendix,
Review/Recertification Eligibility Document, Form 470-2881, 470-2881(S),
470-2881(M), or 470-2881(MS).

Transitional Medicaid Notice of Decision/Quarterly Income Report, 470-2663 or 470-2663(S)

The ABC system generates form 470-2663 or 470-2663(S), *Transitional Medicaid
Notice of Decision/Quarterly Income Report*, for use by transitional Medicaid
participants to report, eligibility factors required to be reviewed on a quarterly
basis. It also transmits the appropriate message regarding the participant's
continued transitional Medicaid eligibility.

The form is generated after ABC cutoff for all active transitional Medicaid cases in
the third, sixth, and ninth months of transitional Medicaid benefits.

The system can also issue the form at other times in the month when entries are
made to request an out-of-cycle issuance. This may be done only in the fourth,
seventh, and tenth months of transitional Medicaid benefits and only for the
current reporting period.

For samples and instructions, see 6-Appendix, Transitional Medicaid Notice of
Decision/Quarterly Income Report, Form 470-2663, 470-2663(S), and
470-2663(MS).

System-Generated Reports

The ABC system regularly generates computer printouts. If you receive a report that belongs to another county, **do not throw it away**. Forward it to that county.

The program name abbreviations are the same on all the reports:

CCA   Child Care Assistance
FS   Food Assistance
FIP   Family Investment Program
FCA   Foster care or subsidized adoption
FAC   Facility, State Supplementary Assistance, Waiver
MED   Medicaid
MEPD Premium reviews

Explanation of the reports is divided into three groups:

♦ Caseload management reports
♦ Food Assistance reports
♦ Other reports

Caseload Management Reports

The system generates the following reports for use by workers, supervisors, and administrators.

S470C398-A, CCA Warrant Report

The monthly Child Care Assistance *CCA Warrant Report*, S470C398-A, identifies state child care payments issued for the current month and the previous month. The report runs on the last working day of the month and includes only Food Assistance, FIP, and Medicaid cases that have a recertification or review due in the next month.

Use this report when processing recertifications and revisions. The report contains: the report month and year, supervisor's number (e.g. CMA0), county number, worker number (e.g. CMA1), case number, case name, CCA payee state identification number, warrant amount, and mailing date. Consider the benefit amounts on this report as verified income.

```
REPORT ID: S470C398 – A          IOWA DEPARTMENT OF HUMAN SERVICES          PAGE:  ZZZ,ZZZ9
                                 CCA WARRANT REPORT
                       ABC REPORT MONTH XXXXXXXXXX, 9999        DATE: 99/99/9999
          THIS PRINTOUT CONTAINS A LIST OF STATE CCA WARRANTS MAILED DURING THE PAST 2 CALENDAR MONTHS.

          THIS LIST IS BEING PROVIDED TO ASSIST THE IM WORKER RESPONSIBLE FOR THE INDIVIDUAL'S CASE, AND
          FOR THE SUPERVISOR FOR CASE READING PURPOSES, TO ASSURE STATE CCA WARRANT INCOME IS CONSIDERED.

SUPERVISOR: XXX  COUNTY: XX  WORKER: XXXX


                                CCA PAYEE
CASE NUMBER    CASE NAME              STATE ID    AMOUNT   MAILED DATE
------------- -------------------------- -------- ---------- -----------
XXXXX–XX–X–X  XXXXXXXXXXXXXXX XXXXXXXXXX  XXXXXXX  ZZZ,ZZ9.99  99/99/9999
XXXXX–XX–X–X  XXXXXXXXXXXXXXX XXXXXXXXXX  XXXXXXX  ZZZ,ZZ9.99  99/99/9999
XXXXX–XX–X–X  XXXXXXXXXXXXXXX XXXXXXXXXX  XXXXXXX  ZZZ,ZZ9.99  99/99/9999


XXXXX–XX–X–X  XXXXXXXXXXXXXXX XXXXXXXXXX  XXXXXXX  ZZZ,ZZ9.99  99/99/9999
```

S470C607-A, Review/Recertification Due

The "607 report" is a monthly list of recertifications and reviews required on active or suspended programs in the next two calendar months after ABC cutoff. Cases automatically canceled at ABC cutoff due to expiration of a Medically Needy certification period are listed at the end of each report.

Recertifications and reviews for program reinstatements after ABC cutoff are not included, so these must be handled manually. MEPD reviews also are not listed.

This report can be used for:

♦ Scheduling of reviews.

♦ Local office mailing of facility, foster care, or subsidized adoption review documents. (*Review/Recertification Eligibility Documents* and *Medicaid Reviews* are mailed automatically from central office just before the month in which the recertification or review is due.)

♦ Selecting Medically Needy cases for transfer to closed record filing, as determined by the local office.

The report is available on the Mainframe Reporting Viewer web site at: http://intra/mfr/mfr.aspx.

The data on the report are, from left to right, below the heading: aid type, case last name above case number, case first name above phone number, case middle initial, address line 1, payee (for facility cases only), address line 2, city, state abbreviation, five-digit zip code, and program review information.

Program review information includes a program name abbreviation, the corresponding active or suspended program status code, the month in which the recertification or review is due, and a "current" or "next" month designation for the action that is due.

"Current" and "next" refer to the system months immediately after ABC cutoff. For Medically Needy certification cases, the designation in the status column is "expired."

S470C607-A, Report 617 MEPD Premium Reviews

The "617 report" is a monthly list of active cases with a review due for MEPD. Cases canceled as of ABC cutoff do not appear on the list and must be manually handled.

The date on the report are from left to right, below the heading: aid type, case last name above case number, case first name above phone number, case middle initial, address line 1, payee (if applicable), address line 2, city, state abbreviation, five-digit zip code and program review information.

The program review information includes a program name abbreviation, the corresponding active or suspended program status code, the monthly reporting code, the last month of the annual premium period, and a "current" or "next' month designation for the action that is due.

"Current" and "next" refer to the last month of a premium period. Cases needing review for MEPD appear as "current" on the list after cutoff of the eleventh month of the current premium period.

In order for correct premium information to be on the billing system and a correct billing statement to be mailed, MEPD reviews must be completed and the new premium amount entered on the system by cutoff of the twelfth month of the current premium period.

When entering the new premium period on TD05, be certain to begin the new premium period (LAST REV on TD05) with the month following the month listed as "current." Add eleven months to determine the last month of the new premium period (enter in NEXT REV on TD05).

S470C608, Monthly Eligibility Case List

The "608 report" is a monthly list of all ABC cases with any active, pending or suspended programs as of the end of the calendar month.

The data on the report are, from left to right below the heading: case last name, case first name, case middle initial, case number, aid type and program information. This program information includes a program name abbreviation, and the corresponding active, pending or suspended program status code. When a program status is pended, application dates are printed under "Pending Since."

Health coverage code data are printed for facility cases when the code indicates private health insurance. The remaining individual data, printed for people who are active, pending, or suspended in at least one program, are:

♦ Client participation
♦ Health coverage code
♦ State ID number
♦ The first name
♦ The last name
♦ The five individual program status codes:
  • "F" for Food Assistance
  • "A" for FIP or Refugee Cash Assistance
  • "M" for Medicaid
  • "FA" for facility
  • "FC" for foster care or subsidized adoption

For people enrolled for alternate delivery of Medicaid, the applicable provider code is listed under "HMO."

The hard copy report is issued only to the caseworker. Keep only the most current copy.

Example of report 470C608:

```
470C608              IOWA DEPARTMENT OF HUMAN SERVICES       RUN DATE     MM/DD/YY
REPORT 608           MONTHLY ELIGIBILITY CASE LIST FOR       PAGE         1 OF COUNTY XX
                           COUNTY OF                         PAGE         1 OF WORKER XXXX
                                                             PAGE         2


CASE NAME   CASE NUMBER AID    CTL  PROGRAM  OVER  PENDING    HLTH   INDIVIDUAL           STATUS
                        TYPE   C/O  ST       DUE   SINCE  CP  COVG   STATE ID FIRST LAST  F A M FA FC HMO
XXXX XXXXXXX  XXXXX-XX-X-X XX-X  XX X                          X   XXXX XXXXXXXX  XXXXX XXXX  X X X XX XX XXX

        FOOD STAMP:  XXX.XX    WARRANTS M & N:    XXX.XX    WARRANTS Z:    XXXX.XX
```

470C609, Monthly Eligibility Management Report

The "609 report" is a comprehensive monthly summary of work completed in the last month and caseload demographics for the coming month. The report is produced at the end of each calendar month for caseworkers, units, offices, counties, and the state.

The letter which follows "470C609" indicates the content and distribution: "A" for worker, "B" for unit, "C" for office, "D" for county and state. The reports are available using the Mainframe Reporting Viewer web site at: http://intra/mfr/mfr.aspx:

The report is divided to include both unduplicated and duplicated case counts.

♦ In the unduplicated part, a case counts in only one program category according to the hierarchy of the programs, in order from left to right.

♦ In the duplicated part, a case counts in each applicable program category.

♦ Medicaid that accompanies FIP, facility, foster care, or subsidized adoption eligibility is not counted in either part.

The column headings refer to ABC program line data, as follows:

♦ FIP data are from the FIP section on TD02.

♦ Facility data are from facility fields on TD05.

♦ Food Assistance data are from the Food Assistance section on TD02.

♦ Foster care data are from TD04.

♦ Medical data are from TD05 medical data on Medicaid not received in conjunction with FIP, facility, foster care, or subsidized adoption eligibility.

Example of report 470C609:

470-C609-A-D	IOWA DEPARTMENT OF HUMAN SERVICES	RUN DATE	XX/XX/XX
REPORT 609	MONTHLY ELIGIBILITY MANAGEMENT REPORT FOR XXXXX	PAGE	1
XXXXX COUNTY AREA OFFICE	COUNTY OF	COUNTY/WKR /XXXX SERVICE AREA X	

UNDUPLICATEDDUPLICATED (EXCLUDING MEDICAL) **

	TOTAL	FIP	FACILITY	FOSTER CARE	MEDICAL	FOOD STAMP*	FIP	FACILITY	FOSTER CARE	MEDICAL	FOOD STAMP
CASE INFORMATION						*					
TOTAL CASES						*					
FIP						*					
FIP, RRP						*					
FIP-UP						*					
FIP-UP, RRP						*					
FIP MEDICAL						*					
FIP, RRP MEDICAL						*					
FIP-UP MEDICAL						*					
FIP-UP, RRP MED						*					
RRP						*					
SSI						*					
ICF, RECEIVE SSI						*					
ICF, SSI IF HOME						*					
ICF, 300% GROUP						*					
MHI						*					
RCF						*					
MEDICALLY NEEDY						*					
IHHRC						*					
SNF						*					
HOSPITAL						*					
FOOD STAMP (09)						*					
QMB						*					
MAC						*					
MAC, RRP						*					
IowaCare						*					
MIYA						*					
Kids with Special Needs						*					
OTHER						*					
PENDING CASES						*					
TOTAL CASES						*					
ACTIVE FOOD STAMP						*					
ACTIVE MEDICAL						*					
SUSPENDED CASES						*					
WORK DUE						*					
RV/RC DUE THIS MO						*					
RV/RC OVERDUE						*					
WORK DONE LAST MONTH						*					
RV/RC COMPLETED						*					
APPLICATIONS						*					
APPROVALS						*					
REINSTATEMENTS						*					
REOPENS						*					
DENIALS						*					
NON-RRED CANCELS						*					
RRED CANCELS						*					
EXPIRATION OF CERT						*					

The rows under "Case Information" total the active cases according to aid type.

The aid types included each subheading are:

FIP	30-0, 30-2, 30-4, 32-8
FIP, RRP	31-0, 31-4
FIP-UP	33-8, 35-0
FIP-UP, RRP	31-5
FIP Medical	30-M, 30-8, 34-1, 37-A, 37-0, 37-1, 37-2, 37-3, 37-7, 38-0, 39-0
FIP, RRP Medical	31-A, 31-C, 31-1, 31-2, 31-6, 31-7, 37-4, 38-1
FIP-UP Medical	34-2, 35-8, 37-B, 37-5
FIP-UP, RRP Med	31-B, 31-D, 31-8, 31-9
RRP	06-0, 06-1, 06-2, 06-3
SSI	10-M, 10-0, 14-0, 14-2, 14-3, 14-4, 14-6, 20-M, 20-0, 24-2, 24-3, 24-4, 24-5, 24-6, 50-0, 54-6, 60-M, 60-0, 64-0, 64-2, 64-3, 64-4, 64-4, 64-6
ICF, receive SSI	13-1, 23-1, 53-1, 63-1, 63-3, 63-8
ICF, SSI if home	13-0, 23-0, 53-0, 63-0, 63-2, 63-7
ICF, 300% group	13-6, 23-6, 63-6, 73-2, 73-3
MHI	13-7, 13-8, 37-7, 73-5
RCF	13-4, 13-5, 23-4, 23-5, 53-4, 53-5, 63-4, 63-5
Medically Needy	37-E, 37-F
IHHRC	14-1, 24-1, 64-1
SNF	73-1
Hospital	73-4
Food Assistance	09-0, 09-1
QMB	90-0, 90-1, 90-2
MAC	92-0
MAC, RRP	91-0
Iowa Cares	60-E, 60-P
MIYA	37-6
Kids with Special Needs	64-7

The rows under "Pending Cases" show the number of cases with programs in pended status within the column program categories and then list the numbers of those cases also active for Food Assistance or Medicaid.

The "Suspended Cases" row shows the numbers of suspended cases in the column program categories.

The "Work Due" rows show the numbers of cases with next review dates (where DHS reviews are required by policy) and Food Assistance END CERT dates equal to the new current month and reviews overdue from the last months.

The "Work Done Last Month" rows show the number of cases according to certain criteria. All completed application, reinstatement, and review or recertification activity is counted.

Other activity is counted according to the priority reflected by the descending number order of the rows.

When the priority condition is met, a case is included in this row:	if:
1. RV/RC completed	A new last review or Food Assistance certification was entered when the program action was not an approval or reopening.
2. Applications	A program was pended, approved or denied
3. Approvals	A program application was approved.
4. Reinstatements	Entry reason B was used to reinstate a program.
5. Reopens	A program was reopened with entry reason C and status C.

When the priority condition is met, a case is included in this row:	if:
6. Denials	A program was denied due to worker entry or for failure to file a complete report form.
7. Non-RRED cancels	A program was canceled or sanctioned and the reason code was not 086 or 087.
8. RRED cancels	A program was canceled and the reason code was 610.
9. Expiration of cert	A program was canceled and the reason code was 086, 087, or 089.
For other case counts, a case is included in this row:	**if:**
Stepparent	FIP is active on TD02, and any person on the program has an individual status code H.
Farmers on FS	Food Assistance is active on TD02 and the FSI code is 1.
Elderly/Dsld FS	Food Assistance is active on TD02 and the FST code is N.
Income	Any active, pended, suspended, or considered person has BCW income.

Cases are counted for the types of income listed in the rows below the "Income" row when BCW coding corresponds to the type of income described.

S470D649, Applications Pending

The unit version of the "Applications Pending" report (S470D649-A) includes these data, from left to right: case name, aid type, case number, the programs for which an application is pending, the entry reason used to record the application as pending, the date of application, the "range of days pended" category in which the application is classified, and the worker number.

The service area version (S470D649-B) reports the number of applications pended for each "range of days pended" category, by program and aid type.

Keep only the most current unit version.

S470D649-A	COUNTY OF XXXXXXXXXX				AS OF DATE MM/DD/YY		
	APPLICATIONS PENDING				SERVICE AREA 7		
					PAGE 1 UNIT CMA PAGE 1		
CASE NAME	AID TYPE	CASE NUMBER	PROGRAM	APPLICATION DATE	DAYS PENDING	WORKER
XXXXXXXXX XXXXX X	XXX	XXXXXX XX XX	XXXXXXX	XX XX XX	XX	XXXX

S470C421, Worker Action Report

The Worker Action Report is produced on-line after each ABC update and on paper at month-end. It contains information that may require worker actions. Worker Action Report messages are accompanied by a three-digit code. This code can be used to locate more information in 14-B-Appendix.

Month-end processing produces system-generated tickler or reminder messages. The messages and the criteria for their production are listed in 14-B-Appendix.

Date-specific, worker-entered tickler messages are printed on the Worker Action Report for the date which corresponds to the due date requested by the worker. Quality Assurance staff use the tickler system to document ABC central office entries or to request an action by the worker.

Keep documentation of the message until all appropriate worker actions have been completed.

Title 14: Management Information
Chapter B: Automated Benefit Calculation System
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System-Generated Reports
Caseload Management Reports

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┌─────────────────────────────────────────────────────────────────────┐
│  S470C421            IOWA DEPARTMENT OF HUMAN SERVICES   DALY   PAGE   │
│                                                                 1     │
│  REPORT ABC WAR         WORKER ACTION REPORT                  DATE    │
│                                                                MM/DD/YY│
│                                                                       │
│                                                                 MSG   │
│  CASE                                                          CODE    │
│  NUMBER              NAME            ORGIN    DATE ENTERED  MESSAGE XXX │
│  XXXXX-XX-X-X    XXXXXXXXX   XXXXX  X    XX XXXXXX XXXX                 │
└─────────────────────────────────────────────────────────────────────┘
```

S470C460-A, Nonfatal Error Summary for Supervisors

The ABC system generates the "Nonfatal Error Summary for Supervisors" report weekly. It contains information on all cases that have had an uncorrected nonfatal error.

Nonfatal errors are displayed on the Worker Action Report screens until the case is corrected, the error is deleted, or a five-day period has passed, whichever is first. The cases with non-fatal errors are then listed on this report for supervisory information and follow-up. Keep the most recent report.

The data on this report are, from left to right, below the headings: case number, a delete column which displays a "D" in the row if the error was deleted, identifying information, field description, data entered, the message code, the severity of the error, the error date, and the user ID. Information on errors is found in 14-B-Appendix.

S470C460-B, Fatal Error Summary for Supervisors

The ABC system generates the *Fatal Error Summary for Supervisors* weekly. It contains information on all cases that have an uncorrected fatal error.

Fatal errors continue to be displayed on the Worker Action Report screens until deleted or corrected. The cases with remaining and deleted fatal errors in a five-day period are listed on this report for supervisory review. Keep the most recent report.

The data on this report are, from left to right, below the headings: case number, a delete column which displays a "D" in the row if the error was deleted, identifying information, field description, data entered, the message code, the severity of the error, the error date, and the user ID. Information on errors is found in 14-B-Appendix.

S470C467-A, Transactions Over Two Weeks Old

The ABC system generates report S470C467-A weekly for supervisors. It contains information on all cases that have had unsuccessful entries made into the system beginning at least two weeks previously. Supervisors can use this report to monitor workers that are having difficulty with successful updates to the ABC system.

The data on this report are, from left to right, below the headings: case number, types of transaction, state ID number if applicable, benefit month for benefit calculation, program identifier for benefit calculation, worker number assigned to case, entry date, worker number during the entries, and the last date an entry was made on the transaction. Keep the most recent report.

S470D435-A, Case Workers by County Within Service Area

The ABC system generates report S470D435-A monthly for supervisors. It lists the worker numbers included in the WKER system table. The numbers of all staff with worker numbers assigned for casework and all staff with user ID numbers must be in the WKER system to be valid. See 14-B(4) for more information.

The data on this report are, from left to right, below the headings: worker ID (worker number), worker name, supervisor name, effective date of worker number assignment, worker phone number, and ABC update.

If the word "yes" appears in the row under "ABC update," the worker is authorized to make entries to update the ABC system. If the word "no" appears in the row under "ABC update," the worker is not authorized to make entries but can view ABC data. Keep the most recent report.

S470D435	IOWA DEPARTMENT OF HUMAN SERVICES				PAGE No 1
	CASE WORKERS BY COUNTY WITHIN SERVICE AREA			PROCESS DATE MM/DD/YY	
WORKER ID	WORKER NAME	SUPERVISOR NAME	EFFECTIVE DATE	WORKER PHONE NUMBER	ABC UPDATE
XXXX	XXXXXXXXX XXXXX X	XXXXXXXXX XXXXX X	XX XX XX	XXX XXX XXXX	XXX

Food Assistance Reports

With the exception of J470F505C, *Daily Food Stamp Issue Register*, and
J470F517C, *Monthly Food Stamp Issue Register*, keep all Food Assistance reports
in this section until the Division of Fiscal Management advises you that they can be
destroyed. This notice is issued periodically through a circular letter.

J470F505C, Daily Food Stamp Issue Register

The *Daily Food Stamp Issue Register* lists all cases that have been issued
Food Assistance in the daily processing. It is used for reference purposes,
such as determining if benefits were issued to a household. It is produced
daily.

Microfiche is retained for 25 years and is available electronically for central
office staff. Central office staff can contact the Division of Data
Management's Quality Assurance Unit for access.

J470F517C, Monthly Food Stamp Issue Register

The *Monthly Food Stamp Issue Register* lists all ongoing certified cases that
have been issued Food Assistance in the monthly processing. It is used for
reference purposes and is produced in county number order arranged
alphabetically.

Microfiche is retained for 25 years and is available electronically for central
office staff. Central office staff can contact the Division of Data
Management's Quality Assurance Unit for access.

S470F562, Food Stamp Participation Report (FNS-256)

The "Food Stamp Participation Report" provides a count of the number of
people and households participating in the Food Assistance Program in a
month and the total benefits issued. The report is used in compiling the
monthly FNS-256 report.

The report has three parts all with similar format. Part A shows data for
counties. Part B shows data for areas. Part C shows statewide total data.
Records are selected from the food stamp history file, which contains a record
for each issuance of Food Assistance. The records are selected based on
issue date, not effective date.

For example, the report for April shows counts based on:

♦ Daily issuance with 4/1 through 4/30 entered on the system as issue date. Processing is delayed until the fifth working day of the following month to allow for late entries.

♦ Monthly issuance for April that is initiated by March month-end processing.

Number of Households is the total number of cases with an issuance of benefits based on these criteria. Aid type will be determined by the first issuance of the month.

Number of Persons is the accumulated value of the household size for the cases selected. The household size is determined by the first issuance of the month.

Public Assistance vs. Non-Public Assistance: The aid type on the case determines whether it is considered PA or non-PA. FIP cases are counted under the "Public Assistance" column. All other cases are counted under the "Non-Public Assistance" column. Non-PA cases are divided between Food Assistance-only cases and all others, to help identify people receiving only Food Assistance.

Total Value of Coupons: The value of all Food Assistance issued during the month is accumulated and shown on this line for the records counted in the column.

Total Poverty Population is a constant figure based on the Federal Register.

Percent Participating is the comparison between the total number of persons shown on the report and the total poverty population. The figure is rounded to the nearest percent.

S470F529, Multiple Food Stamp Authorizations Control Report

The ABC system generates report S470F529, "*Multiple Food Stamp Authorizations Control Report*," on the fifth working day of the month. The IM worker in the local office, Quality Assurance, and the designee in the Division of Fiscal Management receive a copy of the report.

This report identifies Food Assistance households that have been issued potentially invalid combinations of multiple issuances with the same effective date. Each household is listed on a separate printout page.

The IM worker shall reconciles all issuances listed on the report and take appropriate action before the first working day of the following month, as follows

♦ Review each household listed to determine whether an overissuance occurred.

♦ Mark the applicable preprinted response and sign the report.

♦ If an overissuance **did** occur, establish a claim.

♦ If an over-issuance **did not** occur, explain why multiple issuances were recorded.

♦ Upon completion of the report, send the report to the Division of Fiscal Management, Bureau of Purchasing, Payments and Receipts.

Example of report S470F529:

```
S470F529                          STATE OF IOWA                          DATE OF RUN
                        MULTIPLE FOOD STAMP AUTHORIZATIONS                 XX/XX/XX
                                 CONTROL REPORT                           PAGE NO.
                                 MONTH OF     XX/XX


   REGION XX    COUNTY   XX      WORKER     XXXX

CASE                  NAME & ADDRESS        PREVIOUS   ISSUE    EFF.    CONTROL   ISSUE   STAMP    EBT
NUMBER            (MOST CURRENT ADDRESS)    CTY  WRKR  DATE     DATE    NUMBER    CODE    AMOUNT   IND
XXXXXX-XX-X                                 XX   XXXX  XX/XX/XX XX/XX   XXXXXX    XXXX    XXX.XX    X


❏ CLAIM HAS BEEN ESTABLISHED AND A COPY OF THE PA-2228-0, OVERPAYMENT/ RECOUPMENT INFORMATION INPUT, IS
   ATTACHED:_____


   _____

❏ CLAIM HAS NOT AND WILL NOT BE ESTABLISHED FOR THE FOLLOWING REASON:_____


   _____

   SIGNATURE OF PERSON FILLING OUT FORM _____
```

Other Reports

S470D124---A, Human Services Daily Claim Register

A "*Human Services Daily Claim Registe*r" lists all the authorized warrants for immediate issuance, such as new approvals and special allowances.

S470D133---Q, Human Services Monthly Register

The "*Human Services Monthly Register*" includes all warrants to be issued on a monthly basis through the ABC System. Included are FIP, Refugee Cash Assistance, foster care maintenance, and State Supplementary Assistance warrants.

Example of report S470D124-A:

S470D124- - -A REPORT CDS315	DM SEC	STATE OF IOWA HUMAN SERVICES DAILY CLAIM REGISTER		PROCESS DATE	MM/DD/YY PAGE 1
	AID	WARRANT AMOUNT	CANCEL AMOUNT	NO OF CASES	NO OF WARRANTS
	06	XXXXX.XX	.00	XXXX	XXX
	30	XXXXX.XX	.00	XXXX	XXX
	35	XXXXX.XX	.00	XXXX	XXX
		XXXXX.XX	.00	XXXX	XXX
	80	XXXXX.XX	.00	XXXX	XXX
TOTAL		XXXXX.XX	.00	XXXX	XXX

S470D781---A, Refugee Aid-Type Detail Listing

The "Refugee Aid Type Detail Listing" lists all refugees receiving a cash grant or medical assistance under an RRP aid type. Keep the most current list.

S474M227 (M227R001A), Medical Eligibility

The "Medical Eligibility" report lists all cases in the county eligible for Medicaid. It includes information on health coverage and medical eligibility for the previous 24 months. Keep the most current list. One paper copy is distributed to the Division of Data Management's Quality Assurance Unit and to state records.

Example of report S474M227:

S474M227	IOWA DEPARTMENT OF HUMAN SERVICES	PAGE NO.
M227R001	MEDICAID MANAGEMENT INFORMATION SYSTEM	RUN DATE MM/DD/YY
AS OF MM/DD/YY	MEDICAL ELIGIBILITY REPORT FOR	COUNTY XX

```
LAST    FIRST  SEX  BIRTH    SDS     - CDS NUMBER -   DATE    HEALTH JA FB MR AP MY JN JL AG SP CC NV DC  WORKER
NAME    NAME        DATE    NUMBER  CASE FBU PER    BEGIN     INS  XX XX XX XX XX XX XX XX XX XX XX XX  CO  NO
                                                     END          XX XX XX XX XX XX XX XX XX XX XX XX  XX XXXX


XXXXX  XXXXXX  X  XMM/DD/YY  XXXXXXXX  XXXXX XXX XX XX  MM/DD/YY XXXX
XX       -
```

J470D177, Active Recipients Without Social Security Numbers

The report "Active Recipients Without Social Security Numbers" lists the quarterly report of persons or cases that need to be checked for social security numbers. The report shows current data and is not intended to track from quarter to quarter. Keep the most current list. The report is generated as follows:

♦   J470D177--A is for the income maintenance (IM) worker.
♦   J470D177--B is for the IM supervisor.
♦   J470D177--C is for the service area.
♦   J470D177--D is for the Division of Field Operations.

Example of the area report, J470D177--C:

```
J470D177                IOWA DEPARTMENT OF HUMAN SERVICES                PAGE
              ACTIVE RECIPIENTS WITHOUT SOCIAL SECURITY NUMBERS, AS OF MM/DD/YY
                                   AREA COPY
              * IF THE ROW INCLUDES A NWBN CODE, CHECK IF THE CHILD IS ALMOST A YEAR OLD

   AREA X   CO XX



                                           FS       FIP       MEDICAL
WKR  CLIENT NAME   STATE ID  CASE NUMBER  ST DATE  ST DATE   ST DATE  FUND NWBN   CIT   BIRTHDATE
```