

# Adult Public Assistance & Aged/Disabled Medicaid

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ELIGIBILITY TECHNICIAN GUIDE

Division of Public Assistance

STATE OF ALASKA | DEPARTMENT OF HEALTH

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## INTRODUCTION

Welcome to the APA and ADLTC “How To” Guide!

This handy resource is here to assist Eligibility Technicians alongside our policy manuals with navigating the unique processes of Adult Public Assistance and ADLTC-related Medicaid.

Feel free to explore the guide using the Table of Contents. We've also included a "Return to Table of Contents" link at the bottom of every page for your convenience.

[Return to Table of Contents](#)

If there are any processes you would like added to this guide or any suggestions, please reach out to us at [hss.dpa.sw.training.liaisons@alaska.gov](mailto:hss.dpa.sw.training.liaisons@alaska.gov).



# TECHNOLOGY TIPS

*This section is dedicated to helping staff navigate and understand EIS functions. They are in no specific order.*

```

EIS CLIR                CLIENT INQUIRY/REGISTRATION MENU                050323 15:18
                                                                    ELIGIBILITY T

1.  INQUIRE ON PERSON
2.  CREATE AND SAVE CLIENT FOR REGISTRATION
3.  REGISTER APPLICATION WITH EXISTING CASE NUMBER
4.  REGISTER APPLICATION WITH NEW CASE NUMBER
5.  DELETE PREVIOUSLY SAVED PERSONS

      FUNCTION: 3

INQUIRE BY CLIENT DATA:

SURNAME      : _____ ( * )
GIVEN NAME   : _____ ( * ) Remove '*' for direct
MIDDLE INITIAL: _____ name matches
DOB (MMDDYYYY): _____
SSN          : _____
SEX          : _____

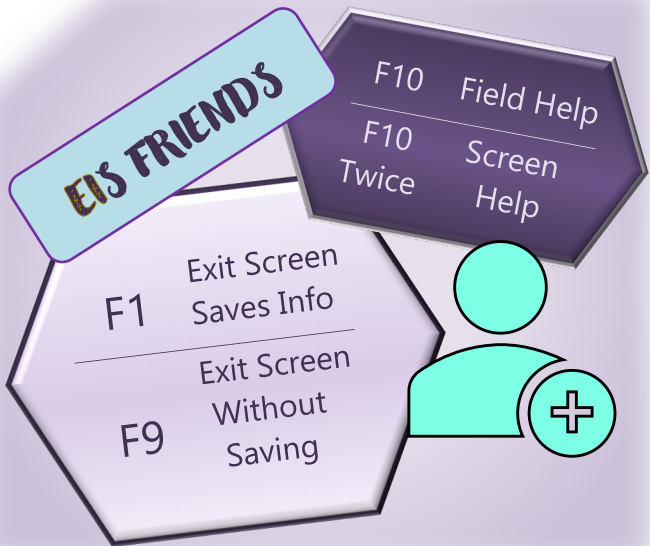
ENTER EXISTING CASE NUMBER (FOR FUNCTION 3) : _____
ENTER OFFICE, UNIT, AND CASELOAD NUMBER (FOR FUNCTION 4): _____
    
```

### Quick Registration How To

Quick Registrations are completed when:

1. A case has been closed less than 5 months
2. All household members are the same

Start on the CLIR screen, but instead of inquiring on everyone in the home, choose option '3' and enter the case number. This will take you to the REAP screen where you can enter the program info. All household members will already be registered.



### UPDATING AN ADDRESS?

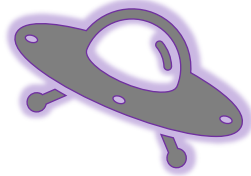
Does your APA Client have SB?

**YOU MUST UPDATE BOTH THE ADDR SCREEN AND THE GABS SCREEN ON THE SB CASE.**

Because SB are registered as a GA benefit, checks are mailed to the address on the GABS, NOT the ADDR screen.

### DEFINING THE EIS SYSTEM MONTHS

Current System Month	The month after the current calendar month. For example: In the month of May, the current system month is June.
Future Month	Any month after the current system month. For example: In May, July is a future month



# FINDING A HIDDEN, OPEN CASE IN EIS

NAME/ALIASES  
CLIENT, VALUED

PGM	CASE NBR	PART
01	ME 99000001	IN
02	AP 99000001	IN
03	<b>FS 99000001</b>	IN
04	ME 99000003	OU
05	FS 99000001	IN
06	FS 99000001	IN
07	ME 99000001	IN

<== INQUIRE  
PAGE 01 OF 06

CASE NUMBER: 99000001

PGM: FS OFF.: 083  
START: 100622 UNIT: 2  
END: CSLD: 22

REL	PART	START	END	CLIENT NAME
01	PI	IN	100622	CLIENT, VALUED
02	CH	IN	100622	CLIENT, KIDVALUED

NAME/ALIASES  
CLIENT, KIDVALUED

PGM	CASE NBR	PART
01	ME 99000003	IN
02	FS 99000001	IN
03	<b>AF 20000099</b>	IN
04	AF 20000099	IN
05	FS 99000001	IN
06	AF 20000099	IN
07	FS 99000001	IN

<== INQUIRE  
PAGE 01 OF 05

**ALWAYS** search the CLPM of everyone in the household. If a PI is coded out of an open program, you will not see it on their CLPM. Situations in which this is common are TA ANI and SSI Med Child cases. Make sure "XREF Case #" alerts are set on each case's ETAL screen. This can also help identify other cases affected by changes.



## Initializing into Future Months

Because of program changes that occur during the year that affect thousands of cases (mass change), there are months that we cannot initialize early (future months),

For the Month	Do not initialize until
January	December 1 <sup>st</sup>
July	June 1 <sup>st</sup>
October	September 1 <sup>st</sup>

*Initializing into a future month means the case will not be updated when the Mass change hits, even if the month is later deleted.*

October is likely to affect any SNAP cases attached to an APA benefit. July changes may affect ATAP cases. Be safe, just don't it.



## Can't Authorize a Case due to Mass Change?

These are the steps to follow when you have a review that can't be processed because the first month of the new cert period is in a Mass Change month that is also a future month.

1. Finish determining eligibility except for benefit amount
2. Complete a thorough CANO to include notices to send
3. Do NOT initialize to update the screens into the future month
4. Dispo as 'pended' in current for the first day of the next month (Month that precedes the future month)



Systems Support will add a message to the top of the EIS Login screen each month when the Regular Runs for Cash benefits have rolled. This helps remind staff when those next month's benefits must go out with an 'I' issuance code.

```

EISPM-I CASH/MED REG RUNS DONE, USE 'I' INDICATOR
EIS 3.1C - PHASE 2                               STATE OF ALASKA
                                                    ELIGIBILITY INFORMATION S

      EEEEEEEEEEE      IIIIIIIIIIII      SSSSSSSSSSS
      EEEEEEEEEEE      IIIIIIIIIIII      SSSSSSSSSSS
      EEE              III              SSS      SS
      EEE              III              SSSS     SS
      EEEEEEEEE      III              SSSSS
      EEEEEEEEE      III              SSSSS
      EEE              III              SSSS     SSSS
      EEE              III              SSS      SSS
      EEE              III              SS      SSS
      EEEEEEEEEEE      IIIIIIIIIIII      SSSSSSSSSSS
      EEEEEEEEEEE      IIIIIIIIIIII      SSSSSSSSSSS
  
```

### Deleting a Month for a Single Program from an EIS case

Typically, when a month needs to be deleted from EIS, this function is done on the APEM screen (option 5). But when there are multiple programs on the same case number, and you only need to delete a month for one program, you can do this on the CAMM screen.

15. DELETE MONTH FOR PROGRAM will do this. Just list the month (most recent first), program, and the case number.

```

EIS CAMM      ELIGIBILITY INFORMATION SYSTEM
               CASE MAINTENANCE MENU

1. CLIENT INQUIRY/ADD TO CASE
2. APPLICATION MAINTENANCE
3. PROGRAM/PERSON ALERTS
4. CASE RECORD CONTROL
5. MAINTAIN ADDRESS
6. REVERT PROGRAM TO OPEN
7. REVERT PROGRAM TO CLOSE
8. REGISTER RECERTIFICATION
REDETERMINATION: 9. MAINTAIN INVOLVEMENTS
10. RESOURCE/INCOME REVIEW
11. INCOME REVIEW
12. INITIALIZE BLANK MONTH
13. DELETE MONTH
14. SETUP PARTICIPATIONS
15. DELETE MONTH FOR PROGRAM

ENTER FUNCTION (BY NUMBER): 15
CASE NUMBER (FOR 2 - 15): 98675309
MONTH (FOR 10 - 15): 0523
PROGRAM TYPE (FOR 9,15): FS
BUDGETING METHOD (FOR 10,11):
NEXT-->
  
```



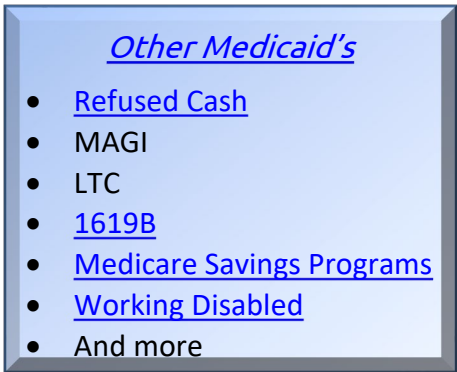
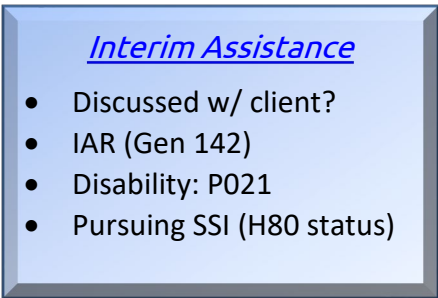
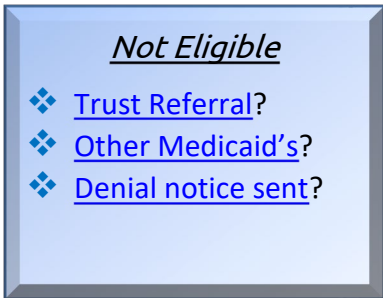
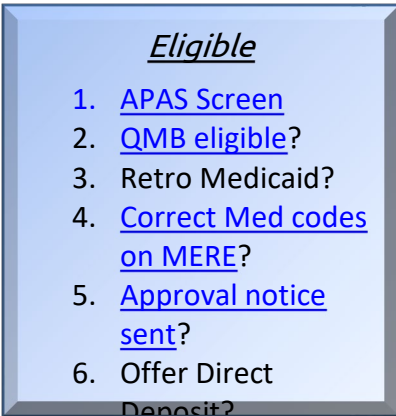
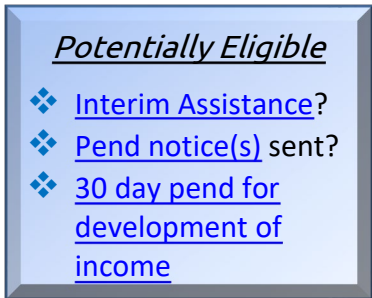
**Think of APA/MED like a happy meal.**

The Cash portion is like the box and the food, and the toy is like the Medicaid. When you order a happy meal (APA) you're going to get both the food (APA) and toy (ADLTC MED). But you can go in and just ask for the toy (MED).

So, if you register an APA in EIS, it will automatically register the MED.



### Flowchart for APA/Med Processing



**CLICK ON EACH OF THE LINKS TO BE TAKEN TO ANOTHER SECTION OF THIS DOCUMENT.**

## ALERTS ON THE ETAL

When working a case, Eligibility Technicians (ETs) should regularly check for alerts on the ETAL. They should update, take action, or delete alerts as appropriate. Refer to [Admin MS 104-5 C](#) for a list of system-generated alerts with the required actions.

## SDX ALERTS (STATE DATA EXCHANGE)

**SDX** alerts occur when Social Security makes a change on a client's case. Sometimes this is as simple as an address change. These notifications will be shown on the ETAL screen on a specific case or the ETAD screen for a specific CARC.

*Access the response on the INME screen, function #9, and input the client's ssn.*

```
INQUIRY MENU

1. PRIOR CONTACT CHECK
2. CASE PROFILE
3. ISSUANCE HISTORY MEDICAL
4. ISSUANCE HISTORY
5. BENEFIT HISTORY MEDICAL
6. BENEFIT HISTORY
7. NOTICE HISTORY SUMMARY
8. ACTION HISTORY
9. INTERFACE INQUIRY
10. INTERFACE SECURITY INQUIRY (CONTAINS FTI)
11. NATIVE TANF INQUIRY
12. SVES INFORMATION REQUEST
13. SVES INQUIRY RESPONSE
14. STATE ONLINE QUERY
15. BENDEX INQUIRY

ENTER FUNCTION (BY NUMBER):
CASE NUMBER (FOR 2 - 8):
PROGRAM TYPE (FOR 3,4,5, AND 6):
CLIENT SSN (FOR 9-11 AND 13-15):
NEXT-->
```

*The 'RECEIVED' date is the date we get the information. If an alert is generated, it will be for the same date. The 'ISSUED' date is for the month of SSI benefits the information applies to.*

SOURCE	NAME	DOB	SEX	RECEIVED	PAYMENT	ISSUED
EIS	LAST NAME, FIRST NAME	MMDDYYYY	X			
SDX	LAST NAME, FIRST NAME	MMDDYYYY	X	MMDDYY	0.00	MMDDYY

CAN: XXXXXXXXXA ALIEN: X STATUS: XXX DIS PMT: X MEDICARE CD: X  
ALIEN SPONSOR STATUS CODE: ALIEN ELIGIBILITY CODE:

## SDX CLIENT DECEASED

### MEANING

The Social Security Administration (SSA) received info of the client's passing. This is an auto-generated death notification alert.

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
<u>SDX CLIENT DECEASED</u>	<u>MMDDYY</u>		_____

**This alert cannot be used as verification of death; the death must be verified through other means.**

### What should you do?

1. Check ILINX and current <sup>TM</sup> to make sure everything turned in is being worked at once. Take action on all open cases.
2. Verify the client is deceased.
3. Update ADDR screen to show 'TO THE ESTATE OF' in Line 1 for the Mailing Address
4. Close the case with adequate notice as per [APA MS 481-1 B](#).
5. Send the appropriate "Case Closed – Deceased" notice:
  - › P419 (APA cash)
  - › M419 (Medicaid only)
  - › L419 (Senior Benefits)
6. Clean up casework
  - › CANO actions
  - › Change CARC to 9-99
  - › Clear alerts
  - › Move everything worked to Content Store
  - › Dispo case in current <sup>TM</sup>

### Ways to Verify

- INME 13/INME 14
- Obituary
- Collateral Contacts (family members, caretakers, authorized representatives, POAs, landlords, SSA, friends, etc.)
- Receipt of a Burial Application for the deceased



## SDX INELIGIBLE, WILL/HAS TERM

### MEANING

SSI has gone into non pay status until it is terminated 11 months later. Typically, the status code will be 'N01' for income.

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
<u>SDX INELIGIBLE, WILL/HAS TERM</u>	<u>MMDDYY</u>		_____

### What should you do?

#### SSI status is N01:

1. Check [SOLO](#) to see what the current pay status is.
2. Check the case notes to see if we have documentation that we already acted on this information.
3. Check the CASS to see if we are stopped counting SSI and if we have other income.
  - If 'yes' then:
    - No action is needed. Non-pay status will continue for 11 months. After that, SSI benefits will show as Terminated.
  - If 'no' then this is a change that must be acted on:

- Contact Social Security to see what income is being counted and what the client's [diary date](#) is. Document this information.
- Check for an ROC from the household on income. If none, contact the household.
- Check the [1619B list](#) to see if SSI med will continue.
- Contact source of income and verify. If unable to verify, set ongoing pend. Social Security should be able to give enough information on how much income they are counting.
- Remove SSI beginning the month after alert received, unless ending SSI is reported any earlier.
- We should have enough info to reduce or stop APA cash benefits with adverse action.
- ❖ Re-Check Med eligibility – start with APA Med income limit found in [Addendum 1](#) of the APA Manual and then Refused Cash Medicaid income limit found in [Addendum 1](#) of ADLTC Manual.
- ❖ If over income, check [1619B list](#).
- ❖ If not on list, check for eligibility in [other categories of Medicaid](#)
  - Potential [Notices](#)
    - P407 APA & ADLTC MED closed due to over income
    - P422 APA CASH closed due to over income / ADLTC MED continues
    - P701 APA CASH benefit amount changes
    - M070 FFM Referral

### SSI status is in non-pay status for reasons other than N01:

1. Check [SOLO](#) to see what the current pay status is.
2. Check the case notes to see if we have documentation that we already acted on this information.
  - If yes, then:
    - No action is needed. Non-pay status will continue for 11 months. After that, SSI benefits will show as Terminated.
  - If no, then this is a change that must be acted on:
    - Determine reason for non-pay and determine if this reason affects APA cash and Med eligibility.
    - Act accordingly per policy, keeping in mind to remove the SSI from the month following the month the alert was received (unless reported earlier) and give notice of adverse action if APA amount decreases or ends.
    - If Medicaid would end, check the 1619B list first. Then determine if client is eligible for any other category of Medicaid. Review '[Stand Alone Cases](#)' to determine if the new Medicaid should go on another case number. Make sure [Medicare Savings Program](#) continues, if appropriate.
      - Adverse action is not needed if opening a new med on a new case number, because there is no loss to benefits. Even [WDM](#) would be given adverse action from DHCS prior to be charged premiums.
  - Potential [Notices](#)
    - P407 APA & ADLTC MED closed due to over income
    - P422 APA CASH closed due to over income / ADLTC MED continues
    - P701 APA CASH benefit amount changes
    - M070 FFM Referral

**MEANING**

*These alerts indicate that SSI has been denied, ended, or moved from non-pay to terminated.*

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
SDX ELIGIBILITY TERMINATED	MMDDYY		

**What should you do?**

1. Check ILINX and current <sup>TM</sup> to make sure everything turned in is being worked at once. Take action on all open cases.
2. Check CAP2, CASS, and prior CANOs
  - a) Is SSI or RSDI currently being counted?
  - b) Did we have SSI documented as being in "non-pay" status?
  - c) Is an SSI Medicaid being received for anyone in the household?
  - d) What is the status of the open cases?
3. Check recent notices
  - a) Did we request a client be in pay status with SSI?
  - b) Did we request anything from the client?
  - c) Was case pended and pend due date is past?
4. Check interfaces
  - a) INME 13: request a new SVES (INME 12 or SSDO screen)
  - b) INME 14: What is the current status of the SSI? Is there any RSDI information that is new?
  - c) INME 15: Check for a Bendex if there is new RSDI information on INME 14

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
SDX SYSTEM GEN'D TERMINATION	MMDDYY		

5. Update case by following one of the three actions below

a) Case was pended and still need SSI in pay status?

- **APA APP:** Deny for not being in pay status
- **APA Ongoing:** Close for not being in pay status. Redetermine med eligibility.
- **IA Ongoing:** [See IA section of this document](#)

CASE NOTE TITLE: <u>APA APP DENIED: SSI NOT IN PAY STATUS</u>
<u>REC'D THE FOLLOWING ALERT: SDX ELIGIBILTIIY TERMINATED MM/DD/YYYY</u>
<u>CHECKED SOLO AND FOUND CLIENT DID NOT REFILE FOR FOR SSI BY PEND DUE DATE</u>
<u>ACTION: DENY APA - MED CONTINUES</u>

b) Case was NOT pended and need SSI in pay status?

- **APA APP:** Pend for SSI application, pursuit, and being in pay status using the P007
- **APA Ongoing:** Pend for SSI application, pursuit, and being in pay status using the P006
- **IA Ongoing:** [See IA section of this document](#)
- Pends should be 30 days

CASE NOTE TITLE: <u>EAIN ENDED / APA PENDED FOR SSI</u>
<u>REC'D ROC ON MM/DD/YY THAT (CLIENT NAME) JOB WITH MCDONALD'S ENDED. HC REC'D FROM EMPLOYER SHOWING ENDING WAGES. NOTHING CURRENT TO COUNT. ALSO REC'D THE FOLLOWING ALERT: SDX SYSTEM GEN TERMINATION MMDDYYYY</u>
<u>CHECKED SOLO - SSI ENDED REGARDING EARNINGS. WILL NEED TO PURSUE SSI.</u>
<u>ACTION: PEND</u>

**c) RSDI benefits begin**

- i. RSDI benefits usually delayed five months for disability.
- ii. Confirm client is either 65+ years old or been determined disabled/blind via contact with Social Security or award letter. Disability date on interfaces is based on client statement. Client might apply for disability, but if it is easier to get them SS ER / SS SU / SS WI, then then Social Security won't do a disability determination.
- iii. Confirm SSI in pay status was requested and still needed
  - 1. **APA APP:** Deny for not being in pay status
  - 2. **APA Ongoing:** Close for not being in pay status
  - 3. **IA Ongoing:** [See IA section of this document](#)
- iv. Confirm SSI in pay status was NOT requested and is still needed
  - 1. **APA APP:** Pend for SSI application, pursuit, and being in pay status using the P007
  - 2. **APA Ongoing:** Pend for SSI application, pursuit, and being in pay status using the P006
  - 3. **IA Ongoing:** Pend for SSI proof of appeal using the P416. Close IA at the end of the month the 30 days is due. (For example, if pend is through June 12<sup>th</sup>, close IA for June 30<sup>th</sup>). [See IA section of this document.](#)
  - 4. Pends should be 30 days
- v. Confirm SSI was approved
  - 1. **APA APP:** Approve APA following [APA MS 410-7](#)
  - 2. **APA Ongoing:** Update benefits giving adverse action if needed
  - 3. **IA Ongoing:** Convert IA to APA following [APA MS 426-7](#). [See also IA Section of this document.](#)

**6. Clean up casework**

- › CANO actions
- › Change CARC as needed
- › Clear alerts
- › Move everything worked to Content Store
- › Dispo case in current™

CASE NOTE TITLE: IA CONVERTED TO APA / RSDI APPROVED

---

REC'D THE FOLLOWING ALERT: SDX INELIGIBLE, WILL/HAS TERM MMDDYYYY

---

REC'D HC OF SSA AWARD LETTER ON MMDDYYYY AND MONTHLY BENEFITS AMOUNT IS \$XXX.XX. UNDER SSI LIMIT. CHECKED SOLQ AND SSI APPROVED BACK TO DATE OF APP. MONTHLY AMOUNT WAS \$XXX.XX UNTIL MMY, UPDATED TO \$XX.XX WHEN RSDI BEGAN

---

ACTION: <complete with info on apa & Medicaid action (approve, deny, etc)>

**SDX SUSPND/NOPAY, POSS ELIGIBLE**

**MEANING**

*SSI Benefits went from current pay to a Non-Pay or Suspended status, usually due to a lack of communication from the household.*

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
SDX SUSPND/NOPAY, POSS ELIGIBLE	MMDDYY		

**What should you do?**

These are two common SSI Suspension Reasons that are commonly seen

1. **Loss of Contact (S06) - Cash and Medicaid:**
  - Check ADDR and ADD2 and compare with SSI address in interfaces.
  - Contact the client to get their current mailing address and explain SSI suspension.
  - Suspend APA cash with adverse action using the 'S' issuance code. Send P701
    - *Note: An 'I' suspends both APA cash and Medicaid*
  - Pend the case for 30 days to be in pay status with SSI. Send N020.

## 2. New Payee Needed (S08) - Cash Benefit Only:

- Refer to the [“PAYEE”](#) section of this guide for more information.
- Compare payee information in EIS (ADDR) with SSI by checking interfaces.
- Suspend cash with adverse action using the ‘S’ issuance code. Send P701.
  - *Note: An ‘I’ suspends both APA cash and Medicaid*
- Pend the case for 30 days for new payee information and to be in pay status with SSI. Send N020.

## 3. Clean up casework

- CANO actions
- Change CARC as needed
- Clear alerts
- Move everything worked to Content Store
- Dispo case in current <sup>TM</sup>

## SDX XXX-XX-XXXX NAME ERROR

### MEANING

*The name attached to this SSN is different in EIS from what Social Security has in their system. Names must match exactly to include spaces or symbols that are part of the legal name.*

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
SDX 123456789 NAME ERROR _____	MMDDYY		_____

### . What should you do?

1. Pull INME interfaces
  - Does the name match in EIS with the information Social Security has? Spelling, spaces, and symbols such as a single quote (‘) all matter.
2. Check the info client has provided
  - Review the most recent application or review to ensure the information the client provided matches what’s in EIS and with Social Security. Is there a typo or nickname in EIS instead of the full legal name?
3. If error is discovered
  - Set an alias on the CLPM screen / function 6 to the error name
  - Correct the name in EIS on the CLPM screen / function 4 to the correct legal name
4. If unable to tell reason for error:
  - Check prior case notes to see if there is history with this issue.
  - Check ILINX for a Social Security card for the individual.
  - Call the SSA to see what name they have on file.
  - If issue is not resolved, request proof (using N020) of the name Social Security has on file for the client, such as a copy of their Social Security card or letters from the SSA.
  - Do not update name until proof has been received
5. Clean up casework
  - CANO actions
  - Change CARC as needed
  - Clear alerts
  - Move everything worked to Content Store
  - Dispo case in current <sup>TM</sup>

## SVES ALERTS

**SVES** alerts occur when a SVES request (INME 12 or on the SSDO screen) has been completed. The report takes about 2 – 5 days to receive and is 6-7 pages long. EIS compares the information in the system with the information that Social Security and Prisoner data have and depending on the information, the results may generate a person ETAL.

*To view the report, you will pull INME 13 (SVES) for the individual.*

EIS SVRE	STATE VERIFICATION RESPONSE	PAGE 1 OF 7
SVES SSN: XXXXXXXXX	INFO RECEIVED DATE: MMDDYY	
EIS SSN: XXXXXXXXX	EIS NAME: LAST NAME, FIRST NAME	
SVES DOB: MMDDYYYY		
EIS DOB: MMDDYYYY	SVES SSN VERIFICATION CODE:V	PROOF OF AGE:

## SVES XXX-XX-XXXX DEATH MATCH

### MEANING

*The Social Security Administration received notification of a recipient's death.*

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
SVES 123456789 DEATH MATCH	MMDDYY		

***This alert cannot be used as verification of death; the death must be verified through other means.***

### What should you do?

1. Check ILINX and current <sup>TM</sup> to make sure everything turned in is being worked at once. Take action on all open cases.
2. Verify the client is deceased.
3. Update ADDR screen to show 'TO THE ESTATE OF' in Line 1 for the Mailing Address
4. Close the case with adequate notice as per [APA MS 481-1 B](#).
5. Send the appropriate "Case Closed – Deceased" notice:
  - › P419 (APA cash)
  - › M419 (Medicaid only)
  - › L419 (Senior Benefits)
6. Clean up casework
  - › CANO actions
  - › Change CARC to 9-99
  - › Clear alerts
  - › Move everything worked to Content Store
  - › Dispo case in current <sup>TM</sup>

### Ways to Verify

- INME 13/INME 14
- Obituary
- Collateral Contacts (family members, caretakers, authorized representatives, POAs, landlords, SSA, friends, etc.)
- Receipt of a Burial Application for the deceased



**MEANING**

The information SSA has for the client does not match what we have in EIS. The mismatch can be from their Name, Date of Birth or Social Security Number.

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
SVES 123456789 NO MATCH	MMDDYY		

**What should you do?**

1. Check ILINX and current <sup>TM</sup> to make sure everything turned in is being worked at once. Take action on all open cases.
2. Pull the SVES response (INME 13) for the individual
  - o Many times, this alert is resolved in this step.
  - o Check the SSN and DOB information in the upper left-hand corner of page 1 of the response. If the SVES info and the EIS info match, then the issue is with the name. Go to step 3.

EIS SVRE	STATE VERIFICATION RESPONSE PAGE 1 OF 7
SVES SSN: XXXXXXXXX	INFO RECEIVED DATE: MMDDYY
EIS SSN: XXXXXXXXX	EIS NAME: LAST NAME, FIRST NAME
SVES DOB: MMDDYYYY	
EIS DOB: MMDDYYYY	SVES SSN VERIFICATION CODE:V      PROOF OF AGE:

- o If the either the SSN or DOB don't match between the SVES and EIS, update EIS following step 4.
  - o Re-request a new SVES using INME 12 or the SSDO screen just for the individual.
  - o Go to step 6.
3. Check the info client has provided
    - o Review the most recent application or review to ensure the information the client provided matches what's in EIS and with Social Security. Is there a typo or nickname in EIS instead of the full legal name?
    - o Check ILINX for a recent IEVS reports for verified info with PFD and BVS. **Do not pull a new IEVS report**
  4. If error is discovered
    - o Set an alias on the CLPM screen / function 6 to the error name
    - o Correct the name in EIS on the CLPM screen / function 4 to the correct legal name
  5. If unable to tell reason for error:
    - o Check prior case notes to see if there is history with this issue.
    - o Check ILINX for a Social Security card for the individual.
    - o Call the SSA to see what name they have on file.
    - o If issue is not resolved, request proof (using N020) of the name Social Security has on file for the client, such as a copy of their Social Security card or letters from the SSA.
    - o Do not update name until proof has been received
  6. Clean up casework
    - o CANO actions

- ❑ Change CARC as needed
- ❑ Clear alerts
- ❑ Move everything worked to Content Store
- ❑ Dispo case in current <sup>TM</sup>

**SVES XXX-XX-XXXX DOB/SSN CONFLICT**

**MEANING**

*The client's Date of Birth or Social Security Number Mismatch with SSA.*

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
SVES 123456789 DOB CONFLICT	MMDDYY		
~OR~			
SVES 123456789 SSN CONFLICT	MMDDYY		

**What should you do?**

1. Check ILINX and current <sup>TM</sup> to make sure everything turned in is being worked at once. Take action on all open cases.
2. Pull the SVES response (INME 13) for the individual
  - › Many times, this alert is resolved in this step.
  - › Check the SSN and DOB information in the upper left-hand corner of page 1 of the response. If the SVES info and the EIS info match, then the issue is with the name. Go to step 3.

EIS SVRE	STATE VERIFICATION RESPONSE PAGE 1 OF 7
SVES SSN: XXXXXXXXX	INFO RECEIVED DATE: MMDDYY
EIS SSN: XXXXXXXXX	EIS NAME: LAST NAME, FIRST NAME
SVES DOB: MMDDYYYY	
EIS DOB: MMDDYYYY	SVES SSN VERIFICATION CODE:V      PROOF OF AGE:

- › If the either the SSN or DOB don't match between the SVES and EIS, update EIS following step 4.
  - › Re-request a new SVES using INME 12 or the SSDO screen just for the individual.
  - › Go to step 6.
3. Check the info client has provided
    - › Review the most recent application or review to ensure the information the client provided matches what's in EIS and with Social Security. Is there a typo or nickname in EIS instead of the full legal name?
  4. If error is discovered
    - › Set an alias on the CLPM screen / function 6 to the error name
    - › Correct the name in EIS on the CLPM screen / function 4 to the correct legal name
  5. If unable to tell reason for error:
    - › Check prior case notes to see if there is history with this issue.
    - › Check ILINX for a Social Security card for the individual.
    - › Call the SSA to see what name they have on file.
    - › If issue is not resolved, request proof (using N020) of the name Social Security has on file for the client, such as a copy of their Social Security card or letters from the SSA.
    - › Do not update name until proof has been received

- 6. Clean up casework
  - › CANO actions
  - › Change CARC as needed
  - › Clear alerts
  - › Move everything worked to Content Store
  - › Dispo case in current™

## SVES UPDATE CIT/ID – XXX-XX-XXXX

### MEANING

*EIS received verification of the individual's citizenship and/or identity and updated the HERC screen using the 'IN' (interface) verification code. This ETAL is received because the INME 12/SSDO request was completed, and a new INME 13 (SVES) report is available.*

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
<u>SVES UPDATE CIT/ID - 123456789</u>	<u>MMDDYY</u>		_____

### What should you do?

1. Check to see if the case has been pended for this information
  - › If it has, update the CANO and resolve the pend. Authorize benefits if needed.
  - › If it hasn't, alert can be deleted, and no CANO or action is needed.

## PROGRAM RELATED ALERTS

The system generates specific alerts related to APA and/or ADLTC Medicaid programs when received information is not acted on or when required information is not provided when due. These alerts will also encompass the Interim Assistance (IA) program.

Below are examples of alerts you might encounter, along with their meanings and recommended actions.

## APA/ME – CERT EXPIRED – PGM CLOSED

### MEANING

*A review was due but not received and these programs auto closed.*

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
<u>AP CERT EXPIRED - PGM CLOSED</u>	<u>MMDDYY</u>		_____
<u>ME CERT EXPIRED - PGM CLOSED</u>	<u>MMDDYY</u>		_____

### What should you do?

- ✓ Check ILINX to ensure that a review form was not received.
  - If no review form found in ILINX:
    - CARC the case to 9-99 and delete the alert(s).
    - No further action is necessary.
  - If a review form is found:
    - Work the case as appropriate depending on the date the review was received.

## APA/ME – PAYMENT NOT AUTHORIZED

### MEANING

*Case is open and certified, but benefits are not in the current system month.*

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
<u>AP PAYMENT NOT AUTHORIZED</u>	<u>MMDDYY</u>		<u>    </u>
<u>ME PAYMENT NOT AUTHORIZED</u>	<u>MMDDYY</u>		<u>    </u>

### What should you do?

#### Authorizing Past Benefits

1. Authorize Owed Benefits:
  - If benefits are owed, issue them up through the calendar month with an "I" authorization.
2. Initialize and Authorize Current Month Benefits:
  - Initialize into the current system month and authorize those benefits with an "R" authorization.
  - Check that there has not been a 30-day lapse in Medicaid benefits. If so, check SOLQ to see if the Medicare Savings Program has ended and needs to be restarted. If so, email DMA TPL.
3. If Client has a SB case, check to make sure case is in the current system month as well.

For more information on "Rolling of Benefits", a training is available on the EIS process of authorizing the benefits at ['Just Roll With It – Rolling Cash and Medicaid Benefits'](#) on Aspire.

## APA/ME RECERT NOT PROCESSED

### MEANING

*A review has been received and/or registered but has not yet been worked as of the first day after the certification period ended.*

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
<u>AP RECERT NOT PROCESSED</u>	<u>MMDDYY</u>		<u>    </u>
<u>ME RECERT NOT PROCESSED</u>	<u>MMDDYY</u>		<u>    </u>

### What should you do?

The recertification should be processed if this alert is showing, as benefits have not rolled.

## IA RECERTIFICATION DUE

### Check SSI Application/Pay Status (SOLQ/SDX)

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
<u>IA RECERTIFICATION DUE</u>	<u>MMDDYY</u>		<u>    </u>

1. **Verify Status:**
  - Check the SSI application/pay status using [SOLO/SDX](#).
2. **If Status is "H80":**
  - Authorize a new certification period. No review form is needed.
3. **If Approved:**
  - [Convert to APA.](#)
4. **If Denied:**
  - Pend for proof of appeal. (Allow 30 days)
5. [Check IA section of this document for more information](#)

## OTHER ALERTS

### UIB XXX-XX-XXXX BENEFITS INFO

#### Check DOL for UIB Benefits:

- Verify UIB benefits through the Department of Labor (DOL).
- Update the case accordingly based on the verification.

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
UIB 123456789 BENEFITS INFO	MMDDYY		

### (ADULT) WILL TURN 65

#### Updating Benefits for Clients Turning 65

- **Disability to Old Age APA:**
  - If the client is receiving Disability APA (AP AD), update it to Old Age APA (AP OA).
  - In the current system month, change 'AD' to 'OA' on the SEPA and reauthorize benefits.
- **Working Disabled Med (DW MED):**
  - Ensure there is a current Disability [diary date](#) on file for clients turning 65.
- **Medicare Availability:**
  - If the client is not receiving Medicare, send the M008 – Medicare Benefits Available notice.
- ✦ **Senior Benefits Application:**
  - For good customer service, mail the client a Senior Benefits (SB) application if they have not yet applied.

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
JACK R WILL TURN 65	MMDDYY		

### ID CHANGED FOR (CLIENT)

#### Identifying Data Change

1. **Data Changed:**
  - Identifying data (such as name, alias, date of birth, and/or social security number) was updated for this client.
2. **Follow-Up:**
  - No further follow-up is typically needed unless the PI (Primary Individual) had a name change due to marriage or divorce.
  - In such cases, you may need to explore HHC (Household Composition) and Living Arrangements.

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
ID CHANGED FOR JACK R	MMDDYY		

### INCAR – XXX-XX-XXXX

#### SVES Prisoner Data Alert

This alert is received when a SVES request has been completed, the report received, and there is prisoner data on the last page of the report. It is often a coincidence if the client is incarcerated at the time we get this alert, but we always check.

MESSAGE	DUE DATE	CLEAR	SENDER'S PCN
INCAR-123456789 , SEE SVRE	MMDDYY		
~OR~			
INCAR-123456789, CODE 1	MMDDYY		

1. **Check Vine Link:**
  - Verify if the client is incarcerated.
2. **No Incarceration:**
  - Delete the alert. No further action is needed. No CANO is required.
3. **Incarceration Confirmed:**
  - **APA Cash:** Close the cash case with adequate notice ([APA MS 481-1B](#)) and send P413.
  - **Medicaid:** Process the Medicaid with the incarceration coding ([ADLTC 514D](#) & [Addendum 2](#)). Follow the guidance on notices in Sections VII and VIII of the Incarceration Medicaid Process Guide on SharePoint.

# ALIEN SPONSORS

[APA MS 460-2B](#)

## IDENTIFYING AN ALIEN SPONSOR

**ALIEN SPONSOR:** Someone that has officially committed themselves as financially responsible to a qualified alien.

[Per the USCIS Website:](#)

[Form I-864, Affidavit of Support under Section 213A of the INA](#), is a contract an individual signs agreeing to use their financial resources to support the intending immigrant named on the affidavit. The individual who signs the affidavit of support becomes the sponsor once the intending immigrant becomes a lawful permanent resident. The sponsor is usually the petitioner who filed an immigrant petition on behalf of the intending immigrant.

An affidavit of support is a legally enforceable contract, and the sponsor's responsibility usually lasts until the family member or other individual either becomes a U.S. citizen, or is credited with 40 quarters of work (usually 10 years).

But only a portion of a sponsor's income is considered available to the alien. This is called 'deeming'. Since this financial contract is between the sponsor and USCIS, USCIS will have the information on the alien sponsor, and it can be noted in the SAVE section of the IEVS report.

Alien Status Verification			
Initial Verification Requested Date:	06/28/2022 20:11:30	Individual Id:	201201201
Card Type:	I-327	Card Number:	
Country:	El Salvador	Date of Entry:	04/01/2017
COA Code:	FX2	COA Description:	CHILD UNDER 21 OF LPR
Returned Name:	GRASS, GREEN	Returned DOB:	05/01/1942
Current Status:	Status Verified	Entry Date:	04/01/2017
SAVE Case Number:	2022062820540XK	Alien Status:	TEMPORARY RESIDENT - TEMPORARY EMPLOYMENT AUTHORIZED
Date Admitted To:	INDEFINITE	Expiration Date:	
Grant Date:	04/01/2017		
<b>Sponsor Data</b>			
Sponsor Name:	Sponsor, Test	Address:	100 Fake St Carson City, NV, 89701

For more information on entering in information to complete a SAVE in IEVS, visit page 33 of the SAVE User Guide found here:

IEVS Results Alaska - logged in as Worker

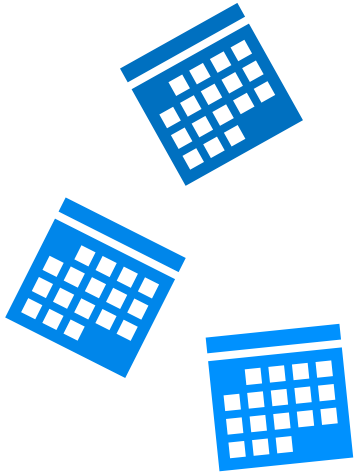
IEVS Results New Request Identity Authentication Your Name (DOH)

Training User Guide

*\*Follow IEVS link under Quicklinks on DPA Web, and click drop down menu by your name in upper right-hand corner.*

## FINANCIAL DEEMING

Only **some** of the income a Sponsor has is considered available to the Alien. If the sponsor has a spouse and/or children, that reduces the amount even further. But this period of time isn't forever. For APA purposes, it's only three years.



### 460-2 B. INCOME AND RESOURCES OF ALIEN SPONSORS

The income and resources of an alien's sponsor and the sponsor's in-home spouse are considered to be available, subject to certain limited income and resource exclusions, and available to an alien applicant or recipient for several years. This deeming period begins with the month the alien is admitted into the U.S. for permanent residence or is granted permanent resident status, and lasts for 3 years. See manual sections [460-4B](#) (resource exclusions of alien sponsors) and [460-6B](#) (income exclusions of alien's sponsor). Alien sponsor deeming applies whether or not the alien and sponsor live together, and whether or not the sponsor actually makes his or her income and resources available to meet the needs of the alien.

Allocations from the income of the alien's sponsor, and from the income of the sponsor's in-home spouse, may be allowed for the sponsor, the sponsor's in-home spouse, and the sponsor's dependents. See manual section [460-5B](#).

## HOW DO I START?

### ***Determine the status of the Alien client and if a sponsor exists.***

Is the Alien a lawful permanent resident and does the five-year waiting period apply to them? Or are they eligible for benefits having been in the country less than three years? If the client has met the five-year waiting period, you may not have to do any deeming at all.

### ***Find out about the sponsor's income and household.***

Does the sponsor have a spouse? Did that spouse also sign the documentation to be a sponsor (co-sponsor)? Are there any dependents? The amount of the sponsor's income counting to the Alien is reduced for each person in that sponsor's household.

### ***Get proof of the sponsor's income coming into their household.***

Also, under [APA MS 460-2B](#):

#### ***Verification.***

*An alien is responsible for providing proof of who his or her sponsor(s) is, and for obtaining the sponsor's cooperation in the development and documentation of information necessary to determine eligibility for assistance. If either the alien or the sponsor fails to cooperate, APA benefits shall be denied or terminated.*

*If a sponsor cannot be located or leaves the U.S., making verification of the sponsor's income and resources difficult, it is the alien's responsibility to get the necessary proof. If the alien does not provide proof of the sponsor's income and resources, APA benefits shall be denied or terminated.*

*The alien sponsor deeming provisions changed effective October 1, 1996. In addition, the U.S. Citizenship & Immigration Services (USCIS) is now using new, legally binding affidavits of support for sponsored aliens. Please contact Central Office policy staff for guidance on processing APA applications for sponsored aliens who applied before October 1, 1996, or sponsored aliens who are admitted under the new USCIS affidavit of support.*

### ***Calculate the income and apply ALLOCATIONS.***

If the Sponsor has wages, calculate wages as normal using the appropriate conversion factors. If they are receiving any kind of income weekly, calculate a monthly amount using the 4.3 conversion factor, and so on, just as we would calculate the income of a client.

Allocations information is found under [APA MS 460-5B](#). The amount of the allocation depends on the current standards of SSI, so you will also need to access APA MS [Addendum 1](#).

How much are the allocation amounts?

Sponsor	SSI standard for individual / 'A' living situation
Spouse (Co-Sponsor)	SSI standard for individual / 'A' living situation
Spouse (Not Co-Sponsor)	Half the SSI standard for individual / 'A' living situation
Dependent (each)	Half the SSI standard for individual / 'A' living situation

*In 2025 the SSI standard for an individual in an 'A' living arrangement is \$967  
Half of \$967 is \$484 (rounded up from \$483.50)*

Subtract the appropriate allocation amount for each person from the sponsor's income. It's a dollar-for-dollar reduction.

### ***The income remains is handled as follows.***

The income after the allocations are applied is considered UNIN. It should be entered onto the UNIN screen next to the Alien.

If there is more than one Alien the sponsor is financially responsible for, the full amount counts to each. Do not prorate deemed income.

Exclusions as outlined in [APA MS 442](#), such as the \$20 disregard, are applied after the deemed income is combined with the Alien's income.

#### **460-6 B. INCOME EXCLUSIONS OF ALIEN SPONSORS**

Income exclusions available to an alien sponsor are limited. All the income of an alien sponsor, as well as the income of the alien sponsor's spouse, is included when determining the amount of the sponsor's income that is subject to deeming. From this amount subtract income that is excluded by federal statutes ( **as** described in manual section [442-3A](#)) and Home Energy Assistance ( **as** described in manual section [442-3H](#)). No other income is subtracted from the income of an alien's sponsor, except for the allocations allowed in section [460-5B](#).

The deemed sponsor income is considered as unearned income to the **APA** applicant or recipient. If a person is sponsoring more than one alien, the sponsor's income is **not** prorated among the aliens. For example, when both members of a couple have the same sponsor, the sponsor's income is deemed to each member of the couple. The couple's deemed sponsor income is the sum of their deemed income amounts.

The income exclusions that apply to the **APA** applicant's or recipient's own income are applied only after the sponsor's deemed income is combined with the income of the **APA** applicant or recipient. For example, the \$20 general income exclusion is subtracted from the combination of the sponsor's deemed income and the alien's own income.

## ALLOCATIONS & DEEMING

When an ineligible spouse has income and there are other children in the home, part of that spouse's income has to be allotted to the ineligible child(ren). This means we don't count that portion that spouse's income because it's needed for the ineligible child(ren). This deduction is called an 'ALLOCATION.'

### [APA MS 460-5](#)

These are applied before any income exclusions, such as the \$20 general disregard.

## WHAT DOES IT MEAN?

Here is a breakdown of some common terms that will be used in this section.

**ALLOCATION:** The amount of income that's dedicated from the income of a spouse not eligible for APA to care for children in the home.

**CHILD:** This must be someone under 18 that is related to either spouse either by blood, marriage, or adoption; OR under 22 and actively preparing for gainful employment by attending some type of schooling or vocational education.

**INELIGIBLE CHILD:** Child of either the PI or ineligible SP, living in the home, and is NOT receiving SSI.

**INELIGIBLE SPOUSE:** These are your A2S and B2S living situations.

**SPOUSE:** Either legally married or holding themselves out to the community as married. For information on determining if a spouse is ineligible, click to view the "[IS THE SPOUSE AN INELIGIBLE SPOUSE](#)" flow chart.

**SUPPORT PAYMENTS:** This is a fancy term for Alimony or Child Support.

## DETERMINING THE ALLOCATIONS AMOUNT

The SSA uses a standard amount that changes each year for many of their determinations. This amount is the difference between the SSI standard for a couple in an 'A' living arrangement and the SSI standard for a single person in an 'A' living arrangement.

*\*\* In 2025, this amount is as follows:*

*\$1450 2025 SSI couple ('A' living arrangement)  
– \$967 2025 SSI Single ('A' living arrangement)  
= \$483 Difference between SSI Couple and Single for 2025*

### [Allocations APA MS 460-5](#)

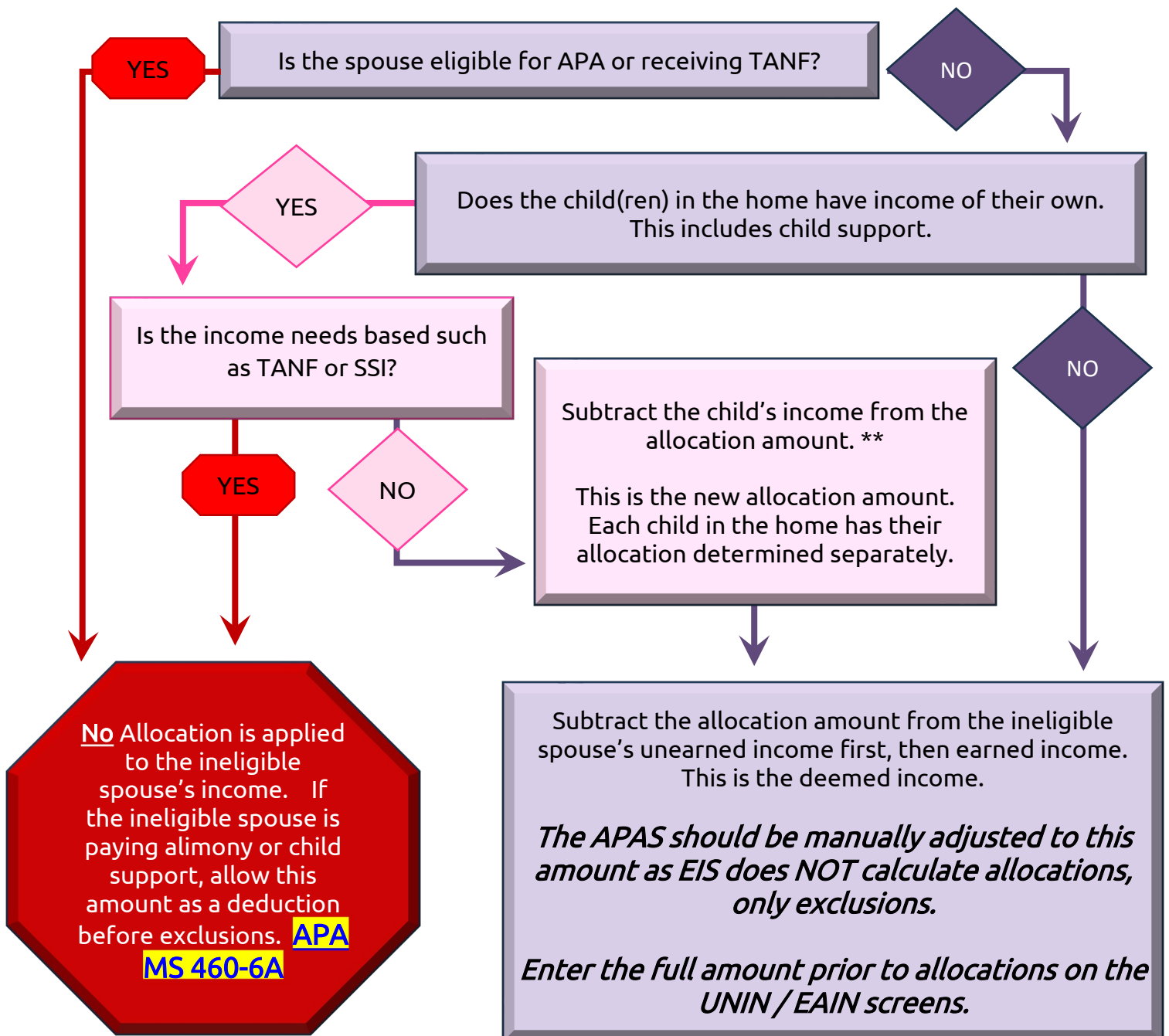
The allocation amount changes each year, but the formula for determining the allocation is always the same. You can take the information in [APA MS Addendum 1](#) each year to calculate this amount. The breakdown of this calculation can also be seen in the blue box above.

There are rules to allowing allocations, such as anyone receiving [TANF](#) or other needs-based income is not eligible to receive an allocation. This includes households where the spouse is included on the TANF case.

The [APA 5](#) contains a worksheet (second tab) that walks you through these rules to help determine the ineligible spouse's or an alien sponsor's countable income after the applied allocation(s).

## ALLOCATIONS FLOW CHART

*\*\* See blue box above for guidance on determining allocation amount.*



## APAS SCREENS

**APAS Adjustable fields** that are manually changed by the caseworker **will need to be re-entered** each time the APAS is accessed. Once the benefit is authorized in the current system month, the amount remains the same and rolls forward.

**Always check the APBH and MEBH screens** after processing the case.

- Are the benefit amounts correct and are they authorized?
  - A highlighted benefit is NOT authorized.
- Suspended benefits **MUST** be monitored by the ET each month. Set pend task in Current as a reminder to work a suspended program.
  - EIS does **NOT** set an alert for APA suspended programs with unauthorized benefits on the case.

## APAS PART 1 SCREEN

```

CE442-I FOR FINAL CALCULATION - PRESS ENTER
APAS PART 1                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME, FIRST NAME          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :1      0.00
ADJ GROSS EARNED INCOME  :2      0.00    HOUSEHOLD TYPE      14: XXX
$65 AND 1/2 WORK INCENT  :3      0.00    APA PAYMENT STANDARD 15:      0.00
AB WORK DEDUCTIONS       :4      0.00    COUNTABLE EARNED/UNEARNED:16    0.00
NET EARNED INCOME        :5      0.00    0.00 TOTAL BENEFIT AMOUNT      :17    0.00
UNEARNED INCOME          :6      0.00    BENEFIT AMT (INDIVIDUAL) :18    0.00
ADJ UNEARNED INCOME      :7      0.00    RECOUPMENTS          :19    0.00
COUNTABLE ALB (Y/N)     : N          NET BENEFIT AMOUNT     :20    0.00
ALB UNEARNED INCOME      :8      0.00    COUPLE CASE (P/S/ )    :21
$20 DISREGARD            :9      0.00    SPOUSE CASE NUMBER     :22
NET UNEARNED INCOME      :10     0.00    0.00 SPOUSE ALB INCOME        :23    0.00
COUNTABLE EARNED/UNEARNED:11     0.00
MANUAL GRANT              :12     0.00    INFORMATION ONLY
MED NEED STANDARD        :13     0.00    COUNTABLE RESOURCES    :      0.00
PENDED?                  :          SSI APPLICATION DATE   :
AUTHORIZATION            :          IAR RECEIVED DATE     :
DENIAL/CLOSURE REASON    :          INSTITUTIONALIZED?    :
BENEFIT ISSUANCE         : X          REFUSE CASH?          :
REVIEW DUE DATE          : MMY        APA PAYEE              :
                                                    NEXT--> _____
  
```

1. This is the gross **EAIN** that was entered on the EAIN screen. This can cause errors in determining eligibility if the coding or if the dollar amount entered is incorrect. **Double check** your coding and math to make sure your EAIN is correct!
2. This line is where you will enter the adjusted gross EAIN. This is the amount after the Allocations/Exclusions are calculated done.
3. If there is EAIN EIS will automatically give a \$65 and divide EAIN by half. The results will be here on this line.

4. This field is for the amount of expenses paid by recipients of Aid to the Blind (AB) It allows entry or changes to any work expense. (If the amount has change (i.e. \$120.50) Add the cents to this line.
  5. This is the total of EAIN net income. This will be hard coded and cannot be changed without changing this information above either on the APAS screen or the EAIN screen.
  6. This is the gross UNIN that was entered on the UNIN screen. This can cause errors in determining eligibility if the coding or if the dollar amount entered is incorrect. **Double check** your coding and math to make sure what is counted for UNIN is correct!
  7. This is the amount of UNIN after the Allocations/Exclusions calculations are done.
  8. This is the ALB (Alaska Longevity Bonus) UNIN field. Alaska residents no longer receive ALB. Leave the field blank. APAS populates the field with \$0.00.
  9. This is the \$20 disregard. EIS applies \$20 general income exclusion to the UNIN.
  10. This is the total Net UNIN. This will be hard coded and cannot be changed without changing this information above either on the APAS screen or the UNIN screen.
  11. This amount will be what EIS is counting of EAIN and UNIN and using it towards the determination of the benefits.
  12. Manual Grant is what EIS has calculated to be the amount of APA cash benefit to the client.
  13. This is the SSI Needs standard. This amount adjusts to the cost-of-living increases allotted by the SSA.
  14. This field is where you will enter what type of household this is. For the coding HH types and other program standards, refer to the APA [Addendum 1 Program Standards](#)
  15. This is the payment standard also found in the APA Addendum 1.
  16. This line shows the total gross EAIN and UNIN counted in the eligibility determination.
  17. This is the total amount calculated as a benefit to the client.
  18. This is the total amount per the individual, calculated as a benefit to the client.
  19. If the case has any recoupments to be deducted, this is the line where it will display.
  20. This line is the Total Net benefit amount due to the client.
- This field allows the client to be connected to an APA eligible spouse and budget. By entering a 'Y' in this field, EIS recognizes that there is an APA couple on this case, and it will tie the two cases together.
21. This field allows you to enter the Case number for the eligible spouse. For a couple, both eligible, two cases are established – one for the male and one for the female. To tie the two APAS screens together for budgeting purposes, EIS needs to know which case is the male's case. The male is coded P and the female's case is coded S.  
See the Job Aid "[Processing APA Couples Cases 03.25.22](#)" or You can also find this information in the [EIS Procedures](#) Manual found of the [DPAweb](#).

**NOTE:** *EIS automatically cross references the case numbers for a couple case situation when the SEPA screens for both cases*

22. This is where you would have put the ALB from the eligible spouse. Alaska residents no longer receive ALB. Leave the field blank. APAS populates the field with \$0.00.

## APAS PART 2 SCREEN

After hitting hard enter, APAS 2 screen shows the updated income date that you have just entered for income and deductions.

```

CEA74-I MAKE CHANGES OR PRESS ENTER TO CONTINUE
APAS PART 2                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME, FIRST NAME          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME :      0.00    HOUSEHOLD TYPE           : XXX
$65 AND 1/2 WORK INCENT :      0.00    APA PAYMENT STANDARD    :      0.00
AB WORK DEDUCTIONS      :      0.00    COUNTABLE EARNED/UNEARNED:      0.00
NET EARNED INCOME       :      0.00 0.00 TOTAL BENEFIT AMOUNT     :      0.00
UNEARNED INCOME         :      0.00    BENEFIT AMT (INDIVIDUAL) :      0.00
ADJ UNEARNED INCOME     :      0.00    RECOUPMENTS            :      0.00
COUNTABLE ALB (Y/N)    : N          NET BENEFIT AMOUNT      :      0.00
ALB UNEARNED INCOME     :      0.00    COUPLE CASE (P/S/ )    : _
$20 DISREGARD           :      0.00    SPOUSE CASE NUMBER     : _
NET UNEARNED INCOME     :      0.00 0.00 SPOUSE ALB INCOME      :      0.00
COUNTABLE EARNED/UNEARNED:      0.00
MANUAL GRANT            :      0.00    INFORMATION ONLY
MED NEED STANDARD       :      0.00    COUNTABLE RESOURCES     :      0.00
PENDED?                 :           SSI APPLICATION DATE    :
AUTHORIZATION           :           IAR RECEIVED DATE      :
DENIAL/CLOSURE REASON   :           INSTITUTIONALIZED?     :
BENEFIT ISSUANCE        : X         REFUSE CASH?           :
REVIEW DUE DATE         : MMY        APA PAYEE               :
                                           NEXT--> _____
    
```

## APAS PART 3 SCREEN

```

CEA94-I CHECK PCN AND ISSUANCE INDICATOR--DIR DEPOSIT UPDATED? EBPM/EBDD
APAS PART 3                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME, FIRST NAME          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME :      0.00    HOUSEHOLD TYPE           : A1E
$65 AND 1/2 WORK INCENT :      0.00    APA PAYMENT STANDARD    : 1329.00
AB WORK DEDUCTIONS      :      0.00    COUNTABLE EARNED/UNEARNED: 967.00
NET EARNED INCOME       :      0.00 0.00 TOTAL BENEFIT AMOUNT     : 362.00
UNEARNED INCOME         :      0.00    BENEFIT AMT (INDIVIDUAL) : 362.00
ADJ UNEARNED INCOME     :      0.00    RECOUPMENTS            :      0.00
COUNTABLE ALB (Y/N)    : N          NET BENEFIT AMOUNT      : 362.00
ALB UNEARNED INCOME     :      0.00    COUPLE CASE (P/S/ )    :
$20 DISREGARD           :      0.00    SPOUSE CASE NUMBER     :
NET UNEARNED INCOME     :      0.00 0.00 SPOUSE ALB INCOME      :      0.00
COUNTABLE EARNED/UNEARNED:      0.00
MANUAL GRANT            :      1          INFORMATION ONLY
MED NEED STANDARD       :      0.00    COUNTABLE RESOURCES     : 6
PENDED?                 : 2          SSI APPLICATION DATE    : 7
AUTHORIZATION           : 3          IAR RECEIVED DATE      : 8
DENIAL/CLOSURE REASON   : 4          INSTITUTIONALIZED?     : 9
BENEFIT ISSUANCE        : 5          REFUSE CASH?           : 10
REVIEW DUE DATE         : MMY        APA PAYEE               : 11
                                           NEXT--> _____
    
```

1. This field is the Manual Grant field; It allows you to manually change the EIS calculated grant amount in situations when there is not another way to get the correct benefit amount issued. It is highly unlikely you will need to adjust this benefit amount.
2. This is the general pend field. Enter Y to pend the case.
3. Enter your PCN here.
4. Enter a denial code here if you are wanting to deny or close the case. F10 for a list of codes.
5. Benefits can be issued at different times by changing the Issuance code. Check the production calendar to see when the Regular Run is for the month you are working to determine if you need to issue Immediately or Regular run. F10 for a list of codes.
6. In this field, you can enter any countable resources manually. EIS will not automatically deny for resources.
7. This field is useful for tracking how long a client has been waiting for a decision from SSI. Enter the date (MMDDYY) the client most recently applied for SSI.
8. For clients applying for IA, this is the IAR (Interim Assistance Reimbursement) received date. The date an IAR form was received must be entered (MMDDYY) when it is received.
9. This field is mostly used by LTC and shows whether a client is in an institution or not. Enter Y in this field if they are, blank if not.
10. When a client only wants Medicaid and not the AP cash, enter a Y in this field.
11. Enter Y when you need to assign a payee to the case. This will bring you to the ADDR screen to add info.

# APA 5

This form is used to determine APA overpayments; it is found in [e-forms](#) on the DPA homepage.

The first column is completed to represent the benefits a client already received in error and the second column should be completed to represent the accurate benefits that a client was entitled to.

The worksheet takes the information provided in the two columns and determines the amount of the overpayment that occurred in the given month.

[Click here to access instructions for completing the Deemed Worksheet.](#)

## BUDGET WORKSHEET

**STEP 1.** For the worksheet to calculate a benefit, a case name **MUST** be entered. Otherwise, the benefit amount will remain blank. A case number should also be entered.

**STEP 2.** Use the four-digit year you are completing the form for (XXXX). This information tells the worksheet which standard to use.

**STEP 3.** Enter a month and year to reflect the system month for which you are completing the form (MM/YYYY). The form will auto correct the format.

**STEP 4.** Use HH Type/Living Arrangement that matches the case/change.

**STEP 5.** Use countable earned income for PI or spouse/ alien sponsor. **NOTE:** If there is no unearned income, the \$20 disregard **MUST** be entered in "Other Allowable Deductions".

**STEP 6.** Use countable unearned income for PI or spouse/alien sponsor. **NOTE:** The \$20 disregard must be entered manually.

Adult Public Assistance (APA) Eligibility & Benefit Level Worksheet				
Case Name:	Benefit Issued		Benefit Entitled to	
	Year	Year	Year	Year
Case Number:	Mo/Year	Mo/Year	Mo/Year	Mo/Year
Household Type/Living Arrangement	AIE		AIE	
Countable Gross Earned Income	\$0.00			
Spouse/Sponsor Countable Earned Income	\$0.00			
Adjusted Gross Earned Income	\$0.00			
Total Countable Earned Income	\$0.00			\$0.00
Other Allowable Deductions:				
\$65 Deduction	\$0.00			\$0.00
1/2 work incentive deduction	\$0.00			\$0.00
Work expense for blind & self support				
Total Allowable Deductions	\$0.00			\$0.00
Net Earned Income	\$0.00			\$0.00
Countable Gross Unearned Income				
Spouse/Sponsor Countable Unearned Income				
Adjusted Gross Unearned Income				
Total Countable Unearned Income	\$0.00			\$0.00
\$20 Disregard				
Net Unearned Income	\$0.00			\$0.00
Net Unearned Income	\$0.00			\$0.00
Total Countable Earned/Unearned Income	\$0.00			\$0.00
APA Need Standard	#N/A			#N/A
APA Maximum Payment Standard	#N/A			#N/A
Payment				
Day application was received				
Number of days in the month				
Prorated Payment amount				
Overpayment/Underpayment				
Final Payment Needed				

Important: Case Name must be completed.

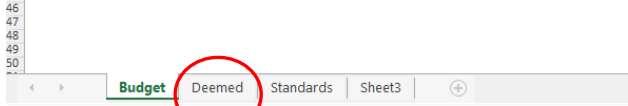
# DEEMED WORKSHEET

The Deemed Worksheet is found on the same excel spreadsheet. Look at the bottom left and select the tab marked "Deemed" to access it.

## APA 5

Adult Public Assistance (APA) Eligibility & Benefit Level Worksheet				
Case Name:	Year	Benefit Issued	Year	Benefit Entitled to:
Case Number:	Mo/Year	A/E	Mo/Year	A/E
Household Type/Living Arrangement				
Countable Gross Earned Income		\$0.00		
Spouse/Sponsor Countable Earned Income		\$0.00		
Adjusted Gross Earned Income		\$0.00		
Total Countable Earned Income		\$0.00		\$0.00
Other Allowable Deductions:				
\$65 Deduction		\$0.00		\$0.00
1/2 work incentive deduction		\$0.00		\$0.00
Work expense for blind & self support				
Total Allowable Deductions		\$0.00		\$0.00
Net Earned Income		\$0.00		\$0.00
Countable Gross Unearned Income				
Spouse/Sponsor Countable Unearned Income				
Adjusted Gross Unearned Income				
Total Countable Unearned Income		\$0.00		\$0.00
\$20 Disregard				
Net Unearned Income		\$0.00		\$0.00
Net Unearned Income		\$0.00		\$0.00
Total Countable Earned/Unearned Income		\$0.00		\$0.00
APA Need Standard		#N/A		#N/A
APA Maximum Payment Standard		#N/A		#N/A
Payment				
Day application was received				
Number of days in the month				
Prorated Payment amount				
Overpayment/Underpayment				
Final Payment Needed				

Important: Case Name must be completed.



Year	SSI Case???	No	Information (no Input)
0	Earned Income, List source	0.00	Input Information
	Unearned Income, List source	0.00	Formula (No Input)
	Net Countable Earned Income	0.00	
	Net Countable Unearned Income	0.00	
	Total Countable Earned/Unearned Income	0.00	
	Less Excess Adjustment	0.00	
	If \$20 net unearned add it here with \$65 exclusion & allocation and enter here	0.00	
	Net Countable Earned Income	0.00	
	Amount used to determine if SSI count:	0.00	
	Difference Between SSI Couple & Single	#N/A	
	Net Income Countable:	Enter Net Countable Unearned and Net Countable Earned amounts in bu	

## DEEMED WORKSHEET & INSTRUCTIONS

### Deemed Worksheet (Second Tab of APA 5)

<b>Year</b>	- This is auto populated from data entered on the first page.																																
<b>SSI Case?</b>	If there is an SSI individual on the case, enter 'yes'. If not, leave it to the default 'No'																																
<b>Earned Income (Two Parts/Monthly)</b>	<p>1. List Source: Enter the name of the employer in the yellow box.</p> <p>2. SP Ineligible: List the total gross income from the source for the ineligible spouse BEFORE any Exclusions or Allocations.</p> <p>For multiple sources, list them out on individual lines.</p> <p>The gray box will have the total calculation of the earnings for the ineligible spouse.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #fff9c4;">Earned Income, List source</th> <th style="background-color: #fff9c4;">SP Ineligible</th> </tr> </thead> <tbody> <tr> <td style="background-color: #fff9c4;">Target</td> <td style="background-color: #fff9c4;">1,000.00</td> </tr> <tr> <td style="background-color: #fff9c4;">Pampered Chef</td> <td style="background-color: #fff9c4;">500.00</td> </tr> <tr> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #fff9c4;"> </td> </tr> <tr> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #fff9c4;"> </td> </tr> <tr> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #fff9c4;"> </td> </tr> <tr> <td style="background-color: #e0e0e0;"><b>Gross Earned Income of Ineligible Spouse</b></td> <td style="background-color: #e0e0e0;"><b>1,500.00</b></td> </tr> </tbody> </table>	Earned Income, List source	SP Ineligible	Target	1,000.00	Pampered Chef	500.00							<b>Gross Earned Income of Ineligible Spouse</b>	<b>1,500.00</b>																		
Earned Income, List source	SP Ineligible																																
Target	1,000.00																																
Pampered Chef	500.00																																
<b>Gross Earned Income of Ineligible Spouse</b>	<b>1,500.00</b>																																
<b>Unearned Income (Four Parts/Monthly)</b>	<p>1. <b>SSI:</b> Because SSI is always needs-based income, change the 'no' to a 'yes' if there is SSI income.</p> <p>2. <b>VA PENSION:</b> If the VA is needs-based, change to a 'yes'. If not, leave it on 'no'. Put the amount of the income in the yellow box next to the 'needs based' column.</p> <p>3. <b>SOURCE:</b> Enter the name of the organization that is paying out the income.</p> <p>4. <b>NEED-BASED:</b> If the income is needs-based, update this to a 'yes.' Otherwise, enter 'no.'</p> <p>5. <b>Amount of income</b> is entered into the last yellow column.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #fff9c4;">Unearned Income, list source</th> <th style="background-color: #fff9c4;">Need Based?</th> <th style="background-color: #fff9c4;"> </th> <th style="background-color: #e0e0e0;">Countable</th> </tr> </thead> <tbody> <tr> <td style="background-color: #fff9c4;">Supplemental Social Security Income - SSI</td> <td style="background-color: #fff9c4;">No</td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #e0e0e0;">0.00</td> </tr> <tr> <td style="background-color: #fff9c4;">VA Pension(needs based)</td> <td style="background-color: #fff9c4;">No</td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #e0e0e0;">0.00</td> </tr> <tr> <td style="background-color: #fff9c4;">Unemployment</td> <td style="background-color: #fff9c4;">No</td> <td style="background-color: #fff9c4;">250.00</td> <td style="background-color: #e0e0e0;">250.00</td> </tr> <tr> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #e0e0e0;">0.00</td> </tr> <tr> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #e0e0e0;">0.00</td> </tr> <tr> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #fff9c4;"> </td> <td style="background-color: #e0e0e0;">0.00</td> </tr> <tr> <td style="background-color: #e0e0e0;"><b>Gross Countable Unearned Income of Ineligible Spouse</b></td> <td style="background-color: #e0e0e0;"> </td> <td style="background-color: #e0e0e0;"> </td> <td style="background-color: #e0e0e0;"><b>250.00</b></td> </tr> </tbody> </table>	Unearned Income, list source	Need Based?		Countable	Supplemental Social Security Income - SSI	No		0.00	VA Pension(needs based)	No		0.00	Unemployment	No	250.00	250.00				0.00				0.00				0.00	<b>Gross Countable Unearned Income of Ineligible Spouse</b>			<b>250.00</b>
Unearned Income, list source	Need Based?		Countable																														
Supplemental Social Security Income - SSI	No		0.00																														
VA Pension(needs based)	No		0.00																														
Unemployment	No	250.00	250.00																														
			0.00																														
			0.00																														
			0.00																														
<b>Gross Countable Unearned Income of Ineligible Spouse</b>			<b>250.00</b>																														

**NOTE:** **ATAP income** should never be entered on this worksheet if an ineligible spouse is included in an ATAP case. If an ineligible spouse is included on an ATAP case, your HH Type should be A1E. There is a wall between the cash programs.

**Are there Children in the HH?** If there are no children in the home, then the ineligible spouse’s income will not have any allocations. If there are children in the home, change this to a ‘yes.’

<b>Are there Children in the Home ?</b>	Yes		
---	-----	--	--

**Amount of Deduction** This is automatically calculated from the data entered on the first worksheet.

<b>Amount of Deduction&gt;&gt;&gt;</b>	\$420		
--	-------	--	--

**Children’s name & Source of income Three Parts/Monthly**

1. NAME & SOURCE. List the names of the children in this column. If they have income, list the source of the income.
2. IN? Update to ‘yes’ if the child is in the home.
3. CH INCOME. If the child does have income, list the amount in this yellow column.

When these three columns have been updated, the last gray column will calculate the amount of the allocation for each child.

Child’s Name & Source	In?	CH Income	
Shotgun - Other Social Security	Yes	50.00	370.00
Driver	Yes		420.00
Sam	Yes		420.00
	No		
Sponsor	No	No Allocations	
Sponsor’s Spouse	No	No Allocations	
If more than 4 Children enter additional adjustments here:			
Total Children’s Deduction:			1210.00
			1210.00

**Are there court ordered Support Payments?** Court ordered support payments are allowable after allocations but before exclusions (such as the \$20 disregard) (APA MS 460-6A.2.). When completing this section, add the dollar amount of court ordered child support next to child support, and alimony next to spousal support.

If there are other court ordered supports, list them below the spousal support with the name of the type of support in the first box and the amount next to the ‘Other (list)’ box.

Are there Court Ordered Support Payments ?			
Child Support?		100.00	
Spousal Support?			
	Other (list)		
	Other (list)		
	Other (list)		
Total Support Payments		100.00	

### Unearned Income

These fields are automatically calculated from the data entered above. Allocations are first applied to unearned income. These fields show the allocation amount being deducted from the Unearned income and the addition of the support payments.

Since support payments represent monies to care for third parties outside of the home, this can seem like the allocation increases, but they are separate.

The Net Countable Unearned Income field shows the amount of the remaining Unearned income after the allocation and support payments are applied.

The Excess Deduction field shows the balance of the allocation and the support payments that will be applied to the Earned Income if they were more than the Net Countable Unearned Income.

Total Gross Unearned Income:	250.00	Excess Deduction
Total Sponsor's & Child's Adjustment:	1,210.00	
Total Support Payments:	100.00	1060.00
Net Countable <b>Unearned</b> Income:	0.00	

**ENTER THE NET COUNTABLE UNEARNED INCOME AMOUNT ON THE BUDGET WORKSHEET (THE FIRST TAB) AS FOLLOWS:**

Countable Gross Unearned Income	\$400.00
<b>Spouse/Sponsor Countable Unearned Income</b>	<b>\$0.00</b>
Adjusted Gross Unearned Income	
Total Countable Unearned Income	\$400.00
\$20 Disregard	
Net Unearned Income	\$400.00
Net Unearned Income	\$400.00

### Earned Income

This section automatically calculates the excess deduction from above against the earned income of the ineligible spouse. However, the \$65 exclusion needs to be manually added. If the \$20 exclusion was not applied to the eligible spouse's income, it needs to be added to the \$65 to total \$85.

Total Countable Earned Income:	1,500.00	
Less Excess Adjustment:	1,060.00	
If \$20 not on PI's add it here with \$65	85.00	
All other exclusions & allocations and enter here		
1/2 of remaining	177.50	
Net Countable Earned Income:	440.00	

**ENTER THE NET COUNTABLE EARNED INCOME AMOUNT ON THE BUDGET WORKSHEET**

**(THE FIRST TAB) AS FOLLOWS:**

Countable Gross Earned Income		\$0.00
Spouse/Sponsor Countable Earned Income		\$440.00
Adjusted Gross Earned Income		\$0.00
Total Countable Earned Income		\$440.00
Other Allowable Deductions:		\$20.00
\$65 Deduction		\$65.00
1/2 work incentive deduction		\$177.50
Work expense for blind & self support		
Total Allowable Deductions		\$262.50
Net Earned Income		\$178.00

Add the \$20 disregard in this section under “Other Allowable Deductions” if the eligible spouse has NO Unearned Income. Only one \$20 exclusion is allowed, and it would be applied to the Eligible spouse’s income first in an A2S or B2S.

**Amount used to determine if SSI counts?**

SSI budgets wages the same way that APA does however, SSI might not count the spouse’s wages (it depends on the amount).

If SSI does not count the spouse’s wages, then give the client the SSI standard of an individual.

The difference in payment standards of an SSI couple versus an individual determines whether SSI counts the spouse’s wages. This amount differs each year depending on the COLA increase.

**\$ 1,450.00** 2025 SSI COUPLE

**\$ 967.00** 2025 SSI INDIVIDUAL

- APA MS: Addendum 1 Program Standards

= \$420 AMOUNT WHERE SSI STARTS COUNTING SPOUSE’S INCOME

Amount used to determine if SSI counts?	177.50	
Difference Between SSI Couple & Single	420.00	

- If SSI counts the spouse's income (after allowable allocations and exclusions) then they will pay the client at the Couple rate.
- If SSI doesn't count the spouse's income (after allowable allocations and exclusions) then they will pay the client at the Individual rate. Use this information to determine if it is appropriate to refer your client to SSI.

## ATAP WITH APA

Reference ATAP MS [754-8 \(Resources\)](#) and [758-6 \(Income\)](#)

### Guidelines for Processing ATAP Cases with APA Considerations

- 1. Do Not Hold Up Processing:**
  - Do not delay processing an ATAP case because APA is pending.
- 2. SSI Recipients:**
  - Any parent receiving SSI cannot receive ATAP.
- 3. SSA Retirement or Disability (RSDI) Benefits:**
  - If a parent receives RSDI benefits and is not eligible for APA, they are mandatory household members for ATAP.
  - Determine eligibility for APA first, then ATAP.
  - If APA is pending but ATAP can be approved, proceed with ATAP approval and adjust benefits if the client becomes APA eligible.
- 4. Income and Resources:**
  - There is a separation between ATAP and APA regarding income and resources.
  - If an adult receives APA, their income and resources do not count toward ATAP.
  - In two-parent households, the APA parent is coded as A1E or B1E on the APAS, not A2S or B2S.
  - For ATAP, the APA parent is coded as 'OU' on the SEPA.
- 5. TA and IA Eligibility:**
  - Clients who receive TA are not eligible for IA.
  - When a TA applicant becomes a TA recipient, eligibility for interim assistance ends ([APA MS 426-9](#)).
- 6. Update APA Living Arrangement:**
  - Always update the APA living arrangement when ATAP opens or closes.

## CALCULATING ATAP INCOME TO A PARENT APPROVED FOR APA

### ATAP and APA Eligibility

- 1. Eligibility:**
  - An adult included on an ATAP case who applies and is eligible for APA is not automatically denied APA because they received ATAP.
- 2. Income Calculation:**
  - The portion of the ATAP benefits they receive for themselves is counted as income toward the APA grant.

## FULL ATAP RECEIVED:

### Calculating ATAP Benefits for an APA Grant

#### 1. Determine MAX PAYMENT:

- Identify the maximum payment for a child only (using the appropriate number of children included).
- Subtract this amount from the maximum payment for an adult included (using the appropriate household size) or for a two-parent family if the ATAP payment is for a two-parent household and one of the spouses is incapacitated.

#### Example Calculation for One Parent and One Child Household:

\$821 MAX PAYMENT / ADULT INCLUDED / 2 PERSON HOUSEHOLD  
-\$452 MAX PAYMENT / CHILD ONLY / 1 CHILD  
\$369 ATAP BENEFIT FOR THE PARENT / COUNTABLE TO APA

## OTHER ATAP AMOUNT RECEIVED:

### Coding and Processing ATAP and APA Benefits

#### 1. Code the Parent on SEPA:

- Code the parent as 'OU' on the SEPA for the ATAP.
- Run through TAPD for the month of initial APA benefit:
  - If the benefit goes down, the difference is the countable portion of the ATAP.
    - Benefits will need adverse action to be reduced
  - If it goes up, there is no countable income to the APA.

#### 2. Maintain Coding:

- Keep the adult coded 'OU' so they can be coded 'IN' for APA cash.

#### 3. Split the Payment:

- Once the parent's portion of the benefit is calculated, split the payment on the UNIN screen between the parent and the child(ren) it counts to for each month the parent received ATAP and APA eligibility is being determined.

#### 4. Remove Parent's ATAP:

- Remove the parent's ATAP once their needs are removed from the ATAP case, following adverse action.

## CASE NOTES (STAND ALONE)

- ❖ There are several situations that **REQUIRE** standalone case notes. It isn't optional.
- ❖ These serve to make it that much easier to find the crucial information needed to accurately determine benefits.
- ❖ See [MS Admin 109-7](#) for more information.

## REQUIRED STANDALONE CANOS, TITLES, AND WHAT TO INCLUDE

The following situations require standalone case notes. Mandatory items in said CANOs listed below:

---

### TRUST ESTABLISHED

#### Information to document:

- ❖ (in addition to the intake CANO) [ADLTC 528](#)
- ❖ Trustee Name / Contact Info
- ❖ Trust type
- ❖ Trust bank and account number
- ❖ Beginning balance of Trust bank account

---

### MEDICAID TRUST

#### Information to document:

- ❖ (in addition to the renewal CANO)
- ❖ Trustee Name / Contact Info
- ❖ Trust bank and account number
- ❖ Balance in trust account at time of renewal

---

### POA / GUARDIANS / PAYEES

#### Information to document:

- ❖ Name and contact info of POA/Guardian/Payee
- ❖ What document was rec'd verifying the status and when was it rec'd

---

### TRANSFER OF ASSETS AND RESOURCES

- ❖ [APA MS 533-1](#) and [ADLTC MS 554](#)

#### Information to document:

- ❖ Type of asset and it's net value
- ❖ Date transfer took place
- ❖ Effect of the transfer on eligibility and why or why not a penalty is imposed

---

### UNUSUAL ALIEN SITUATIONS

#### Information to document:

- ❖ Information about the situation
- ❖ Documents received
- ❖ SAVE responses
- ❖ Effect on eligibility

---

### RETURNED MAIL/WARRANTS

#### Information to document:

- ❖ Date returned
- ❖ Specific information about the situation
- ❖ Warrant/document # and MMYT if applicable
- ❖ Action taken

---

## FRAUD REFERRALS

### Information to document:

- ❖ Specific details about the suspected fraud
- ❖ List any documents or CCs received regarding the allegation
- ❖ Date the allegation was submitted to the fraud unit
- ❖ If a response was received from the fraud unit, CANO details of their determination

---

## DDS DETERMINATION

### ❖ [Admin Proc MS 115-9](#)

### Information to document:

- ❖ Documents rec'd from the client: type and date rec'd
- ❖ Date the referral packet was submitted
- ❖ If a determination is received back from DDS, detail the results

---

## NATIVE DIVIDENDS

### Information to document:

- ❖ Document Name of Corporation
- ❖ Number of Shares
- ❖ Type of Shares
- ❖ Amount and how often paid
- ❖ For a specific disbursement, CANO if and when the total in a year exceeds \$2,000 and becomes countable and how this affects eligibility. [Click here](#) to go to the Native Dividends portion of this guide to learn more about when and how to count Native Dividend distributions.

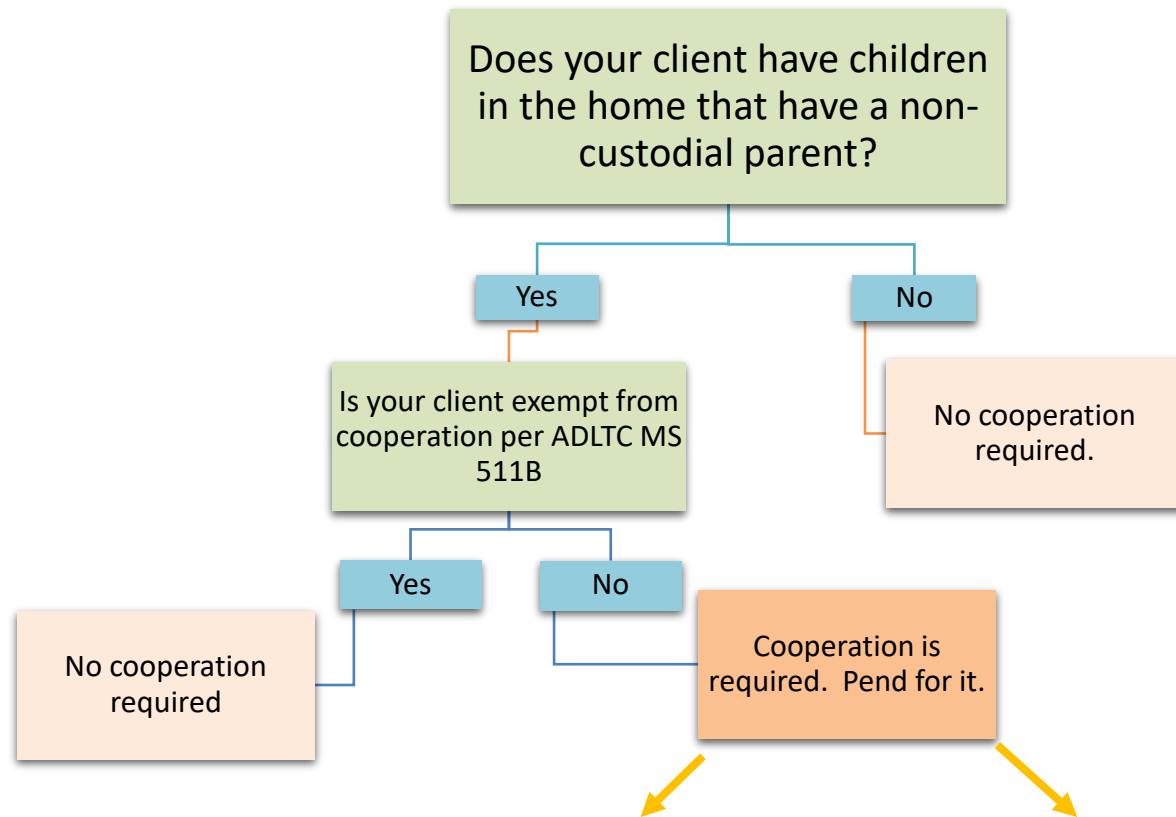
# COOPERATION WITH CHILD SUPPORT

## [ADLTC MS 511](#)

### KEY POINTS

- APA/Med clients who apply for Medicaid for their child are required to cooperate with the Child Support Services Division (CSSD) unless they meet one of the exemptions in MS 511-B.
- A client who fails to cooperate with CSSD without good cause is ineligible for Medicaid but still eligible for APA cash.
  - To stop Medicaid benefits without stopping APA cash, the ET will code the client 'OU' for the Medicaid on the SEPA screen, roll through the screens, and authorize as normal. See pages 8-9 of [EIS Procedures MS 2020-1](#) Section 9D for more information.
- **SSI recipients** cannot be penalized for failure to cooperate with CSSD. This is different from being exempt from coop requirements. Should their SSI eligibility end, a non-coop parent will then need their Medicaid stopped.

## WHEN DO I REQUIRE ADLTC CLIENTS TO COOPERATE WITH CHILD SUPPORT?



If your client did not cooperate and the pend due date is up: Does your client get SSI?

- NO: Apply the non-coop penalty.
- YES: No penalty is applied while they get SSI. Set an alert that they are non-coop so that the penalty will be applied if their SSI ends for any reason while they still have

## COUPLES CASE PROCESSING

**Reminders:** On applications and reviews, EACH spouse must sign the form or complete a telephonic signature. For telephonic signatures, capture each signature one at a time. They cannot be combined. If one spouse doesn't sign the form, that spouse is not eligible for APA, and the case must be processed as an A2S. ([APA MS 410-2E](#))

Both cases will have to be processed concurrently. You cannot update one and not the other. If a change is made on one case, benefits for the other will be deauthorized, even if you never go into that case. Processing always starts on the woman's case, continues to the man's case, and is authorized on the woman's case. Any income changes must be made on the man's case.

When a change is reported for a coupled case, add the change onto the man's case in the correct month (following policy guidelines per [APA MS 480-3](#)) and authorize the current benefits on the woman's case.

Finally, depending on the income and the benefit amount, the man's case may have an extra dollar in benefits. This is because the combined benefit amount is an odd amount and instead of dividing into cents (which can't be paid through EIS), the man on the case will get an extra dollar.

## TIPS FOR PROCESSING SAME SEX COUPLES CASE

To authorize benefits for a same sex couple, one of the spouses must be entered as a 'male' and one as a 'female.' After processing of the case, revert the changed spouse back to the original, correct gender. The med coupon for this spouse will need to be reissued so that the Medicaid benefits can be coded correctly. This can be done easily from the MEBH, by issuing a field coupon for each affected month. However, this extra issuance is only necessary if the incorrect benefit already went out.

**Note:** Failure to issue Medicaid to the correct gender can result in denial of payment for services. For example: Medicaid will not pay for a hysterectomy for someone coded as male. Likewise, it will not pay for a prostate exam for someone coded as female in EIS. Regardless of how necessary these services are for the individual.

## NEW APPLICATION – BOTH SPOUSES ELIGIBLE FOR APA (A2C)

Both spouses must have an APA case registered using themselves as the PI ([Admin MS 103-3C5](#)) and be in position 01 on their own case and 02 on their spouses' case.

### STEP 1 - WOMAN'S CASE

1. Go to the Woman's case number on APEM

```
EIS APEM                                ELIGIBILITY INFORMATION SYSTEM
                                         APPLICATION ENTRY MENU

                                         1. APPLICATION ENTRY SEQUENCE
                                         2. ESTABLISH RETRO MONTH MEDICAL
                                         3. ESTABLISH RETRO MONTH MEDICAID
                                         4. INITIALIZE MONTH
                                         5. DELETE MONTH
                                         6. DELETE RETRO MONTH MEDICAID
                                         7. DELETE RETRO MONTH MEDICAL

                                         ENTER FUNCTION (BY NUMBER): 1
                                         CASE NUMBER (FOR 1 - 7): XXXXXXXX
                                         MONTH (FOR 1 - 7): MMYY

                                         BUDGETING METHOD (FOR 1,2): _
```

2. Code the SEPA as shown  
→

```
EIS SEPA                                SETUP PARTICIPATIONS

CASE NAME: LAST NAME , WOMAN           CASE NUMBER: XXXXXXXX MONTH: MMY
NAME REL PGM PART START PGM PART START PGM PART START START
01 WOMAN L PI ME OA IN 01 AP OA IN 01
02 MALE L SP ME OU 01 AP CP 01
```

3. Hit 'F1' to save the information and navigate back to the APEM.

STEP 2 - MAN'S CASE

- 4. Go to the Man's case number on APEM.

```

EIS APEM                                ELIGIBILITY INFORMATION SYSTEM
                                           APPLICATION ENTRY MENU

1. APPLICATION ENTRY SEQUENCE
2. ESTABLISH RETRO MONTH MEDICAL
3. ESTABLISH RETRO MONTH MEDICAID
4. INITIALIZE MONTH
5. DELETE MONTH
6. DELETE RETRO MONTH MEDICAID
7. DELETE RETRO MONTH MEDICAL

ENTER FUNCTION (BY NUMBER): 1
CASE NUMBER (FOR 1 - 7): XXXXXXXX
MONTH (FOR 1 - 7): MMYY

BUDGETING METHOD (FOR 1,2): _
    
```

- 5. Code the SEPA as follows:

```

EIS SEPA                                SETUP PARTICIPATIONS

CASE NAME: LAST NAME , MAN                CASE NUMBER: XXXXXXXX MONTH: MMY
NAME REL PGM PART DAY PGM PART DAY PGM PART DAY PGM PART DAY
01 MALE L PI ME OA IN 01 AP OA IN 01
02 WOMAN L SP ME OA OU 01 AP OA CP 01
    
```

- 6. "Next" to his APAS, update all screens as appropriate with both their information.

*NOTE: You will not be able to update her MERE/MERI info on his case.*

```

EIS MERE                                MEDICAL REFERENCE

CASE NAME: LAST NAME , MAN                CASE NO: XXXXXXXX MONTH: MMY
POST MED START MONTH:
NAME REL SUBTYPE CODE EPSDT PHS VER CARE HIC NUMBER TPL-TPR DEATH
01 MALE L PI XX XX X - - XXXXXXXXXXXXX X
02 WOMAN L SP
    
```

- 7. On his APAS complete the following:

Add household type of A2C, B2C or H2C and hit enter.

```

CE442-I FOR FINAL CALCULATION - PRESS ENTER
APAS PART 1                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , MAN          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME : 0.00
ADJ GROSS EARNED INCOME : 0.00      HOUSEHOLD TYPE : XXX
$65 AND 1/2 WORK INCENT : 0.00
AB WORK DEDUCTIONS : 0.00
NET EARNED INCOME : 0.00 0.00
UNEARNED INCOME : 0.00
ADJ UNEARNED INCOME : 0.00
COUNTABLE ALB (Y/N) : N
ALB UNEARNED INCOME : 0.00
$20 DISREGARD : 0.00
NET UNEARNED INCOME : 0.00 0.00
COUNTABLE EARNED/UNEARNED: 0.00
MANUAL GRANT : 0.00
MED NEED STANDARD : 0.00
PENDED? :
AUTHORIZATION :
DENIAL/CLOSURE REASON :
BENEFIT ISSUANCE : X
REVIEW DUE DATE : MMY

APA PAYMENT STANDARD : 0.00
COUNTABLE EARNED/UNEARNED: 0.00
TOTAL BENEFIT AMOUNT : 0.00
BENEFIT AMT (INDIVIDUAL) : 0.00
RECOUPMENTS : 0.00
NET BENEFIT AMOUNT : 0.00
COUPLE CASE (P/S/ ) : X
SPOUSE CASE NUMBER : XXXXXXXX
SPOUSE ALB INCOME : 0.00

INFORMATION ONLY
COUNTABLE RESOURCES : 0.00
SSI APPLICATION DATE :
IAR RECEIVED DATE :
INSTITUTIONALIZED? :
REFUSE CASH? :
APA PAYEE :
NEXT--> ____
  
```

Check the 'ADJ Unearned Income' line to see if it populated correctly, add \$20 disregard if appropriate.

```

CEA74-I MAKE CHANGES OR PRESS ENTER TO CONTINUE
APAS PART 2                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , MAN          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME : 0.00
ADJ GROSS EARNED INCOME : 0.00      HOUSEHOLD TYPE : XXX
$65 AND 1/2 WORK INCENT : 0.00
AB WORK DEDUCTIONS : 0.00
NET EARNED INCOME : 0.00 0.00
UNEARNED INCOME : 0.00
ADJ UNEARNED INCOME : 0.00
COUNTABLE ALB (Y/N) : N
ALB UNEARNED INCOME : 0.00
$20 DISREGARD : 0.00
NET UNEARNED INCOME : 0.00 0.00
COUNTABLE EARNED/UNEARNED: 0.00
MANUAL GRANT : 0.00
MED NEED STANDARD : 0.00
PENDED? :
AUTHORIZATION :
DENIAL/CLOSURE REASON :
BENEFIT ISSUANCE : X
REVIEW DUE DATE : MMY

APA PAYMENT STANDARD : 0.00
COUNTABLE EARNED/UNEARNED: 0.00
TOTAL BENEFIT AMOUNT : 0.00
BENEFIT AMT (INDIVIDUAL) : 0.00
RECOUPMENTS : 0.00
NET BENEFIT AMOUNT : 0.00
COUPLE CASE (P/S/ ) : X
SPOUSE CASE NUMBER : XXXXXXXX
SPOUSE ALB INCOME : 0.00

INFORMATION ONLY
COUNTABLE RESOURCES : 0.00
SSI APPLICATION DATE :
IAR RECEIVED DATE :
INSTITUTIONALIZED? :
REFUSE CASH? :
APA PAYEE :
NEXT--> ____
  
```

Check to see if the 'COUPLE CASE (P/S/)' and 'SPOUSE CASE NUMBER' fields have been completed (on each client's APAS) and hit enter.

*NOTE: If the above fields are not completed, check your SEPA screen for correct coding*

```

CEA74-I MAKE CHANGES OR PRESS ENTER TO CONTINUE
APAS PART 2                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , MAN          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME :      0.00
$65 AND 1/2 WORK INCENT :      0.00
AB WORK DEDUCTIONS      :      0.00
NET EARNED INCOME       :      0.00  0.00
UNEARNED INCOME         :      0.00
ADJ UNEARNED INCOME     :      0.00
COUNTABLE ALB (Y/N)   : N
ALB UNEARNED INCOME     :      0.00
$20 DISREGARD          :      0.00
NET UNEARNED INCOME    :      0.00  0.00
COUNTABLE EARNED/UNEARNED:      0.00
MANUAL GRANT           :      0.00
MED NEED STANDARD      :      0.00
PENDEED?               :
AUTHORIZATION          :
DENIAL/CLOSURE REASON  :
BENEFIT ISSUANCE      : X
REVIEW DUE DATE       : MMY

HOUSEHOLD TYPE          : XXX
APA PAYMENT STANDARD   :      0.00
COUNTABLE EARNED/UNEARNED:      0.00
TOTAL BENEFIT AMOUNT  :      0.00
BENEFIT AMT (INDIVIDUAL) :      0.00
RECOUPMENTS           :      0.00
NET BENEFIT AMOUNT    :      0.00
COUPLE CASE (P/S/ )   : X
SPOUSE CASE NUMBER    : XXXXXXXX
SPOUSE ALB INCOME     :      0.00

INFORMATION ONLY
COUNTABLE RESOURCES  :      0.00
SSI APPLICATION DATE  :
IAR RECEIVED DATE    :
INSTITUTIONALIZED?   :
REFUSE CASH?         :
APA PAYEE            :
NEXT--> _____

```

Check the benefit issuance code to see if it is correct, add the review due date and hit enter.

```

CEA62-I CHECK REV DUE DATE & ENTER PCN ON SPOUSE'S APAS
APAS PART 3                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , MAN          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME :      0.00
$65 AND 1/2 WORK INCENT :      0.00
AB WORK DEDUCTIONS      :      0.00
NET EARNED INCOME       :      0.00  0.00
UNEARNED INCOME         :      0.00
ADJ UNEARNED INCOME     :      0.00
COUNTABLE ALB (Y/N)   : N
ALB UNEARNED INCOME     :      0.00
$20 DISREGARD          :      0.00
NET UNEARNED INCOME    :      0.00  0.00
COUNTABLE EARNED/UNEARNED:      0.00
MANUAL GRANT           :      0.00
MED NEED STANDARD      :      0.00
PENDEED?               : -
AUTHORIZATION          :
DENIAL/CLOSURE REASON  :
BENEFIT ISSUANCE      : X
REVIEW DUE DATE       : MMY

HOUSEHOLD TYPE          : XXX
APA PAYMENT STANDARD   :      0.00
COUNTABLE EARNED/UNEARNED:      0.00
TOTAL BENEFIT AMOUNT  :      0.00
BENEFIT AMT (INDIVIDUAL) :      0.00
RECOUPMENTS           :      0.00
NET BENEFIT AMOUNT    :      0.00
COUPLE CASE (P/S/ )   : X
SPOUSE CASE NUMBER    : XXXXXXXX
SPOUSE ALB INCOME     :      0.00

INFORMATION ONLY
COUNTABLE RESOURCES  :      0.00
SSI APPLICATION DATE  :
IAR RECEIVED DATE    :
INSTITUTIONALIZED?   :
REFUSE CASH?         :
APA PAYEE            :
NEXT--> _____

```

8. Hit 'F1' to save the information and navigate back to the APEM.

STEP 3 - WOMAN'S CASE

9. Go to the Woman's case number.

```

EIS APEM                                ELIGIBILITY INFORMATION SYSTEM
                                         APPLICATION ENTRY MENU

1. APPLICATION ENTRY SEQUENCE
2. ESTABLISH RETRO MONTH MEDICAL
3. ESTABLISH RETRO MONTH MEDICAID
4. INITIALIZE MONTH
5. DELETE MONTH
6. DELETE RETRO MONTH MEDICAID
7. DELETE RETRO MONTH MEDICAL

ENTER FUNCTION (BY NUMBER): 1
CASE NUMBER (FOR 1 - 7): XXXXXXXX
MONTH (FOR 1 - 7): MMY

BUDGETING METHOD (FOR 1,2): _
  
```

10. "Next" to the RACE screen and MERE/MERI screen. Update her information.

```

EIS RACE                                RACE AND ETHNICITY

CASE NAME: LAST NAME , WOMAN           CASE NUMBER: XXXXXXXX

----- RACE ----- - ETHNICITY -
NAME REL WHT AK AFR AMER PAC NOT HISPANIC
                NAT AMER IND ASIAN ISL PROVIDED OR LATINO
01 WOMAN L PI  N  N  N  N  N  N  Y  N
02 MALE L SP  N  N  N  N  N  N  Y  N
  
```

```

EIS MERE                                MEDICAL REFERENCE

CASE NAME: LAST NAME , WOMAN           CASE NO: XXXXXXXX   MONTH: MMY
POST MED START MONTH:

NAME REL MED ELIG WAI PRIMARY POSSIBLE DATE OF
SUBTYPE CODE EPSDT PHS VER CARE HIC NUMBER TPL-TPR DEATH
01 WOMAN L PI  _  _  _  _  _  _  _  _  _
02 MALE L SP
  
```

11. "Next" to her APAS, press the enter key, (EIS will pull over the information from his case). Enter in your PCN and the review date and hit enter. (NOTE: This will authorize his benefits as well)

```

CEA52-I CASE PROCESSED-- CHECK PCN, ISS INDICATOR & REVIEW DUE DATE
APAS PART 3                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , WOMAN                CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME :      0.00      HOUSEHOLD TYPE      : XXX
$65 AND 1/2 WORK INCENT :      0.00      APA PAYMENT STANDARD :      0.00
AB WORK DEDUCTIONS      :      0.00      COUNTABLE EARNED/UNEARNED:      0.00
NET EARNED INCOME       :      0.00 0.00  TOTAL BENEFIT AMOUNT :      0.00
UNEARNED INCOME        :      0.00      BENEFIT AMT (INDIVIDUAL) :      0.00
ADJ UNEARNED INCOME    :      0.00      RECOUPMENTS          :      0.00
COUNTABLE ALB (Y/N)   : X              NET BENEFIT AMOUNT    :      0.00
ALB UNEARNED INCOME    :      0.00      COUPLE CASE (P/S/ )   : X
$20 DISREGARD         :      0.00      SPOUSE CASE NUMBER    : XXXXXXXX
NET UNEARNED INCOME    :      0.00 0.00  SPOUSE ALB INCOME     :      0.00
COUNTABLE EARNED/UNEARNED:      0.00
MANUAL GRANT           :      0.00      INFORMATION ONLY
MED NEED STANDARD     :      0.00      COUNTABLE RESOURCES   :      0.00
PENDEDED?             :
AUTHORIZATION          : PCN
DENIAL/CLOSURE REASON :
BENEFIT ISSUANCE      : X
REVIEW DUE DATE       : MMY
COUNTABLE RESOURCES   :      0.00
SSI APPLICATION DATE   :
IAR RECEIVED DATE     :
INSTITUTIONALIZED?    :
REFUSE CASH?          :
APA PAYEE              :
NEXT-->

```

12. Hit 'F1' to save the information, navigate back to the APEM AND Initialize her case into the next month

```

EIS APEM                ELIGIBILITY INFORMATION SYSTEM
                        APPLICATION ENTRY MENU

1. APPLICATION ENTRY SEQUENCE
2. ESTABLISH RETRO MONTH MEDICAL
3. ESTABLISH RETRO MONTH MEDICAID
4. INITIALIZE MONTH
5. DELETE MONTH
6. DELETE RETRO MONTH MEDICAID
7. DELETE RETRO MONTH MEDICAL

ENTER FUNCTION (BY NUMBER): 4
CASE NUMBER (FOR 1 - 7): XXXXXXXX
MONTH (FOR 1 - 7): MMY
BUDGETING METHOD (FOR 1,2): P

```

STEP 4 – MAN’S CASE

13. Go to Man's case number and initialize case into the next month

```

EIS APEM                                ELIGIBILITY INFORMATION SYSTEM
                                         APPLICATION ENTRY MENU

1. APPLICATION ENTRY SEQUENCE
2. ESTABLISH RETRO MONTH MEDICAL
3. ESTABLISH RETRO MONTH MEDICAID
4. INITIALIZE MONTH
5. DELETE MONTH
6. DELETE RETRO MONTH MEDICAID
7. DELETE RETRO MONTH MEDICAL

ENTER FUNCTION (BY NUMBER): 4
CASE NUMBER (FOR 1 - 7): XXXXXXXX
MONTH (FOR 1 - 7): MMY

BUDGETING METHOD (FOR 1,2): P
  
```

14. "Next" to his APAS screen. Hit Enter twice. Make any updates as needed and hit enter.

```

CEA91-I ENTER PCN ON SPOUSES'S APAS (DIR DEPOSIT UPDATED? EBPM/EBDD)
APAS PART 3                                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , MAN                CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME : 0.00
ADJ GROSS EARNED INCOME : 0.00
$65 AND 1/2 WORK INCENT : 0.00
AB WORK DEDUCTIONS : 0.00
NET EARNED INCOME : 0.00 0.00
UNEARNED INCOME : 0.00
ADJ UNEARNED INCOME : 0.00
COUNTABLE ALB (Y/N) : X
ALB UNEARNED INCOME : 0.00
$20 DISREGARD : 0.00
NET UNEARNED INCOME : 0.00 0.00
COUNTABLE EARNED/UNEARNED: 0.00
MANUAL GRANT : 0.00
MED NEED STANDARD : 0.00
PENDE? :
AUTHORIZATION :
DENIAL/CLOSURE REASON :
BENEFIT ISSUANCE : X
REVIEW DUE DATE : MMY

HOUSEHOLD TYPE : XXX
APA PAYMENT STANDARD : 0.00
COUNTABLE EARNED/UNEARNED: 0.00
TOTAL BENEFIT AMOUNT : 0.00
BENEFIT AMT (INDIVIDUAL) : 0.00
RECOUPMENTS : 0.00
NET BENEFIT AMOUNT : 0.00
COUPLE CASE (P/S/ ) : X
SPOUSE CASE NUMBER : XXXXXXXX
SPOUSE ALB INCOME : 0.00

INFORMATION ONLY
COUNTABLE RESOURCES : 0.00
SSI APPLICATION DATE :
IAR RECEIVED DATE :
INSTITUTIONALIZED? :
REFUSE CASH? :
APA PAYEE :
NEXT -->
  
```

15. Hit 'F1' to save information and go back to the previous menu (APEM).

STEP 5 - WOMAN'S CASE

16. Go to the Woman's case number on APEM.

```

EIS APEM                                ELIGIBILITY INFORMATION SYSTEM
                                           APPLICATION ENTRY MENU

1. APPLICATION ENTRY SEQUENCE
2. ESTABLISH RETRO MONTH MEDICAL
3. ESTABLISH RETRO MONTH MEDICAID
4. INITIALIZE MONTH
5. DELETE MONTH
6. DELETE RETRO MONTH MEDICAID
7. DELETE RETRO MONTH MEDICAL

ENTER FUNCTION (BY NUMBER): 1
CASE NUMBER (FOR 1 - 7): XXXXXXXX
MONTH (FOR 1 - 7): MMY

BUDGETING METHOD (FOR 1,2): _
  
```

17. "Next" to her APAS. Hit Enter ONCE, enter your PCN, check the benefits issuance for accuracy and hit enter to authorize benefits

```

CEA92-I CHECK PCN, ISS IND, EBPM/EBDD (TIP: PROCESSED SPOUSE'S APAS?)
APAS PART 3                               APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , WOMAN                CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME : 0.00
ADJ GROSS EARNED INCOME : 0.00
$65 AND 1/2 WORK INCENT : 0.00
AB WORK DEDUCTIONS : 0.00
NET EARNED INCOME : 0.00 0.00
UNEARNED INCOME : 0.00
ADJ UNEARNED INCOME : 0.00
COUNTABLE ALB (Y/N) : X
ALB UNEARNED INCOME : 0.00
$20 DISREGARD : 0.00
NET UNEARNED INCOME : 0.00 0.00
COUNTABLE EARNED/UNEARNED: 0.00
MANUAL GRANT : 0.00
MED NEED STANDARD : 0.00
PENDEED? :
AUTHORIZATION : PCN
DENIAL/CLOSURE REASON :
BENEFIT ISSUANCE : X
REVIEW DUE DATE : MMY

HOUSEHOLD TYPE : XXX
APA PAYMENT STANDARD : 0.00
COUNTABLE EARNED/UNEARNED: 0.00
TOTAL BENEFIT AMOUNT : 0.00
BENEFIT AMT (INDIVIDUAL) : 0.00
RECOUPMENTS : 0.00
NET BENEFIT AMOUNT : 0.00
COUPLE CASE (P/S/ ) : X
SPOUSE CASE NUMBER : XXXXXXXX
SPOUSE ALB INCOME : 0.00

INFORMATION ONLY
COUNTABLE RESOURCES : 0.00
SSI APPLICATION DATE :
IAR RECEIVED DATE :
INSTITUTIONALIZED? :
REFUSE CASH? :
APA PAYEE :
NEXT-->
  
```

18. Hit 'F1' or enter to save the benefits.

STEP 6 - BOTH CASES



You will also get Medicaid benefits for the months of:

Month/Year - Month/Year

You will receive a Medicaid Recipient Identification Card in the mail. Show this card to each of your medical providers so they can make a copy of it for their records. If you do not, you may have to pay for the service yourself.

You may be able to get Medicaid for up to three months before your application date of DECEMBER 01, 2024. If you need coverage for those months, contact this office right away.

This action is supported by Adult Public Assistance Manual sections 410-5 and 452, Medical Assistance Manual section 5005, and state regulations at 7 AAC 40.070, 7 AAC 40.370, and 7 AAC 100.018.

SCREEN 2 OF 3

PF4=COPIES

MAIL? (Y): \_

BENEFITS WERE DETERMINED USING (CLIENT'S NAME) MONTHLY GROSS INCOME FROM (SOURCE OF INCOME) OF \$XXX.XX AND (CLIENT'S NAME) FROM (SOURCES OF INCOME) OF \$XXX.XX.

#####  
#####  
#####  
#####  
#####  
#####

SCREEN 3 OF 3

PF4=COPIES

MAIL? (Y): \_

21. Check the APBH and MEBH on both cases to make sure benefits are not deauthorized (deauthorized benefits will be in white lettering or a \$0.00 benefit amount).

SE002-I END OF DISPLAY REACHED

EIS MEBH

ME BENEFIT HISTORY

CASE NAME: LAST NAME , FIRST NAME

CASE NUMBER: XXXXXXXX

BENEFIT MONTH	HOUSEHOLD MEMBERS	BENEFIT CREATED DATE	GROSS CNTBL INC	WORK DED	DEP CARE	ISS IND
MMYY	LAST NAME , WOMAN		0.00	0.00	0.00	R
MMYY	LAST NAME , WOMAN		0.00	0.00	0.00	I

SE002-I END OF DISPLAY REACHED

EIS APBH

APA/IA BENEFIT HISTORY

CASE NAME: LAST NAME , FIRST NAME

CASE NUMBER: XXXXXXXX

BENEFIT MONTH	HOUSEHOLD TYPE	NET CNTBLE INCOME	PROGRAM TYPE	RECOUP AMOUNT	BENEFIT AMOUNT	ISS IND
MMYY	XXX	000	AP XX	0	0.00	R
MMYY	XXX	000	AP XX	0	XXX.XX	I

22. Check the CAP2 to make sure the cert thru dates is correct on both cases.

EIS CAP2		CASE PROFILE - PAGE 2						
CASE NAME: LAST NAME , FIRST NAME				CASE NUMBER: XXXXXXXX				
INTERVIEWS:				CURRENT FS/HH CASE NUMBER:				
ACTUAL:	TYPE:	NEXT:	60 MTHS:	TOTAL EXT MTHS USED:				
BENEFIT	APP		STATUS	CERT/REV	EXT	CURRENT		
PROGRAM	START	RECEIVED	SIZE TYPE	STATUS	DATE	MONTH	END	MONTH
AP XX	MMDDYY	MMDDYY	XX XXX	OPEN	MMDDYY	MMYY		MMYY
ME XX	MMDDYY	MMDDYY	XX XXX	OPEN	MMDDYY	MMYY		MMYY
CLIENT				DOB	MED SUB REL	---PARTICIPATION---		MED W O R K
LAST NAME , FIRST NAME				MMDDYY	XX	PI	TA FS ME AP IA GA GM	ELG -TA--FS
LAST NAME , FIRST NAME				MMDDYY	SP		IN IN	XX
						OU CP		

### COUPLING AN ONGOING A2S CASE (TO AN A2C)

When one spouse of a couple has an ongoing APA case and the other spouse becomes eligible for APA with a new application, the cases need to be “coupled up” in the next unpaid month (allowing for adverse action). If the applying spouse is eligible in preceding months (based on application and benefit start dates), then a manual budget is completed to determine the total amount the couple should have been paid as a couple.

### INITIAL MONTH – BENEFITS PRORATED FROM THE DATE OF APP

1. Calculate a full month’s benefits for an A2C using an [APA-5](#),  
  
[Click here to access instructions for completing the APA5](#)
2. Subtract the benefit amount already received on the first spouse’s case. If the paid amount on the first spouse’s case is more than the coupled amount (and greater than \$1), then benefit will be manually changed to \$0 and authorized. Document there is no time for adverse action. Benefit should not be denied; because new app is eligible for a benefit amount (just received on the other spouse’s case) we do not want the app to show as denied in the system.
  - a. For example. If the open case was paid \$100 and the new coupled benefit amount they are eligible for is \$50, then they are each eligible for \$25. However, the benefit was already paid on the open case, so nothing can be paid on the new case. They are both eligible, so we don’t deny either case and there’s no adverse action to reduce the benefit.
3. Calculate a prorated benefit amount from the remainder following [APA MS 452-6A](#). INITIAL MONTH’S APA PAYMENT

4. On the new spouse's case, code the first spouse 'OU' of both APA and ME on the SEPA.

EIS SEPA				SETUP PARTICIPATIONS							
CASE NAME: LAST NAME , FIRST NAME						CASE NUMBER: XXXXXXXX MONTH: MMY					
NAME	REL	PGM PART	DAY	PGM PART	DAY	PGM PART	DAY	PGM PART	DAY	PGM PART	DAY
01	ONE	L PI	ME XX in	1	AP OA IN	1					
02	TWO	L SP	ME XX OU	1	AP OA OU	1					

5. Finish processing the screens until you get to the APAS.

6. On the APAS, code the HH type as 'A1E' and hit enter 3 times

CE442-I FOR FINAL CALCULATION - PRESS ENTER		APAS PART 1		APA AUTHORIZATION SCREEN			
CASE NAME: LAST NAME , FIRST NAME				CASE NUMBER: XXXXXXXX MONTH: MMY			
GROSS EARNED INCOME	:	0.00		HOUSEHOLD TYPE	:	A1E	
ADJ GROSS EARNED INCOME	:	0.00		APA PAYMENT STANDARD	:	0.00	
\$65 AND 1/2 WORK INCENT	:	0.00		COUNTABLE EARNED/UNEARNED:	:	0.00	
AB WORK DEDUCTIONS	:	0.00		TOTAL BENEFIT AMOUNT	:	0.00	
NET EARNED INCOME	:	0.00	0.00	BENEFIT AMT (INDIVIDUAL)	:	0.00	
UNEARNED INCOME	:	0.00		RECOUPMENTS	:	0.00	
ADJ UNEARNED INCOME	:	000.00		NET BENEFIT AMOUNT	:	0.00	
COUNTABLE ALB (Y/N)	:	N		COUPLE CASE (P/S/ )	:		
ALB UNEARNED INCOME	:	0.00		SPOUSE CASE NUMBER	:	XXXXXXX	
\$20 DISREGARD	:	0.00		SPOUSE ALB INCOME	:	0.00	
NET UNEARNED INCOME	:	0.00	00.00	INFORMATION ONLY			
COUNTABLE EARNED/UNEARNED:	:	0.00		COUNTABLE RESOURCES	:	0.00	
MANUAL GRANT	:	0.00		SSI APPLICATION DATE	:		
MED NEED STANDARD	:	0.00		IAR RECEIVED DATE	:		
PENDED?	:			INSTITUTIONALIZED?	:		
AUTHORIZATION	:			REFUSE CASH?	:		
DENIAL/CLOSURE REASON	:			APA PAYEE	:		
BENEFIT ISSUANCE	:	X		NEXT--> _____			
REVIEW DUE DATE	:	MMYY					

7. Manually change the grant amount to the amount calculated in step 3.

```

CEA93-I CHECK PCN, ISSUANCE INDICATOR & REVIEW DUE MONTH
APAS PART 3                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , FIRST NAME          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME  :      0.00      HOUSEHOLD TYPE           : XXX
$65 AND 1/2 WORK INCENT  :      0.00      APA PAYMENT STANDARD    :      0.00
AB WORK DEDUCTIONS       :      0.00      COUNTABLE EARNED/UNEARNED: 0.00
NET EARNED INCOME        :      0.00 0.00  TOTAL BENEFIT AMOUNT    :      0.00
UNEARNED INCOME          :      0.00      BENEFIT AMT (INDIVIDUAL) : 0.00
ADJ UNEARNED INCOME      :      0.00      RECOUPMENTS            :      0.00
COUNTABLE ALB (Y/N)     : N              NET BENEFIT AMOUNT      :      0.00
ALB UNEARNED INCOME      :      0.00      COUPLE CASE (P/S/ )    :
$20 DISREGARD            :      0.00      SPOUSE CASE NUMBER     :
NET UNEARNED INCOME      :      0.00 00.00 SPOUSE ALB INCOME      :      0.00
COUNTABLE EARNED/UNEARNED: 0.00
MANUAL GRANT              : 0.00          INFORMATION ONLY
MED NEED STANDARD        :      0.00      COUNTABLE RESOURCES     : 0.00
PENDEED?                 : -              SSI APPLICATION DATE    :
AUTHORIZATION            :                IAR RECEIVED DATE      :
DENIAL/CLOSURE REASON    :                INSTITUTIONALIZED?     :
BENEFIT ISSUANCE         : X              REFUSE CASH?           :
REVIEW DUE DATE          : MMY            APA PAYEE               :
NEXT-->

```

8. Authorize the benefit on APAS and hit enter

```

CEA93-I CHECK PCN, ISSUANCE INDICATOR & REVIEW DUE MONTH
APAS PART 3                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , FIRST NAME          CASE NUMBER:XXXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME  :      0.00      HOUSEHOLD TYPE           : A1E
$65 AND 1/2 WORK INCENT  :      0.00      APA PAYMENT STANDARD    :      0.00
AB WORK DEDUCTIONS       :      0.00      COUNTABLE EARNED/UNEARNED: 0.00
NET EARNED INCOME        :      0.00 0.00  TOTAL BENEFIT AMOUNT    :      0.00
UNEARNED INCOME          :      0.00      BENEFIT AMT (INDIVIDUAL) : 0.00
ADJ UNEARNED INCOME      :      0.00      RECOUPMENTS            :      0.00
COUNTABLE ALB (Y/N)     : N              NET BENEFIT AMOUNT      :      0.00
ALB UNEARNED INCOME      :      0.00      COUPLE CASE (P/S/ )    :
$20 DISREGARD            :      0.00      SPOUSE CASE NUMBER     :
NET UNEARNED INCOME      :      0.00 00.00 SPOUSE ALB INCOME      :      0.00
COUNTABLE EARNED/UNEARNED: 0.00
MANUAL GRANT              : 0.00          INFORMATION ONLY
MED NEED STANDARD        :      0.00      COUNTABLE RESOURCES     : 0.00
PENDEED?                 : -              SSI APPLICATION DATE    :
AUTHORIZATION            :                IAR RECEIVED DATE      :
DENIAL/CLOSURE REASON    :                INSTITUTIONALIZED?     :
BENEFIT ISSUANCE         : X              REFUSE CASH?           :
REVIEW DUE DATE          : MMY            APA PAYEE               :
NEXT-->

```

9. Hit 'F1' to save information to go back to the previous menu (APEM) and initialize into the next month.

```

EIS APEM                                ELIGIBILITY INFORMATION SYSTEM
                                         APPLICATION ENTRY MENU

1. APPLICATION ENTRY SEQUENCE
2. ESTABLISH RETRO MONTH MEDICAL
3. ESTABLISH RETRO MONTH MEDICAID
4. INITIALIZE MONTH
5. DELETE MONTH
6. DELETE RETRO MONTH MEDICAID
7. DELETE RETRO MONTH MEDICAL

ENTER FUNCTION (BY NUMBER): 4
CASE NUMBER (FOR 1 - 7): XXXXXXXX
MONTH (FOR 1 - 7): MMY

BUDGETING METHOD (FOR 1,2): P

```

**FULL MONTH – BENEFITS NOT PRORATED AND NOT YET COUPLED**

10. Calculate a full month's benefits for an A2C using an [APA-5](#),

[Click here to access instructions for completing the APA5](#)

11. Subtract the benefit amount already received on the first spouse's case. If the paid amount on the first spouse's case is more than the coupled amount (and greater than \$1), then benefit will be manually changed to \$0 and authorized. Document there is no time for adverse action. Benefit should not be denied; because new app is eligible for a benefit amount (just received on the other spouse's case) we do not want the app to show as denied in the system.
- a. For example. If the open case was paid \$100 and the new coupled benefit amount they are eligible for is \$50, then they are each eligible for \$25. However, the benefit was already paid on the open case, so nothing can be paid on the new case. They are both eligible, so we don't deny either case and there's no adverse action to reduce the benefit.

12. On the new spouse's case, code the first spouse 'OU' of both APA and ME on the SEPA.

```

EIS SEPA                                SETUP PARTICIPATIONS

CASE NAME: LAST NAME , FIRST NAME      CASE NUMBER: XXXXXXXX MONTH: MMY
NAME REL PGM PART START PGM PART START PGM PART START PGM PART START
01 ONE L PI ME XX in 1 AP OA IN 1
02 TWO L SP ME XX OU 1 AP OA OU 1

```

13. Finish processing the screens until you get to the APAS.

14. On the APAS, code the HH type as 'A1E' and hit enter 3 times.

```

CE442-I FOR FINAL CALCULATION - PRESS ENTER
APAS PART 1                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , FIRST NAME          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME :      0.00
$65 AND 1/2 WORK INCENT :      0.00
AB WORK DEDUCTIONS      :      0.00
NET EARNED INCOME       :      0.00  0.00
UNEARNED INCOME         :      0.00
ADJ UNEARNED INCOME    :      000.00
COUNTABLE ALB (Y/N)   :      N
ALB UNEARNED INCOME    :      0.00
$20 DISREGARD          :      0.00
NET UNEARNED INCOME    :      0.00  00.00
COUNTABLE EARNED/UNEARNED:      0.00
MANUAL GRANT           :      0.00
MED NEED STANDARD      :      0.00
PENDED?                :
AUTHORIZATION          :
DENIAL/CLOSURE REASON :
BENEFIT ISSUANCE      :      X
REVIEW DUE DATE       :      MMY

HOUSEHOLD TYPE          : A1E
APA PAYMENT STANDARD   :      0.00
COUNTABLE EARNED/UNEARNED:      0.00
TOTAL BENEFIT AMOUNT  :      0.00
BENEFIT AMT (INDIVIDUAL) :      0.00
RECOUPMENTS           :      0.00
NET BENEFIT AMOUNT    :      0.00
COUPLE CASE (P/S/ )   :      -
SPOUSE CASE NUMBER    :      XXXXXXXX
SPOUSE ALB INCOME     :      0.00

INFORMATION ONLY
COUNTABLE RESOURCES  :      0.00
SSI APPLICATION DATE  :
IAR RECEIVED DATE    :
INSTITUTIONALIZED?   :
REFUSE CASH?         :
APA PAYEE            :
NEXT--> _____

```

15. Manually change the grant amount to the A2C amount minus the spouse's benefit amount (as in step #1).

```

CEA93-I CHECK PCN, ISSUANCE INDICATOR & REVIEW DUE MONTH
APAS PART 3                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , FIRST NAME          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME :      0.00
$65 AND 1/2 WORK INCENT :      0.00
AB WORK DEDUCTIONS      :      0.00
NET EARNED INCOME       :      0.00  0.00
UNEARNED INCOME         :      0.00
ADJ UNEARNED INCOME    :      0.00
COUNTABLE ALB (Y/N)   :      N
ALB UNEARNED INCOME    :      0.00
$20 DISREGARD          :      0.00
NET UNEARNED INCOME    :      0.00  00.00
COUNTABLE EARNED/UNEARNED:      0.00
MANUAL GRANT           : 0.00
MED NEED STANDARD      :      0.00
PENDED?                :      -
AUTHORIZATION          :      -
DENIAL/CLOSURE REASON :      -
BENEFIT ISSUANCE      :      X
REVIEW DUE DATE       :      MMY

HOUSEHOLD TYPE          :      XXX
APA PAYMENT STANDARD   :      0.00
COUNTABLE EARNED/UNEARNED:      0.00
TOTAL BENEFIT AMOUNT  :      0.00
BENEFIT AMT (INDIVIDUAL) :      0.00
RECOUPMENTS           :      0.00
NET BENEFIT AMOUNT    :      0.00
COUPLE CASE (P/S/ )   :
SPOUSE CASE NUMBER    :
SPOUSE ALB INCOME     :      0.00

INFORMATION ONLY
COUNTABLE RESOURCES  :      0.00
SSI APPLICATION DATE  :
IAR RECEIVED DATE    :
INSTITUTIONALIZED?   :
REFUSE CASH?         :
APA PAYEE            :
NEXT--> _____

```

16. Authorize the benefit on APAS and hit enter.

```

CEA93-I CHECK PCN, ISSUANCE INDICATOR & REVIEW DUE MONTH
APAS PART 3                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , FIRST NAME          CASE NUMBER:XXXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME  :      0.00      HOUSEHOLD TYPE           : A1E
$65 AND 1/2 WORK INCENT  :      0.00      APA PAYMENT STANDARD    :      0.00
AB WORK DEDUCTIONS       :      0.00      COUNTABLE EARNED/UNEARNED: 0.00
NET EARNED INCOME        :      0.00 0.00  TOTAL BENEFIT AMOUNT     :      0.00
UNEARNED INCOME          :      0.00      BENEFIT AMT (INDIVIDUAL) : 0.00
ADJ UNEARNED INCOME      :      0.00      RECOUPMENTS            :      0.00
COUNTABLE ALB (Y/N)     : N              NET BENEFIT AMOUNT      :      0.00
ALB UNEARNED INCOME      :      0.00      COUPLE CASE (P/S/ )    :
$20 DISREGARD           :      0.00      SPOUSE CASE NUMBER     :
NET UNEARNED INCOME      :      0.00 00.00 SPOUSE ALB INCOME       :      0.00
COUNTABLE EARNED/UNEARNED: 0.00
MANUAL GRANT              :      0.00      INFORMATION ONLY
MED NEED STANDARD        :      0.00      COUNTABLE RESOURCES     :      0.00
PENDE?                   : _              SSI APPLICATION DATE    :
AUTHORIZATION            : _              IAR RECEIVED DATE      :
DENIAL/CLOSURE REASON    : _              INSTITUTIONALIZED?     :
BENEFIT ISSUANCE         : X              REFUSE CASH?           :
REVIEW DUE DATE          : MMY              APA PAYEE               :
NEXT--> _

```

17. Hit 'F1' to save information to go back to the previous menu (APEM) and initialize into the next month.

```

EIS APEM                ELIGIBILITY INFORMATION SYSTEM
                        APPLICATION ENTRY MENU

1. APPLICATION ENTRY SEQUENCE
2. ESTABLISH RETRO MONTH MEDICAL
3. ESTABLISH RETRO MONTH MEDICAID
4. INITIALIZE MONTH
5. DELETE MONTH
6. DELETE RETRO MONTH MEDICAID
7. DELETE RETRO MONTH MEDICAL

ENTER FUNCTION (BY NUMBER): 4
CASE NUMBER (FOR 1 - 7): XXXXXXXX
MONTH (FOR 1 - 7): MMY
BUDGETING METHOD (FOR 1,2): P

```

**FULL MONTH – CASE COUPLED**

Follow instructions under [NEW APPLICATION – BOTH SPOUSES ELIGIBLE FOR APA \(A2C\)](#).

**BOTH CASES**

1. Send notices
  - o Ongoing APA: P701
  - o Applying APA: P102 (P112 if case is not eligible in the first month)



4. Check the CAP2 to make sure the cert thru date is correct on both cases.

```

EIS CAP2                      CASE PROFILE - PAGE 2

CASE NAME: LAST NAME , FIRST NAME          CASE NUMBER: XXXXXXXX
INTERVIEWS:                                CURRENT FS/HH CASE NUMBER:
  ACTUAL:          TYPE:          NEXT:          60 MTHS:          TOTAL EXT MTHS USED:

          BENEFIT  APP                STATUS  CERT/REV  EXT  CURRENT
PROGRAM  START  RECEIVED  SIZE  TYPE  STATUS  DATE  MONTH  END  MONTH
AP  XX   MMDDYY  MMDDYY  XX  XXX  OPEN  MMDDYY  MMY  MMY  MMY
ME  XX   MMDDYY  MMDDYY  XX  XXX  OPEN  MMDDYY  MMY  MMY  MMY

          MED                MED W O R K
CLIENT                DOB  SUB  REL  ---PARTICIPATION---  ELG  -TA--FS
LAST NAME , FIRST NAME  MMDDYY  XX  PI  TA  FS  ME  AP  IA  GA  GM
LAST NAME , FIRST NAME  MMDDYY  SP  OU  CP
  
```

## UNCOUPLING AN A2C CASE

### Reasons to uncouple a case:

1. One case is deauthorized and the other has a paid benefit in the same month.
2. One spouse passes away.
3. The couple separates or divorces.

To uncouple an APA case, just change the 'CP' participation code on the SEPA to 'OU' and update the Household Type (living arrangement) on the APAS. A2C => A1E or B2C => B1E

This will allow you to process the cases independently.

```

EIS SEPA                      SETUP PARTICIPATIONS

CASE NAME: LAST NAME , FIRST NAME          CASE NUMBER: XXXXXXXX MONTH: MMY
          NAME  REL  PGM  PART  START  START  START  START
          NAME  REL  PGM  PART  DAY  PGM  PART  DAY  PGM  PART  DAY
01 ONE  L  PI  ME  XX  IN  _1  AP  XX  IN  _1
02 TWO  L  SP  ME  XX  OU  _1  AP  XX  OU  _1
  
```

```

CE442-I FOR FINAL CALCULATION - PRESS ENTER
APAS PART 1                      APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , FIRST NAME          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME          :          0.00
ADJ GROSS EARNED INCOME      :          0.00
$65 AND 1/2 WORK INCENT      :          0.00
AB WORK DEDUCTIONS           :          0.00
NET EARNED INCOME            :          0.00  0.00
UNEARNED INCOME              :          0.00
ADJ UNEARNED INCOME          :          000.00
COUNTABLE ALB (Y/N)         :  N
ALB UNEARNED INCOME          :          0.00
$20 DISREGARD                :          0.00
NET UNEARNED INCOME          :          0.00  000.00
COUNTABLE EARNED/UNEARNED   :          0.00
MANUAL GRANT                  :          0.00
MED NEED STANDARD            :          0.00
PENDED?                       :
AUTHORIZATION                 :
DENIAL/CLOSURE REASON        :
BENEFIT ISSUANCE             :  X
REVIEW DUE DATE              :  MMY

HOUSEHOLD TYPE                :  XXX
APA PAYMENT STANDARD          :          0.00
COUNTABLE EARNED/UNEARNED   :          0.00
TOTAL BENEFIT AMOUNT         :          0.00
BENEFIT AMT (INDIVIDUAL)     :          0.00
RECOUPMENTS                  :          0.00
NET BENEFIT AMOUNT           :          0.00
COUPLE CASE (P/S/ )          :
SPOUSE CASE NUMBER           :  XXXXXXXX
SPOUSE ALB INCOME            :          0.00

INFORMATION ONLY
COUNTABLE RESOURCES          :          0.00
SSI APPLICATION DATE          :
IAR RECEIVED DATE            :
INSTITUTIONALIZED?          :
REFUSE CASH?                 :
APA PAYEE                    :
NEXT--> _____
  
```

ONE CASE DEAUTHORIZED / ONE CASE WITH A PAID BENEFIT (SAME MONTH)

This must only be done if the other case has a paid benefit and the APAS screens can't be adjusted together.

1. On the case with the deauthorized benefit, in the month the benefits were deauthorized, code the spouse 'OU' on the SEPA instead of 'CP'.

EIS SEPA				SETUP PARTICIPATIONS							
CASE NAME: LAST NAME , FIRST NAME						CASE NUMBER: XXXXXXXX MONTH: MMY					
NAME	REL	PGM	PART	START DAY	PGM	PART	START DAY	PGM	PART	START DAY	
01	ONE	L	PI	ME	XX	IN	_1	AP	XX	IN	_1
02	TWO	L	SP	ME	XX	OU	_1	AP	XX	OU	_1

2. 'Next' to the APAS screen, change the HH type to A1E and hit enter 3 times.

CE442-I FOR FINAL CALCULATION - PRESS ENTER		APA AUTHORIZATION SCREEN	
APAS PART 1		CASE NUMBER: XXXXXXXX MONTH: MMY	
CASE NAME: LAST NAME , FIRST NAME		CASE NUMBER: XXXXXXXX	MONTH: MMY
GROSS EARNED INCOME	: 0.00	HOUSEHOLD TYPE	: <u>XXX</u>
ADJ GROSS EARNED INCOME	: 0.00	APA PAYMENT STANDARD	: 0.00
\$65 AND 1/2 WORK INCENT	: 0.00	COUNTABLE EARNED/UNEARNED:	0.00
AB WORK DEDUCTIONS	: 0.00	TOTAL BENEFIT AMOUNT	: 0.00
NET EARNED INCOME	: 0.00	BENEFIT AMT (INDIVIDUAL)	: 0.00
UNEARNED INCOME	: 0.00	RECOUPMENTS	: 0.00
ADJ UNEARNED INCOME	: 000.00	NET BENEFIT AMOUNT	: 0.00
COUNTABLE ALB (Y/N)	: N	COUPLE CASE (P/S/ )	: _
ALB UNEARNED INCOME	: 0.00	SPOUSE CASE NUMBER	: XXXXXXXX
\$20 DISREGARD	: 0.00	SPOUSE ALB INCOME	: 0.00
NET UNEARNED INCOME	: 0.00	INFORMATION ONLY	
COUNTABLE EARNED/UNEARNED:	0.00	COUNTABLE RESOURCES	: 0.00
MANUAL GRANT	: 0.00	SSI APPLICATION DATE	:
MED NEED STANDARD	: 0.00	IAR RECEIVED DATE	:
PENDED?	:	INSTITUTIONALIZED?	:
AUTHORIZATION	:	REFUSE CASH?	:
DENIAL/CLOSURE REASON	:	APA PAYEE	:
BENEFIT ISSUANCE	: X		
REVIEW DUE DATE	: MMY		
		NEXT-->	_____

3. Manually change the benefit amount to the correct benefit amount for the case. This should match the spouse's case. On some occasions, the Man may get \$1 higher benefit. You can also check the last NOHS for the correct benefit amount.

```

CEA93-I CHECK PCN, ISSUANCE INDICATOR & REVIEW DUE MONTH
APAS PART 3                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , FIRST NAME          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME  :      0.00      HOUSEHOLD TYPE          : XXX
$65 AND 1/2 WORK INCENT  :      0.00      APA PAYMENT STANDARD   :      0.00
AB WORK DEDUCTIONS       :      0.00      COUNTABLE EARNED/UNEARNED:      0.00
NET EARNED INCOME        :      0.00 0.00  TOTAL BENEFIT AMOUNT   :      0.00
UNEARNED INCOME          :      0.00      BENEFIT AMT (INDIVIDUAL) :      0.00
ADJ UNEARNED INCOME     :      0.00      RECOUPMENTS           :      0.00
COUNTABLE ALB (Y/N)    : N              NET BENEFIT AMOUNT     :      0.00
ALB UNEARNED INCOME     :      0.00      COUPLE CASE (P/S/ )    :
$20 DISREGARD           :      0.00      SPOUSE CASE NUMBER     :
NET UNEARNED INCOME     :      0.00 00.00 SPOUSE ALB INCOME      :      0.00
COUNTABLE EARNED/UNEARNED:      0.00
MANUAL GRANT             :      0.00      INFORMATION ONLY
MED NEED STANDARD       :      0.00      COUNTABLE RESOURCES    :      0.00
PENDED?                 :      -          SSI APPLICATION DATE   :
AUTHORIZATION           :      -          IAR RECEIVED DATE     :
DENIAL/CLOSURE REASON   :      -          INSTITUTIONALIZED?    :
BENEFIT ISSUANCE       :      X          REFUSE CASH?          :
REVIEW DUE DATE        :      MMY        APA PAYEE              :
                                                    NEXT-->

```

4. Authorize with your PCN.

```

CEA93-I CHECK PCN, ISSUANCE INDICATOR & REVIEW DUE MONTH
APAS PART 3                APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , FIRST NAME          CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME      :      0.00
ADJ GROSS EARNED INCOME  :      0.00      HOUSEHOLD TYPE          : XXX
$65 AND 1/2 WORK INCENT  :      0.00      APA PAYMENT STANDARD   :      0.00
AB WORK DEDUCTIONS       :      0.00      COUNTABLE EARNED/UNEARNED:      0.00
NET EARNED INCOME        :      0.00 0.00  TOTAL BENEFIT AMOUNT   :      0.00
UNEARNED INCOME          :      0.00      BENEFIT AMT (INDIVIDUAL) :      0.00
ADJ UNEARNED INCOME     :      0.00      RECOUPMENTS           :      0.00
COUNTABLE ALB (Y/N)    : N              NET BENEFIT AMOUNT     :      0.00
ALB UNEARNED INCOME     :      0.00      COUPLE CASE (P/S/ )    :
$20 DISREGARD           :      0.00      SPOUSE CASE NUMBER     :
NET UNEARNED INCOME     :      0.00 00.00 SPOUSE ALB INCOME      :      0.00
COUNTABLE EARNED/UNEARNED:      0.00
MANUAL GRANT             :      0.00      INFORMATION ONLY
MED NEED STANDARD       :      0.00      COUNTABLE RESOURCES    :      0.00
PENDED?                 :
AUTHORIZATION           :      -          SSI APPLICATION DATE   :
DENIAL/CLOSURE REASON   :      -          IAR RECEIVED DATE     :
BENEFIT ISSUANCE       :      X          INSTITUTIONALIZED?    :
REVIEW DUE DATE        :      MMY        REFUSE CASH?          :
                                                    APA PAYEE              :
                                                    NEXT-->

```

- Initialize into the next month.

```

EIS APEM                                ELIGIBILITY INFORMATION SYSTEM
                                         APPLICATION ENTRY MENU

1. APPLICATION ENTRY SEQUENCE
2. ESTABLISH RETRO MONTH MEDICAL
3. ESTABLISH RETRO MONTH MEDICAID
4. INITIALIZE MONTH
5. DELETE MONTH
6. DELETE RETRO MONTH MEDICAID
7. DELETE RETRO MONTH MEDICAL

ENTER FUNCTION (BY NUMBER): 4
CASE NUMBER (FOR 1 - 7): XXXXXXXX
MONTH (FOR 1 - 7): MMY

BUDGETING METHOD (FOR 1,2): P

```

- Couple both cases up again following the instructions under [‘NEW APPLICATION – BOTH SPOUSES ELIGIBLE FOR APA \(A2C\)’](#) (above).

### SPOUSE PASSES AWAY

- Uncouple by coding the spouse from ‘CP’ to ‘OU’ on the SEPA in the first unpaid month following adverse action. Update the MERE/MERI with the date of death and Medicare closure (if appropriate).

```

EIS SEPA                                SETUP PARTICIPATIONS

CASE NAME: LAST NAME , FIRST NAME      CASE NUMBER: XXXXXXXX MONTH: MMY
NAME REL  PGM PART  START DAY  PGM PART  START DAY  PGM PART  START DAY
01 ONE  L  PI  ME XX IN  1  AP XX IN  1
02 TWO  L  SP  ME XX OU  1  AP XX OU  1

```

- Close the deceased spouse’s case with adequate notice using the ‘DE’ denial code. Send the P419.

```

END OF PROGRAM INVOLVEMENTS
EIS CLPM                                CLIENT PROFILE/MAINTENANCE

1. SAVE FOR REGISTRATION (CLIR) 4. CHANGE IDENTIFYING DATA (CLMA)
2. DELETE CLIENT FROM PROGRAM 5. VIEW SANCTION/DISQUALIF (WOSA)
3. NOT AVAILABLE 6. MAINTAIN ALIAS INFORMATION (ALMA)

FUNCTION: _
ENTER FOR FUNCTION 2: CASE NBR: _____ PROG: _____ BEN MTH (MMYY): _____
CM OFF/UNIT/CSLD: _____ TOTAL TA MTHS USED: 000 BA EXMPT MTHS USED: 000
NAME/ALIASES _____ LAST TA MONTH AUTH: _____ CLIENT ID: XXXXXXXXXX
LAST NAME , FIRST _____ S.S.N. : XXX XX XXXX
BIRTHDATE: MMDDYYYY
SEX: X ALERT:

PGM CASE NBR PART START END STAT FSO UNIT CSLD REL DEN/CLO ALERT
01 AP 00061758 CP 010125 OP 099 1 11 SP DE
02 ME 00061757 IN 120124 120124 DE 099 1 11 PI DE
03 AP 00061757 IN 120124 120124 DE 099 1 11 PI DE

```

On the surviving spouse's case, delete the deceased spouse from the remaining spouse's EIS case using function 2 on the CLPM.

```

END OF PROGRAM INVOLVEMENTS
EIS CLPM                      CLIENT PROFILE/MAINTENANCE

1. SAVE FOR REGISTRATION      (CLIR) 4. CHANGE IDENTIFYING DATA    (CLMA)
2. DELETE CLIENT FROM PROGRAM  5. VIEW SANCTION/DISQUALIF  (WOSA)
3. NOT AVAILABLE              6. MAINTAIN ALIAS INFORMATION (ALMA)

FUNCTION: 2
ENTER FOR FUNCTION 2: CASE NBR: XXXXXXXX  PROG: XX  BEN MTH (MMYY): MMY
CM OFF/UNIT/CSLD:                TOTAL TA MTHS USED: 000  BA EXMPT MTHS USED: 000
NAME/ALIASES                      LAST TA MONTH AUTH:      CLIENT ID: XXXXXXXXXXXX
LAST NAME , FIRST NAME              S.S.N. : XXX XX XXXX
                                      BIRTHDATE: MMDDYYYY
                                      SEX: X    ALERT:

PGM CASE NBR PART START  END  STAT FSO  UNIT  CSLD  REL  DEN/CLO ALERT
01 ME XXXXXXXX IN  MMDDYY  OP   XXX  X   XX  PI
02 AP XXXXXXXX IN  MMDDYY  OP   XXX  X   XX  PI
03 ME XXXXXXXX OU
  
```

After the spouse has been deleted you will have a message on the top of the screen 'CLIENT DELETED FROM PROGRAM'.

```

CE970-I CLIENT DELETED FROM PROGRAM
EIS CLPM                      CLIENT PROFILE/MAINTENANCE

1. SAVE FOR REGISTRATION      (CLIR) 4. CHANGE IDENTIFYING DATA    (CLMA)
2. DELETE CLIENT FROM PROGRAM  5. VIEW SANCTION/DISQUALIF  (WOSA)
3. NOT AVAILABLE              6. MAINTAIN ALIAS INFORMATION (ALMA)

FUNCTION: _
ENTER FOR FUNCTION 2: CASE NBR: _____  PROG: ____  BEN MTH (MMYY): ____
CM OFF/UNIT/CSLD:                TOTAL TA MTHS USED: 000  BA EXMPT MTHS USED: 000
NAME/ALIASES                      LAST TA MONTH AUTH:      CLIENT ID: XXXXXXXXXXXX
LAST NAME , FIRST NAME              S.S.N. : XXX XX XXXX
                                      BIRTHDATE: MMDDYYYY
                                      SEX: X    ALERT:

PGM CASE NBR PART START  END  STAT FSO  UNIT  CSLD  REL  DEN/CLO ALERT
01 ME XXXXXXXX IN  MMDDYYYY  OP   XXX  X   XX  PI
02 AP XXXXXXXX IN  MMDDYYYY  OP   XXX  X   XX  PI
  
```

3. Process the surviving spouse's case as a single living arrangement. Give adverse action if benefits decrease.

```

CE440-I HOUSEHOLD TYPE CHANGED - RECOMPUTED SCREEN
APAS PART 2                      APA AUTHORIZATION SCREEN

CASE NAME: LAST NAME , FIRST      CASE NUMBER: XXXXXXXX MONTH: MMY
GROSS EARNED INCOME : 0.00
ADJ GROSS EARNED INCOME : 0.00    HOUSEHOLD TYPE : XXX
$65 AND 1/2 WORK INCENT : 0.00    APA PAYMENT STANDARD : 0.00
AB WORK DEDUCTIONS : 0.00        COUNTABLE EARNED/UNEARNED: 0.00
NET EARNED INCOME : 0.00 0.00    TOTAL BENEFIT AMOUNT : 0.00
UNEARNED INCOME : 0.00           BENEFIT AMT (INDIVIDUAL) : 0.00
ADJ UNEARNED INCOME : 0.00        RECOUPMENTS : 0.00
COUNTABLE ALB (Y/N) : N          NET BENEFIT AMOUNT : 0.00
ALB UNEARNED INCOME : 0.00        COUPLE CASE (P/S/ ) : _
$20 DISREGARD : 0.00             SPOUSE CASE NUMBER : _
NET UNEARNED INCOME : 0.00 0.00   SPOUSE ALB INCOME : 0.00
COUNTABLE EARNED/UNEARNED: 0.00
MANUAL GRANT : 0.00              INFORMATION ONLY
MED NEED STANDARD : 0.00          COUNTABLE RESOURCES : 0.00
PENDED? :                          SSI APPLICATION DATE :
AUTHORIZATION :                     IAR RECEIVED DATE :
DENIAL/CLOSURE REASON :              INSTITUTIONALIZED? :
BENEFIT ISSUANCE : X              REFUSE CASH? :
REVIEW DUE DATE : MMY             APA PAYEE :
                                      NEXT --> ____
  
```

[For further information on the APAS screen, see EIS procedures 2020-1.](#)

## DEVELOPMENT OF INCOME

Development of Income is a requirement for APA cash and Medicaid. It means that there are other benefits that the client can tap into and is required to pursue, prior to being determined eligible for our benefits. The most common of these benefits are listed below. Be sure to check [APA MS 420](#) for a list of other types of potential benefits a client may be eligible for.

## PENDING FOR PURSUIT

Depending on the status of your case and what you are requesting will matter which notice you use, but the time frame for many of the different programs is a **30 day pend**. There are exceptions. In the cases where a 30 day pend is used, if no other information is needed, **do not hold up APA/ME benefits for proof of compliance**.



### 420-1 C. NON- **SSI** APPLICANTS OR RECIPIENTS MUST BE ADVISED OF THE REQUIREMENT TO APPLY FOR AND PURSUE OTHER PROGRAM BENEFITS WITHIN 30 DAYS

Whenever a case worker believes that a non- **SSI APA** applicant or recipient may be eligible for benefits he or she is not already receiving, the individual must be given written notice of the requirement to apply for and pursue the other benefit within 30 days.

The 30-day notice period shall not be used as a reason for delaying an eligibility decision on an **APA** application. If the individual fails, without good cause (such as illness), to apply for and pursue the other benefit within 30 days of the date the notice is mailed, the case worker shall either deny the **APA** application or close the **APA** case.

**What Does This Mean? Here's some examples...**



#### CLIENT IS APA ELIGIBLE AND NEEDS TO PURSUE PENSION BENEFITS

- ❖ Approve APA/ME
- ❖ Ongoing 30 day pend for pension pursuit
- ❖ Send P102, P007, & M006
- ❖ Dispo in current <sup>TM</sup>

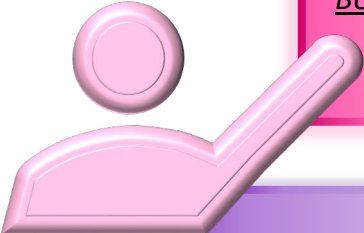
#### CLIENT NEEDS TO PROVIDE PROOF OF ELIGIBILITY AND NEEDS TO PURSUE SSA

- ❖ Pend APA/ME 30 days for other items and SSA pursuit
- ❖ Send P301
- ❖ Dispo in current <sup>TM</sup> as pended for 30

#### CLIENT IS NOT APA/ME ELIGIBLE, BUT APPEARS ELIGIBLE FOR 3<sup>RD</sup> PARTY BENEFITS

- ☞ Deny APA/ME (if reason is income or resources, send trust referral notices)
- ☞ **Discuss only** pursuing other benefits with client
- ☞ Send appropriate P2##

**Let's see what to do in these common scenarios...**



CLIENT IS APA ELIGIBLE  
BUT NEEDS TO PURSUE  
UNEMPLOYMENT

**DO NOT HOLD THE APA.** UIB pursuit is still a 30 day pend for APA and we approve the application if nothing else is needed.

COUPLE CASE CLIENTS  
BUT ONLY ONE OF THE  
PAIR IS ELIGIBLE FOR A  
PENSION

**DO NOT HOLD THE APA FOR EITHER CASE.** Authorize APA **for both**, and ongoing pend for the pursuit of the pension on the pension holder's case. If they fail to pursue the pension, the case will turn into an A2S from an A2C.

AP OA WAS PENDED FOR  
OTHER ITEMS AND PURSUING  
SSA. ALL OTHER ITEMS ARE  
RECEIVED AND CLIENT IS AP OA  
ELIGIBLE. SSA PURSUIT PROOF  
HAS NOT BEEN RECEIVED AND  
CASE IS STILL PENDED.

**APPROVE THE APA.** Once everything else is received, there's no need to hold up benefits. Approve the AP OA and keep the pend ongoing for the SSA pursuit. When the casework is done, dispo the case in current™ as pended with the original 30 day pend due date.

NOT ELIGIBLE FOR APA  
CASH BUT IS ELIGIBLE  
FOR OLD AGE  
MEDICAID AND NEEDS  
TO PURSUE SSA

- › Deny the APA cash. (Send [Trust](#) Referral information if reason is income or resources)
- › Authorize the Old Age Medicaid for 11 months after re-registering with a BSD starting the second month.
- › **Email system support to authorize the Medicaid for the app month.** Include type of med / month to issue / mere codes.
- › Ongoing pend for Pursuing SSA 30 days using the **M006**.
- › Send the M102 for the Med approval and the appropriate P2## for the APA denial.
- › Dispo in current™ as pended for 30 days.

## SOCIAL SECURITY (SSA)

### [APA MS 420-3C](#)

The Social Security Administration (SSA) can determine benefits for retirement for clients as early as the age of 62 years old. For 62 – 64-year-olds, the benefit is reduced if they file during this timeframe, but the eligibility exists and for APA/ME, it must be pursued.



If the client is not at least 65 years old, then a disability determination will need to be completed for APA benefits. If the client states they are not disabled, then there is no APA eligibility and we will need to look at MAGI Medicaid for the client, which carries similar Development of Income rules.

For old age and disability benefits, all that's needed to know is if the client is already receiving the benefit. If they are not, and they are also not eligible for SSI, we will do a pend for the pursuit of benefits and SSA will determine if they are eligible or not.

***If they appear eligible for SSI, we will pend for the SSI and they will determine eligibility for SSA benefits. See [‘SSI Referrals’](#) in this document.***

Case workers are not expected to understand the complexities of eligibility for SSA benefits. Clients are often unaware of their own eligibility for these benefits. In order to assure that all potential benefits are pursued, all APA applicants or recipients who are receiving neither SSA nor SSI benefits must be referred to a Social Security Administration office to apply for any benefits to which they may be entitled, unless documentation in the case file verifies that SSA benefits have been previously applied for and denied, and there is no reason to believe that the client has become eligible since the last denial.



## SUPPLEMENTAL SECURITY INCOME (SSI)

**[See ‘SSI REFERRALS’](#)**

## UNEMPLOYMENT INSURANCE BENEFITS (UIB)

Whether a client is old age or disabled, it shouldn't be assumed that they are unable to work. At application, review, and adding a person to a case, be sure to check the Department of Labor to see if a client is potentially eligible for UIB or is already receiving these benefits.

### 420-3 D. UNEMPLOYMENT INSURANCE BENEFITS (UIB)

Unemployment benefits may be available from the State of Alaska or another State where a client has recent employment history.

Unemployment benefits may also be available in some cases from an individual's union or former employer.

Eligibility factors for unemployment benefits generally include a recent history of "covered" employment, and availability for work.

Many *APA* applicants have recently-acquired impairments which may render them unavailable for work. Others, particularly the blind and the aged, may be able-bodied.

Any *APA* applicant or recipient who appears to have potential eligibility for unemployment benefits should be referred for application, unless evidence in the case file clearly documents a physical or psychological condition which, in the judgment of the case worker, makes the individual unavailable for work.

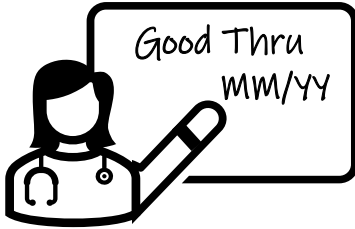
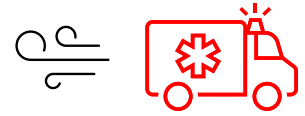
**Best Practice:** If ILINX does not contain this evidence, pend for both UIB pursuit or proof they are unable to work at the same time on the same notice.

This can be done whether the client has stated they have medical issues, or you've been unable to talk to them.

## DIARY DATE

Review [APA MS 425-2D](#) for information on diary dates and disability determinations.

The **diary date** is a certification period for a person's disability determination.



Once someone applies for SSI or SS DI, their medical records are sent to the Disability Determination Service (DDS) who will determine their disability status and a date when it will need to be reviewed again, to see if there are any improvements to the medical situation or if the disability will continue.

If a client is not eligible for SSI or SS DI, DPA can pursue a [State Only Disability Determination](#) and again, send the client's medical records to the DDS for the medical determination and **diary date**.



Once a client's SSI or SS DI eligibility ends for reasons other than disability, or if a State Only disability is pursued, DPA will keep track of the diary date if the client continues to need disability Medicaid.

### WHAT DO I DO WHEN I PULL A CASE WITH A DIARY DATE?

#### WHAT DO I DO WHEN I PULL A CASE WITH A DIARY DATE?

- ✎ Set and leave alerts with the diary date on the Medicaid case number.
- ✎ Whenever a diary date is known make sure to CANO the information.
- ✎ See information under [State Only Disability Determination](#) to catch cases needing reviews for their disability early enough to get the required paperwork from the client.



## DDS (DISABILITY DETERMINATION SERVICE)

See ['State Only Disability Determination'](#)

# EXCLUSIONS

## [APA MS 442](#)

Adults on APA (and their spouses) that have income, have a portion of that income disregarded for their eligibility. These EXCLUSIONS come after [Allocations](#) have been applied and are considered for both the APA cash and APA Medicaid programs. “Exclusions” is a dual term used in APA to describe *either* exempt income or an allowable deduction.

The most common exclusions are listed below, but to be sure that all appropriate exclusions are being allowed and in the correct order, review [APA MS 442](#).

For self-employment, allow SEEI deductions prior to applying Allocations and Exclusions.

## KEY POINTS TO COMMON EXCLUSIONS

### **Infrequent / Irregular income** **([APA MS 442-1A](#))**

- ❖ Before excluding this type of income, verify from the source that it is either infrequent or irregular. For self-employment, the client is the source.
- ❖ Applies to both unearned (\$60 a quarter) and earned income (\$30 a quarter)
- ❖ Infrequent: No more than once a quarter
- ❖ Irregular: Not expected to be received

### **\$20 General Exclusion** **([APA MS 422-1B](#) & [442-2E](#))**

- ❖ Apply to UNIN first, then EAIN
- ❖ Only applied once when applied to the income of a couple
- ❖ If ANY non-needs-based income is received along with SSI, this exclusion is still allowed.

### **Earnings (\$65 & One half)** **([APA MS 442-2](#))**

- ❖ \$65 and One half are separate exclusions and IRWE's, which may be rare, are applied between them
- ❖ Applied to earnings only... this includes self-employment.
- ❖ Only applied once when applied to the income of a couple as the couple's income is combined prior to allowing these exclusions.

### **Examples: Infrequent/Irregular**

- 💰 Child support payment received randomly (no discernable pattern) for child not in the home
- 💰 Native stock distributions from corporations that aren't able to pay on schedule (for example, no payouts for three years)
- 💰 One time weather-based income (gutter cleaning, lawn mowing, snow shoveling, etc.)
- 💰 Royalties from acting or writing work
- 💰 Payments from mining rights
- 💰 Gift Money

### **IRWE'S Include (but not limited to)**

- 💰 Transportation related to the impairment to and from work
- 💰 Vehicle modifications
- 💰 Attendant care services that are necessary to get ready for work or are necessary in the workplace
- 💰 Medical devices such as a wheelchair, respirator, pacemaker, inhalers, or braces
- 💰 Any other medical or nonmedical equipment or supplies necessary for work and are related to the impairment

## CODING IN EIS

- ❖ Enter gross amounts on the UNIN and EAIN as normal for each household member
  
- ❖ *The APAS will:*
  - Pull Gross Earned Income from the EAIN screen for *both the client (A1E/B1E/H1E) and spouse (A2S/B2S/H2S or A2C/B2C/H2C)*.
  - Apply the \$65 and ½ exclusions to the Gross Earned Income
  - Pull Unearned Income from the UNIN screen
  
- ❖ *Manual adjustments needed to the APAS:*
  - If allocations have been applied against the ineligible spouse's income, you must update the ADJ GROSS EARNED INCOME and/or ADJ UNEARNED INCOME fields depending on which type of income was affected.
  - If there is any deemed income from a sponsor, add it to whatever else is in the ADJ UNEARNED INCOME field and enter it there.
  - Enter \$20 into the \$20 DISREGARD field unless **all** income is needs-based, such as SSI.



## HPE AND APA RELATED MEDICAID INFO

For complete instructions on HPE processing see [EIS Procedures 2015-1](#).

### PROCESSING GEN50C APPLICATIONS POST-HPE

Occasionally, when a client submits a GEN50c after receiving HPE (Hospital Presumptive Eligibility), they may be determined eligible or ineligible for the APA-related Medicaid category. Here are some key things to remember:

1. **Priority Processing:**
  - Whenever a new Medicaid application is received (paper or telephonic), screen the CLPM of everyone in the household to check if HPE has been received in the last 30 days.
  - If HPE has been received, this application is a priority and must be determined eligible or ineligible before the HPE period ends.
2. **Case Number:**
  - Always use a different case number than the HPE case. This is indicated by the FSO 015 on the CLPM.
3. **HPE End Date:**
  - The HPE end date may change depending on whether the application is processed untimely or with a timely denial.
4. **CARC Handling:**
  - Do not CARC to 9-99. These cases do not follow normal CARCing rules and should be left as is.
5. **HPE Information on MERE Screen:**
  - HPE information usually shows up on the MERE screen in the HIC # field, regardless of the case number being worked on, as it transfers from case to case because the info is tied to a person, not a screen.
  - Do not delete this information.
  - Email systems support at [dpa.systems.support@alaska.gov](mailto:dpa.systems.support@alaska.gov) to have them code the screen for you. Provide the following details:
    - Case Name and Case Number
    - Household members needing updates
    - The Med Subtype and Eligibility Code (e.g., ST 20)
    - The HIC # if the client has Medicare

### PULLING BACK HPE END DATES

When a GEN50c is received within the HPE period and is denied before that period ends, the end date for the HPE must be pulled back to the denial date. Here are the steps to pull back the HPE end date, using the following example:

**Example:** HPE was determined for 5/25/24 to 6/30/24. GEN50c was received on 5/7/24 and denied on 5/8/24.

1. **Start with the Last HPE Month:**
  - Enter the last HPE month (June 2024) on any menu screen (such as the APEM).
2. **Update MERI Screen:**
  - Go to the MERI screen and update the MCR1 end date to 5/8/24 then press Enter.
3. **Update for Each Household Member:**
  - Follow Step 2 for each household member.
4. **Update MEBH Screen:**
  - Go to the MEBH screen and enter an 'x' next to the last HPE month (6/24), then press Enter.
  - A new medical coupon must be issued to update the MMIS interface file.

## 5. Update MIMI Screen:

- Type an 'F' in the Issuance Indicator field on the MIMI screen, then press Enter.
- Repeat this step for each Medicaid category (Parent Med, Denali KidCare, etc.).

## 6. Review and Update CANO:

- Review the CANO to ensure an entry was created showing the changed end date.
- Add a CANO documenting why the end date changed.

## EXTENDING HPE END DATES

When a GEN50c is received within the HPE period, but no determination has been made before the HPE period ends, the HPE period must be extended to give the household an additional HPE month. Here are the steps to extend an HPE period, using the following example:

**Example:** HPE was determined for 5/25/24 to 6/30/24. GEN50c was received on 6/20/24 but was not processed until 7/2/24. The application needs to be pended for information, and the HPE period needs to be extended to 7/31/24.

### 1. Open the HPE Case:

- Use CAMM to open the HPE case (REPT).

### 2. Check Current Month:

- Check the CAP 2 for the current month (6/24) and enter this month on the APEM.

### 3. Update MIBW Screen:

- Go to the MIBW screen.
- Select the first HPE household member (01) and press enter.
- Tab to the THRU MO field and change it to the next month (07/24). Press enter.
- Repeat for each household member.

### 4. Save Information:

- Navigate back to the menu screen (APEM or CAMM) or hit F1 to save your information and return to the prior menu.

### 5. Initialize into the Following Month:

- Initialize into the following month (7/24).

### 6. Update MERI Screen:

- Go to the MERI screen and change the MCR1 (K coded) end date to the new extended month (07/31/2024) for all HPE household members.
- Contact Systems Support for help if there are other Medicare codes in the MCR# fields on the MERI.

### 7. Update MEBH Screen:

- Press Enter or NEXT to the MEBH. This creates a new system-generated CANO capturing the updated extension end date (there will be two clients per CANO).
- On the MEBH, enter an 'X' next to the recently authorized month (07/24) and hit enter.

### 8. Update MIMI Screen:

- On the MIMI screen, type an 'F' in the Issuance Indicator field on the last MIMI page with AF related subtypes and press enter. To get to the last page, just hit enter.
- A document number will appear in the Document # field. Type the special HPE field coupon text as follows (citing the extended HPE end period):
  - **Pregnant Woman:** "Your temporary Hospital Presumptive Medicaid eligibility begins MM/DD/YY & will end no later than MM/DD/YY. This coverage is limited & does not cover inpatient hospitalization."
  - **All Others:** "Your temporary Hospital Presumptive Medicaid eligibility begins MM/DD/YY and will end no later than MM/DD/YY."
- Print the MIMI then press enter.

- Type in the special HPE text and print all MIMI pages that follow.
- Repeat for MIMI pages with DKC related subtypes.

**9. Fax and Mail Coupons:**

- Fax the printed and signed MIMI field coupon to the hospital and mail one field coupon copy to the client.

**10. Close Case:**

- Use CAMM to close the case (REPC).

**11. CARC Handling:**

- Do not change the CARC. CARC should not be 9-99.

# THE SOLQ (INME 14) IDENTIFYING AND INTERPRETING SSI & SSA INCOME

## SSA /TITLE II- RETIREMENT, SURVIVORS & DISABILITY (SS DI, SS ER, SS RE, SS WI, SS OT)

**PAYMENT STATUS –**  
Current status of benefit.

**SSA PAYMENT AMOUNT**  
Net benefit amount after deductions.

**DIRECT DEPOSIT:**  
Indicates if the benefit is deposited directly in a "C" checking or "S" savings account.

**SSA PAYMENTS (GROSS)**  
Up to six payment histories may be displayed, showing the month, year, and gross.

**HOSPITAL INSURANCE (HI) Medicare Part A**  
Hospital Insurance status. "E" & "G" = Yes

**BYIN START:** Month and year buy in began for Medicare Part A (top) and Medicare Part B (bottom) premium.  
**BYIN END:** Month and year buy in stopped for Medicare Part A (top) or Part B (bottom) premium.

**PREMIUM AMT**  
MEDICARE PART A (top) and Medicare Part B (bottom)

```

EIS SSAR ELIGIBILITY INFORMATION SYSTEM 12:18
SSA ONLINE QUERY RESPONSE WORKER
REQUEST SSN: XXX XX XXXX
***** SSA\TITLE II INFORMATION *****
SSA NAME: LAST NAME , FIRST MI DOB:
ADDRESS: GENERAL DELIVERY SSN: XXX XX XXXX SEX: M
ANCHORAGE, AK BENDEX STATE: 050
ZIP CODE: 99688
TERM DATE:
PAYMENT STATUS: C DATE PYMNT EFFECTIVE: 122018
SSA PAYMENT AMOUNT: 1115.00 INITIAL ENTITLE DATE: 122018
SSA CLAIM NUMBER...: XXXXXXXXXXA00 DISABILITY ONSET DATE: 07012018
TYPE OF BENEFICIARY: A00 DATE OF DEATH:
DIRECT DEPOSIT.....: C
----- SSA PAYMENTS (GROSS) -----
DATE AMOUNT DATE AMOUNT DATE AMOUNT
122022 1115.00 122021 1026.00 122020 968.50
032021 968.00 112020 955.60
DUAL ENTITLEMENT NUM:
BLACK LUNG: AMOUNT: 0.00 RAILROAD RETIREMENT STATUS:
HI: E PREMIUM AMT: 0.00 BYIN START: BYIN END:
SMI: Y PREMIUM AMT: 164.90 BYIN START: 042021 BYIN END:
SSI BENEFIT INFORMATION EXISTS. PRESS **PF8** TO VIEW SSI1
    
```

**SUPPLEMENTAL MEDICAL INSURANCE (SMI):** Medicare Part B, Supplemental Medical Insurance, status. "Y" = Yes

**SSA CLAIM NUMBER:** The account number and Beneficiary Identification Code (BIC) under which a Title II claim exists. The number portion is the SSN of the wage earner on whose record benefits are being paid.

**DISABILITY ONSET:**  
The first date of onset of disability, or the date client claims onset if getting ER, RE or WI SSA.

```

EIS SSAR ELIGIBILITY INFORMATION SYSTEM
SSA ONLINE QUERY RESPONSE
REQUEST SSN: XXX XX XXXX
***** SSA\TITLE II INFORMATION *****
SSA NAME: LAST NAME , FIRST MI DOB: 01001957
ADDRESS: GENERAL DELIVERY SSN: XXX XX XXXX SEX: M
ANCHORAGE, AK BENDEX STATE: 050
ZIP CODE: 99688
TERM DATE:
PAYMENT STATUS: C DATE PYMNT EFFECTIVE: 122018
SSA PAYMENT AMOUNT: 1115.00 INITIAL ENTITLE DATE: 122018
SSA CLAIM NUMBER...: XXXXXXXXXXA00 DISABILITY ONSET DATE: 07012018
TYPE OF BENEFICIARY: A00 DATE OF DEATH:
DIRECT DEPOSIT.....: C
----- SSA PAYMENTS (GROSS) -----
DATE AMOUNT DATE AMOUNT DATE AMOUNT
122022 1115.00 122021 1026.00 122020 968.50
032021 968.00 112020 955.60
DUAL ENTITLEMENT NUM:
BLACK LUNG: AMOUNT: 0.00 RAILROAD RETIREMENT STATUS:
HI: E PREMIUM AMT: 0.00 BYIN START: BYIN END:
SMI: Y PREMIUM AMT: 164.90 BYIN START: 042021 BYIN END:
SSI BENEFIT INFORMATION EXISTS. PRESS **PF8** TO VIEW SSI1
    
```

**TERM DATE –** Month & year of event that caused termination/suspension.

**DATE PAYMENT EFFECTIVE:** Date of entitlement for benefits for the current period of entitlement.

**DUAL ENTITLEMENT NUM:** Claim Number and BIC of the dual entitlement Title II account for the beneficiary.

**DATE OF DEATH:** If beneficiary is deceased, the death date will be displayed

**PAYMENT STATUS –**  
Current status of benefit.

**CURRENT PAYMENT AMT (FED):** Federal Title XVI (SSI) amount received in the current month.

**CURRENT PAYMENT AMT (STE):** State amt (if applicable) the client is entitled to after adjustments. Alaska should reflect -0- amount.

**Over/Under payments:**  
This reflects whether the current payment amount includes an overpayment, underpayment, or both. It's important to note that this flag can appear even without an actual over or underpayment, so it should not be considered the final assessment.

**PAYMENT ST EFF DATE:**  
Month and year of the last change to SSI status.

**PAYMENT DATE:**  
The date of payment for the current payment amount.

**RECIPIENT TYPE:** Type of recipient of Title XVI benefit.

**SSI APP DATE:**  
The date the claimant filed the application for Title XVI (SSI)

**SSI PAYMENT HISTORY:**  
Up to nine occurrences of Title XVI (SSI) payment histories.

```

EIS SSI1                               ELIGIBILITY INFORMATION SYSTEM                               052223 16:19
                                         STATE ONLINE QUERY RESPONSE - PAGE 1                               WORKER
REQUEST SSN: XXX XX XXXX
***** SSI\TITLE XVI INFORMATION *****
SSI NAME: LAST                          , FIRST          MI  SSN: XXX XX XXXX
ADDRESS: 123 MAIN ST                    ANCHORAGE AK     99501
                                         DOB: 12311960    SEX: M
                                         MARITAL STATUS: UNKNOWN
                                         RACE: UNDETERMIN
                                         PHONE: 907 XXX XXXX
                                         PAYMT ST EFF DATE: 03/23
                                         PAYMENT DATE: 05012023
                                         RECIPIENT TYPE: DI
                                         MEDICAID ELIGIBILITY: S
                                         APPEAL DECISION CODE:
                                         APPEAL STATUS:
                                         APPEAL DATE:
                                         DISABLE DATE: 08262022

PAYMENT STATUS: C01
CURRENT PAYMENT AMT (FED):              609.34
CURRENT PAYMENT AMT (STE):              0.00
OVERPAYMENT\UNDERPAYMENT:
SSI APP DATE:                           08262022
DENIAL REASON:
DENIAL DATE:
DISABLE STATUS: F

-----SSI PAYMENT HISTORY-----
DATE      AMOUNT    DATE      AMOUNT    DATE      AMOUNT
03012023  609.34

*** PRESS ENTER TO VIEW SSI2 ***
    
```

**DENIAL DATE:**  
The date the applicant was denied Title XVI (SSI) benefits.

**DISABLE STATUS:**  
Indicates the status of Title XVI (SSI) disability and blind cases.

**DENIAL REASON:**  
The reason Title XVI (SSI) benefits were denied.

```

EIS SSI1                               ELIGIBILITY INFORMATION SYSTEM                               16:19
                                         STATE ONLINE QUERY RESPONSE - PAGE 1                               WORKER
REQUEST SSN: XXX XX XXXX
***** SSI\TITLE XVI INFORMATION *****
SSI NAME: LAST                          , FIRST          MI  SSN: XXX XX XXXX
ADDRESS: 123 MAIN ST                    ANCHORAGE AK     99501
                                         DOB:              SEX: M
                                         MARITAL STATUS: UNKNOWN
                                         RACE: UNDETERMIN
                                         PHONE: 907 XXX XXXX
                                         PAYMT ST EFF DATE: 03/23
                                         PAYMENT DATE: 05012023
                                         RECIPIENT TYPE: DI
                                         MEDICAID ELIGIBILITY: S
                                         APPEAL DECISION CODE:
                                         APPEAL STATUS:
                                         APPEAL DATE:
                                         DISABLE DATE: 08262022

PAYMENT STATUS: C01
CURRENT PAYMENT AMT (FED):              609.34
CURRENT PAYMENT AMT (STE):              0.00
OVERPAYMENT\UNDERPAYMENT:
SSI APP DATE:                           08262022
DENIAL REASON:
DENIAL DATE:
DISABLE STATUS: F

-----SSI PAYMENT HISTORY-----
DATE      AMOUNT    DATE      AMOUNT    DATE      AMOUNT
03012023  609.34

*** PRESS ENTER TO VIEW SSI2 ***
    
```

**DISABLE DATE:** The date of disability onset alleged by an applicant, or the date of disability onset established for Title XVI recipient.

**MEDICAID ELIGIBILITY:**  
Indicates the recipient's Medicaid eligibility status:  
C - 1619b, D - Disabled adult child;  
S - State determined

**APPEAL DECISION CODE:**  
Decision rendered on the appeal.

**APPEAL STATUS & DATE:**  
Level of appeal and latest action, & Date of most recent appeal

**WAGES:** Current monthly gross wages (earned) used for the Title XVI (SSI) benefit calculation.

**SELF EMPLOYMENT:** Current monthly gross self-employment income used for the Title XVI (SSI) benefit

**DEEMED INCOME:** Current monthly amount of income deemed to the recipient used for the Title XVI (SSI) calculation.

**\*UNEARNED INCOME:** This field will display 5 records of unearned income. Current monthly gross unearned income used for the Title XVI calculation. The type indicates the kind of income the recipient was receiving; start and end indicate the date when the unearned income started and stopped. The amount is the gross monthly amount used for the Title XVI calculation.

**LIVING ARRANGEMENT:** The type of Fed. living arrangement for the current month of the recip. for Title XVI (SSI)

**PAYEE NAME/ADDRESS:** Name and address of person receiving the benefit. If name is different than recipient, benefit is being sent to a representative payee.

**CITIZENSHIP:** Indicates if an individual is in a special alien status.

```

EIS SSI2                ELIGIBILITY INFORMATION SYSTEM                052223 16:19
                        STATE ONLINE QUERY RESPONSE - PAGE 2          WORKER
REQUEST SSN: XXX XX XXXX
***** SSI\TITLE XVI INFORMATION *****
SSI NAME: LAST          , FIRST          MI  DOB: 12311960          SEX: M
WAGES:      0.00  SELF EMPLOYMENT:      0.00  DEEMED INCOME:      0.00

                                UNEARNED INCOME
      TYPE          START    END          AMOUNT          CLAIM NUMBER
      IN KIND      08/22
                                304.66          XXXXXXXXXXXA X

                                LIVING ARR: A
PAYEE NAME/ADDRESS:      DEATH DATE:
FIRST, MI LAST          CITIZENSHIP:
123 MAIN ST            ALIEN ENTRY DATE:
ANCHORAGE AK          COUNTRY OF ORIGIN:
                                99501          DIRECT DEPOSIT: C
***** END OF SOLQ INFORMATION *****
***** PRESS **ENTER** OR **F9** TO EXIT *****
    
```

<b>DEATH DATE:</b> Date of death of recipient when known.	<b>ALIEN ENTRY DATE:</b> Month and year the alien's residency began.	<b>DIRECT DEPOSIT:</b> Indicates if the benefit is deposited directly to a "C" checking or "S" savings account.	<b>COUNTRY OF ORIGIN:</b> Indicates an alien's country of origin.
--	---	---	---

```

EIS SSI2                ELIGIBILITY INFORMATION SYSTEM                052223 16:19
                        STATE ONLINE QUERY RESPONSE - PAGE 2          WORKER
REQUEST SSN: XXX XX XXXX
***** SSI\TITLE XVI INFORMATION *****
SSI NAME: LAST          , FIRST          MI  DOB: 12311960          SEX: M
WAGES:      0.00  SELF EMPLOYMENT:      0.00  DEEMED INCOME:      0.00

                                UNEARNED INCOME
      TYPE          START    END          AMOUNT          CLAIM NUMBER
      IN KIND      08/22
                                304.66          XXXXXXXXXXXA X

                                LIVING ARR: A
PAYEE NAME/ADDRESS:      DEATH DATE:
FIRST, MI LAST          CITIZENSHIP:
123 MAIN ST            ALIEN ENTRY DATE:
ANCHORAGE AK          COUNTRY OF ORIGIN:
                                99501          DIRECT DEPOSIT: C
***** END OF SOLQ INFORMATION *****
***** PRESS **ENTER** OR **F9** TO EXIT *****
    
```

**\*This section often contains outdated information. If the "start date" is older than 1 year, and does not have an end date, you may need to research to see if the income is still accurate. This can be done by calling the local Social Security office and requesting an update.**

## INCOME

### [APA MS 440](#)

Any money entering a household is potentially counted as income. With the APA program, we look at the income of the PI and SP only. The rest of the household's income does not matter to the APA program, unless specified as stated under [ALLOCATIONS](#).

The APA grant is also determined dollar for dollar; every dollar counted in income is one less dollar of the APA benefit that will be received.

## SELF-EMPLOYMENT INCOME

### [APA MS 441-1E](#)

- ❖ Client Statement is accepted for verification of self-employment income & expenses.
  - Unless using actual expenses- then they MUST be verified.
- ❖ Allowable business expense deduction can be applied as the standard deduction of 50%, or actual expense amounts if the client believes that their expenses are greater than 50%.
  - Client must be given the choice between using the standard deduction or actual expenses.
  - If the client states that they do not have business expenses, no deduction is given.
- ❖ Self-Employment is always **annualized**. [APA MS 441-1E](#)
- ❖ Adjustments are made **only** when more current information AND supporting verification becomes available.
- ❖ [Allocations](#) and [Exclusions](#) are applied after the business expenses/deductions.

## IN KIND INCOME

Typically, when a client has little or no income, you may see on page 2 of the SSI record on the SOLQ the in-kind income listed which is 1/3 of the SSI max payment standard (example: 2022 payment standard is \$841 for an A1E so in-kind income would be listed as \$280.33).

- In-Kind Support and Maintenance (ISM)
  - The value of any food and shelter that the client(s) is not required to pay. SSI counts this as in-kind income towards the SSI payment. **We (DPA) do not.** If there is little or no shelter or food cost, SSI will reduce their benefit.
  - See [APA MS 440-3A](#) for more information
- For 'A' living arrangements:
  - client is responsible for some food or shelter costs
  - SSI will count them as an 'A' living arrangement and count in-kind income as part of their benefit calculation.
  - Most homeless individuals will be an 'A' living arrangement
  - See [APA MS 450-2](#) for a list of conditions under which a client can be considered an 'A' living arrangement
- For 'B' living arrangements:
  - Client must **not** be responsible for **any** food or shelter costs

- In Kind income will appear on SOLQ interface but is **not actually counted** as part of SSI benefit calculation
- See [APA MS 450-3](#) for more information
- APA no longer has a max benefit amount less than the needs standard.
  - Do not count in-kind as SI (EX) on the UNIN screen to keep the APA payment from going higher than a max payment amount (for example, \$362 for an A1E)
  - In-kind income does not represent any financial benefit to the client for APA purposes
  - This change occurred as of December 2019.

In the example below, we have a printout the of 2<sup>nd</sup> page of the clients SOLQ. In this example, we can see their living arrangement by looking at the 'LIVING ARR' section. This client is an 'A' living arrangement.

```

EIS SSI2                ELIGIBILITY INFORMATION SYSTEM                000000 00:00
                        STATE ONLINE QUERY RESPONSE - PAGE 2          ELIGIBILITY T
REQUEST SSN: SSS SS NNNN
***** SSI\TITLE XVI INFORMATION *****
SSI NAME: EXAMPLE                , CLIENT                A    DOB: MMDDYYYY    SEX: F
WAGES:      0.00    SELF EMPLOYMENT:      0.00    DEEMED INCOME:      0.00

                        UNEARNED INCOME
TYPE          START      END          AMOUNT          CLAIM NUMBER
SOC SEC      MM/YY                $$$$.CC          SSSSSNNNA #
IN KIND      MM/YY                (1/3 THE INDIVIDUAL SSI AMT
NEED BASED  MM/YY                0.00           ATAP

                        LIVING ARR: A
PAYEE NAME/ADDRESS:
PAYEE A LASTNAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY        AK                99XXX
***** END OF SOLQ INFORMATION *****
***** PRESS **ENTER** OR **PF9** TO EXIT *****
  
```

## TOOLS FOR CALCULATING COUNTABLE INCOME

### [EARNED INCOME CALCULATOR](#)

Used for averaging income verified by employer or by tallying up paystubs.

### [IS THE SPOUSE AN INELIGIBLE SPOUSE Flow Chart](#)

Used for determining whether an allocation would apply.

### [DOES THE COUPLE GET REFERRED TO SSI Flow Chart](#)

Used to determine how Allocations/Exclusions apply.

### [ALLOCATIONS FLOW CHART](#)


Details on applying allocations.


### [EXCLUSIONS](#)


Details on applying exclusions.

# INTERIM ASSISTANCE

## INTERIM ASSISTANCE IN A NUTSHELL

 IA is a special part of APA to help meet the basic needs of APA applicants who also need to apply for the SSI program. These applicants can't receive full APA and Medicaid benefits until they become eligible for SSI. Since the SSI process can take a long time and often requires appeals, IA provides monthly income while waiting for SSI eligibility.

 IA payments come from APA funds but don't automatically mean the client is eligible for Medicaid. IA is for those whose APA applications are on hold, waiting for an SSI decision, which then determines their APA and Medicaid eligibility. If the client is eligible for Medicaid without the SSI, authorize the Medicaid.

 One unique aspect of Interim Assistance is that it doesn't require a separate application. Instead of applying directly for IA, clients submit an application for APA. The caseworker determines if they should be placed into the IA program.

**NOTE:** IA **\*\*must\*\*** be discussed/offered to any potentially eligible APA applicant. Even if the interview is waived, the IA info must be either discussed or mailed.

### REMINDERS:

- 1. Medicaid & IA:** Eligibility for IA does not automatically grant Medicaid eligibility. Each IA applicant should be assessed for Medicaid eligibility:
  - IA recipients may qualify for MAGI Medicaid coverage while receiving IA. To be eligible, they must meet the requirements specified in MAGI Medicaid [MS 816](#).
  - If an applicant isn't eligible for any type of Medicaid, they should be referred to the Federal Marketplace (FFM) to explore options for a qualified health plan and potential tax credits.
- 2. Temporary Assistance & IA:** A TA applicant may apply for APA and be deemed eligible for IA. *However*, IA payments are considered countable income by the TA program and will reduce or terminate TA benefits accordingly. Applicants should be informed of this and given the option to receive IA while their Temporary Assistance eligibility is determined:
  - If the client is eligible and approved for TA, they are *not* eligible for IA and IA eligibility ends.
  - A TA recipient may apply for APA and SSI benefits but cannot receive IA while awaiting decisions on their APA and SSI applications.

If a client appears to be categorically eligible for APA – meaning they are disabled, blind, or at least 65 years old, but are not receiving SSI – they may qualify for IA. The process for handling IA in APA applications involves specific steps tailored to these three eligibility categories.

- This section of the APA guide outlines the processes and procedures to follow when a client requests IA at the time of application. For further detailed information on IA processing and procedures, please refer to the APA manual by

## ELIGIBILITY CRITERIA FOR IA

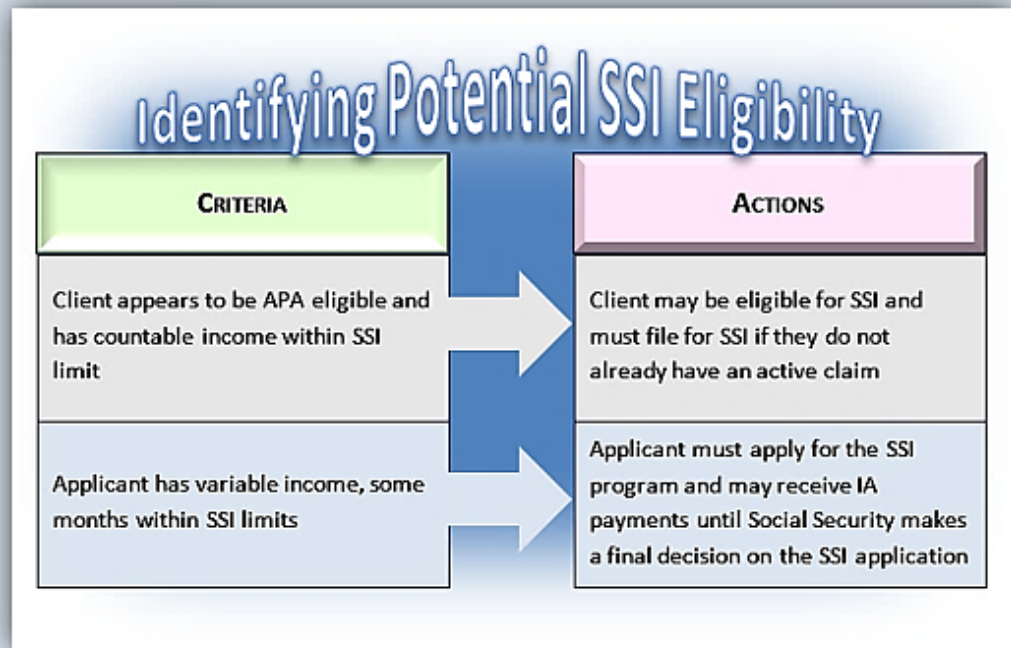
To be eligible for Interim Assistance, an individual must complete the following:

### ELIGIBILITY CRITERIA FOR INTERIM ASSISTANCE

➤ Meet All APA eligibility criteria except for receipt of SSI

➤ Apply for SSI

➤ Likely to meet Social Security disability requirements and be determined disabled by the Division, or be age 65 or older



➤ Agree to repay Interim Assistance from retroactive benefits by completing an Interim Assistance Reimbursement (IAR) authorization form

## ADULT DISABLED APA APPLICANTS

The most common IA eligibility category involves clients who claim disability but are neither blind nor 65 or older. Outlined below are the steps for processing IA when requested by clients who fall into this category.

### PENDING AP AD WHEN THE CLIENT WANTS IA:

1. Determine eligibility for APA for all other criteria except receiving SSI and disability proof.
2. Discuss IA process with client and confirm that they want to pursue IA – *document this in your CANO*.
3. Go over DPA process and the needed forms with the client: [GEN 142](#) (IAR), [AD 2](#), [APA 4](#) and [GEN 150 IA](#) → (IA Packet):
  - The better they understand it, the better their chances of getting approved. The IA documents will NOT be included on the P301 so a thorough understanding of what is needed will be essential for the client's success.
4. Writing the notices:
  - Pend APA application for **30 days** for proof that they are “IN PAY STATUS” with SSI – send the **P007**:
    - REMEMBER, **no** IA requirements can go on the P301 (must be written ONLY for APA)!
  - Send the **P021** for items (GEN 142, AD 2, APA 4, and GEN 150 IA) needed to determine IA eligibility - This is the clients *only* official communication about the IA forms.
  - Send client the **IA Packet** - GEN 142 IAR, AD 2, APA 4, GEN 150 IA (email, fax, or mail to the client).

---

### WORKING THE AP AD PEND:

This section outlines the process for managing pended APA applications for IA verification for disabled clients, covering actions when IA AD forms are received before or not received by the APA pend due date.

#### IF **ALL** IA AD FORMS (GEN 142, AD 2, APA 4, GEN 150 IA) ARE RECEIVED **BEFORE** APA PEND DUE DATE & PRIOR TO APPROVING/DENYING APA:

1. Check SOLQ for SSI Status (REMINDER: SSI **must** be in H80 status – not appeal status) →
  - If client is in H80 status (SSI app) →
    - Email the Med Reviewer with the client's ID so that they can find them in ILINX @ [HSS.DPA.INTERIM.ASSIST@ALASKA.GOV](mailto:HSS.DPA.INTERIM.ASSIST@ALASKA.GOV) – (Subject Line: 'IA Referral (Client ID)')
      - If an IA applicant is terminal, staff should indicate this on the IA packet being sent to the Med Reviewer.
    - Case pending Med Reviewer response → document in CANO that email was sent to Med Reviewer – send the **P305** (IA Decision Delayed)
  - If client is not in H80 status (no SSI app filed/showing) →
    - **Leave APA pended** → document in your CANO that IA paperwork was received but there is no *current* SSI app
    - Do **not** contact the Med reviewer
    - Send the **P007** for development of SSI income
    - Hold APA until 30<sup>th</sup> day to check for pay status →

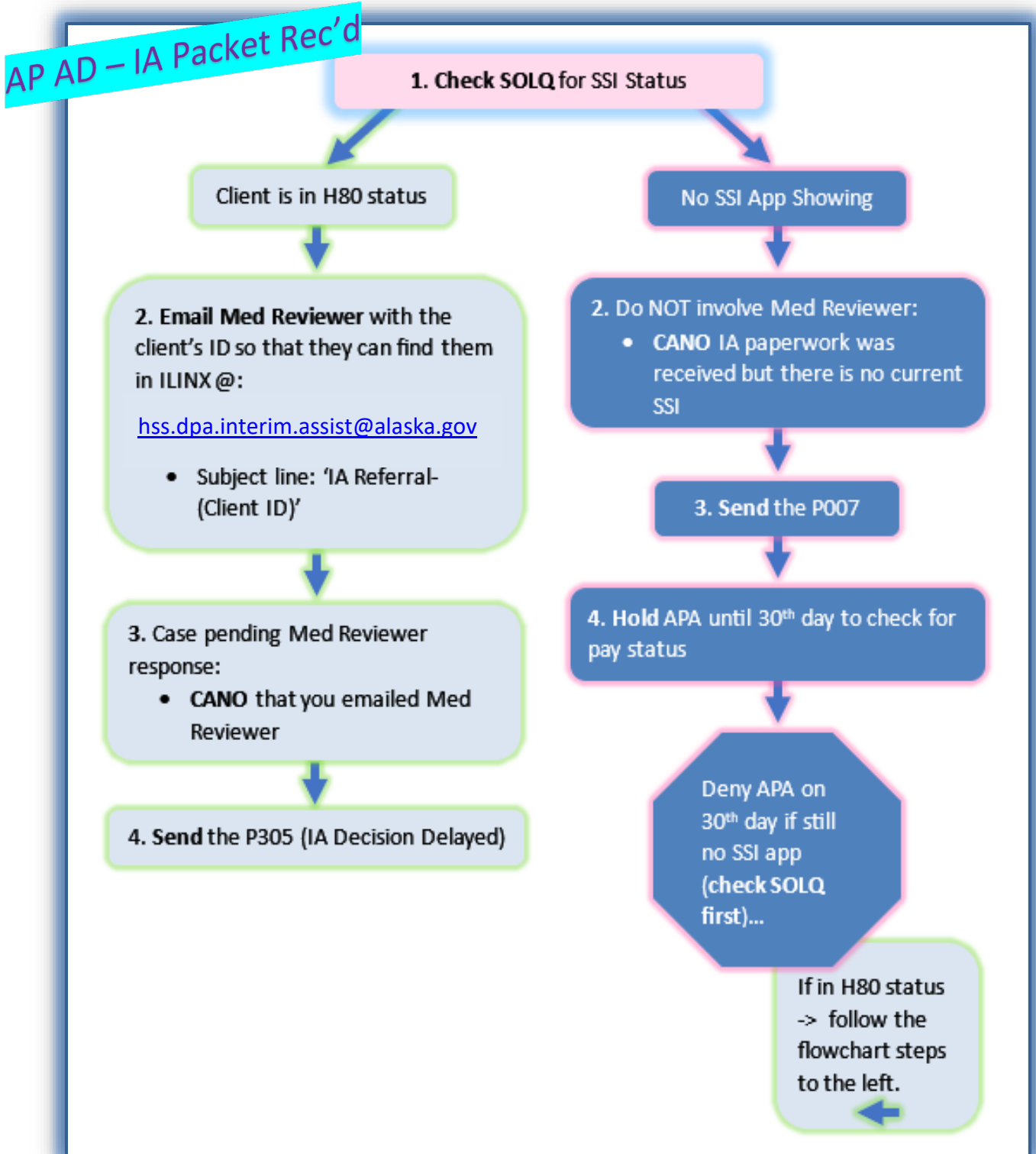
➤ On 30<sup>th</sup> day, deny APA if still no SSI app (check SOLQ first) / If client is in H80 status, see 'Client in H80 Status' above. **REMINDER:** Approve or deny APA apps for IA based on APA criteria

❖ See flowchart below for Adult Disabled SOLQ SSI status' when working AP AD pends.

**A. IF THE IA AD FORMS ARE *NOT RECEIVED BY* APA PEND DUE DATE:**

1. Approve or Deny APA based on APA criteria.

WORKING THE AP AD PEND - **ALL IA AD FORMS RECEIVED** – PROCESS FLOWCHART



## BLIND APA APPLICANTS (RARE)

Outlined below are the steps for processing IA when requested by clients who claim blindness at the time of application and are not over the age of 65. While this situation is uncommon, it's important to be aware of the procedures.

### PENDING AP AB WHEN THE CLIENT WANTS IA:

1. Determine eligibility for APA for all other criteria except receiving SSI and proof of blindness.
2. Discuss IA process with client and confirm that they want to pursue IA – *document this in your in CANO.*
3. Go over DPA process and the needed forms with the client: [GEN 142 \(IAR\)](#) and [AB 3](#).

#### 4. Writing the notices:

- Pend APA application for **30 days** for proof that they are “IN PAY STATUS” with SSI – send **P301**:
  - REMEMBER, **no** IA requirements can go on the P301 (must be written **ONLY** for APA)!**NOTE:** For IA AB, we need only the GEN 142 IAR, AB 3 and proof that the client has applied for SSI (or has a current appeal on file).

- Per Policy, send an **N011** with modified document requirements from the P021 by following the steps below:

Step 1	Open a P021: Copy first part of notice (down through the part requesting the IAR and <b>paste into the N011</b>
Step 2	Type in the N011: “A Review Report on Aid to the Blind (AB 3) has been sent to you in a separate envelope”
Step 3	Copy/paste remainder of the P021 beginning with: “If you do not want Interim Assistance...”
Step 4	Don't forget your pend due date and manual cites! – “Adult Public Assistance Manual Section 426-2 and 7 AAC 40.375.”

- **NOTE:** Do **not** send the P021 as it is misleading, asking the client for too much.

- Send client the **GEN 142 IAR** and **AB 3 Form** (email, fax, or mail to the client)

---

### WORKING THE AP AB PEND:

This section outlines the process for managing pended APA applications for IA verification for blind clients, covering actions when IA AB forms are received before or not received by the APA pend due date.

#### A. IF THE IA AB FORMS (GEN 142 IAR & AB 3) ARE RECEIVED **BEFORE** THE APA PEND DUE DATE:

1. Does the AB 3 verify that they are blind?
  - **YES** = determined blind for IA purposes; *proceed to step 2.*
  - **NO** = Not determined blind for IA purposes; *proceed to step 3.*
2. Check SOLQ & INME 9 for SSI Status:
  - Client is in H80 status – Approve IA
    - Do **not** involve the Med Reviewer

- Open IA by following the H80 status worker actions in the [flowchart](#) below or the '[IA Approved – Opening the IA](#)' steps in section below flowchart
- If client is not in H80 status (no SSI app filed/showing) →
  - Leave the APA pending → document in your CANO that IA paperwork was received but there is no *current* SSI app
- Send **P007**
  - Hold APA until 30<sup>th</sup> day to check for pay status →
    - On 30<sup>th</sup> day, deny APA if still no *SSI app* (check SOLQ first) / Open IA if they are (see 'Client in H80 Status' above in **step 2**:
      - REMINDER: Deny APA app based on APA criteria

### 3. Check SOLQ & INME 9 for SSI Status:

- Client is in SSI pay status – Approve APA
- Client is in *H80 status*, or no app received →
  - **Leave APA pending** → document in your CANO that IA paperwork (GEN 142 & AB 3) was received but there is no current SSI app
  - Do not involve the Med Reviewer
  - Send **P007**
  - Hold APA until 30<sup>th</sup> day to check for pay status →
    - On 30<sup>th</sup> day, deny APA if client is not in *SSI pay status* (check SOLQ first) / Open APA if client is in SSI pay status:
      - REMINDER: Approve or deny APA app based on APA criteria

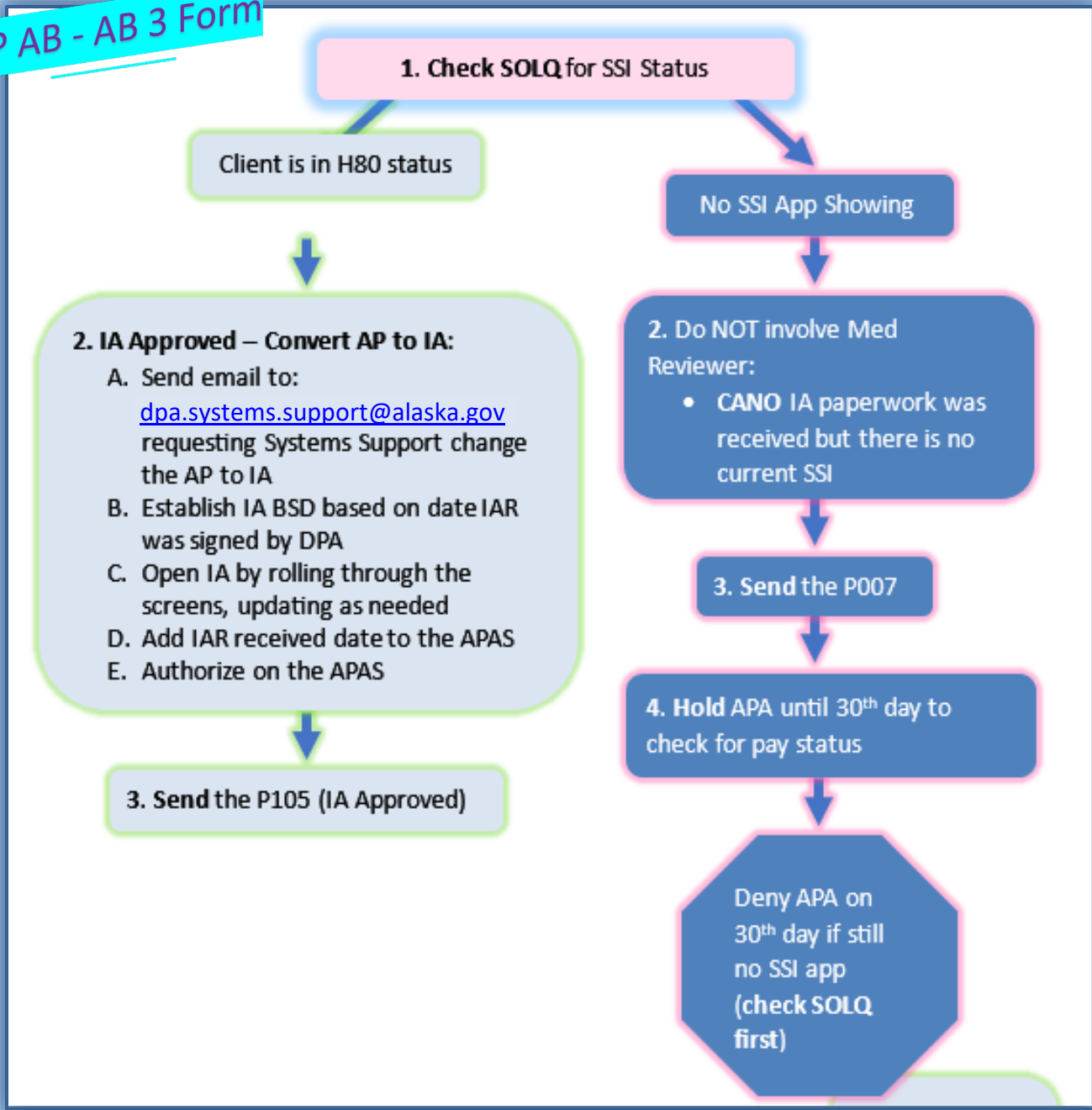
**NOTE:** Blind applicants ineligible for SSI due to excess income and not yet determined eligible for SSA disability are also ineligible for IA. Their APA/Medicaid application must be pending for a state-only DDS decision. [Click here](#) to navigate to the DDS Referral Process in this guide or see [MS 425-3C](#).

❖ See the two flowcharts below for AB 3 forms marked 'Yes' or 'No' processing.

### **B. IF THE IA AB FORMS ARE *NOT RECEIVED BY* APA PENDING DUE DATE:**

1. Hold APA until 30<sup>th</sup> day to check for pay status →
  - On 30<sup>th</sup> day: Deny APA if client is not in *SSI pay status* / Open APA if they are:
    - REMINDER: Approve or deny APA app based on APA criteria

AP AB - AB 3 Form



BEFORE APPROVING IA:

- ☞ Confirm client meets all APA eligibility criteria
- ☞ Ensure all necessary IA forms are received and the signed IAR is on file
- ☞ Verify that the client applied for SSI and that the verification is on file (by checking SOLQ)

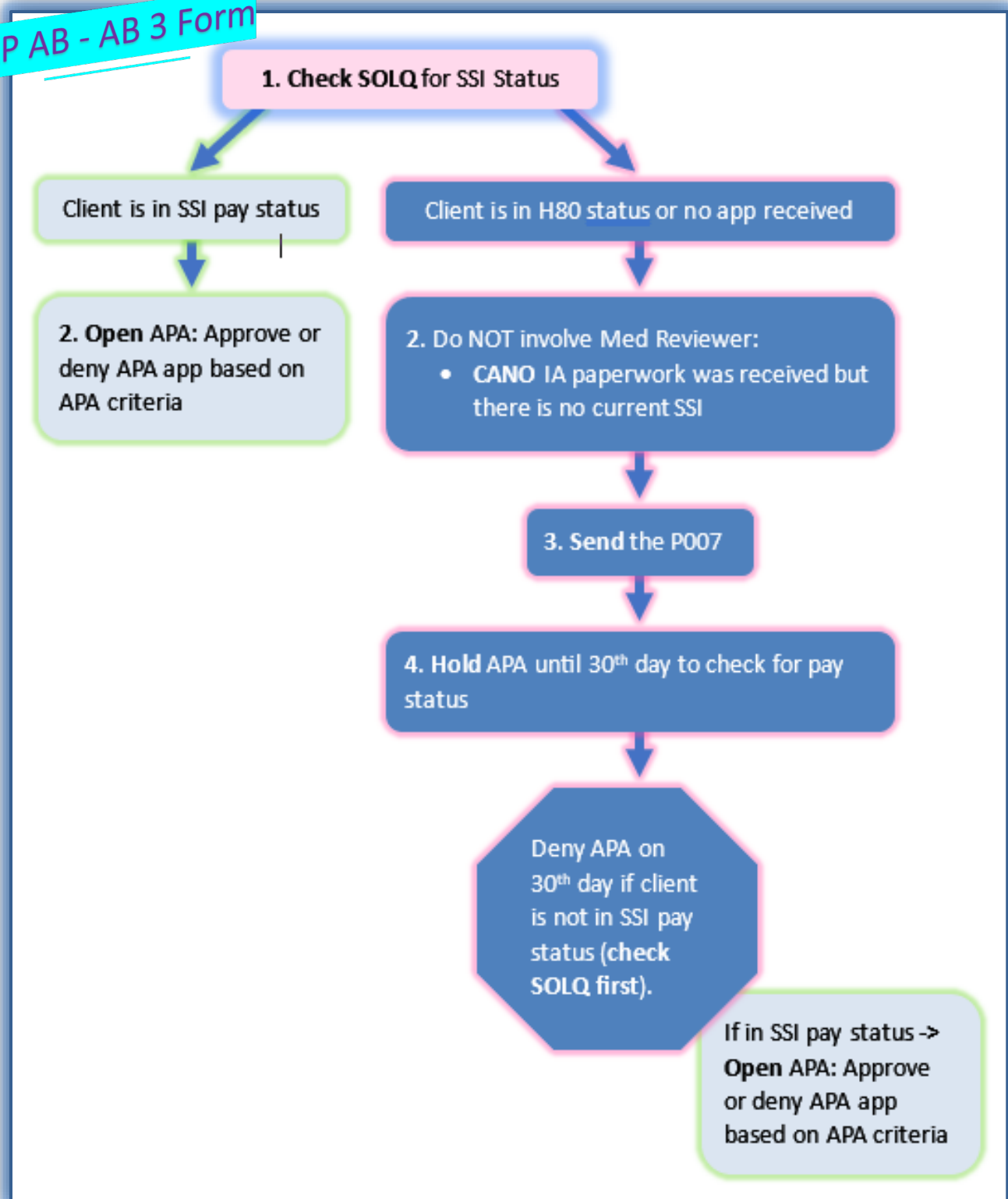
IA APPROVED - AP TO IA	
Step 1	Send email to: <a href="mailto:dpa.systems.support@alaska.gov">dpa.systems.support@alaska.gov</a> requesting Systems Support change the AP to IA
Step 2	Establish IA BSD based on date IAR was signed by DPA
Step 3	Open IA by rolling through the screens, updating as needed
Step 4	Add GEN 142 IAR received date to the APAS screen & authorize on the APAS
Step 5	Send the <b>P105</b> (IA Approved – APA Held) notice

**REMINDER:** To be eligible for IA, **SSI must be in H80 or in appeal status** (awaiting a **FINAL** decision by SSI). Also, anyone who is receiving **TA** is **not eligible** for IA.

**426-2 A. APPLICANTS MUST BE ELIGIBLE FOR *APA* EXCEPT FOR A FINAL ELIGIBILITY DECISION BY *SSI***

With the exception of a **final** eligibility decision by **SSI**, all other **APA** eligibility requirements apply to the determination of eligibility for **IA**. This means that the caseworker must make a full eligibility determination before Interim Assistance can be approved. For blind or disabled applicants who are not eligible for Social Security disability benefits, a temporary disability or blindness decision must be made in accordance with the procedures described in this chapter.

**AP AB - AB 3 Form**



## AGED APA APPLICANTS (RARE)

Outlined below are the steps for processing IA when requested by clients who are 65 or older and do not claim disability or blindness at the time of application. While this situation is uncommon, it's important to be aware of the procedures.

### PENDING AP OA WHEN THE CLIENT WANTS IT:

1. Determine eligibility for AP OA for all other criteria except receiving SSI.
2. Discuss IA process with client and confirm that they want to pursue IA – *document this in your CANO*.
3. Go over DPA process and the needed form with the client: [IAR \(GEN 142\)](#).
4. Writing the notices:
  - Pend APA application for **30 days** for proof that they are “IN PAY STATUS” with SSI – send the **P301**:
    2. REMEMBER, **no** IA requirements can go on the P301 (must be written ONLY for APA)!  
**NOTE:** For IA OA, we need only the GEN 142 IAR and proof that the client has applied for SSI (or has a current appeal on file).
  - Send an **N011** (do **NOT** send the P021 as it is misleading, asking the client for too much) with most of the P021 copy/pasted in except for the 3 bullet points requiring the AD2, APA4 and Gen150IA – don't forget your manual cites and your pend due date!
  - Send client the **GEN 142 IAR** form (email, fax, or mail to the client)

### WORKING THE AP OA PEND:

This section outlines the process for managing pended APA applications for IA verification for aged clients, covering actions when IA OA forms are received before or not received by the APA pend due date.

#### A. IF THE GEN 142 IAR IS RECEIVED **BEFORE** THE APA PEND DUE DATE:

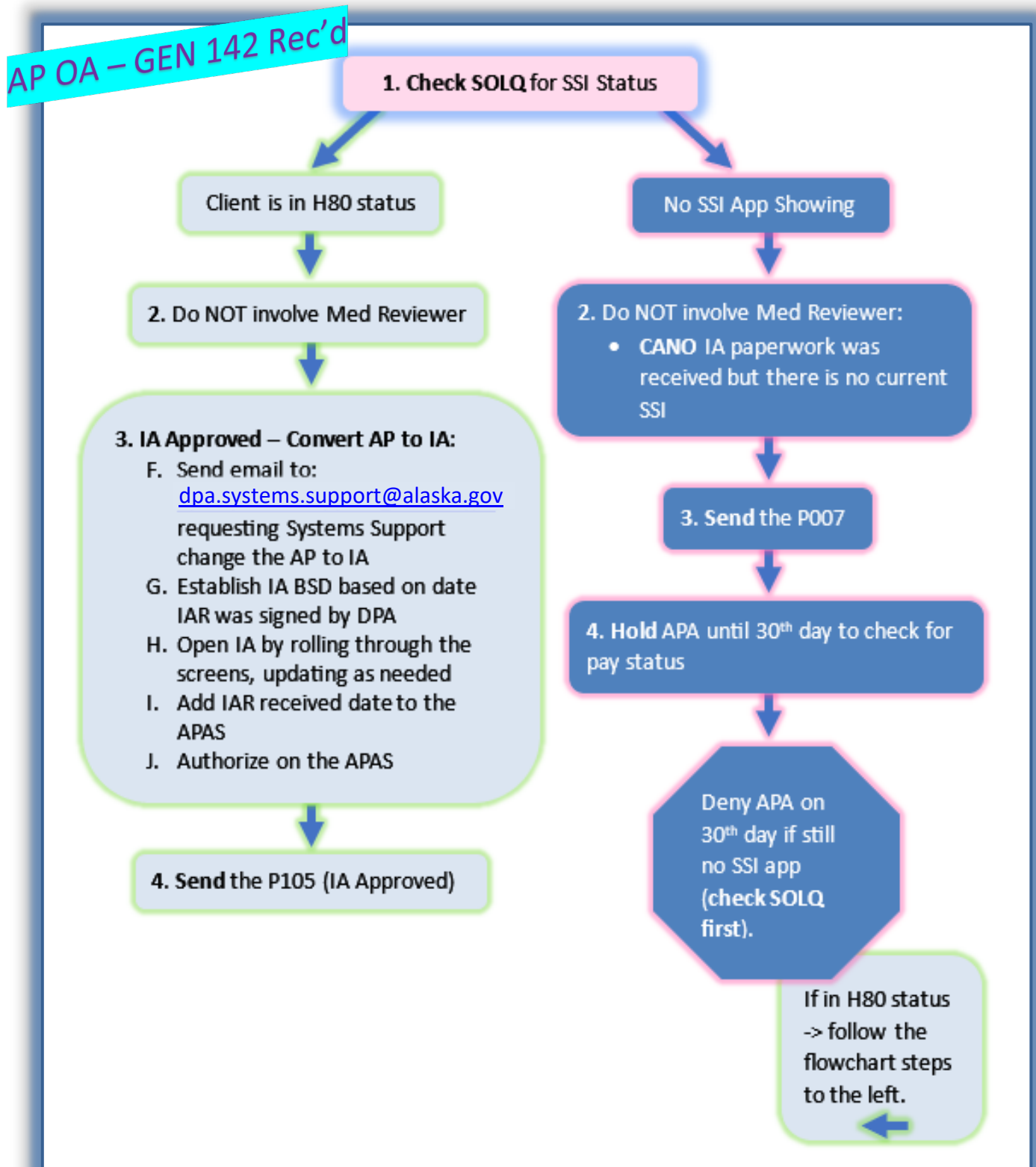
1. Check SOLQ & INME 9 for SSI Status (REMINDER: SSI **must** be in H80 status – not appeal status):
  - Client in H80 status – Approve IA
    - Do **not** involve the Med Reviewer
    - Open the IA (see flowchart or '[IA Approved – Opening the IA](#)' section below).
  - If client is not in H80 status (no SSI app received) →
    - Leave APA pended → document in your CANO that IA paperwork was received but there is no current SSI app; also:
      - Send **P007**
      - Hold APA until 30<sup>th</sup> day to check for pay status →
        - On 30<sup>th</sup> day, deny APA if still no SSI app (check SOLQ first) / Open IA if they are in H80 status (see 'Client in H80 Status' above):
          - REMINDER: Deny APA app based on APA criteria

❖ See flowchart below for Aged Applicant SOLQ SSI status' when working AP OA pends.

#### B. IF THE IAR IS **NOT RECEIVED BY** APA PEND DUE DATE:

1. Hold APA until 30<sup>th</sup> day to check for pay status →
  - On 30<sup>th</sup> day, deny APA if still no SSI app (check SOLQ first):
    - REMINDER: Approve or deny APA app based on APA criteria

WORKING THE IA OA PEND – GEN 142 IAR RECEIVED – PROCESS FLOWSHART



## IA APPROVED – OPENING THE IA:

### BEFORE APPROVING IA:

- ☞ Confirm client meets all APA eligibility criteria
- ☞ Ensure all necessary IA forms are received and the signed IAR is on file
- ☞ Verify that the client applied for SSI and that the verification is on file

IA APPROVED - AP TO IA	
Step 1	Send email to: <a href="mailto:dpa.systems.support@alaska.gov">dpa.systems.support@alaska.gov</a> requesting Systems Support change the AP to IA
Step 2	Establish IA BSD based on date IAR was signed by DPA
Step 3	Open IA by rolling through the screens, updating as needed
Step 4	Add GEN 142 IAR received date to the APAS screen & authorize on the APAS
Step 5	Send the <b>P105</b> (IA Approved – APA Held) notice

**REMINDER:** To be eligible for IA, **SSI must be in H80 status** – not appeal status. Also, anyone who is receiving **TA** is **not eligible** for IA.

## MED REVIEWER RESPONSES

Once all the necessary forms are completed for Adult Disabled IA Applicants in H80 status, the caseworker notifies the Medical Reviewer via email to [hss.dpa.interim.assist@alaska.gov](mailto:hss.dpa.interim.assist@alaska.gov) and the client's APA case is pending their response. Outlined below are the actions to take on AP AD pends after receiving the Med Reviewer's response.

### RESPONSES FROM THE MED REVIEWER:

#### A. YES: Open the IA by following the steps below:

1. Send email to: [dpa.systems.support@alaska.gov](mailto:dpa.systems.support@alaska.gov), requesting Systems Support change the AP to IA
2. Establish IA BSD based on date IAR was signed by DPA
3. Open IA by rolling through the screens, updating as needed
4. Add GEN 142 IAR received date to the APAS screen & authorize on the APAS
5. Send the **P105** (IA Approved – APA Held) notice

#### B. NO: Document denial in your CANO & re-pend APA for client to be in SSI pay status ([MS 426-2 C3](#)). Give client **30 days** – send **P304**:

- Deny APA on 30th day if not in *pay status* (check SOLQ first) / open APA if they are:
  - REMINDER: Approve or deny APA app based on APA criteria

**NOTE:** If the client submits additional medical information, it will be considered by the Med Reviewer. New medical information can be submitted at any time.

2. OTHER: The Med Reviewer may have other requests. Please facilitate them.

---

### CLIENT APPROVED FOR SSI/SSA BEFORE MED REVIEWER'S RESPONSE:

If SSA approves SSI before the Medical Reviewer makes an IA decision, do not issue IA retroactively to the IAR signing date. Since IA is not approved in this scenario, the applicant has no IAR obligation. Instead, follow the step below:

1. Determine income eligibility for APA and approve or deny as appropriate:
  - If approved for APA, determine APA BSD according to [MS 410-7A2](#). The APA benefit start date is the first day of the month *after* SSA awards SSI or SSDS benefits, or the first day of the month *after* DDS notifies DPA that the applicant is disabled. *The client would not be issued any IA payments.* You will have to find out the date SSA awarded them their disability →
    - The client may have received a Notice of Award, ask them to provide a copy of the **ENTIRE** letter. While the DATE is important to determine the BSD, there may be other information you will need such as that necessary to issue Hold Harmless for SSI, see [MS 433-3A](#).

---

### CLIENT DENIED FOR SSI/SSA BEFORE MED REVIEWER'S RESPONSE:

- If denied due to lack of disability, re-pend for proof of appeal. Give them **30 days**.
- If denied for any other reason, deny APA and send appropriate notice.

## IA RECERTIFICATIONS & DOCS

### IA RECERTIFICATION

The IA benefit start date is the month when all eligibility requirements are met and an IAR is signed. These benefits are granted for a 12-month certification period. Some things to keep in mind:

1. IA recertification forms are **not** required. However, you will need to reauthorize benefits once every 12 months as an EIS system issue.
2. If the client is found eligible for SSI during the IA certification period:
  - Eligibility for IA ends the month that SSA makes the SSI eligibility decision
  - Regular APA benefits are approved starting the first day of the month *after* SSA notifies the individual of their SSI eligibility

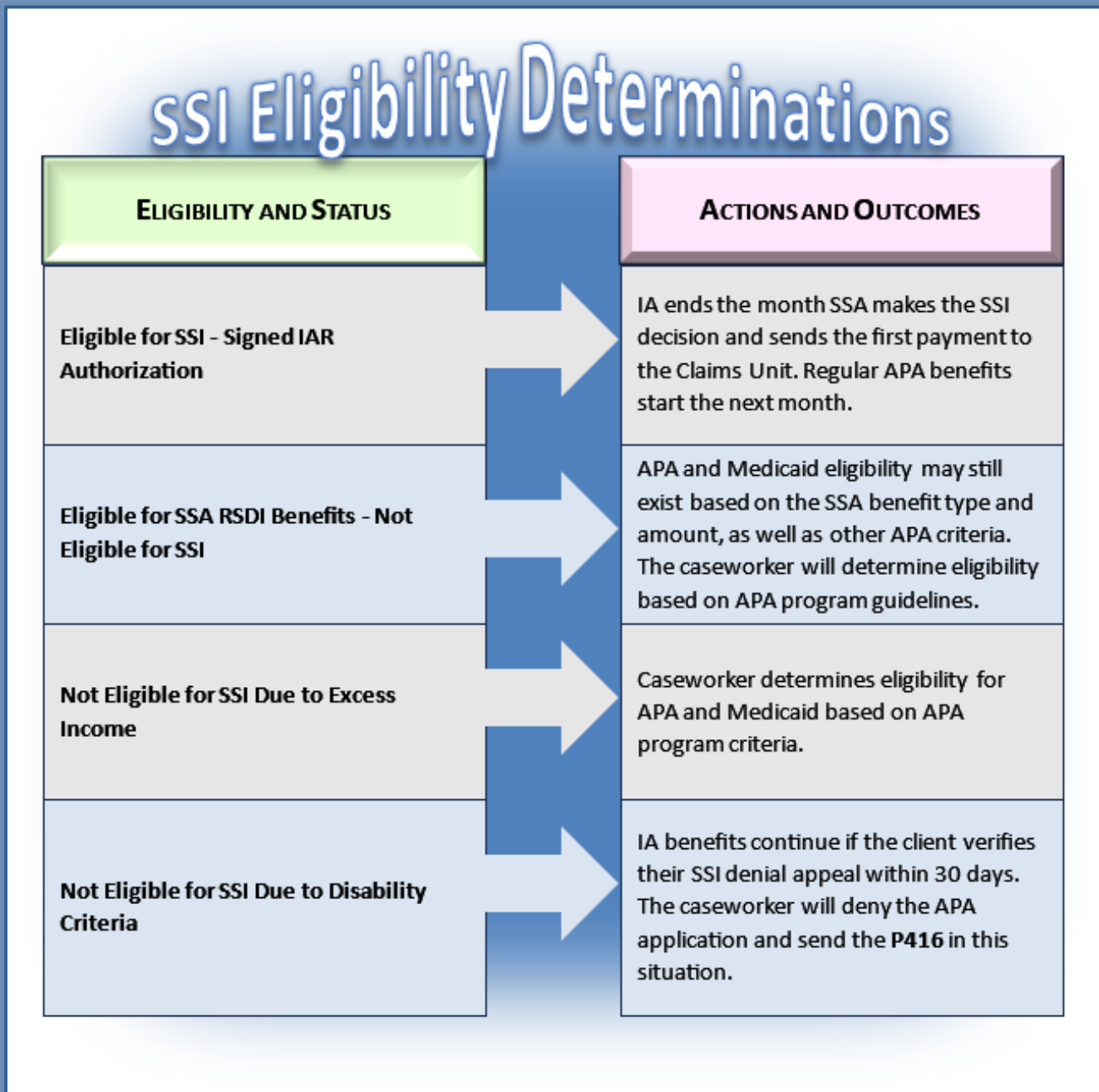
---

### IA DOCUMENTS RECEIVED

- When all IA documents are received, make sure:
  1. They are uploaded into ILINX Content Store
  2. Send email to the Medical Reviewer at [hss.dpa.interim.assist@alaska.gov](mailto:hss.dpa.interim.assist@alaska.gov) with the subject line 'IA Referral- (Client ID)'
- If the client's countable income (after rounding) exceeds the APA need standard, they are not eligible for IA for that month:
  - If the client loses IA benefits because of excess income, the caseworker will have to close the IA case with adverse action, and the client will need to reapply for APA / Medicaid ([MS 426-4](#)).

## IA ALREADY ESTABLISHED - CONVERTING IA TO APA

Interim Assistance payments stop once Social Security determines and informs the applicant of their SSI eligibility. At that point, IA needs to be converted to APA. But first, there are four possible SSI eligibility outcomes to look at before converting IA to AP. The chart below outlines these determinations and the corresponding actions for caseworkers.



### CONVERTING IA TO AP:

- ❖ Refer to [EIS Procedure 2012-1](#) for instructions regarding converting IA to AP.

## INTERIM ASSISTANCE NOTICES

There is NOT a 10-15 day pend rule for Interim Assistance (IA). Give the client **30 days** to be in SSI pay status and turn in IA forms needed for IA determination. Notices listed throughout the above sections are summarized below:

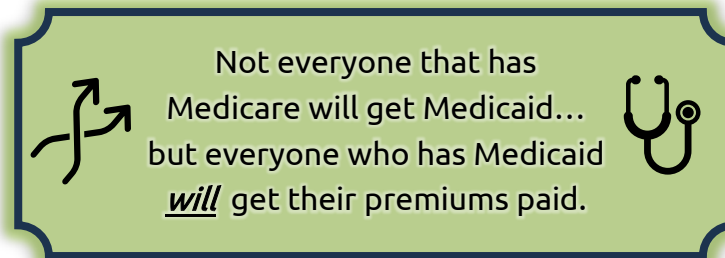
Send	What & When
<b>N011</b>	<p>GENERAL CORRESPONDENCE</p> <ul style="list-style-type: none"> <li>➤ Used in replacement of the P021 - Customized for requesting specific IA forms for AP AB and AP OA</li> </ul>
<b>P007</b>	<p>APPLICATION FOR OTHER BENEFITS</p> <ul style="list-style-type: none"> <li>➤ For development of SSI income when client is not in H80 status or no SSI app showing in SOLQ</li> </ul>
<b>P021</b>	<p>ITEMS NEEDED FOR INTERIM ASSISTANCE</p> <ul style="list-style-type: none"> <li>➤ For requesting all IA forms (APA 4, AD 2, Gen 142, and Gen 150 IA) needed to determine IA AD eligibility</li> </ul>
<b>P105</b>	<p>IA APPROVED – APA HELD</p> <ul style="list-style-type: none"> <li>➤ IA is approved and APA / Medicaid is held waiting for SSI eligibility determination</li> </ul>
<b>P301</b>	<p>APA / MEDICAID PENDED – INFORMATION NEEDED</p> <ul style="list-style-type: none"> <li>➤ APA / Medicaid is pended for being in pay status with SSI – give 30 days to be in pay status</li> </ul>
<b>P304</b>	<p>APA HELD – IA DENIED</p> <ul style="list-style-type: none"> <li>➤ Med Reviewer response is ‘No’ – not determined disabled. APA is re-pended for client to be in SSI pay status</li> </ul>
<b>P305</b>	<p>INTERIM ASSISTANCE DECISION DELAYED</p> <ul style="list-style-type: none"> <li>➤ Case is pended waiting for the Med Reviewer’s response</li> </ul>
<b>P416</b>	<p>APA / MED DENIED - INTERIM ASSISTANCE ENDS</p> <ul style="list-style-type: none"> <li>➤ When an IA recipient’s SSI determination is denied due to disability criteria, and they need to verify they are appealing the SSI denial. APA is denied—allow 30 days for the client to verify the SSI denial appeal for IA.</li> </ul>

- ❖ You’ll find more IA notices and detailed information about them in the [Interim Assistance Notices](#) section of this Guide.

## MEDICARE SAVINGS PROGRAMS (MSP)

### WHAT IS MEDICARE "BUY IN"?

When we talk about a "buy in" to Medicare, we're talking about a **Medicare Savings Program**. This is a program in which the Medicare Premiums charged to the client by Social Security are paid by the state. Usually, these are **Medicare Part B** premiums as *Part A premiums are rare*. Part A premiums are only required in very specific situations. You can read more about this in [ADLTC MS 506 and 506 D](#).



*Medicaid is a "Last Payor." They pay after all other forms of medical insurance, including Medicare, have paid out their benefits. It is to the advantage of the State of Alaska that it pays for those Medicare premiums first, so that Medicare can pay a majority of the medical bills.*

DHCS can also backdate the premium payment if the client lost it for an agency error reason. As long as we reopen **and issue** the missing months of Med and tell them in the email that we need to Medicare Savings Program backdated.

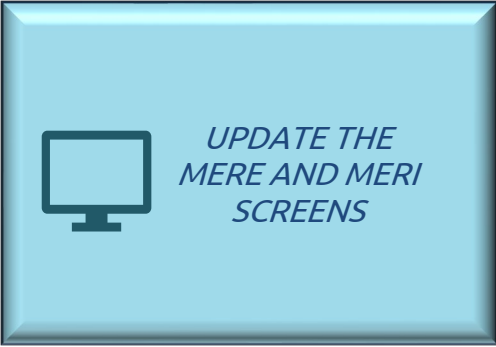
### PROCESS STEPS FOR EVERY MEDICARE SAVINGS PROGRAM (MSP)



Always register the Medicaid case in EIS. Even if the Medicaid is MAGI, MSP benefits cannot be issued in ARIES. Double check your case number to see if your case should be on a standalone number by following the rules found in [ADMIN MS 116-5](#). Further guidance can be found in this process guide [here](#).

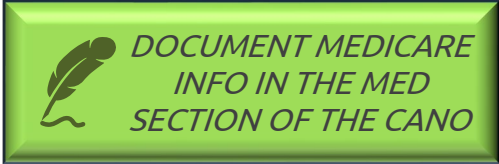


The Division of Health Care Services (DHCS) coordinates the payments for Medicare premiums. Therefore, whenever a case is opened or a change is made that affects eligibility, DHCS must be contacted and the information document. They are also contacted to request Part B be added for the client if the client is already receiving Part A. **Include: Client ID, case number, start date, and MSP (with MERE codes).**



MERI: Enter in the start date for the Medicare along with the 'J' coding for Part A and B. This info can sometimes be found in the Bendex (INME 15)

MERE: Enter the [HIC number](#) as it appears in the interfaces. This should be entirely numerical except for a letter at the end. See a specific Medicare Savings Plan for information on the "SUBTYPE" and "ELIG CODE".



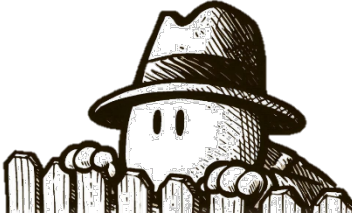
If Medicare information exists, enter this into the Med section of your case note and document eligibility information for any Medicare Savings Program. Any contact with DHCS should also be documented.

**WHAT MEDICARE SAVINGS PROGRAMS ARE AVAILABLE?**

These are the different types of programs available to assist with Medicare Premium payments and some basic information about each. For further guidance, please see: [ADLTC MS 580](#), [ADLTC Manual Addendum 1](#) and [APA Manual Addendum 1](#) for income guidelines [Medicare Savings Programs at a Glance](#) job aid on SharePoint [Interface User Guides](#)

**REFUSED CASH INCOME LIMIT**

NOT eligible for APA cash BUT within the Expanded Refused Cash income limit for ADLTC Medicaid.



PAYS FOR	CASE NUMBERING INFO	BSD	RETRO ELIGIBILITY?
<ul style="list-style-type: none"> <li>✓ Part B</li> <li>✓ Part A (if needed)</li> <li>✓ Deductibles</li> <li>✓ Co-pays (except for prescriptions)</li> </ul>	» Can be on same case number with SNAP/APA cash	Application month	YES

**TOP TIPS**

- › **MAY OR MAY NOT ALSO BE QMB ELIGIBLE. CHECK QMB INCOME LIMITS.**
- › Certify for 12 months
- › HH size is either 1 (PI) or 2 (PI & SP)
- › Always register the SP, but only the PI is coded 'in'
- › Auth screen: APMM
- › Make sure to initialize and authorize into the current system month. Check the MEBH screen as your final action.

**NOTICE ( S )**

WITH QMB  
 M110 – APPLICATION (APPROVED)  
 M804 – RENEWAL (APPROVED)

WITHOUT QMB  
 M102 – APPLICATION (APPROVED)  
 M802 – RENEWAL (APPROVED)

## QUALIFIED MEDICARE BENEFICIARY (QMB)

PAYS FOR	CASE NUMBERING INFO	BSD	RETRO ELIGIBILITY?
<ul style="list-style-type: none"> <li>✓ Part B</li> <li>✓ Part A (<i>if needed</i>)</li> <li>✓ Deductibles</li> <li>✓ Co-pays (<i>except for prescriptions</i>)</li> </ul>	<ul style="list-style-type: none"> <li>» If dual eligible with APA – use same case number.</li> <li>» If not dual eligible, use standalone case number</li> </ul>	<p>Month AFTER QMB eligibility is determined</p> <p>SSI clients are eligible first month after Medicaid eligibility is determined</p>	NO

### TOP TIPS

- › Certify for 12 months
- › HH size is either 1 (PI) or 2 (PI & SP)
- › Always register the SP, but only the PI is coded ‘in’
- › Dual eligible auth screen: APAS
- › QMB Standalone auth screen: APMM
- › Make sure to initialize and authorize into the current system month. Check the MEBH screen as your final action.

### NOTICE ( S )

WITH MEDICAID  
M110 – APPLICATION (APPROVED)  
M804 – RENEWAL (APPROVED)

WITHOUT MEDICAID  
M116 – APPLICATION (APPROVED)  
M816 – RENEWAL (APPROVED)

## SPECIFIED LOW INCOME MEDICARE BENEFICIARY (SLMB)

PAYS FOR	CASE NUMBERING INFO	BSD	RETRO ELIGIBILITY?
<ul style="list-style-type: none"> <li>✓ Part B only</li> </ul>	<ul style="list-style-type: none"> <li>» Use a standalone number</li> </ul>	Application month	YES but no further back than January

### TOP TIPS

- › Not dual eligible with APA or Medicaid.
- › Certify for 12 months
- › HH size is either 1 (PI) or 2 (PI & SP)
- › Always register the SP, but only the PI is coded ‘in’
- › Auth screen: APMM
- › Paid benefits show with a ‘B’ issuance code on the MEBH
- › SLMB Plus has a higher income limit than SLMB Base, but the benefits are the same.
- › Make sure to initialize and authorize into the current system month. Check the MEBH screen as your final action.

### NOTICE ( S )

M113 – APPLICATION (APPROVED)  
M805 – RENEWAL (APPROVED)

**SSA COLA Disregard:** The January 1st cost of living (**COLA**) increases in Social Security Title II benefits are disregarded in determining income eligibility for **SLMB** until the annual federal poverty guidelines are implemented. This means that COLAs are usually disregarded through March since the new poverty guidelines (**FPG**) are effective April 1st of each year.

QUALIFIED DISABLED AND WORKING INDIVIDUALS

PAYS FOR	CASE NUMBERING INFO	BSD	RETRO ELIGIBILITY?
✓ Part A ONLY	» Use a standalone number	Application month	YES

TOP TIPS

- › Often confused with Working Disabled Medicaid (WDM). Double check eligibility before processing.
- › If the client is not paying for Medicare Part A (which often has no premiums), there is no QDWI eligibility.
- › HH size is either 1 (PI) or 2 (PI & SP)
- › Always register the SP, but only the PI is coded 'in'
- › Household type will be either QD1 (PI only) or QD2 (PI and SP)
- › Auth screen: APMM
- › Make sure to initialize and authorize into the current system month. Check the MEBH screen as your final action.

NOTICE(S)

Currently, there is not a QDWI notice in EIS. Use an N011 and copy verbiage from the M113 (or M805 for a renewal) with the following alternations:

- Take out 'Specified Low Income Medicare Beneficiary (SLMB)' and replace with 'Qualified Disabled and Working Individual (QDWI)'.
- Take out 'Part B' and replace with 'Part A'.

HIC NUMBER

Enter the verified HIC number on the "HIC Number" field, also called the Claim Number. This matches the SSN the benefits are received from and includes a letter at the end.

EIS MERE	MEDICAL REFERENCE	MMDYY 14:22
CASE NAME:	CASE NO:	MONTH: 0122
POST MED START MONTH:		
	WAI PRIMARY	POSSIBLE DATE OF
NAME	REL SUBTYPE CODE	TPL-TPR DEATH
01	PI ST 20	
	EPSDT PHS VER CARE	
	B - -	
	HIC NUMBER	
	XXXXXXXXXA	

```

SVRE-I THIS IS THE MOST CURRENT SVES RESPONSE
EIS SVRE STATE VERIFICATION RESPONSE PAGE 1 OF 6 MMDYY 14:19
SVES SSN: INFO RECEIVED DATE: 030822
EIS SSN: EIS NAME:
SVES DOB:
EIS DOB: SVES SSN VERIFICATION CODE:V PROOF OF AGE:
HIC # CLAIM NUMBER: XXXXXXXXXX
-SUPPLEMENTAL MEDICAL INSURANCE-
OPT CD: STRT: STOP: DATE OF INIT ENTITLEMENT: 0000
PREMIUM: BUY-IN CODE: DATE OF CURRENT ENTITLEMENT: 0000
BI-START: BI-STOP: DATE OF SUSPENSE OR TERMINATION:
DISABILITY ONSET DATE:
-----HEALTH INSURANCE-----
OPT CD: STRT:0000 STOP:
PREMIUM: BUY-IN CODE:
BI-START: BI-STOP:
-----
MEDICARE IND: RR IND:
DUAL ENT #: DUAL ENT BIC:
NET MONTHLY BENEFIT:
LAF CODE: DIRECT DEPOSIT IND:
STATE AND COUNTY CODE:
    
```

On the SVES (INME 13) interface, the claim number can be found on the first page with the SSA information.

```

EIS SSAR                ELIGIBILITY INFORMATION SYSTEM                MMDDYY 15:41
                        SSA ONLINE QUERY RESPONSE

REQUEST SSN:
***** SSA\TITLE II INFORMATION *****
SSA NAME:                N      DOB:
ADDRESS:                 SSN:                SEX:
                        BENDEX STATE: 020
                        ZIP CODE: 99654
PAYMENT STATUS: C
SSA PAYMENT AMOUNT: 602.00    DATE PYMNT EFFECTIVE: 092003
HIC# SSA CLAIM NUMBER..: XXXXXXXXXA    INITIAL ENTITLE DATE: 092003
TYPE OF BENEFICIARY: A00    DISABILITY ONSET DATE: 04012003
DIRECT DEPOSIT.....: C      DATE OF DEATH:
----- SSA PAYMENTS (GROSS) -----
DATE    AMOUNT    DATE    AMOUNT    DATE    AMOUNT
122021  602.00    122019  562.00    012018  538.00
122020  569.00    122018  553.00    122017  513.00
DUAL ENTITLEMENT NUM:
BLACK LUNG:    AMOUNT: 0.00    RAILROAD RETIREMENT STATUS:
HI: E PREMIUM AMT: 0.00    BYIN START:    BYIN END:
SMI: Y PREMIUM AMT: 0.00    BYIN START: 022015    BYIN END:
SSI BENEFIT INFORMATION EXISTS. PRESS **PF8** TO VIEW SSI1
  
```

**Note:** for new-to-Alaska applicants: check to see if there is already a 'BYIN START' date without an end. Found on the INME 14, this generally indicates they are already getting Medicaid from another state.

```

EIS INBX                BENDEX INQUIRY                MMDDYY 14:17
                        1 OF 4

SSN:
SOURCE  NAME            DOB    SEX  RECEIVED  PAYMENT  ISSUED
EIS
BNX                                100720  1293.00  112020
HIC# SSA-CAN:XXXXXXXXXA    COMMUNICA CODE:    BENEFICIARY SSN:

PAYMENT STATUS:    SMI CODE (PART B): D    HOSP INSURANCE (PART A): D
MONTHLY BENEFIT:    SMI ENTITLE DATE: 072002    HI ENTITLEMNT DATE: 072002
DATE OF ENTITLE:    SMI PREMIUM AMOUNT:
GROSS PAYABLE:      SMI TERMIN DATE:
O/P DEDUCT AMT:      SMI PREMIUM PAYER:
O/P DEDUCT END:      SMI 3RD ENT DATE:
PROOF OF DOB INDIC: P SMI 3RD TERM DATE:
SSI STATUS:          P STATE & COUNTY:
SSI ENT/TERM: 092020 DIRECT DEPOSIT IND:
DUAL ENTITLE INDIC:
  
```

Medicare Information

### MERI SCREEN:

- Enter the Medicare Part A start date on the MCR line (always 1<sup>st</sup> of month). Found in BENDEX:
- Enter "J" resource code on the MCR line (not the TPR line) for an individual enrolled in both Medicare Part A and Part B (BENDEX)

```

EIS MERI                MEDICAL RESOURCE INFORMATION                MMDDYY 14:21
CASE NAME:                CASE NO :
CLIENT:                   REL: PI    CLIENT NO:
                        START  END  CODE TYPE POLICY NUM GROUP NUM  A/P NAME  APID DEL
TPR1 _____ - - - - -
TPR2 _____ - - - - -
TPR3 _____ - - - - -
TPR4 _____ - - - - -
MCR1 07012002 _____ J
MCR2 _____ - - - - -
MCR3 _____ - - - - -
MCR4 _____ - - - - -
CLIENT:                   REL:    CLIENT NO:
  
```

## MERE AND MERI SCREENS

### ADLTC MS 580

Proper EIS coding with the Health Insurance Claim number (HIC #) is very important to ensure the Medicare Savings Program process begins properly.

- The state will pay for the client’s Medicare Part A and/or B premiums.
- Medicare must pay before Medicaid: we pay the premiums, so clients keep their Medicare!
- If eligible for Medicaid we must Email the DHCS Medicare Buy-In Administrator at [DMATPL@alaska.gov](mailto:DMATPL@alaska.gov) to start Medicare Buy-In on their case.

Provide the following information:

- Case number, Client ID and name of the Client.
- HIC #
- Date Medicaid was approved.

Document that an email was sent to start Medicare Buy-In

## MERE SCREEN

Here is a description of the MERE screen. This screen has several fields that you need to update when working on an APA case. Follow the numbered fields to see what information you should enter.

EIS MERE				MEDICAL REFERENCE							
CASE NAME: LAST NAME, FIRST NAME				CASE NO: XXXXXXXX				MONTH: MMY			
POST MED START MONTH:											
		MED	ELIG			WAI	PRIMARY		POSSIBLE	DATE OF	
01	NAME	REL	SUBTYPE	CODE	EPSDT	PHS	VER	CARE	HIC NUMBER	TPL-TPR	DEATH
	NAME	PI__	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>		<u>6</u>	<u>7</u>	<u>8</u>

1) This line is used for the Medicaid Subtype (ex. ST)

2) This line is used for the Eligibility code that coincides with the subtype.

3) This is the Early Periodic Screening, Diagnosis, and Treatment. Valid codes are B (both dental and health), D (dental services only), H (health services only), N (not eligible) and U (unknown)

4) This line is used for when a client is eligible for either Alaska Native or American Indian Health services (IHS). Enter "Y" in this field if applicable. The Y is then hard coded and cannot be changed on this screen.

5) When a client is approved for a Home and Community Based Waiver

6) This line is for the Health Insurance Claim (HIC) number. (This can be a client 's SSN & a letter)

7) Enter a "Y" to access the MERI screen. You do not have to go to the MERI if there is no info to enter.

8) When a client dies, enter the MMDDYYYY in this field. Make sure to enter this in the month prior also

9) Enter "Y" to access the MERI screen. You do not have to go to the MERI if there is no info to enter.

10) Enter "Y" if there are multiple clients.

RESOURCE INFO?(Y) : 9 MORE CLIENTS: 10 NEXT--> \_\_\_\_\_

➤ **IMPORTANT:** We must enter the correct coding and HIC number

☞ **Medicare Savings Program failures:**

Problems with the Medicare Savings Program can happen if the HIC # on the MERE screen is wrong, there are system issues, data transmission fails, or conflicts arise with another state's Medicare Savings Program or with important data between SSA and EIS.

❖ If a Medicare Savings Program recipient says they are still paying a Medicare premium two months after they should have stopped,

1. Check the case to make sure the HIC # on the MERE screen is correct and that the Medicare (MCR) field on the MERI screen is coded properly.

2. If everything looks correct, email DHCS at [DMATPL@alaska.gov](mailto:DMATPL@alaska.gov) to report the issue and include the beneficiary's:

- Name and case number;
- HIC number; and
- Medicare start date.

◆ Remember to **CANO** that an email was sent for the follow up ET to review.

**COMMON CODES WITH ASSOCIATED SUB-TYPES**

<i>SSI Recipient</i>	<i>APA recipient, no SSI</i>
▪ SI 11 – pregnant woman	▪ ST 11 – pregnant woman
▪ SI 20 – no other codes apply	▪ ST 20 – no other codes apply
▪ SI 54 – SSI Disabled Child	▪ RC 20 – Refuse Cash

To search for the subtype, F10 on the Code or subtype line for a list. Sometimes you will have to F8 through the list to get to the AP related codes etc.

The screenshot shows the EIS MERE MEDICAL REFERENCE screen. At the top, it displays 'CASE NAME: LAST NAME, FIRST NAME' and 'CASE NO: XXXXXXXX'. Below this, there are fields for 'POST MED START MONTH', 'MED SUBTYPE CODE', 'ELIG CODE', 'WAI PRIMARY', 'EPSDT PHS VER CARE', 'HIC NUMBER', 'TPL-TPR', and 'DATE OF DEATH'. A red box highlights the 'MED SUBTYPE CODE' and 'ELIG CODE' fields, with red arrows pointing to them from the labels 'Med subtypes' and 'Eligibility Codes' respectively. Below the main data area, there is a dashed box containing a list of subtypes under the heading '\*WINDOW(MEREMES1) MED SUBTYPE FIELD HELP'. The list includes: AI Incarcerated APA related Med effective 0315, AS Waivered Assisted Living, BB "Pickle person" (SSA recipient not eligible for SI/AP but would be if not for COLA increases since 1977), BC Breast and Cervical Cancer, BE Exam coupon for blindness determination, BI Incarcerated Breast and Cervical Cancer effective 0315, and DC Disabled child, SSI recipient. A red box highlights the AI through BI subtypes, with a red arrow pointing to them from the label 'APA related subtypes'. At the bottom of the dashed box, there are navigation instructions: 'F2=Move F3=Exit F4=Zoom F7=Up F8=Down F10=More Help'. A red box highlights the 'F7=Up F8=Down' instructions, with a red arrow pointing to them from the label 'Scroll with F7 & F8'.

❖ Medicare Savings Programs

- For these programs, coding can change depending upon the month a worker processes the application. A very good job aid with examples can be found at [Medicare Savings Programs at a Glance](#) and in the addendum of this guide.
- If eligible for Medicaid we must Email the DHCS Medicare Buy-In Administrator at [DMATPL@alaska.gov](mailto:DMATPL@alaska.gov) to start Medicare Buy-In on their case.
  - Provide the following information in your email:
    - Case number, Client ID and name of the Client.
    - HIC #
    - Date Medicaid was approved.

**Note:** Document in the CANO that an email was sent to start Medicare Buy-In

MERI SCREEN

```

EIS MERI                                MEDICAL RESOURCE INFORMATION
CASE NAME: LAST NAME, FIRST NAME        CASE NO : XXXXXXXX
CLIENT: LAST NAME, FIRST NAME          REL: PI   CLIENT NO: XXXXXXXXXXXX
  START   END   CO TY POLICY NUM        GROUP NUM  A/P NAME          AP D
T1 _____
T2 _____
T3 _____
T4 _____
M1 _____
M2 _____
M3 _____
M4 _____
CLIENT:                                  REL:      CLIENT NO:
  START   END   CO TY POLICY NUM        GROUP NUM  A/P NAME          AP D
T1
T2
T3
T4
M1
M2
M3
M4

                                MORE CLIENTS: _   NEXT--> ____
  
```

## EIS CODING

These are the codes for use on the MERE screen in EIS to identify the type of Medicaid a client is receiving. Although they can identify which Medicare Savings Program (MSP) a client has as well, an MSP requires contact to DHCS by email to be initiated.

### 1619(B), DISABLED ADULT CHILD (DAC):

EIS Eligibility Information System Coding	
<b>Eligibility Code:</b>	
11	Pregnant woman
20	No other eligibility codes apply
<b>Medicaid Subtype:</b>	
PM	Post Med

### PICKLE PEOPLE:

EIS Eligibility Information System Coding	
<b>Eligibility Code:</b>	
11	Pregnant woman
20	No other eligibility codes apply
<b>Medicaid Subtype:</b>	
BB	Individual lost SSI Supplemental Security Income /APA Adult Public Assistance eligibility from 1977 SSA Social Security Administration COLA

### QDWI:

EIS Eligibility Information System Coding	
<b>Eligibility Code:</b>	
66	QDWI Qualified Disabled and Working Individuals Only
<b>Medicaid Subtype:</b>	
QD	Eligible only as a Qualified Disabled and Working Individual
<b>Household Type</b>	
QD1	One person household (200% FPG Federal Poverty Guidelines)
QD2	Two-person household (200% FPG Federal Poverty Guidelines)

### QMB

EIS Eligibility Information System Coding	
<b>QMB Qualified Medicare Beneficiaries ONLY ELIGIBILITY</b>	

<b>Eligibility Code:</b>	
67	QMB Qualified Medicare Beneficiaries-only
<b>Medicaid Subtype:</b>	
QM	Eligible only as QMB Qualified Medicare Beneficiaries
<b>EIS Eligibility Information System Coding</b>	
<b>DUAL MEDICAID / QMB Qualified Medicare Beneficiaries ELIGIBILITY</b>	
<b>Eligibility Code:</b>	
69	Dual Medicaid / QMB Qualified Medicare Beneficiaries
<b>Medicaid Subtype:</b>	
**	Use the subtype appropriate for the type of <a href="#">APA</a> Adult Public Assistance or <a href="#">APA</a> Adult Public Assistance-related coverage the individual receives (SI, ST, NH Nursing Home, etc.).

### REFUSED CASH (RC):

<b>EIS Eligibility Information System Coding</b>	
<b>Eligibility code:</b>	
11	Pregnant woman, regardless of medical resources
20	No other eligibility codes apply
<b>Medicaid subtype:</b>	
RC	Refused Cash

### SLMB:

<b>EIS Eligibility Information System Coding</b>	
<b>Eligibility Code:</b>	
68	SLMB Specified Low Income Medicare Beneficiaries – eligible for Part B payment only
78	SLMB Plus – eligible for Part B payment only
<b>Medicaid Subtype:</b>	
SL	Eligible only as a Specified Low Income Medicare Beneficiary or SLMB Plus

### WORKING DISABLED (DW):

<b>EIS Eligibility Information System Coding</b>	
--	--

<b>Eligibility Code:</b>	
11	Pregnant Woman
20	No other eligibility codes apply
31	Waiver Medicaid Adults with Physical and Developmental Disabilities
41	Waiver Medicaid Older and Disabled Adults
71	Waiver Medicaid Individuals with Intellectual and Developmental Disabilities
81	Waiver Medicaid Medically Complex Child
<b>Medicaid Subtype:</b>	
DW	Working Disabled

# NATIVE DIVIDENDS & HOW THEY MAY COUNT

## INCOME

POTENTIALLY COUNTABLE – [APA MS 442-3 A 8 F](#)

Per [ADLTC MS 523](#) – Countable income is determined according to the criteria of the APA program.



### EXEMPT WHEN...

The first **\$2,000 per year received** of cash distributions made by Native corporations to Alaska Natives under the Alaska Native Claims Settlement Act (ANCSA) are **excluded as income.**



### IT COUNTS WHEN...

**Anything received over \$2,000** in the calendar year will count as income to the shareholder in the **month of receipt.**

**BELOW ARE SAMPLE SCENARIOS. DIVIDEND AMOUNTS AND FREQUENCIES CAN CHANGE FROM YEAR TO YEAR.**

#### Example 1:

APA application received 12-15-2024. PI receives quarterly cash distributions from ASRC and has received the following year to date:

February 2024	May 2024	August 2024	December 2024
\$1,200	\$1,000	\$1,200	\$1,100

$$\$1,200 + \$1,000 + \$1,200 + \$1,100 = \$4,500 \text{ total received}$$

Since the application was received in December and the client has reached the \$2,000 cash distribution limit, the **ENTIRE** amount received in December of \$1,100 will count as unearned income in the month of receipt.

#### Example 2:

A Report of Change was received for an ongoing APA case on September 15th, where the PI reports they will be receiving their once yearly regular native share cash distribution from Ahtna on November 1<sup>st</sup> for \$3,000.00.

- \$1,000 will count as unearned income for the month of November only.  
( $\$3,000 - \$2,000 = \$1,000$ )
- Update the income to include the countable \$1,000 as unearned income only for the month of November.
- If the additional amount puts the household over the income limit for APA, the case will need to be suspended for November only.

See [APA MS 480-5 A](#) for additional guidance on suspending an APA case.

**Example 3:**

ADLTC application received April 21<sup>st</sup>. PI reports that they received a \$2,000 one-time yearly native dividend from BBNC on April 1<sup>st</sup>. This will not count as income, since the first \$2,000 received is exempt.

**Example 4:**

Ongoing APA client reported on January 15<sup>th</sup> that they received a \$3,200 dividend payment from their corporation on January 1<sup>st</sup> and have spent it all. This will not count as income, as it only counts in the month of receipt (January). We would only leave a case note.

**RESOURCES**

**POTENTIALLY COUNTABLE - [APA MS 432-4 L 6](#)**

Per [ADLTC MS 524](#) – The value and countability of resources is determined according to the criteria of the APA program.



**EXEMPT WHEN...**

The **first \$2,000 per individual, per year** received of cash distributions made by Native corporations to Alaska Natives under the Alaska Native Claims Settlement Act (ANSCA) **is excluded as a resource.**



**IT COUNTS WHEN...**

Anything received **over \$2,000** per individual will count as a resource.



**Note:** An individual can accrue up to \$2,000 from ANSCA per year, and not have the money count as a resource for that year or any subsequent year. For example, an individual who keeps at least \$2,000 in ANSCA distributions each year for 4 consecutive years may have a total of \$8,000 excluded from resources. This policy piece is commonly utilized with OPA clients.

**BELOW ARE SAMPLE SCENARIOS. DIVIDEND AMOUNTS AND FREQUENCIES CAN CHANGE FROM YEAR TO YEAR.**

**Example 1:**

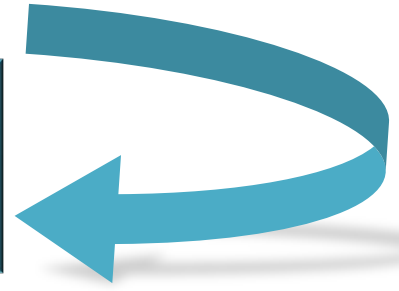
APA application received 09-30-2024. PI receives quarterly cash distributions from ASRC and has received the following year to date:

February 2024	May 2024	August 2024
\$900	\$1,100	\$1,200

**\$900 + \$1,100 + \$1,200 = \$3,200 total received year to date**

During the interview, PI stated that they have retained the entire \$3,200.00.

$\$3,200 \rightarrow$  Total received year-to-date  
 $- \$2,000 \rightarrow$  Exempt amount  
 $= \$1,200 \rightarrow$  **Countable towards resource limit**



**Example 2:**

APA application received 10-15-24. PI and SP both receive quarterly cash distributions from ASRC and have received the following year to date:

	February 2024	May 2024	August 2024
PI	\$1,100	\$1,000	\$1,200
SP	\$1,100	\$1,000	\$1,200

$\$1,100 + \$1,000 + \$1,200 = \$3,300$  total received year-to-date each for PI & SP

**PI**

$\$3,300 \rightarrow$  Total received year to date  
 $- \$2,000 \rightarrow$  Exempt amount  
 $= \$1,300 \rightarrow$  **Countable resource for PI**

**SP**

$\$3,300 \rightarrow$  Total received year to date  
 $- \$2,000 \rightarrow$  Exempt amount  
 $= \$1,300 \rightarrow$  **Countable resource for SP**



During the interview, the PI states he spent down \$500 of his total cash distributions, and his spouse (SP) spent down \$1,000 of her distributions.

$\$1,300 \rightarrow$  Countable  
 $- \$500 \rightarrow$  Spend down amount  
 $= \$800 \rightarrow$  **Updated countable resource for the PI**

$\$1,300 \rightarrow$  Countable  
 $- \$1,000 \rightarrow$  Spend down amount  
 $= \$300 \rightarrow$  **Updated countable resource for the SP**

$\$800$  (PI's)  
 $+ \$300$  (SP's)  
 $= \$1,100$   
**Total countable amount towards the resource limit of the APA household.**

## NATIVE CORPORATION CONTACT INFORMATION

NATIVE CORPORATIONS - SHAREHOLDER, SHARES, INCOME, DIVIDEND DISTRIBUTION INFO			
AHTNA <a href="#">website</a>	Tel: 907-868-8250 Fax: 907-868-8285	KUSKOKWIM (TKC) CORP <a href="#">website</a>	Tel: 907-675-4275 Fax: 907-675-4276
ALEUT CORP <a href="#">website</a>	Tel: 907-561-4300 Fax: 907-563-4328 Email: <a href="mailto:info@aleutcorp.com">info@aleutcorp.com</a>	KWETHLUK	Tel: 907-757-6613
ASRC <a href="#">website</a>	Tel: 907-852-8633 Email: <a href="mailto:stock@asrc.com">stock@asrc.com</a>	MASERCULIQ INC (MARSHALL) <a href="#">website</a>	Tel: 907-679-6512 Fax: 907-679-6740 Email: <a href="mailto:office@maserculiq.com">office@maserculiq.com</a>
BERING STRAITS <a href="#">website</a>	Tel: 907-563-3788 Fax: 907-443-4755 Email: <a href="mailto:shareholders@beringstraits.com">shareholders@beringstraits.com</a>	MTNT CORP <a href="#">website</a>	Tel: 907-644-1200 Fax: 907-644-1212 Email: <a href="mailto:info@mtnt.net">info@mtnt.net</a>
BETHEL NATIVE CORP <a href="#">website</a>	Tel: 907-543-2124 Fax: 907-543-2897 Email: <a href="mailto:bethel@bncak.com">bethel@bncak.com</a>	NANA <a href="#">website</a>	Tel: 907-265-4100 Fax: 907-265-4123
BRISTOL BAY NATIVE CORP <a href="#">website</a>	Tel: 907-278-3602 Fax: 907-276-3924	NATIVES OF KODIAK <a href="#">website</a>	Tel: 907-486-3606 Email: <a href="mailto:info@nativesofkodiak.com">info@nativesofkodiak.com</a>
CALISTA <a href="#">website</a>	Tel: 907-275-2801 Fax: 907-275-2922 Main Tel: 907-275-2800	NINILCHIK NATIVE ASSOC <a href="#">website</a>	Tel: 907-567-3866 Fax: 907-567-3867 Email: <a href="mailto:shareholders@nnai.net">shareholders@nnai.net</a>
CHUGACH CORP <a href="#">website</a>	Tel: 907-563-8866 Fax: 907-261-8896	RUSSIAN MISSION NATIVE CORP	Tel: 907-584-5885
CIRI <a href="#">website</a>	Tel: 907-263-5191 Fax: 907-263-5186 Email: <a href="mailto:info@ciri.com">info@ciri.com</a>	SEA LION CORP <a href="#">website</a>	Tel: 907-758-4015 or 907-758-4415 Fax: 907-758-4815 Email: <a href="mailto:shareholderrecords@sealioncorp.net">shareholderrecords@sealioncorp.net</a>
DOYON <a href="#">website</a>	Tel: 907-459-2040 or 907-375-4220 Fax: 907-459-2065	SETH-DE-YA-AH CORP	Tel: 907-798-7181
GOLDBELT <a href="#">website</a>	Tel: 907-790-4990 Email: <a href="mailto:shareholder@goldbelt.com">shareholder@goldbelt.com</a>	SHEE-ATIKA <a href="#">website</a>	Tel: 907-747-3534 Fax: 907-747-5727 Email: <a href="mailto:info@sheeatika.com">info@sheeatika.com</a>
GWITCHYAA ZHEE CORP <a href="#">website</a>	Tel: 907-662-2933	SITNASUAK <a href="#">website</a>	Tel: 907-387-1200 Fax: 907-443-6437
HUNA TOTEM <a href="#">website</a>	Tel: 907-789-8500 Fax: 907-789-1896 Email: <a href="mailto:shareholders@hunatotem.com">shareholders@hunatotem.com</a>	STEBBINS <a href="#">website</a>	Tel: 907-443-5231 Email: <a href="mailto:contact@kawerak.org">contact@kawerak.org</a>

**NATIVE CORPORATIONS - SHAREHOLDER, SHARES, INCOME, DIVIDEND DISTRIBUTION INFO**

<b>IGIUGIG</b> <a href="#">website</a>	<b>Tel: 907-533-3211</b> <b>Email: <a href="mailto:info@igiugig.com">info@igiugig.com</a></b>	<b>TANADGUSIX (TDX)</b> <a href="#">website</a>	<b>Tel: 907-278-2312</b> <b>Email: <a href="mailto:info@tdxcorp.com">info@tdxcorp.com</a></b>
<b>KLAWOK</b> <a href="#">website</a>	<b>Tel: 907-755-2270</b>	<b>TOGIAK</b> <a href="#">website</a>	<b>Tel: 907-493-5520</b> <b>Fax: 907-493-5554</b>
<b>KONIAG</b> <a href="#">website</a>	<b>Tel: 907-486-2530</b> <b>Email: <a href="mailto:shareholderinfo@koniag.com">shareholderinfo@koniag.com</a></b>	<b>UKPEAGVIK INUIPIAT CORP</b> <a href="#">website</a>	<b>Tel: 907-677-5200</b> <b>Fax: 907-677-5280</b>
<b>KOOTZNOOWOO</b> <a href="#">website</a>	<b>Tel: 907-790-2992</b> <b>Fax: 907-790-2995</b>	<b>WALES NATIVE CORP</b> <a href="#">website</a>	<b>Tel: 907-664-3062</b> <b>Fax: 907-664-2200</b>

# NOTICES

## NOTICE VERBIAGE EXAMPLES

### REQUEST FOR INFORMATION:

When sending request notices, only ask for information that you would need to make an eligibility determination, and the information being requested is clear and thorough. Below you will find suggested sample wording to be used for different request situations.

When advising the client with ways to provide the information to us, be sure to also include the new option to submit their information through Alaska Connect, which can be accessed through their myAlaska account.

#### **NEW JOB**

PLEASE PROVIDE PROOF FROM {NAME OF EMPLOYER} OF {CLIENT'S} EMPLOYMENT TO INCLUDE THE FOLLOWING: START DATE. HOURLY RATE OF PAY. HOURS PER WEEK WORKING. HOW OFTEN PAID. DATE OF FIRST PAYCHECK. ANTICIPATED HOURS/GROSS WAGES ON FIRST PAYCHECK. GROSS WAGES FOR EACH PAY PERIOD RECEIVED TO DATE.

AN EMPLOYMENT STATEMENT IS BEING SENT TO YOU IN ANOTHER ENVELOPE FOR THE CONVENIENCE OF YOU AND YOUR EMPLOYER. HOWEVER, WE CAN ALSO ACCEPT THIS INFORMATION FROM THE EMPLOYER EITHER IN WRITING (ON ANY FORM) OR OVER THE PHONE AT 1-800-478-7778.

THIS INFORMATION CAN BE DROPPED OFF OR MAILED TO YOUR LOCAL DPA OFFICE, EMAILED TO [HSS.DPA.OFFICES@ALASKA.GOV](mailto:HSS.DPA.OFFICES@ALASKA.GOV), OR FAXED TO 1-888-269-6520.

#### **ONGOING JOB**

PLEASE PROVIDE PROOF FROM {NAME OF EMPLOYER} OF {CLIENT'S} EMPLOYMENT TO INCLUDE THE FOLLOWING THAT CLEARLY SHOWS:

PAY DATES. PAY PERIOD END DATES. HOW OFTEN PAID. HOURS PER WEEK WORKING. GROSS WAGES FOR THE LAST 3 - 4 PAY PERIODS.

AN EMPLOYMENT STATEMENT IS BEING SENT TO YOU IN ANOTHER ENVELOPE FOR THE CONVENIENCE OF YOU AND YOUR EMPLOYER. HOWEVER, WE CAN ALSO ACCEPT THIS INFORMATION FROM THE EMPLOYER EITHER IN WRITING (ON ANY FORM) OR OVER THE PHONE AT 1-800-478-7778.

THIS INFORMATION CAN BE DROPPED OFF OR MAILED TO YOUR LOCAL DPA OFFICE, EMAILED TO [HSS.DPA.OFFICES@ALASKA.GOV](mailto:HSS.DPA.OFFICES@ALASKA.GOV), OR FAXED TO 1-888-269-6520.

### **SELF EMPLOYED**

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING {CLIENT'S} SELF-EMPLOYMENT TO INCLUDE THE FOLLOWING:

TYPE OF BUSINESS. BUSINESS INCOME THIS MONTH. BUSINESS INCOME NEXT MONTH. BUSINESS EXPENSES THIS MONTH. BUSINESS EXPENSES NEXT MONTH.

IS THIS INCOME SEASONAL, OR YEAR-ROUND EMPLOYMENT? IF SEASONAL, WHICH MONTHS?

A [SELF-EMPLOYMENT LEDGER](#) IS BEING SENT TO YOU IN ANOTHER ENVELOPE FOR YOUR CONVENIENCE. TAX FORMS ARE ALSO ACCEPTABLE, SUCH AS THE 1040, 1065, 1120-S, OR SCHEDULE C, E, F OR K-1. HOWEVER, WE CAN ALSO ACCEPT THIS INFORMATION IN WRITING (ON ANY FORM) OR OVER THE PHONE AT 1-800-478-7778.

THIS INFORMATION CAN BE PROVIDED OVER THE PHONE AT 1-800-478-7778, DROPPED OFF OR MAILED TO YOUR LOCAL DPA OFFICE, EMAILED TO [HSS.DPA.OFFICES@ALASKA.GOV](mailto:HSS.DPA.OFFICES@ALASKA.GOV), OR FAXED TO 1-888-269-6520.

### **JOB END**

PLEASE PROVIDE PROOF FROM {NAME OF EMPLOYER} OF {CLIENT'S} EMPLOYMENT TO INCLUDE THE FOLLOWING:

LAST DAY OF WORK. DATE OF FINAL PAYCHECK. GROSS WAGES ON FINAL PAYCHECK. GROSS WAGES FOR EACH PAY PERIOD IN {MONTH OF DETERMINATION}. ANY OTHER MONEY EXPECTED FROM THE EMPLOYER SUCH AS CASHED OUT LEAVE, BONUSES, OR ANY OTHER COMPENSATION. REASON NO LONGER WORKING.

AN EMPLOYMENT STATEMENT IS BEING SENT TO YOU IN ANOTHER ENVELOPE FOR THE CONVENIENCE OF YOU AND YOUR EMPLOYER. WE CAN ALSO ACCEPT THIS INFORMATION FROM THE EMPLOYER EITHER IN WRITING (ON ANY FORM) OR OVER THE PHONE AT 1-800-478-7778.

THIS INFORMATION CAN BE DROPPED OFF OR MAILED TO YOUR LOCAL DPA OFFICE, EMAILED TO [HSS.DPA.OFFICES@ALASKA.GOV](mailto:HSS.DPA.OFFICES@ALASKA.GOV), OR FAXED TO 1-888-269-6520.

### **UNEARNED INCOME**

PLEASE PROVIDE PROOF FROM {INCOME SOURCE} OF {CLIENT'S} GROSS MONTHLY INCOME RECEIVED.

WE CAN ALSO ACCEPT THIS INFORMATION FROM {INCOME SOURCE} EITHER IN WRITING (ON ANY FORM) OR OVER THE PHONE AT 1-800-478-7778.

THIS INFORMATION CAN BE DROPPED OFF OR MAILED TO YOUR LOCAL DPA OFFICE, EMAILED TO [HSS.DPA.OFFICES@ALASKA.GOV](mailto:HSS.DPA.OFFICES@ALASKA.GOV), OR FAXED TO 1-888-269-6520.

### **VERIFICATION OF IDENTITY**

PLEASE PROVIDE PROOF OF {CLIENT'S} IDENTITY. ACCEPTABLE FORMS OF PROOF CAN BE A DRIVER'S LICENSE OR STATE ID, WORK OR SCHOOL ID, BANK STATEMENTS, UTILITY RECEIPTS, PAYSTUBS, BIA CARD, ETC.

THIS INFORMATION CAN BE DROPPED OFF OR MAILED TO YOUR LOCAL DPA OFFICE, EMAILED TO [HSS.DPA.OFFICES@ALASKA.GOV](mailto:HSS.DPA.OFFICES@ALASKA.GOV), OR FAXED TO 1-888-269-6520.

### VERIFICATION OF RESIDENCY

PLEASE PROVIDE PROOF OF {CLIENT'S} ALASKA RESIDENCY. ITEMS THAT CAN BE USED TO PROVIDE PROOF OF ALASKA RESIDENCY INCLUDE, BUT ARE NOT LIMITED TO: RENT RECEIPTS, UTILITY BILLS, IN-STATE SCHOOL TUITION, CURRENT DRIVER'S LICENSE, CURRENT VOTER'S REGISTRATION CARD, CITY DIRECTORY, AND STATEMENTS FROM AN INDIVIDUAL WHO CAN VERIFY {CLIENT'S} ALASKA RESIDENCY.

THIS INFORMATION CAN BE PROVIDED OVER THE PHONE AT 1-800-478-7778, DROPPED OFF OR MAILED TO YOUR LOCAL DPA OFFICE, EMAILED TO [HSS.DPA.OFFICES@ALASKA.GOV](mailto:HSS.DPA.OFFICES@ALASKA.GOV), OR FAXED TO 1-888-269-6520.

### DEVELOPMENT OF INCOME

{CLIENT'S NAME) APPEARS TO BE ELIGIBLE FOR (UNEMPLOYMENT, RETIREMENT, VA BENEFITS, SOCIAL SECURITY RETIREMENT, ETC), AND MUST APPLY FOR AND ACTIVELY PURSUE THIS BENEFIT. PLEASE PROVIDE PROOF THAT YOU HAVE APPLIED FOR THIS BENEFIT BY THE DUE DATE LISTED ON THIS NOTICE.

THIS INFORMATION CAN BE PROVIDED OVER THE PHONE AT 1-800-478-7778, DROPPED OFF OR MAILED TO YOUR LOCAL DPA OFFICE, EMAILED TO [HSS.DPA.OFFICES@ALASKA.GOV](mailto:HSS.DPA.OFFICES@ALASKA.GOV), OR FAXED TO 1-888-269-6520.



### PURSUIT OF SSI

{CLIENT'S NAME) MUST APPLY FOR, PURSUE, AND BE IN PAY STATUS WITH SSI (SUPPLEMENTAL SECURITY INCOME).

TO APPLY FOR SSI BENEFITS, YOU MAY APPLY IN PERSON AT YOUR LOCAL SOCIAL SECURITY OFFICE, OR YOU MAY APPLY OVER THE PHONE BY CALLING SOCIAL SECURITY AT THEIR TOLL-FREE NUMBER 1-800-772-1213.

ONCE IN PAY STATUS, YOU MAY LET US KNOW IN PERSON, IN WRITING, OR OVER THE PHONE, OR PROVIDE AN AWARD LETTER OR OTHER DOCUMENTATION FROM SOCIAL SECURITY.

THIS INFORMATION CAN BE PROVIDED OVER THE PHONE AT 1-800-478-7778, DROPPED OFF OR MAILED TO YOUR LOCAL DPA OFFICE, EMAILED TO [HSS.DPA.OFFICES@ALASKA.GOV](mailto:HSS.DPA.OFFICES@ALASKA.GOV), OR FAXED TO 1-888-269-6520.



**When pending for SSI pursuit, it is important that we state that the client must APPLY FOR, PURSUE, and be in PAY STATUS. If this information is not requested, there is a chance that the case will have to be re-pended to meet due process.**

## APPROVALS

APPROVALS				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
P100	APA APPROVED - ONE MONTH ONLY	X		
P102	APA APPLICATION APPROVED	X		
P105	IA APPROVED - APA HELD	X		
*P108	*APA APPROVED - MEDICAID DENIED	X		
P109	MEDICAID APPROVED - APA DENIED	X		
P112	APA APPROVED - STARTING 2 <sup>ND</sup> MONTH	X		

### Free form section of comments should include:

- Income used to determine eligibility.
- Persons eligible for assistance.

\* ***DID YOU KNOW???*** Having a Social Security Number is **NOT** an eligibility requirement for APA, unless needed for development of income. [APA MS 422-1](#). It **IS** still required for Medicaid [APA MS 422-2](#). An example of when to send a P108 notice is when an individual doesn't provide a Social Security Number but meets all other APA requirements.



## APA DENIAL NOTICES

DENIALS				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
P109	MEDICAID APPROVED - APA DENIED	X		
P200	APA DENIED - APPLICATION PROCESS	X		
P201	APA DENIED - FAILURE TO PROVIDE	X		
*P207	APA DENIED - OVER INCOME	X		
*P208	APA DENIED - OVER RESOURCES	X		
P213	APA DENIED - OTHER REASONS	X		
P216	APA/MED DENIED - IA CONTINUES	X		
P217	APA/MED DENIED - NOT ELIGIBLE FOR IA	X		
P224	APA DENIED-TRANSFER OF RESOURCE PENALTY	X		

### \*Denying APA Application Due to Excess Income or Resources?

- When denying an APA application due to excess income or resources, and are also over income/resources for Medicaid, send the **M002** (Medicaid Qualifying Trust Referral) notice in addition to the M207 or M208.

- This notice informs the applicant that Medicaid coverage may be available through the use of a Qualifying Trust.
- It refers the denied applicant to contact Alaska Legal Services or the Alaska Bar Association if they wish to investigate the use of a trust.

Additional Trust information can be found in [ADLTC MS 525](#) or [CLICK HERE](#) to be directed to the Trust section of this document.

#### APA PEND NOTICES

PENDS				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
P006	SSI APPLICATION REQUIRED		X	X
*P007	*APPLICATION FOR OTHER BENEFITS	X	X	X
P025	DISABILITY REVIEW NEEDED		X	X
P301	APA/MEDICAID PENDED - INFORMATION NEEDED	X		
P304	APA HELD - IA DENIED	X		
* Requires additional Pend Notice such as N020 OR P301				

When pending for SSI pursuit, the notice **MUST** state that the applicant must apply for, pursue, and be in pay status. [Click here](#) for example notice verbiage when pending for SSI pursuit.

#### APA REVIEW NOTICES

REVIEWS				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
P303	INCOMPLETE APA/MED REVIEW - INFO NEEDED		X	
P325	APA REVIEW - INTERVIEW NEEDED		X	
P802	APA REVIEW COMPLETED - NO CHANGE		X	
P803	APA REVIEW COMPLETED - MEDICAID ENDS		X	
P804	APA REVIEW COMPLETED - BENEFITS CHANGE		X	
P805	APA REVIEW DENIED - MEDICAID APPROVED		X	

## APA CLOSURE NOTICES

CLOSURES				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
P401	APA CLOSED – FAILURE TO PROVIDE		X	X
P407	APA CLOSED – OVER INCOME		X	X
P408	APA CLOSED – OVER RESOURCE		X	X
P413	APA CLOSED – OTHER REASONS		X	X
P419	APA/MED CLOSED – CLIENT DECEASED		X	X
P422	APA CLOSED – MEDICAID CONTINUES		X	X
P424	APA CLOSED-TRANSFER OR RESOURCE PENALTY		X	X

### Closing an APA Case Due to Excess Income or Resources?

- When closing an APA case due to excess income or resources, and are also over income/resources for Medicaid, a send the M002 (Medicaid Qualifying Trust Referral) notice in addition to the M407 or M408.
- This notice informs the applicant that Medicaid coverage may be available through the use of a Qualifying Trust.
- It refers the denied applicant to contact Alaska Legal Services or the Alaska Bar Association if they wish to investigate the use of a trust.

Additional Trust information can be found in [ADLTC MS 525](#) or [CLICK HERE](#) to be directed to the Trust section of this document.

## INTERIM ASSISTANCE NOTICES

INTERIM ASSISTANCE (IA)				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
P006	SSI APPLICATION REQUIRED		X	X
P007	APPLICATION FOR OTHER BENEFITS	X		
P021	ITEMS NEEDED FOR INTERIM ASSISTANCE	X		
P105	IA APPROVED – APA HELD	X		
P216	APA/ME DENIED – IA CONTINUES	X		
P217	APA/ME DENIED – NOT ELIGIBLE FOR IA	X		
P304	APA HELD – IA DENIED	X		
P416	APA/MED DENIED – INTERIM ASSISTANCE ENDS	X		X
P417	SSI APPEAL DENIED	X		X
P418	SSI DENIAL – NO APPEAL PENDING	X		X
P423	IA CLOSED – OTHER REASONS		X	X

P503	REOPEN INTERIM ASSISTANCE	X	X
P604	INTERIM ASSISTANCE SUSPENDED	X	X
P605	IA SUSPENDED – ONE MONTH ONLY	X	X
P709	INTERIM ASSISTANCE ENDS – APA BEGINS	X	X

### Determining IA Eligibility:

- Send P021 for items needed to determine IA eligibility.
  - Send appropriate IA documents:
    - ✓ [APA4](#) - **Disability & Vocational Report** (completed by the applicant)
    - ✓ [AD2](#) - **Preliminary Examination for Interim Assistance** (to be completed and signed by a licensed medical provider)
    - ✓ [Gen142](#) - **Authorization for Reimbursement of Interim Assistance from Initial Retroactive SSI Payment** (completed by the applicant)
    - ✓ [Gen 150IA](#) – **Authorization for Release of Protected Health Information** (completed by the applicant)
  - For detailed guidance on which IA documentation needs to be sent and what they mean, refer to the [Interim Assistance section of the manual](#).

### SSI Denial and Appeal:

- If the client is denied for SSI and we don't have proof of appeal, close IA with adverse action and send P416
- If the client is denied for SSI and they appeal, send P216.
  - **Note:** If the client is denied, they have 30 days to get into appeal status so that IA can continue.

## OTHER APA NOTICES

CHANGES				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
P701	APA BENEFIT AMOUNT CHANGES			X
P703	APA SUPPLEMENTAL BENEFITS	X	X	X
N020	REQUEST FOR INFORMATION			X

REOPENS				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
P501	ADULT PUBLIC ASSISTANCE CASE REOPENED			X
P502	FAIR HEARING REQUESTED – AID CONTINUES		X	X

STATE ONLY DISABILITY				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
P025	DISABILITY REVIEW NEEDED		X	X
P302	APA HELD FOR A DISABILITY DECISION	X		

SUSPENDS				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
P601	APA SUSPENDED - ONE MONTH ONLY		X	X
P603	APA/MEDICAID SUSPENDED		X	X

## ADLTC MED ONLY (AP AD/AP OA) NOTICES

## APPROVALS

APPROVALS				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
M100	MEDICAID APPROVED - ONE MONTH ONLY	X		
M102	MEDICAID APPLICATION APPROVED	X		
M103	RETROACTIVE MEDICAID COVERAGE APPROVED	X		
M106	EMERGENCY MEDICAL TREATMENT APPROVED	X		
M110	MEDICAID / QMB APPLICATION APPROVED	X		
M113	SLMB ONLY - APPLICATION APPROVED	X		
M114	MEDICAID APPROVED 2 <sup>ND</sup> MONTH	X		
M115	WORKING DISABLED MEDICAID APPROVED	X		
M802	MEDICAID REVIEW APPROVED		X	X
M804	MEDICAID/QMB RENEWAL APPROVED		X	X
M805	SLMB ONLY - RENEWAL APPROVED		X	X
M806	WORKING DISABLED REVIEW APPROVED		X	X
M816	QMB ONLY - RENEWAL APPROVED		X	X

## DENIALS

DENIALS				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
M070	FFM REFERRAL	X	X	X
M200	MEDICAID DENIED – APPLICATION PROCESS	X		
M201	MEDICAID DENIED – FAILURE PROVIDE	X		
*M207	MEDICAID DENIED – OVER INCOME	X		
*M208	MEDICAID DENIED – OVER RESOURCE	X		
M213	MEDICAID DENIED – OTHER REASONS	X		
M221	RETROACTIVE MEDICAID DENIED	X		

### \*Denying Medicaid Application Due to Excess Income or Resources?

- When denying a Medicaid application due to excess income or resources, send the **M002** (Medicaid Qualifying Trust Referral) notice in addition to the M207 or M208.
- This notice informs the applicant that Medicaid coverage may be available through the use of a Qualifying Trust.
- It refers the denied applicant to contact Alaska Legal Services or the Alaska Bar Association if they wish to investigate the use of a trust.

Additional Trust information can be found in [ADLTC MS 525](#) or [CLICK HERE](#) to be directed to the Trust section of this document.

## PENDS

PENDS				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
M006	APPLICATION FOR OTHER BENEFITS		X	X
M007	REQUEST FOR SOCIAL SECURITY NUMBER	X	X	X
M008	MEDICARE BENEFITS AVAILABLE	X	X	X
M025	DISABILITY REVIEW NEEDED		X	X
M301	MEDICAID PENDED – INFORMATION NEEDED	X		
M302	MEDICAID HELD FOR A DISABILITY DECISION	X		
N020	REQUEST FOR INFORMATION			X

## CASE CLOSURES

CLOSURES				
NOHS NUMBER	NOTICE TITLE	APP	REVIEW	ONGOING
M401	MEDICAID ENDS - FAILURE TO PROVIDE		X	X
M402	FAILURE TO COMPLETE MEDICAID REVIEW		X	X
M405	MEDICAID CLOSED-CITIZENSHIP/IDENTITY		X	X
*M407	MEDICAID ENDS - OVER INCOME			X
*M408	MEDICAID ENDS - OVER RESOURCE			X
M410	MEDICAID REVIEW - COVERAGE ENDS		X	X
M413	MEDICAID ENDS - OTHER REASONS			X
M419	MED CLOSED - CLIENT DECEASED		X	X

### \* Closing a Medicaid Case Due to Excess Income or Resources?

- When closing a Medicaid case due to excess income or resources, send the M002 (Medicaid Qualifying Trust Referral) notice in addition to the M407 or M408.
- This notice informs the applicant that Medicaid coverage may be available through the use of a Qualifying Trust.
- It refers the denied applicant to contact Alaska Legal Services or the Alaska Bar Association if they wish to investigate the use of a trust.

Additional Trust information can be found in [ADLTC MS 525](#) or [CLICK HERE](#) to be directed to the Trust section of this document.

# OTHER MEDICAID CATEGORIES

## CHILD RECEIVING SSI VS CHILD ON TEFRA

### HOW THEY ARE THE SAME:

- Each has a standalone case number with the Disabled Child as the Primary Individual (PI)
- Each has the parent(s)' names on the ADDR screen in the "Directions" section.
- Each is registered as ME AD
- Each gets a 12-month cert period and has 12-month CEP, even if SSI ends.

### HOW THEY ARE DIFFERENT:

CATEGORY		SSI CHILD	TEFRA CHILD
<b>Who works the case?</b>	→	Any ADLTC trained Worker	LTC Worker
<b>MERE coding</b>	→	DC 54	DK 54
<b>HH Type coding on the APMM</b>	→	A1E	DKH
<b>Policy Manual section</b>	→	<a href="#">ADLTC MS 530A</a>	<a href="#">ADLTC MS 533</a>

### WHAT DO I DO IF I PULL A CASE WITH A DISABLED CHILD?

Check to see if case is CARC'd to **060** or **070/071**. If so, send to OCS or LTC respectively. Do not touch the case.

*If the case is not CARC'd to any of the above listed CARCs, follow the steps below:*

### Is the Child Already on Their Own Standalone Case?

#### ARE THEY GETTING SSI?

<b>YES</b>	→	They're an SSI Child. Follow the rules at <a href="#">ADLTC MS 530A</a> .
<b>NO</b> Their SSI ended.	→	Pend for 30 days for SSI reinstatement. *Reminder if SSI ends, the child gets a 12-month CEP (Certification Extension Period).
<b>NO</b> Doesn't look like they've ever got it before.	→	<ul style="list-style-type: none"> <li>▪ Could be a TEFRA case.</li> <li>▪ Check if the case is CARC'd to LTC or needs to be sent to them.</li> </ul> If unsure, check with leadership.

#### ARE THEY GETTING SSI?

<b>YES</b>	→	<ul style="list-style-type: none"> <li>▪ Open a standalone Med case for them. If the child currently receiving Med in Aries, you will leave the SSI Disabled Child as 'IN' the home, but on the Program Request page you will code them as 'Not Requesting'.</li> <li>▪ Use DC 54 on the MERE.</li> </ul> Follow the rules at <a href="#">ADLTC MS 530A</a> .
<b>NO</b>	→	Refer the parent to SSI.
<b>NO, AND</b> the family is over income for SSI.	→	Give them a <a href="#">Med4</a> and refer them to LTC for TEFRA.

## DEEMED UNDER THE PICKLE AMENDMENT

### [ADLTC MS 531](#)

Pickle Eligibility is not a program that we often need to utilize as there are other categories of Medicaid that an individual may qualify for. Individuals who think they fall into the Pickle category typically think so because they received a letter from the State letting them know because their APA/ME closed, they might still be able to get the Medicaid.

But the APA/ME could have been closed for any number of reasons. So, the first thing to do when a Pickle Letter is presented, is to first determine if there's another category of Medicaid – including MAGI – that the individual may be eligible for.

*Note: For MAGI Medicaid, the type of income that counts may be different than for ADLTC Medicaid. Refer to the MAGI [Addendum 3](#) and [Addendum 4](#) for information on countable income and allowable deductions.*

Then, when all else fails... check the 1619B list.

And if 1619B fails...



This is a special category of Medicaid for clients who are ineligible for SSI or APA because of COLA adjustments in their social security benefits. Periodically these people will be sent a letter advising them that they may be eligible and to contact us.

### ELIGIBILITY FACTORS:

- Entitled to receive both RSDI **and** SSI or APA benefits in at least one month since April 1977 **\*AND\***
- Currently receiving RSDI benefits **\*AND\***
- Currently ineligible for SSI or APA **\*AND\***
- Income eligible if you disregard all the COLAs received since the last month the person was eligible for both RSDI and SSI or APA **\*AND\***
- Meets all other Medicaid requirements
  - If the client fails any other Medicaid eligibility requirement, they are not eligible for Pickle Medicaid.

## PROCESSING

### CATEGORY

### PICKLE MEDICAID

<b>Who works the case?</b>	→	Any ADLTC trained Worker
<b>MERE coding</b>	→	BB 20 (11 if pregnant)
<b>HH Type coding on the APMM</b>	→	A1E, B1E, or Couple code, as appropriate
<b>Policy Manual section</b>	→	<a href="#">ADLTC 531</a>

#### **Process on a stand-alone Medicaid case number**

Calculate the countable Pickle income

- ✓ Using the Pickle table in ADLTC [Addendum 1](#), find the last month/year client was eligible for both SSI and APA
- ✓ Take the corresponding number and multiply it by the client's current social security amount
- ✓ Add all income together, less exclusions and allocations
- ✓ This is the countable Pickle income.

If client is eligible, adjust the APMM with the countable Pickle income

Approve med into current system month

Send NOHS M102

## SECTION 1619(B) CLIENTS

### [ADLTC MS 530E](#)

The 1619(B) list is a list of people who have had their SSI status continued despite losing benefits due to an increase in substantial gainful activity (SGA). If they're on the 1619B list, they are considered eligible for Medicaid as though they were SSI recipients. The list is on [Mobius](#). The link to Mobius is on DPASWeb in the right-hand column, towards the middle.

### HOW TO LOG ON (MOBIUS) & VIEW THE REPORT:

1. Go to: <https://mobius.soa.alaska.gov/mobius/start.html>
  - After reviewing the security warning, click **"I ACCEPT"** to enter Mobius View.

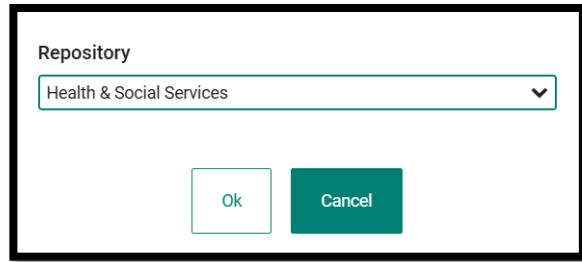
**STATE OF ALASKA: MOBIUS DOCUMENT VIEWER**

**WARNING STATEMENT:**

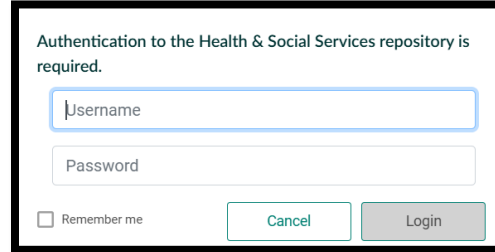
ation, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or  
d States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Co  
nd equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitor  
d, processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be

**ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING**

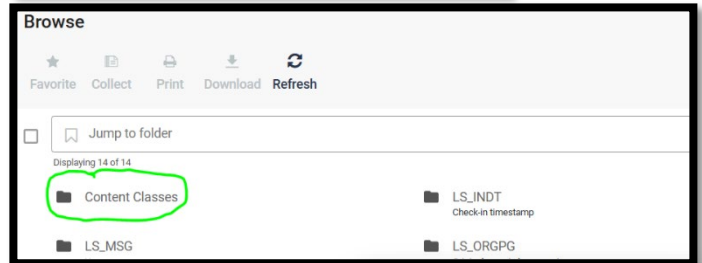
2. Choose your department's content repository (Health & Social Services) and click "OK".



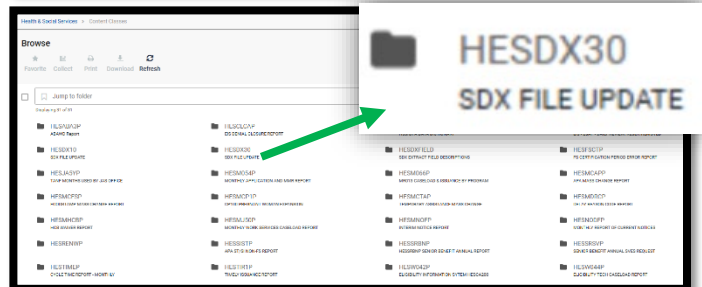
3. Enter your SOA LDAP credentials.



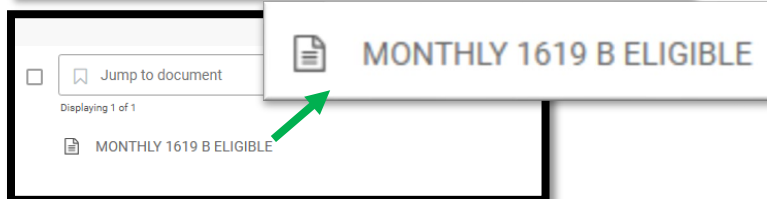
4. Click on "Content Classes" (Upper left icon in main window).



5. Click on "HESDX30", then click on the folder with the most recent date.



6. Click the document labeled "MONTHLY 1619B ELIGIBLE".



- This document is easily searchable by name or \*SSN via a search field in the upper right corner.



\*When searching by SSN, be sure to include the dashes 'XXX-XX-XXXX' as it must appear exactly how it is in the document.



## WHEN SHOULD I BE THINKING ABOUT 1619(B)?

If SSI shows payment status in the SOLQ as 'N01' (*Non pay – recipient's countable income exceeds payment standard*):

```

EIS SSI1                ELIGIBILITY INFORMATION SYSTEM                052223 16:19
                        STATE ONLINE QUERY RESPONSE - PAGE 1                WORKER
REQUEST SSN: XXX XX XXXX
***** SSI\TITLE XVI INFORMATION *****
SSI NAME: LAST          , FIRST          MI  SSN: XXX XX XXXX
ADDRESS: 123 MAIN ST    ANCHORAGE AK    99501    DOB: 12311960    SEX: M
                                           MARITAL STATUS: UNKNOWN
                                           RACE: UNDETERMIN
                                           PHONE: 907 XXX XXXX
                                           PAYMT ST EFF DATE: 03/23
PAYMENT STATUS: N01    CURRENT PAYMENT AMT (FED): 0.00    PAYMENT DATE: 05012023
CURRENT PAYMENT AMT (STE): 0.00    OVERPAYMENT\UNDERPAYMENT:
SSI APP DATE: 08262022    RECIPIENT TYPE: DI
DENIAL REASON:    MEDICAID ELIGIBILITY: S
DENIAL DATE:    APPEAL DECISION CODE:
DISABLE STATUS: F    APPEAL STATUS:
                                           APPEAL DATE:
                                           DISABLE DATE: 08262022

-----SSII PAYMENT HISTORY-----
DATE      AMOUNT      DATE      AMOUNT      DATE      AMOUNT
03012023  609.34

*** PRESS ENTER TO VIEW SSI2 ***
    
```

- ❖ Re-Check Med eligibility – start with APA Med income limit found in [Addendum 1](#) of the APA Manual, and then Refused Cash Medicaid income limit found in [Addendum 1](#) of ADLTC Manual.
- ❖ If over income, check [1619B list](#). If on the list, they are eligible for Medicaid as though they were SSI recipients. Use PM 20 (or PM 11 if pregnant) on the MERE.

```

EIS MERE                MEDICAL REFERENCE
CASE NAME: LAST NAME , WOMAN    CASE NO: XXXXXXXX    MONTH: MMY
POST MED START MONTH:
NAME  REL  SUBTYPE  CODE  EPSDT  PHS  VER  CARE  HIC NUMBER  TPL-TPR  DATE OF
01 WOMAN L  PI  [ ]  [ ]  -  -  -  -  -  -  -
02 MALE  L  SP
    
```

- ❖ If not on list, check for eligibility in [other categories of Medicaid](#).

## SSI DISABLED ADULT CHILDREN

### [ADLTC MS 530D](#)

Disabled adults who lost their SSI benefits after beginning to receive RSDI from their parent(s)' RSDI claim. Typically occurs when one or both parents have passed away, retired, or started receiving disability benefits.

### ELIGIBILITY CRITERIA (MUST MEET ALL):

- ❖ **To be eligible, the individual must all the following:**
  1. **Age:** Be 18 years or older.
  2. **Previous SSI or APA Eligibility:** Have received SSI or APA before turning 22.
  3. **Loss of Eligibility Due to Parent(s)' SSA Benefits:**
    - o Lost eligibility because one or both parents retired or became disabled and started receiving SSA, or one or both parents passed away.

- As a result, the individual now receives RSDI from the parent's claim, which puts them over the income limit for SSI or APA.
4. Would be eligible for SSI or APA if the RSDI income were disregarded.

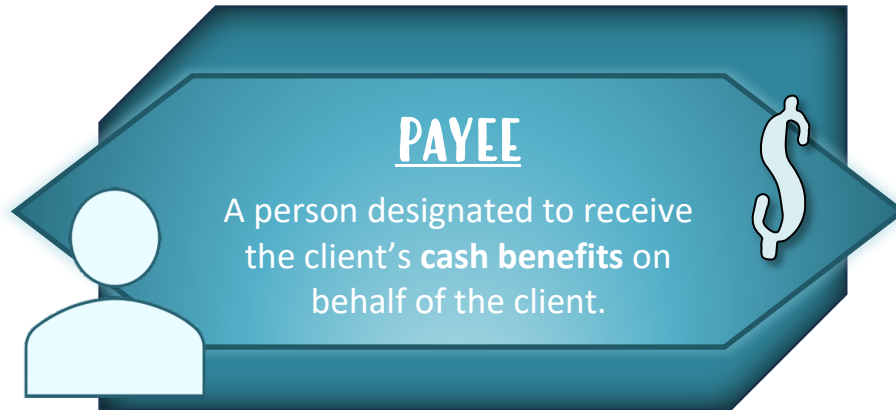
## IDENTIFYING A DISABLED ADULT CHILD

### ❖ Identifying a Disabled Adult Child (DAC)

- **Check SOLQ and/or BENDEX:** Look for the claim number or HIC number with a "C" at the end (e.g., 123-45-6789C1). There is usually a single digit after the "C," but it's irrelevant for this purpose.
- **Review Medicaid Eligibility on SOLQ:** On the first SSI page of the SOLQ response, find the "Medicaid Eligibility" section on the right-hand side, approximately in the middle. If the status shows "D," the person is identified as a Disabled Adult Child (DAC).
- **Authorize Medicaid for Eligible DACs:** If the person meets all the criteria for a DAC, authorize their Medicaid using PM 20 (or PM 11 if they are pregnant) on the MERE system.

## PAYEE INFORMATION

### APA MS 452-7B



**PAYEE**

A person designated to receive the client's **cash benefits** on behalf of the client.

The graphic features a stylized person icon on the left and a dollar sign icon on the right, both in white against a dark blue background.

## WHO CAN BE A PAYEE?



**AUTH REP**  
Non-Mandatory

Someone elected *in writing* to give and receive info on the client's behalf.

APA-14 Required



**CLIENT REQUEST**  
Non-Mandatory

Someone the client has asked *in writing* to handle their APA payments.

APA-14 Required


Use the same Payee!



**SSA / SSI**  
Mandatory

Someone the Social Security Administration has determined appropriate to handle the client's benefits as the client should not handle their own.

APA-14 Required



**POWER OF ATTORNEY**  
Non-Mandatory

A legal document where the **client chooses** someone to handle their health and financial affairs. If the POA doesn't want to receive the benefit in their name, it goes to the client.

APA-14 Required

These are our OPA clients



**CONSERVATORSHIP**  
Mandatory

An arrangement where the **courts** have appointed someone to handle the finances of an incapacitated person.


NO APA-14



**GUARDIANSHIP**  
Mandatory

An arrangement where the **courts** have appointed someone to make personal decisions involving the client, such as healthcare or living situations.

NO APA-14



**Create a Standalone  
CANO**

POA's, Conservatorships, and Guardianships should always be documented when one is added, removed, or changed.

**Check Direct Deposit**

If there is a SNAP case attached to the APA case, you can check the direct deposit screen to make sure the payments are paid out

**APA-14 is Required?**

Ongoing cash is suspended with adverse action using the 'S' issuance code on the APAS and pended for 10/15 days. Close cash if the form is not provided.

**THESE STEPS  
CAN BE TAKEN  
IN ANY ORDER**

**Update the  
ADDR & ADD2 Screens**

Both screens need to be updated to show who can receive the mail, the payments, and the med coupons.

**Check INME Interfaces**

If the SSA requires a payee you can find payee information on the INME 13, 14, and 15 screens most of the time.

**Get Verification**

A current copy of the APA 14, POA, Guardianship, or Conservatorship must be retained in the client file (ILINX).



**INME 14 (SOLO)**  
 This is the name and mailing address **SSI** has for the **CLIENT**.

```

EIS SSI2                ELIGIBILITY INFORMATION SYSTEM                MMDDYY 08:55
                        STATE ONLINE QUERY RESPONSE - PAGE 2          ELIGIBILITY T
REQUEST SSN: SSS SS NNNN
***** SSI\TITLE XVI INFORMATION *****
SSI NAME: LASTNAME      , FIRSTNAME K    DOB: MMDDYYYY    SEX: M
WAGES:      0.00  SELF EMPLOYMENT:      0.00  DEEMED INCOME:    0.00

                                UNEARNED INCOME
TYPE      START    END      AMOUNT      CLAIM NUMBER
1/3 REDUCT 01/25                322.33

PAYEE NAME/ADDRESS:
PAYEE LASTNAME
ADDR LINE 1
CITY AK
                                99###

                                LIVING ARR: B
                                DEATH DATE:
                                CITIZENSHIP:
                                ALIEN ENTRY DATE:
                                COUNTRY OF ORIGIN:
                                DIRECT DEPOSIT: C

***** END OF SOLQ INFORMATION *****
***** PRESS **ENTER** OR **F9** TO EXIT *****
  
```

**INME 15 (BENDEX)**  
 This is the mailing address **SSA** has for the **PAYEE**.

```

EIS INBX                BENDEX INQUIRY                                MMDDYY 09:03
                        2 OF 4                                        ELIGIBILITY T
SSN: 574 17 5537
SOURCE NAME              DOB SEX RECEIVED PAYMENT ISSUED
BNX LASTNAME, FIRSTNAME MMDDYY F MMDDYY      0.00 MMYYYY
67 PAYEE N/A1: PAYEE NAME 280 PROOF OF BIRTH IND.: P
89 PAYEE N/A2: PAYEE ADDR 281 DATE OF DEATH.....:
111 PAYEE N/A3: CITY AK   289 PROOF OF DEATH.....:
133 PAYEE N/A4:          290 COMMUNICATION CODE..: UTL XREF
155 PAYEE N/A5:          301 EFFECTIVE DATE.....: MMYYYY
177 PAYEE N/A6:          307 MONTHLY BENEFIT.....:
209 STATE AND COUNTY....: 02170 312 GROSS AMT PAYABLE...: 000
214 DIRECT DEP IND.....: 317 NET MONTHLY BEN AMT.:
215 AGENCY CODE.....: 020 325 VERIFIED BOAN.....:
218 SOURCE CODE.....: C 335 DUAL ENTITLEMENT SSN:
219 CATEGORY OF ASSIST...: F 344 DUAL ENTITLEMENT BIC:
240 SSN.....: SSSSSNNNN 346 DUAL ENTITLEMENT IND:
249 PYMNT STATUS CODE...: ND 347 TRIPLE ENTITLE SSN...:
251 DATE INITIAL ENTITLE: 356 TRIPLE ENTITLE BIC...:
257 DATE CURRENT ENTITLE: 369 RECORD PROCESS DATE.: MMDDYY
263 DISABILITY DATE.....: 378 RETRO PAYMENT AMT...:
272 DATE OF BIRTH.....: MMDDYYYY 385 END DATE FOR OP DED.:
ENTER=NEXT RECORD PF2=1ST RECORD PF3=TOP PF7=UP PF8=DOWN NEXT--> ____
  
```

**WHAT DO I DO IF I PULL A CASE WITH A PAYEE?**

1. **APA applications:** Check to see if SSA has designated a payee (instructions above on how to find this). If they have, we must use them. Pend the APA cash for a completed APA14 if required. Otherwise, get proof of court appointed guardianship/conservatorship. They can get Med in the meanwhile if you have everything to determine Medicaid eligibility.
2. **Ongoing APA case with a payee**
  - a. Case **was** pended for a new APA14, and it was not provided. Close APA cash, Med continues.
  - b. SSI payment status is showing **“S08 Suspended - Representative payee development pending”**. APA benefit should be suspended while the case is pended for a new payee. This is done on the APAS with an ‘S’. Cash will be suspended, and Medicaid will continue.
  - c. Client reports a new payee, or we receive a new APA14. Check to see if the payee listed on EIS is the same as who SSA lists as the current payee.

- i. If the client, EIS, and SSA are all saying the same thing, no action is needed. File the ROC/APA14, CANO it, and dispo the case.
    - ii. If the client's statement differs from what EIS and SSA say, explain to the client that we are required to use the payee that SSA has chosen. File the ROC/APA14, CANO it, and dispo the case.
    - iii. If EIS and SSA are different, we need an APA14 for whoever SSA has listed as the payee. If it's what the client gave us, great! If not, pend for it and suspend the APA cash while the pend is ongoing. This is done on the APAS with an 'S'. Cash will be suspended, and Medicaid will continue.
  - d. Payee withdraws is no longer able or willing to serve in this capacity.
    - i. Refer the client to SSA for a new payee.
    - ii. Pend for the new payee development. This is a 30-day pend.
    - iii. Suspend the APA ("S" on the APAS will suspend cash and Med will continue) while a new payee is being developed.
  - e. Client reports they no longer have a payee. Check interfaces to see if SSA confirms this.
    - i. If so, remove the payee and any direct deposit info.
    - ii. If not, advise the client that until we get proof from SSA that they no longer have a payee, we are required to send their APA to the payee SSA has designated.
3. **When the pend is satisfied with a new valid payee**, issue any benefits that were suspended during the pend to the new payee

## ADDING A PAYEE TO EIS:

### ADDR/ADD2

#### ADDR:

#### **DIRECTIONS TO HOME:**

Add payee name & phone number

#### **AFDC/APA PAYEE:**

Enter last name, first name of payee

#### **ENTER Y TO USE ANOTHER BENEFIT ADDRESS:**

Change "N" to "Y" – Press ENTER to access ADD2

EIS ADDR	ADDRESS
CASE NAME: LAST NAME, FIRST NAME	CASE NUMBER: XXXXXXXX
HOME PH: <u>XXX XXXXXXX</u>	INTERVIEWS: ACTUAL: _____ TYPE: __ NEXT: _____
MSG PH: _____	CELL PH: _____
RESIDENCE: _____	STREET OR R.R. _____ CITY _____ STATE ZIP _____
	PI ADDRESS _____ XXXXXXXXXX _____ XX XXXXX
DIRECTIONS: PAYEE: FIRST NAME, LAST NAME / PHONE NUMBER _____	
TO HOME: _____	
MAILING : _____	ADDRESS: _____
AFDC/APA PAYEE: LAST NAME _____ FIRST NAME _____	
AFDC/APA AUTHORIZED REP: _____	
FS AUTHORIZED REP: _____	FS MAND AUTH REP: <u>N</u>
PRIMARY LANGUAGE: _____	EBT BENEFIT TA: Y FS: Y
ENTER Y TO USE ANOTHER BENEFIT ADDRESS: <u>Y</u>	NEXT--> _____

#### **GUARDIANSHIP/CONSERVATORSHIP INFORMATION:**

Since the courts have assigned these individuals or companies to the client (such as OPA), enter their address information under "MAILING ADDRESS."

#### ADD2:

#### **AFDC/APA BEN:**

Enter Payee's address & name

EIS ADD2	ADDRESS
CASE NAME: LAST NAME, FIRST NAME	CASE NUMBER: XXXXXXXX
HOME PH: <u>XXX XXXXXXX</u>	INTERVIEWS: ACTUAL: _____ TYPE: __ NEXT: _____
MSG PH: _____	CELL PH: _____
	STREET OR R.R. _____ CITY _____ STATE ZIP _____
AFDC/APA BEN: C/O PAYEE'S NAME _____ XXXXXXXXXX _____ XX XXXXX	
ADDRESS: MAILING ADDRESS OF PAYEE _____	
FS BEN : _____	ADDRESS: _____
MED BEN : _____	ADDRESS: _____
NEXT--> _____	

#### **GUARDIANSHIP / CONSERVATORSHIP INFORMATION:**

Next, enter the client's mailing information under "MED BEN ADDRESS" on the ADD2 screen.



CHECK FOR DIRECT DEPOSIT:

The APIH will tell you if the client is receiving a Paper Warrant or Direct Deposit.

Paper Warrants start with a "4"	Direct Deposit starts with a "6"
DOC NUMBER	DOC NUMBER
46955590	65893499

If client is receiving Direct Deposit, go to **EBPM** to see banking information:

**SETUP OR CHANGE**

**DIRECT DEPOSIT:**

Change "N" to "Y" -  
Press ENTER to access  
EBDD

```

EIS EBPM                                EBT PAYEE MAINTENANCE
CASE NAME: LAST NAME, FIRST NAME        CASE NUMBER: XXXXXXXX
ACTION: (A=ADD, C=CHANGE, D=DELETE)

PRIMARY PAYEE:
NAME: LAST: WILLIAMS                    FIRST: JOHNNIE                    INITIAL: M

STREET OR R.R.                          CITY                            STATE ZIP
ADDRESS: XXXXXXXXXXXXXXXXXXXX           XXXXXXXX                        AK XXXXX

BIRTH DATE: MDDYYYY                     SSN: XXXXXXXXX

AUTHORIZED TO USE CASH: Y (Y OR N)      CASH BALANCE: X.XX
AUTHORIZED TO USE FOOD: Y (Y OR N)     FOOD BALANCE: X.XX

ISSUE CARD: N (Y OR N)                  GENERATE PIN: N (Y OR N)

SET UP OR CHANGE ALTERNATE : N (Y OR N)
SETUP OR CHANGE DIRECT DEPOSIT: N (Y OR N)

NEXT-->

```

**EBDD:**

Shows where Direct  
Deposit is going (you  
will not affect the  
direct deposit as we do  
not have access to  
change this screen;  
only view it.)

```

EIS EBDD                                EBT DIRECT DEPOSIT
CASE NAME: LAST NAME, FIRST NAME        CASE NUMBER: XXXXXXXX
ACTION: (A=ADD, C=CHANGE, D=DELETE)

INSTITUTION CODE : XX XXXXXXXXX
INSTITUTION NAME : NAME OF BANK

BANK ACCOUNT NUMBER: XXXXXXXXXXXXXXXX

BANK ACCOUNT TYPE : XX

DATE OF LAST CHANGE: YYYYMMDD

```

## PROCESSING: APPLICATIONS

### APPLICATIONS – [APA MS 410](#)

#### SIGNATURE REQUIREMENTS

##### [APA MS 410](#)

Signature requirements changed as of 10/1/2024 to allow for e-signatures.

When a **couple** is applying for APA as a couple, then both need to sign the application, including telephonically. The signatures do not have to be the same type.

For example, one can be a wet signature and the other spouse can sign telephonically.

**Note:**

*Online applications include an electronic signature.*

*Paper applications can be signed by e-signature, digital signature, or a handwritten signature created on an electronic device (finger/stylus to screen) starting October 1, 2024.*

*Telephonic signatures must be recorded by a caseworker through the **VCC**.*

#### INTERVIEW REQUIREMENTS

##### [APA MS 410-3](#)

- ❖ Interviews are required at Application
- ❖ Only one spouse of a legally married couple needs to be present at the interview

*Check the Sharepoint site homepage [here](#) for information on current interview waivers.*

#### CERTIFICATION PERIOD

##### [APA MS 480-1A & 480-1B](#)

- ❖ Reviews are completed annually so approved applications for SSI and Non-SSI recipients should be certified out 12 months.
- ❖ Once a case is authorized, the certification period can't be changed by the ET. If an error is discovered, it will need to be sent to Systems Support for correction.

#### INTERIM ASSISTANCE

[See Interim Assistance](#)

## ACTIONS TAKEN ON AN APPLICATION

### [APA MS 410-5](#)

#### PENDING TIPS

- ❖ If a case is over income or resource, do not pend for establishing a [trust](#). The case must be denied and the referral notices sent.
- ❖ If one case of a [couple case](#) needs to be pended, then both are pended. Eligibility for one spouse is dependent on eligibility for both. *EXCEPTION: This does not apply to development of income.*
- ❖ Don't pend for proof of **shelter costs**. APA/ME doesn't care about these expenses.
- ❖ Follow these steps if you are **pending the APA cash**, but need to **approve** the APA related **Medicaid**:
  - Request Systems Support delete the APA ONLY portion of the application
  - Authorize the Medicaid into the current system month
  - Go to the APMA screen
    - Add the AP with the correct app date
    - A bsd does not need to be entered
    - Add a quick pend due date for the AP
    - Hit enter (sometimes twice)
- ❖ Follow these steps if you are **denying the APA cash**, but need to **approve** the APA related **Medicaid**
- ❖ Do not send the **P006** on applications. This is for ongoing cases. Use the P007 and M006 for development of income.

#### APPROVING TIPS

- ❖ Double check the **benefit history screens** (APBH / MEBH / FSBH / GABH) of all cases and programs approved to make sure everything is authorized.
- ❖ Double check the QMB income limit in [Addendum 1](#) of the ADLTC manual to make sure the client (s) is/are QMB eligible and that the 69 coding is starting in the correct month.
- ❖ Make sure to document when **DHCS** has been emailed so that the worker following behind knows this step has been completed.
- ❖ When approving an application and a client has Medicare part A, email DHCS and have them start **Medicare part B** instead of pending for Medicare pursuit.

#### DENIAL TIPS

- ❖ Medicaid denied? Send the M070 for the **FFM referral**.
- ❖ If denied for over income, were [allocations](#) and [exclusions](#) applied and documented?
- ❖ Check [1619B list](#) prior to dispo-ing a Medicaid case as denied in current <sup>TM</sup>.

## PROCESSING ORDER FOR MULTIPLE PROGRAMS

Typically, applications received for elderly clients are marked SNAP, APA/ME, and SB. Because some benefits count to some of the programs, there is an order in which cases should be processed. First, as a reminder, do not hold up benefits for one program because another program (that counts as income to that program) has been pended.

Another thing to consider is if the cash payments will be received in the month of intended use. Per [SNAP MS 604-4.G.B.](#), APA payments are counted in the month of intended use and are not counted as income if delayed. If a regular run for APA has occurred and the application month being authorized won't be received until the next month, we do not count it in the SNAP budget for the app month. It would be the same for SB.

### B. Adult Public Assistance (APA)

APA payments are counted as income in the SNAP budget in the month of intended use. If the APA issuance is delayed for any reason resulting in the payment being received after the month of intended use, it is considered a retroactive payment. Treat this late APA payment as a nonrecurring lump-sum payment. See [MS 602-3\(D\)13](#).

**NOTE:** When a household is applying for both TA and APA, determine eligibility for the **APA FIRST**. This will help determine who **CAN** or **MUST** be included on the ATAP case.

### CASH PAYMENTS RECEIVED IN MONTH OF INTENDED USE



#### EXAMPLE:

App was received May 2<sup>nd</sup> and authorized on May 10<sup>th</sup>

- Authorize May APA / Initialize into June
- Authorize SB through current system month of June
- Authorize May SNAP / Initialize into June
- Authorize June APA
- Authorize June SNAP

May APA and May SB will be received in the month of May, so they need to count towards the May SNAP benefit.

**CASH PAYMENTS NOT RECEIVED IN MONTH OF INTENDED USE**



**EXAMPLE:**

App was received May 22<sup>nd</sup> and authorized on May 30<sup>th</sup>

- Authorize May SNAP / Initialize into June
- Authorize May APA / Initialize into June
- Authorize SB through current system month of June
- Authorize June APA
- Authorize June SNAP

Because of how close to the end of the month it is when May cash benefits are authorized, they will NOT be received in May. They will be received in the month of June. So, they are not countable income to the May SNAP benefits.

# PROCESSING: REVIEWS

## REVIEWS - [APA MS 480-1](#)

### WHAT TO DO WHEN YOU RECEIVE A GEN50C OR GEN72

When a household submits an APA application or review (GEN 50C or GEN 72), it must be used to establish a new certification period.

However, if a new or review application for other DPA programs (GEN 50C or GEN 72) is received before the APA review date, it should not be used to establish a new certification period for APA benefits **unless the APA box has been marked** on the application.

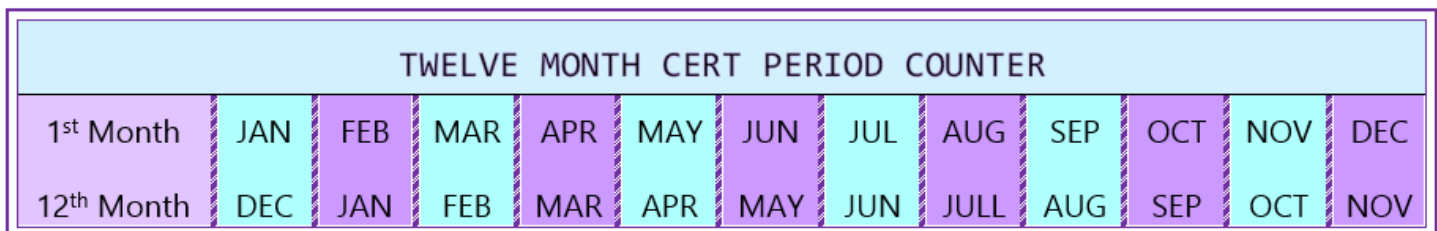
### INTERVIEW REQUIREMENTS

#### Interview Requirements:

- An interview is required once every 12 months. [APA MS 480-1 D](#)
  - If the client is unable to be reached for an interview, schedule the interview and send the P325 notice (APA REVIEW – INTERVIEW NEEDED).
- If a household submits their recertification after the end of the certification period but within the following month, and they are not due for their annual interview, **then an interview is not required**.
  - **Example:**
    - ✦ A household's APA/MED certification period ended on June 30th. They submitted their recertification on July 20th, which is after the certification period, but within the following month.
    - ✦ On February 15th, the household submitted a SNAP application, and an interview was completed that day.
    - ✦ Since an interview was completed within the past 12 months, an interview does not need to be completed for the APA/MED reapplication.
- ❖ For Individuals Receiving **ONLY** APA/MED and **ANY AMOUNT** of SSI Benefits:
  - These individuals are not required to complete an annual APA interview.
  - However, if they stop receiving SSI or are receiving benefits from a program (PI or SP) that requires an annual interview (e.g., SNAP), they must complete an APA annual interview. See [APA MS 480-1B](#)

### CERTIFICATION PERIOD

APA/ME receive a 12-month certification period.



## WHAT'S THE FIRST MONTH OF NEW CERT PERIOD?

---



### **MAGI**

*ALWAYS*      Month after Determination

---

### **ALL OTHERS**

*EARLY*              Month after the receipt of the form

*TIMELY*            Month after the end of the current cert period

## EARLY VERSUS TIMELY RECERTS / REVIEWS

---

### **EARLY**

Received  
more than two  
months before the  
end of the cert period.



### **TIMELY**

Received in the last  
two months of the  
end of the cert  
period.

## REGISTRATION PROCESS STEPS FOR EARLY APA/ME REVIEWS

When an APA application or review (*GEN 50C* or *GEN 72*) is received from a household, it must be used to establish a new certification period.

[APA MS 480-1](#)

**HOWEVER,**

If a new or review application (*GEN 50C* or *GEN 72*) is received for other DPA programs **BEFORE** the APA review date, it **should not** be used to establish a new certification period for the APA benefits, **unless the APA box is checked**. If not checked, it would be a Report of Change for APA.

See [APA MS 480-3](#) for more information on acting on reported changes.

The examples below are for an ongoing APA household:

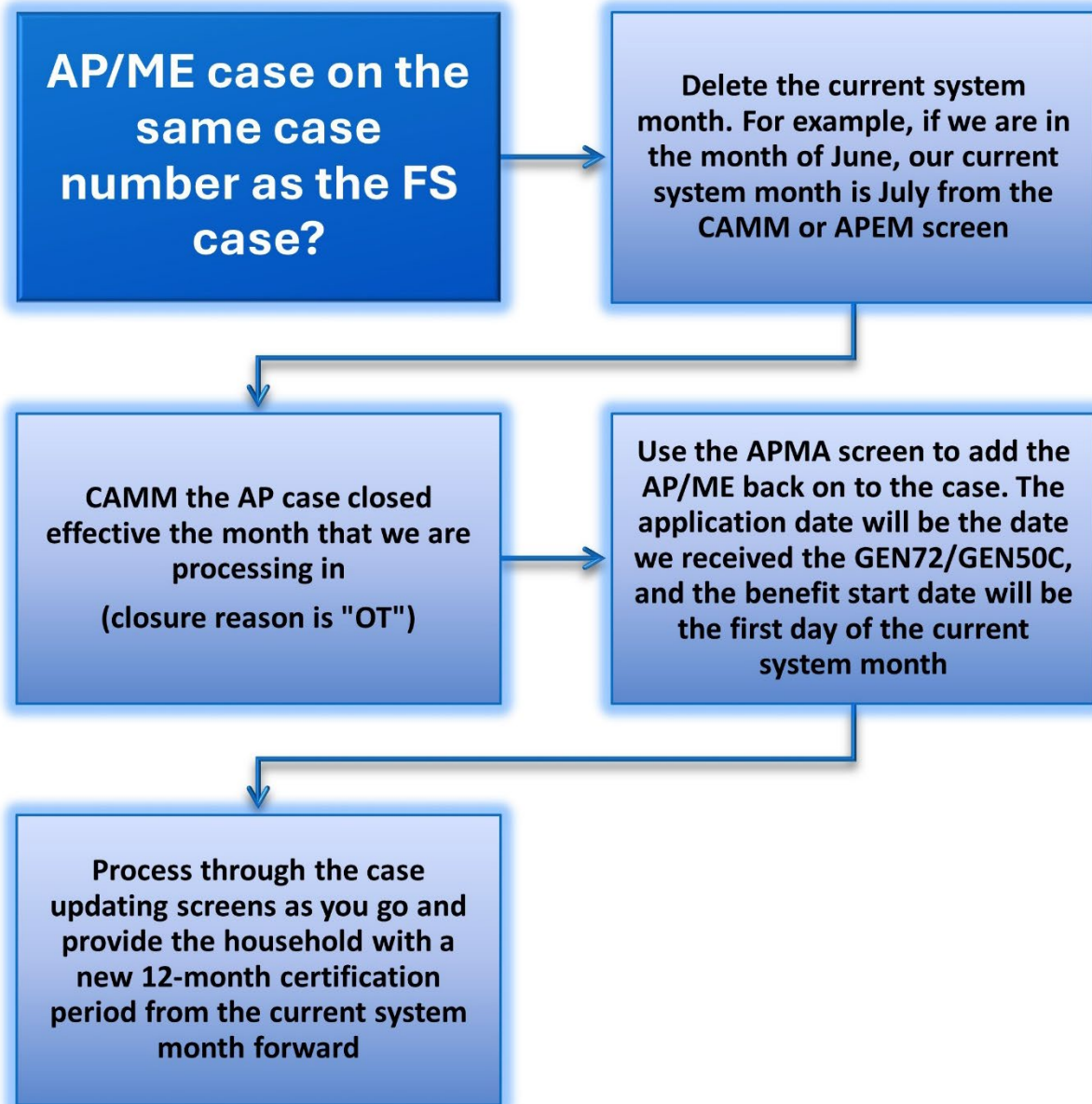
DOC RECEIVED	BOXES CHECKED ON DOC	APA ACTION
<i>GEN 50C OR GEN 72</i>	SNAP, MAGI	REPORT OF CHANGE
<i>GEN 50C OR GEN 72</i>	APA, SNAP, MAGI	ESTABLISH NEW CERT PERIOD
<i>GEN 50C OR GEN 72</i>	APA	ESTABLISH NEW CERT PERIOD

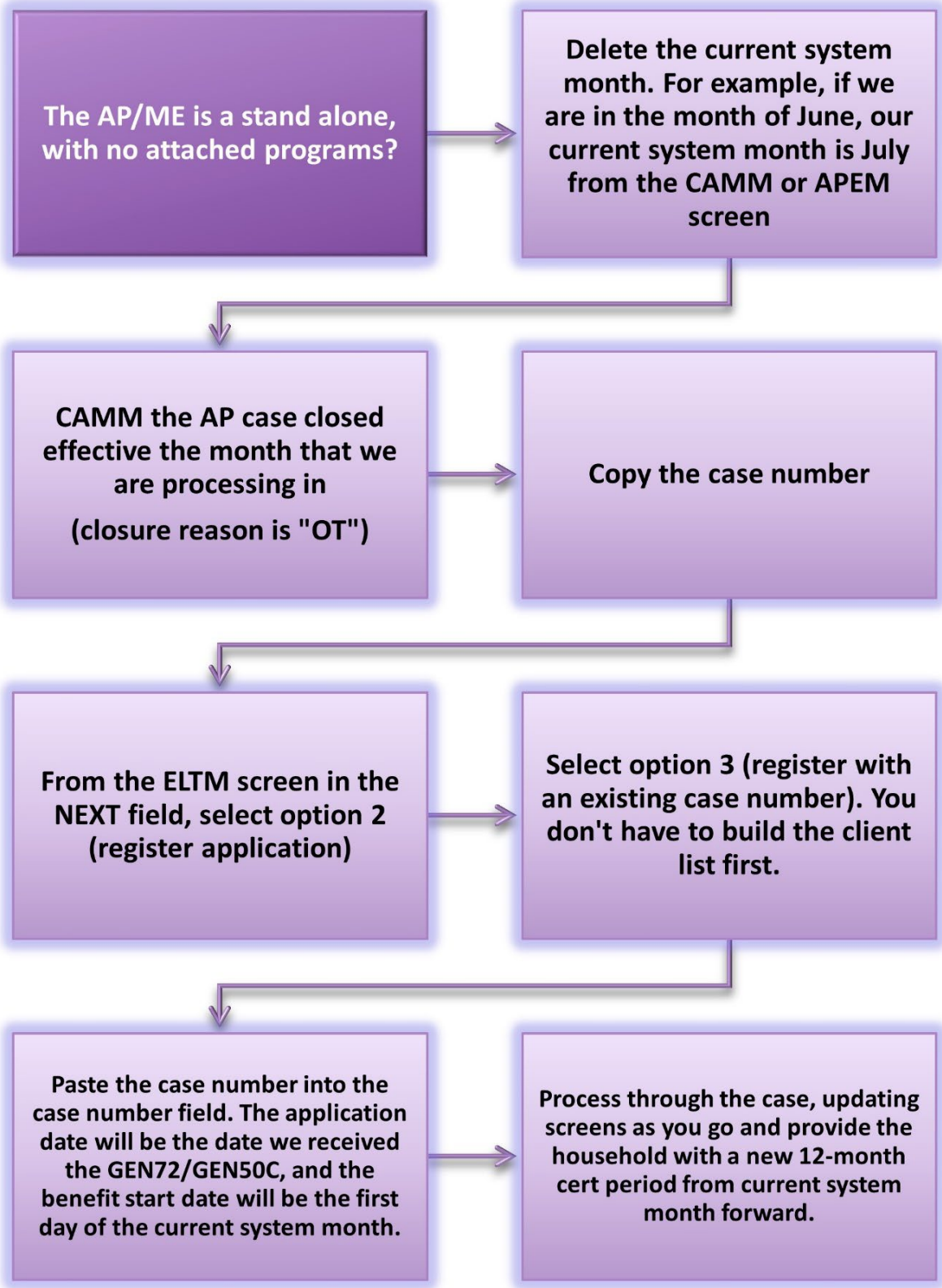


For early reviews, base your new certification period starting the month after the review form was received. Examples below show example cert periods for timely and early reviews.

DOC RECEIVED	DATE RECEIVED	CURRENT APA CERT PERIOD	EARLY OR TIMELY REVIEW	NEW CERT PERIOD
<i>GEN 50C OR GEN 72</i>	09/2025	12/2024 → 11/2025	Early	10/2025 → 09/2026
<i>GEN 50C OR GEN 72</i>	10/2025	12/2024 → 11/2025	Timely	12/2025 → 11/2026
<i>GEN 50C OR GEN 72</i>	03/2025	01/2025 → 12/2025	Early	04/2025 → 03/2026
<i>GEN 50C OR GEN 72</i>	08/2025	01/2025 → 12/2025	Early	09/2025 → 08/2026
<i>GEN 50C OR GEN 72</i>	12/2025	01/2025 → 12/2025	Timely	01/2026 → 12/2026
<i>GEN 50C OR GEN 72</i>	11/2025	01/2025 → 12/2025	Timely	01/2026 → 12/2026

**THE FOLLOWING TWO PAGES WILL TAKE YOU THROUGH THE REGISTRATION STEPS FOR PROCESSING AN EARLY REVIEW.**





## PENDING AN APA/ME REVIEW? IMPORTANT PROCESS INFORMATION

### RECERTS VERSUS REVIEWS

RECERT: SNAP – if timely, does **NOT** require adverse action

REVIEWS: All other programs – **NEED** adverse action

If you search any manual except SNAP for recertifications, you won't find it. We can put SNAP benefits on hold at recertification time until we make a redetermination.

But for all other programs, if we get a Review/Renewal, then benefits must continue at the same level until we notify the household that benefits have changed. So, these benefits are often pushed out until the review/renewal can be worked.

If pending an ongoing APA case, to include reviews, ensure that benefits continue, and are not decreased until an eligibility determination is made, and adverse action has been given to the household.

## INTERIM ASSISTANCE REVIEWS

Review applications are not mailed for IA (Interim Assistance) cases. Eligibility for IA continues until the individual is determined ineligible or SSI makes its final eligibility decision regarding disability. See [APAMS 426-5](#).

On the 14th of the month when the review is due, EIS automatically initializes the case into the next month but does not authorize it. At that time, an alert is generated indicating "IA RECERTIFICATION DUE".

### **Caseworker Actions:**

A caseworker must authorize the next IA certification period before the regular run to ensure timely receipt of benefits. If the case is not reauthorized as required, a second alert will be generated indicating "IA PAYMENT NOT AUTHORIZED".

### **Once Interim Assistance (IA) is approved, it continues until:**

- **SSI Approval:** The client is approved for SSI benefits. Close IA and convert to APA.
  - See [Interim Assistance](#) section of this guide for additional guidance on converting IA to APA if client has been approved for SSI benefits.

**OR**

- **Adverse SSI Decision:** The client receives an adverse SSI decision and does not appeal to the next level.
  - If client has not appealed the SSI denial, continue IA benefits and send an N020 requesting proof of appeal. Give a 30-day timeframe to provide the proof.
- **Appeal Withdrawal or Abandonment:** The client withdraws or abandons an appeal at any level.
- **Adverse Decision from Appeals Council:** The client receives an adverse decision from the Appeals Council.

If the client does not appeal the decision, withdraws or abandons the appeal, or the client receives an adverse decision from the Appeals Council, close IA effective the first month following the adverse action period and deny the APA application.

## REFUSED CASH

The MERE and APAS screens are updated as 'Refused Cash' in two specific scenarios

- Those who are eligible for APA cash but want to refuse the cash benefit and keep the Medicaid **OR**
- Those whose income is above the APA cash limit but below the Refuse Cash Medicaid limit.

### REFERENCE LINKS:

- Refused Cash Medicaid Income limits are in [ADLTC MS Addendum 1](#)
- APA Cash Income limits are in [APA MS Addendum 1](#)
- See also APA [MS 452-9](#) or ADLTC [MS 530C](#) or [EIS Procedures MS 2019-1](#).

An area that tends to cause a lot of confusion among processors is when to use the 'REFUSED CASH' indicator accurately. Because this is a work around to process Medicaid cases that are over the cash income limit but under the Medicaid income limit, specific steps need to be followed.

**DO NOT USE THE \$1 BENEFIT AMOUNT AS AN INDICATOR THAT A CLIENT IS NOT ELIGIBLE FOR APA.**

Use the income standards provided in Addendum 1 or listed on the APAS screen.

CEA94-I CHECK PCN AND ISSUANCE INDICATOR--DIR DEPOSIT UPDATED? EBPM/EBDD			
APAS PART 3		APA AUTHORIZATION SCREEN	
CASE NAME: LAST NAME, FIRST NAME		CASE NUMBER: XXXXXXXX MONTH: MMY	
GROSS EARNED INCOME	: 0.00	HOUSEHOLD TYPE	: A1E
ADJ GROSS EARNED INCOME	: 0.00	APA PAYMENT STANDARD	: 1329.00
\$65 AND 1/2 WORK INCENT	: 0.00	COUNTABLE EARNED/UNEARNED:	967.00
AB WORK DEDUCTIONS	: 0.00	TOTAL BENEFIT AMOUNT	: 362.00
NET EARNED INCOME	: 0.00 0.00	BENEFIT AMT (INDIVIDUAL)	: 362.00
UNEARNED INCOME	: 0.00	RECOUPMENTS	: 0.00
ADJ UNEARNED INCOME	: 0.00	NET BENEFIT AMOUNT	: 362.00
COUNTABLE ALB (Y/N)	: N		

APA Payment Standard of \$1329 shown in image is the standard for 2025 A1E APA Cash Payment Standard

## NOT ELIGIBLE FOR CASH / ELIGIBLE FOR MEDICAID

### Step 1

- ✓ Determine if your client is eligible for APA cash using the income limits in [APA MS Addendum 1](#)
  - › If they are not, the APA MUST be denied/closed over income.
    - Make sure allowable [Allocations](#) and [Exclusions](#) were applied
    - Go to Step 2
  - › If they are, go to the 'CLIENT IS CASH ELIGIBLE' section below to continue

### Step 2

- ✓ Determine if your client is Medicaid eligible.
  - › If they are, we will process Refused Cash Medicaid as follows
    - re-register the Medicaid on the same case number as the cash. The BSD will have to be moved to the second month
    - Use the RC codings on the MERE and APAS as appropriate.
    - Authorize Medicaid through the current system month.

- Email Systems Support to issue the first month of Medicaid. They need to know the type of Medicaid, the MERE screen coding, and the month to be issued. Remember... the first month of Medicaid is never coded '69' on the MERE screen for QMB.
- Send [Notice](#):
  - P109 for applications
  - P805 for reviews
  - P422 for ongoing cases

## CLIENT IS CASH ELIGIBLE

- ✓ Determine how much the client will be eligible for and discuss this benefit amount with the client.
  - › If they don't want the cash but still want the Medicaid
    - Use the Refused Cash codings on the MERE and APAS screens.
    - Add verbiage discussing the refused cash along with other due process verbiage to the appropriate notice.
      - P102 for applications
      - P804 for reviews (needs adverse action)
      - P701 for ongoing cases (needs adverse action)
  - › If they still want the cash and the Medicaid
    - Process as normal
  - › If for some reason they want the cash but NOT the Medicaid
    - Code them 'OU' on the SEPA for ME
    - Process as normal

## (ALASKA) RESIDENCY

To be eligible for Adult Public Assistance, a person must be a resident of Alaska. ([APA MS 423](#))

Definition of Alaska Resident for APA purposes found at [APA MS 423-1](#).

## VERIFYING AK RESIDENCY

**APA Applicants:** Residency verification is required.

**APA Recipients:** Residency verification only required if questionable.

**ADLTC Only Applicants or Recipients:** Residency verification only required if questionable.

**\*NOTE\*** If the client is either homeless and/or new to Alaska and there is no other residency verification possible to obtain, client statement can be accepted as a last resort.

### ACCEPTED VERIFICATION OF AK RESIDENCY

Type of Verification	Verification Details
Utility Bills	Must include the client's name and their Alaskan residence address
Rent Receipts	Must include the client's name and their Alaskan residence address
AK ID or Driver's License	Must be issued in the client's name and be current (not expired)
SOLQ (INME 14) Interface	ONLY ACCEPTED IF: client is receiving SSI & residence address is in AK (This would be shown on the SSI1 page, see example in next section)
DOL/SAM Interface	ONLY ACCEPTED IF: client has recent wages shown (within the last year) and residential address is in AK
PFD Website or Interface	ONLY ACCEPTED IF: client showing as eligible or received/paid for the most recent Permanent Fund Dividend (PFD).
Collateral Contacts	Must verify client's name and confirm that client is in AK & intends to remain

## INME 14 – Receiving SSI & In Pay Status (SSI1)

```

EIS SSI1                ELIGIBILITY INFORMATION SYSTEM                000000  00:00
                        STATE ONLINE QUERY RESPONSE - PAGE 1          ELIGIBILITY T
REQUEST SSN: SSS SS NNNN
***** SSI\TITLE XVI INFORMATION *****
SSI NAME: LAST NAME, FIRST NAME          SSN: SSS SS NNNN
ADDRESS:  EXAMPLE                        DOB: MMDDYYYY          SEX: F
        2023 TRAINING CR                 MARITAL STATUS: UNKNOWN
        INALASKA AK                       99XXX                RACE: <RACE>
                                           PHONE: 907 ### ####
PAYMENT STATUS: C01                      PAYMT ST EFF DATE: MM/YY
CURRENT PAYMENT AMT (FED):  100.00        PAYMENT DATE: MM01YYYY
CURRENT PAYMENT AMT (STE):   0.00         RECIPIENT TYPE: DI
OVERPAYMENT/UNDERPAYMENT:                MEDICAID ELIGIBILITY: ?
SSI APP DATE:          MMDDYYYY          APPEAL DECISION CODE: ??
DENIAL REASON:                                     APPEAL STATUS:
DENIAL DATE:                                     APPEAL DATE: MMDDYYYY
DISABLE STATUS: ?                                DISABLE DATE: MMDDYYYY

----- SSI PAYMENT HISTORY -----
DATE      AMOUNT      DATE      AMOUNT      DATE      AMOUNT
MMDDYYYY  100.00      MMDDYYYY  0.00      MMDDYYYY  0.00
MMDDYYYY  100.00      MMDDYYYY  0.00
*** PRESS ENTER TO VIEW SSI2 ***
    
```

## PFD on IEVS Interface

### Permanent Fund Division

Name: LASTNAME, FIRSTNAME M  
 SSN: 000000000 (Match: Y)  
 Citizen: Y  
 App. Status: Eligible

App. Status must be Eligible!

PFD Year = Last calendar year or current year

DOB: MM/DD/YYYY  
 Received: MM/DD/YYYY  
 PFD Year: YYYY  
 First App. Year: YYYY

# PFD Website Interface

State of Alaska MYALASKA MY GOVERNMENT RESIDENT BUSINESS IN ALASKA VISITING ALASKA STATE EMPLOYEES

Alaska Department of Revenue  
Permanent Fund Dividend Division

Home

State of Alaska > Department of Revenue > Permanent Fund Division > myPFD > Overview

PFD INFORMATION FOR BENEDICT BEAR Logout of myPFD

myAlaska Log In

### Applicant / Adult Sponsor

Applicant Details	
Name	BENEDICT BEAR
SSN	***-**-9009

### Applicant Filing History

2024 Applications	Type	Status
BENEDICT BEAR <a href="#">Details</a>	2024 Adult Web	<b>ELIGIBLE</b> <a href="#">Learn More</a>
BENEDICT BEAR III <a href="#">Details</a>	2024 Child Web	<b>ELIGIBLE</b> <a href="#">Learn More</a>

2023 Applications	Type	Status
BENEDICT BEAR <a href="#">Details</a>	2023 Adult Web	<b>PAID</b> <a href="#">Learn More</a>
BENEDICT BEAR III <a href="#">Details</a>	2023 Child Web	<b>PAID</b> <a href="#">Learn More</a>

Type = Most Current PFD Year  
PFD Status = Eligible or Paid

# DOL/SAM Interface



## Department of Labor and Workforce Development SECURE ACCESS MANAGER

[Home](#) [Search](#) [Support](#)

[? eligibility.tech@alaska.gov](#) [HSS\_PA] [Sign out](#)

Year & Qtr = must be recent, within the last 4 quarters

SN

Results for: FIRSTNAME LASTNAME

[Profile](#) [Claims](#) [Employment](#) [Wages](#)

Year	Qtr	Name of Employer	Reportable Wages
2024	3	EMPLOYER NAME	\$4,733.51
2024	2	EMPLOYER NAME	\$11,217.79
2024	1	EMPLOYER NAME	\$10,079.90
2023	4	EMPLOYER NAME	\$11,658.16

[Profile](#) [Claims](#) [Employment](#) [Wages](#)

First Name  MI  Last Name

Attn

Mailing  [Address History](#)

City  State  Zip Code

Phone

Birth Date

## PROCESS FOR VERIFYING AK RESIDENCY

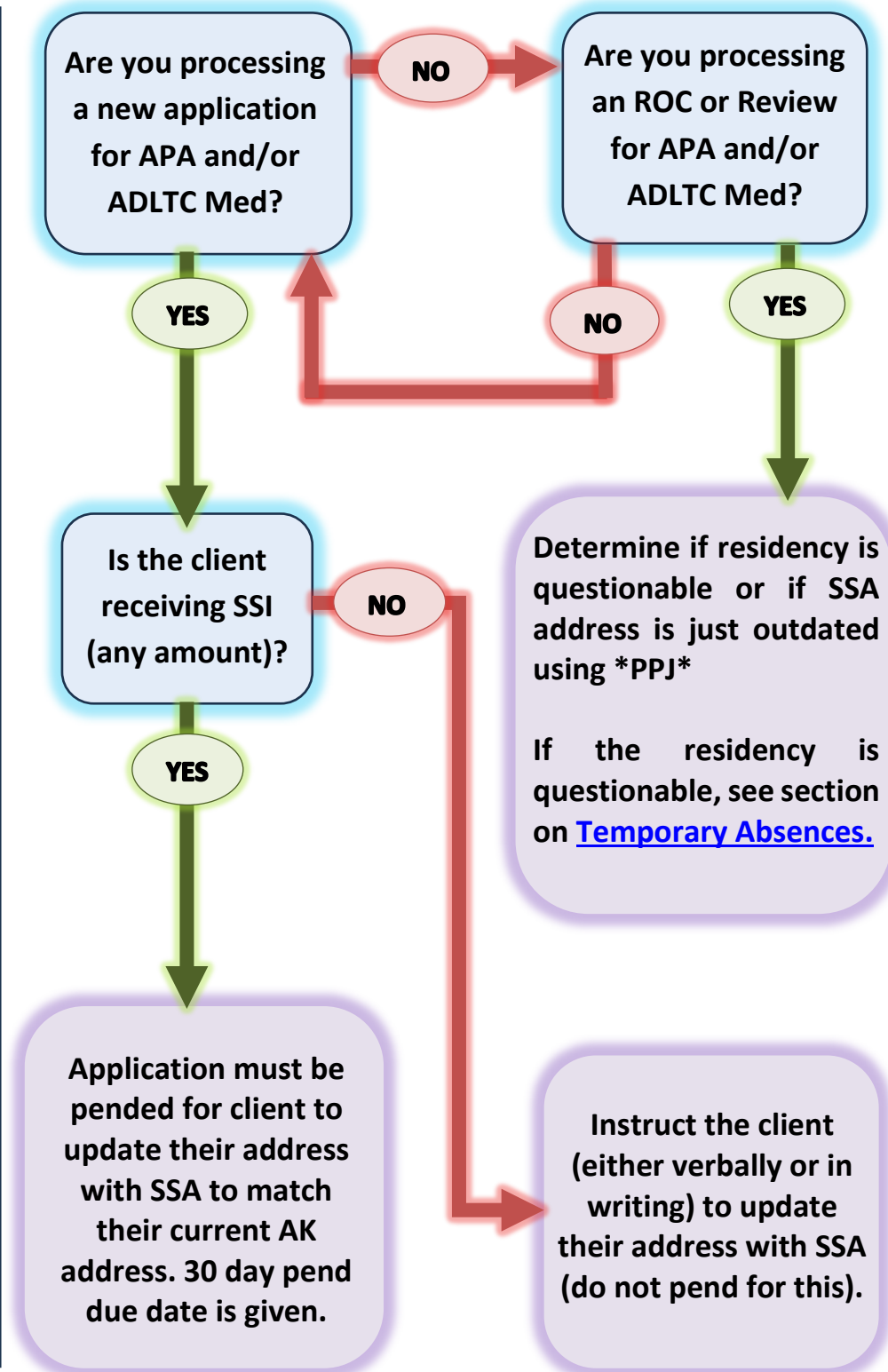
- **If HC proof of residency is not provided:**
  - ➔ Check for interface residency verification.
- **If interfaces do not verify residency:**
  - ➔ Attempt to verify AK residency via CC (if applicable)
- **If residency verification attempts are unsuccessful:**
  - ➔ Client Statement can be accepted as a last resort when other verification is not possible for individuals who are homeless and/or newly arrived to Alaska.
- **If client does not meet conditional rules in order to accept client statement:**
  - ➔ Pend APA/ADLTC application for proof of AK Residency.
  - ➔ A standard 10/15 pend due date is given (depending on client location).

## SSA ADDRESS OUT OF STATE

If SOLQ shows that the SSA has an out of state residence address for an APA applicant or recipient, caseworker action will vary depending on whether you are processing an application or ongoing case and what type of benefit the client is receiving. See details below.

*Use the numbered instructions on the left or follow the visual flowchart on the right.*

1. Are you processing a new APA application?
  - a. Yes = Proceed to question 2
  - b. No = Proceed to question 3
2. Is the client receiving SSI (in any amount)?
  - a. Yes = Application must be pended for client to update their address with Social Security Administration to their current AK address. 30 day pend due date is given.
  - b. No = Process as usual and instruct the client to update their address with SSA (either verbally or in writing) without pending.
3. Are you processing an ongoing APA case (either review or ROC)?
  - a. Yes = Determine if residency is questionable or if SSA address is just outdated using \*PPJ\*
    - i. If residency is questionable, see section below on [Temporary Absences](#) to proceed.
  - b. No = If you are not processing an ongoing APA case, go back up to question 1



## OUT OF STATE BENEFITS

### [APA MS 423-3](#)

- ❖ Most (but not all) other states have some form of APA that they issue to SSI/Disabled/Elderly recipients. Often referred to as a State Supplement. See more at [SSA.GOV](#)
  - For some states, it is administered by the Social Security Administration and can be seen on SOLQ (INME 14) and/or SVES (INME 15) interfaces.
  - For other states (including Alaska) it is administered by the state public assistance office.
- ❖ If someone is getting a State Supplement from another state, we must have proof that it has ended before we can issue Alaska APA benefits to them.
- ❖ ADLTC Medicaid benefits may not be issued to a person who has been issued Medicaid benefits in another state in the same month, unless the 3 following statements are true:
  1. Case closure in the other state has been verified; and
  2. The other state was unable to or did not stop the benefit issuance before the individual arrived in Alaska; and
  3. The applicant states benefits issued from the other state were not used to pay for any medical services provided in the month.

## OOS BENEFITS & APA PROCESSING

- ❖ Caseworker needs to ask about Out of State Benefits for an APA applicant or recipient if:
  - APA applicant is new to Alaska
  - Client has an OOS address listed on SSA interface.
  - Client has a state payment amount listed on SSA interface.
  - OOS benefits information is shown on IEVS interface
- ❖ If out of state benefits are reported or found, caseworker will need to ask the client (either verbally or in writing in a pend notice):
  - ✓ If HH is more than 1 person: Which household members were receiving benefits?
  - ✓ What type of benefit was received? (cash, food, and/or medical)
  - ✓ From what state(s) were the benefits being received?
  - ✓ From what city/county were the benefits being received?
  - ✓ What month did the client last get benefits from the other state?
  - ✓ Is the case in the other state closed or still open?
- CANO this information in the Prior Support section of your CANO.
- Proof of OOS benefit termination is required.
- Acceptable proof can be in the form of either a written or verbal statement from the source of the benefit (either the public assistance office in that state & county or just the Social Security Administration).

## TEMPORARY ABSENCES

### [APA MS 423-2](#)

- ➔ For APA, persons who leave Alaska and will be or have been gone for longer than 30 days are no longer eligible for APA benefits in Alaska (unless the absence meets the Allowable Absence criteria at MS 423-2B).
- ➔ For ADLTC Medicaid, an applicant and/or recipient does not have to be living in Alaska to qualify. Absences of any length of time are allowable as long as the individual is an Alaska Resident and intends to maintain their Alaska Residency.

## PROCESSING TEMPORARY ABSENCES

- ❖ If you are processing an APA case (excluding applications) and discover that your client is out of state, the following information must be gathered by contacting the client or pending if unable to make contact:
  1. Will the client be gone longer than 30 days?
    - a. Yes = Proceed to question 2
    - b. No = No impact on eligibility. CANO information in ADDR and/or HERC section(s).
  2. Is it an allowable absence per [MS 423-2B](#)?
    - a. Yes = CANO info in ADDR and/or HERC section(s).
      - Pending for support documentation may be necessary, see [MS 423-3B](#).
    - b. No = Close APA with Adverse Action
- ❖ If you are processing ADLTC Medicaid (either with or without APA attached) you will need to gather the following information by contacting the client or pending if unable to make contact:
  1. Does the client intend to return to Alaska?
    - a. Yes = Continue to question 2
    - b. No = Close ADLTC case with adverse action
  2. Is the client maintaining their Alaska residency and intend to continue to maintain it?
    - a. Yes = Medicaid benefits continue. CANO information in ADDR and/or HERC section(s).
    - b. No = Close ADLTC case with adverse action

**Note:** Although eligibility for AK Medicaid may continue, AK Medicaid will still only pay providers enrolled in the Alaska Medicaid program.

## STANDALONE CASES

### REFERENCE:

[Administrative Procedures MS 103-3](#)

### KEY POINTS:

- A Standalone case may not be combined with any other program
- Many ADLTC Med types must be on standalone cases
- A single client can have multiple Medicaid cases, although only one will be open in any given month.
- If someone has a standalone Medicaid case, they must be the PI.

## WHAT CASES MUST BE STANDALONE?

The following types of Medicaid MUST be on a standalone case:

- [1619\(b\)](#)
- *Assisted Living*
- *Breast & Cervical Cancer Medicaid*
- [Pickle People](#)
- [QDWI](#)
- [Qualifying Income Trust \(aka Miller's Trust\)](#)
- [SLMB/SLMB+](#)
- [SSI Child](#)
- *TEFRA*
- *Waiver Determination and DE 25*
- [Working Disabled \(DW Med\)](#)

*Italics indicate these case types are handled by the Long-Term Care Unit.*

## HOW DO I KNOW WHICH MEDICAID CASE TO USE FOR MY CLIENT?

- ❖ When APA is attached, it is not a standalone case.
- ❖ When you are denying the APA:
  - If they qualify for RC Med, it can stay on the APA case number
  - If they qualify for a Med type that is standalone, you **must** use a different case number from the APA.
- ❖ If you are opening a standalone ADLTC case:
  - Check **all** past Medicaid case numbers, by scrolling down through the PIs CLPM for all past Medicaid case numbers
  - Check CANOs and notices for what type of Medicaid that case was used for previously.
  - Check the MEIH for what category and subtype of Medicaid was issued previously
  - Do NOT issue a different type of Medicaid than was issued on a previous standalone case number.

## STATE ONLY DISABILITY DETERMINATIONS

Reference [ADMIN PROCEDURES MS 115-9](#) and [APA MS 425-2D](#)Reference [ADMIN PROCEDURES MS 115-9](#)

The Disability Determination Service (DDS) determines a client's disability for both the State of Alaska and Social Security. When a client is not eligible for Social Security benefits but needs a disability determination to get benefits, we collect paperwork and refer them to the DDS.

### WHO GETS REFERRED TO DDS?

Blind or Disabled Alaskans who are not vested in RSDI and not eligible for SSI for reasons other than disability.

For example:

- A disabled homemaker whose spouse makes too much for her to qualify for SSI. A DDS determination could allow her access to Working Disabled Medicaid.
- A blind Lawful Permanent Resident who meets alien requirements for APA but not the stricter ones for SSI.
- A VA disabled recipient who is over the SSI income limit but isn't vested in SSA.
- Also, TEFRA and Waiver clients, but these are handled by LTC.

**Note:** This is **not** for aged clients.

**Bigger Note:** Before referring someone to DDS, you as the ET must make the Substantial Gainful Activity (SGA) determination for disabled (not blind or aged) APA applicants. applicants. If someone fits the APA blindness criteria, SGA doesn't matter for their APA eligibility. The APA program only looks at SGA for disability decisions, not for blindness. See [APA MS 425-2D](#) and [APA MS 425-1.2](#).

[CLICK HERE FOR MORE INFORMATION REGARDING SUBSTANTIAL GAINFUL ACTIVITY \(SGA\) IN THIS GUIDE](#)

**One More Note:** A disability decision from SSA always trumps one from DDS. For example, if DDS determined someone disabled and SSA later determines that they are not, APA eligibility will end for no disability.

---

THE DDS REFERRAL PROCESS IS FOUND IN [MS 115-9](#) :

1. Pend for the required forms to be completed by the client (APA4 and 6 copies of the MED2).
2. Once they are received, ET completes the agency portion of the APA4 (little box in the top right corner).
3. ET completes the GEN141 and attaches it to the client's form along with any other information the client has provided to support their disability (medical records, etc.). This is the DDS referral packet.
4. ET sends the referral packet to DDS by certified mail. (Address found at 115-9A4). *Let your client know DDS has 90 days to make a determination. This won't be quick.*
5. Your office will maintain a log of all DDS requests sent to include the certified mail tracking number. Make sure this info makes it into that log. Your supervisor or your office's workload supervisor will know where this log is kept.
6. DDS will make a decision and send it back to your office via certified mail.
7. Your office will log the DDS decision and forward it to an ET via current.

---

## WHEN YOU PULL A CASE INVOLVING A DDS REFERRAL:

You will be in one of 3 places in the DDS Referral Process listed above:

- Initial application (step 1):
  - Are they subject to SGA guidelines? *Disabled, not blind or aged.*
  - If so, do they meet them? EAIN vs Addendum 1
  - If so, pend for the forms and anything else needed to determine eligibility.
- Received verification (step 2-5). You've gotten the forms AND we have everything else we need to determine their eligibility. (Double check: do they meet SGA?) Assemble the packet and send it off. If we don't have all the forms AND everything else, deny for failure to provide.
- DDS Determination (step 7). Process the application using this last piece.
  - Yes, they are disabled: open the case. Be sure to set an alert for their next **diary date!**
  - No, they aren't disabled: deny the application.

# SUBSTANTIAL GAINFUL ACTIVITY (SGA)

[APA MS 425-2D](#)

[ADLTC MS 534-D](#)

[APA ADDENDUM 1](#)

## KEY POINTS:

- DPA only determines if a client has SGA for state-only disability determinations (see section in this guide for [DDS referrals](#)).
- Substantial Gainful Activity is the income standard that is used to define a person's disability.
- The ET determines SGA and then sends the referral to DDS for an actual disability determination.
- The Social Security Administration is responsible for all other SGA decisions.

## HOW TO DETERMINE SUBSTANTIAL GAINFUL ACTIVITY (SGA)

1. Check the amount of a disabled applicant's average monthly *earnings* (not unearned income),
2. Subtract any IRWEs or subsidized earnings (if any), and;
3. Compare it to this year's SGA amount listed in [APA Addendum 1](#).
  - If they are under that amount, their disability meets the SGA standard, and they can be referred to DDS.
  - If they are over, they do not meet disability criteria. Deny the application.



**SCENARIO #1:** Joe is disabled and applies for APA. During the interview you find that you will need to refer him to DDS. He works part time from home editing news articles for a local magazine for his town and makes \$1,200 per month. Is this Substantial Gainful Activity? When compared to the 2025 income limit in Addendum #1, the answer is no. Assemble his packet and refer him to DDS.



**SCENARIO #2:** Jackie is disabled and applies for APA and will need to be referred to DDS. Jackie is an online influencer who averages \$2,000 per month posting cute videos of her pet hedgehog. Is this Substantial Gainful Activity? When compared to the 2025 income limit in Addendum #1, the answer is yes. Since Jackie is capable of Substantial Gainful Activity, she does not meet the disability guidelines for APA. Deny her application.

## SSI REFERRALS

Pursuing SSI is a development of income piece for APA cash only. No other program, including APA related Medicaid, requires pursuit of SSI. This is because SSI is a needs-based program from the Social Security Administration and benefits are subject to income limits, resource limits, and non-financial eligibility criteria (such as citizenship). APA cash eligibility runs concurrent with SSI eligibility, with a few small exceptions.

*To determine if an SSI referral is appropriate, four flow charts have been included to help gauge if a client is potentially eligible for SSI. These charts are intended to be used concurrently with the APA manual and the manual section numbers have been provided.*

### FLOW CHART 1: SHOULD THE CLIENT BE REFERRED TO SSI?

The client is applying and appears eligible for **APA**. This chart is used to see if they might appear eligible for **SSI** and if they should be referred. *Only offer IA if the client appears eligible for SSI.*

### FLOW CHART 2: SHOULD THE ELIGIBLE ALIEN BE REFERRED TO SSI?

Only use this chart if the Alien appears eligible for **APA**. Since eligibility criteria are different, **APA** eligibility should be determined first (including income and resources), then determine if the eligible alien should be referred to **SSI** using this flow chart.

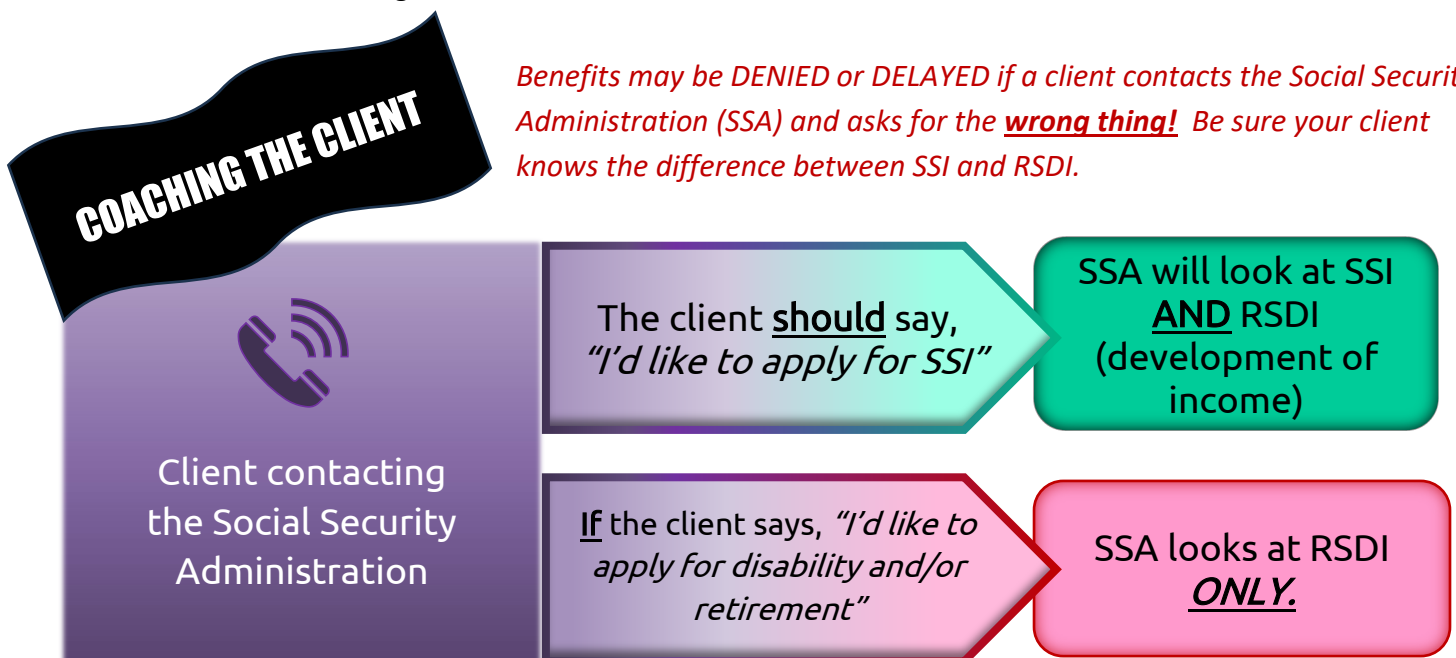
### FLOW CHART 3A: IS THE SPOUSE AN INELIGIBLE SPOUSE?

Prior to counting a spouse's income, first determine if they are an ineligible spouse. An eligible spouse not only has to be old age or disabled, but must have completed all the requirements for completing the application process for APA.

### FLOW CHART 3B: DOES THE COUPLE GET REFERRED TO SSI?

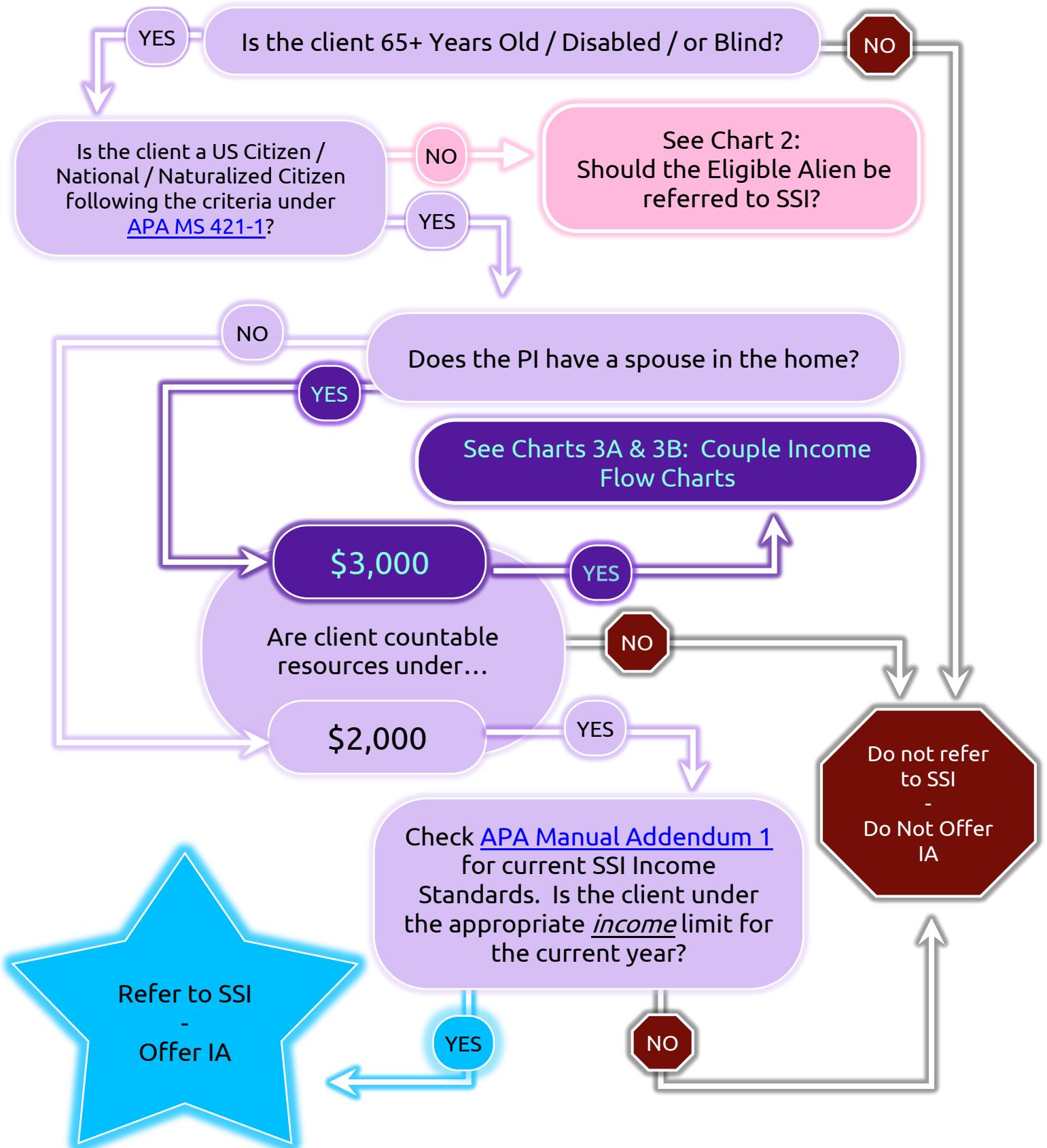
The SSA uses a standard amount that changes each year for many of their determinations. This amount is the difference between the SSI standard for a couple in an 'A' living arrangement and the SSI standard for a single person in an 'A' living arrangement.

*Benefits may be DENIED or DELAYED if a client contacts the Social Security Administration (SSA) and asks for the wrong thing! Be sure your client knows the difference between SSI and RSDI.*



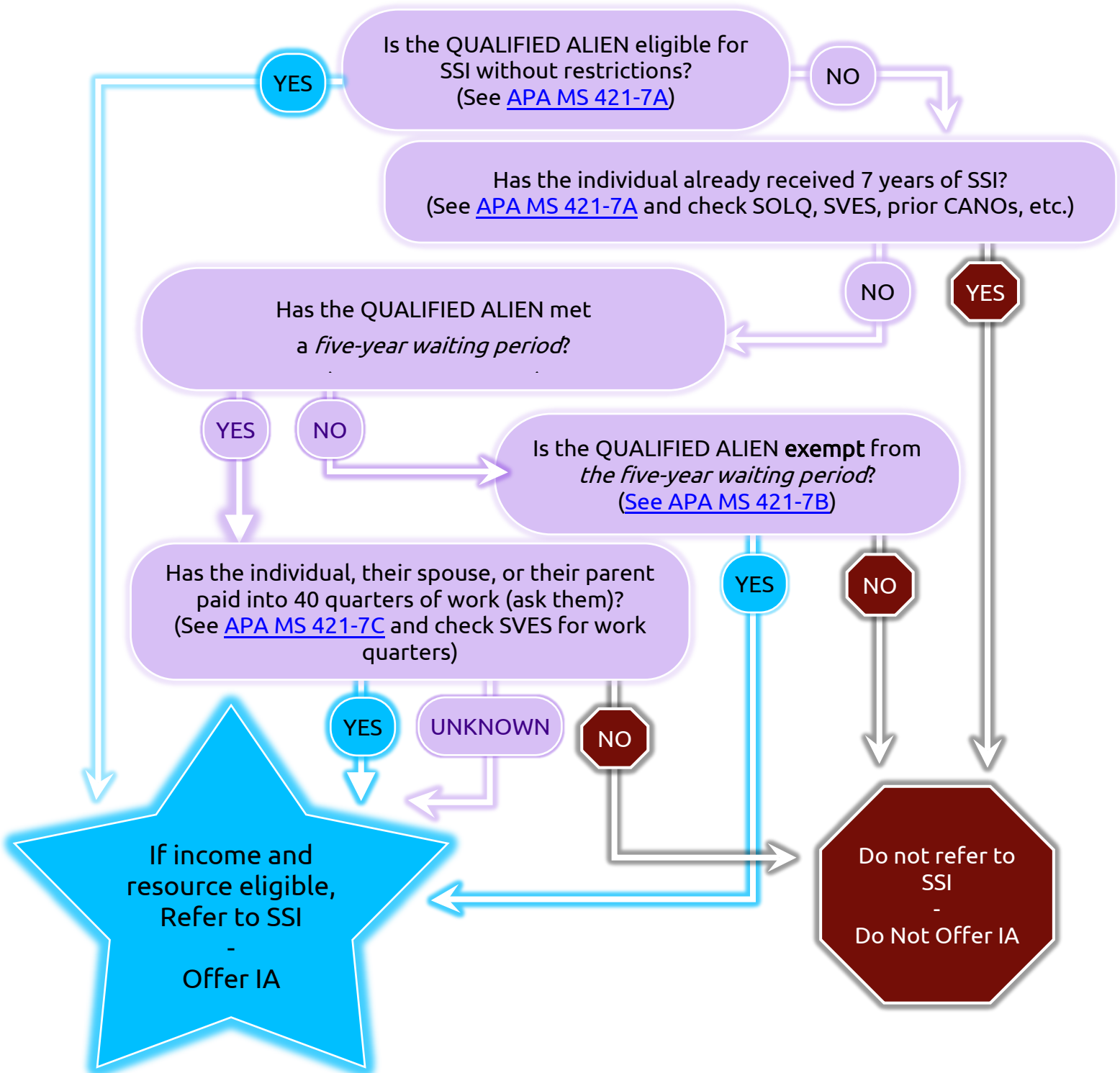
## FLOW CHART 1: SHOULD THE CLIENT BE REFERRED TO SSI?

The client is applying and appears eligible for APA. Use this chart to see if they might appear eligible for SSI and if they should be referred. *Only offer IA if the client appears eligible for SSI.*



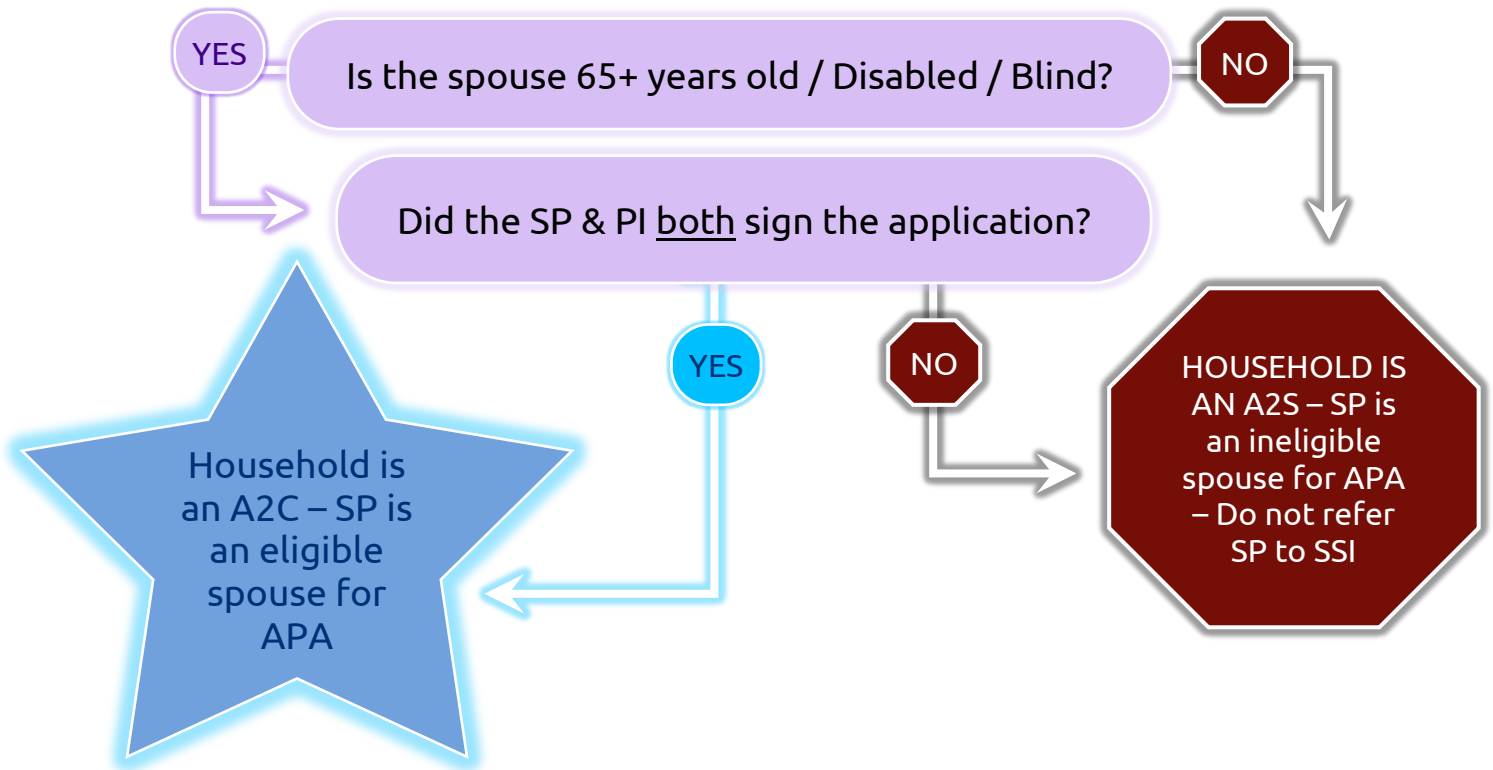
## FLOW CHART 2: SHOULD THE ELIGIBLE ALIEN BE REFERRED TO SSI?

Only use this chart if the Alien appears eligible for **APA**. Since eligibility criteria are different, **APA** eligibility should be determined first (including income and resources), *then determine if the eligible alien should be referred to SSI using this flow chart.*



### FLOW CHART 3A: IS THE SPOUSE AN INELIGIBLE SPOUSE?

Prior to counting a spouse's income, first determine if they are an ineligible spouse. *An eligible spouse not only has to be old age or disabled but must have completed all the requirements for completing the application process for APA.*

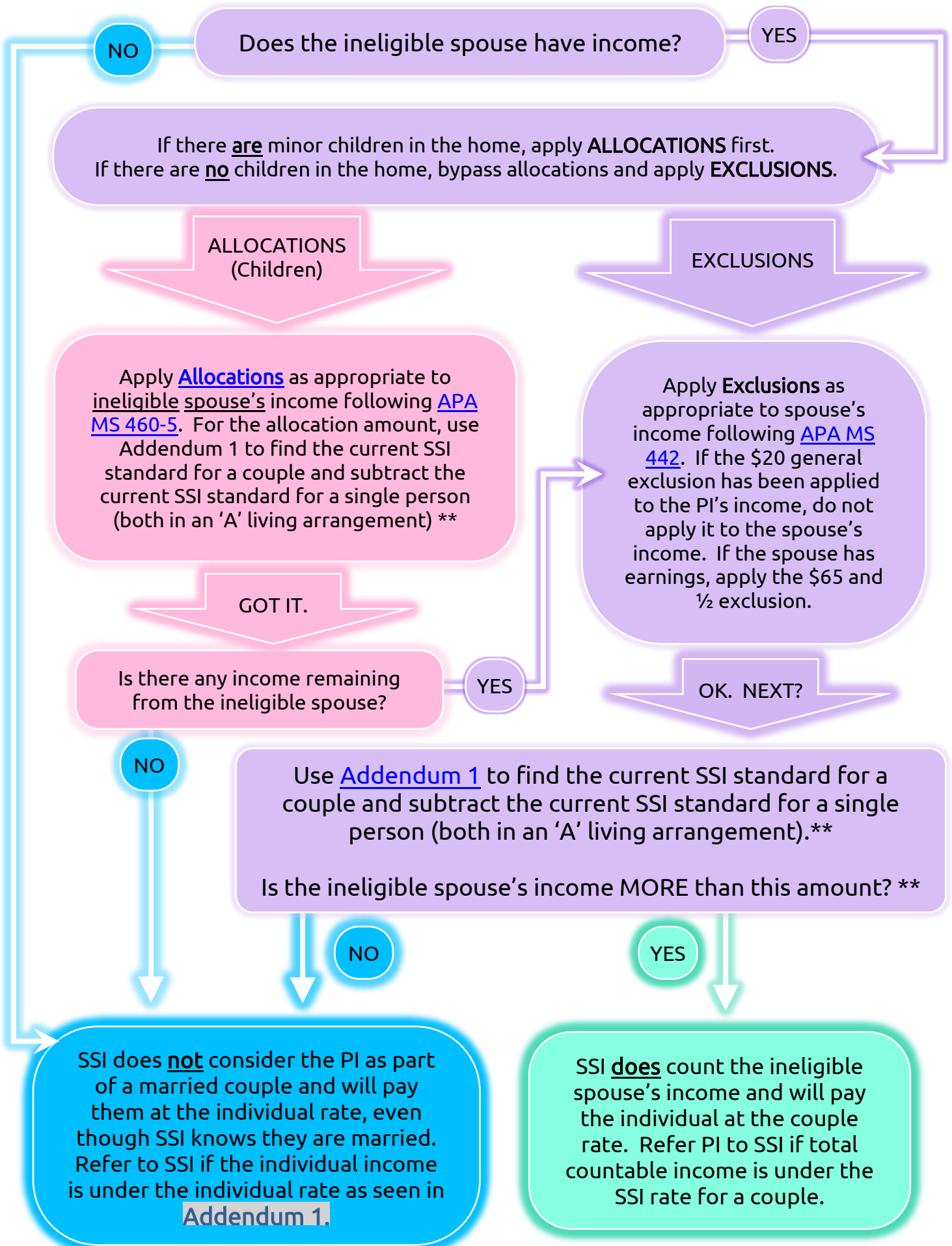


### FLOW CHART 3B: DOES THE COUPLE GET REFERRED TO SSI?

The SSA uses a standard amount that changes each year for many of their determinations. This amount is the difference between the SSI standard for a couple in an 'A' living arrangement and the SSI standard for a single person in an 'A' living arrangement.

**\*\* In 2025, this amount is as follows:**

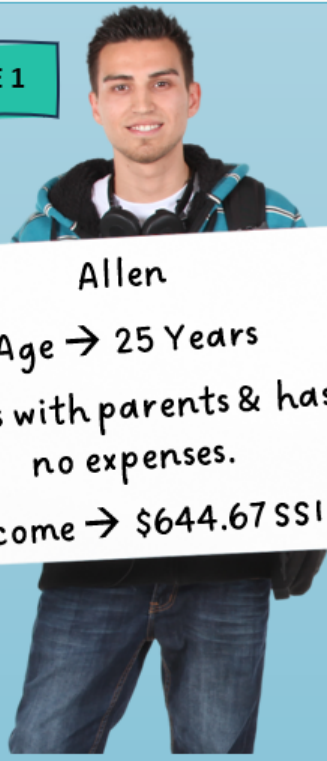
*\$1450 2025 SSI couple ('A' living arrangement)  
- \$967 2025 SSI Single ('A' living arrangement)  
= \$483 Difference between SSI Couple and Single for 2025*



## EXAMPLES OF WHEN TO PEND FOR SSI PURSUIT

FOR THE EXAMPLES BELOW, WE WILL BE USING **2025 SSI ELIGIBILITY/PAYMENT STANDARDS** FOUND IN APA [ADDENDUM 1](#).

**EXAMPLE 1**




Allen  
Age → 25 Years  
Lives with parents & has no expenses.  
Income → \$644.67 SSI

You check INME 14 (SOLQ)  
Allen is listed as a 'B' Living Arrangement

2025 SSI Income Standard for a 'B' Living Arrangement per [Addendum 1](#). = \$644.67

Allen is receiving the maximum SSI benefit for a 'B' living arrangement, which was determined by Social Security due living in another household. **He does not need to pursue any additional SSI benefits.**

**EXAMPLE 2**



**APA APPLICANT**

Age: 36

Monthly Income:  
VA Disability → \$530  
SS DS → \$450

Total Monthly Income:  
 $\$530 + \$450 = \$980$  per month

2025 SSI Income Standard:  
\$967 per APA [Addendum 1](#).

**\$980 is greater than \$967.**

At first glance it appears the applicant wouldn't need to pursue SSI.

**DON'T FORGET...** \$20 General Income Exclusion

After applying the \$20 General Income Exclusion per [APA MS 442-1B](#), their updated countable income is \$960 ( $\$980 - \$20$ ).

\$960 brings the APA applicant under the SSI Income Standard of \$967 by \$7.00 and **must pursue** that benefit.

### EXAMPLE 3



- Client: → Ms. Aye B. Cee
- Age: → 67
- Marital Status: → Widow
- Income: → \$970 SS WI

SS WI	→	\$970
Income Exclusion	-	\$20
Adjusted Income	=	\$950

2025 SSI Income Standard	\$967
Adjusted Income	\$950

Ms. Cee's adjusted income is less than the 2025 SSI Income Standard and **must pursue** SSI for \$17.00 (\$967 - \$950).

### EXAMPLE 4



SS DI	\$990
Income Exclusion	- \$20
Adjusted Income	= \$970

2025 SSI Income Standard →	\$967
Adjusted Income →	\$970

Client's adjusted income is more than the 2025 SSI Income Standard and **does not** need to pursue SSI.

# SSI VS. RSDI

## RSDI "SSA" (WAGE BASED)

## SSI (NEEDS BASED)

**SOCIAL SECURITY  
RETIREMENT SURVIVORS' DISABILITY INSURANCE**

**SSI  
SUPPLEMENTAL SECURITY INCOME**

**FOR: EARLY RETIREMENT FROM AGE 62, RETIREMENT, SURVIVORS, WIDOW, STUDENT/SURVIVOR, CHILD OF DISABLED PERSON, DISABLED**

**FOR: AGE 65 OR OLDER, DISABLED OR BLIND**

- ❖ MUST HAVE "PAID IN" TO SYSTEM TO BE ELIGIBLE FOR BENEFITS
- ❖ WAGE BASED PROGRAM
- ❖ NO INCOME OR RESOURCE TESTS

- ❖ ELIGIBILITY FOR BENEFITS IS NEEDS BASED
- ❖ STRICT INCOME AND RESOURCE LIMITS

- ❖ PAID **NEXT** MONTH
- ❖ EX: SOLQ SSI1 SCREEN PAYMENT HISTORY SHOWS DATE DEC 2022,
- ❖ PAYMENT RECEIVED IN JANUARY 2023. **SS(A) "AFTER THE MONTH"**

- ❖ PAID **THIS** MONTH
- EX: SOLQ SSI1 SCREEN PAYMENT HISTORY SHOWS DATE FEB 2023, PAYMENT RECEIVED IN FEB 2023.
- SS(I) "IN THE MONTH"**

SSA PAYMENTS (GROSS)					
DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
122022	1115.00	122021	1026.00	122020	968.50

SS(I) PAYMENT HISTORY					
DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
0201023	914.00				

**SSI RECIPIENT ABOVE RECEIVED THEIR BENEFITS  
FEBRUARY 2023**

**SSA RECIPIENT ABOVE RECEIVED THEIR BENEFITS  
JANUARY 2023**

- ❖ BENEFITS INCREASE YEARLY BASED ON COLA
- ❖ ELIGIBLE FOR MEDICARE AT AGE 65, OR AFTER 24 MONTH WAITING PERIOD FOR THOSE UNDER THE AGE OF 65 RECEIVING SOCIAL SECURITY DISABILITY

- ❖ BENEFITS INCREASE YEARLY BASED ON COLA
- ❖ NO MEDICARE ELIGIBILITY
- ❖ ALIENS:
  - ❖ MUST BE QUALIFIED
  - ❖ MAY HAVE TO SERVE 5 YEAR WAITING PERIOD
  - ❖ MAY ONLY BE ABLE TO RECEIVE SSI FOR MAXIMUM OF 7 YEARS

**NOTE: SOME CLIENTS ARE ELIGIBLE FOR BOTH RSDI (SSA) AND SSI**

**EXAMPLE:**

Mr. Applicant recently lost his job. He was 72 years old, so he applied for and was awarded Social Security Retirement of \$77 per month. Because he didn't specifically state "SSI", they awarded him the maximum they could based on what he had paid into Social Security. However, since he is potentially eligible for SSI (meets age, income, and resource limits), when he applies for APA, he is pended to be in pay status with SSI within 30 days.

# TRUSTS

## REFERENCE LINKS:

General Medicaid Trust Policy [ADLTC MS 525](#)

Qualify Income Trusts (QITs) also known as Millers Trusts [ADLTC MS 526](#)

Special Needs or Pooled Trusts [ADLTC MS 527](#)

Processing Cases with Trusts [ADLTC MS 528](#)

❖ HELPFUL DEFINITIONS: [ADLTC MS 525A](#)

## WHAT DO I DO WHEN I PULL A CASE WITH A TRUST?

### Handling Cases with Trusts

When you encounter a case involving a trust, you can refer to [ADLTC MS 528](#), which provides comprehensive step-by-step instructions for both applications and reviews. This manual section includes detailed guidance on:

- |  |  |
|--|--|
| • Applications & Renewals                    | • CANOs                                |
| • Notices                                    | • Necessary pending actions            |
| • Procedures for closing a case with a trust | • Steps to follow when a trust changes |
| • Renewals                                   | • And more!                            |

## WHEN TO THINK ABOUT TRUSTS

### ADLTC Medicaid

#### 1. Excess Income or Resources:

- When closing or denying ADLTC Medicaid for excess income or resources that are not expected to change.

#### 2. When a Trust is Mentioned:

- When the client or their authorized representative mentions a trust.

#### 3. Great Medical Need:

- When medical needs are especially great, such as:
  - High medical costs.
  - Condition not expected to improve even with medical care.

### MAGI Medicaid and Trusts

#### 1. Can Trusts Be Used for MAGI Medicaid?

- Yes, it's rare but possible.

#### 2. Why Is It Rare?

- Trusts permanently lower income/resources to make someone eligible for Medicaid.
- Takes control of finances out of their hands and puts it into a trustee's hands.
- Generally considered when health is seriously endangered and/or not expected to improve.

## TRUST NOTICES AND FORMS

- ❖ If denying their Medicaid case for income or resources, send the **M002** (*Medicaid Qualifying Trust Referral*) in EIS along with appropriate denial/closure notice.



[Click Here](#) to go to the Notices section of this document.

- ❖ The **M002** informs the applicant that Medicaid coverage may be available through the use of a **Qualifying Trust** and refers the denied applicant to contact Alaska Legal Services or the Alaska Bar Association if they wish to investigate the use of a trust.

### ❖ What other informational forms are available?

#### [MED 21](#)

**Trustee Information.**



Informs clients and their families of what the trustee is responsible for.

#### [MED 22](#)

**Special Needs and Pooled Trusts.**



Informs clients and their families of what this type of trust is for and what they'll need to do to establish one.

#### [MED 23](#)

**Qualifying Income Trusts (aka Millers Trust).** →

Informs clients and their families of what this type of trust is for and what they'll need to do to establish one.

Send these documents to anyone who might want or need a trust, or just have general questions.

## WHAT CAN TRUST MONEY BE SPENT ON?



In a nutshell, trust money can be spent on anything except for shelter costs, like rent, mortgage, utilities, and property taxes. [ADLTC MS 526D](#)

Money that **does NOT** go into the trust can be spent on whatever the recipient chooses.

### \$ MONEY IN THE TRUST \$

#### ✓ CAN BE SPENT ON

Anything that benefits the beneficiary, except shelter costs, is allowed as long as the money doesn't go directly to them, such as:

Streaming services	Furniture
Car Payments	Personal Electronics
Maintenance	Wheelchairs
Insurance	Musical Instruments
Plane Tickets	School Tuition
Clothing	Etc.

#### ✗ CAN'T BE SPENT ON

Shelter Expenses of ANY form such as:

Rent	
Gas (for heating, cooking, home use)	
Room Rent	Electricity
Mortgage Payments	Water
Real Property Taxes	Garbage
Heating Fuel	Etc.

- ❖ If spending money from the Trust, it:
  - Must be spent for the benefit of the beneficiary.
  - Can only be spent by the trustee. It cannot pass through the beneficiary's hands, or it becomes countable income to them. This includes:
    - ✓ Money transferred to an account the beneficiary has access to.
    - ✓ Any money given to the beneficiary, to include checks & cash gift cards.

# WORKING DISABLED MEDICAID

[ADLTC MS 534](#)

[ADDENDUM 8](#)

[EIS Procedures MS 1999-6](#)

**1619B Eligibility? Check the 1619B list first.** If a person is on the 1619B list, they are eligible for regular Medicaid and should not be classified as Working Disabled Medicaid. See [1619B](#) clients in this guide for further information on 1619 clients.

## Things to consider BEFORE you process WDM (Working Disabled Med)

- ❖ Explore all other potential categories of Medicaid for the individual **prior** to looking at Working Disabled Medicaid as the client usually pays for the Working Disabled Medicaid benefits.
- ❖ Prior to denying other ADLTC forms of Medicaid, were all [allocations](#) and [exclusions](#) allowed from the PI or SP's income per policy?
- ❖ WDM is **not** QDWI, which is a Medicare Savings Program, not Medicaid. For QDWI instructions, please refer to the [Medicare Savings Program](#) section of this guide.
- ❖ For old age clients (65 yrs and older), check to see if they have a current disability determination and what their [diary date](#) is. If there is no disability determination but the client states they are disabled, pursue a State Only Disability Determination.
- ❖ Prior to restarting WDM, check for unpaid premiums by reviewing CANOs and Notices. See [ADDENDUM 8](#) for more information on WDM processes.



## INCOME TESTS



### Individual Test Unearned Income Test

If the case does not pass counting only UNIN, then there is no eligibility. Best practice is to start here.

Count **ONLY** Unearned income of the PI and deemed income of an ineligible SP.

(If the PI is under 18, count the unearned income of their parent(s) in the home.)



Allow unearned income [exclusions](#) as normal.

Use the [MED 6](#) (link/image to the right) to assist with calculating unearned income. You'll find this form under 'e-forms' on the DPA Web.

If they are not under the **Refused Cash** Income Limit found in [Addendum 1](#) of the ADLTC manual then there is no eligibility for WDM.

State of Alaska  
Department of Health  
Division of Public Assistance

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

**Working Disabled Deeming Worksheet**

Refer to APA Manual Sections 442-3 and 460-6 for policy on allowable unearned income exclusions.

**Ineligible Spouse's Unearned Income**

Source: _____	\$ _____
Source: _____	+ _____
Source: _____	+ _____
Source: _____	+ _____

**Total Unearned Income** \_\_\_\_\_

**Allocations**

**Subtract Allocation for Ineligible Children \***

	Child 1	Child 2	Child 3
Allocation \$	\$ _____	\$ _____	\$ _____
- Child's Income	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

	Child 4	Child 5	Child 6
Allocation \$	\$ _____	\$ _____	\$ _____
- Child's Income	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

**Total Allocations** \_\_\_\_\_

**Subtract Support Payments (APA MS 460-6A.2)** \_\_\_\_\_

**Countable Deemed Unearned Income** \$ \_\_\_\_\_

\* The allocation amount for each ineligible child is the difference between the SSI payment amount for an eligible couple and the SSI payment amount for an individual. Example using year 2006 standards: \$904 (couple) - \$603 (individual) = \$301 ineligible child's allocation for 2006.

MED 6 (06-7051) rev 07/22



## Family Income Test

- **NO ALLOCATIONS ALLOWED.** Since the children are considered in the household size and increase the income limit, the ineligible spouse's income is not deemed.
- Count UNIN and EAIN (including SEEI) of all household members.
- Allow all [exclusions](#) as normal per [APA MS 442](#), to include IRWEs (disabled) and WEBs (blind) if appropriate.

Use the MED 7 (link/image to the right) to assist with calculating TOTAL income. You'll find this form under 'e-forms' on the DPA Web.

If they are not under the **Working Disabled** Income Limit for their household size, found in [Addendum 1](#) of the ADLTC manual, then there is no eligibility for WDM.

State of Alaska  
Department of Health

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

### Working Disabled Medicaid Worksheet

#### Step 1: Family Net Income Test

Include earned and unearned income of all family members (except the parents' income if the individual is age 18 or older).

Unearned Income	\$ _____
\$20 General Income Exclusion (the first \$20 of any non-needs-based unearned income)	- _____
<b>Net Unearned Income</b>	= _____
Adjusted Gross Earned Income	\$ _____
\$65 Work Incentive	- _____
Impairment Related Work Expenses (IRWE)	- _____
\$20 General Income Exclusion (any amount up to \$20 that was not excluded from unearned income)	- _____
<b>Subtotal</b>	= _____
1/2 Work Deduction (Divide Subtotal amount by 2)	- _____
Work Expenses for the Blind	- _____
<b>Net Earned Income</b>	= _____
<b>Net Unearned Income</b>	+ _____
<b>Net Family Income</b>	= \$ _____

Household Size \_\_\_\_\_ 250% FPG for HH Size \$ \_\_\_\_\_  
*The Net Family Income must be less than the 250% FPG. If they pass, proceed to Step 2.*

#### Step 2: Individual's Unearned Income Test

Only count the unearned income of the individual, unless spousal deeming applies. If the individual is under age 18, count the unearned income of the parents.

Individual's Unearned Income	\$ _____
Spouse's Deemed Unearned Income (Countable Deemed Unearned Income from Med 6)	+ _____
\$20 General Income Exclusion (the first \$20 of any non-needs-based unearned income)	- _____
<b>Total Countable Unearned Income</b>	= \$ _____

Household Type (A1E, B1E, A2S, B2S, etc.) \_\_\_\_\_ APA Need Standard \$ \_\_\_\_\_  
*The Total Countable Unearned Income must be equal to or less than the APA Need Std.*

Countable Resources: \$ \_\_\_\_\_ (Resources cannot exceed \$10,000 for individual and \$15,000 for a couple)

MED 7 (06-7041) rev 07/22

## CHANGES REPORTED

### Was a Report of Change (ROC) received?

- Income Decrease: Check if they can switch back to Refuse Cash Medicaid, which will have a different case number. If not Refused Cash, are they eligible for Medicaid in any other category?
- Income Increase: Verify if they're still eligible for DW Med. If income exceeds limits, close the case. Send the M070 NOHS.
- Changing a Medicaid to WDM mid cert period? Send the M704 NOHS.
- If a WDM is going to close for premiums not paid, send the M413 NOHS.
- When premiums change, adverse action is given by DHCS. DPA will give adverse action when a WDM case closes.

## EMAILING DHCS

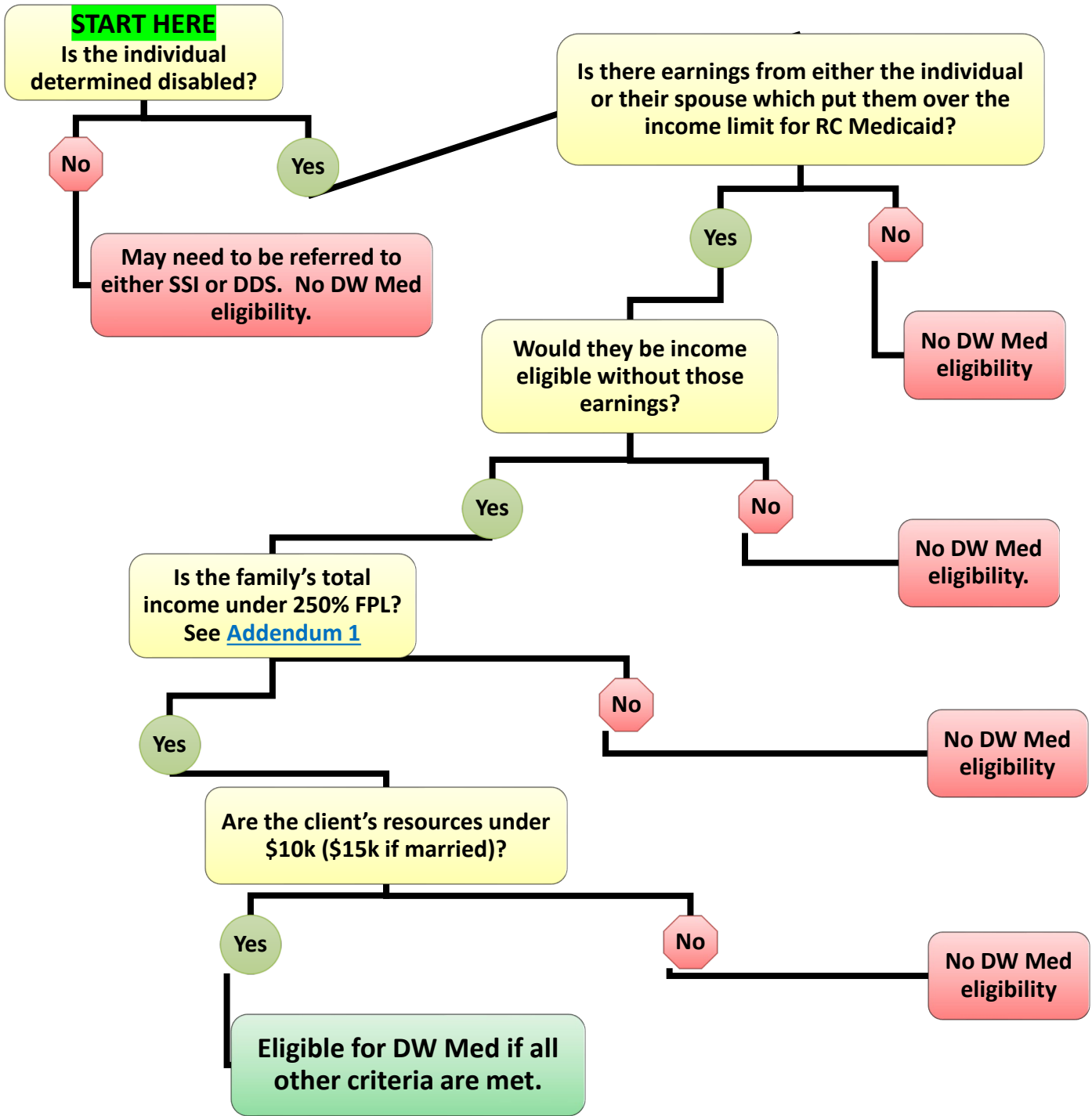
Case workers **must** email DHCS at [dmatpl@alaska.gov](mailto:dmatpl@alaska.gov) to report:

- Any new Working Disabled case name and number.
- All address and phone changes as reported by



# DETERMINING WDM ELIGIBILITY FLOW CHART

Start by following the flowchart below:



If the answer to all the above questions is yes, open DW Med on a standalone case number using the process below:

# WODM SCREEN

**REGISTRATION**  
A stand-alone case number and include all household members

**EXCLUSIONS**  
EIS will automatically calculate the income exclusions; However, the \$20 will need to be manually added, if receiving SSA.

**FAMILY INCOME LIMIT**  
Based on number of people in the home, including minor children.

WODM		WORKING DISABLED MEDICAID AUTHORIZATION	
CASE NAME: LAST NAME, FIRST NAME		CASE NUMBER: 00000000 MONTH: MMY	
----- FAMILY -----		----- INDIVIDUAL -----	
HOUSEHOLD SIZE	: 01	HOUSEHOLD TYPE	: A1E
UNEARNED INCOME	: 1157.70	UNEARNED INCOME	: 1157.70
\$20 GEN INC EXCLUSION	: 20.00	SP'S DEEMED UNEARNED INC	: 0.00
NET UNEARNED INCOME	: 1137.70 <--	\$20 GEN INC EXCLUSION	: 0.00
ADJ GROSS EARNED INCOME	: 1410.82	TOTAL UNEARNED INCOME	: 1157.70
\$65 WORK INCENT	: 65.00	APA NEED STANDARD	: 1751.00
IRWE	: 0.00		
SUB TOTAL	: 1345.82		
1/2 WORK DEDUCTION	: 672.91		
AB WORK DEDUCTIONS	: 0.00		
NET EARNED INCOME	: 672.91 <--		
NET FAMILY INCOME	: 1811.00 <--		
250% POVERTY STANDARD	: 3919.00 <--		
PENDE?	:	INFORMATION ONLY	
AUTHORIZATION	: XXXX	COUNTABLE RESOURCES	: 0.00
DENIAL/CLOSURE REASON	:	DELAY REASON CODE	:
BENEFIT ISSUANCE	: X		
REVIEW DUE DATE	: MMY		
		NEXT-->	_____

**DEEMED UNEARNED INCOME**  
If Spouse's income is deemed, adjust this amount to the total income, before the \$20

**ADULT INCOME LIMIT**  
Based on number of adults in the home, typically PI and SP. Household MUST pass this limit to be eligible.

**RESOURCES**  
Informational only; However, if household is over the resource limit enter 'RE' code in the Denial/Closure Reason.

## 1. Registration:

- Review all existing Medicaid case numbers for the client before registering the case.
- Include all PI (Primary Individual), SP (Spouse), and any children on the case.
- Only the PI will be coded "IN" on the SEPA.

## 2. WODM Entry:

- Enter income data on the WODM, where you will also authorize the benefit.
  - **Family Column:**
    1. Household size (PI, SP, children)
    2. Total unearned income (PI, SP, children)
    3. \$20 general income exclusion
    4. Total gross earnings (PI and/or SP)
  - **Individual Column:**
    1. Household type (e.g., A1E, A2S, A2C)
    2. PI's unearned income
    3. SP's deemed unearned income (use Med6 if needed)
    4. \$20 general income exclusion
- Press Enter to determine eligibility. The Family column will automatically populate with the 250% FPL standard, and the Individual column will show the RC Med standard (labeled as APA NEED STANDARD).
- If eligible, certify for 12 months and authorize benefits.

**MERE CODING**  
Use code DW 20 or DW 11 if the client is pregnant.  
Do NOT use the QD coding on the MERE.

## 3. Finalization:

- Initialize and authorize through the current system month.
- Document in CANO and send the appropriate notice:
  - M115 for an application
  - M806 for a renewal

DPA determines eligibility – do they or don't they get the benefit. DHCS will calculate the premium amount.

# ADDENDUMS - JOB AIDS

## COMMON MANUAL CITES AND ADDENDUMS WITH LINKS

PROGRAM	MANUAL SECTIONS	MANUAL SECTIONS	ADDENDUMS
<b>ADMIN MANUAL</b>	<p><a href="#">121-14</a> – Stop payment and forgery procedures</p> <p><a href="#">121-15</a> – Returned warrants/checks</p> <p><a href="#">101-4</a> – Receipt of an Identifiable Application</p>	<p><a href="#">108</a> – Notices</p> <p><a href="#">112-4</a> – Referral of Suspected Fraud Cases</p> <p><a href="#">122</a> – Electronic Benefit Transfer (EBT) information</p>	<p><a href="#">109-F</a> – DPA Acronyms</p> <p><a href="#">118-B</a> – Returned mail guide</p>
<b>APA</b>	<p><a href="#">423</a> – Residency</p> <p><a href="#">430-2</a> – Resource Limits</p> <p><a href="#">432</a> – Resource Exclusions</p> <p><a href="#">442</a> – Income Exclusions</p> <p><a href="#">426</a> – Interim Assistance</p> <p><a href="#">410-3</a> – Interview Requirements</p> <p><a href="#">450</a> – Living Arrangements (A, B or D)</p> <p><a href="#">420-1</a> – Development of Income</p>	<p><a href="#">424-1</a> – Qualifying Age</p> <p><a href="#">425-1</a> – Blindness/Disability Requirement</p> <p><a href="#">452-1</a> – Payment Calculations</p> <p><a href="#">452-8</a> – Couples Cases in EIS</p> <p><a href="#">452-9</a> – Refuse Cash Cases</p> <p><a href="#">482</a> - Claims</p> <p><a href="#">452-10</a> – ATAP and APA</p>	<p><a href="#">Addendum 1</a> – Program Standards</p> <p><a href="#">Addendum 2</a> – Leave and Earnings Statement</p> <p><a href="#">Addendum 3</a> – Countable &amp; Excluded Income</p>
<b>ADLTC</b>	<p><a href="#">520</a> – Eligibility Requirements that Follow APA Policy</p> <p><a href="#">523</a> – Medicaid Exceptions to APA Income Policy</p> <p><a href="#">506</a> – Medicare</p> <p><a href="#">513</a> – Residency</p> <p><a href="#">514</a> – Residents of Institutions</p> <p><a href="#">516</a> – Retroactive Medicaid</p> <p><a href="#">526</a> – Qualifying Income Trusts</p> <p><a href="#">527</a> – Special Needs and Pooled Trusts</p>	<p><a href="#">528</a> – Processing Cases with Trusts</p> <p><a href="#">534</a> – Working Disabled Medicaid Buy-In</p> <p><a href="#">580</a> – Medicare Savings Program</p> <p><a href="#">520 D</a> – Development of Income</p> <p><a href="#">520 J</a> – AGE</p> <p><a href="#">525</a> – General Medicaid Trusts</p>	<p><a href="#">Addendum 1</a> – Program Standards</p> <p><a href="#">Addendum 3</a> – Countable &amp; Excluded Income</p>
<b>MAGI</b>	<p><a href="#">816</a> – MAGI Medicaid Categories</p> <p><a href="#">822</a> – Resources</p> <p><a href="#">813</a> – Development of Income</p> <p><a href="#">831</a> – Emergency Treatment for Aliens</p> <p><a href="#">809</a> – Residency Requirements</p>	<p><a href="#">817</a> – Household</p> <p><a href="#">827</a> – Retroactive Medicaid</p> <p><a href="#">808</a> – Citizenship</p> <p><a href="#">812</a> – Cooperation with Child Support</p> <p><a href="#">828</a> – Transitional Medicaid</p>	<p><a href="#">Addendum 1</a> – MAGI Income Standards</p> <p><a href="#">Addendum 2</a> – MAGI Medicaid Subtypes</p> <p><a href="#">Addendum 3</a> – Countable &amp; Excluded Income</p> <p><a href="#">Addendum 4</a> – MAGI Income deductions</p>

			<a href="#">Addendum 5</a> – Leave and Earnings Statement
<b>SENIOR BENEFITS</b>	<a href="#">320</a> – Eligibility Factors <a href="#">321</a> – Age <a href="#">330-1</a> – Income Limits & Payment Levels <a href="#">330-2</a> – Countable Income <a href="#">330-3</a> – Exempt Income	<a href="#">363</a> – Claims <a href="#">322</a> – Residency <a href="#">350</a> – Institutional Residency <a href="#">363</a> – Claims (Over/Underpayments)	<a href="#">Addendum 1</a> – EIS Notices <a href="#">Addendum 2</a> – Countable & Excluded Income

CONTACT NUMBERS FOR COMMON VERIFICATIONS

INCOME

<b>Social Security Administration</b> (Disability, Retirement, Survivors, SSI, Widows and Early Retirement status; benefit amounts; garnishment info; Medicare Benefit info, etc.)	<b>Anchorage</b> 866-772-3081 <b>Fairbanks</b> 800-478-0391 <b>Juneau</b> 800-478-7124 <b>Nationwide</b> 800-772-1213
<b>VA Hotline</b>	800-827-1000
<b>Retirement &amp; Benefits (State of AK)</b>	907-465-4460
<b>Alaska Laborers Retirement Fund</b>	907-561-5119
<b>Alaska Electrical Pension</b>	907-276-1246
<b>AK Hotel &amp; Restaurant Union</b>	907-561-5119

## SHAREPOINT LINKS

### EARNED INCOME CALCULATOR

[Earned Income Calculator](#)

### INTERPRETER SERVICES

[Interpreter Services](#)

### LTC QUICK REFERENCE FOR ETS

[LTC Quick Reference For ET's](#)

### MAGI MEDICAID AND ADLTC MED

[MAGI Medicaid & ADLTC Medicaid](#)

### MEDICARE SAVINGS PROGRAMS AT A GLANCE

[Medicare Savings Programs at A Glance](#)

### MOBIUS ACCESS

[Mobius Access](#)

### QUICKLINKS

[Quicklinks](#)

### RESOURCES BY COMMUNITY

[Resources By Community](#)

### SYSTEMS SUPPORT PAGE

[Systems Support Page](#)