ABD MEDICAID SUCCESS FUNCTIONS
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IF the function is	THEN complete the following actions:
A change in the income of the A/R, spouse or parent, such as one of the following: • Increase • Decrease • Lump sum • Income averaging	1. Verify income using appropriate verification procedures. 2. Document SUCCESS according to "Documentation Standards". 3. Enter the needed changes and verifications in the system for all affected benefit month(s). 4. Examine the eligibility budget on SUCCESS to determine if continued eligibility is done correctly. 5. Examine the PL/CS on SUCCESS to determine if it is computed as expected. 6. SUCCESS will notify the A/R, PR and NH of any change in eligibility and/or PL. 7. Notify the case manager of eligibility and/or CS changes using Form 5590 (CCC). 8. DMA will be notified of eligibility and/or PL/CS changes via the SUCCESS interface.
A change in the resources of the A/R, spouse or parent, such as one of the following: • A new resource reported or discovered • A 60 day review when resources are within $200 of the resource limit	1. Reverify ownership where applicable. 2. Reverify value of all countable resources. 3. Document the case according to "Documentation Standards". 4. Determine if the treatment of resources has changed. (example: Money removed from a Burial Fund account.) 5. Enter change in resource(s) and verification(s) in SUCCESS for all affected benefit months. 6. Examine SUCCESS MAFI screen to determine if the appropriate resource limit is used and the resources are counted as expected. 7. If the resource change results in ineligibility for this COA, complete a CMD for another COA, if possible. 8. SUCCESS will notify A/R, PR, NH and DMA if ineligibility occurs. 9. Notify the case manager of ineligibility using Form 5590 (CCC), if ineligibility occurs.
How to enter **Countable Life Insurance or Burial Assets**	1. For countable burial assets, on the RES3 Screen, enter a resource "Type" of "MO". 2. Under "FMV", enter the countable amount of the resource. 3. Under "Encumb", enter zero. 4. If entering this amount, results in closure/denial of the case, add text to the notice citing the appropriate Manual reference and the source of the actual excess resource. 5. If this is a recipient, not an applicant, be sure to allow for timely notice.

IF the function is	THEN complete the following actions:
Allocating to an ineligible child	1. The spouse of the A/R must be listed as a member of the household (HH) in the AU. The child(ren) do not have to be in the AU. The spouse should be coded on STAT as "SP" in the Relationship field and as "NA" in the financial responsibility field. 2. Fastpath to the DEAL screen for the spouse (usually DEAL 02). 3. Document the case according to "Documentation Standards". 4. In the fields for "ABD Allocation", indicate with a "Y" for each ineligible child in the HH, the amount of the child's income, if any, and the appropriate verification code. If the child has no income, enter 0. Do this for each ineligible child. **5.** Fastpath to DONE, and MAFI will show the allocation amount in the top figure of the second column.
Reconciliation of income and IMEs	1. Verify actual IMEs/income incurred in previous 3 month budget period. 2. Determine the actual IME and income amount(s). 3. Select "R" from "AMEN" for the <u>current benefit month.</u> If reconciliation will result in an increase in PL, complete process with a minimum of 10 days remaining in the month. Document the case according to "Documentation Standards". 4. Fast path to INST. Access the RECO screen by pressing PF20. 5. Enter the actual amounts of income and IMEs. Press enter after entering the actual IME and income amounts. The INST screen will now display the averaged IME and PL amounts. 6. Change the amounts displayed in INST for the IME and PL amounts back to what it was originally. If the field(s) was blank, delete the IME or PL amount shown. 7. If the income entered on RECO was also received in the current month but is not entered as income on UINC or ERN1-2, enter that as income for the current month on the appropriate field. Failure to do this will capture the reconciled income, but not the income received for the current month. 8. Fast path to DONE and confirm ELIG and MAFI after reviewing the results. MAFI should display the income/IME plus the extra income/IME you included on RECO. If reconciliation results in an increase in PL for the current month, this must be done with a minimum of 10 days remaining in the month to allow for adverse action. 9. Again select "R" from "AMEN" for the ongoing benefit month. If the income is already in the system as earned or unearned income, update the amount with the new average. If not in the system for the ongoing month, enter the average income on the appropriate earned or unearned income screens. If IMEs, fast path to "INST". Enter the new averaged IME in the "Incurr Med Exp Amout" field with a verification of "AV".

IF the function is	THEN complete the following actions:
Reconciliation of income and IMEs (cont.)	10. Fast path to DONE and confirm ELIG and MAFI after review-ing the results. 11. SUCCESS will notify the A/R, PR, NH and DMA of the change in PL/CS. 12. Notify the case manager via Form 5590 (CCC).

A transfer of a resource by the A/R or community spouse for less than the fair market value	1. Verify the details of the transfer and compensation, if any.
	2. From the SUCCESS "AMEN", use "R"(if active case) or "O" (if the AU is pending) to access the case. For active cases, access the TRAN screen to enter data for every benefit month affected by the transfer.
	3. Document the case according to "Documentation Standards".
	4. Fast path to the INST screen. Enter a "Payment Term Date" of the 1st month that a vendor payment will not be made to the NH/IH or that the A/R will be ineligible. Enter a "Rsn" code of "E" for ineligible.
	5. Fast path to the TRAN screen for the A/R. Use the TRAN screen for the A/R even if the spouse made the transfer.
	   - In the "Transf Date" field, enter the date of the transfer or (for DRA transfers), the first month in which A/R is requesting LA-D Medicaid, whichever is later.
	   - Enter the date the worker learned of the transfer in the "Discovery Date" field.
	   - Enter the correct code for the person who received the transferred resource in the "Transferee "R'Ship" field.
	   - Enter the correct code for the type of resource transferred in the "Resource Type" field.
	   - Enter the dollar amount value of the transferred resource, without commas, in the "FMV" field and the appropriate verification code in "V".
	   - Enter the dollar amount, without commas, for the compensation the A/R or spouse received for the transferred resource in the "Amt Rec'd" field. If none was received, enter 0. Enter the appropriate verification.
	   - Enter the reason for the transfer in "Reason for Transfer".
	   - If undue hardship is considered, enter the indicator and reason code in the "Undue Hardship IND…RSN" fields. (All fields on this screen are mandatory but these.)
	   - In the "1st Mth NH/Wvr MA" field, enter the date that the A/R entered LA-D or requested Medicaid, which is later.
	6. If the A/R or spouse had multiple transfers, enter a "y" in the "MORE" field to generate a blank TRAN screen.
	(Continued on the next page)

IF the function is	THEN complete the following actions:
A transfer of a resource by the A/R or community spouse for less than the fair marker value (cont.)	7. Fast path to "DONE" and confirm "ELIG" and "MAFI". If the COA is a waivered (W01) COA, the case will deny/close for the month(s) affected by the transfer (Exception: IH). If a NH (L01) or IH case, only the PL is affected. "MAFI" will appear with a patient liability of zero. 8. SUCCESS will notify the A/R, PR, NH and DMA of the penalty. The notice for NH vendor payment states "No payment made to the NH on your behalf" for each month of penalty. See Section 2345, Undue Hardship, for extra instructions on transfers completed after 2/8/06. 9. Notify case manager using a Communicator or add as an authorized representative. 10. Create an alert for the month that the transfer penalty expires. 11. When the alert appears, access the AU using "R" from AMEN for the ONGOING BENEFIT MONTH. On STAT remove the 400 level reason code pertaining to the alert. 12. Fast path to INST and change the Payment Term date to an appropriate ongoing date (02/20/20). Fast path to DONE and confirm. This should generate a notice to A/R, AREP, NH of the PL amount and to DMA via the interface. 13. When the full months of penalty have expired, access the AU with option R. Fast Path to INST and change the "Payment Term Dt" to 02/02/20 and the "Rsn" field to "L". 14. For instructions on Partial Month Transfers, refer to that title in this appendix.
To undo a transfer penalty or reduce a transfer penalty or reopen a case when a sanction has incorrectly closed the case,	1. Verify that the penalty should be reduced /eliminated or the case reopened. 2. If the case closed, complete a reinstatement. From "AMEN", select option "R" or "O" depending on the status of the case. 3. Document the case according to "Documentation Standards". 4. On "STAT", delete the reason code, the "SA" code (if present) and shorten the penalty under "Penalty Date" to a date prior to when the penalty begins. Pf4 around the warning message. 5. Fast path to INST. Change the "Payment Term Date" to appropriately reflect the returned/reduced transfer. 6. Fast path to the "TRAN" screen. If the transferred resource has been returned, tab to each field which has data entered and use the **End** key to delete all the data from each field. If the penalty should be reduced, go to step 7. 7. If the transferred resource amount should be reduced or the compensation received should be increased, change the "FMV" and/or "Amt Rec'd" to the correct amount. Change the "Reason for Transfer" code, if appropriate. 8. Fast path to done and confirm ELIG and MAFI.

IF the function is	THEN complete the following actions:
To undo a transfer penalty or reduce a transfer penalty….. (cont.)	9. SUCCESS will notify A/R, PR, NH and DMA of the changes. 10. Notify the case manager using a Communicator or add as an authorized representative in SUCCESS.
Entering SSI income in LA-D AUs with a PL/cost share	1. When there is an AU in which the A/R has SSI income that will be reduced to $30 (SSI only L01) use the following procedures. 2. On the UINC screen enter the total amount of the A/R's SSI income using the code of "SI" for the month of addmisson. 3. On the UNIC screen enter $30 SSI income using the code of SI the month in which the SSI income will reduce to $30 and all subsequent months. ***Reminder*** Send Form 107 to SS so SSI income is stopped timely
Disregarding Child Support Income from the ABD Medicaid Case	1. If the A/R has income other than the CS income, fast path to the screen on which the other income is entered. This procedure will not work on the screen with the CS income. 2. SUCCESS will automatically compute a one third disregard from the CS income. Compute the amount that should be deducted from the other income by dividing the CS income amount by 3 and then multiplying by 2. For example, CS is $435. Divide by 3 to get $145. Multiply by 2 is $290. This will be the deduction amount to enter. 3. On the other income screen, tab over to the "Ded" field and enter the code of "OB". This will cause the system to deduct an amount from the ABD Medicaid budget but not the FS budget. Tab to the "Ded Amt" field and enter the amount computed in Step 2. This amount will be deducted from the income entered on this screen. Document on REMA why this process is necessary. Fast Path to DONE and review ELIG and MAFI.

IF the function is	THEN complete the following actions:
Use of the ISM1 screen for all COAs except LA-D	The SUCCESS ISM1 does not work accurately at this time. Use the procedures below to make the system correctly reflect the correct ISM, if any exists.
	1. Document the case according to "Documentation Standards".
	2. Manually compute ISM using the Form 969 or by other means to determine if ISM exists and if the Actual Value (AV) of ISM or Presumed Maximum Value (PMV) is appropriate.
	3. A minimum of the last line of fields on the ISM1 screen must be completed for all but LA-D and Q Track COAs.
	4. Do not complete the Household Operating Expenses, the Client's Contribution or Inside Contribution fields. These fields do not work to accurately compute the value of ISM. The Outside Contribution fields will be used whenever Inside or Outside ISM exists.
	5. Enter the total number of people in the household who share food and who share shelter expenses in the fields "Number Food" and "Sharing Shelter".
	6. The code entered in the "Household Situation" field determines the living arrangement and which other fields on this screen are to be completed. The valid value choices and the effect on the LA/completion of the screen follows:

Valid Value	LA	Use/Effect
AL	A	Use when the A/R lives alone or there is no ISM **OR** when sharing exists and the AV of ISM is indicated. Enter the AV amount in the "Outside Contribution" fields, dividing the amount between food and Shelter. Do this regardless of whether the ISM is "Outside" or "Inside".
SP	A	Use when the A/R lives with spouse only, spouse and minor child(ren) only, or a minor child A/R lives with Parent(s) and siblings only.
OF	B	Use when the A/R lives with other adults and others furnish food and shelter, **OR** the PMV amount needs to be used for ISM. Enter the number of A/R's in the household as number sharing food and shelter.
OT	A	**Do not use; works incorrectly.**
PA	A	**Do not use; works incorrectly.**
SC	A	**Do not use; works incorrectly.**
TR	A	**Do not use; works incorrectly**

IF the function is	THEN complete the following actions:
To have a $90 PNA for a NH A/R receiving VA income	1. On the UINC screen, enter a code of "VC" in the "Type" field. 2. Document on REMA the reason for using this code. 3. SUCCESS will notify the A/R, PR, NH and DMA of the patient liability allowing for a $90 personal needs allowance (PNA). For IH, send Communicator or add to SUCCESS as authorized representative.
Entering SD medical expenses on SDME	1. Check the benefit month displayed in the upper left hand corner to assure that you are entering bills for the correct month. If not, Pf3 out and redo with the correct benefit month on AMEN. 2. Enter an "N" (no) or "Y" (yes) in the "Expense Covered" field correctly. Entering a code of "Y" indicates that this is a bill that **MAY** be paid by DMA. Any medical bills of an A/R incurred in the same month as the benefit month must be coded as "Y". Any bills incurred in month(s) other than the benefit month in which the bills are being entered or bills of a non-A/R should **always** be coded with an "N", as not covered. Entering this code incorrectly will result in an error in the first day liability cost and Form 400 requirement. 3. Enter the other information on the screen as appropriate. It is not necessary to enter the bills in chronological order. The system will chronologically realign the bills. Enter a bogus date for the Medicare premium, as needed, to make it the first deducted bill. Enter it as unpaid. Enter bills individually for future reference. However, on the Begin Authorization Date (BAD) you should groups bills together for one entry **if from the same provider**. This will most likely make your First Day Liability (FDL) amount correct. List the amounts individually in the "Provider Name" field along with the provider identification. For example, "Atkins Rx: $5.50, $30, $9.25." 4. Indicate any TPL amount paid on the bill in that field. It cannot exceed the amount of the incurred bill. 5. Enter the appropriate code in the "A/R Bill" field. Use "Y" if the bill is the A/R's. 6. In the "Exp PD Rollover" field, enter "P" if the bill is paid, "U" if the bill is unpaid, or "R" if the bill is a rollover bill. 7. The system will determine the "SD Use" code and will display it after SD has been authorized. 8. The "Provider Name" field is free form. Enter the appropriate information to help identify the bill. 9. In the "Expense Type" field, enter "N" if the expense is not for a prescription. Enter "P" if the expense is for a prescription. 10. Make sure all the information is entered on SDME correctly prior to authorizing the SD. Once the SD is authorized, reentry into SDME is prohibited except for inquiry.

IF the function is	THEN complete the following actions:
Entering SD medical expenses on SDME (cont)	11. Any bill coded as Y in the Expense Covered field, will require entry of the client ID of the A/R who incurred that bill. Pf11 from SDME to display the A/Rs and the client IDs. 12. Authorize the SD once all the bills for that benefit month have been received and entered correctly. You may authorize one benefit month or multiple benefit months at a time. 13. Complete Form(s) 400 as needed, either manually or in SUCCESS. 14. SUCCESS will notify the A/R, PR, and DMA of the eligibility dates and first day liability. Do not send a Form 400 to DMA.
Selecting the appropriate Financial Responsibility code for a spouse in an AU	Below are the codes for ABD Medicaid staff to use on the STAT screen in the "Finl Resp" field and the impact that the use of the code will have on the AU. - **PN**: use whenever you want to give Medicaid to an individual under that particular COA. Use whenever a husband and wife both are applying for Medicaid under the same COA (except for NH or CCSP). - **NA**: use for ALL ineligible spouses. Also use for community spouse for ALL NH and CCSP cases, even if community spouse is receiving Medicaid or QMB at home. (Exception: if community spouse is receiving CCSP, use NM for the spouse in the NH case.) - **LS**: use only when both the husband and wife are receiving CCSP or both receiving NH Medicaid. They will have separate cases. In one case, the husband will be PN and wife will be LS, and vice versa in the other case. - **AS**: use when two spouses are both receiving Medicaid under different COAs and you need to work a couple budget for one of the COAs rather than a deeming budget. Document the case according to "Documentation Standards".
To make the A/R's PL not exceed the monthly Medicaid billing rate	1. An A/R's PL should never exceed the monthly Medicaid billing rate for the NH/IH where s/he is located. 2. Contact the NH or Hospice provider to determine the monthly Medicaid billing rate. 3. On the INST screen in the "Pat Liab Amount" field adjust the income amount so that the PL when computed by SUCCESS will not exceed the amount given you by the NH. You will need to take into consideration any IMEs, the $50($90) PNA, and the Medicare premium, if still deducted. For example, if the A/R's gross income is $1800, the monthly Medicaid billing rate is $1700, and the A/R only has a $50 Medicare premium and $50 PNA to deduct, you would need to enter $1780 in the

IF the function is	THEN complete the following actions:
To make the A/R's PL not exceed the monthly Medicaid billing rate (cont.)	"Pat Liab Amount" field in order to get a PL amount of $1700. Do this for all affected benefit months or in the interview process, if a new application. 4. Document the case according to "Documentation Standards". 5. Check MAFI for the accuracy of the PL amount. 6. Monitor the A/R's resources since they will continue to increase without paying the NH all of their income.
Approving an A/R for Emergency Medical Assistance (EMA) ,	1. Ascertain that the A/R is only eligible for EMA. 2. On the MEMB screen in registration, do not enter an SSN. Enter a "N" or "G" in the "SSA/SSN Appl For" field. If this is not done in registration, it can be changed during the interview process. 3. Register the case in the system as S95 by not making a selection on the CIRC screen. On the INCH screen, enter "Y' to select a class of assistance, type "MA" as the program type, and type "S95" as the COA. Complete the application date as appropriate. If the case is mistakenly registered as S10, it can be changed during the interview process by typing over S10 on the STAT screen changing it to S95. 4. During the interview, enter an "I" for ineligible for SSI on the DEM1 screen. 5. On DEM2, indicate that the A/R is not a citizen. This entry will bring up the ALAS screen. 6. On the ALAS screen, enter the appropriate "Country of Origin". Enter a "Y" in the "Emergency Med Ind" field. . For Institutionalized A/Rs see "Entering information on the INST screen for NH permanent placement (after 4/1/03)." The Term Date should coincide with the 526 End Date and not be in the future. 7. In option P from AMEN, Fast Path to ALAS and enter the date the physician indicates as the first date the A/R received emergency medical services from the Form 526 or similar document. This date is entered in the "Beg Dt" field. Enter the ending date of emergency medical services in the "End Dt" field. No future dates should ever be entered on ALAS. 8. Create an alert to obtain a new Form 526, if needed. 9. Finalize the case. The system will notify the A/R, PR and DMA of eligibility. Add text to notice if needed.

IF the function is	THEN complete the following actions:
How to enter EARNED Income in an ABD/FS Combo Case	1. Access the case in either function "O" or "R", as appropriate. 2. If the earned income has no adverse affect on the ABD case, enter the weekly earned income as usual on the ERN1 and ERN2 screens that will use the 4.333 computation. 3. If the procedure in Step 2 will negatively impact the ABD case, then manually compute the dollar amount that should be used for each program. (For FS determine the NET amount by entering the earnings on ERN2 and fast pathing to FSFI where the "Net income" will be displayed. Then delete the earnings from ERN2.) (For ABD, use the actual amount received.) 4. Enter the computed net income amount for FS on the UINC screen using a type code of "OF" (FS only income), and enter the computed amount for ABD on the UINC screen using a type code of "OM" (ABD only income). 5. Document the case according to Documentation Standards. 6. Complete case and commit to the data base.
How to Divert Income from NH/IH/CCSP A/R to Children and Spouse at Home	1. Access the case using option "O" or "R" from AMEN. 2. Using the Dependent Family Member Need standard found in Appendix A1 for the number of children in AU, subtract the children's gross income from the amount shown in Appendix. This will be the amount to be diverted to the children. 3. Compute the amount which should be diverted to the spouse at home by subtracting the spouse's average adjusted gross income from the Community Spouse's Maintenance Need Standard found in A1. 4. Add the amount determined in Step 2 to the amount determined in Step 3 and enter on INST in the "Diversion Amount" field. 5. Document the case according to "Documentation Standards". 6. When the case is completed, MAFI should reflect the correct PL/CS giving the appropriate diversion.
How to Divert Income from NH/IH/CCSP A/R to Children at Home (no spouse)	1. Access the case using option "O" or "R" from AMEN. 2. Document the case according to "Documentation Standards". 3. Using the TANF Standard of Need found in Appendix A2 for the number of children in the AU, subtract the children's gross income from the amount shown in A2. This will be the amount to be diverted to the children. 4. Compute what the PL/CS amount should be, taking into consideration the diversion amount, PNA and any other deductions. Enter an amount in the PL Inc Amt field that will result in the correct PL amount on MAFI. 5. Fast Path to DONE. When the case is completed, MAFI should reflect the correct PL/CS giving the appropriate diversion.

IF the function is	THEN complete the following actions:
How to Reinstate an L01 or W01 AU with PL/CS > $0	When a L01/W01 case closes, the system automatically sets the PL/CS amount to zero for all closed benefit months. Therefore, it will not be possible to "Reinstate" the case. You will have to complete a "Reopen" if the PL/CS will be greater than zero. Complete the process as follows: 1. Before you begin, check to see that there are not any other Medicaid AUs that are active for the desired benefit month(s). If so, those will need to be closed out. Make sure that when you close any of these other AUs out that the STAT/ELIG screens reflect a "Paid Thru" date of the last day of the month prior to the benefit month in which you are working. If it doesn't reflect this, you will need to waive notice AND Timely notice. However, the system will not allow you to waive timely notice in a current month if there are less than 10 days remaining in the current benefit month. If that is the case, you will have to wait until early in the following month to close out the necessary cases. If you do NOT have any active Medicaid case to close, proceed to Step 2. 2. Use option "J" from "AMEN" and enter the AU # of the closed case to be reopened. Use a date in the first benefit month to be reopened as the application date. Complete the registration process and commit to the database. 3. Complete the interview "O" and make sure to remove any closure reasons on "STAT" and correct any errors that may result in the AU closing again. Be sure to document on "MISC" a valid reason for OSOP. Document case according to "Documentation Standards". 4. Process, "P", the case for each benefit month making sure no data remains that would result in closing the case again. 5. Finalize the case paying attention that the case is reactivated and the correct amount is showing on "MAFI" for PL/CS.
How to enter an auto as a countable resource	1. If the automobile cannot be excluded under the one automobile exclusion, then on RES2, enter the EV of the auto using the code of RV and the verification source. 2. Document the case as to why the auto was entered as RV.
How to enter countable Non - Business Income Producing Property	1. On the bottom of the RES2 screen, under real estate property, enter a "Use" code of RP. 2. Enter the countable amount in "FMV" and zero in "Encumb" . 3. In the "Try to Sell" field, enter "N". This should cause the system to count the amount as a resource and deny the case. 4. Enter text to the notice, that the closure has to do with countable non-business income producing property and the manual reference, Section 2327.

IF the function is	THEN complete the following actions:
How to Complete a SSI Trial Budget for KB	Use this process to check for potential eligibility for SSI to see whether or not the KB child should be referred to apply for SSI. 1. Access the Trial Budget function by selecting option "E" from "AMEN". 2. **For a one parent household**: On the "TBMA" screen, enter "MA" in the "Prog" field, "AH" in "Liv Arr" field, "2" in "AU/BG" field, "S10" in "Med COA" field and "D" (disabled) in "FS/ABD Pgm/Waiver Type" field. 3. On the fourth line, enter "PB" in the "ABD Spouse Fin Resp" field. 4. On the "EI Client **2** line, enter the amount of the parent's gross income after subtracting any allocation to an **INELIGIBLE** child. If there is no other ineligible child in the HH or the child's income is over the living allowance, then enter the parent's gross income without any deductions. Enter the "Frq" code of "MO" (always use monthly amount). Enter the appropriate code for "EI Type" 5. If the parent's income is unearned, then enter the income type and gross amount less any applicable allocation to an **INELIGIBLE** child in the "ABD SPS Mo UI Type/Amt" field. 6. If the A/R (KB child) has any earned income, enter the gross amount in the "EI Client 1" field, and the "Frq" of "MO" and "Type" as appropriate. 7. If the A/R (KB child) has any unearned income, enter the gross amount in the "AU Monthly UI Type/Amt" field. If you enter "CD", child support, the system will correctly allow a 1/3 deduction. 8. **For a two parent household**: Complete steps as outlined above with the following exceptions: • Enter a "AU/BG Size" of "3". • If both parents' have earned income enter both earnings on the "EI Client 2" fields subtracting out any allocation for an ineligible child as outlined above. • If one parent has earned income and the other none, enter the one amount of gross income in either the "EI Client 2" field or the "ABD Sps Mo UI Type/Amt" field according to whether the income is earned or unearned. • If one parent has earned income and the other unearned, enter the earned income less allocation to ineligible child in the "EI Client 2" field and the unearned income in the "ABD Sps Mo UI Type/Amt" field. • If both parents have unearned income, enter the types and amounts in the "ABD Sps, Mo UI Type/Amt" fields less any allocation to an ineligible child.

IF the function is	THEN complete the following actions:
Entering information on the INST screen for NH permanent placement (after 4/1/03)	1. Determine that the A/R entered the NH on or after 4/1/03 and that a DMA-6 was not approved by GMCF. Receipt of a DMA-59 showing an admission of 4/1/03 or later should suffice. 2. Enter "NH" in the "Inst Type" field. 3. Enter the 10 digit provider number in the "Prov ID" field. This may be obtained from the DMA-59 or reference PMEN through the Pf16 function. 4. Enter the actual date of admission to the NH. 5. The "Discharge Date" field is omitted unless or until such time as the A/R leaves the facility. 6. For L95/L99 AUs, enter the dollar amount of the monthly private pay rate for this particular NH in the "NH Perdiem" field. Call the NH to obtain this information. For L01 AUs, you may enter perdiem or PF4 around warning message. 7. Enter "S" in the "LOC Auth" field and "OT" in the "V" field. 8. In the "Payment Auth Date" field enter the date of admission to the NH **OR** the first day of the first month of eligibility/EMA eligibility, whichever is later. If the A/R is ineligible in the month of admission, DO NOT use the admission date as the "Payment Auth Date". 9. Enter "02/02/20" in the "Payment Term Dt" field unless the A/R has died, already discharged, or has an EMA date span. In that case, enter the actual date of discharge/death/EMA end date. If the A/R is under a transfer penalty, enter the first day of the month in which the penalty period is to begin. 10. In the center portion of the INST screen, enter any information that may be applicable to the case. • If the A/R pays for the Medicare premium, this amount should be entered in the "Medicare Prem Amt" field until the second month after the month of finalization. • Refer to the manual, Section 2553, to determine how much income to protect. The system will revert to no protection of income unless a code of "H"(half) or "A"(all) is entered in the "Inc Prot" field. • Enter the amount of any incurred medical expenses in the "Incurr Med Exp" field. • The "Pat Liab Inc Amount" field should only be used if the system won't correctly calculate the amount of the patient liability for some reason. 11. If the LOS has been met or can be "assumed" to be met, enter a "Y" in the "Length Stay Met" field. Refer to Section 2235. An entry of "N" will deny the case. Enter "NH" in the "V" field.

IF the function is	THEN complete the following actions:
Entering info on the INST screen for NH perm. plmnt (cont.)	12. In the "ICD-9" field, enter 799.9, if none given on the DMA-59 13. Document the screen according to Documentation Standards. 14. Commit the data to the database.
An address change for the A/R or PR	1. Determine if the A/R's new address is in the current county of residence, another county within the state or out of state. 2. Update SUCCESS with the new address for the ongoing month. 3. Document the case using the appropriate "Documentation Standards". 4. Initiate transfer procedures if the address is out of county. Refer to "the client's move to another county within the state" in this chart. 5. Terminate Medicaid eligibility if the A/R permanently moves out of the state.
A change in the A/R's class of assistance (COA)	1. Verify that the A/R meets all criteria for the new COA. 2. If the change in COA will occur as the result of a "trickle" within the current Medicaid track, enter the changes in SUCCESS that will generate the trickle to the new COA. (example: going from QMB to SLMB) 3. Document the case using the appropriate "Documentation Standards". 4. If the change in COA will not result as a "trickle", complete an "Add A Program" for the new COA. Enter information to close the current case, waiving the timely notice. Complete the "O", "P" and "Q" process for the new COA. 5. SUCCESS will notify the A/R, PR, NH and DMA of any changes/additions in eligibility and PL/CS. 6. Notify the case manager of changes/additions in PL/CS via a Communicator or add to SUCCESS as an authorized representative.
How to process non-payment of PL/CS for a NH/ Inst. HP A/R with home EV of $500,000 or over	1. In situations where excess EV results in no payment of the PL/CS, enter the EV of the home as if it were a transfer amount with no compensation. (See page 6 above). 2. The transfer date will be the first month of Medicaid eligibility or for reviews/specials, the first month in which timely notice can be given. 3. On the INST screen enter a Term Date of the first day of the month the penalty is to begin. 4. Create an alert to redo the transfer penalty the month prior to the expiration of the just created penalty. 5. Add text to the notice, explaining that the penalty of non-payment of PL/CS is for the EV of home, not as a real transfer.

IF the function is	THEN complete the following actions:

A continuation of an existing LOC (extending a Limited Stay)	1. SUCCESS will generate an alert a month in advance when the current Limited Stay is due to expire.
	2. If a new level of care instrument (LOC) extending the Limited Stay has not been received at DFCS within a week prior to the expiration date, contact the NH/case manager to determine if one has been requested. If it has not, request that one be completed immediately to avoid loss of benefits.
	3. If a new LOC instrument has been requested, wait for receipt of the document.
	4. If the new LOC instrument has not been received by 2 weeks after the expiration date of the old form, contact the issuing agency to determine if the LOC instrument is there. If it is, request that they fax you a copy, if possible. If not, request them to mail you a copy.
	5. If a new form has not yet been received at the issuing agency or not yet been requested by the generating agency, start taking action to terminate the VP and close the case.
	6. When the new LOC instrument is received extending the LOC, check to make sure that there are no gap in days from the end date of the old instrument and the payment date of the new instrument, if applicable.
	7. If there is no gap in days, access SUCCESS' INST screen for every affected benefit month and change the "Term Date" to the day following the end date of the new LOC instrument.
	8. If there is a gap in days between the end date of the old LOC instrument and the payment date of the new instrument, complete the following for every affected benefit month:
	   - on the INST screen enter a "Discharge Date" that is the same as the original "Payment Term Date".
	   - create a new line for the swing bed (L01), IC-MR (L01), ICWP information below the existing line of info
	   - enter the same provider ID number, if applicable
	   - the admission date will be the new payment date,
	   - enter the LOC and verification code
	   - enter the "Payment Auth Date" (new payment date)
	   - enter the new "Payment Term Date" as the day after the end date recorded on the new LOC instrument
	   - enter the reason code of L or other code as appropriate.
	9. If the LOC has changed, see page 13 in this document.
	10. Document case according to "Documentation Standards".
	11. SUCCESS will notify the A/R, PR, NH and DMA of any changes, if any, as a result of this extension in LOC.

IF the function is	THEN complete the following actions:
A continuation of an existing LOC (extending a Limited Stay) (cont.)	12. Notify the case manager of any change via Communicator or add to SUCCESS as an authorized representative.

A change in the A/R's level of care (LOC)	1. Upon receipt of a DMA-6 approving a new LOC, enter SUCCESS and document the case according to appropriate "Documentation Standards".
	2. For all affected benefit months, access the INST screen and change the following:
	  - the LOC to the new appropriate code and verification
	  - the "Payment Auth Date" to the new payment date on the new DMA-6
	  - the "Payment Term Date" to the day after the end date on the new DMA-6
	  - the reason (RSN) code will remain L, unless no longer appropriate.
	3. SUCCESS will notify the A/R, PR, Swing Bed and DMA of the change in LOC and the new expiration date.

A request for prior months Medicaid within the last 12 calendar months on a previous application (not part of a current application)	1. On SUCCESS, select "Prior Medicaid Copy", option 5 from AMEN and select the month(s) for which Medicaid is requested. Only select the months for which you have all needed information. **If you select all months, you must finalize them all at the same time**. If you don't select but one month, you can reenter option 5 later and make additional selections. 2. Access each benefit month (option R) in which Medicaid is requested and make changes as needed. Make sure data entered has been properly verified for the specific month in question. 3. Document the case according to "Documentation Standards". 4. Select option 6 from AMEN, "Finalize Prior Medicaid". 5. Carefully check each ELIG and MAFI screen before confirming. Confirm once the information appears correct. 6. SUCCESS notifies A/R, PR, NH, DCH of eligibility & PL/CS. 7. Notify case manager via Form 5590 (CCC).
Entering a Partial Month Transfer penalty.	1. Manually compute the dollar amount of the partial month transfer penalty using the DRA '05 Transfer Policy for A/Rs form and instructions found in Section 2342. 2. Manually compute the Patient Liability for the month of the partial penalty. 3. Add the amount from Step 1 to the amount from Step 2, then add $50 to total and go to the INST screen and enter this **amount in the patient liability field.** 4. Remove for on-going month.

IF the function is	THEN complete the following actions:
A request for prior months Medicaid on a previous application that cannot be entered into the system (requested months are more than 12 months in the past and not part of a current application)	1. Complete Forms 293 and 295 for each prior month requested for the A/R and spouse. 2. Determine the COA for each prior month. 3. Verify the value of all income and resources reported on Forms 293 and 295. 4. Work eligibility and/or liability budgets. 5. Notify the A/R and PR of eligibility and PL/CS, if applicable. 6. Notify the NH using DMA-59 or case manager using a Communicator. 7. Document the case. 8. Issue Form 962 for all eligible prior months. Annotate the 962 that this information cannot be entered into SUCCESS.
A closure due to the death of the A/R	1. Verify the date of death (DMA-59, phone call from knowledge-able source, newspaper clipping, death certificate, etc.) 2. Document the case according to "Documentation Standards". 3. Enter the date of death on the DEM2 screen for all affected benefit months. 4. If the case is a NH, hospital or W01 case, enter the date of death as the "discharge date" and "Term date" and a "reason" code of "G", death. Do this for every affected benefit month. 5. Waive timely notice, as needed. 6. SUCCESS will notify the PR, NH, and DMA of closure and VP termination. 7. Notify the case manager via Communicator or add to SUCCESS as an authorized representative.

Reopening/Reinstating an AU Closed in Error Due to Death	1. When an AU closes that has a PL/CS greater than zero or the case has trickled, Reinstatement, function M, from AMEN cannot be done. In that situation, you will need to use the Reopen function from AMEN, J + the AU #.
	2. If you need to use Reopen, complete function J using as the application date the first month which needs to be reopened. Otherwise, Reinstate using option M for each month that needs to be reinstated.
	3. In function O for Reopen or R for Reinstate, complete the following:
	  - Document according to "Documentation Standards."
	  - On STAT, remove the AU and client closure codes.
	  - Fast Path to STAT and remove/change the date of death on DEM2 and any closure dates/codes on INST.
	4. Fast Path to DONE and commit to the data base. Check ELIG and MAFI for accuracy.

IF the function is	THEN complete the following actions:
The A/R's move from a hospital to a NH/Swing Bed	1. Verify the NH admission by receipt of Form DMA-59. 2. If the A/R has a current hospital COA (L02) case, complete an Add A Program for the NH (L01) case, using the date of NH admission as the application date. 3. Assume that the LOS requirement is met by the A/R's admission to the NH/Swing Bed unless notified of discharge prior to Medicaid approval. 4. Document the case according to "Documentation Standards". 5. Change the address on the ADDR screen for the ongoing month. 6. Enter the pertinent information regarding the hospital discharge and NH/Swing Bed admission on the INST screen for all affected benefit months. 7. Switch the living arrangement code to NH for all affected benefit months on the DEM1 screen. 8. The ELIG and MAFI screens should reflect the closure of the hospital (L02) case. Waive notice and **timely notice for the ongoing month**, if needed. If the timely notice is not waived, adverse action may prohibit approval of the NH case for the ongoing month. 9. Approve the NH/Swing Bed case, completing O, P, and Q, when all information is received. Make sure that the ELIG and MAFI screens reflect the correct eligibility and PL. If the A/R was in the hospital as of the 1st day of the month of admission to the NH, there should be no protection of income. 10. If the hospitalized A/R who entered the NH was an SSI recipient, take proper action to notify SSA using Form 107. Delete SSI from PL the month following the month of admission to LA-D. Include the hospital admission days in your calculation. 11. SUCCESS will notify the A/R, PR, NH and DMA of eligibility and PL.
The A/R's move from a NH/Swing Bed to a hospital	1. Do not complete this procedure unless the A/R is to be in the hospital a full calendar month. 2. Verify the date the A/R was admitted to the hospital. 3. Document the case according to "Documentation Standards". 4. Change the address on the ADDR screen either to the Hospital or to a home address for the ongoing month. 5. Change the living arrangement code from "NH" to "HO" (hospital) on the DEM1 screen for all affected benefit months. 6. On the INST screen, for the NH enter a "Discharge Date" and change the "Term date" to the date of discharge. Change the "Reason" code to "B" (hospital). Do this for all affected benefit months. There should be no protection of income. 7. On the INST screen beneath the NH line, enter the information

IF the function is	THEN complete the following actions
The A/R's move from a NH/Swing Bed to a hospital (cont.)	on the hospital admission. Do this for the month following the month of admission to the hospital and all affected benefit months. 8. The case should "trickle" to L02, hospital for the month after the month of hospital admission forward. Confirm on ELIG and MAFI after checking to see that the information is correct. 9. SUCCESS will notify the A/R, PR, NH and DMA of PL termination and switch to hospital COA.
The A/R's move from one county to another within the state	1. Contact the DFCS office in the A/R's new county of residence via an interoffice message to request transfer instructions. This request may come from the new county to the old county also. 2. Complete any pending work on the case. 3. Document the case according to "Documentation Standards". 4. For the ongoing month, change the address on the ADDR screen to the A/R's new address. Change the "County number" and "Local Office number" to that of the new county. 5. Transfer the case on SUCCESS when you know the new caseload number by selecting "S", "AU/Client Misc", from the main menu. From SMEN, select "I", "Reassign AU". Type the AU number to be transferred in "AU ID" and the load ID number of the new worker under "To Load ID". 6. Mail the case record to the new county. 7. The receiving county will complete a review of the case within 30 days of the date of receipt of the case record from the transferring county. 8. For transferring to a NH in another county, see steps below.
The A/R's move from NH "A" to NH "B" **within the same county**	1. Verify the date of discharge from NH A and the date of admission to NH B. 2. Document the case according to "Documentation Standards". 3. Change the address on the ADDR screen for the ongoing mon. 4. On the INST screen, enter the date of discharge in the "Discharge Date" and "Payment Term Date" fields. Enter a "Rsn" code of "C" – discharge to NH. 5. On the next empty line enter the information on the new NH admission. There should be no protection of income. Make all changes on the INST screen for all affected benefit months. 6. SUCCESS will notify the A/R, PR, NH and DMA of the change in NHs.
The A/R's move from a NH "A" to NH "B" **in a different county**	1. Verify the date of discharge from NH A (in your county) and information regarding the admission to NH B in another county. 2. Complete any outstanding work pending on the current case. 3. Document the case according to "Documentation Standards". 4. For the ongoing benefit month, change the address on the ADDR screen to the new NH address. Also change the county number and local office on ADDR to the new codes.

IF the function is	THEN complete the following actions:
The A/R's move from a NH "A" to NH "B" in a different county (cont.)	5. On the REMA screen behind INST, document the information regarding the date of discharge from NH A. **Do not enter the discharge date on the INST screen.** 6. Transfer the case on SUCCESS by selecting "S", "AU/Client Misc", from the Main Menu. Select "I", "Reassign AU", from SMEN. Type the AU ID number to be transferred under "AU ID" and the load ID of the new worker under "To Load ID". 7. Mail the case record to the DFCS office in NH B county. 8. When case is received in county of NH B, complete a review within 30 days of receipt of the case record. 9. The receiving worker will enter the discharge information from NH A as well as the information regarding admission to NH B. Enter this information for all affected benefit months.
The A/R's move from NH to Hospice or Hospice in the NH	1. Verify that the A/R has elected to receive Hospice care by receipt of the HCC. Determine if the A/R still resides in the NH. 2. Document the case according to "Documentation Standards". 3. Complete an Add-A-Program for the Hospice COA (W01). The application date should be in the month **after** admission to Hospice Care **or** if the move to Hospice came in the current month, you can apply in that month but deny with a closure reason for that month. 4. If the A/R is in Hospice at home, change the "Living Arrangement" code on DEM1 to "AH". If Hospice in the NH, change "Living Arrangement" to "IH". 5. On the INST screen, enter the discharge date from the NH in the "Discharge Date" and "Payment Term Date" fields. Enter an appropriate reason code. Do this for every month beginning with the month the A/R elected Hospice care. On the next line, beginning with the benefit month AFTER election of Hospice, enter the Hospice information. "Inst Type" will be "HP" for Hospice at home or "IH" for Hospice in the NH. In "HCB Waiver Type enter "N" for IH and "H" for HP. On MAFI waive both the notice and the timely notice on the L01 AU, if possible. 6. Complete O, P, and Q as usual. If you have problems approving the hospice COA, you may have to delete the NH line(s) from INST. 7. SUCCESS will notify the A/R, PR, and DMA of the Hospice eligibility and PL, if applicable. A/R will not have a PL to Hospice in the month of switching from NH to Hospice. 8. Shorten the review date to coincide with the previous COA's review date. 9. Notify the Hospice agency using the HCC or enter as AREP.

IF the function is	THEN complete the following actions:
The A/R's move from Hospice to NH	1. Verify that the A/R no longer elects Hospice care using the HCC and that the A/R is a resident of the NH. 2. Document the case according to "Documentation Standards". 3. Complete an Add-A-Program for the NH (L01) AU. The date of application should be date of admission to the NH. 4. If the A/R was in Hospice at home, change the "Living Arrangement" code on DEM1 to "NH" beginning with the month of admission to the NH. 5. On the INST screen, enter the date of discharge from Hospice in the "Discharge Date" and "Payment Term Date" fields. Enter an appropriate discharge reason code. Enter the information for the NH admission on the line below the Hospice data. Do this for every month beginning with the month the A/R went to NH. For the month that the A/R goes into the NH, close the Hospice case on STAT by entering denial reason 523, "Client in NH". There will not be a Hospice PL for the month of entering NH. 6. The Hospice case should close out for all the affected months. On MAFI, waive both the notice and timely notice for the ongoing month. Failure to waive the timely notice may result in an inability to finalize the ongoing month. 7. Complete O, P, and Q as usual. There should be no protection of income for the NH AU. If you have problems approving the NH COA, you may have to delete the Hospice line(s) on INST. 8. Shorten the review date to coincide with the previous COA's review date. 9. SUCCESS will notify the A/R, PR, NH and DMA of the new eligibility and PL. 11. Notify the Hospice agency of closure using the HCC or AREP.
The A/R's move from CCSP to NH	1. Verify that the A/R has left CCSP and is now residing in a NH. 2. Document the case according to "Documentation Standards". 3. Complete an Add A Program for the L01 case, using the date of admission to the NH as the application date. 4. Close the CCSP AU by adding a "Discharge date" and "Payment Term Date" on INST. On the DEM1 screen change the "Living Arrangement" field to "NH". Do this beginning with the benefit month that the A/R entered the NH through the ongoing month. 5. To close the CCSP AU in the month of admission to the NH, on STAT enter closure reason 523, "Client in NH". 6. Waive "Timely Notice" on MAFI for the ongoing month for the closure of the CCSP case. Failure to waive timely notice may prevent finalizing the NH case in the ongoing month. 7. Complete O for the L01 case and protect all income on INST for the month of admission to the NH. 8. Complete P and Q. Check ELIG and MAFI before confirming.

IF the function is	THEN complete the following actions:
The A/R's move from CCSP to NH (cont.)	9. Shorten the review date to coincide with the previous COA's review date. 10. SUCCESS will notify the A/R, PR, NH and DMA of the NH eligibility, PL and CCSP closure. 11. Notify the case manager via CCC.
The A/R's move from NH to CCSP	1. Verify that the A/R has left the NH and is accepted to CCSP. 2. Document NH case according to "Documentation Standards". 3. Complete an Add A Program for the CCSP (W01) case, using the month <u>after</u> the month of admission to CCSP as the application date. 4. Close the NH case by adding a "Discharge Date" and "Payment Term Date" on the INST screen. On the DEM1 screen, change the "Living Arrangement" to "AH". In P, do this for the month after entering CCSP through the ongoing month. 5. Access the NH AU using option "R" and the month of entry into CCSP as the "Benefit Month". Fastpath to INST and enter the discharge information. The PL for the NH in the month of discharge to CCSP should allow the FBR as the personal needs allowance. Enter the FBR amount less $50 as an IME on the INST screen to get SUCCESS to calculate the correct PL. 6. On MAFI waive "Timely Notice" as appropriate for the ongoing month. Failure to waive the timely notice may result in an inability to approve the CCSP case in the ongoing month. 7. Complete P and Q. Confirm on ELIG and MAFI after checking to see that the eligibility and cost share amounts are correct. 8. Shorten the review date to match the old COA's review date. 9. SUCCESS will notify the A/R, PR, NH and DMA of NH closure and patient liability amounts. It will notify the A/R, PR and DMA of CCSP eligibility and cost share. 10. Notify the case manager using CCC and give a cost share of zero in the month of admission to CCSP.
How to Keep a Katie Beckett case open after age 18	1. The system will automatically close out the Katie Beckett case the month after A/R turns 18. 2. If the family/A/R requests the case to remain open, register and approve an S10 case, documenting why it is being done. 3. Give the family a verification checklist to apply for SSI benefits and give them a 30 day deadline to apply. 4. If the family has not applied by the deadline, close the case for failure to apply for and accept benefits to which they are entitled. 5. If the family shows proof that they have applied, leave the case open until the SSI is approved/denied or age 19 whichever comes first. 6. Make alerts to notify when deadline for SSI application and turning 19.

IF the function is	THEN complete the following actions:
Use of the PLAW screen for one of the Public Law COAs	1. The "Client RSDI Claim Number" field must be entered according to what SUCCESS will accept for this PL COA. The following criteria should be used when completing the PLAW screen: If the COA is: Claim # Suffix Reason for… RSDI ini./inc. COLA Disreg. Amt. - S02 W (no new A/Rs for this COA) - S03 any any any amt. COLA req. - S04 C1, C2, .. E,I, or C init/inc.or COLA 0 - S05 W E Init. Entit. 0 - S06 D E Init. Entit. 0 2. Failure to enter data in the fields as outlined above will create an error message or cause the AU to trickle incorrectly. If in reality the claim number has a different suffix than what is shown above, enter the correct claim number on the demographic screen and the UINC screen, but enter it as outlined above on the PLAW screen. 3. Make sure that the "Date of SSI/MSS/AABD Inelig" field on PLAW does not predate the date the Public Law (PL) was enacted. Check the policy manual for the specific PL COA to determine this date. 4. Document the case according to "Documentation Standards".
How to have a NH A/R in one county and a Q Track spouse in another county	1. Do not include the spouse at home in the NH case. 2. If the spouse in the NH wants to divert to the spouse at home, manually compute what the PL amount should be and enter that amount plus any other deductions which will automatically be deducted and enter that in the Patient Liability Amount field on INST. 3. Check to see if MAFI correctly shows the patient liability amount, if any. 4. For the spouse at home's Q Track case, enter the diverted income as other unearned on UINC. 5. Document both cases as to the reason this procedure is necessary.

IF the function is	THEN complete the following actions:
Changing a scheduled review appointment from the worker's SUCCESS schedule	Access the scheduling component by selecting option E, "Scheduling" from the SUCCESS Main Menu. Review any scheduled appointments. If there are appointments which need to be rescheduled, enter a "U" in the select (S) column to the left of the time slot and press enter. This will bring up the MISC screen for the selected AU from which you can key over the appointment date or time to reschedule the appointment. If the desired function is to change the appointment from standard (S) to alternate (A) or vice versa, complete the following: - Enter a "Y" in the "Del" field - Change the "S" to "A", or vice versa. - Press Pf24. - This will return you to the SCHD screen and the appointment will no longer appear in that time slot, but will be in the new time slot entered or not at all if changed to "A". These changes must be done before the end of the day on the 15th of the month prior to the review month.
CCSP to Institutionalized Hospice, ICWP, MRWP	1. Enter the discharge and Payment Term info on INST to close the CCSP case in SUCCCESS beginning with the Benefit Month after the month of entry into IH, ICWP, MRWP. 2. Document the case behind ADDR and REMA behind INST as to reason for closure. Fast Path to DONE. 3 For the ongoing Benefit Month, you may need to waive Timely Notice on MAFI so that the Paid Thru Date on STAT will reflect closure effective the end of the prior month. This will be needed if ten days do not remain in the current month. Waive notice also. See page 24 for instructions on waiving notice. 4. Let the closure process overnight. It is necessary to let the system process in order for a notice to be generated in the reopen process. 5. The next day, Reopen the case, using option "J" from AMEN and the same AU # as the CCSP AU. If the CCSP case was closed starting with the ongoing benefit month, wait until that month is the current month to complete the reopen. 6. Complete the interview, "O", entering all the correct info on INST for IH, ICWP, MRWP and entering a Living Arrangement of "IH" or "AH" for ICWP/MRWP on DEM1. You may have to delete the CCSP info on INST for the case to be committed to the data base. 7. Complete "P" and "Q" as usual. 8. Shorten the review date to coincide with the previous COA's review date.

IF the function is	THEN complete the following actions:
Reopening a closed Q Track AU after it has incorrectly trickled to a lower level	1. If the incorrect Q Track case has not closed, you will need to close the case. On STAT enter a closure reason in the "AU Status Reasons" field. Do this for all months in which the AU is in the incorrect Q Track COA. 2. Document the case according to SUCCESS "Documentation Standards". 3. Fast path to done and waive notice. For the ongoing month, waive both notice and timely notice. 4. You are now ready to reopen the AU. Reregister the AU by selecting option "J" from the AMEN and entering the old AU number. 5. Complete the registration process. When you get to the INCH screen, the incorrect Q Track COA will display under the "Med COA" field. Enter a "Y" on this line under the "Ind" field to select, enter the application date to a day in the month in which it incorrectly trickled to the incorrect COA, and press enter. 6. An error message should appear informing you that you cannot apply for this COA. When this message appears the code in the "Med COA" field will turn **red** allowing for change. Change this code to Q01. 7. Press enter and finish the registration process. 8. Complete functions O, P, and Q. When in function O or P, the correct COA will be QMB (Q01). Enter the month and year the eligibility should begin in the QMB override field on MISC. This should allow eligibility to begin in the correct month for the QMB AU. 9. SUCCESS will notify the A/R, PR and DMA of the correct COA. As a precaution, however, you may want to call DMA to assure that the buy-in does not stop with the closure of the incorrect COA.
Waiving notice and timely notice	The result of waiving timely notice is to make an action effective for the ongoing month rather than putting it off until the month after the ongoing month. Waiving timely notice may only be done if the change affecting the AU cannot be done in time to give notice for the ongoing month. If the system has adequate time for a timely notice for the ongoing month, it will not allow for waiving of the "Timely Notice". On ELIG confirm with "Y" as usual and press enter. On MAFI enter a "Y" in "Bnft Confirm" and "Waive Timely Ntc. Period" and press enter. This will return you to ELIG, press enter. MAFI will again reappear. This time it will allow you to enter a "Y" in "Notice Override".

IF the function is	THEN complete the following actions:
Creating an AU where one A/R is aged and the other A/R is disabled,	1. Enter the aged person as the head of household. If the disabled person is entered as the HOH, the system will require that disability information be entered for the aged person. 2. Enter disability information on DEM1 02 for the disabled person. If disability information is not entered, the disabled person will be denied as not being aged or disabled.
Creating a "Deeming Waiver" AU,	1. Enter the A/R as the head of household. It is not necessary to enter the parents in SUCCESS, but document the case as to A/R's ineligibility for SSI based on parent's income/resources. 2. On DEM1, enter "I" (ineligible for SSI) in the "SSI Recip" field. ("C" will also work but not appropriate.) Any other code will result in forcing the system to look at potential SSI eligibility and deny the AU.
Scheduling reviews not scheduled by SUCCESS,	1. If a review cannot be scheduled due to the worker's calendar being full, the worker will receive alert 210, "Scheduling conflict, required review not auto scheduled. To schedule these reviews, first make room on your appointment calendar. To the left of the alert, enter an "R" in the "Select" field and PF15 to access the AU. Fast path to MISC. On MISC, enter the following information: • Load ID • Appointment Date • Appt Type (REV) • Appt Begin Time and Appt End Time (hr. & ½ hr.) • L Name/Appt Remarks In Appt Letter Print Location field: • Enter "B" to have the appointment letter sent out in batch with the other appointment letters on the 15th of the month prior to the review month. **OR** • Enter "L" to print the appointment letter Locally for A/R. Press ENTER to return to the Alert screen. Enter a "D" in the Disposition column next to the alert to delete the alert.

IF the Function Is	THEN complete the following actions:	
Registering an OSOP application	1. Register the application as usual, Option J. 2. **The same day the application is registered**, access the interview, Option O, and commit data to the data base. Failure to access the interview the same day as registered will result in the AU denying out in batch processing.	
Navigating through Valid Values (PF 1)	If you want to……	Then ….
	Scroll forward or backward through the Valid Values,	Press PF8 for forward or PF7 for backwards.
	Go to the last screen of the Valid Values for a specific field,	Type **Bottom** on the command line at the lower edge of the VV box.
	Go to the first screen of the Valid Values for a specific field from within the VV table,	Type **TOP** on the command line.
	Go directly to a particular Valid Value, (ex. To look for the definition of Status Reason Code '306'),	Type **L'** and the **NUMBER** or **LETTER** of the VV. (That's L, space, apostrophe, then the number or letter.) this process won't work if you have already passed the VV.
	Extend the Valid Value box so you see the entire screen of VV codes,	Type **Z** (for zoom) on the command line or PF4.
Retrieving an AU from the Scratch Pad Area (SPA),	1. If the AU was put on the **SPA by the worker** (PF5), only that worker can take if off the SPA by going into the AU in the same mode that it was in when placed on the SPA. (ex. "R" or "O") If the AU was put on the **SPA by the system**, then anyone in the county where the case resides may take the case off the SPA by going into the AU in the same mode that it was in when the system went down. **CAUTION:** When taking the case off the SPA, the curser will be in the **Del** field on **HELD**. Press enter from the HELD screen. **DO NOT** enter a "Y" and press PF24 in this field or you will remove any changes that were made just prior to the AU being placed on the SPA.	

IF the function is	THEN complete the following actions:
To shorten a review period,	SUCCESS currently assigns review dates according to the Review End Date on MAFI or FSFI. Therefore, anytime a review is selected early the Review End Date must be changed to the current month. This way the next review End Date will be correctly assigned. To shorten a Review End Date: 1. Access the AU through function "R" for the ongoing month. 2. Fast Path to MAFI or FSFI. 3. Type the current month over the previous Review End Date.

Finalizing a review while a related case review is still pending,	1. Complete all necessary changes for the review.
	On MISC:
	• For AU(s) with complete verifications, type Y in Redet Complete field.
	• For AU(s) with incomplete verification, leave the Redet Complete field blank.
	    o PF15 to go to the Letters Submenu.
	    o Use Letter Type C173 (Verification Checklist) to request outstanding verifications. Letter will be stored in Letter History. **–or-**
	    o Print VERF screen and give to client.
	    o Print a second copy for the record. VERF will not be kept in history.
	After completing the checklist, go back to the screen(s) where the verification is needed. Change the verification code to "OT" to pend the review. **NOTE:** Do not use the valid value of "NV" (not verified. This will cause the case to close. **Do not save the AU to the SPA. Automatic updates will delete all information saved to the SPA.**
	Create a Worker Generated Alert to track the verification. Use the Verification Due Date as the Alert Due Date.
	Complete the review without entering a "Y" in the review Complete field on MISC.
	Once verification is received:
	• Delete alert.
	• Document complete verifications on appropriate screens.
	• Enter a "Y" in the Review Complete field on MISC.
	• Fast Path to DONE and complete review.

IF the function is	THEN complete the following actions:
Changing Review Type to Same as Last Review	Typically SUCCESS determines the type of review to be completed and alternates between Standard (S) and Alternate (A). If you want the review type to be the same as the last review completed: 1. Using option R from AMEN, fast path to the MISC screen for the appropriate case. 2. Key over the "Next Review Type" with the desired code (S or A). 3. PF4 around any warning message.
Completing a Review that is Over a Year Past Due	Sometimes a review can get overlooked and when discovered can be several years overdue. The system will only add one year from the original due date when the review is completed. For example, review was due 10/01 and isn't done until 8/03. However, SUCCESS does not indicate that the next review isn't due until 8/04. It shows review is due in '02. Follow the steps below to make the system show a review is next due in the year following when it was actually completed: 1. Complete the review as usual. The system will update the system with a date one year from the original due date. 2. The month AFTER the review is completed, again complete a "dummy" review by initiating using option "N" from AMEN. 3. Reenter existing verifications where required. 4. Indicate on MISC that the review is complete. MAFI should indicate that the next review is due one year from the date indicated in 1. above. 5. Complete this process until the next review date is in the following calendar year from the current calendar year. 6. Document the reasons for the "dummy" reviews.
Denying/Closing a Case as NOT Disabled	1. Register the case as usual. 2. On the DEM2 screen, enter "X", not disabled, in the "Disab Type" field. 3. No entry is required in the "Approval Source", "Begin Date" or "End Date" fields. 4. Document the case according to "Documentation Standards". 5. Complete O, P, and Q as usual. Case will deny/close as not meeting the aged, blind or disabled criteria.

IF the function is	THEN complete the following actions:
Denying/Closing a KB Case for Not Meeting LOC	1. Document the case according to "Documentation Standards". 2. If this is an application, in the interview, enter a code of "N" in the "LOC Auth" field with a verification code of "OT". 3. If this is a review or an update of LOC which has been denied, close in the month in which the 30 day appeal time falls. 4. On INST, enter a "N" in the "LOC Auth" field with a verification code of "OT". 5. Fast path to done and commit to the data base. Do **NOT** waive notice.
The A/R's Move from Hospice/IH to CCSP(W01) or Dually Hospice/IH and W01	1. Verify that the A/R has left Hospice/IH and is now enrolled in CCSP (W01) or is receiving both services. 2. Document the case according to "Documentation Standards". 3. Beginning with the benefit month that the A/R entered CCSP (W01), change LA code on DEM1 to AH if necessary. 4. On INST, enter the Discharge Date and Payment Term date on the hospice line to reflect the date entering CCSP. Add a new line with the CCSP (W01) information. (It may be necessary to delete the hospice line, if edits appear.) Enter the Waiver Type for CCSP (W01) and the Slot Date. 5. Shorten the review period to coincide with the previous COA's review period, if different. Enter a Y on MISC to recalculate eligibility. 6. Fast Path to DONE and confirm ELIG and MAFI after checking that eligibility and liability are correct. 7. Complete this process for all affected benefit months. 8. Since this is a change within the same COA track, it may be necessary to send manual notices to the hospice agency, CCSP, etc., A/R and PR.

IF the function is	THEN complete the following actions:
How to Complete the AREP Screen	1. Complete the AREP screen for each personal representative that the A/R may have. This may also include CCSP and Hospice case managers. 2. The Rep Type valid values to be used for ABD Medicaid are either R1 or R2. 3. R1 is most commonly used. This results in the notices and review information being sent to the AREP, but the Medicaid card is sent to the A/R. 4. R2 is used in situations where BOTH the notices/review and Medicaid card are to be sent to the AREP. Only one AREP should be coded as R2, if any. 5. Complete the other fields on the screen as appropriate for Relationship and Address.
How to Complete Add-A-Spouse to AMN	1. Select Option K from AMEN and enter the AU #. 2. Enter pertinent information on the person to be added as usual. 3. Commit to the data base. 4. Complete Option O and P as usual coding the added person as a PN on STAT, if potentially eligible. Some information in P may need to be reentered. 5. Complete Option Q. For months the case was in M status, the added person will be coded as a Finl Resp code of RE. For months the case was in A status, the Finl Resp code of the added person will be NA. 6. If the added person needs Medicaid for any month(s) in which s/he was added and had a Finl Resp code of NA, the person should be given a separate AU # for those month(s). 7. The system will issue notices regarding spenddown and eligibility as appropriate.
How to Reinstate an S99 AU	1. From AMEN, enter M and the AU # for any benefit month to be reinstated. 2. Complete Option R for each reopened month.
How to Reopen an S99 and S95 AU	1. From AMEN, enter J and the AU # to be reopened. 2. On the INCH screen, you may leave the COA as S99 or change to S95. 3. If the AU was S95, the COA on INCH may remain S95 or be changed to any COA in the S Track. 4. Complete O, P, and Q as usual.

IF the function is	THEN complete the following actions:
How to Process a LA-D Case with a QIT	1. Access the case using option "O" or "R" from AMEN. 2. Document the case according to "Documentation Standards". 3. Fast Path to UINC. In the "Ded" field, enter a deduction code of "OB" or "OT". In the "Ded Amt" field, enter the amount of money that is going into the QIT. If that amount is not known initially, enter an amount to bring the income under the current Medicaid Cap. Enter an appropriate verification code in "V". Do not enter a deduction amount in any month in which a QIT has not been established and funded. 4. Fast Path to INST. Manually compute the gross amount of income that should be entered in the "Pat Liab Inc Amount" field to make the correct PL/CS amount on MAFI. Remember the PL/CS should never exceed the Medicaid billing rate for the facility where the A/R resides or receives services. 5. Fast Path to "DONE" and commit to the database.

A DRA transfer of a resource by the A/R or community spouse for less than the fair market value discovered at review	1. Verify the details of the transfer and compensation, if any,
	2. Determine what month the penalty will begin. This is based on Adverse Action please see Section 2342-8.
	3. Send manual notice to AR, PR, and Nursing Home for notification of penalty period
	4. At beginning of the month the penalty begins, as determined in Step 2, access case using "R" function You must also complete all of the below steps for the on-going month(s).
	5. Document the case according to "Documentation Standards".
	6. Fast path to the INST screen. Enter a "Payment Term Date" of the 1st month that a vendor payment will not be made to the NH/IH or that the A/R will be ineligible. Enter a "Rsn" code "E" for ineligible .
	7. Fast Path to the TRAN screen for the A/R. Use the TRAN Screen for the A/R even if the spouse made the transfer.
	   - In the "Transf Date" field, enter the date of the month penalty will begin. This was determined in Step 2.
	   - Enter the date the worker learned of the transfer in the "Discovery Date" field.
	   - Enter the correct code for the person who received the transferred resource in the "Transferee "R'Ship" field.
	   - Enter the correct code for the type of resource transferred in the "Resource Type" field.

IF the function is	THEN complete the following actions
A DRA transfer of a resource by the A/R or community spouse for less than the fair market value discovered at review (cont.)	- Enter the dollar amount value of the transferred resource, without commas, in the "FMV" field and the appropriate verification code in "V". - Enter the dollar amount, without commas, for the compensation the A/R or spouse received for the transferred resource in the "Amt Rec'd" field. If none was received, enter 0. Enter the appropriate verification. - Enter the reason for the transfer in "Reason for Transfer". - If undue hardship is considered, enter the indicator and reason code in the "Undue Hardship IND…RSN" fields. (All fields on this screen are mandatory but these.) - In the "1st Mth NH/Wvr MA" field, enter the enter the same month as the transfer date. 8. If the A/R or spouse had multiple transfers, enter a "y" in the "MORE" field to generate a blank TRAN screen. 9. Fast path to "DONE" and confirm "ELIG" and "MAFI". If the COA is a waivered (W01) COA, the case will deny/close for the month(s) affected by the transfer (Exception: IH). If a NH (L01) or IH case, only the PL is affected. "MAFI" will appear with a patient liability of zero. 10. **Waive notice and timely notice if applicable.** 11. Notify case manager using a Communicator or add as an authorized representative. 12. Create an alert for the month that the transfer penalty expires. 13. When the alert appears, access the AU using "R" from AMEN for the ONGOING BENEFIT MONTH. On STAT remove the 400 level reason code pertaining to the alert. 14. Fast path to INST and change the Payment Term date to an appropriate ongoing date (02/20/20). Fast path to DONE and confirm. This should generate a notice to A/R, AREP, NH of the PL amount and to DMA via the interface.. 15. When the full months of penalty have expired, access the AU with option R. Fast Path to INST and change the "Payment Term Dt" to 02/02/20 and the "Rsn" field to "L". 16. For instructions on Partial Month Transfers, refer to that title in this appendix